HEALTH, CULTURE and SOCIETY

Kanosa

Lending an Ear to the Secrets of Body and Mind of Rural Women

Satlaj Dighe

Volume 1, No. 1 (2011) | ISSN 2161-6590(online)
DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

Abstract

This review article discusses the text *Kanosa - Grameen Streechya Sharir ani Manatil Gupitancha*, translated as 'Lending an Ear to the Secrets of Body and Mind of the Rural Woman' by Dr. Rani Bang. The original text provides detailed information on various life-cycle health experiences of women; illness categories (nosography); health practices; sexualities; diets and local life-worlds of health and bodily experiences based on the in-depth discussions with local women. In the context of current trends and prevailing ideologies in the community health sector of India, our critical review highlights the significance of the approach adopted by Dr. Rani Bang in locating health as an integral part of culture. We seek to introduce important discussions in Bang's text on ethnophysiology, local categories of diseases and their implications on modern community health interventions, as well as the definitions of the normal, abnormal and pathological as provided by the local community. In light of these discussions, we examine certain characteristics of the modern Indian community health sector such as its inability to work with these local epistemologies of health and illness and its inherently philosophical reliance on Cartesian dualism and western notions of personhood (where Man is nothing other than a botanical model). Certain features of community health such as the complete separation of fertility and sexuality as well as the exclusively nutritional approach to dietary phenomena are also reviewed with reference to *Kanosa* and other significant literature.

Keywords: health cosmologies; women's health; reproductive-heath, ethnophysiology, community Health

Volume 1, No. 1 (2011) | ISSN2161-6590 (online) | DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

Kanosa

Lending an Ear to the Secrets of Body and Mind of Rural Women

Satlaj Dighe[1]

I. Community Health and its tensions

The Community health sector in India has transformed itself significantly over the last sixty years. Originally starting with a purely philanthropic and missionary approach to providing curative services to the poor, the sector has gradually moved towards community ownership, which is the now dominant stance for health initiatives and programs. This punctuated evolution towards a particular model of health, has seen several important milestones including a shift of focus from curative care to preventive aspects; the introduction of health education as a more sustainable approach of improving health status; the recognition of the agency of community women in changing the village health scenario through community health worker programs; the adoption of rights-based approaches to demand comprehensive health services, and in the post-nineties era, a demand for quality public health care services as well as the policy level shifts towards privatization. Each of these changes has been instrumental in establishing the architecture, and indeed the discourse and common measure, of community health.

The social determinants of health, namely class, caste, and gender have been discussed on various forums and publications. The cultural factors of the health paradigm and its apparent generic image are yet to receive the same degree of critical and professional attention. With regards to culture, the Indian community health sector still uses a 'one size fits all' approach, universalizing the nature and character of health interventions for all regions, localities, castes and communities. If there is any opposition to a particular health intervention by any community, the consequence is that the community is held responsible for its restricted approach and lack of adaptation to development and policy implementation. The Health system, in contrast, does not seek to adapt to cultural variables, value systems and the life-world of community experiences.

At the level of theory, and more specifically, epistemology, modern medicine and culture are considered as two mutually exclusive categories. This does not bode well for such notions as "medical anthropology" and the construction of nosography. In spite of rich anthropological research in India on health and illness, "community health" as a discipline has not yet fully engaged in a constructive dialogue with anthropologists to properly understand the cultural dimensions of the health paradigm and indeed the realities composing it. Medical

1 Freelance writer and journalist, India

intervention and strategy, in turn, often appears as a corrosive sublimate of private interests and state power mechanisms, serving the interests of industry and its actors.

Against this backdrop of cultural and scientific tensions, the work of Dr. Rani Bang as put forward in the text entitled *Kanosa***,** stands out in its approach, for it seeks to bring to light, and indeed appreciate, local health cosmologies in order to integrate them into the program design of community health initiatives. In this way, cultural experience is tightly married to medical experience, integrated, with the description of illness (noso-graphy) opening up to other factors of constitution and not mere botanical logic alone. *Kanosa - Grameen Streechya Sharir ani Manatil Gupitancha*, translated as 'Lending an Ear to the Secrets of Body and Mind of the Rural Woman' thus provides detailed information on various life-cycle health experiences of women, their community and bodily experiences. It attempts to understand the *normal*, *abnormal* and *pathological* from the local point of view, bringing cultural and community detail to balance against the global rationale of modern medicine.

Dr. Bang's text is the result of extensive discussions on various health and body experiences with women from two villages in rural Maharashtra. The discussions are documented by Dr. Bang over the period of three years from 1986 to 1989. The book is written in the Marathi dialect and published by *Granthali* Publications. The unique aspect of the cultural discussion which unfolds throughout Dr. Bang's study lies in the fact that important features of local health and illness cosmology were eventually integrated into community health initiatives designed to serve local women. Thus the work of Bang serves to link diverse and often polarized perspectives and methodologies to study the unities of health: that of the bio-medical; the anthropological; the modern and traditional, and that of theory and practice. In highlighting the significance of the approach adopted by Dr. Bang in her locating health as an integral part of culture, other optics, ways of seeing and reading, can be given podium and visibility. These discussions, in turn, shed greater, critical light on certain characteristics and limitations of the modern community health sector of India.

