



WOMEN'S VOICE AND LEADERSHIP - PAKISTAN

SYNOPSIS

Informing Post Covid Public Policies
with Minorities Traditional
Knowledge

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The term traditional knowledge (TK) is merely heuristics. It may simultaneously intersect and remain at odds with both the scientific and religious knowledge. Of the scientific and the religious, the later remains contested by religious denominations and different religious interpretations. As the knowledge of lay people, the TK is generally accessible, easy to practice, and can be used without an approval, oversight, or command of an authority. TK is not formally verified knowledge, codified, but knowledge which is trusted and used and falls in the agency of the users. The formal knowledge may not be accessible, difficult, or classy. It remains circulating and amended by the users based on their negotiations and experience. Drawing upon the use of TK to prevent Corona infection by the minorities in Punjab, this policy brief advances practical suggestions to integrate TK with the health policies and practices at all levels of health provision in Pakistan. The use of TK either by integrating it with the biomedical knowledge or independently have dividends for promoting health in the country.

WOMEN AND LOCAL KNOWLEDGE FOR COVID

Feminist scholarship has shown how male-centric medicine has harmed women and contributed to their continued subjugation to the patriarchy. A lens constructed by combining feminism and pragmatism is helpful in exploring the potential of alternative ways of doing health. The policy brief attempts to highlight this alternative way using the term “traditional knowledge.”

The traditional knowledge (TK) has been dismissed, ridiculed, and termed as archaic superstition irrelevant for Covid infection. These dismissals have been circulating on social media platforms throughout 2020 and 2021 when the reported cases of Covid infected were on the rise. Secondly, women were termed as illiterate and superstitious as they actively administered the wisdom and prescriptions of TK to keep their family members safe from Corona. The minority women interviewed shared several anecdotes of being shamed for using formulations from the repository of TK both to prevent and cure Corona patients in their families.

While shaming women for using TK formulations to prevent and cure Corona, the practitioners and advocates of biomedicine did not appreciate that modern medical apparatus in Pakistan systematically ignores the medical needs and healing preferences of the marginalized communities, particularly young girls and women. In several interviews, women interviewees pointed out how they experienced exclusion at the hands of doctors and nurses. They shared many stories of neglect and impatience demonstrated by doctors. Doctors would dismiss their cultural beliefs about menstruation, anxieties, childbirth, and regular conditions such as body aches and heaviness in the chest.

The interviewees also mentioned the impolite behavior of the doctors and nurses towards minority communities. Some of the interviewees shared the doctors’ perception of Christians and Hindus as impure. On average, the minority women have experienced neglect more than minority men. In Bahawalpur and Rahim Yar Khan, the Hindu women are easily recognized by their dress. More than twenty stories of medical encounters were shared by the respondents where doctors and nurses passed hurtful remarks. It is because of these comments and internalized perceptions of being ignored, many interviewees did not seek medical help during Covid.

A combination of comfortability with the TK and a will to avoid medical encounters might have been behind the prevalence of TK formulations throughout the Covid threat among the Hindu and Christian women. The other reasons coming from the information gathered could be the use of traditional frames to understand Covid-19 and its manifestation. During the interviews, several respondents mentioned COVID-19 as a curse of God.

A few interviewees shared stories of how their grandmothers and mothers had transferred TK to deal with infections and diseases. It was especially the uneducated women who remembered many recipes and tips and formulations to use to offset a diseases. It maybe that the oral tradition is the repository of the TK and women are considered best to preserve, practice, and transfer TK to the next generations.

One of the main problems facing TK is that it is being lost albeit slowly and gradually. The very tools we are celebrating for mediating entrepreneurship are contributing to the dissipation of this knowledge. Secondly, as minority women are also being incorporated into the modern economy, the oral tradition of TK is being lost. This is true particularly of the Christian women.

CATEGORIES FOR TRADITIONAL KNOWLEDGE

The key findings from the interviews conducted can be summarized based on the following categories of the traditional knowledge:

1. Humor:

- The jokes trivialized and denied Covid as a fatal virus and it was referred to as the disease of rich
- Remarks were given to express the immunological superiority of the poor over the rich in failing the virus to inflict
- Women jokingly responded that Covid has added to their problems by making their men jobless
- Humor served as a saviour for many families to deal with the pandemic

2. Healing Liturgies

- A major comeback to religion was seen among the respondents and their families
- Among Muslims, Azaan recitation from the rooftops as a special gesture of mercy increased along with the Quran recitation
- Elders were contacted to seek guidance regarding the healing traditions

3. Ethnomedicine Rituals

- Ethnomedicine was used along with biomedicine
- Among minorities, most of the ethnomedicinal practices are mediated by the image of Jesus the healer, Virgin Mary the protector and guardian, and Hinglaj Devi as the ultimate feminine healer, and Sultan Bahu as a Charismatic saint. Sometimes they are invoked together to perform miracles for the sick. The possibility of invoking them together is instrumental in practicing plural ways of healing and carrying on with what works.
- The freedom to draw on or invoke plural ways of healing is quite helpful and gives power to the minority women to reject or bypass the hegemony or dominance of the biomedical model which they can easily not access and afford

POLICY RECOMMENDATIONS: TRADITIONAL KNOWLEDGE

The policy brief highlights that translating traditional knowledge is legitimate and useful beyond merely of being therapeutic/instrumental value as it promotes dignity for the minority. Below recommendations are given in light of the findings:

ENCOURAGING CONVERGENCE:

It is easier for government to encourage convergence of healing liturgies and prayers between Muslims and non-Muslims. The knowledge content reveals commonalities among all communities of the power of liturgies in healing. This shared heritage needs to be documented, published and disseminated among the minorities.

EVIDENCE BASE OF TK:

It is easier to make an evidence base of the ethnomedicine or the medicinal value of sacred herbs. An evidence-based inquiry into these medicinal practices can inform health policies and can also preserve traditional knowledge

CONVERSATIONS BETWEEN PLURAL HEALING TRADITIONS:

The Covid experience suggests there is an urgent need of dialogue among diverse healing traditions as biomedicine alone may not be helpful to deal with crises like Covid in future.

INCLUSIVE HEALTH POLICY:

The health policy in Pakistan relies on bio-medicinal interventions, the cost of which is higher. An integration of evidence-based TK may ease the burden on health system and can become more inclusive.

REFORM MEDICAL EDUCATION:

There is an urgent need to reform the curriculum of medical schools to make medical graduates more sensitive to the health and sickness beliefs of religious minorities.

KEY POINTERS TO FOLLOW POLICY RECOMMENDATIONS

These recommendations can be followed by appreciating the uncertainty and limitations of the dominant model of healing prevalent in Pakistan. The acceptance of the principle of plural medicine will be useful for the country as a whole. It will also be more respectful to the ideals and perspectives of the religious minorities.