

A Buddhist perspective on women's health issues

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Buddhism was founded by Prince Siddhartha Gautama who was born in 563 BC in Ancient India. Siddhartha eventually left his royal life, finding it increasingly difficult to reconcile his privileged life with those outside the palace walls. He is said to have achieved enlightenment, discovering what Buddhists call 'the Middle Way' – a path of moderation.

The enlightenment was essentially an understanding of the human mind and the power of self-determination, achieved through extensive meditation. This is the foundation of Buddhism, which continues to shape the values and norms in contemporary Buddhist societies and communities to this day.

Buddhism first came to Australia in the 19th century, when Chinese came to mine gold and Sinhalese (the majority ethnic group of Sri Lanka) came to cut sugar cane and pearl-dive in North Queensland.² Australian Buddhist societies formed in the early 1970s and were further strengthened by migration from Vietnam and Indochina after the Vietnam War in 1975. A 79 per cent increase in Buddhist affiliates was seen in Australia from 1996 to 2001, nearly three-quarters being born overseas. Buddhists now comprise 1.9 per cent of the population of Australia and 50 per cent are women. Most are in the reproductive age group, 13 per cent are aged between 18 and 24, while 6 per cent are 65 years or older.³

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Buddhism has three main branches: *Theravada*, the oldest form, which is practised by Laotians, Cambodians and Sri Lankans; *Mahayana* (including *Zen*) practised by the Vietnamese; and *Vajrayana*, led by the Dalai Lama and practised by Indians and Tibetans. Though they share a common heritage, each of these branches has a somewhat different culturally influenced view. Religious tolerance is a hallmark of Buddhist philosophy and debate regarding the Buddha's teachings is tolerated and encouraged. It is important to understand, therefore, that Buddhism speaks with more than one moral voice on issues related to women's reproductive health.⁴ Furthermore, Buddhism is one of many factors (such as social, cultural and economic) that influence women. Therefore, Buddhist women's beliefs, decisions and actions with respect to their reproductive health are diverse.

This article will discuss a Buddhist view and explore how cultural and social factors may influence Buddhist women's perspectives of reproductive health. It is not possible to represent the views of all Buddhists here and neither can it represent all of Buddhism, as there is no unified doctrine with respect to these complex issues. The most basic formulation of Buddhism may be stated as: 'Do no harm, do all the good you can and purify the mind'. In this sense, all actions, speech and thoughts regarding Buddhist perspectives on women's health issues might be best guided by these principles.

Contraception and family planning

There is no established doctrine about family planning in Buddhism, neither is there an emphasis on procreation. Buddhism emphasises the importance of parents raising children with a good quality of life and a sound education.⁵ Therefore, appropriate family planning is encouraged in Buddhist countries. Since the 1960s, Buddhist women in Sri Lanka have embraced family planning to prevent abortion and unwanted pregnancy, more so than their non-Buddhist counterparts.⁶ While contraception that prevents conception is accepted favourably by women, contraceptives which reduce implantation alone may be regarded with differing degrees of hesitation, due to the Buddhist view of the sanctity of human life.

Although times are changing, Buddhist women in the West have enjoyed more social freedom compared with their eastern counterparts and therefore tend to take charge of their reproductive health and fertility. Family size is clearly influenced by cultural values, as demographic studies among Australian Vietnamese women have demonstrated a decline in family size compared with those in their country of origin.⁷ This is partly due to the desire to avoid unexpected pregnancies in the context of the stress of starting life anew in a foreign country, with a different culture and language.⁵

Abortion

There is no single Buddhist view on abortion. Buddhists are encouraged to accept personal responsibility for everything they do and the consequences that follow, referred to as *karma*. Ethical consequences depend on the motive, the intention behind a decision and the level of mindfulness with which it was taken.⁸ Most Buddhists believe in rebirth, where the new being is said to bear the karmic energy of the recently deceased individual. The Buddha taught that human life begins in utero, when the first consciousness begins.^{10,11} The first Buddhist precept is to refrain from killing and as there is no clear understanding of when the consciousness of the embryo arises, traditional Buddhists view abortion as the taking of life, which poses a serious moral, spiritual and personal dilemma.⁹ Many Buddhists feel that the negative consequences of abortion become greater with advancing age of the fetus.¹²

Buddhist women may experience significant guilt and grief as a consequence of abortion. In Japan, where abortion is regarded as a 'sorrowful necessity', women ask for forgiveness by performing the ritual of *mizuko kuyo*, a memorial service for aborted or stillborn children, to 'remove its grudges' and facilitate its rebirth. This cultural practice has existed for around 200 years, but is now highly commercialised, with some suggesting it increases emotional and economic exploitation.¹³ In Australia, older women or those born overseas may feel more connected to their traditional culture and beliefs, hence may feel more regret than young adults who find it easier to take on their new culture, where 20 per cent of young Australians aged 18 to 24 affiliate themselves with no religion.³