While most of the discussions with village women fall within the remit of public health and bio-medical science, it is the theory and practice of Community Health which can most benefit from such discourses and initiatives. Among the wider discipline of public health, the interactions with culture, people, and the community as a whole are the domain of the community health specialization. We would also do well to remember that community health has consciously located itself on the very margins of society and health systems, where it can indeed benefit from the modern history of medicine retrospectively, but in looking forward across the vast cultural landscape which composes India, a precipice appears, filled with epistemological tensions and nosographical problematics. This unique and at times precarious position in turn enables a much more detailed understanding of the interplay between people, history, culture and medicine.

Community health, Bio-medicine and Culture in India

The concept of Bio-power, coined by French philosopher Michel Foucault, relates as to how the bodies in prisons, mental institutions, asylums and hospitals are disciplined, penalized and in other ways manipulated to establish, and reinforce, social and ideological control. Foucault argued that human societies manage (and sometimes violate) human bodies in ways that create politically docile citizens2.

2 Michel Foucault, The Birth of Bio-politics, in, The Essential Foucault, (The New Press 1994)

Such critiques, more sympathetic towards the phenomenological readings of health and illness, remain estranged from the ideas and research of community health strategies. Perhaps the hesitation to study culture as a core subject area of community health, wading through the taboos of modern scientific medicine (where even the school and research of homeopathy find a continual contestation), has its roots in the mother disciplines of public health and bio-medicine. Public health in India has strongly committed itself to the Western model of bio-medicine, or rather what was traditionally termed "modern scientific medicine" and "medical anthropology" (in contrast to "anthropological medicine"). While the British introduced western bio medicine into the country, India continued its commitment to the program, even after independence, largely ignoring the indigenous medicinal systems that had served people for centuries: health, culture and society seemingly became a tense paradigm, filled with the tensions between colonial imperatives and traditional systems. Western bio-medicine played an important role in making the health system alien and foreign to people3. The famous Bhore Committee report, for example, was the first public health committee report that created a blue-print of the public health system of Independent India – emphasized, was placing the health system closer to people, in terms of geographical distance as well as social participation and inclusion4. However, medical education and human resource policies of the national health system followed a top-heavy, urban-centric model of development. The urban educated, English speaking upper-caste "white-collar" worker set the character of public health systems in India with the wider landscape of community idioms and practices falling into a relative silence, sliding into the obscurity of the 'taboo' and unreasoned.

Dr. N.H Antia, one of the most prominent community health visionaries of independent India and founding member of Foundation for Research in Community Health (FRCH), commented on this increasingly urban outlook of the health care professionals, "This failure of understanding and communication together with the self-interest of those who control power and authority has resulted in the devising and imposing of a system of health care which is alien to our people and their needs and hence rejected by them; a system totally unaccountable to the people it is meant to serve5."

Indeed, the complete absence of social sciences and anthropological perspectives in the medical curriculum and the explicit bio-medical and allopathic nature of the health services tend to reinforce the belief of modern doctors that the 'social' and 'cultural' are irrelevant, external factors to the working realities of medicine and the perception of illness. This has made medicine and health care practice a narrow, technical exercise. The consequent lack of room for the perceptions and life historical biographies of people is thus considered a tense problematic within the Indian medical system by Dr. Antia, who goes on to explain that, "[…] An even more important reason for our inability to determine the root cause of the failure is the almost total inability to appreciate the preponderant role of the human factor that eventually determines not only the perceptions and habits of the people but also of the professionals.6" Human material and medical material, for professionals such as Dr. Antia, are seemingly thrown into conflict and perpetual tension.

The current trend of increasing reliance on quantitative methods for program design and evaluation reconfirms the penchant of community health for technical bio-medical models of healthcare. Evidence Based

3. N.H. Antia, On Health and Healing, in, Indian Journal of Pediatricians, p.161, Vol. 58 (1991)

4. The Report of the Health Survey and Development Committee, p.24, Vol 2 (1946)

5. N.H. Antia, p.163, On Health and Healing, in, Indian Journal of Pediatricians, Vol 58 (1991)

6 Ibid, p.162

Volume 1, No. 1 (2011) | ISSN 2161-6590 (online)| DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

Medicine (EBM) is adopted with much initiative on the grounds of being the "best practice" to decide the scope and nature of health service intervention. EBM practices, based on randomized control trials, consequently eliminate the narratives of people as well as the context of specific locality, politics and culture in the promotion of this "one size fits all" approach7. The life historical is thus reduced to the statistical, and nosography to a generalized measure.

II. Kanosa: background and context

Dr. Rani, and her husband Abhay Bang, are principally known for their randomized control trials and medical interventions which famously reduced neo-natal mortality in 39 villages of the Gadchiroli district. In 1986, both Rani and Abhay Bang returned from the U.S. to establish a small organization called 'SEARCH', set in the remote and predominantly tribal district of Gadchiroli in the state of Maharashtra. Following the principles of Gandhian philosophy and social activism, both doctors worked with the people of Gadchiroli by employing, and developing, a holistic approach towards health development. The health intervention designed and implemented by Dr. Bang was successful in reducing the neonatal mortality rate in 39 villages of Gadchiroli from 75 to 38 in the window period of three years (1995-98).

The study shared in the *Kanosa* publication, is a result of their lesser known but equally rigorous work on women's health. While researching the rural landscape of India, Dr. Bang discovered that health is rooted in rich local cosmologies. Realizing that an understanding of this cosmology is crucial to understanding the meaning of health for local women, Dr. Bang documented the anecdotes, discussions and debates in the form of a highly detailed qualitative research study.

