

CHAPTER 5

Pregnancy Caring Practices of Displaced Karen Women

Pregnancy is universally considered a potential life-threatening event. As a result, most societies develop systems of knowledge, behavior, beliefs and practices which reflect dietary and behavioral precautions, ritual practices and the use of herbs (Daviau, 2003), the aim being to ensure the well-being of both the mother and child. Karen society is no exception. This issue becomes more critical in a displaced situation, as displaced people find themselves living in an unfamiliar environment and in uncertain and insecure circumstances. This chapter is going to be discussed about the pregnancy caring practices of displaced Karen women in detailed based on field work.

Based on my questionnaire survey among the study group, women aged 15 to 18 and 19 to 23 were in the majority, at 45% each. In terms of religion, 50% of the respondents were Buddhist, followed by 47.5% who were Christians. For their ethnicity, 87.5% said they are Sgaw Karen and 12.5% Pwo Karen, while 52.5% of the interviewees said they had completed education to middle school level (grades 5 to 8). Majority are from Papun township, Pa-an township, Kawkareik township and Myawaddy township in Kayin State, some are from KyaukKyì township in Bago Division and some are from Belin township in Mon state. I also applied qualitative research methods to explore the study women's pregnancy practices; to understand how and why people act in a particular way (Liamputtong and Ezzy, 2005) during pregnancy.



Figure 1.4 The location of participants retrieved from Karen Human Rights Group (KHRG)

Pregnancy care practices, in bio-medical terms, are called “antenatal” or “prenatal” care, and represent a type of preventive care which allows doctors or midwives to treat and prevent potential problems and to give health education throughout the course of a pregnancy. In this sense, pregnancy is believed to be a state of illness and; thus, women are encouraged to seek the attention of health professionals throughout their term, and to follow their advice. However, many scholars have pointed out that illness for many non-Western people is not private and individual, but public and social. Kleinman (1980) comments that health care systems are socially and culturally constructed, and so is a form of social reality. In relation to pregnancy care, different cultures have different beliefs and apply different practices, as reflected in

food consumption precautions, behavioral rules, ritual practices and the use of herbs, all of which are targeted at maintaining the well-being of both mother and child.

Bonnell and Hunt (1999) claim that if someone follows a particular practice, utilizes existing cultural symbols and is capable of understanding semiotic code, then he or she can use them and put them into practice. The authors point out that one should not ignore the ability of actors to give multiple meanings to symbols, meaning they may redefine a situation in line with their beliefs and also to favor their own purposes. Bourdieu (1977) tries to show how people act in their everyday lives in his book, *Outline of Theory of Practice*. In this book, he refers to “habitus” as a mechanism which determines those human actions embedded in the human experience based on a socialization process. He suggests that practices should be understood as changing in everyday life, because they are articulated in different social contexts through the learning process.

5.1 Food Restrictions/Food Consumption

Women are discouraged from eating specific foods during pregnancy (Wilson, 1973; Townsend and Liamputtong Rice, 1996; Naksook and Liamputtong Rice, 1999; Chit KoKo, 2007). The Karen women in Mae La camp told me that they try to avoid eating cabbage and roselle (*Hibiscus sabdariffa*), *chin baung ywet* in Burmese (lit. sour leaf), during pregnancy, because doing so leads to wind developing in the womb.

Some food restrictions are focused on the health of the baby; for example, women are discouraged from eating spicy food or pickled dog fruit during pregnancy period, as it is believed the baby will be born without hair if they do. Certain foodstuffs such as jack fruit, durian and taro are recognized as “hot” food and also prohibited, as it is believed that a child may be born with some of form of disease of these are eaten.

Some food restrictions are related directly to the delivery itself. The study women told me they avoid eating certain foods such as oily food during the delivery, because to do so can lead to difficulties during birth, while they also avoid eating

eggplants, as they can cause severe pain. Other restrictions, such as not eating chicken eggs, have a more sophisticated meaning.

