Research Prospectus, Kim Gutschow, July 2010

This statement briefly summarizes current and past research projects as well as their institutional funding and affiliation. My ongoing research has been primarily based in South Asia and the US, spanning the disciplines of socio-cultural anthropology, religious studies, women's and gender studies, and medical anthropology. My research projects a deep structural attention to how global flows in Buddhism or biomedicine influence local practices and individual agency. In particular, I examine how institutions such as Indian and American obstetrics or Buddhist monasticism in the Himalayas can produce social effects directly at odds with their professed ideologies. My first book analyzed how the gendered division of power within Buddhist monasticism perpetuates the very social hierarchies the institution was designed to minimize. My current research projects consider how practices and policies in reproductive health can lie directly at odds with an ideological commitment to evidence-based medicine and the injunction to do no harm.

My previous research projects included a fifteen-year study of the social economy of Buddhism in the Indian Himalaya and a related study of how social power is articulated through the distribution of water and land. This study of how water and land resources are divided or shared was central to illuminating the economics and politics behind Buddhist monasticism in the Ladakh region of the Indian Himalaya. Both projects looked at a range of Buddhist social and economic practices that produce gender and class stratification in the rural Indian Himalaya. The research resulted in an award-winning ethnography that formulated the concept 'economy of merit' to explain how Buddhist ritual practices including merit making reproduce and legitimate the very social hierarchies that Buddhist soteriology aims to transcend. My book, *Being A Buddhist Nun*, theorized Buddhist merit as a form of symbolic capital that is accumulated as a form of prestige across the Buddhist world. The analysis takes issue with previous interpretations of merit as a distributive or redemptive form of symbolic justice. In a related vein, my research on the social mechanics and logic of irrigation considered how the negotiation of a scarce but common resource, water, was a dynamic source for both perpetuating as well as creating forms of social hierarchy and power. My current and previous research projects have earned over $400,000 since their inception.

Major Grants Received Between 1990 and 2010:

* Humboldt Foundation (2009-2010) for research on shifting patterns in childbirth in relation to maternal health
* Faculty Center for Media and Technology, Williams College (in 2008 and 2005) for Archive Z, a digital archive of Himalayan images
* Harvard Society of Fellows (1997-2000) for research on birth, Buddhism, and biomedicine
* The Wenner-Gren Foundation (2000) for research on how water allocation relates to power and authority
*The Milton Fund (1999) for research on how water and land rights related to Buddhist practices and discourses in the rural Indian Himalaya.
* The National Institute of Health (1996-1997) for research on the shift of birth from home to hospital and its relationship to obstetric care in the Indian Himalaya
* The German Research Council (1995) for research on how sacred space relate to land, water and social hierarchy in rural communities
* The Jacob Javitz Foundation (1990-1994) for research on social economy of Buddhism
* I have fundraised $85,000 for the NGO I run that provides appropriate technology and health education in the Indian Himalayas (http://www.gadenrelief.org/zangskar.html)

One major strand of my current research investigates the shift of birth between home and hospital and between obstetric and midwifery models of care in rural India and New England. My research confounds simple assumptions about India and the US by contrasting the contrapuntal shift of childbirth *towards technology and the hospital* in the Indian Himalaya with the shift of childbirth *away from technology and back home* in New England. It observes that both these shifts are driven by a similar set of obstetric interventions including cesareans, antibiotics, and labor augmentation or induction. While such interventions save lives in India as elsewhere in the developing world, their 'epidemic' use in the US has led to concern and controversy (Declerq et al. 2007). It is interested in how the discourses of biomedicine and Buddhism, Tibetan medicine, or other alternative medical systems influence the site of delivery and help patients and providers manage the chaos and risk of childbirth. It examines the social and cultural factors that shape choices made around where a mother spends the critical post-

partum period, when up to half of all maternal and neonatal deaths take place (Lawn et al 2006). This research received a Humboldt Grant for experienced researchers in 2008.

