Chapter 4
Health Services in the Camp

This chapter explores the health services in the camp and analyzes how pregnant women articulate maternity-related health care services in the camp.

4.1 Modern health services (Professional Sector)

Since Mae La camp is was established, the main health provider is Me'decins Sans Frontie'res (MSF) who handed over to Aide Médicale Internationale (AMI) in 2005. Another health service provider is Shoklo Malaria Research Unit (SMRU) which was established to study the epidemiology, the treatment and prevention of multi-drug resistant falciparum malaria in the Burmese Karen refugee camps on the Thai-Burma border. (see: www.tropmedres.ac/smru-mae-sot 19.10.2015). The SMRU, the clinic in the camp has a particular interest in dealing with malaria during pregnancy; moreover, the unit also provides general antenatal care, delivery, post-partum and neonatal care services in the camp. Clinic has a delivery room staffed by locally trained skilled birth attendants and an inpatient and outpatient department staffed by locally trained medics and nurses. An expatriate team consisting of an obstetrician and paediatrician supervise clinical activities and training.

So, pregnant women are seen regularly throughout pregnancy. An ultrasound scan is performed in early pregnancy to determine gestation. All women are provided with anaemia prophylaxis, vitamin B1 and tetanus immunization. If the woman becomes unwell she can present to the clinic at any time where she is assessed and treated by a local skilled birth attendant and medic or doctor if required. Women are encouraged to deliver at the SMRU clinic. The clinic also provides folate, iron and thiamine supplements, as well as tetanus vaccinations, plus health information and advice about diet during pregnancy and during lactation to all pregnant women who attend. Furthermore, the clinic offers Asiamix (a special vitamin-fortified porridge), oil and bean supplements to pregnant women whenever they attend the clinic during pregnancy. The clinic in the camps provides full antenatal (including an ultrasound

gestational age assessment – carried out by local health worker since 2001), delivery, post-partum and neonatal care services (free-of-charge). In this sense, it is easier for these refugees to access modern health care services than it is for those living inside Burma because the majority of Karen people, around 70%, live in rural areas (Burma Project, 2006), and so rely on home remedies when treating illness, plus depend on traditional medicines – those available in the mountain forests, due to the almost complete lack of medicine resources (modern medicine) in such areas.

Figure 1.3 Pregnant women are waiting for medical examination at the clinic (source: Field trip)

In order to incentivize use of the camp's pregnancy –related services , the clinic makes a strict rule and regulation that 'birth certificates' which are vital for registration purposes as 'refugees' are only given to babies who are born in the clinic's delivery room. This rule and regulation also push displaced pregnant Karen women inevitably entering into a system of knowledge based on scientific health care services. Therefore, birth certificates, which are critical for registration purposes of TBBC ration number and so forth to get MLA code (UN code), are only offered to those babies born in the

clinic's delivery room, are forcing pregnant women to use this system unescapably. One woman, one of my key informant's elder sister and who has four children, told me:

> Pregnant women here have to go and deliver their babies at the clinic, whether they want to or not, because of the strict birth certificate rules. My first two children were born at home with a traditional birth attendant present, and I could still ask for a birth certificate at that time because the regulations were not as strict as they are now. I think the stricter regulations came into force in 2010. One of my friend, she attend the clinic during pregnancy. When delivery time, she cannot reach the clinic because her place is a little bit far to the clinic. So, she delivered on the way to the clinic. In this sense, the clinic rejects to give her baby's birth certificate.

Although Shoklo Maria Research Unit encourages displaced Karen pregnant women to merely use the pregnancy-related services of the clinic throughout pregnancy period with an authoritarian approach, pregnant women try to negotiate and redefine their position when encountering the dominant and scientific health care services found in the camp in order to improve their overall situation. One of my key informants said that:

> I came and consulted with SMRU at my 5th month of pregnancy because I have to register for delivery and if I come too late SMRU staff will blame me. I explained them I visited my parents and husband who are working along Thai-Burma borderland so I came late. Honestly speaking, I do not want to visit frequently according to the announcement of the clinic. It does not mean that I do not believe the health services they offer. During these five months, I showed my pregnancy to Traditional Birth Attendant who stay near my house in the camp and who gave delivery of my elder sister. My mother and elder sister also encourage me to show my pregnancy to her because she is specialize in applying massage and reposition the child for easily delivery.

Another key informant told that:

> I came to show my pregnancy to SMRU when I was in 5th month of pregnancy. At that time, SMRU staff had blamed me because of coming late, however, I explained that I did not notice I was pregnant because my menstruation is irregular. During these five months, my mother-in-law who is also Traditional Birth Attendant advises me what to eat, how to behave during the pregnancy; and applies massage and reposition child for preparation of easily delivery. She encourages me to go to SMRU for registration at my 5th month of pregnancy because I cannot get birth certificate if I do not delivery at the clinic.

The above interviews show the fact that how the pregnant women try to negotiate their position when encountering the dominant power of scientific health care services found in the camp in order to improve their overall situation. In this sense, family relations play a very important role on pregnancy caring practices. Kleinman (1980) also highlights that even though professional sector, which include the group of healers whose positions are upheld by law such as doctors and health professionals, organize for health care for ordinary people, the popular sector which include lay, non-professional especially family members such as grandmother and mother is the main arena of health care and illness is initiated by deciding when and whom to consult, whether they satisfied the service or not, when to switch between treatment alternatives.

