CHAPTER 1
Introduction

This chapter discusses about the introduction of Karen people that ideally give the readers to understand who are they, then is going to discuss concerned with the statement of problem, research questions and research objectives, thesis outline and why this study can be a valuable addition for the existing academic knowledge on this topic and highlights that it can be used for helping to create and for supporting a more positive environment both for the displaced pregnant women and the service providers such as NGOs, INGOs etc.

1.1 Introduction

The Karen is one of the ethnic groups in Burma. Members of the Karen ethnic group live in the hilly eastern border areas of Karen and Kayah (Karenni) states in Burma, as well as southern Shan state (Mo Bye region), Bago and Yangon divisions, Mon state, Ayeyarwaddy division and in other southern areas (in the Tenasserim coastal region). The Karen population in Burma is estimated to be about seven million (Burma Project, 2006) out of the total population of 54 million; and around 70 percent of the group lives in rural areas, where its members engage in farming and hunting, while some 30 percent dwells in towns and cities. As well as farmers, Karen communities normally include small traders, teachers, medics and/or traditional healers, as well as religious leaders (Barron et al., 2007).

There are three main Karen languages and many dialects, these three being Sgaw Karen, eastern Pwo Karen and western Pwo Karen. In terms of religious beliefs, the group generally practices traditional Karen religions, as well as Buddhism and Christianity (see: www.ethnomed.org/culture/karen/karen-culture-profile 1/8/2012).

In terms of livelihoods, agriculture and related activities are at the center of the Karen economy. Karen in the upland areas also makes a living by hunting animals and birds, collecting insects and fishing. So, they seem to have an extensive knowledge of forest animals and plants, and have beliefs and taboos regarding their appropriate use, all of which are transmitted from one generation to another (KESAN, 2005). Karen

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culture is maintained by strong traditions and cultural values, which are predominantly contained within stories, proverbs and poems passed down from the elders to younger people (Barron et al., 2007).

In terms of their health beliefs and practices, Fink (1994) describes the "animist" Pwo Karen in her study of Thailand, who believes most illnesses are a sign of unpleasant relations between a given individual and another member of the community, or between an individual and the spirits. Therefore, in order to maintain good relations with the spirits, humans have to maintain a respectful distance from them, carry out the appropriate rituals and stop from doing any violations against the spirits' wishes. Many Karen still rely on home remedies such as cup and coin rubbing (in which a cup or coin is rubbed on the skin until it goes red; believed to release heat from the body) and the use of herbal remedies to treat illness, though in Burma, most Karen depend on traditional medicines (e.g. herbs) – those available in mountain forests, due to the almost complete lack of medical resources (modern medicine) in their home areas. Bodeker and Neumann (2012) show that traditional health practices among the Karen are generally based on "animism, Buddhist and Ayurvedic medicine of India, and local indigenous and family traditions."

Generally speaking, Karen people are family oriented. It is common for a newly married Karen couple to live with the wife's family unit until able to set up their own home (Barron et al., 2007). The ideology of kin relations is bilaterally recognized, but there is a strong tendency towards matrilocal relations among the Sgaw Karen, in which biological continuity through the female line is emphasized, with the tradition passed on from mother to child (Hayami, 1998). Although the Karen who follows ancestral beliefs settles in different villages, they have to come and attend the ritual ceremony, the so-called "au" xae, for restoring of health and well-being to individuals when someone in the family become sick. The ritual is indeed organized on matrilineal principles and all participants are required to attend the ritual regardless of whether or not they are living in the same house (Rajah, 1984). So, the performance of the ritual connects related individuals across geographically space and it seems that the families play a central role in preserving and transmitting cultural values from one generation to the next through maternal line.

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The role of the family is also central in issues concerning pregnancy and childbearing. In any society, childbearing is a biological event and is shaped by the perceptions and practices of that culture. All communities have their own distinct cultural attitudes and practices regarding pregnancy and childbirth, which are reflected in diets, work patterns, the use of herbs and traditional healers, and the presence of healing ceremonies (Daviau, 2003), and Karen society is no exception. There are also various taboos that pregnant women must follow, such as not drinking liquor and not going to funerals. Karen women also believe that every sight, sound, touch, taste and smell; every thought and action of the mother, has some effect on the fetus. Karen pregnant woman must not eat bitter herbs and fruit, because these are thought to be harmful to fetus, while her must husband must avoid having his hair cut during the pregnancy, because it is believed to do so will bring bad luck and may shorten the life of the child (Marshall, 1922). In Karen society, such cultural practices are primarily transmitted through the maternal line, and in this sense, women bear the greater share of reproductive responsibility – not only in the physical sense, but also socially and culturally.