Conducted in two villages, *Vasa* and *Amirza*, Dr. Bang's research continued for three years. Discussions and interviews were held with women on around 50 subjects related to the issues of health. The participants included 100 midwives, 200 women patients, 30 men and several other groups of rural women totaling 600. These were selected on the basis of discussion topic and readings of symptomatological occurrences. Free listing and ranking methods were employed for the research, but Dr. Bang's methodology also included open ended questions and explorative discussion. In her documentation Dr. Bang has consciously maintained the language and expressions of rural women with an explanation and transliteration when and where necessary.

Kanosa presents the world of health as seen by the village women of *Vasa* and *Amirza*. Dr. Bang does not follow the modern rule-of-thumb for biomedical categorization, nosography and treatment. Rather, the causal pathways of the diseases and subsequent treatments follow the local theories of health and healing – pathology (and the symptom) is consequently articulated within a rich tapestry of traditional codes and beliefs. Being true to her profession as an allopathic doctor, Dr. Bang often comments on the discussion from the vantage point of a modern practitioner, highlighting the contrasting viewpoints of modern medicine and local health systems as well as the possible strategies and insights that can be adopted by the community health sector. Such a commentary is neither an attempt to question the 'truth value' of the narratives nor an attempt to provide the 'correct answer'. Commentary,

7 Helen Lambert, Gift Horse or Trojan Horse? Social Science Perspectives on Evidence based Health Care, in, Social Science and Medicine, Vol 62 (2006)

sooner serves as a dialogue between the bio-medical and the local systems of medicine in order to articulate the relations between pathology and anthropology.

Dr. Bang's work on *Kanosa* can be divided into five major areas of female pathology which are encyclopedic in composition:

1. **White discharge, reproductive tract infections and other health issues**: the discussions in this section include types of white discharge; when it should be considered serious, causes of white discharge; treatments for white discharge including witchcraft; diet and local medicines; the effects of white discharge; the effects of *Kamjori* (a condition caused by white discharge); pain during intercourse and inflammation during urination,

2. **Menstruation and Menopause**: rituals to be conducted at the time of the first menstruation cycle; what is good menstruation and what is bad menstruation; the discussion on local ideas of internal systems and the working of the body; heavy periods; scanty periods; why black menses are bad; problems in menstruation; problems during menopause; pre-, post- and menopausal psychology; sex life during and after menopause; society's attitude towards post-menopausal women.

3. **Pregnancy and delivery**: signs of pregnancy; how to know the sex of the baby; adverse signs (symptoms) during pregnancy; swellings during pregnancy; fits during pregnancy; nausea and vomiting sensation during pregnancy; miscarriage; milk flow during the ninth month of pregnancy; stomach pains during pregnancy; rest and diet during pregnancy; difficult delivery; problems in the delivery of placenta; still birth; the trouble of nieces and uncles (Post-partum pains due to contraction of uterus); post-partum depression; sex life after delivery; dietary restrictions and prescriptions during the post-partum period.

4. **Child care**: adverse signs for a new born; the first cry after birth; whether a premature newborn can indeed survive; monitoring the wellbeing of the child; perinatal mortality; the uses of placenta; caring and breast feeding.

5. **Cancers and other critical health disorders**: breast cancer; prolapsed uterus; uterus cancer; health beliefs in the Gadchiroli region.

The study, of which the material is drawn from interviews and dialogues with aleopathic reasoning as a comparative measure, exhibits a unique combination of qualitative research and community health intervention. Many women participants in the study were suffering from some health problems at the time of interview and discussion. Dr. Abhay and Bang treated all the women in need of medical treatment. The information and data collected in the study were incorporated into the program design of the community health intervention offered by SEARCH.8

III. Ethnophysiology: Understanding the Cultural Body

Discussions on ethnophysiology neither feature in regular topics of health education nor in the professional communication of medico-socio matters. In the daily practices of community health, the body is understood to be a neutral and universal entity, where symptoms are the generalized surface signs of deeper processes. However as many anthropologists have noted, the body itself is a cultural construction and by no means a mere mechanical

8. Rani Bang, Kanosa: Grameen Streechya Sharir ani Manatil Gupitancha, p.5, (Granthali Publications, 1999)

Volume 1, No. 1 (2011) | ISSN 2161-6590 (online)| DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

assemblage of isolatable processes – it is a cultural assemblage. In other words, the ways in which we conceive of the body, its internal processes, and its ideal configuration are products of our culture and history and thus can be seen to vary through space and time – so too for the symptom and semiology of pathological processes and morbidity. Understanding this concept of the 'cultural body' within generalizable health paradigms is thus imperative for relating to the physical experiences of illness and disease of people: *how* one experiences and perceives diseases, *how* one feels; the *lived experience* of disease etc.,

Kanosa evidences the female body as understood and codified by the local culture. The liver or *Kalij*, for example, is the most important organ of the physical body, situated in the upper part of the body, containing the essence of life. A person thus dies if *Kalij* is removed, for it is the life-force and the organ which holds influence over the emotions, feelings, and thoughts. In this way the liver is analogically and functionally similar to the non-biological role commonly ascribed to the Heart.

