

Burmese Australians

- Approximately 3500 Burmese people sought refuge in Australia from 1947 to 1959 as a result of the rise of nationalism after Burmese independence from Britain².
- As a consequence of the military takeover of the Burmese government in 1962, a second wave of about 2500 Burmese settled in Australia between 1965 and 1972².
- Since 1972, the number of Burmese people settling in Australia has grown significantly through the Australian Government's Migration Refugee Special Humanitarian Programme².
- **Places of transition:** Since 1988, approximately one million Burmese people have fled to neighbouring countries, predominantly to nine main refugee camps on the border between Thailand and Burma⁴. Other countries of transition are Malaysia and India⁴.
- **Ethnicity:** Burma is one of the most ethnically diverse countries in the world⁵. The largest ethnic group, Burmans (or Bamar) form about 68 per cent of the population⁶. Other ethnic groups include:
 - Shan – 9 per cent
 - Karen (incl. Karenni) – 7 per cent
 - Rakhine – 4 per cent
 - Chinese – 3 per cent
 - Indian – 2 per cent
 - Mon – 2 per cent
 - Chin and Rohingya⁶.
- **Language:**
 - Burmese is the official language of Burma and is the main language spoken by Burmans⁵
 - Karen people speak several dialects of the Karen language including Sgaw Karen, Pwo Karen, Karenni and Pa-o⁵

Population of Burma-born people in Australia (2006 Census): 12,380¹

Population of Burma-born people in Queensland: 730¹

Population of Burma-born people in Brisbane¹: 463¹

Gender ratio (Queensland): 93.6 males per 100 females

Median age (Australia): The median age of Burma-born people in Australia in 2006 was 46.4 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population².

Age distribution (Queensland)¹:

Age	Per cent
0-19	5.5%
20-39	26.5%
40-59	41.1%
60+	27%

Arrivals – past five years (Source – Settlement Reporting Database³)

Year	Australia	Queensland
2006	133	2
2007	32	5
2008	37	3
2009	2427	372
2010	1476	208

- Shan, Chin and Rohingya people all have distinct languages and dialects within these language groups. In all, more than 100 languages are spoken in Burma⁷.

- **Religion:**

- Burmans, Shan and Mon: Approximately 90 per cent are Theravada Buddhists⁵
- Karen: About 70 per cent are Theravada Buddhist, Buddhist-animist or animist, and about 20-30 per cent are Christian⁵
- Karenni (a subgroup of Karen): Most are animist⁵
- Chin: A large number are Christians. Others continue to practice animism⁵
- Rohingya: Predominantly Muslim.

Ancestry, language and religion in Australia (2006 census for Burma-born)²

- The top four ancestry responsesⁱⁱ of Burma-born people in Australia were:
 - Burmese – 50 per cent
 - English – 12 per cent
 - Chinese – 9.5 per cent
 - Karen – 3.7 per cent.
- The main languages spoken at home by Burma-born people in Australia were:
 - Burmese – 51.9 per cent
 - English – 33.5 per cent
 - Karen – 3.5 per cent
 - Mandarin – 2.9 per cent.
- The main religions of Burma-born people in Australia were:
 - Catholic – 34.3 per cent
 - Buddhist – 33.2 per cent
 - Baptist 11.1 per cent
 - Anglican – 6.7 per cent.

Communication

- Karen people who have travelled widely in the Karen State are usually able to speak a number of dialects of the Karen language. However, those people who have not travelled often have difficulty understanding other dialects⁵.

- Literacy rates among Karenni people are low⁵.
- Traditionally Burmese people do not have family names. Therefore, all members of a family may have names that bear no obvious relationship to each other⁵.
- It is customary to use titles (e.g. Mr and Mrs) when addressing people other than small children⁵.
- The following communication issues are particularly important for Burmese Buddhists:
 - It is disrespectful for legs to be stretched out with feet pointed towards a person⁵
 - The head is considered the spiritually highest part of the body and sensitivity is advised if it is necessary to touch the head⁵
 - Using both hands to give and receive an object is a sign of respect, particularly with older people⁵.
- These additional communication issues are relevant for Karen people:
 - Karen people normally walk behind those who are their seniors and elders⁵
 - Karen may answer a question with *no* to be modest when an affirmative answer may seem more appropriate⁵.
- It is often not appropriate to establish direct eye contact with Chin people, especially seniors⁵.
- Although the name Myanmar was adopted by the Burmese Military Government in 1989 and subsequently recognised by the United Nations, other international organisations, the business community and many Burmese expatriates who oppose the military government continue to use the old names, Burma and Burmese⁵.

Health in Australia

- Average life expectancy in Burma is 64.5 years (male 62.2, female 66.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)⁶.
- Karenni refugees living in Thai-Burmese border camps have been shown to have rates of depression, anxiety symptoms and post-traumatic stress disorder comparable to those of other communities affected by war and persecution⁸.
- Burmese refugees settling in Australia have been shown to have high rates of treatable infectious diseases including *Helicobacter pylori* infection, latent tuberculosis, vitamin D deficiency and strongyloidiasis⁹.