4.2 Other types of health services (Folk sector)

There are other types of health services concerned with pregnancy-related in the camp which are the services given by traditional birth attendants (TBAs) except scientific-based health services. The traditional birth attendants used to play a very significant role in remote, rural villages in Burma, with Leferber and Voorhoever (1997) stating that they were a key part of the local community, so were familiar with the women and their families, sharing the same culture, practices and beliefs, those which fulfilled the needs of the local community. Kleinman (1980) called it the 'folk sector' in health care system – including folk healers who share the basic cultural values

and world view of the community in which they live, and carry out sacred and secular healing practices.

Although the dominant power of scientific-based health services in the camp, TBAs still play a vital role on pregnancy caring practices. A traditional birth attendant who arrived at the camp during the first wave of arrivals and she is Christian, and started providing traditional birth attendant services at the age of 21. She is now 53 years- old and has helped give birth to more than 200 babies in the camp. She told me:

> At first AMI provided delivery kits and gloves to me. I had to use it during delivery and sent back the kits for sterilization after delivery. But this service is stopped after the rules of providing 'birth certificate' which is only be given the baby delivered in the clinic was announced and it largely restricts the services of Traditional Birth Attendants I think. In my opinion, women still prefer to give birth at home because they feel more comfortable. Because of the birth certificate issue; however, they have to go to the hospital for a medical check-up and for delivery services, though they still come and see me to check on the child's position and to ask for advice. I advised them to drink glucose, coconut milk as nutritious supplement during pregnancy. It is very important to stay in good mood and happy during pregnancy because it can affect the baby so husband has to keep his wife in good mood as much as he can. For behavior restriction, I advised pregnant women to do some light household chores such as cleaning the room as it can make the muscle and nerve strong for preparing easily delivery. I then apply massage and reposition the child if it is in the wrong position for easy delivery. Sometimes, they ask me to go with them to the clinic because they feel more comfortable and safer if I go with them. Actually, I don't really want to walk to the clinic because it is quite far from my place; however, I am like their aunt and live in their neighborhood so I have to go. Sometimes I follow them to a Thai hospital if they are referred there.

Another TBA in Zone B area, she is about 50 years old and Buddhist and arrived the camp in 2010. She is started to provide the services since she was 17 years old. She told me:

> At first if the pregnant women wanted to deliver at home, I gave the services. But now, pregnant women have to go deliver at the clinic due to the issue of 'birth certificate'. However, they still come to me for the services. I used to apply massage and reposition the child if it is in the wrong position for easy delivery. I advised them to avoid especially drinking liquor and smoking because it can affect child's brain development. When pregnant women nearly delivery, their parents come to me and ask me help to follow the hospital as they are afraid and they feel relief if I follow. At first, SMRU staff didn't recognize me as TBA but after I follow with so many pregnant women, they started recognize me I am TBA. During pregnancy especially the time being of nearly delivery, women's soul is weak so bad spirits can easily attack. To prevent it, I provide them 'sacred white ginger' to bring along with them and keep in near the pillow while sleeping as Christian place Bible near their pillow you know. Two months ago, one pregnant woman who is Christian and her parents are religious leaders, faced difficulties in delivery at the clinic. At that time, her aunt came to me and asked "sacred water" without letting know her parents. After drinking it, it is easily delivery.

The above interviews reflects the fact that pregnant women still like to use the services of the traditional birth attendants, as well as follow the science-based health services at the clinic, in order to improve their overall health situation. In this sense, Hayami (2004) mentions that although 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. Her advice is that on-the-ground practices should be investigated how people living on the periphery are able to articulate or redefine their position when encountering the dominant power of the center, in order to create an improved situation.

In the displaced context, I have observed that the traditional birth attendants still play a key role during pregnancy to fulfill the needs of the local people, by massaging the pregnant women's abdomens, giving advice on what to eat and how to take care of themselves psychologically, but do not deliver the child, due to the presence of the clinic and the birth certificate issue. Pregnant women are entering into both sectors such as professional sector and folk sector even though these two sectors seemed to be separated from each other. Similarly, Kleinman (1980) says that the popular sector interacts with other sectors which seems to be isolated from each other. He mentions that when people decide to choose folk or professional practitioners, their choices are based in the cognitive and value orientations of the popular culture.

4.3 Summary

The Karen refugees' displacement into the camp, with its modern health care services, might have been expected to lead to a replacement of their cultural practices and customs; however, my research shows that the Karen people in the study camp have not abandoned their traditional practices entirely, and this reflects how the displaced Karen women (who live in the periphery) have been able to negotiate and redefine their position when they encounter the dominant power of scientific health care services found in the camp in order to improve their overall health condition. Pregnant women applied pluralistic approach to health care services in the camp. They pass through both sectors such as professional sector and folk sector which seemed to be isolated each other.

Although the scientific-based clinic takes an absolute power of giving the services of pregnancy care and delivery by a strict rule and regulation of issuing 'birth certificate' in the context of displaced situation, Traditional Birth Attendants still play a vital role on the services of providing pregnancy care to fulfill the needs of people.