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Buddhists accept that the decision to abort is highly personal. Some believe it may be made in exceptional circumstances and in accordance with Buddhist principles, such as those of compassionate wisdom and exploration of the ethical issues involved, and a willingness to accept the consequences of the decision.^{4,8,11} In Australia, early termination of pregnancy is relatively accessible, safe and inexpensive, and there are approximately 100,000 abortions in Australia each year.¹⁴ Studies, including the 2003 Australian Survey of Social Attitudes (AuSSa), have demonstrated that around 80 per cent of the Australian population respect the right of women to choose whether or not they have an abortion, with similar figures demonstrated for those in non-Christian religions such as Buddhism.^{15,16} Most Buddhist women in Australia understand the difficulty that exists between traditional ethical theory and practice, and respect the right and freedom of fellow human beings to make their own choices. They support additional principles of harm-minimisation, including responsible use of contraception, development of adoption services, obtaining legal sanction for therapeutic abortion and, most importantly, compassion for those who have had an abortion.¹¹

Sexuality

Like those in other religions, lay Buddhists are expected to act mindfully and compassionately when engaging in sexual relationships and not to engage in sexual misconduct (coercive sex, sexual harassment, child molestation, adultery).²⁷ Strict religious doctrine does object to the 'pursuit of sensual pleasure'.⁸ This actually refers to any materialistic pleasure, such as excessive attachment to wealth, relationships, even greed for food, that interferes with one's ability to carry out a productive life. Lay Buddhists are not expected to feel guilty about being involved in healthy sexual relationships. Rather, excessive attachment to sexual desires is not regarded as mindful. A personal analogy may be that being rich is not a sin, but greed for such wealth is not mindful. Formal education in reproductive health is in place in Buddhist countries, with an emphasis on wholesome living and the wisdom to make sensible decisions, rather than abstinence. For very traditional Buddhist women, midlife is seen as the age of spiritual pilgrimage, a time to devote to spiritual and community pursuits. This may influence perceptions about sexuality, the menopause and its symptoms, and determine if or when they seek gynaecological care.

Same-sex relationships are not explicitly mentioned in any of the Buddha's discourses (more than 20 volumes in the Pali Text Society's

English translation), although it was known in Ancient India. Most Buddhist scholars interpret, therefore, that homosexuality should be evaluated in the same way as heterosexuality, in accordance with the above principles.²⁸ While many Australian Buddhists would be in agreement, in some Buddhist countries there is poor acceptance or even knowledge of same-sex couples, due to cultural rather than religious norms. An Office of Tibet spokesman has said '[the Dalai Lama] opposes violence and discrimination based on sexual orientation. He urges respect, tolerance, compassion and the full recognition of human rights for all.'²⁹

In vitro fertilisation (IVF)

Buddhism cannot offer a single view regarding the ethical issues surrounding IVF. One view is that a fertilised human ovum in the early stage of development has no neurological system or consciousness and shows no feeling or will. Therefore, discarding such an embryo may not be consistent with a Buddhist concept of destroying human life.¹¹ Nevertheless, some feel that there are uncertainties about the timing of consciousness of such an embryo and many Buddhists may find these issues complex.

Pregnancy, postnatal depression, meditation

Buddhism encourages a holistic approach to the pathology of disease.²¹ Physicians during the Buddha's time were encouraged to look after not only the physical but the mental aspects of the fetus during pregnancy. Just as we now understand that maternal blood sugar level control is important for neonatal health in women with diabetes, it is believed that the consciousness of the fetus may be conditioned by encouraging the pregnant mother to live in a peaceful meditative state. It was also the custom for the pregnant mother to return to the maternal house during the pregnancy and postnatal period, as the special relationship between mother and daughter was seen as particularly beneficial during this time. Interestingly, recent studies looking at postnatal depression in Vietnam have found that a supportive, encouraging relationship between the woman and her own mother is protective against postnatal depression.²² Research is being performed into the role of meditation in the treatment and prevention of postnatal depression and stress reduction.

Cervical cancer

80 per cent of cervical cancer occurs in the developing world²³, largely due to inadequate resources for the implementation of national screening programs. Migrant Asian women are also at higher risk of developing breast and cervical cancer due to low participation in screening programs.^{24,25} Rather than Buddhist ethics, influencing factors appear to be cultural, (such as language, knowledge, views regarding women's bodies on the topic of health and illness, and the patient/doctor relationship). These factors may require further exploration during the gynaecological consultation.

Death, euthanasia, suicide

Buddhists believe that all things (including life and its surroundings) are in a state of constant change, that nothing is permanent. Therefore, Buddhists are encouraged to accept both the good and the bad with equanimity, including ageing and death. This may be misunderstood as apathy, pessimism or fatalism to a non-Buddhist health practitioner, while many Buddhists believe that this attitude encourages them to embrace life in a wholesome way while they have the opportunity.

Buddhism supports the work of the hospice movement in assisting people to have a good death. Buddhist literature emphasises the

importance of meeting death mindfully (in a calm state without anger, agitation, self-hatred or anxiety for those left behind).¹² The last moments of one's life are thought to be particularly influential in determining the quality of the next rebirth.²⁶ Many believe that the Buddha rejected suicide or a hastening of death as a missed opportunity for spiritual development in the face of hardship. The Buddhist tradition in Japan appears to be more accepting of suicide and euthanasia, due to cultural acceptance of the trait of self-determination.²⁷

Buddhism and the health profession

In some traditional Asian families, natural therapies and rituals at the temple are highly regarded and may play a more important role in their approach to healthcare than contemporary medicine. These views are more culturally driven. Physicians are generally highly respected in the eyes of the religion if they practise with compassionate wisdom and many physicians themselves are aware of the unique opportunities that their role affords them in this regard.

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Full list of references available on request.

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