



UNIVERSITY WEST

Department of Health Sciences

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**Tibetan Women's Empowerment Policy**  
**Perspectives on Creating Equal Opportunities in Healthcare as Tibetan Healthcare**  
**Workers in Exile.**

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## **Abstract:**

**Background:** In Tibet, as well as in their exile community in India, there is a widespread issue of female oppression and gender inequality within healthcare. Few studies explore the progressive work of organizations fighting these issues, which can contribute to a retrogression of discrimination awareness.

**Aim:** The aim of the study was to describe healthcare workers' perspectives on how and to what extent the Tibetan Women's Empowerment Policy can be used to create equal opportunities in healthcare.

**Method:** Ethnographic method consisting of semi-structured interviews and observations has been used for data collecting and qualitative content analysis has been used for data analysis.

**Result:** There are four recurring perspectives amongst the participants: (1) The policy has contributed to a change of attitude regarding female empowerment, female leadership and feminism. (2) The policy has contributed to the development of adequate healthcare services for women. (3) Limitations of support from the community. (4) The policy is not impactful.

**Conclusion:** There are indications which show that the Tibetan women's empowerment policy can create equal opportunities within healthcare in terms of attitude changes and accessibility to adequate healthcare. However, there are also practical complications in regard to its theoretical outlines as well as limitations of support from the community. It is concluded that the policy is part of a female progression within the community, yet there are still improvements regarding sufficiency and awareness needed to be made.

**Keywords:** female empowerment, female leadership, equal opportunity, Tibetans in exile

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## Introduction

The Tibetan Settlement organizes a multitude of programs dedicated to the progression of female empowerment and female health, which contradicts the popular belief described by the media that the needs of all women in India are disregarded. When searching for the advancement of female progressive organizations in India, the exceptions to positive development in female empowerment and female leadership is often hidden or forgotten, as media and research often has a focus on a retrogression to a state of complete female discrimination. In this study, healthcare workers' perspectives of female empowerment and female leadership, through the Tibetan Women's Empowerment Policy, will be explored in order to analyze how and to what extent it can be used to create equal opportunities in healthcare. This perspective is valuable for women to become advocates for other women, through awareness of progression and empowerment.

## Background

### Previous research

#### *Discriminatory retrogression*

There is a widespread issue of gender-based discrimination amongst all aspects of society in India (Zodpey & Negandhi, 2020). Women are regarded as less valued and with fewer livelihood assets (Chatterjee, 2020). Gender-based discrimination involves a higher risk of falling victim to domestic and sexual abuse, unemployment, mental illness, infanticide and legal injustice (Zodpey & Negandhi, 2020). A study (Malhotra & Shah, 2015) has shown that these issues correlate with the rising number of depressions, anxiety and post-traumatic stress syndrome (PTSD) amongst women. Several organizations are now working towards female empowerment and aim to provide healthcare and other resources for victims in rural areas of India, where these issues are prone to be ungovernable (Biswas, 2016). Moreover, the positive development of female empowerment advocacy in these organizations are restrained from media coverage, due to economic and social limitations, as well as public opposition towards implementation of female leadership (Biswas, 2016). Consequently, there are few studies exploring the beneficial aspects of female advocacy in the healthcare environment in rural India and is therefore relevant to analyze.

#### *Female empowerment and female leadership in India*

The Indian feminist movement and the demand for female inclusion in society is growing (Zodpey & Negandhi, 2020). Most of the structural work regarding equal rights and development programs, however, are based in larger and well-established areas, leaving rural India behind (Chatterjee, 2020). Also, women's opportunities require a contextual understanding as it differentiates depending on existing social forces and structures (Rowen, et.al., 2018). Enabling factors that discourage female empowerment and female leadership in India are described as discriminatory constructs of gender as well as patriarchal social structures influenced by strong cultural and religious traditions (Rowen, et.al., 2018). It is believed that many women refrain from opportunities of equality and are discouraged from empowerment in social hierarchy and relationships, as it would destroy the maintenance of family coherence, where traditionally the woman is submissive to her husband (Rowen, et.al., 2018).

Consequently, female empowerment and female leadership in the context of Indian culture results in methods where cognitive processes are influenced to recognize inequality and discrimination as a problem that requires a solution (Rowen, et.al., 2018). This process requires a development of a conscious rejection of enabling discriminatory social constructs, which is encouraged through the implementation of positive reinforcements, social support and a safe environment. However, it is common that these social constructs based on traditions of culture and religion often are internalized and therefore difficult to perceive as an issue. To create awareness about the problem could consequently also be perceived as trying to convince the woman of being in a submissive position, which could potentially disrespect an honored duty of religion and culture (Rowen, et.al., 2018).

#### *Female empowerment and female leadership as methods and implementations*

Female empowerment and female leadership have proven to be beneficial to women's health (Halvorsen, et al., 2020). Through methods of positive reinforcements and equal opportunities, women are encouraged to make decisions that improve their quality of life, according to their own standards and needs (Shai, et al., 2021). After a history of silencing women's needs in healthcare, by disabling reinforcements made to protect victims of discrimination and abuse, empowerment enables caring that acknowledges these issues and dares to challenge the system that enforces them (Halvorsen, et al., 2020). By implementing target-specific measures in healthcare, these issues are supervised, and the victims cared for (Shai, et al., 2021). Through female empowerment and female leadership, women are acknowledged as humans, equal to their counterparts and equal to the rights of happiness and health.

### Contextual background

#### *The Tibetan Settlement*

At the foothills of the Himalayas, on the northwestern side of India, lies the small suburb of McLeodGanj situated in the city of Dharamshala. Although not having sovereignty of the land, this is the preferred home to the exiled community of Tibet and the capital of the Tibetan Government, now part of the Indian society like 45 other Tibetan Settlements scattered around the country (Nair, 2020). The Tibetans are political refugees who fled to India due to oppression from the Chinese Government, which led to many Tibetan women being raped, killed or tortured and many men to become addicted to drugs or alcohol. Still, many Tibetans retain their beliefs and traditions under the guidance of His Holiness the 14th Dalai Lama. Many continue to also practice teachings from Buddhism as part of their everyday life, which has also transformed the political and social structure of Tibet and the Tibetan Settlement of Dharamshala (Ramesh & Sudhamani, 2019).

#### *Tibetan Women's Empowerment Policy*

Like other more progressive areas of India, the Tibetan Settlement organizes female empowerment groups and offers support to victims of domestic abuse and mental illness. With guidance from His Holiness the 14th Dalai Lama, the Tibetan women's empowerment policy regards women as kind, compassionate and fully equipped to contribute to society (Central Tibetan Administration, 2017). The Central Tibetan Administration established the first Tibetan women empowerment policy in 2008, which was a brief introduction to the work that needed to be done for the Tibetan women and for the equality within the community. This first revision introduced the matter with words of assurance that the Tibetan community indeed was equal. The later version was published back in 2017 and was revised to be clearer on how it needs to be implemented to achieve this stated equality. One of the



policy's main goals is to enable all women and young girls to be perceived and treated as equals in all of society. They state that through awareness of any violation against human rights, as well as through encouragement of female advocacy, the Tibetan society can grow in all socio-economic and political activities (Central Tibetan Administration, 2017). This is a leading example of how women can be empowered through structural leadership and standard ideals of equality.

#### Policy Outline: Health

The outline of health does not only take the woman and the child into consideration, but the whole blooming society of the Tibetans. It is stated that the health of the woman determines the health of the population. Therefore, special attention must be taken towards women who are, or will someday, contribute to the expansion of the community. The health of every mother and child needs to be ensured by providing special services, promotion of good health, nutrition and care through education. Women are educated on their child's development of cognitive functions, emotions and physical advancements as well as to further their knowledge regarding their own development as parents. These services include both traditional and new age knowledge and systems and are adjusted to the woman's development through all ages (Central Tibetan Administration, 2017).

#### Policy Outline: Governance and Leadership

The policy states in the chapter of Governance and Leadership, that all women will be enabled to take positions as leaders in all institutions and organizations of Tibetan society, through implementation of alternate perspectives on female leaders that differentiates from discriminatory social and cultural traditions. It is stated that women shall be given priority to be candidates for the post of pre-primary teachers as well as encouraged to apply for further studies later on in their education. As an instigation to the community, women ought to be advocated to be elected as local settlement officers of the Tibetan settlements around the world (Central Tibetan Administration, 2017).

#### Policy Outline: Women and Human rights in Tibet

By creating awareness on traditional and cultural traditions that diminishes women's rights and opportunities, these issues can be challenged. Furthermore, all women are encouraged to be advocates for all women, in order to create a strong alliance against violations of human rights, in- or outside of Tibet. In accordance with the philosophy of Buddhism, women's rights are always equal to men's, likewise all other sentient beings. Therefore, gender inequality or oppression has never existed in Tibet's history. The outline was created due to outside forces that challenge these beliefs and that requires structural insurance (Central Tibetan Administration, 2017).

#### Policy Outline: Social

The outline works to strengthen the engagement of organizations working towards gender and women's empowerment. By changing the social attitudes of empowered women through awareness of equal rights, women can become a contributing factor to the development of a healthy society. Awareness is spread by educating men and young boys, as well as all females, on inequality issues and empowerment, for them to become equal partners. These changes of social attitudes also conclude special support for women who don't belong to the conformed society and are therefore specifically vulnerable to social and economic barriers (Central Tibetan Administration, 2017).

