BURMA: KAREN, CHIN AND ROHINGYA ETHNICITIES

Communication

- Karen and Chin people are usually more traditional than other Burmese people, as many are from rural tribes and view themselves as different from other Burmese. Karen and Chin people may not be comfortable with a Burmese interpreter and may need a Karen, Chin or Falam Chin interpreter.
- Karen people regard not imposing on others, or being quiet or less talkative as positive traits. Rohingyans, who are the most recently arrived group in Queensland, tend to be shy and not very outspoken.

Patients from Karen background may not be comfortable questioning doctors or expressing dissatisfaction with their treatment. Health care providers should ask open-ended questions and allow the opportunity for Karen patients to follow up with additional questions about their healthcare.

- An impersonal approach at health visits may lead to mistrust and less than optimal outcomes. A warm, personal yet business-like approach is far more effective. All health encounters should address the issue of understanding, capacity and related compliance with treatment issues. Generally, patients consult with members of their own community about health-related matters.
- Karen people are addressed by their given names. Traditionally, they do not have family names. This can cause confusion when people are identified by last names. Married couples do not share the same name.

Health related beliefs and practices

- Like many others from South East Asia, Karen people may attribute illness to imbalance in natural forces, including wind, fire and water. Traditional health beliefs are related to an almost complete lack of medical resources for Karen living in Burma, isolated life in the mountains and rural areas, and animistic beliefs (belief that a soul or spirit exists in all objects, particularly in the natural environment). In Burma, Karen people are largely dependent on traditional medicines (eg. herbs) available in the mountains, and this may affect their familiarity with biomedical procedures.
- A concurrent strong belief in western medicine and traditional beliefs about health and illness is common among many Karen people.

Pregnancy

- Karen people are family oriented. There is a lot of respect for pregnant women, although pregnancy outside of marriage is frowned on. Pregnant women observe dietary restrictions and other taboos, including the avoidance of traditional spicy foods. Karen women in Thailand believe that every sight, sound, touch, taste or smell, every thought and action of the mother, has some effect on the foetus.

Health professionals should be aware of possible past sexual trauma.

- Karen, Chin and Rohingya people in Burma have often been subject to systematic human rights violations, including murder, rape, forced labour and torture, and have had limited access to maternity care.

Population in Australia: 12,376 people

Population in Queensland: 741 people

Population in Brisbane: 463 people

Gender ratio: 93.7 males per 100 females

Median age: 46.4 years

Age	%
0-14	3.3
15-24	8.6
25-44	35.1
45-64	33.8
≥ 65	19.2

The main languages spoken in Australia are Burmese, English and Karen. Minor dialects inlcude Rohingya, Chin and Falam Chin.

Two-thirds speak a language other than English at home. Of these, 78.2% spoke English very well or well.

Most are Christians; the majority practising Catholics. More recent immigrants are mainly Buddhists; some are Hindus or Muslims. In Australia, most of the Karen people are Christians and are from the east of Burma. The Rohingyans are from the west of the country and they are Muslims.

Two-thirds arrived in Australia prior to 1996. Recent refugee migration to Australia has occurred as a result of oppression under a succession of military regimes (internal displacement, forced labour, executions) and Burmese dominance over Karen, Shan, Rakhine, Mon, Chin, Kachin and other minorities.

Places of transition: Thailand, Malaysia, India and Bangladesh. Most Karen and Chin people immigrated from refugee camps in Thailand. Most Rohingyans arrived from refugee camps in Bangladesh.

The Burmese community in Queensland is well established, but there is a new and emerging community of families who arrived as refugees living on Brisbane's northside.

- Displaced Rohingya women, while living in refugee camps, were eligible for elementary maternity care at health centres. During antenatal visits, every pregnant woman was provided with a home delivery kit, including gloves, sheets and soap, to ensure the birth was as hygienic as possible. Women who lived in slums or informal settlements would not have had access to services, and they may doubt their eligibility for maternity services in Australia.

Birth

- There has been little research on traditional Karen and Rohingya childbirth practices.
- Karen women fear complications in childbirth, knowing this to be a common cause of death.
- To ease the birth, traditional midwives cast magical spells and conduct ceremonies to placate spirits, and traditional healers use special medicines prepared from *Euphorbiaceae* root.
- A study conducted with Karen women in a refugee camp revealed that home births with the use of traditional midwives was preferred over delivering in the hospital. Many women reported that shame was the main reason for avoiding hospital deliveries. For example, women reported shame with vaginal examinations, the exposure of their legs when they were not completely covered by a sarong, and the presence of male health staff. The comforts of family and friends were also key factors in preferring traditional delivery.
- Rohingya women in refugee camps in Bangladesh preferred childbirth to take place at home with the assistance of traditional birth attendants.

After birth

- Traditionally, Karen mothers sit by the fire for three days after birth. Hot water bottles, warm clothes and heaters may be used instead.

Infant care

- Infants born in Burma or refugee camps can be of low birth weight because their mothers may be malnourished or anaemic. Midwives should be aware of the possibility of low birth weight infants among recently arrived Karen and Rohingya refugee women.

Infant feeding

- Neonates of the Karen people are usually given a few grains of rice before introducing breast milk. This tradition is practiced to introduce infants to the food which they will receive after breast milk. Infants are generally breastfed. The risks of introducing prelacteal feeds to infants should be discussed.
- Infants may be breast fed for around three years, but the average period of breast feeding is one and a half years.
- In 2006, of the five Burma-born women who gave birth in Queensland Health facilities, at the time of discharge, three exclusively breastfed and two breastfed and formula fed.

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