Naw Aye Than, one of my key informants, is a seventeen year-old Pwo Karen woman and is a Buddhist. She was born in other camp which it is called Mae La Oon and she arrived Mae La camp 7 years ago for attending grade 4 with her aunt. Now she finished school to grade 5. She resigned the school because she went back to her parents' place to take care of her sick mother about four months. Currently, she stay with her husband and her in-laws in Mae La camp. Her parents are still in Mae La Oon camp. So she spent her all life in the camp. When I spoke to her she was in her fourth month of pregnancy. She told me:

I avoid eating chicken eggs because I am afraid I will suffer like a chicken when it lays its eggs, that is, get a severe chill.

Naw Aye Than, a 17-year-old Pwo Karen woman

The Karen women I spoke to told me that they sometimes break these rules when they have a strong desire to eat spicy or oily foods, and Chit Ko Ko (2007) says that Burmese women also break their cultural beliefs and practices when they have a strong desire to do something normally forbidden during pregnancy, but that this should not be linked to a lack of trust. Karen women; however, strictly avoid eating certain foods which may seriously impact upon their pregnancy, including vegetables such as the Indian Trumpet fruit and Bitter Gourd, because it is believed they can lead to a miscarriage if eaten during pregnancy.

In contrast, the eating of some foodstuffs is encouraged – for the well-being of the unborn child and for mothers, especially during delivery. My informants told me they try and eat as many apples and oranges, and as much milk and mustard as they - to help develop the child's intelligence. The drinking of cold milk is also encouraged – so that the child will have smooth skin. Eating banana buds is also encouraged because it

helps producing milk for the future mother. Some fruits such as pumpkin is advised to eat because of giving nutrients for both mother and baby.

I will highlight in particular on one food consumption practice which is popular in the camp, for throughout the camp one can see shops selling coconuts, even though there are no coconut palms there. Thai businessmen from outside transport coconuts into the camp by truck and deliver them to the shops, in order to fulfill the needs of those inside. One shop owner, a Muslim lady who lives near the clinic, told me:

I sell around 100 to 150 coconuts a day; each costs five baht so I make a total of 500 to 800 baht. It is a good business.

The Karen women mentioned to me that *axuae tha baw htee* in the Sgaw Karen dialect, which means the juice of young coconuts, is not only good for the unborn child – to give him or her a smooth and bright skin and provide nutrition, but also helps the mother with the delivery. They told me that pregnant women should start drinking coconut juice late in the pregnancy, because it is a “hot” food.

Naw Su Su, one of my key informants, is a Sgaw Karen and a Christian and comes from KyaukKyi Township in Bago Division, Burma. She finished school to grade 5 in Burma and then completed up to grade 9 in the refugee camp, having arrived there six years ago. She was in her eighth month of pregnancy when I met her, and she said:

My mum encouraged me to drink young coconut juice from my seventh month, and now I drink the juice of one coconut every morning, plus need to shower a lot, because coconut juice makes the body hot inside. It is believed that if you drink young coconut juice regularly, your child’s skin will be bright and smooth, plus that it helps with the delivery.

Naw Su Su, an 18 year-old Sgaw Karen woman

Naw Kay Kay, a 21-year-old woman, is from ThiriKitsee in Karen state in Burma, and arrived at the camp when she was five years-old, so has spent fifteen years in the camp. She is Buddhist and when I met her was in the final month of her pregnancy. She said:

My aunt and mother-in-law told me to drink coconut juice at least three times a week - for myself and the unborn baby, because it is nutritious for the baby and can help with the delivery.

Naw Kay Kay, a 21 year-old Pwo Karen woman



Figure 1.5 A shop which sells Burmese traditional medicine in the market in a refugee camp (Source: Field Trip)

The consumption of traditional herbal medicines was also mentioned as being a method used to ensure an easy delivery. The Karen women I spoke to said that ready-made Burmese traditional medicines, such as blood tonics, can be added to young coconut juice for the well-being of the mother and child and to ensure an easy delivery.

People can buy these ready-made Burmese traditional herbal medicines in the camp's market, plus family members also play a role in helping to bring herbs into the camp during visits, or send traditional medicines via a number of different channels.