Health beliefs and practices

- Throughout Burma, rice is central to daily existence and is regarded as virtually synonymous with life itself. It is eaten at all meals⁵.
- Theravada Buddhist health beliefs include:
 - Good and bad events can be attributed to actions committed in the past⁵.
 - Aspects of mental illness are a result of one's past and current life actions (*karma*)¹⁰.
 - The health of a person is controlled by the four elements of fire, water, air and earth and any imbalance in these elements causes illness and disease⁵. Certain foods and medicines are classified as *hot* or *cold* and can adversely or positively affect health conditions and emotions. The classification of foods as *hot* or *cold* is unrelated to temperature¹¹. *Hot* foods are generally those foods which are salty, sour or high in animal protein, while *cold* foods are generally sweet or bitter¹¹. States of health seen as *hot* or *cold* are seen to require treatment with the opposite in medicine or foods¹².

- Buddhist verses are important in curing illnesses, either being blown over the patient or recited over water for the patient to drink¹³.
 - When a Buddhist is dying, a Buddhist monk or minister should be notified to provide chaplaincy services¹⁴. The monk will chant verses after the person has died to help release the person's good energies¹⁴.
 - The state of mind at the time of death is important in determining the deceased person's next rebirth¹⁴.
 - After childbirth, the mother's body is susceptible to illness because it is *cold* from blood loss. The mother may want her body warmed with external heat and warm drinks and may want to eat foods with *hot* properties. Sour and bitter foods are also seen as important to reduce blood flow¹².
- Many Karen and Karenni who have retained their animist belief system believe that a person possesses a number of souls called *kla* which might flee for various reasons (e.g. in connection with a mental breakdown)⁵. It is seen as vitally important to retain the *kla* and losing *kla* puts a person in danger of illness⁵.
 - One way of keeping *kla* is by an elder or religious shaman tying sacred string around the wrist⁵.
 - The *kla* are said to leave the body at death and reappear in the form of the *kla* of a newly born child⁵.
 - Non-Christian Chins may ascribe some conditions that cannot be cured by Australian health care practices to *hnam*, an evil spirit that dwells within humans⁵.
 - Belief in spells and black magic is thought to be widespread in Burma. When a person has an illness that cannot be cured by any kind of medicine, black magic is usually suspected, and a cure is sought from a healer experienced in dealing with illnesses⁵.

Social determinants of health

- Overall literacyⁱⁱⁱ rates in Burma are high as a result of the tradition of education in Buddhist monastery schools, as well as government campaigns to increase literacy throughout the population⁵. The overall literacy rate in 2006 was 89.9 per cent⁶. Literacy of women was 86.4 per cent and men 93.9 per cent⁶.
- Many Burmese refugees have experienced numerous traumatic events including the deaths of family members, prolonged separation from family, repressive measures and uncertainty about their future^{5,8}. In addition, they have been impacted in many cases by a lack of food and water and the widespread use of landmines^{5,8}.
- Burmese political dissidents have experienced traumatic events including interrogation, imprisonment, threats of deportation and torture¹⁵.
- Many Burmese refugees, particularly the Karen, Karenni, Mon and Shan people, were persecuted by the military regime in Burma, displaced and forced to live in refugee camps on the Thai border for extended periods of time, in some cases for decades^{5,8}.
- Burmese women are subject to numerous human rights abuses in Thailand due to their lack of legal status, including the denial of labour protections and health services, harsh living conditions, and sexual abuse¹⁶.
- Proficiency in English^{iv} in Australia (2006 Census)¹:
 - 82 per cent of Burma-born men and 76 per cent of Burma-born women reported that they spoke English very well or well
 - 16 per cent of men and 20 per cent of women reported that they did not speak English well
 - 2 per cent of men and 4 per cent of women reported that they did not speak English at all.
- At the time of the 2006 census, 53.9 per cent of Burma-born people aged 15 years and older had some form of higher non-school qualifications^v compared to 52.5 per cent of the total Australian population².
- The participation rate in the workforce (2006 census) was 59.3 per cent and the unemployment rate was 5.3 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population². The median weekly income for Burma-born people in Australia aged 15 and older was \$432 compared to \$466 for the total Australian population².

Utilisation of health services in Australia

- The use of hospital services among people born in refugee-source countries including Burma is lower or similar to that of the Australia-born population^{17,18}.
- There is no published data on health service utilisation of Burma-born people in Australia.
- A United Kingdom study found that GP registration rate of Burmese migrants was high but GP service utilisation was low. Factors associated with lower use of primary health care services included being younger than 35 years, lacking prior overseas experience, having an unstable immigration status, having a shorter duration stay, and self-medication¹⁹.

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ⁱ Brisbane is defined as Local Government Area of Brisbane in ABS Census data.

ⁱⁱ At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.

ⁱⁱⁱ Literacy is defined as those aged 15 and over who can read and write.

^{iv} Missing and not-stated responses to this question on the census were excluded from the analysis.

^v Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Burmese Australians and this profile should be considered in the context of the acculturation process.