### *Women's Empowerment Desk*

The Women's Empowerment Desk's main responsibility is to incorporate gender perspectives in all programs and structures of the Central Tibetan Administration, which is ensured by the implementation of the Tibetan women's empowerment policy. These gender perspectives are established by providing equal benefits for men and women, as well as by executing program activities that discuss and cultivate resolutions for issues of domestic violence, sexual and gender-based violence, safe space development, gender sensitization workshops and women's leadership training and capacity strengthening (Ramesh & Sudhamani, 2019).

### *Tibetan Women's Association*

Convictions of the Tibetan Women's Association include empowerment and professional development of Tibetan women with the purpose of empowering the Tibetan society in exile. This is pursued to ensure women's accessibility to adequate education and resources, by promoting social, economic, political and educational empowerment. Empowerment through these promotions also strive to resolve and preserve the culture, language and traditions of the Tibetan community, by providing financial contributions to ethnic Tibetan families with more than three children to ensure their safety and stability. Through the Tibetan Women's Association, women are provided measures to become strong, empowered and educated leaders of Tibet (Tibetan Women's Association, 2021).

### *Drokmo*

As an organization, Drokmo workers use their collective experiences to spread awareness about gender equality in schools and through workshops (Drokmo, 2020). The term Drokmo means girl-friend in Tibetan and represents a collaborative action to enforce social changes that enables everyone, especially young girls, to participate in the social transformation to a safe and equal society. Its main implementation of enforcement includes creating accessibility of higher education for young girls, which is created through fundraising and distribution of scholarships in collaboration with the Tibet Fund (Drokmo, 2018). Drokmo seeks to encourage discussions about taboo subjects such as sexuality, gender expression and women's reproductive health (Drokmo, 2020). These subjects are discussed in discourse, where information regarding the subjects seek to create reactions that generate a shift in attitudes. A shift in attitude could result in an expansion of health services provided to care for women's individual health, needs and conditions (Drokmo, 2021).

## **The Sustainable Development Goals**

The background and purpose of this study is partly governed by the sustainable development goals (United Nations, 2020) as the primary purpose for the minor field study program provided by Sveriges Biståndsmyndighet (Sveriges Biståndsmyndighet, n.d.). The sustainable development goals are a contribution to the vision of a sustainable future that is free from extreme poverty, injustice and permeated with peace (United Nations, 2020). In association with these goals, the study has a focus on goal number three and five, which regards the development of efficient healthcare and availability of free will, education, security and absence of domestic violence as well as gender-based discrimination in India.

## **Health science perspective**

The purpose of health science is to create an understanding of what means and methods that can improve and maintain a good quality of life, within the paradigm of environment, individual, caring and health. Through the perspective of health science, the understanding of well-being and happiness is described as an individual perception of the paradigms, where

health is best achieved and maintained through autonomy of one's decisions and opportunities in everyday life (Wärnå-Furu, 2017), to an extent. Despite a dynamic definition of health that differentiates according to person-centered care, the individual possibility of health is extensively decided by the individual's environment and genetics and more notable by their role in the patriarchal system (Shai, et al., 2021). In this system, women are at a disadvantage. This is most evident when it comes to hierarchy and most deplorable when it comes to possibilities of maintaining health or receiving care (Halvorsen, et al., 2020). In theory, this practice is opposing the perspective of health science, where a humanistic vision of equality and autonomy is implemented to provide adequate care (Wärnå-Furu, 2017). However, it is with this humanistic perspective that the study will be conducted, in order to actualize its theoretic ideology of equality, autonomy and good health for all.

## **Concept explanation and intention**

### ***"Female"* empowerment and *"female"* leadership**

The term *female* in addition to the concepts of empowerment and leadership is used to emphasize the intended target group of these methods during this specific study, not to propose a limit to the possible target groups of its supposed implementation.

### **Healthcare**

The usage of the term *healthcare* in the study's purpose and background refers to a structural organization that distributes services to meet the health-needs of a target clientele through a combined force of professionals, institutions and resources. These health-needs inquire about both physical and psychological issues and aberrations that demand caring for. Healthcare as a structural organization therefore summarizes all clinics, hospitals, support-services, education and counseling that can be used to enable health (Scarborough, 2020).

### **Gender**

*Gender* (2022) refers to the social and cultural distinction between male and female defined by characteristics of feminine and masculine attributes rather than simply biology. Due to it being a social construct, all attributes and expressions can be characterized into identifications, suggesting humans can be calculated into endless genders (2022). In this study, the term gender is used to include men and females by their biological attributes, to complement the terms usage within the above-mentioned policy. However, it is not to diminish the existence of other genders within the spectrum of human beings.

### **Equal opportunities**

*Equal opportunities*, in this study, equates to a gender-indifference where all humans regardless of background and personal qualities are met with the same standards and conditions when pursuing goals, values or needs (Mason, 2019). In this study, equal opportunities are used to describe the influence of gender when pursuing and utilizing opportunities, specifically in healthcare. It concludes both the availability of opportunity as well as the quality and possibility of using it to an advantage, to the same extent as the other genders.

## **Problem definition**

There are statistics that indicate a high prevalence of domestic abuse and gender discrimination in India, with limited available information regarding healthcare resources for

victims. Moreover, the general media often overlook possible solutions and healthcare services, as there is an opposition to the advancement of female empowerment advocacy. Consequently, there is a suggested difference between the genders' availability of equal opportunities in healthcare, as women dominated issues are not always acknowledged. In theory, this can contribute to the idea of a retrogression to an all-extensive female unjustification, where women have no representation of advocacy or opportunity of help seeking. With knowledge of the Tibetan women's empowerment policy and its enforcement of gender-inclusivity, there are indications of possible female progressive organizations, which can provide aid for victims of abuse and discrimination. As of now, there is limited research on this progression and its consequences. Therefore, as representation of female progression could be important for the development of equal opportunities in healthcare, it is relevant to explore organizations where female progression could be prevalent. Hypothetically, this study can emphasize important knowledge of female progression that could contribute to the discussion on information needed for further advancement of equal opportunities in healthcare.

## **Purpose**

The purpose of the study was to describe healthcare workers' perspectives on how and to what extent the Tibetan Women's Empowerment Policy can be used to create equal opportunities in healthcare.

## **Methods**

### **The study's context and framing**

Interviews and observations of diverse operative personnel were conducted at the organizations Female Empowerment Desk, Tibetan Women's Association and Drokmo. Contact with these organizations was made through a partnership between University West and the Tibetan Settlements Office through the Minor Field Study program. The process of formulating and operating this study was established with the help of a supervisor in Dharamshala and through the International Office at University West. Approval for conducting this study at these organizations has been obtained through the director of the Tibetan Settlements Office.

### **Participants**

In order to identify patterns and contradictions amongst the participants, a minimum of eight persons were interviewed. The participants were not defined by age, gender or experience, as the study covers a thesis that is best defined by the natural order of the organizations. However, if a specific group of participants was inclined to be exclusive for the interviews, observations or specific findings, this would be included in the discussion section of this essay. By interviewing different persons in the target group, consisting of adult female and male healthcare workers from the Tibetan Settlement in Dharamsala, the data aimed at an in-depth and multidimensional approach to the specific research question (Olsson & Sørensen, 2021).

When conducting the interviews and observations at the target organizations, only female healthcare workers were available. As the discovery shows only women work within these organizations and therefore only female healthcare workers' perspectives will be explored and analyzed. This was not the sole intended participants for the study, however it will not deprecate the relevance of the study, only limit its perceptual audience.

## Data collection

### *Ethnographic method*

As the purpose of the study covers a wide variety of different possible outcomes and background perspectives within a delimited region and culture, ethnographic method that is a qualitative method using empirical data such as semi-structured interviews and observations, was the main implement of data collecting (Carlsson, 2012). Ethnography (2022) refers to the scientific study of eccentric attributes, habits and rituals within a culture or religion. Ethnography was the method of choice due to the reason that Tibetans follow the Buddhist philosophy and incorporate this into the community's structural design (Ramesh & Sudhamani, 2019), which implies social phenomenon can be analyzed through the people's ideologies and perspectives of culture and tradition (Carlsson, 2012).

Normally, ethnographic methods demand a time-consuming research period where the researcher has time to create an equitable understanding of the designated culture or region through integration (Carlsson, 2012). However, the specific research question and purpose of this study is adequately defined and highly correlated to the Tibetan Settlement and is therefore operational through ethnographic methods. In this situation, it was favorable to develop a pre-understanding of the culture in order to beeline the integration process (Carlsson, 2012). Therefore, a presentation of background-knowledge was important to not implement a predisposed directive (Olsson & Sörensen, 2021).

### *Semi-structured interviews*

Semi-structured interviews allow for spontaneous or unexplored questions whilst remaining relevant and reliable to the study's purpose. This structure is used to not exclude any meaningful yet still unidentified perspectives or experiences from the participant. Through an ethnographic perspective the social context and culture of a defined environment is investigated in its natural presence in order to describe foreign perspectives and phenomenon. This is best obtained through semi-structured interviews because of the complexity of these phenomenon (Carlsson, 2012).

### *Semi-structured observations*

Ethnographic method resolves to a culture-analytical approach when using observations for data collecting. Normally, a structured observation guide works best when conducting studies with high reliability. However, since highly structured observations also limit the flexibility of the researcher, it is not fitting when conducting an ethnographic study, since it disables meaningful yet hidden cultural phenomenon from being identified. For this study, a semi-structured observation guide was therefore followed in order to retain a high reliability and focus of data, whilst still enabling variations in the observations, which are affirmative to the contextual structure of the study's purpose. These observations avail from both visual and oral findings (Carlsson, 2012). The purpose of doing observations alongside interviews in this study is to put collected data into a context that makes the material feel more alive and authentic.