The discussion on each topic starts with an attempt to understand the issue from the vantage point of local women. Thus the discussions on white discharge begins with understanding the cultural semiology of this function: what is first considered as a white discharge; when it is to be considered problematic; the different types of white discharge; what is the most bothersome aspect of this condition and how women treat or indeed cope with it. Dr. Bang seeks to give visibility to what is normal, abnormal and pathological from within the cultural rationale of these local women. Through Dr. Bang's discussions much semiological detail is given to several bodily experiences. For example, twelve names are allotted to the white discharge, in turn categorized based on color, odor and consistency[9]:

1. The sex of the individual having discharge
2. The presence of discharge in the urine
3. The cause of the discharge
4. The quantity of discharge.

Local categories of diseases- the community (cultural) nosography of Garmi and Kamjori

Throughout the discussions, *Kanosa* presents several distinct local categories of health and illness. In the discussions, two categories, *Garmi* and *Kamjori*, make recurrent appearances as concrete references in Bang's encyclopedic project. *Garmi* (heat in the body) is believed to be the cause of many health problems, especially those of white discharge, which appears the primary concern for these village women.

Garmi is generated through the act of intercourse with the normal quantity of sex creating just the normal amount of *Garmi*. Excess and illegitimate sex are thus seen as creating, "excess *Garmi*" which, for these community women, is where the body (physiology, pathology, psychology) and morality (comportment) intertwine. Men too suffer from the plight of *Garmi*, and it is believed that the excess heat in the male's body is transferred to that of the

9. The local women further classify five different types of discharge based on the severity of the condition. Watery discharge with little odor is considered a mild problem while discharge with blood and pus is considered a fatal sign. It is believed that woman suffering from this condition can indeed die.

woman in the act of intercourse: the female partner thus has a greater tendency to suffer from *Garmi* through being both "bearer" and "recipient". It is believed that if the husband is involved in an extra-marital relationship or if he has been visiting brothels, his wife suffers the consequences of such social excessiveness through *Garmi*. An alcoholic husband will also pass on *Garmi* to his wife. Similarly, unmarried girls who engage in pre-marital sex are likely to suffer more from *Garmi* than those who are married. The logic continues: extra-marital affairs in younger years is also believed to create excess *Garmi* in old age.

Interestingly *Garmi* can also be reasoned as the result of sexual incompatibility of two partners. Women shared their belief that *Garmi* can often be created when bodies do not match. In addition to this, there is a belief that *Garmi* is created by eating certain kinds of 'hot' food such as meat, fish, eggs, onions, potatoes etc.,

The ethnophysiological, or rather, the cultural semiology, of this pathological and physiological occurrence extends the cause of *Garmi* to what is deemed to be *Swapn Vikar* (literally: disease of the dream) or illegitimate sex dreams. In the case of a married woman this is a dream of intercourse with a man other than the husband. In the case of an unmarried woman, an erotic dream about any man is considered to cause this *Swapn Vikar* which is held as a serious problem, rooted in community black magic.10

Kamjori is another category that affects the overall health of a person. The literal meaning of *Kamjori* is "weakness". However *Kamjori* as understood and employed by rural women encompasses several aspects of health and living. Along with physical weakness, *Kamjori* is believed to cause mental fatigue, depression, lack of interest in day-to-day activities, and lack of interest in sexual contact. *Kamjori* in this sense is overall physical, mental and sexual weakness – a vital depression. The physical symptoms of *Kamjori* include pain in the joints, shivering and shaking; palpitations; weakness of the bones; loss of appetite; pale face; sudden black-outs while walking or during intercourse and pain during intercourse. Excessive white discharge often leads to the condition of *Kamjori* which is also believed to be caused by other problems such as witchcraft; the excessive demand for sex by the husband and stress. Dr. Bang notes that women often prefer to use the word "kamjori" rather than talking about white discharge, a notion which resonates deeply within the female community psychology. Dr. Bang recounts that as a student of Wardha Medical College, she would treat many women who complained of *Kamjori*. Students and doctors alike would interpret the condition as a "weakness", an anemia, and administer Iron tablets without enquiring into the reality of the pathology, experience and the cultural life-world of the woman. Years later, through extensive research and interview, Dr. Bang came to learn that '*Kamjori'*, is very much a state of being requiring a finely tuned cultural reading, and where in fact the lack of understanding of cultural languages and local vocabularies of health lead to misdiagnoses on a large scale. The normal, the pathological and the nosographical, are precisely here placed at the crossroads between culture and tradition. What is, for example, the cultural value of a symptom and how are signs *seen* and interpreted?

Contraceptives and other family planning measures are also believed to be a major cause of *Garmi*. Women expressed that family planning procedures such as tubectomy increased the chances of *Kamjori*. What's more we are told that oral contraceptive pills cause nausea and vomiting which in turn give rise to *Kamjori*, of which white discharge is a consequential sign. Women shared, furthermore, that the "copper T" usually causes an excess of white

10. It is a commonly held belief that a witch doctor can cause women to dream about illegitimate sex causing the condition of Swapn Vikar. Dr. Bang relates that many unmarried girls who seek Medical Termination of Pregnancy (MTP) treatment, flag Swapnvikar as a cause of their pregnancy.

Volume 1, No. 1 (2011) | ISSN 2161-6590 (online)| DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

discharge. Alternatively, condoms do not satisfy the sexual desire of men, leading to marital tension and stress: this unsatisfied urge is consequently transferred to the women's body, resulting in *Garmi*11.

