

CHAPTER 6

Family Relations and Pregnancy Caring Practices of Displaced Karen Women

This chapter focuses on how family relations plays a role on pregnancy caring practices and how family members are connected and/or reconnect each other in order to transfer the knowledge, organizing the ritual even though family relations have changed because of displaced situation.

6.1 Roles of Family Members on Pregnancy Caring Practices

When discussing cultural practices, one cannot ignore the role of family relationship. O'Connell (1994) says that family plays a central role in preserving and transmitting cultural values from one generation to the next. Chit Ko Ko (2007) describes 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. According to him, 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.

In line with these studies, all of my key informants in my study mentioned they learned how to take care their pregnancy from family and society when they start getting pregnancy. One of my key informants, Naw Lah Paw, is an 18 year-old Sgaw Karen woman and she is now staying with her mother-in-law. Her parents in Burma and already visited her three times. Her mother-in-law advices her which food she should take or shouldn't. Plantain buds are encouraged to take because it can produce milk. Her aunt, sister of mother-in-law, also encouraged her to drink young coconut juice at least once a week.

Moreover, Naw Su Su, an 18 year-old Sgaw Karen woman and one of my key informants, she is staying in the camp with her mother, father, her two younger sisters and one youngest brother. Her mother advises her which food she should take or shouldn't and which behavior is good or not good during the pregnancy period for the health of mother and child and for easily delivery. Her mother sometimes asks her to drink the mixture of Boa's gallbladder and soot (*Ka Thee Lar* in local term) in order to reduce air pressure. Mother of Naw Su Su said:

I have three daughters and one son and everyone was born in Burma by the help of Traditional Birth Attendant, who stay one hour on walk from our village. Our village is far from the Government hospital, it is about four hours on walk. We have to move around from one village to another because of civil war. Most of the time, during pregnancy, I managed myself by parents traditional treatment. The mixture of Boa's gallbladder and soot I gave to my daughter is the medicine I used to take while I was pregnancy which was provided by my mother, her grandmother, in order to reduce wind in the womb during pregnancy. There are so many coconut trees in our village and surrounding villages. My mother encouraged me to drink young coconut juice mixed with Burmese traditional medicine such as blood tonic ('*thwae say*' in local term) because 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. But we need to take a shower a lot because it is hot inside. It should be start taken from your late pregnancy such as seventh month of pregnancy otherwise it can affect the baby. According to medical services, Mae La camp and the place I stayed in Burma is totally different in everything in terms of medical services because doctors (foreigner) have checked the pregnancy frequently and the staff take care of you. For pregnant women, the clinic cares you before and after delivery.

Mother of Naw Su Su

The interview with mother of Naw Su Su reflects the fact that she accepts the experience of medical services in the camp although she didn't have enough experience with medical services before she arrive the camp, and she is also appreciated the

goodness of this service. So, she encourages her daughter to attend the clinic regularly during pregnancy period. However, it does not mean that she stops transferring the practices she learned from her mother and encourage her daughter totally follow the 'modern' medical service because she knows the benefit and good advantages of the cultural practices according to her learning experience and action, what Bourdieu (1977) called 'habitus – a mechanism which determines those human actions embedded in the human experience based on a socialization process.

As mentioned before, beliefs and practices tend to be reflected in people's food and behavior precautions, their ritual practices and use of herbs, in order to ensure the well-being of the mother and child, with significant family support required also. Liamputtong et al. (2005) show that cultural practices require extensive family support, otherwise pregnant women would not know what to do. Pregnant women in my study mentioned that they learned the cultural practices from the senior women in the societal group, such as the mothers, mothers-in-law, sisters, relatives and neighbors because it is the first experience of such event and they do not know how to do and what should they do to navigate it for their own lives and fetus.