## Data analysis

Interpretive qualitative content analysis was the main implement used for analyzing data and ethno method was used to theorize possible perspectives (Olsson & Sörensen, 2021). The analysis was made through an abductive process which uses the researcher's previous knowledge of the subject in order to theorize sampled data and identify relevant patterns.

Based on the general theoretical outlines of the presented background knowledge, the result of the analysis could in theory be recognizable in both individual and generalized cases (Carlsson, 2012). The process began by repeatedly reading the collected data consisting of transcripts of the interviews as well as notes from the observations. When an overall understanding of relevant information to the study's purpose was identified, the data was condensed into meaning units. These meaning units were translated into codes that represented the relevant words that could be used to describe presented information. The process proceeded by dividing the codes into categories by their similarities in context and implication. This was followed by a theorization of what the categories could indicate. These indications created the themes in which the perspectives were represented. When different dimensions of a theme were identified, these dimensions were divided into sub themes of the perspectives. Through a constant evaluation of the raw data, multiple dimensions of perspectives could be identified which was not obvious from the beginning. When the analysis was finalized, the result was compared to the transcripts and notes in order to make sure it was representative of the given information, which could confirm that an adequate interpretation had been made (Olsson & Sörensen, 2021).

### Ethical considerations

In India, mental health and gender discrimination is often stigmatized (Nieder, Muck & Kärtner, 2019). Therefore, the study was approached with regard and respect towards the culture's perceptions of these issues to avoid any case of defamation. Furthermore, the Tibetans are political refugees in India and were therefore, with informed consent, referred to as Tibetans not Indians, regarding the Tibetans desire of maintaining their cultural heritage despite becoming part of the Indian society (Nair, 2020).

In accordance with the ethical direction of this study, only healthcare workers were interviewed to avoid exploitation of vulnerable care recipients. Participation required consent and was voluntary. All potential participants were given an information letter with a consent form beforehand covering their right to cancel their participation at any given moment before, during or after the interview, as well as how confidentiality was ensured by erasing names, contact info and other traceable information. Furthermore, the raw material was not made public or discussed with outside parties. When permission for audio recording of the interview was obtained, a Dictaphone was used in order to avoid accidental cloud-sharing. After the completion of the essay, all data was deleted (Olsson & Sörensen, 2021).

The researcher did not explore private information or experiences during the interview and did only anticipate the participant's professional perspective and attitude towards the study's purpose. Personal values and aspirations from the researcher were excluded to not impose a designated directive upon the participant or the study's result. Therefore, all previous understanding of the research-topic was presented by the background section of this essay and was used to create a mutual understanding of given perspectives and attitudes from the participants. The aim of the researcher was to explore the study's purpose and the importance of the participant was to decide the study's result. Presumably, the researcher was required to create relationships with the participants in order to get an adequate and righteous understanding of their character and surroundings. This relationship was treated with confidentiality equivalent to all other data, in order to protect the participants identity from being declassified (Olsson & Sörensen, 2021).

Moreover, the importance and influence of the study, or the credibility of the researcher, was not exaggerated. When conducted, the study and its purpose did not convince the participant

that it could conclude in life-changing results. This was highly important to not create false promises or confidence that could not be maintained, as doing so was both unethical and dishonest. The study was therefore conceived with full transparency to its purpose (Olsson & Sörensen, 2021).

## Result

Analysis of the collected data has resulted in four possible perspectives of how and to what extent the Tibetan women's empowerment policy can be used to create equal opportunities in healthcare. The perspectives are divided into the themes: (1) The policy has contributed to a transformative change in attitude towards female empowerment, female leadership and feminism, (2) the policy has contributed to the development of adequate healthcare services for women, (3) limitations of support from the community and (4) The policy is not impactful. Each perspective consists of sub-themes, which are expressed by the subheadings.

### The policy has contributed to a transformative change in attitude towards female empowerment, female leadership and feminism

The policy is part of a transformative change within Tibetan society that incorporates women as fundamental contributors to its development. This change has extensively brought changes in perception of female inclusion and solidarity between the genders. Not only has the policy contributed to a shift in attitude, but it has also been described that this attitude has opened for more knowledge to be discussed amongst community members. This knowledge has been described as the organization's greatest achievement, which has partly been enabled through the policy. Since its first implementation, the policy has been extensively developed to include further issues as a result of the transformative changes within the community. Below is an example of in what ways the policy has contributed to a shift in attitudes:

Yes! I would say that it has brought change. In terms of a shift in attitude towards like women's empowerment is important, gender equity, equality. These are important to discuss. And we are moving forward in the community. I think the women's empowerment policy surely has brought about these changes in attitude... (Interview nr.1)

Through observations at the international women's day, a taste of these transformative changes of attitudes was obtained. At lunch, these same women laughed and joked about money, rent carriers and eating habits. They made sarcastic and ironic attributes, their laughter filled the corners of the small Tibetan restaurant with turquoise walls and paintings of His Holiness The 14th Dalai Lama. The other guests watched in admiration for their carelessness and freedom. In the evening, they arranged for all people of all ages to come join in games and play at the local basketball court. The women, in their beautiful green dresses, rolled up their sleeves and began dabbling the basketball, shooting hoops and yelling for their teammates to make a pass.

During international women's day, they also arranged for women to get free blood tests taken to check their complete blood count. Furthermore, at the basement level of the building, women could visit a gynecologist free of charge. In an old library building with a view of Dharamshala and the Himalayas, women sat around a table delivering information, pamphlets and signing papers to make sure that the goal of 150 women could take part in these services. They arranged for the opportunity of all women between the ages of 15 to 60 years old to do check-ups, since it is a rarity for women in this community to ask for help or treatment because of the lack of awareness, expectations and isolation within the home. This is a pure

example of female advocacy and the transformative changes it has accomplished. In the quote below, the policy's enforcements to create female healthcare programs are exemplified:

... in the new revised policy it has been advanced and revised. It mentions human rights violations in Tibet, female advocacy, female leadership and empowerment and also other sectors such as social economic factors. And on the sector of gender based violence, health you know. So all seven components are being included in the policy, and it was formulated with the help of the cabinet's female leaders... (Interview nr.9)

### *Female empowerment*

Working with empowerment as a method to advocate for women's rights of equality recalls different strategies and definitions of its implementation. Different participants gave different statements regarding the term empowerment, varying from perspectives of the physiological powers of the female body, to the spiritual guidance from His Holiness the 14th Dalai Lama. The reproductive power of a woman is also referred to as empowering and the role of a mother is part of the empowerment. Female empowerment is also described as a woman's ability to utilize their strength and as participants describe this strength is referred to as a power over oneself, not in terms of education or assets, but in terms of control over one's decisions and ethical values. Participants also describe it as everybody's right to be healthy and another as being part of the process of promoting health. In the following quote, one of the definitions is presented:

So women empowerment, according to my knowledge, is if you can decide for yourself physically, mentally or can give effort then you are empowered. (Interview nr.3)

A shared perspective amongst the participants is the idea that empowerment is a personal process that has to be adapted according to every woman's unique idea of utilizing and developing strength. This personalized process also demands for an implementation that differentiates between each case, which is also described as a risk when working with vulnerable women. Participants refer to the implementation of empowerment as an ever-changing idea of conceptual power that defines how to appropriate it. The term empowerment is also described as a symbol of imbalance, where due to misconceptions about empowerment in society, its definition has become obscured. Participants describe how the word empowerment therefore is not always used, but the methods behind it are. This is explained in the following quote:

I'm not very comfortable with the word empowerment, we don't actually use that in our organization. Because when using the word empower you are showing an imbalance of power, as if you are a messiah coming from outside our community trying to bring change. (Interview nr. 2)

The participants continue to describe how they instead use actions to encourage women and young girls to get proper education and knowledge in order for them to decide over their own health and care for their own needs, a method that enables individual pursuits of interest. Not using the term empowerment is described as a response to the misconceptions regarding its definition within the community. By word of the participants, empowerment is a new concept within the Tibetan community that will enable women to demand equal treatment to their counterparts. Participants describe that this concept demands for further changes in attitudes within the community and that these changes in mindset leaves room for empowerment. Below is an example of how empowerment can be defined:

Women empowerment is about promoting women's self-worth and their ability to determine their own self choice. (Interview nr.6)



It is observed at their office, that the workers are not only colleagues, but also friends and supporters of each other's needs. They care for each other and join in on their personal stories and experiences. They laugh with each other, at each other. Despite their difference in ages, these women morph into an entity of unconditional love and acceptance of each other. They truly are a bundle of strong and supportive women, full of life and expectations.