When she visited me, my aunt from Burma brought me 'ka thee lah' (Sgaw-Karen dialect) - a mixture of 'boa' gall bladders and soot, which is not available in the camp, is good at reducing wind in the womb during pregnancy.

Naw Su Su, an 18 year-old Sgaw Karen woman

5.2 Behavior Restrictions

Cultural beliefs and practices often shape women's activities during pregnancy, and the Karen women I spoke to said that rigorous activities such as lifting heavy items are strongly discouraged, because such activities are seen as dangerous and liable to cause a miscarriage. Karen women are also warned not to lean on their stomach, as this may also lead to a miscarriage.

My husband and my parents do not want me to carry heavy items like water and other things because they told that it can lead to a miscarriage.

Naw Aye Than, a 17 year-old Pwo Karen woman

My husband, who is in Third country, always phones me and tells me not to carry heavy items and not to lean on my stomach; he said these actions may harm the baby.

Naw Su Su, an 18 year-old Sgaw Karen woman

Though advised to avoid rigorous exercise, light activities such as cleaning the house and walking slowly are encouraged, because these ongoing light activities help to maintain strong nerves and muscles – to give the mother energy during delivery and facilitate an easy birth.

Naw Lah Paw, an 18-year-old Sgaw Karen woman originally from Htee Ka Haw village in Karen state, finished to grade 5 in Burma and continued to grade 7 in the camp. She is a Sgaw Karen and a Christian. She arrived in the camp four years ago, and her mother-in-law is one of the traditional birth attendants in the camp. She said to me:

My mother-in-law told me to do some light household chores such as cleaning the room, the kitchen...she said such light work and ongoing activities make your nerves strong....preparing you for an easy delivery.

Naw Lah Paw, an 18 year-old Sgaw Karen woman

My friends, who are all mothers and live near my house, advised me not to oversleep because if I do the child will be born lazy. My parents and friends have encouraged me to undertake some light exercise; they told me I can't walk too far, just around my house.....to make my nerves strong and to prepare for the delivery.

Naw Kay Kay, a 21 year-old Pwo Karen woman

Behavior restrictions are not only related to physical activities, but also psychological issues. The women I spoke told me they were trying to stay in a good mood during their pregnancies, because the mother's mood can affect the baby and every household I visited hanging healthy and cute baby photos on the wall which can be bought in the market of the camp as believe that they will have healthy and cute baby by seeing these photos during pregnancy, and along these lines, Marshall (1922) states that Karen women believe "every sight, sound, touch, taste or smell; every thought and action of the mother has some effect on the fetus".

Some behavioral restrictions, such as not going outside in the evenings, not attending funerals and not going to certain places are linked to the belief that spirits reside in certain areas, and are more symbolic in nature and related to the supernatural world. Liamputtong et al. (2005) say that some of the cultural knowledge that exists among northern Thai women, such as not attending funerals during pregnancy, is symbolic in nature. Chit Ko Ko (2007); meanwhile, mentions that women in his study

area (rural Burma) are not allowed to help at funerals, and it is believed that when a woman is pregnant, her fortune level is low and so she may be easily attacked by bad spirits.

Naw Khin Htwe, a 24-year-old Sgaw Karen woman born in Htee Nyar Baw village, Mon state in Burma, and who is a Buddhist with a university graduate, Christian husband, told me she spent twelve years in Burma and has since spent twelve years in the camp. When I met her she was in her eighth month of pregnancy. Currently she stay with her two younger sisters, four brothers and her elder sisters with her three sons. Her parents, in-laws and her husband are doing agricultural activities in a village along Thai-Burma borderland. She said:

My parents have advised me not to go out in the late evening, because it is believed that 'kalahsah', or the soul of a pregnant women, is weak at this time of day, meaning bad spirits may attack her. I am not allowed to go near the small stream and/or river during the pregnancy because it is believed that spirits live there.