Garmi can be interpreted as a cause while *Kamjori* is the state of effect. The interplay between these two seemingly pathological entities results in different conditions within life cycle events such as pregnancy, the post-partum period and menopause. Women expressed a fear of *Garmi* and *Kamjori* as these conditions are considered fatal – those suffering from *Garmi* or *Kamjori* are believed to gradually loose vitality and strength; the reproductive system begins to progressively deteriorate and daily activities and chores hold little interest. Women believe that those suffering from *Garmi* or *Kamjori* face a high risk of death from cancer – for a women of Vasa and Amirza, the occurrence of white discharge along with other (psychological and metabolic) symptoms of *Garmi* and *Kamjori* is a serious condition influencing all aspects of physical and mental wellbeing. Thus, health intervention that does not address these cultural categories and belief systems within which the symptom arises consequently fail to win the trust of rural women.

Ideas of the body and body systems

For women, menstruation, pregnancy, *Garmi*, and *Kamjori* all play important roles in the working of the body. The local word for menses is *Vitaal* (translated as pollution or disgrace). The women studied in *Kanosa* believed that if the *Vitaal* is not expunged during menstruation, it coagulates into a round ball. This coagulated ball in turn bounces within the body, pushing the liver upwards. This causes palpitations; shivering; constipation; stomach cramping and even cancer. Several midwives interviewed explained that in the advanced stage of this condition, the round ball dries out and becomes like flat bread. Some midwives have a medicine that can cure this condition by planting a life in the flat bread. Many women think that menses is actually a mass of blood and tissues that is converted into a baby if successful impregnation takes place. If not, the same substance is expelled. In the situation where this coagulated "round ball" can neither gain from life nor is expunged during menses, it remains in the stomach. The only solution to this problem, however, is to implant life and convert the residing matter into fetal matter. Given the belief such matter remains without personhood until the fourth month of pregnancy, it is thought as nothing but a mere part of mother's body until that time. Miscarriage occurring before the fourth month of pregnancy is thus not considered gravely significant.12

11. Women note that due to all these negative side-effects of family planning methods they are weary of using the family planning tools.

12. Rani Bang, Kanosa: Grameen Streechya Sharir ani Manatil Gupitancha, p.85, (Granthali Publications, 1999) When asked what is the most fetal disease for women all unanimously noted that nothing is more serious than infertility. When asked as to its causes, the answers were varied: the uterus can become surrounded by many small knots rendering it almost impossible to house the baby; some women have a smaller uterus making gestation difficult. Black colored menses is also considered a prominent reason of infertility. Often when women visit the local doctor to seek treatment for infertility the word "infertility" is itself not mention, and the term "black menses" preferred.

The placenta is one of the topics soliciting debate in community health and reproductive anthropology. Several ethnographic studies in India have explored various meanings and connotations assigned to the placenta13. In Bang's *Kanosa* study, the community midwives reflected upon the various risks associated with handling the placenta: it needs to be disposed of safely, immediately after the birth, for example. Correct disposal of the placenta is considered as the main responsibility of a midwife where incorrect procedure and inappropriate use could lead to harmful repercussions (physically, mentally and metaphysically). According to the women of Gadchiroli, the placenta has important curative properties for infertility. If a childless woman consumes placenta it is believed that she can surely beget children yet at the same time the child once housed in the placenta runs the risk of death. Women of these communities, express that midwives sometimes steal placenta for this very purpose and if discovered doing so they are boycotted. Another use we learn of for placenta is the removal body hair. If a new born baby girl is touched with her own placenta, she never develops body hair. Dr. Bang records a meeting with a woman with no bodily hair who claimed to have received this "placenta therapy" at the time of birth.14

The difference in the concepts of the life in the uterus has given rise to many other misconceptions. Quite often the midwives are held guilty for the under reporting of stillbirths. When asked if they have bore witness to any such cases, midwives invariably deny being so. In modern obstetrics birth requires action from three factors: (1) the power of the uterus, (2) passage, and (3) the passenger. A stillborn baby can exit the uterus through naturally occurring contractions. For midwives of the *Kanosa* study this power of contraction does not exist. In their view, the baby exits through its own struggle and thus it has to be alive, endowed with Will, to leave the mother's womb (the mother 'pushes' and so too does the 'baby' in a process of mutual Will and force). It is believed, moreover, that in the case of stillbirths the baby indeed enters the world alive, then only to die within the first few seconds of coming into the external world (for it has had the sufficient Will and force to exit). Misconceptions such as these only lead to further vilification of the *dais*, often blamed for their dirty and unhygienic practices.

The normal, abnormal and pathological

The attempt to understand what is normal, abnormal and pathological in the contexts of the local and cultural (composing health cosmology) has rarely solicited debate and practice in the community health sector. Cultural semiology and nosography are rarely explored, and what as to what constitutes knowledge of the body for such communities as Kanosa rarely becomes a viable reality for medical epistemologies and policy-shaping strategy. As a discipline, community health concerns itself with the cure, control, and prevention of diseases based on bio-medical definitions of the normal and pathological. We remember the reflections of Georges Canguilhem, who, in his seminal work entitled *The Normal and the Pathological* discussed how these definitions in medical science indeed depend on a statistical range of particular incidence and the supposed healthiest (or "normal") state of an organ or body system15. Even though anthropologists and social scientists have often noted that the medico-statistical definition of normal and abnormal occurrence is influenced by socio-cultural factors such as morals;

13. Cecilia Van Hollen, Birth on the Threshold: Childbirth and Modernity in South India, (University of California Press, 2003). See also, Rozario and Samuel, Daughters of Haritri- Child Birth and Female Healers, in, South and Sotheast Asia (Routledge, London 2002)

14. Rani Bang, Kanosa : Grameen Streechya Sharir ani Manatil Gupitancha, pp.59-62, (Granthali Publications, 1999)

15. Georges Canguilhem, The Normal and the Pathological, (Zone Books,1998)

Volume 1, No. 1 (2011) | ISSN 2161-6590 (online)| DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

values, as well as the principles of health professionals and prevailing social norms, the science of medicine seems to have continued its reticence to take a step forward in understanding normalcy and pathology from the community perspective and the cultural cosmologies this inevitably brings into play.