### *Female leadership*

The participants describe the importance of women representatives within the community. Many of them recall situations where issues are more prominent to be discussed if there is a decision-making woman in power. It is understood that the issues and needs of women are described as something most understood by other women as they can emphasize their unique needs, and it is made clear by the participants that there are still a lot of men in power that hinder the advancement of measurements towards better healthcare for women. This is issued by the quote below:

... If we have a normal person, they will say that we have equal rights and equal opportunities. But if there is a woman decision making person, more opportunities can be created for women. (Interview nr.8)

The female leader is also referred to as someone who is a role model and who supports other women. As a role model and leader, the participants describe the importance of understanding one's impact and influence, which is said to be particularly important when discussing the needs and issues of others. A woman's influence as a leader could be the solution for the Tibetan women to care as much for their own needs, as for others. The concept of a female leader is something that is emphasized by the participants as a solution to the discourse on issues of equality within the community. It is said that with more female leaders within the community, the attitude of change would be different, and the key to these changes of attitude is described as communication. It is stated that the most suitable individuals to pursue this communication are the women, as described in the quote below:

Communication is the most important, we have to communicate more and more, we have to make people join us, so that we can communicate everywhere... and most leaders need to be women. That would change the world. There would be a more peaceful world. There is a lack of communication. Women can communicate... (Interview nr.5)

With the structural support of the Tibetan women's empowerment policy, support has been given towards educational awareness. This has been especially targeted towards nuns within the community as they have been described as isolated and shy. The importance of nuns, as described by the participants, is acclaimed by their leading position within their religious practices, where they are the true female leaders. This is exemplified in the following quote:

And nuns especially are very shy and they think that they can only reside in prayers and be inside the nunnery and they don't know what else they can do and what kind of awareness they can receive... So we give this kind of knowledge and awareness and hold activities to give them an understanding of their rights and awareness about the situation. (Interview nr.7)

### *Feminism*

During discussions of empowerment and gender equality, emerges ideas of feminism amongst the participants. Many participants were unable to describe or define empowerment without including the relevance of feminism. This is described with the following quote:

Feminism now when we talk about it is not about someone who have been educated, empowerment or a feminist coming out to preach what they have learned. Which is mostly western born. To me feminism is about my mother who has provided me education, facilities equal to my brothers. So she is supporting according to my interest. That is feminism to me. Feminism doesn't have to be very vocal. There are these phrases that are being used like being a voice for the voices. But not speaking, being silent, is also a voice to me. (Interview nr.2)

To work with empowerment was to include a feminist perspective in the everyday life of the ordinary family, not only to empower women, but also to enforce gender equality. Not only was the term feminism used to describe empowerment, but also to define expressions of equality within the community. Moreover, it was used to describe how women do not have the agenda of oppressing men from their positions in society, but rather to get the opportunity to work equally alongside them, as stated in this quote:

We work for everyone's equal rights, men and women. So feminist according to me is a term that you apply to describe when you support equality, equal rights, equal values to men. It has nothing to do with being above male... (Interview nr.4)

The term was even used to imply that there was no inequality within the society and that if there was, feminism should be implemented. Lastly, feminism was used to describe female advocacy. Participants used it as a tool to describe the responsibilities as a role model and that its ideology empowers women to encourage other women on their way to success. When describing the work within the organizations, it was said that it should support women in need and for their workers to always remember the struggles of women in the past, and to never forget why their work has to continue. This is described with the following quote:

It is for the women, by the women and from the women. (Interview nr.7)

## The policy has contributed to the development of adequate healthcare services for women

Since its implementation, Tibetan women's empowerment policy has provided guidelines within the community to provide equality of living and equal opportunities for all Tibetan women. Participants of the study express that all organizations within the community work according to the policy with implementation of encouragement and respect for all women. The contribution of the policy is exemplified in the quote below:

I think the policy has really helped in our community. With this kind of policy we are able to fund the women helpline where there are a lot of women being helped in this desk. Also women who are suffering also get to know that if something happens to them, in their workplace or in their home, wherever, they always feel safe. (Interview nr.7)

When working with implementation of the policy within the community, the policy has been described as a bridge between aspired change and accessibility to services that provide change.

Its implementation has been described as a realization of women's issues within the community, which is needed in order to actualize services that provide caring for the unique needs of all women. Since its implementation, healthcare and support has been provided for issues that had been silenced for a long time.

### *Healthcare services for women*

Before the policy, women could not seek help for their specific needs, since they were not always covered in the regular healthcare. However still in progress, the policy has opened access to new healthcare services due to its help of actualizing women's unique needs. The work started from grassroot level, by asking women what they were missing and what they needed from healthcare in order to feel and be healthy. Then started educational programs for healthcare workers and regular people within the community. Education is a way to inspire, and it is said by participants that the inspiration that their work spark, has made way for further development of services to provide knowledge and care for women. In the below quote, a description of how the organizations, in accordance with policy, is working to create adequate healthcare for women:

... So we have a lot of cases of harassment, domestic violence, and cyber bullying. We have more domestic violence cases. Our team works with all of these cases individually after their needs, some with legal teams, interventions, sometimes it can be about financially supporting them... we also have a small fund for these women who are economically survivors of gender based violence, so we support them. We also have support homes for these women. Sometimes home is not the safest place for survival so we make sure that we create a space for these people who can stay for a while until they find out... figure out what happened to them and how to get out of it right. (Interview nr.9)

The development of adequate healthcare services was especially important during the outbreak of the covid-19 pandemic. Women were described by participants as especially vulnerable, due to victims of abuse being forcibly locked inside the same four walls as their abuser. Since before the pandemic, a women's helpline was introduced yet it wasn't heavily utilized until afterwards, when the victims were free from quarantine and could seek out help. Domestic abuse had since before the pandemic been described as nonexistent within the community. Due to this reason, the perception of starting a helpline seemed unnecessary at first. Nonetheless, the strain conditions of the pandemic put the victims of domestic abuse at the end of their rope, proving the need of support from the helpline and other organizations. Participants state that the helpline proved that there were not only many hidden victims of abuse and oppression within the community, but also that there is a need for a policy that ensures support for these victims. Furthermore, these women are also granted support in terms of financial and residential resources to create independence from their abusers. Although mostly utilized for women, these resources are not solely devoted to women. One participant states that no issues of any human are sidelined, regardless of gender, lgbtq or disabilities as their work incorporates an intersection between all identities and needs.

### *Menstrual health awareness*

In a small office at the government quarters, women work for a better and more equal future for all women in Tibet. It has been observed that the women are wearing pins covering their pronouns. At their desks lays pamphlets with information regarding menstrual health and by the door hangs a poster covering unwanted sexual harassment and sexual behavior. The walls are covered in stickers with the words "I menstruate and it's natural" and "not ashamed to bleed".

Participants of the study describe the importance of understanding biological differences between men and women in order to eliminate taboos and the spreading of wrongful information. This form of awareness is related to the normalization of menstruation as part of a woman's right to reproductive health, as stated by the quote below:

... But uh eventually what we need to do we are trying to do uhm sensitize. It's not just uh you know.. it's a right, menstrual health is a right. And then every woman and girl deserve the access to these like healthservices and especially the menstrual health and sexual and protective health yeah. That's what we are working on... (Interview nr. 1)

In order to actualize this normalization, the organizations are working on implementing education in school and through workshops in order to create a conversation that doesn't reverse from speaking about terms of menstruation. This has been a vast improvement within the community where the conversation and normalization has improved over the years. One participant recalls experiences of menstrual awareness development, where before there was no education regarding menstrual health in schools in contrast as of now where menstrual health workshops are a part of the education.

### Limitations of support from the community

Despite the policy being part of every organizational structure within the community, not everyone believes in its implementation or follows its guidelines. As individuals, all organizational members do not agree with the work of female empowerment or gender equality, as there are many other pressing issues within the community. Due to these perceptions, the policy is to some extent described as unnecessary and is therefore difficult to implement. Consequently, some participants of the study state that it will take time to create a policy that works for everyone. Below is a description of how the issue is questioned by the community:

We do get support from the community, but we also get backlashes from the community who view this as unnecessary given the political struggle that we are in, why this issue you know? (Interview nr.9)

It is observed that the personnel engage in conversation about the struggle of implementing the policy in all departments and how a chain of structural limitations is hindering a collaboration between them. In conversation, they speak about the inclusivity of all genders of the spectrum and how their work with the policy needs to include gender-sensitivity so that no woman or man is left behind. With words of compassion, they say that the need for more available washrooms and knowledge is a responsibility that can't be ignored. With great interest, all other women listen when one another is speaking. They all hold great experience and knowledge. They discuss empowerment and how the concept of being empowered is controlled by how financially independent the woman can be. "But who has the money to control their own life and choices?". "They need to lower the requirements to go to nursing school, so that all genders can be included in healthcare, we need more female nurses!".