Not only Karen women, a study carried out by Liamputtong et al. (2005) among women in northern Thailand also found that women, especially mothers from the natal kin, play a role in their daughters' childbearing processes and also give advice to their pregnant daughters on how to eat and behave, plus what rituals and other activities to undertake with regard to pregnancy care. According to this study, most women in northern Thailand inherit their pregnancy and birth related information from their mothers and other experienced women, and in particular their relatives.

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1.2 Statement of problem

1.2.1 Displaced Karen and Inter-relationships in the Camp

Due to civil war against the Burmese' military regime for autonomy and cultural rights, thousands of Karen people have been displaced. Ashley South (2011) states that the conflict in Burma has been based on two axes – a predominantly urban-based movement which has struggled to achieve greater levels of accountability and democracy, and a conflict between the centralized state and representatives of ethnic minority communities (approximately 30 % of the Burmese population). Large-scale

infrastructure and other development projects in Burma have also resulted 'development-induced' displacement and have increased levels of vulnerability.

As a consequence of this conflict, many Karen people have been displaced and stay in refugee camps along the Thai-Burma border in order to escape from conflict and economic chaos. Some have fled to refugee camps, while others live in villages along the Thai-Burma border. There are nine refugee camps along the Thai-Burma border, and of these, I focus on Karen people living in Mae La camp, which is near Mae Sot in Tak Province.

Mae La camp was established in 1984 in Tha Song Yang District, Tak Province. Among other camps, Mae La is the largest refugee camp for Burmese in Thailand. It is also known as 'Beh Klaw' or 'cotton fields' in the Karen language. The camp was originally established following the fall of a Karen National Union (KNU) base near the Thai village of Mae La on the border in 1984, with a population of 1,100. After the fall of Manerplaw (KNU headquarters in Karen State) in January 1995, a number of camps were attacked in cross-border raids and the Thai authorities began to consolidate camps to improve security. Mae La was designated as the main consolidation camp in the area. In April 1995, Mae La increased in size from 6,969 to 13,195 due to the closure of five camps to the north – Mae Ta Waw, Mae Salit, Mae Plu So, Kler Kho and Ka Maw lay Kho and the move of Huay Heng later in the same year. Over the following year, the camp doubled in size again to 26,629 as those lost in the move came back into the camp. In March 1997, some people were relocated to Mae La because of the closure of Huai Bone camp and Shoklo camp. (see: www.theborderconsortium.org/where-we-work/camps-in-thailand/mae-la26.10.2015)

This camp is under the direction of the Thai authorities, the Ministry of Interior (MOI) and is located in the camp. A Thai Special Force guards around the camp in terms of security. Every car and persons are checked as refugee camps are often attacked, so security and control of the camp are strengthening. (Sang Kook, 2001)

Generally speaking, people living in the camp have been torn from their established environment and their economic resources, and are staying in a new location. In addition, the families are separated, and it is very difficult for them to reunite, and this may have led to changing family relations. I do not argue that family connectedness is totally absent in the camp; because, during my preliminary data collection activities, I

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met parents from Burma who had come to visit their children. However, my argument is that this changed situation in terms of family relations and displacement may have led to adjust or modify the cultural practices in order to fit the situation they find themselves in.

Staying in a camp restricts people's access to natural resources, because the refugees are obliged to settle in isolated or economically marginal areas in which the land is of poor quality and/or where the potential for formal or informal employment is restricted (Grundy-Warr and Yin, 2002). According to Sang Kook (2001), the Karen's economic activities are limited inside the camps, though NGOs provide them with food and basic needs. The refugees are not allowed to go outside to make money, and also there are not enough fields to cultivate crops inside the camp – just some small fields that grow vegetables alongside streams, but only those refugees living near the streams have a chance to use them. Some refugees raise livestock, such as pigs and chickens, to sell to Thai traders who live near the camp plus traders from Mae Sot who usually visits the camps. Handicrafts are also a source of income for refugees, and some engage in small-scale businesses, such as selling fruit, vegetables, drinks and snacks. So, he mentions that the Karen people living in the camp have had to adapt to cope with their changing circumstances in terms of their livelihoods.