A second strand of my current research explores the relationship between reproduction, religion, and communal identity in India. This project seeks to uncover the individual strategies that constrain access to and use of contraception, abortion, sterilization, and other reproductive technologies in the rural and near-urban Indian Himalaya. This research attends to the normative rhetoric and political pressures placed on women who access and medical staff who deliver family planning in the mixed Buddhist and Muslim population of Ladakh. It understands women's choices around childbirth and fertility as accommodations to a number of multiple and conflicting narratives such as family/nation, tradition/modernity, self/community, and ethics/pragmatism. Most broadly it relates the Buddhist and Muslim pro-natalist discourses in Ladakh to the increasingly contested negotiation of minority and subaltern status within the Indian nation. This research may be eligible for future funding from the MacArthur Foundation, International Planned Parenthood Foundation, Population Action International, and US AID.

The third strand of my research examines the relationship between maternal mortality and access to basic emergency obstetric care in the Indian Himalaya. It combines the two types of maternal death reviews most commonly used in regions with high maternal mortality—verbal autopsies and facility based-reviews. This research builds on the urgent need to understand why there has been so little progress in reducing maternal mortality and how better to implement maternal health policies in relation to social and cultural contexts (Ronsmans and Graham 2006, Campbell and Graham 2006). My study will study how ethnographic and participatory methods such as participant observation, focus groups, and non-structured interviews can be applied to strengthen and deepen the existing methods of maternal death reviews, especially around cases of trauma such a maternal death or "near-miss" (in which a woman survives a life-threatening complication). The research is dedicated to showing how ethnographic elicitation of provider and patient explanatory models of obstetric care can themselves be a health care intervention at the community and facility level. Besides two decade long affiliations with hospital staff and rural midwives in two district in India, I have assembled a team of academics to advise or participate in this research project from Williams College, Harvard University, Heidelberg University, University of California at San Diego,

University of North Carolina at Chapel Hill, Bocconi University in Milan, the Gates Foundation, and Global Health Strategies. Future funding sources include the MacArthur Foundation, the Gates Foundation, the White Ribbon Alliance, or Mary Stopes International.

A fourth strand of my research explores the relationship of obstetric interventions to maternal and neonatal mortality in the US. Between 2004 and 2010, I interviewed doctors, nurses, and midwives across the US on the use of interventions as well as the putative benefits of cesarean delivery for high-risk pregnancies such as breech, preterm, and multiples. Most broadly, this research seeks to unpack the clinical and cultural factors that shape this rise in maternal mortality including the rise of multiples, new reproductive technologies, and rising maternal risk factors. Recent studies have shown an alarming fact: the maternal mortality ratio in the US has doubled in the previous decade and it outstrips nearly every western European country, many of which spend far less on healthcare than the US (Kung et al 2008, Wagner 2004). Yet American rates of maternal mortality are considerably underreported and may be double the official rate (Deneux-Tharaux et. al 2005). Most recently, I have supervised a senior thesis involving fieldwork at a local hospital that has a cesarean rate roughly half the rate found across the US and the state in 2008, although its patient population has higher than usual risk factors—obesity, gestational diabetes, drug use, and low education. The research thus far has involved interviewing doctors, midwives, and nurses at the hospital whilst gathering 25 years of delivery outcome data. In the next year, the student and I hope to submit a paper for publication that would illuminate how delivery outcomes are shaped by provider practices—-a common assumption that has been difficult to prove methodologically. I have also served as a representative on the Parents Council at Dartmouth Hospital's Neonatal Intensive Care Unit since 2004 and was one of five representatives from Dartmouth to attend a Boston conference on improving quality of neonatal care in 2007. Further research projects include studying the culture of the neonatal intensive care unit in relation to cultural and social diversity. This research may be eligible for future funding from the National Institute of Health or the Massachusetts Board of Health.

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