### *Social constructs and stereotypes*

Another difficulty of implementing the Tibetan women's empowerment policy is expecting generational ideas of social constructs, to conform to new ideas of appropriation. Conforming to a mindset of equality according to new ideals within the community, means leaving behind an old mindset of equality where the woman is equal to the man in the sense that one takes care of the home, and one takes care of the income. This mentality is exemplified by the quote below:

... But somehow these things intrude, they don't allow us to have this mindset of being equally responsible for the family, not only women... Because in this community women are really shy and very afraid of getting in front and doing all this, because we have this kind of mindset that women should be in the home, take care of the house, be in the kitchen... (Interview nr.7)

Participants explain how women within the community refrain from explaining their needs and emotions due to these socially constructed ideas and how the policy lacks influence as a result. Women not being allowed to show their emotions is a social construct, that according to participants contribute to victims of abuse and discrimination being silent. These social constructs also prevail when discussing women's and men's different health needs and accessibility to health services. Participants explain how women avoid going to the gynecologist and refrain from doing checkups, causing serious disease or even death during menopause or pregnancy. Women keep the issues within the family and avoid discussing their unique needs with their husbands, as there is a socially constructed difference that regards women's issues as less important. These beliefs are explained through the following quote:

... Its social and cultural norms because of stereotypes, gender stereotypes and all. Women tend to not talk freely about their reproductive health... (Interview nr.1)

### *Religion and culture*

Religion and the Tibetan culture are a sphere of peace, however some traditions and beliefs within these practices have been explained by some participants as limitations when trying to implement change in terms of empowerment and equal opportunities. One example given is the dependence of prayers instead of healthcare and how this confines the space of which some issues can be discussed and cared for. This is illustrated in the quote below:

In Tibetan society what we are like is mental awareness. Everyone knows that physical health is important, but not everyone believes that depression, anxiety exist. So whenever someone is going through a struggle in their life. They say that we pray and we are fine. In religion and god, they depend on that. But I feel like that is not the truth. I feel like people need to know the truth. (Interview nr.4)

Within this belief women are also explained as having a determined role within the household as the caregiver for the children as well as the homemakers. This role also condemns having issues that need resolvment. Religion has been described by some participants as a justification of discrimination, that hides behind the teachings of peace and equality. This is exemplified with the following quote:

... I would say health is very important. Health can be whatever we think we can do, especially women's health. As a homemaker and taking care of a child. In this culture we have to. (Interview nr.5)

Through observations it is noted that the women wear traditional Tibetan chupas in green and white to symbolize their proud Tibetan heritage. Some wear it with their personal touches, a snap-back, a big necklace with pearls in emerald green and blue, red lipstick, high heels and combat boots. They are individuals with their own characters and expressions. Tibetan culture to them, does not impose limitations to their individuality, but strengthens their expressions of oneself.

Given the reason that the participants explain their religious practices, they also state that equality follows. Consequently, some participants give a reason for the policy as unnecessary due to the belief that equality and equal opportunity already exists within the community, without the help of a policy. The issue was not that there aren't equal opportunities within healthcare, but that some people choose not to follow. The belief that equality inherited from the small family where equal opportunity is a choice and where many choose to follow the traditional roles and expectations. As these statements also hold an awareness regarding

inequalities, they are not believed to exist within this settlement. The following quote states how equality is illustrated by these beliefs:

Everybody is equal in the eyes of His Holiness and everybody should treat each other equally and everybody respects each other... In our community a lot of women are going to be the same as men, on an educational and professional level and I believe that women and every human being are equal... (Interview nr.7)

### *Generational differences*

As the study progressed it became more apparent by the participants how the generational differences play a role in the implementation of the Tibetan women's empowerment policy. This refers to the stated difficulties of pursuing changes of action when the older generation sees no need to change. Participants describe their mindset by explaining that the older generation carries different perceptions of what defines equality and how issues of oppression prevail. It is noted that the younger generation is more prone to identify inequality and discrimination, as knowledge about these issues are now more widely discussed and therefore realized. As a response to the educational differences between the generations, one participant explains how it is up to the younger generation to spread this knowledge to the elders. Due to this, working with the policy has its limitations of implementation. However, this absence of understanding is not the elders to blame. This is exemplified in the quote below:

We are a young generation of women who are just starting to work in the field. Not as a part of advocates. But through art, and equality to men... feminism is very strong here... but still, many people in the older generation of our community still have an orthodox mindset...also, through my experience working in this field over the years I have realized that we can't blame our parents for not providing us with the same level of understanding. Because they have their own struggle that they have been through and a different background of education and environment growing up... (Interview nr.2)

The participants describe an awareness regarding the older generations' experiences with how the environment and community was structured and run during their younger years and share an understanding as to why empowerment and equality has not been an issue until now. It is said that gender discrimination has been practiced during both generations, however the issue was emphasized by the younger generation to enforce change. This is explained in the following quote:

... But at time in their older generation when they were young they didn't have education and knowledge about equality, feminism, gender awareness, women and men should be treated equally. They always think that men are superior and the head of the family. They always think in this situation and this kind of mentality still. So maybe they are just behaving as they did... (Interview nr.7)

Convincing the older generation of Tibetans within the community is part of the limitations of implementing a policy that enforces equality. It is difficult to enforce change when many are still not convinced there is an issue to begin with. What some participants call discrimination is what others call cultural and traditional roles. However, participants also explain how there is no grudge towards the elders, as they live according to how they were raised. But with a new generation of parents, comes a new generation of changes. Lastly, it is stated that these limitations are part of the process of creating equality and how it is necessary to keep them as a reminder of why there is still work to be done.

## The policy is not impactful

### *Policy irrelevance*

The participants also state that not all community members believe in the relevance of the policy. Due to limitations of perceptual beliefs that support the policy, its implementation has been described by some participants as not impactful. This is summarized in the following quote.

The healthcare system is there, and policy is there and the issues are there... (Interview nr.8)

The participants relate this to the refinement of new needs and old ways, which is described as an imposition to the concept of the Tibetan community. These old ways of dealing with the issues are presented by one participant in the following way:

In some countries this has existed for decades and decades so they just took it for granted, but we haven't had it until now so we as implementers or interventions, we find it a little bit challenging sometimes to really convince them why this work is needed, why it is important... (Interview nr.9)

Participants state that in theory there is equal opportunity for everyone, but in practice there are improvements needed to be made until everyone can utilize these opportunities, as especially men are more prone to take advantage of them. There needs to be work that enables all people to utilize health services equally, not only for the privileged people within the community. Equality goes for everyone, not only for the rich and middle class. Participants describe how stereotypes of the social economic classes and genders determine if you are going to take an opportunity or not. It is also stated that the policy needs to incorporate intersectionality to include differences in possible assets and attributes when it comes to utilizing opportunities, before it can make an impact on equal opportunities. This shows in the following quote:

Gender sensitivity is not about that... Identifying who the vulnerable women are. We have women who are very privileged and can access it on their own, the cross are when we are trying to reach out to the vulnerable women... We are incorporating vulnerabilities and how we define vulnerabilities, so who has the property line how we identify those. So when we have those structural programs then we can elevate the empowerment policy. (Interview nr.9)

### *Tibetans in exile*

The political situation in Tibet is not only causing implications to this policy, but most importantly to the rights of the people of Tibet. When discussing the policy's importance, other issues surface as more pressing to discuss. The situation in Tibet is a crime against humanity as the Chinese government is refusing a people's right to exist. Participants explain how this is causing an identity crisis amongst citizens of the community, as well as how trauma from being a refugee in a different culture and country has been ongoing for generations. The generational trauma has created a narrative for Tibetans in exile, as explained by participants, as timid and unjust of their opportunities within the exile society. The impact of the political situation in Tibet is exemplified by this quote:

As someone whose identity is still at a liminal level of still not being accepted as a citizen nor a foreigner, you don't know what's your future. If tomorrow they ask us to leave, we don't have the proper state to protect us right... There is a need for so many health facilities. But as someone who is part of the community, we have a lot of other issues to deal with first... (Interview nr.2)

Presented issues therefore run deeper than simply gender inequality, but the right to exist as a Tibetan. Therefore, the work of equality also needs to include the work of giving Tibetans the

right to live safely within their land. Participants explain this issue further by stating that it is difficult to work with one issue over another due to censorship, and how this work needs to be emphasized by actions rather than written words. Due to this censorship, there is also a limited access to knowledge regarding the situation in Tibet, especially for the Tibetans living in exile. As a result, the work against inequality is mostly done on the ground with their voices and their actions in the form of protests, awareness programs and workshops. However, this is not always met with gratitude from the outside community as it is redeemed unnecessary, due to India not being the cause's originated country. Participants of the study wish for outside support and understanding instead of objections, as a crime against human rights is a crime against everyone.

During questioning of accessibility to equal opportunity, participants also explain how the patriarchal system is structured against it. Participants explain the situation in India especially, as one to be difficult in implementing female empowerment. Other participants describe how this system is the one to dismantle for the policy to make an impact. Moreover, one community cannot impose laws and regulations from one nation within another political and structural system. The participants describe how it is difficult to implement working policies in exile as well as to convince men that women have the capability of being equals. Consequently, women need to fight extra hard for the same positions in decision making, as the system consists of an inner hierarchy that is most profitable for men as well as not correlating to the Tibetan women empowerment policy. Participants gives examples on how this projects within the community in the quote below:

Not only in our community but also in India, if we are giving awareness on empowerment feminism, men and women are equals and blablabla, but they don't believe. They only believe that men are more superior than women. Especially in India the patriarchy system is very strong and women are being substituted and it's very male dominated in India. But in our community there is less, but still some people in our community are very orthodox that we try to explain that women and men should be equals but they still believe it's nonsense. They always think that they are superior, but there are still some people... (Interview nr.7)

Moreover, participants also explain how Tibetan women in exile are privileged in comparison to the women still living in Tibet. India is described as an open-minded place where women are fortunate to be protected by human rights and democratic politics. It is described as a place where discrimination does not exist due to the laws and acts that protects equality between the genders and that ensures equal opportunities for anyone who wishes to condone it. This idea illustrates in the following quote:

We are very privileged as Tibetan women. An example is the parliament speaker who is a woman, we in exile have seven cabinet ministers, three are women. We feel very proud. Because in exile we are living 50/50 with education and this kind of, there is no bias. If you can do it, then the throne is for you... Actually, compared to other parts of the country we Tibetan women are more privileged than others. Suppose when I gave birth to a female or male there are no gender inequalities. When your baby is born there is no discrimination, both are same level. So, we don't have much discrimination in our community. If you can do it for yourself, then the door is always open for you. (Interview nr.3)

## **Discussion**

### **Method discussion**

#### *Limitations of participants*

The purpose was initially to interview and observe both male and female healthcare workers within the target organizations. As it turned out later in the study, these organizations only



employ women. However, as the analysis found differences and similarities in perspectives it implies that the findings are general perceptions of the subject as they are not directly associated to a conclusive truth or person (Olsson & Sörensen, 2021). This is due to the transferability of the result, which Olsson and Sörensen (2021) describe as the theoretical basis in which the result can be supported and then generally identified by the reader, regardless of gender, background or opinion. As the result of this study can be identified in several other cultures and populations it can be discussed in generally identifiable terms regardless if you are a man or a woman in any society (Olsson & Sörensen, 2021). This indicates that it cannot be determined that another group of participants would generate a different outcome of results. Moreover, as the study only explores perspectives it does not imply there is a correct answer to its research question, only indications of its implementation, the result can be discussed using general ideas regardless of the individual (Olsson & Sörensen, 2021). Therefore, the study still upholds its relevance despite limitations of the participants.

