



Book review: A Critical History of Women's Health in Modern Sri Lanka

P Ravi Shankar, MBBS, MD

PSGFAIMER Fellow, FAcadMed, IMU Centre for Education, IMU University, Kuala Lumpur, Malaysia

Corresponding Author:

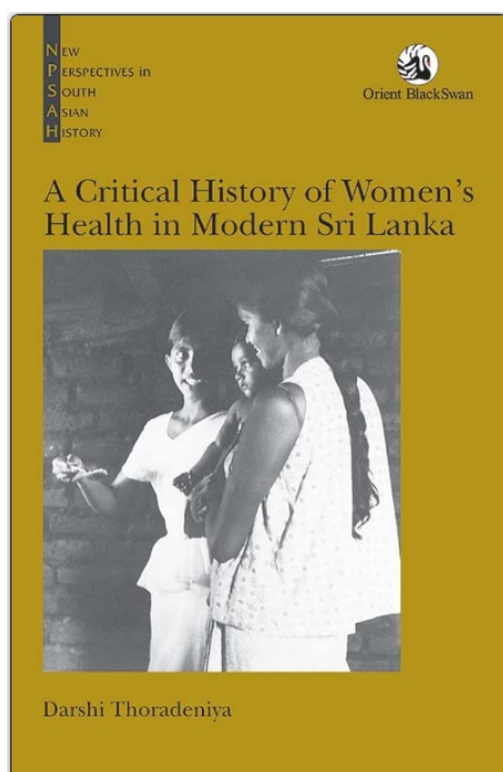
Dr. P Ravi Shankar
PSGFAIMER Fellow, FAcadMed,
IMU Centre for Education, IMU University
Kuala Lumpur, Malaysia

Email: ravi dot dr dot shankar at gmail dot com

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A Critical History of Women's Health in Modern Sri Lanka

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Author: Darshi Thoradeniya

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This interesting book was introduced to me through an online Health Humanities group of which I am a member. It is part of the series - 'New Perspectives in South Asian History' - and provides an overview of women's health in Sri Lanka from colonial times to the modern day. The book starts with a calendar of important events in the

history of Sri Lanka. This is fitting, since women's health, especially fertility regulation, birth control, and abortion, are influenced by politics and religion in many parts of the world. The author has been able to weave together experiences, history, politics and scholarship.

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I have long been interested in women's health, the environment, and population growth. An educated woman, in my opinion, is more likely to 'demand' the best for her children and may try to limit the number of offspring. The book resonated with my way of thinking. The author mentions that the pill may not have been adequately tested before it began to be widely used in Sri Lanka. In my experience, clinical trials in developing nations are influenced by various factors that may affect their quality.

During my recent visits to Sri Lanka in 2023 and 2024, I noticed first-hand the high health and development indicators in that country. It is not surprising given that Sri Lanka invests heavily in health and education. The author mentions the Malthusian theory of development, which highlights unchecked population growth as a major cause of poverty and hunger, and so population control should be a priority. With increasing education and female empowerment, population growth has slowed down in many regions and nations.

The book explores the impact of colonialism, and the introduction of Christianity and western allopathic medicine on colonial societies. Western medicine was used by the colonial powers to highlight the intellectual superiority of the West, and the establishment of hospitals and clinics was advertised as a benevolent act. The author mentions that despite high levels of female literacy, educational modalities in Sri Lanka are still aligned to the patriarchy, and they highlight the value of obedience. Sri Lanka is a multi-ethnic and multireligious society. The public fear that birth control and the pill would change the ethnic composition of the population, and, consequently, the balance of power, are mentioned throughout the book.

Chapter-1 focuses on how Ceylon (the colonial name for Sri Lanka) became a model for development, especially among Western nations. The apparent paradox of

high social and developmental indicators and low per capita income is shared with the neighbouring Indian state of Kerala. The author writes:

"Thus, by the late 1960s, Sri Lanka turned out to be a case of interest and a puzzle for scholars of not only demography but also economics and development studies. Though its social indicators were well above the standards of other developing countries, economic progress was still alarmingly slow."

The implementation of family planning through different phases of the nation's history is well addressed. The book details how many newly independent nations in Asia adopted a socialist model of development. During the sixties, seventies, and the eighties, India was following this model. Many countries shifted to a capitalist model and, in some, this resulted in faster economic growth though there has also been a widening of disparities. In my opinion all sections of the population should benefit from economic growth, and good quality education and healthcare should be guaranteed.