Aside from physical structures inside the refugee camp, there are other factors which influence the way of life of the Karen there, such as intercultural relationships and exposure to the outside world. Despite the presence of iron fences and security guards to control people's mobility, Mae La camp is not a place completely isolated from the outside world. Inter-cultural relations within the camp, such as with different ethnic groups such as Kachin, Shan, Chin, Lahu etc. the global community (through the internet, international non-governmental organizations (INGOs) and other foreigners), with local society such as Thai villagers and/or Thai Karen villagers, and also with wider Thai culture via television programs; all of these are interwoven in one place.

During my preliminary data collection, I met some students from other camps who came and study summer break program at the church. I also had a chance to talk with Thai-Karen students who came to learn English at the church in the camp. So, we can see the relationship between the camps and the relationship with Thai-Karen villages around Mae La camp. The students in the camp especially university students also visit

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the villages in Karen state, in Burma, for field trip every year. I also attended the graduation ceremony of the Bible school named KKBSC (Kawthoolei Karen Bible School and College). Thirty students from Payap University, in Chiang Mai, came and celebrated this ceremony. We can also see some business man and women both Thai and local Karen on market days (Monday, Wednesday, and Friday) who come and sell things. Moreover, some refugees are waiting pick-up cars to pick them up in the morning and send them back in the evening for daily wages of agricultural related work, construction work etc. Therefore, the camp seems to be the isolated place but reality not. People use different networks such as religious network, personal network, family network, friend network, organization network etc. in order to navigate the governance structure. As a result, these intercultural relations and their exposure to the outside world impact upon their ways of life to a greater or lesser degree.

In addition, the situation in the camp also draws attention to many NGOs for working on issues to promote and develop living in the aspect of health, education, disability and other humanitarian activities. These NGOs and foreign workers bring to the camp, not only the global culture such as English conversation and writing, but also the internet, human right issues, globalization, and new economic opportunities and job experiences (Sang Kook, 2001). Those living in the camp thus have a greater exposure to the process of modernity, through such INGOs, than they would have done inside Burma. Questions thus arise of how and in what ways this adaptation has affected their cultural practices and in particular their pregnancy and health practices.

1.2.2 Displaced Karen Women and Pregnancy Caring Practices

With regard to health and medical care services in Mae La camp, after it was established most services were provided by Medecins Sans Frontieres (MSF), that is until May 2005 when it handed over to Aide Medicale International (AMI). For pregnancy care, Shoklo Malaria Research Unit (SMRU), was established in Mae La camp in 1995, and has a particular interest in dealing with malaria during pregnancy. However, this unit also provides general antenatal care, delivery, post-partum and neonatal care services in the camp. The SMRU first introduced an antenatal ultrasound service in 2001 – to improve gestational age estimates, as well as to detect multiple pregnancies, placental localization and intra-uterine growth restrictions.

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Along with modern medical services in the camp, a coalition including the Global Initiative for Traditional Systems (GIFT), the Backpack Health Worker Teams, Mae Tao clinic and the Karen Department of Health and Social Welfare has also tried to revitalize the traditional health knowledge and practices of the local refugee population. This coalition also offers the opportunity for learning and network development among traditional health practitioners along the Thai-Burma border, in order to fill a critical gap among the thousands of refugees in relation to humanitarian care, as well as provide cultural continuity and culturally appropriate care (Bodeker and Neumann, 2012). In this sense, Kwanchewan (2012) states that sometimes traditional ideas and practices can be legitimated by modern institutions and so can survive in modern forms.

As mentioned above, those INGOs and civil society groups offering health services might directly or indirectly influence the Karen's health practices and their way of life. Refugee dwellers can easily access modern health care services and have a greater exposure to modernity than those living inside Burma. Even though, it seemed to be replacement of cultural practices and uprooted of the Karen customs into the modernity of health care accessing, nevertheless my argument is people are not leaving their practices and totally adapt themselves into new system. According to Hayami (2004), although the relationship between the global system and local systems is fundamentally unequal and conflict-ridden, it should not be taken for granted that it involves a simple process of replacing an old set of local practices with a new set of universal practices due to globalization. She suggests that actual on-the-ground practices need to be investigated, in order to understand how people living on the periphery try to negotiate or redefine their position when encountering the dominant power of the center, in order to create an improved situation.