#### *Using observations as a method*

As the participants native language is Tibetan, it was not always a possibility to join in on conversations and discussions between the workers. Observations could most only be made when an explanation in English was requested. There is no way to say that possible findings and perspectives have been missed during the research period, as many things have possibly been lost in translation, which is a frequent limitation during ethnographic observations and puts high dependence on the researcher's interpretation (Carlsson, 2012).

However, since all participants were able to express themselves in English, an explanation of performed behavior, events and discussions was mostly always given. When participating in their everyday work, many instructions were written in English which made them easy to follow. Workshops and awareness programs were also given in English which enabled observations to be made with more accuracy. Furthermore, since some of their work is confidential, participation in all events was not possible. As described by Carlsson (2012), the usage of observations in ethnographic methods should contribute to a contextual understanding of other data. Since observations have been made which describe the participants work-environment, this contextual understanding has been obtained.

#### *Semi-structured interviews*

A total of nine healthcare workers participated in interviews. Semi-structured interviews allowed the participants to decide the direction of the interview without losing its structure (Carlsson, 2021). The dialogue also opened for spontaneous questions, which according to Carlsson (2012) can result in answers that would not have been given if the interview was fully structured. Due to the researchers' relationship with the participants, a dialogue could easily be conducted in a natural manner, without hesitation or judgment (Carlsson, 2012).

As the interview was semi-structured, closed questions had been made beforehand that would be used as indicators of the direction of the interview. The usage of closed questions during the interview was to not impose a predisposed narrative of the participants answers, which indicates neutrality of the interview questions (Olsson & Sörensen, 2021). Moreover, the closed questions were used to indicate the direction of the interview, which enabled more specific follow-up questions. The opportunity to first answer *yes* or *no* to a question was to not suppose the participant would agree that they worked with the policy as stated in the background of the study, but to let the participant decide whether they worked accordingly and then build follow-up questions depending on their answer. This indicated that the

researcher did not take an answer for granted and was open to different possible outcomes (Olsson & Sörensen, 2021).

A continuation throughout all interviews was the follow-up questions regarding definitions of used terms. As the definitions of empowerment, leadership and equal opportunities appeared to differentiate between individuals and cultures according to the perspective of ethnography (2022), it was of high interest to explore the participants' use of these words and how they are implemented within their culture in order to understand their perspective further (Carlsson, 2012).

What does empowerment mean to you?  
How would you define this empowerment?  
So how would you define equal opportunities?  
And a leader, how would you define one?

Another common question, issued in seven interviews, were regarding the reactions of implementing the policy's ideas within the community. This question emerged in interviews where participants specifically mentioned beliefs of encouragement or disapproval from the outside community, when implementing the policy to create equal opportunities. Two interviews did not discuss these themes and stuck to their own personal perspectives.

What reactions do these ideas usually create within the community?

The final category of follow-up questions regards ideas of differences between the policy's theoretical outlines and its practical implementation as well as work of action regarding presented cases of inequality. These questions were issued in all interviews, as every participant to some extent described improvements of the policy.

Would you say within this community, this is something that needs to be emphasized more?  
Do you take action to prevent it?  
Do you think this policy needs to do a better job at including these issues?

### *Ethnographic method*

As anticipated, it would become difficult to integrate within the community in a way in which their actions can be reflected through a correct understanding. However, it was surprisingly easy to become part of the organizations and their teams. From the start, the participants landed a helping hand in explaining traditions and culture so that it could be easily understood from an outside perspective. Due to the study period only lasting eight weeks, more knowledge of their community progressed over time and at the end, the complexity of its culture and traditions surpassed the framework of which could be explored through the study. Therefore, a longer time for conducting research should have been implied, as suggested by Carlsson (2012).

As ethnographic method demands for integration within the community, it also exposes the researcher to personal experiences that could affect the perceptual view of the culture (Carlsson, 2012). For personal values to not create a predisposed directive of the study's analysis and result, all data has been questioned and problematized repeatedly throughout the process and no material has been excluded (Olsson & Sörensen, 2021), regardless of its attitude towards the community or policy.

### *Ethical considerations*

Due to the study's ethical considerations, personal stories from participants had to be excluded in the transcription and from the result (Olsson & Sørensen, 2021). Despite being of interest for the study's purpose, there was no way of ensuring the participants' security if these stories were to be included. Meetings with patients or other people seeking support from the organizations have been excluded from the observations as well, as inclusion of vulnerabilities would be redeemed as unethical (Kjellström, 2017). Even if these observations were relevant to the specific research question, perspectives from patient-close care were not included in the study's pre-disposition and therefore excluded.

The political situation in Tibet, as described by the participants, was more complex than anticipated which made interviews and questions more sensitive to some participants. Consequently, the oppression of the Tibetans has had more influence on the result than expected and therefore this situation was taken into consideration when asking sensitive questions and whilst participating in observations of events. For example, further questioning into some questions of improvements and demands of equality had to be excluded, as it touched on subjects beyond the credibility of the researcher and study (Olsson & Sørensen, 2021).

### *Trustworthiness and credibility*

The study is presented with full transparency of limitations during its process. Nothing is concealed and all implications are discussed and considered within the study as part of its trustworthiness. The researchers' neutrality is evident in the interview-guide and result, where both positive and negative perspectives are declared and discussed (Kjellström, 2017). This implies that the study has been made with an open mind and with a critical approach to prior expectations (Olsson & Sørensen, 2021). Examples of this was an encounter with His Holiness the 14th Dalai Lama, which was a personal experience with Buddhism, yet it didn't impose an exclusion of perspectives within the result that problematized religion. Another example is the prior understanding of female empowerment and female leadership as progressive methods that contradict the negative media depiction, which was also questioned and discussed in the study's result. The trustworthiness of the study, as explained by Olsson & Sørensen (2021), is therefore evident as the basis of all perspectives are founded on the documented data, regardless of the perspectives' attitudes towards the policy, which are discussed as both progressive and problematic.

All results and interpretations are also supported with quotes from the participants, with a distribution of a minimum of one quote per participant as well as at least three quotes to support each perspective. The quotes make the result credible, as it exemplifies the content (Carlsson, 2012). The process is also clear regarding course of action when choosing study population and methods, as well as how analysis has been conducted.

### *Transferability and dependability*

It can be understood that the perspectives are relevant as they are possible to identify in commonly understood perspectives within other cultures and contexts. As these perspectives are not presented as definite or all-inclusive, but rather common, it is possible to assume that they are relevant and indicative but not conclusive, which makes the result transferable (Olsson & Sørensen, 2021). Moreover, the study is reliable due to the result being presented in general terms of indications rather than confined evidence. Conclusive results were impossible due to the study not having an empirical basis of statistics and instead rather dispersed and commonly known perspectives. The results are instead discussed in regard to

established ideas based on previous research, that can be identified regardless of contextual differences, which makes the study dependable (Olsson & Sörensen, 2021).

## Result discussion

Based upon interpretations of interviews and observations with healthcare workers within the Tibetan Settlement, four recurring perspectives have been identified in regard to how and to what extent the Tibetan women’s empowerment policy can be used to create equal opportunities in healthcare. Perspectives are discussed from a health-science perspective, with the incorporation of ethnography as well as in accordance with the sustainable development goals. The perspectives goes as follows:

Themes (Perspectives)	Dimensions
The policy has contributed to a change of attitude regarding female empowerment, female leadership and feminism	Female empowerment Female leadership Feminism
The policy has contributed to the development of adequate healthcare services for women	Healthcare services for women Menstrual health awareness
Limitations of support from the community	Social constructs and stereotypes Religion and culture Generational differences
The policy is not impactful	Policy irrelevance Tibetans in exile

The themes are presented by general perspectives that are described by different subthemes which present the perspectives’ dimensions. The dimensions support the perspectives by emphasizing their nuances and complexity, whilst still supporting its core concept.

### *The policy has contributed to a transformative change in attitude towards female empowerment, female leadership and feminism*

The identified changes of attitude within the community have contributed to what the participants describe as an implementation of encouragement for women to be equal to men on an individual and community level. Per participants definition of the terms empowerment, leadership and feminism, this can be discussed in regards to a health science perspective, where it can be understood as an implementation of autonomy and person-centered care. As mentioned in the study’s background, autonomy is described by Wårnå-Furu (2017) as a facilitation of health through the individual perspective of a good quality of life. The Tibetan women’s empowerment policy’s contribution to a change of attitude that enables female autonomy, could therefore also be said to contribute to every woman’s right to define and achieve health.