Chapter-2 discusses population control and family planning. The inauguration of the Family Planning Association (FPA) in 1953 gave an impetus to the country's birth control efforts. I have read elsewhere that family planning is an euphemism often used for birth control. The development of the pill in the 1950s enabled couples to be sexually active without the fear of pregnancy. The pill has been strongly promoted in Sri Lanka. Social marketing of contraceptives is common in South Asia and the pill was marketed as a woman's close female friend and companion (mithuri). Sri Lanka used youth organizations and ayurvedic physicians to promote the pill among the populace. The state wanted to 'legitimize' the pill and increase its use by women. Thus, they used the services of two groups widespread throughout the country and regarded favourably by the population. The

author mentions:

“By the early 1970s, the unmet need for contraceptives was addressed through the programme on social marketing of contraceptives. In 1974, the Pill became an over-the-counter drug in Sri Lanka. That same year, Ayurvedic physicians were trained in family planning methods in order to take the Pill to rural areas. A youth volunteer programme was set up in 1975 to educate rural populations on family planning.”

Chapter-3 discusses Sri Lanka as a birth control pill trial site for South Asia. Dr Siva Chinnatamby, working as a gynaecologist at the De Soysa Maternity Hospital for Women in Colombo, played an important role in popularizing the pill. The pill was made an over-the-counter medicine in the 1970s, and the adverse effects were downplayed. The author writes:

“Chinnatamby’s successor at the FPA saw it as a ‘great step forward in medical science in Sri Lanka’. The former dean of the faculty of medicine and one of Chinnatamby’s students in the early 1970s observed that she created a ‘momentum for family planning as a health activity in Sri Lanka’. She is fondly remembered by contemporary medical professionals in Sri Lanka as the ‘Mother of the Pill’.”

Sri Lanka was one of the first nations to develop a pharmaceutical policy in 1971. As a clinical pharmacologist I regard this as a major step toward promoting the more rational use of medicines. Sri Lanka is considered a pioneer in this area and a model for many other nations. Ensuring availability of good quality medicines at an affordable cost to the population is vital for promoting and maintaining good health.

Chapter-4 examines motherhood during the 1990s, a period of turbulence, ethnic conflict and armed struggles. Free trade and export promotion zones were created. The social system in Sri Lanka was patriarchal and male

family members exerted control over the females, especially young females who were not yet married. Women (mostly young and single), employed in Free Trade Zones (FTZs), were thus seen as promiscuous and immoral. They stayed in hostels in urban areas away from their family members. The patriarchal social structures now had less control over them. Creation of garment factories in villages, fortunately, enabled these young women to stay with their families and created a more wholesome image of them. Women also migrated to Gulf countries, and, contrarily, these individuals were seen in a positive and heroic light as contributing to the family through their earnings.

Chapter-5 focuses on reproductive health and rights. The author discusses how Well Woman Clinics (WWC) and the concept of preventive health check-ups were an alien concept. Many lower-middle class women considered that if they were currently in good health, it meant that they did not need to visit clinics and did not need to seek medical care. Added to that was the reluctance of women to be examined by male doctors, and to expose their private parts to the male gaze. The author writes:

“Further, older women have a very different view of the preventive tests conducted at WWCs because such tests or body check-ups are unfamiliar concepts to them. Screening of healthy bodies is an innovative idea in Sri Lanka because it challenges previously held notions of health and women’s bodies, which are interconnected with the traditional medical practices of Ayurvedic, Unani and Siddha systems, religion and women’s position in the patriarchal household.”

The book concludes by critically examining the ‘success story’ of modern Sri Lanka. Towards the end of the book, in a brief letter to her daughter, the author states that it may be time to separate women’s bodies from national reproductive obligations. She talks

about her time in England pursuing her PhD, having left her family behind. During that time, she discovered a new imagination of human rights, one that released women's health and women's bodies from nation building. She ends the letter by mentioning that women's bodies should be considered as human bodies, nothing less and nothing more.

This book provides an overview of women's health in the context of a nation transforming from colonialism to independence. Human

development is important, but nations may also need to create the financial resources for this transformation. I was impressed by the author's ability to craft a readable narrative based on solid research. The interplay of women's health, family planning and socioeconomic and political structures is addressed well. Readers, particularly healthcare learners, will find the book informative and interesting. They will understand the interplay of various factors that shape health and healthcare within a nation.