In *Kanosa*, Dr. Bang attempts to understand the definitions of the normal and abnormal as explained and understood precisely in the local cosmology of health. White discharge, menstruation, pregnancy, child care and menopause are discussed in terms of normalcy and anomaly. Throughout the text, Dr. Bang makes use of the terms "normal" and "abnormal" on the basis of the cultural definition and codifications provided by the women of such communities who collectively agree that a normal amount of discharge, for example, is within reason, but discharge with hard stains and odor are counter-indications of bodily equilibrium. It is easy to put such "signs" down to common sense, with normal biorhythms and patterns as a comparative measure to which most of us adhere and self-observe, what is more or less, an abnormality. But at the same time, there enters the question of what we can deem a "cultural nosography" when, for example, discharge with small amounts of blood is considered a precursory sign to eventual death – this "symptom" no doubt placed within the mythic consciousness of the community. Similarly, menstruation is not considered as disease even if it is extremely painful or long. In fact, long and heavy periods are considered a sign of good health as they purge the system of bad blood.

In pregnancy, spotting of the blood is considered normal. In fact, this is considered a sign of an ancestral wish to return to the living world, that is, to reincarnate. As a result, women experiencing spotting receive favorable treatment from her family, in the preparation for this "ancestral return". Comparatively, in bio-medicine, spotting is one of the danger signs of pregnancy often indicating miscarriage, especially in the first trimester. Several other pregnancy related conditions such as night blindness; pain in the lower abdomen or stomach; fatigue; headaches; back pain; swollen ankles; blurry vision and leg cramps are not considered as counter-indicating a healthy pregnancy and treatment is therefore not often sought. Dr. Bang further notes that any symptoms or conditions disappearing or lessening after delivery are considered normal and not requiring medical intervention. However, according to modern obstetric science, many of these symptoms and conditions such night blindness; pain in the abdomen; fatigue; headaches and blurry visions are considered indicators of complications such as preeclampsia, gestational diabetics or placenta dysfunction.16

IV. Our Supernatural Colleagues

The continuous presence of the Supernatural in rural health, is a territory important for these local cosmologies At the same time it is a difficult factor for community health practitioners where the modern optic and the traditional, cultural perception of the world, indeed clash. Doctors often cannot understand why people of these communities sooner prefer witchdoctors and cultural practices over a good quality, affordable, and easily accessible health care.

The women in *Kanosa* discuss *when* and *why* the help of a *Vaidu* (Witchdoctor) is sought. It is revealed that for nearly all the health problems the help of the doctor and the *Vaidu* is sought simultaneously: both are thought as experts on different aspects of a single problem, but where for one there is the pathological "symptom", for the other it is a mystical "sign". In Bang's discussions women explain that various natural and supernatural agents work simultaneously to cause the pain or illness, and similarly, to cure the illness. The natural and supernatural elements

16. Rani Bang, Kanosa : Grameen Streechya Sharir ani Manatil Gupitancha, p.105, (Granthali Publications, 1999)

are not distinct, dual categories, but rather two aspects of one universal theory causing or curing the illness (iatros). The discussions on categories such as *Garmi*, *Kamjori*, and *Swapnvikar* firmly establish the relation of the body with various natural, supernatural (noumenal) and social elements. The discussions in *Kanosa* indicate that while women indeed seek the help of western medicine to reduce the severity of the symptoms of white discharge, they nevertheless *know* and *believe* that the real problem lies elsewhere, outside of the body.[17]. On the other hand, in many cases, these community women are seen to approach the *Vaidu* so as not to cause offense to both family and community, that is, so as not to contravene the community codes of "practice," comportment and not to transgress the system of belief. This tension, however, is revealing and in fact as one midwife makes clear it is sooner a question of navigating these cultural "expectations" and "norms" in order to deliver assistance and healthcare: "There is no such thing as magic. We used to fake it before as we did not have any other alternative. I am glad we don't have to do it now (after receiving training from Dr. Bang)." The firm belief of the woman, however, to accredit and maintain the body-natural-supernatural equilibrium equation in their reasoning of health and life, as a rule-of-thumb for signs and symptoms (and indeed for meaning), points to the presence, and possibility, of multiple epistemologies in the realm of body, health and illness (or in fact, health, culture and society).