However, it is also discussed by Schuler et al. (2013) that the implementation of female empowerment could have contradictory effects on women’s opportunities and safety, depending on whether it's implemented in a society where equality has been fundamentally established or not. Kelly-Hanku et al. (2016) issues examples where men will be more prone to changes of attitudes regarding female empowerment and female equality if they already have a relationship to women that consists of empathy and equality. If this is not the case, there is a risk of increased domestic abuse and inequality as the men may not approve of

changes in power (Kelly-Hanku et al., 2016). Participants in the study state that there is in fact, a fundamental belief of equality within the community because of Buddhism, however this cannot be said to be an all-shared perspective. The impact of the transformative changes in attitude towards female empowerment, female leadership and feminism needs to be further observed in order to establish its consequences. However, it can be said, in accordance with Wörnå-Furu (2017) and Schuler et al. (2013) depending on the measure of equality, that the change in attitude can contribute to female autonomy and therefore a higher possibility of health.

Kiani et.al (2021) found that empowerment interventions that support self-sufficiency and interpersonal communication skills are highly plausible to reduce gender-based violence. As described by the participants, the representation of female leaders within the community has contributed to the actualization of women's issues and therefore an implementation of strategies to manage them. Self-sufficiency is discussed by Kiani et al. (2021) as the possibility of social and economic independence, which can be enabled through equality within career opportunities and social structures that enable female progression. When discussing feminism within the community, participants describe how it is used to encourage the promotion of women's self-worth and self-choice, as well as the equal upbringing of women and men in terms of education and activities. It is also stated within the Tibetan women's empowerment policy, that the community should inspire to advocate for women's success and independence, by enabling equal opportunities in health, education and career (Central Tibetan Administration, 2017). The policy could therefore be said to reduce gender-based violence as well as provide services and measurements for victims of gender-based violence, contributing to the idea of how the policy could help to create equal opportunities in healthcare.

Ending gender-based violence is also part of the sustainable development goal number five, which enforces gender equality (United Nations, n.d). Within this goal, it is stated that women and girls should be empowered to become equal to their male counterparts and for the community to enable this empowerment (United Nations, n.d). The policy clearly states that women and young girls should be empowered in education and in career opportunities, in order to claim leadership positions within the community (Central Tibetan Administration, 2017). Per words of the participants, the policy has contributed to this empowerment and enabled communication regarding gender inequality, realizing its existence within the community. The United Nations (n.d) states that the work towards gender equality needs to incorporate reductive measurements towards domestic violence as well as to give victims access to social and economic protection. Perhaps inadvertently, the transformative changes of attitude, partly induced by the Tibetan women's empowerment policy, can be said to have contributed to the goal of creating equal opportunities.

*The policy has contributed to the development of adequate healthcare services for women*

In accordance with the presented perspective of a development of healthcare services for women, partly contributed by the Tibetan women's empowerment policy, adequate measures towards women's health can be said to have been established. The World Health Organization (WHO) states that methods that implement strategies of equal possibility of health can decrease prevalence of domestic abuse (WHO, 2017). These methods include a possibility of communicating issues, providing economic support to vulnerable families, questioning of social structures and inequalities as well as establishments of safe environments for vulnerable people (WHO, 2017). As described by the participants, this correlates to the available healthcare services for women within the community that provides

financial support, legal support helplines, safe environments and homes for victims of abuse and poverty as well as counseling. In theory, the development of healthcare contributed by the policy, could help dismantle the prevalence of domestic abuse as well as contribute to the existence of equal opportunity to receive and achieve healthcare for these issues.

Adequate healthcare services that ensure caring for women's needs, is also discussed by Negero et al. (2021) as essential to prevent maternal and paternal death. It is stated that maternal and paternal health can be ensured if healthcare is financially supported by administration and policies that enable operational activities and healthcare workers to work sufficiently. Moreover, it is discussed that part of the work has to be enabled through community programs in the form of awareness and empowerment (Negero et al., 2021), which is also part of the Tibetan women's empowerment policy's outline (Central Tibetan Administration, 2017). Vizheh et al. (2021) also discuss the need of empowerment and autonomy scales to ensure reproductive and maternal health. Within this study it's presented that the health of mother and child is dependent on whether autonomy in terms of the mothers right and ability to exercise control over contraception, pregnancy and childbearing is enabled, as well as receive care for issues that follow. Furthermore, the extent to which the woman is empowered to communicate with the partner as well as being in control over sexuality, sexual safety and self-love, was contributing factors to how the woman experienced health during pregnancy (Vizheh et al., 2021). In accordance with the definition of equal opportunities (Mason, 2019) which states that the genders should be met with the same standards and measures when pursuing their personal goals, the right to survive pregnancy and to enjoy motherhood is part of this equality. The development of menstrual health awareness programs and free reproductive healthcare for women, is therefore a practical example of how the policy can be used to create equal opportunities in healthcare.

Additionally, the development of adequate healthcare measures to help victims of gender-based discrimination, specifically female victims of domestic abuse which seems most prevalent by the participants, is also on part with the sustainable development goal number three. This goal works to ensure promotion of health and well-being at every age (United Nations, n.d). In accordance with this goal, the policy works to ensure health at every age during the woman's development. The Tibetan women's empowerment policy (Central Tibetan Administration, 2017) states that the access to maternal and reproductive health is essential for the growth of the community as it ensures children's and their mother's health, which has also been declared by participants as accessible within the community. The development of maternal and reproductive health, alongside the sustainable development goals, can also be seen through a health-science perspective, as it is implementing person-centered care to ensure equal opportunity of healthcare. As maternal and reproductive health, in this policy, is specifically targeted towards women because of pregnancy, menstruation and menopause (Central Tibetan Administration, 2017), it can be discussed to be a person-centered measurement to ensure access to health according to every unique need and individual autonomy of the woman (Wärnå-Furu, 2017).

#### *Limitations of support from the community*

Due to the policy not being a law and instead more of a guideline, its implementation is perceived as optional. Because of this reason, many believe that the policy is unnecessary, especially due to its ideas already being part of the Buddhist teachings of equality that are fundamental within the community. Duriez et al. (2002) describes how the influence of religion on a community's politics and attitudes, is a common phenomenon in societies all over the world. Religion can be used as an instrument to predict political attitudes and is

redeemed as a guideline when constructing these political attitudes (Duriez et al., 2002). Through a perspective of ethnography (2022) the influence of Buddhism within the Tibetan community can be discussed as the fundamental design of the community's structure (Ramesh & Sudhamani, 2019). It is interpreted that the implementation of a policy that aims to enforce equality, suggests there is an issue of inequality within the community that needs resolution, which also implies the Buddhist practices are not being followed. Since Buddhism is the fundamental structure of the community, there are limitations of support of a policy that implies equality and therefore Buddhism is not being followed.

Sherlock (2012) discusses how socio-political influences facilitate how certain discourses emerge. As example, it is suggested that the influence of the Catholic church and nationalism in Ireland, contributed to a late bloom in sexual education in school, in contrast to Sweden where it was implemented decades earlier, due to differences in religious beliefs (Sherlock, 2021). The influence of religion on political structures within communities around the world is evident, suggesting there could be a link between Buddhism and the politics within Tibetan society. This is also evident within Tibetan healthcare where Sowa Rigpa humanitarianism, a form of Buddhist knowledge of healing, is practiced beyond mainstream public health (Craig et al., 2019). Craig et al. discuss how health through Sowa Rigpa is believed to be achieved through the Buddhist practice of compassion, which is perceived as the ultimate humanitarian act. The Buddhist idea of health and healthcare could therefore be discussed as the limit to which the policy is supported.

This theory is also supported by the participants who describe how they follow their spiritual leader His Holiness the 14th Dalai Lama and how many of the Buddhist teachings illuminate in their organizational work. Duriez et al. (2002) suggests political attitudes in terms of economic conservatism, cultural conservatism, racism and nationalism, might be directly correlated to patterns of religious dimensions and value orientations. Values of social conformity and gender roles within a community, including Tibetan, might be directly influenced by religion. As described by the participants, in the Tibetan community the woman is still somewhat perceived as a homemaker that should stay in the kitchen and remain silent. This correlates to what are discussed in the background as a social structure that is influenced by strong traditional and religious beliefs (Rowen, et al., 2018). Findings of social constructs and generational differences ties together with traditions within religious practices that are still evident in the Tibetan contemporary community, suggesting the Buddhist influence in politics and social values determine how influential new concepts of change will be.

Regarding Rowen et al. (2018) and Duriez et al. (2002), the process of implementing change can be directly limited to the social constructs influenced by religious traditions. Similar to the other countries discussed within these studies, changes in attitude are correlated to how strong religious practices are within the community. These attitudes are apparent to be strongest within the older generation of Tibetans, which are also the demographics that still uphold traditional social roles that suggest a different definition of equality than the younger generation. However, it cannot be determined whether these influences of religion and their limitations to the policy can be discussed as a retrogression of equality advancement. Buddhism, in theory, enforces equality of all beings (Ramesh & Sudhamani, 2019), which suggests equal opportunity could be achieved if everyone followed the Buddhist practices. The issues that prevail are the differences between how equality should be defined, according to social constructs based on religious traditions, or of modernized societal ideas. This inquires for a distinction between policy and religion as well as an established definition of

equal opportunities and measurements of when it can be said to be achieved. Until there is a mutual understanding of equal opportunity within the Tibetan community, differences in beliefs hold limitations to what extent the Tibetan women's empowerment policy can be supported.