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In a similar vein, Nygren (1999: 269) notes that indigenous knowledge should be viewed as a continuous process of change, adaptation, contestation and coexistence, in which traditional and modern, situational and hybrid, local and global are mixed together to create a complex local life.

1.2.3 Family Relations and Pregnancy Caring Practices

Chit KoKo (2007) says that women who are very close to their marital or natal kin are likely to follow cultural practices because of the social pressure coming from the women, and have a good chance to discuss reproductive matters in terms of pregnancy

care. According to him, women in such a situation are encouraged to follow the pregnancy care practices used by the senior women in the societal group, such as the mothers, mothers-in-law, sisters, relatives and neighbors. This study shows that familial relations are important in terms of transferring the knowledge related to health care during pregnancy on the one hand, and also the closeness in terms of feelings and direct supervision in relation to cultural practices on the other.

Moreover, family support is not only important in terms of the transmission of culture practices but also in terms of providing moral and physical support during pregnancy, because pregnancy is universally considered a potential life-crisis event. The risk involved at this time is reflected in common Myanmar proverbs, such as: *yaut kyar phaung sii, mei ma mee nay* ('a man who has floating piles of bamboo on the river; a woman is at the delivery stage'), and: *koo won thee thin chei myet saung thone khar htoo* ('a pregnant woman is at risk of dying three times a day'). At this time, a pregnant woman might easily get upset often, so a familiar and supportive environment is needed in order to provide moral and physical support, and to make expecting mothers feel comfortable and develop courage.

As mentioned above, pregnancy is universally considered a potential life-crisis event, so most societies have systems of knowledge, behavior, beliefs and practices in place to cope with this time –to ensure the well-being of the mother and new born. This issue is becoming more critical in the case of displacement when people were displaced and are living in the new environment and the uncertain and insecure circumstances.

During my research I closely observed the practices of the displaced Karen pregnant women and their forms of family relations. So, it can not only reflect pregnancy caring practices itself, but also can reflect how displaced Karen women try to negotiate or redefine their position when encountering the dominant power of scientific based health care services of Shoklo Malaria Research Unit in the camp in order to create an improved situation and how the role of family members are connected and/or reconnected in order to transfer the knowledge of cultural practices and provide moral and physical support during pregnancy for securing the uncertain situation especially in the context of displaced situation.

Hence, I firmly believe that the empirical data gathered from this study will add to the academic knowledge that exists on this topic, and will be used to better

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understand the ‘culture’ and ‘nature’ of refugees – helping to create and support a more positive environment, both for the displaced pregnant women and the NGOs (as the service providers). My research will also help to improve maternal health care services in such situations.

1.3 Research Questions

(1) What are the pregnancy caring practices of displaced Karen women in the camp?

(2) In the context of a displaced situation, how does family relations play role on pregnancy caring practices?

1.4 Research Objectives

(1) To explore the pregnancy caring practices of the displaced Karen women in Mae La camp – as a new setting or place.

(2) To describe how family relations plays a role in terms of pregnancy care practices in the displaced situation.

1.5 Thesis Outline

This thesis is divided into seven chapters. In Chapter 1, it is going to be discussed general background of Karen people, statement of problem, research questions and research objectives. Chapter 2 represents the literature review on concepts, related studies and conceptual framework which applies to this study. Chapter 3 describes research methodology which is the core points of this study. In Chapter 4, health care system in the camp is thoroughly discussed and how Karen pregnant women articulate these health care systems in this displaced situation. Chapter 5 looks at pregnancy caring practices of displaced Karen pregnancy caring practices such aood restrictions/food consumptions, behavior restrictions and ritual practices during pregnancy have been discussed in this chapter. In chapter 6, roles of family members in pregnancy caring practices, how family members are connected and reconnected in the displaced situation, family relations and pregnancy caring practices are discussed and analyzed. Chapter 7 concludes with some discussion, observations and findings of this thesis.

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