Roles of family relations are not only important in terms of transferring the knowledge but also making decision of when and whom to consult, whether they satisfied the service or not, when to switch between treatment alternatives. According to Kleinman (1980) suggestion, there are three overlapping and interconnected sectors of health care such as popular sector, folk sector and professional sector. He mentions that professional sector and folk sector seems to be isolated each other, however, popular sector which include lay people especially family members interact these two sectors by their choice and value orientation. Mother of one of my key informants said that:

I encourage my daughter to show her pregnancy at the clinic because everyone goes to the clinic because of 'birth certificate' and the clinic gives good and free services. When I was in my village in Burma, the clinic is very far from my village and we had to depend on Traditional Birth Attendant who is available in the village. I delivered all of my children in total of four with her help. She is very kind and expert in taking care of pregnant women. It is rarely see mother

and child death during delivery because of her. Traditional Birth Attendant, who delivered my daughters and who was in my village, currently stay in the camp next to our house. Even though she is over sixty years old but still give the services. She also applies massage and reposition the child position of my daughter for easily delivery.

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. All of my key informants said that family does not want them to do heavy household chores which can affect the baby instead of doing light things such as cleaning home, slow walking which can make their nerve and muscle strong. One of my key informants said that my mother-in-law advised her that to stay in good mood and happy as much as she can because it can affect the baby. Another one said that “my mother told me that to read Bible more and pray for easily delivery and healthy baby will be born”.



Figure 1.8 A husband bought young coconut for his pregnant wife
(Source: Field Trip)

Husband also plays role on not only physical support but also moral support. I met some husband accompanied their wives when they attend the clinic for medical check-up and also met some husband who come and buy coconuts in the market, observe who cutting the coconut for their wives to drink which they believe that 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 easily delivery. When I visited one of my key informants house, I saw her husband is washing her clothes and *longyi* (Burmese traditional long bottom). He told her that “not to carry heavy things, have a good rest”. Another one said that “my husband, who is in Third country, called me every night and we prayed together on phone for easily delivery”.

6.2 Connected and Reconnected of Family members in the displaced situation

O’Connell (1994) also indicates that traditional family structures are changing due to global phenomenon such as economic development, displacement and urban migration. Even though their familial relations have changed during the process of displacement, but have also been reconnected each other from different directions in terms of transferring the knowledge, organizing rituals, physical and moral support in order to ensure the well-being of both the mother. One of my key informants who is staying with her elder sister, younger sisters and brother in the camp said that she went and visited her husband, her parents and in-laws who stay in a village near in Burma side near Thai-Burma border once a month during her pregnancy and they visit her sometimes at that time they advised her that which food she should take or shouldn’t and is encouraged her not to go outside in the late evening because it is believed that the fortune level of pregnant women is low so easily can be attacked by bad spirits. Now she is nearly delivery so she cannot visit them, in this case, her husband came and stayed with her in the camp and brought the sacred necklace blessed by the monk for the purpose of spirit not attacking and come nearby and for the purpose of easily delivery.

Moreover, another key informant said that my aunt and uncle who stay in the village in Burma bring some herbs *Lin nay root* and *Ka Thee Lah* (a mixture of boar’s gallbladder and soot) for the purpose of reducing wind in the womb during pregnancy period. One of my key informants, she and her husband are *duwae* pagoda worshipper, told me that she sent her clothes and her future husband clothes to her elder sister who stay in Burma via people from their village who came and visited the camp. So, 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 bring our clothes and give our names to the ritual leader; to ask him to carry out an appropriate ritual for us in order to secure the moral

and sexual integrity of couples, and especially the bride, upon marriage. It is believed that if the vows made are broken, disaster will befall family members.

Because of displaced situation, family relations have changed but have also been reconnected each other from different directions to transfer the knowledge, organize rituals, physical and moral support in order to ensure the well-being of both the mother and child. In this sense, Tsagarousianou (2004) claims that diasporas should be seen in terms of their connectivity rather than their displacement, or their complex interconnection of linkages that contemporary transnational dynamics make possible and sustain.