Naw Khin Htwe, a 24 year-old Sgaw Karen woman

Naw Sa May, the eighteen year-old Pwo Karen woman, was born in the camp. She finished to grade 6 at school then went to Bangkok at aged thirteen to work, staying there until she was seventeen. She then arrived at the camp and got married to a Thai-Karen man. She was in the second month of her pregnancy when I met her, and she said:

Before I visited my husband's Thai Karen village near the camp, my mother-in-law told me not to go near the place where it is believed spirits live; the spirits can possess you easily because your soul is weak during pregnancy. My cousin had such an experience when she was pregnant - she was possessed by the spirits and was sick when she went near the two big trees where a mother and child had been killed and buried. People believe that if the spirits are hungry, they will attack a pregnant woman whose soul is weak. My cousin's family went

to sacrifice a female and a male chicken near those trees. She felt relieved after that.

Naw Sa May, an 18 year-old Pwo Karen woman

5.3 Ritual practices during pregnancy

Chit KoKo (2007) also points out that even though the Burman women in his study area are Buddhist, they still believe in *nat* (spirits) and follow what the elders do in order to please them. Thus, when a woman becomes pregnant, she is advised to go and worship *anaut me taw* (a supernatural spirit-woman who villagers believe takes care of pregnant women) in order to be safe and secure throughout the pregnancy. Similarly, Karen pregnant women, especially Buddhists and those who practice the Karen traditional religion, believe that bad spirits can easily attack pregnant women because they have a weak soul, as mentioned above. In order to protect them from bad spirits and make sure they are safe throughout the pregnancy, pregnant women wear a cotton white or red cotton necklace around their necks, one blessed by monks or a wise person and .

An old lady from my mother's neighborhood brought a white cotton necklace from the local temple, having had it blessed by a senior monk there. She told me to wear it throughout my pregnancy in order to ensure the bad spirits did not attack me and that I would have an easy delivery.

Naw Khin Htwe, a 24-year-old Sgaw Karen woman

Previously I had felt tired when walking and sometimes couldn't see anything clearly. My uncle, who can see the spirits and has knowledge on how to protect people from them, gave me a red cotton necklace in order to keep the bad spirits away and prevent them from attacking, plus to ensure my well-being during the pregnancy.

Naw Kay Kay, a 21 year-old Pwo Karen woman

When I visited one of my key informants house, I saw the knife holding on the fence of the room. I asked her and she explained me:

My parents who are staying along the borderline advised me to put a knife in front of my room in order to protect the bad spirits to come nearby and it also keep the bad spirits away from my baby after delivery.

Naw Khin Htwe, a 24-year-old Sgaw Karen woman

This case is different from above cases because the necklace had been given to her by her mother-in-law, to help get her pregnant and keep her safe and secure throughout the pregnancy. Naw Htee Wah, a 26-year-old Sgaw Karen woman, and a Christian, who was born in Hpa An township in Karen State, and arrived at the camp fifteen years ago. She went to work in Bangkok for nearly six years and met her future husband there - a Thai-Karen. They later got married in the camp. When I spoke to her she was six months pregnant, and she told me:

I am Christian, but my parents-in-laws are Thai-Karen and live in a mountain village near Mae Ra Mat and practice a traditional Karen religion. My mother-in-law gave me a white necklace, her blouse and longyi (traditional long bottom) when I visited her, because I had not yet got pregnant, even though I had already been married for about two years. Now, I am having my first baby, my mother-in-law told me this necklace which was handed-down to her by her mother-in-law; to help get her pregnant and keep her safe during her pregnancy.

Naw Htee Wah, a 26 year-old Sgaw Karen woman



Figure 1.6 A pregnant woman with sacred necklace which was handed-down by her Thai-Karen mother-in-law (Source: Field Trip)

Naw Hla Min, one of my key informants, is a nineteen year-old Pwo Karen woman, is Buddhist and a *duwae* pagoda worshipper, as is her husband. Hayami (2012) describes the pagoda worship folk practices called *duwae*, which are carried out by the Pwo Karen in Karen state, Burma. According to her, this practice was brought-in by a Karen monk, as a substitute for spirit worship, and to secure the moral and sexual integrity of couples, and especially the bride, upon marriage. This practice is still handed down from mother to child, and it is believed that if the vows made are broken, disaster will befall family members. The author points out; however, that the nature of the vows made has changed as a result of the increased use of migrant labor in recent years. Naw Hla Min was born in another refugee camp and moved to Mae La camp

when she was five years-old. When I met her she was seven months pregnant. She told me:

My husband and I went back home to worship at the duwae pagoda having been married for five months. During our wedding in the camp, we asked my elder sister, who lives in Karen state, to go to the pagoda as our representative and give our names to the ritual leader; to ask him to carry out an appropriate ritual for us. We also had to go ourselves, in order to make our vows at the pagoda and carry out a ritual with the ritual leader. If we had not done so, disaster would have befallen us and our families, such as health problems.

In this case, the married couple could not go back and worship at the pagoda during the wedding due to the distance and their status in the camp. However, the bride's elder sister then undertook the ritual for them, showing how the vows process has had to change as a result of increased migration flows in recent times (Hayami, 2012). This cultural practice has; therefore, had to be negotiated and modified in order to prevent it disappearing due to people's displacement.



Figure 1.7 A *duwae* worshipper came to the ritualist as a representative of her younger sister's wedding (Source: Field Trip)

5.4 Summary

Cultural practices are significantly seen among displaced Karen pregnant women in the camp. In this sense, family relations plays a vital role on pregnancy caring practices in terms of transferring the knowledge of cultural practices and organizing the rituals to ensure the well-being of mother and fetus in the displaced situation. Kleinman (1980) also claims that the popular sector is the main arena of health care and illness is first defined and health care activities are started. Family member such as grand-mother, mother are the main providers in this sector.

It is clear that the food restrictions and food consumption practiced among pregnant Karen women are designed to ensure the well-being of the baby – to ensure it is intelligent and has smooth and white skin, plus provide nutrition and ensure the baby is free from disease. For mother, such practices are designed to prevent miscarriages and ease delivery. In addition, the pregnant Karen women manage their health through the use of ready-made Burmese traditional medicines, which are available in the camp's market, due to the lack of natural resources in the camp such as herbs. However, family members are related and connected to each other via a number of different channels and across geographical space so can send herbs and traditional Karen medicines from their home areas.

In terms of behavioral precautions, Karen women avoid strenuous activities such as carrying heavy items, in order to prevent miscarriage, whereas light exercise such as walking slowly, cleaning the house and doing light household chores is encouraged – to maintain the nervous system and keep muscles strong, so as to facilitate the delivery. Moreover, Karen women believe that every thought and action has some impact on the baby, so are encouraged to stay in a good mood and try to stay as happy as possible during the pregnancy. Behavioral restrictions are not only related to the physical and mental aspects of the pregnancy, but are also related to the supernatural world. The Karen women I spoke to told me they do not go out late in the evening and to certain places where they believe spirits reside, plus will not attend funerals because they believe a woman's soul is weak (*kalarsah*) and that she is more likely to suffer bad luck during pregnancy (Chit Ko Ko, 2007), allowing the bad spirits to attack her. To protect

pregnant Karen women from bad spirits throughout their pregnancy, they wear sacred necklaces which have been blessed by a monk or wise person. Furthermore, some ritual practices carried out by Pwo Karen, such as *duwae* pagoda worship, have been negotiated to take account of their displacement, ensuring they do not die out as customs.

I conclude that the Karen people have not abandoned their cultural practices while adapting themselves to life in a refugee camp along the Thai-Burma border, but have rather negotiated their cultural practices to fit the new situation. In terms of religious differences, there is no difference on the pregnancy caring practices of food restriction/consumption, behavior restrictions to ensure the well-being of mother and fetus. However, ritual practices are obviously seen in displaced Karen Buddhist women for the purpose of protecting spirits throughout their pregnancy and to ensure the well-being of mother and child in both Pwo and Sgaw Karen. The ritual practice of *duwae* pagoda worshipping of a group of Pwo Karen is totally different from other Buddhist Pwo Karen. Length of staying in the camp might not so much effect on cultural practices because family relations plays an important role in order to transfer the knowledge of cultural practices.