Additionally, it can also be discussed regarding health science (Wärå-Furu, 2017) that a mutual understanding of equal opportunity, limits the individual perception of how it should be implemented in the personal lifestyle and definition of health. Therefore, a more advanced policy that includes guidelines of individual implementation according to personal beliefs could be a solution. Additionally, when looking at the sustainable development goal number five (United Nations, n.d), it can be discussed that if social constructs influenced by religion determine to which extent equal opportunities can be implemented, it can limit the empowerment of women and young girls. However, it is explained within the policy that its guidelines are directly created according to the teachings of His Holiness the 14th Dalai Lama regarding female empowerment (Central Tibetan Administration, 2017). Consequently, the limitations due to religious constructs and ideas, could therefore be perceived as a lack of awareness from the older generation regarding the basis of the policy and its relation to religion.

#### *The policy is not impactful*

The result showed how the implementation of the Tibetan women's empowerment policy has not been impactful. There are several suggested reasons for this. A common denominator for this is the belief that the issue of female discrimination within healthcare has become substituted in comparison to other more pressing issues within the Tibetan society. The Chinese oppression of the Tibetans has been ongoing since the early 1950s when the Chinese Communist Party invaded Tibet. Since then, there has been genocide of the Tibetans as well as a denunciation of the Tibetan culture, language and traditions (Ramesh & Sudhamani, 2019). Participants describe experiences of not being protected by the state as well as not having a safe environment to develop an identity as a Tibetan. Through a health science perspective, the environment in which the individual lives, affects the status and experience of health (Wärå-Furu, 2017). Consequently, the experience of living in an environment that is unsafe, contributes to the feeling of not feeling healthy or having a good quality of life. It can also be discussed that the oppression of the Tibetan community, through health science, vastly limits the opportunity of creating a personal idea of health whilst it also limits the possibility of seeking healthcare. Therefore, the perception that the policy is not impactful due to other issues being more pressing within the community is relevant due to the Tibetan oppression being directed to everyone, not only women.

Participants also discuss the imposition of enforcing policies or politics within a different nation with other established laws and agendas. This becomes especially difficult due to the general perception that policies are not practically impactful as there is common difficulty enforcing theoretical guidelines. Azlina et al. (2018) describes how every step of the policy-making process has to be understood in order to ensure the success and impact of the policy. It is stated that a health policy should impact how organizations actions and inactions influence health. This impact should involve a set of actions, outlines of intent and involvement of implementation that are ensured by cooperation with legislators, executives or court systems (Azlina et al., 2018). As described by McGibbon et al. (2021), there is a proliferation of needed discourses within policymaking that reproduce existing relations of power differences, which enable gender inequality. Furthermore, it is discussed that policies often conform to a neutrality that in many cases refuse to disagree with oppression. This



neutrality is a potential result of the need of a policy that is generally implemented, which disregards the nuances of inequality in power and different perceptions of structural limitations (McGibbon et al., 2021). Akchurin and Cheol-Song (2013) also discuss how women's activism is more impactful when the organizations have access to political leaders and institutional politics. In addition to the presented issues of implementing policies in exile, the community has limited access to court systems and legislators as they are expected to follow Indian laws and guidelines, not implement their own. Participants therefore point out how the policy is not impactful as there is a perceived difference between theoretical intention and practical realization.

There is also a belief amongst participants that they as Tibetan women are privileged due to their protection by the Indian laws and guidelines that are made to ensure safety from discrimination. Participants compare this to women's situation in Tibet, where many are being raped, killed and tortured by the Chinese government (Ramesh & Sudhamani, 2019), and state that they are blessed within their settlement in India. However, women's safety in India can also be discussed as insufficient. As discussed in the background, Indian women are documented to be of less value than men as well to be of higher risk of becoming victims of domestic- and sexual abuse, unemployment, mental illness, infanticide and legal unjustification (Zodpey & Negandhi, 2020). The idea of India being completely free from discrimination due to anti-discrimination laws, can be discussed as problematic as it suggests there is no need for a policy to ensure women's equality. A policy cannot make an impact as there is already an act covering everyone's right to be treated equally regardless of religion, ethnicity or place of birth (Human Rights Watch, n.d). Therefore, to fight for equal opportunities must be a united decision, as the implementation of strategies and measurements demands for an issue to first be identified and realized in order for them to make an impact. The limit to which the community believes there is an issue with inequality that requires solution, is therefore the limit to which the policy can make an impact.

#### *Strengths and weaknesses of the study's result*

The result gives an answer to the study's purpose to describe how and to what extent the policy can be used to equal opportunities in healthcare. However, the result can not conclude that the policy has contributed to the discussed perspectives independently and does not imply nor discuss which other factors have contributed. Nonetheless, there is an indication that religion has made an impact on the presented changes, but it is not possible to answer conclusively on this question as the study has not explored this subject thoroughly. Consequently, the strength in the study's result is regarding its findings of common perspectives that show how the policy has contributed to a change of attitude and an implementation of health programs for women. As well as how it shows that the policy is limited to the extent of which it has support from the community and how its practical implementations are insufficient in comparison to its theoretical outlines.

### **Conclusion**

There are indications which show that the Tibetan women's empowerment policy can create equal opportunities within healthcare in terms of attitude changes and accessibility to adequate healthcare. However, there are also practical impediments regarding its theoretical outlines as well as limitations of support from the community. It is concluded that the policy is part of a female progression within the community, yet there are still improvements regarding sufficiency and awareness needed to be made.

## **Practical Implications**

As stated in the background, the purpose of health science is to create an understanding of what means and methods that can improve and maintain a good quality of life according to individual ideas of health. In theory, this can be obtained through female empowerment and female leadership, where women are acknowledged as humans, equal to their counterparts and equal to the rights of happiness and health. The study has provided a progressive and a problematized insight to the implementation of a policy that enforces empowerment and equality within healthcare. Result of the study shows indications of perspectives rather than conclusive results, providing interesting discussions and ideas of further development in the field of female leadership and female empowerment within healthcare, through a perspective of health science.

## **Suggestions for continued knowledge development**

For continued knowledge development of female empowerment as Tibetans in exile, it is suggested that research regarding male healthcare workers perspectives is explored, in order to analyze possible differences between the genders. It is also of interest to analyze issues and challenges of implementing Tibetan governances and policies within the Indian structure and society, as Tibetans in exile are not able to enforce their own political agendas. Finally, the relationship between Indians and Tibetans is of value for further knowledge development, as they coexist within the same community, suggesting there is an intersection between the cultures and their mutual effects. For further knowledge development within the profession of healthcare as well as within health science, it is suggested that there is a need for gender sensitivity incorporation in order to include marginalized people and vulnerabilities within the work of equal gender opportunity.

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## **Attachments**

Interview guide, I

**In what ways do you work with the Tibetan Women's Empowerment Policy?**

**Do you work with female empowerment and female leadership in regard to this policy?**

if yes: how?

if not: why?

**Can female empowerment and female leadership be used to create equal opportunities in healthcare?**

If yes: in what ways?

If not: why can it not be used?

**Has this policy helped to create equal opportunities in healthcare?**

If yes: How has it helped?

If not: Why has it not been helpful?

**Does this policy have any particular strengths in regard to equal opportunities in healthcare?**

If yes: What are these strengths?

If not: Why does it not have any strengths?

**Does his policy have any particular weaknesses in regard to equal opportunities in healthcare?**

If yes: What are these weaknesses?

If not: Why does it not have any weaknesses?

**What more needs to be done, in regard to this policy, in order to create equal opportunities in healthcare?**

**Is there anything you would like to add that you feel has been missed during this interview?**

**What thoughts do you have regarding the interview or experience of our meeting today?**



## Observation guide, II

- What is the situation at the organization?
  - Location?
  - Atmosphere?
  - Interior?
  - Who are the workers?
  - Primary clientele?
- What are some recurring themes (routines, moods, prayers, attitudes, keywords, behaviors etc) at the organization?
  - How are these themes projected by the staff in their work?
- What values are expressed?
  - Worldview?
  - Goals?
  - Ethics?
  - Religion?
  - Culture?
- How is the climate between the workers?
  - Inside jokes?
  - Discussions?
  - Disputes?
  - Relationships?
  - Activities?

## Information letter for participant

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My name is Jessika Johansson and I am a student at University West in Trollhättan Sweden. I am now collecting research for my bachelor thesis in Health Science and based on your work experiences I want to ask for your participation in an interview. The interview focuses on your perspective on how or to what extent the *Tibetan Women's Empowerment Policy* can be used to create *equal opportunities* in healthcare. In order to gather information I need your written consent on the backside of this form. Please note that your consent represents an approval of participation and is not equivalent to an obligation, meaning you can at any given moment cancel your participation without explanation. The interview has to be scheduled between the weeks of **9-13**, 28/2-31/3 of 2022, let me know if you need any adaptations.

When agreeing, you will be asked to take part in one audio-recorded interview. The interview will be approximately 20 minutes long and recorded using a Dictaphone, as well as transcribed after the interview. For the safety of the participant, the whole interview will be confidential and therefore conducted in a secluded environment and the transcribed data will be processed confidentially as well as deleted of all personal information. All audio-recordings and transcripts are confidential and prohibited from outside parties and will be securely stored as well as deleted after the study.

The final result of the study will be concluded in an academic essay and thereafter published on a public platform.

### Kind Regards,

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## **Consent form**

I declare that I have been informed in regard to the study's purpose and use of information, as well as how my participation is fully voluntary and confidential.

- Yes
- No

Signature and Date

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Name clarification

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