According to my observation and interviews, communication technology such as phone plays a vital role for family members to connect each other in the camp. My key informants who stay apart from their family told me that their parents, husbands, in-laws who stay along the borderland, who stay in Burma and Third countries phone them during the pregnancy period for the purpose of transferring the knowledge, encouraging, praying etc. In terms of connecting with family members; Leung (2011) also illustrates how the phone is the main piece of technology used to maintain vulnerable connections with family numbers during the displacement process. This availability, access and affordability of phone services and communications technology have been fundamental to the maintenance of familial relations, helping to avoid the disintegration, discontinuity and dispersal of “families”.

There is other cases that family relations has changed due to the displaced situation and are disconnected due to social problems. However, pregnant women create another kinds of relationship such as family-like relationships to deal with the uncertainty of their situation in the context of displacement.

One of my key informants is Pwo Karen and Buddhist. She was born in the camp. Her life story is interesting. In her case, she didn't get enough support from her parents because her parents stay in *Mae Kya Lol* village along Thai-Burma borderland and angry her because of getting pregnant while attend the high school in the camp. When I went to her home, her home is big enough compared to others in the camp but she is home alone. For her in-laws side, they stay near her house but not speaking a word to her even they met each other on the road because her in-laws accused her that “that child is not their son's baby”. When I visited her, she visited near her house and

drinking coconut juice which is prepared by that aunt and uncle. She mentioned that “that uncle and aunt who is in her third pregnancy are like her family even not biologically related, they help her concerned with household chores, they accompanied her at night time because she is home alone, they advised her which food she should take or shouldn’t, what things she should take care during pregnancy. Before she comes and shows her pregnancy to SMRU, she consults with that lady.

Another of my key informants is Sgaw Karen and Christian and she is graduated. Her life story is very interesting and very sad story. Her parents do not like her husband so her parents never contact her after she married. She followed and stayed with her husband in Hpa-an, Kayin State. Because of political reason which affected her husband, they have to run to the camp. There is aunt, her mother’s younger sister, who already stayed with her son in the camp. When they arrive she is in her pregnancy, her aunt does not allow her to stay with them. They have no place to stay and they know none except from her aunt and moreover they are new comers so they do not have any ration at the time they arrive. They went to the church and asked help, so pastor let them stay with them at his home. She said that

Pastor and his wife with two sons really take care of us, they are like my parents. Pastor when he went and prayed at some home and got donation, he gave us some to buy some supplement food and medicine for pregnancy. Pastor’s wife advises me what food I should take or what food I shouldn’t, what I should do for easily delivery because I don’t know anything because it is my first pregnancy and I couldn’t discuss with my parents and aunt. Thanks God for arranging the best for me even in hardship period. My husband sell ice snack around the camp in day time and he wash my clothes and carry the water for me to take a shower in the evening. During staying at home, pastor and his wife always give me psychological support and pray for me for easily delivery and the healthy baby will be born.

Above interviews reflects the fact that people create another kind of relationship such as family-like relationship which has also played role on pregnancy caring practices for securing the uncertain situation especially in the context of displaced

situation and while they do not get any support from family members because of any reasons.

6.3 Summary

To summarize it, all of pregnant women in my study mentioned that they learned the cultural practices from the senior women such as mothers, mothers-in-laws, sisters, relatives and neighbors because it is their first experience and they do not know how to manage it well. Family support is very important in terms of the transmission of culture practices, organizing ritual and providing moral and physical support during pregnancy. Moreover, family members has a vital role on making decision of when and whom to consult and when to switch the alternative health services, although scientific-based health service has dominant power and pushed pregnant women to only use the services they provide in the camp.

Family relations has changed due to the displacement situation, however, family members are connected and/or reconnected each other in different channels in order to transfer knowledge, organize ritual, physical and moral support which are essentially needed by pregnant women to overcome this potential life-crisis event. Obviously, communication technology such as availability of phone service plays a pivotal role to maintain the vulnerable connections of family members in the study camp. Pregnant women who do not get enough support from family members due to social problems also create another kind of relations such as family-like relationships which also critical on pregnancy caring practices in order to secure their situation.

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