A singular premise guiding western science and medical practice is its commitment to a fundamental opposition between spirit and matter, mind and body. Western medicine has seemingly built its approach and methodology on a Cartesian Dualism which to a very large extent is responsible for its efficacy and achievements. Arguably, it was not Descartes himself, but rather the reductive readings which proliferated *in transitu* throughout the medical sciences, that established dualist logic within anatamo-pathological discourse and the sciences in general. This mind-body dualism is related to other concepts in western epistemology such as the duality between nature and culture, passion and reason, individual and society: the consequence is the eventual separation of these, a disunity of nature and culture rather than a unity, and a disunity of man, disease and history.[18]

The local systems at Gadchiroli and at many other places in the world function with a monistic view of cosmos. Equating *Garmi* with illegitimate sex exemplifies the monism between nature and culture, *Kamjori* highlights the unity of mind and body while *Swapnvikar* merges the categories of the phenomenal and noumenal. Modern medicine, we would do well to remember, has consistently denied the possibility of other cultures perceiving the world in monist, integrated, holistic terms. Scheper-Hughes and Lock, for example, remind us: "we should bear in mind that our epistemology is but among many systems of knowledge regarding the relation held to obtain among mind, body, culture, nature and society.[19]" The discipline of community health that concerns itself with the engagement and dialogue of people thus needs to adopt a more flexible approach towards multiple epistemologies and cosmologies of Being, if initially, to enrich the framework of the psychical, the somatic, the normal, the pathological, the description of an illness and the field of cultural factors within which this description (and indeed the reality of the illness) emerges and gains value.

17. Rani Bang, Kanosa : Grameen Streechya Sharir ani Manatil Gupitancha, p.39, (Granthali Publications, 1999)

18. Nancy Scheper-Haughes and Margaret Lock, The Mindful Body: A Prolegomenon to Future Work , Medical Anthropology Quarterly, New Series, Vol. 1, No. 1, (1987)

19. Nancy Scheper-Haughes and Margaret Lock, The Mindful Body: A Prolegomenon to Future Work,p.7 , Medical Anthropology Quarterly, New Series, Vol. 1, No. 1, (1987)

This apparent discrepancy between the epistemological foundations of the western sciences and that of local cultural cosmologies further arises in the case of notions of body, self and personhood. The 'person' of the western sciences (not of philosophical phenomenology but sooner of the Rationalist tradition) is an individual with distinct awareness of its entity as separate from that of nature, other individuals, and society. However, in several cultures personhood is not perceived as a separate entity from nature and society, and a philosophical emphasis on the unity of mind, body, nature, culture is emphasized. Thus the borders of otherness and self are often merged and vague. A sound example of the difference in the notion of personhood is cited by Cecelia Van Hollen in her study entitled *Birth on the Threshold: Childbirth and Modernity in South India*. In rural Tamil culture, mother and child are not considered separately existing entities. However, modern health practices often physically separate the baby from the mother. This consequently traumatizes the women, leading to certain dilemmas, confusion, and conflict between the community and the health system.[20]

Sexuality and Fertility

The most prominent duality in the area of women's health is the complete separation of fertility and sexuality. While the fertility of women and reproduction appear as the top most priority in female health agendas, the approach towards fertility is completely devoid of sexuality or indeed "sexual content". Sexuality thus independent of fertility, is viewed with a purely biological lens.

The discussions of *Kanosa*, contrastingly reveal sexuality as a pervasive theme to woman's health. It is discussed in the context of reproductive tract diseases; intercourse and pains during intercourse; pregnancy, and menopause. Sexuality is a central theme in discussions of menopause. When asked how women feel during menopause, most of the research participants expressed that menopause was good news if it comes at the right time. Eighty percent of the women shared that they continue sex even after menopause. Most of them were of the opinion that sex is indeed the core foundation of marriage and if both husband and wife are happy to act upon this emotional propensity for union, then there is no reason to discontinue such bonding practices in old age. An elderly woman, for example, provided a beautiful description, neatly summarizing the notion of the body for these Kanosan women: when asked if post-menopausal sex is "good or bad" the answer was that "Mud will always have water. The mud is a mud because it has water." This analogy draws upon the Indian notion of the body as made up of five essential elements of earth, water, fire, wind and mettle – wetness and water will always be part of the living body and as long as people are alive, men are bearers of semen and women discharges.

The food Platter

Diet and nutrition occupy a central position in the discussions of public health. Community health initiatives often involve health education focusing on diet and nutrition. Dr. Bang shares with the reader an exhaustive list of local foods, their sources and their uses in the different phases of woman's life cycle. It also includes dietary taboos, customs and recipes collected from midwives and other knowledgeable women from the community for pregnant, lactating or sick women. The list shared by Dr. Bang in *Kanosa* includes information on hundreds of vegetables, fruits, roots, eggs, seeds, animals, dead animals and various other forest products used in

20. CeciliaVan Hollen, Birth on the Threshold: Childbirth and Modernity in South India, p. 170, (University of California Press, 2003)

local diets as medicinal measure. She notes that all local dietary prescriptions for women consistently consist of food with low protein and low nutrition. The priority aim of the diet regime of the pregnant and lactating mothers is the health of the baby. The inferior diets of women also present the concept of "Gastro-politics' as shared by Arjun Appadurai[21]. According to Appadurai, "inferior diets" do not necessarily suggest poverty but various types of historical and social hierarchies that influence the decisions of *who* eats *what*, *when* and *where*.

Food in Indian culture represents a plethora of connotations and spiritual meanings. Food in India grades people's caste rank, helps cure ailments and reflects innate personal dispositions, spiritual pursuits and attainments.[22] The practices of fasting, self-restrictions and food-taboos are also an integral part of psycho-somatic well-being. Anne Mackenzie Pearson, for example, is one researcher who seeks to unravel the underlying meanings and significance of the *vratas* (the religious regime of fasting and other self-restrictions) beyond their conspicuous reasons: the obsession with self-restriction in terms of food is explained by the fact that in the realm of religion and spiritual development, this is the only road available for women to attain higher spirituality.[23]Fasting and self-restrictions can be understood through their various guises such as *sankalp* (resolve), ethical action, service to people, spiritual discipline, and peace of mind. Pearson further notes that for women in times of suffering, loss, and uncertainty, *Vrata* is the most powerful means of building inner strength and enhancing the feeling of personal ability beyond mere confidence.

Food approached through such cultural (and socio-spiritual) optics furnishes different meanings and readings. As Khare remarks, "food in such a view becomes clusters of moral expressions. It also reflects the constraints of the practical world and the imperatives of personal survival on the one hand and spiritual liberation on other.[24]" The taboos on food practices in several Indian communities need to be viewed with these considerations and epistemological sensitivities.

V. Concluding Remarks

Marcia Inhorn in her seminal work *Defining Women's Health*, presents twelve messages that public health and community health can understand from the anthropological work on health and medicine. Drawing base from 150 ethnographies on women's health, Inhorn maintains that the priority settings in women's health are conducted in a top down approach. In her view the anthropological approach to studying women's health can contribute to three major areas: (1) the problem of definition in women's health research; (2) the contextualization of women's health problems, with direct relevance to future health interventions, and, (3) the evaluation of women's health care

21. Arjun Appadurai, Gastro-politics in Hindu South Asia, in, American Ethnologist, vol. 8, no. 3, (1981), pp. 491-511

22. R Khare, The Eternal Food: Gastronomic Ideas and Experiences of Hindus and Buddhists, (New York University press, 1992).

24. Anne Mackenzie Pearson, Because It Gives Me Peace Of Mind- Ritual Fasts, in, The Religious Lives Of Hindu Women, (State University of New York Press, 1996)

24. R Khare, The Eternal Food: Gastronomic Ideas and Experiences of Hindus and Buddhists, p.7, (New York University press, 1992)

Volume 1, No. 1 (2011) | ISSN 2161-6590 (online)| DOI 10.5195/hcs.2011.42| http://hcs.pitt.edu

delivery in ways that can lead to new policies and better practices.[25] The discussions in *Kanosa* provide rich data to address all these three areas.

Bang's research throws light on several useful facets of health: what is healthy and what is unhealthy according to the local cosmology; how the normal and abnormal in terms of health and body is defined; how women perceive their sexuality and fertility; how they experience life-cycle body transitions such as menstruation, pregnancy, motherhood and menopause, and the feelings associated with these experiences. Most importantly the discussions in *Kanosa* highlight the diversity within these bodily experiences across cultures, regions and languages. Such research helps us to understand the strength and weaknesses in the cultural underpinnings of modern health practices. The attempt of *Kanosa* to (re)establish health in the cultural realm of life and pathology in an anthropological framework, has strong virtues, given the excessive reliance on the bio-medical and bio-statistical models of community health and policy, concordantly. This cultural/anthropological approach towards health thus stands in contrast with the currently popular model of Evidence Based Medicine (EBM) – the challenge is to join these seemingly separate paths and to see how the theory and praxis of nosography can be more culturally attuned.

Community health practitioners consider their vocation in terms of injections; needles; pills; clinics and white coats. The people in our world are almost always patients and the reality biological. Community participation is often a series of lectures by health functionaries, where detailed dialogues with people are still a rare feature of community health interventions. It is not a surprise therefore, that even after sixty years of efforts to improve community health in India, we are still baffled by the non-participation of people in our programs. The ever widening gap between communities and practitioners, between the human factor and disease factor, doesn't seem to be reducing any time soon. Now, perhaps is the time to recognize the greater agency of people and the rich currency of culture, in order to understand and indeed invest in, the socio-cultural aspects of health.

Bibliography

Antia N.H., "On Health and Healing*", Indian Journal of Pediatricians*, Vol 58 (1991) pp.161-173

Appadurai Arjun, "Gastro-politics in Hindu South Asia", *American Ethnologist*, Vol. 8, No. 3, (1981), pp. 491-511

Canguilhem Georges, The Normal and the Pathological, (Zone Books 1998).

Foucault Michel, The Birth of Bio-politics in The Essential Foucault, Edited by Rabinow and Rose, (The New Press, 1994).

Inhorn Marcia, "Defining Women's Health", *Medical Anthropology Quarterly*, Vol. 20, No. 3, (2006), pp. 345–378

25. Marcia Inhorn, "Defining Women's Health", Medical Anthropology Quarterly, Vol. 20, Number 3, (2006) Pages- pp.345–378.

Khare R, The Eternal Food: Gastronomic Ideas and Experiences of Hindus and Buddhists, (New York University Press, 1992)

Lambert Helen, "Gift Horse or Trojan Horse? Social Science Perspectives on Evidence based Health Care", *Social Science and Medicine*, Vol 62, (2006).

Mackenzie Pearson Anne, Because It Gives Me Peace Of Mind- Ritual Fasts In The Religious Lives Of Hindu Women, (State University of New York Press, 1996)

Scheper-Haughes Nancy and Lock Margaret, The Mindful Body: A Prolegomenon to Future Work, *Medical Anthropology Quarterly, New Series*, Vol. 1, No. 1 (1987) pp.6-41,

Van Hollen Cecilia, Birth on the Threshold: Childbirth and Modernity in South India, (University of California Press, *2003*).