

CHAPTER 7

Conclusion

Displaced Karen women in the study camp applied pluralistic approach towards health care services in the camp. As displaced persons, pregnant Karen women are inevitably entering into a system of knowledge based on scientific health care services because of the availability of the services and the strict rules and regulations of the clinic such as the issue of birth certificates, which are crucial for the registration purposes of TBBC ration and to get UN registration MLA code. At the same time, pregnant women still like to use the services of the traditional birth attendants in order to improve their overall health situation because traditional birth attendant is 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. Even though traditional birth attendants do not have chance to deliver the child because of the presence of the clinic and the birth certificate issue in the camp, they still play a key role on giving the services of pregnancy care. Even though the two service provider sectors such as professional sector which include professionals at scientific-based clinic and folk sector which include Traditional Birth Attendants seems to be isolated each other in the camp, it is connected each other through the choice and decision of non-professional such as pregnant women and their family members for improving their overall health situation.

Whilst entering into two sectors of health care services for getting the service of pregnancy care, pregnant women also perform cultural practices which reflect on food consumption and restriction, behavior restriction and ritual practice in the camp. In spite of some herbs are not available in the camp and the situation of displacement restricts people's access to natural resources- especially medicinal herbs, however, pregnant women contact with family members and relatives in Burma to send it via different channel. One of a member of *duwae* pagoda worshippers could not go back and perform the ritual at the pagoda during the wedding due to the distance and their status in the camp so their family members in Myanmar have to take role and go to the pagoda as a

representative to secure the moral and sexual integrity of couples especially the bride and to prevent disaster will befall family members if the vows made are broken. Thus, it shows the fact that Karen people have not abandoned their cultural practices while adapting themselves to life in a refugee camp, but have rather negotiated and modified their cultural practices to fit in the new situation.

Family members play a very important role in terms of transmitting the knowledge, organizing the ritual and moral and physical support. Pregnant women in the camp learned food restrictions and food consumption, behavior restrictions for the mother and child health and safety delivery from family members. Moreover, family members organize the ritual practice in order to protect pregnant women from bad spirits and make sure they are safe throughout the pregnancy. Family members are also important in providing moral and physical support during pregnancy. In the meantime, husband also plays a role on not only physical support but also moral support.

For food restrictions and food consumptions, some kinds of vegetables such as cabbage and roselle (*Hibiscus sabdariffa*), *chin baungywet* in Burmese (lit. sour leaf) are avoided because it leads to wind developing in the womb. Eating “Hot” food such as spicy food or pickled dog fruit is also prohibited during pregnancy period because it is believed that a child may be born with some form of disease if these are eaten and the baby will be born without hair. Pregnant women also avoid eating oily food because it can lead to difficulties during birth. Indian Trumpet fruit and Bitter Gourd are seriously prohibited because it is believed they can lead to a miscarriage. In contrast, young coconut juice is strongly recommended for the well-being of the mother and child and to ensure an easy delivery.

In terms of behavior restrictions, rigorous activities such as lifting heavy items are strongly discouraged because such activities are seen as dangerous and liable to cause miscarriage. However, light activities such as cleaning the house and walking slowly are encouraged to help maintain strong nerves and muscles in order to give the mother energy during delivery and facilitate an easy birth. Behavior restrictions of Karen pregnant women also related to psychological issues because it is believed that pregnant women's mood can affect the baby. Some forms of behavior 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.

Ritual practices such as wearing a cotton white or red cotton necklace around their necks blessed by either monks or wise persons and knife holding on the wall in front of the pregnant women room are practiced to protect them from bad spirits come nearby and attack them because they believed that pregnant women are in weak soul and to make sure they are safe throughout the pregnancy. In the case of necklace had been given to one pregnant woman by her mother-in-law is not only to keep her safe and secure throughout the pregnancy but also to help get her pregnant.

Even though their familial relations have changed during the process of displacement, but have also been connected and 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. Family members use different strategies to navigate the governance structure of controlling people's mobility due to security reasons. Communication technology such as phone plays a vital role for family members to connect each other from the camp to Burma, from the camp to Third countries. So, the availability, access and affordability of phone services and communications technology in the camp have been fundamental to the maintenance of familial relations to transfer the knowledge, organizing rituals, physical and moral support during pregnancy. At the same time, people create another kind of relationship such as family-like relationship which has also played role on pregnancy caring practices when they do not get enough support from family members due to social problems for securing the uncertain situation especially in the context of displaced situation.

The cultural practices which reflect on food consumption and restrictions and behavioral restrictions to secure the well-being of mother and child of different religious background and among sub-groups of Karen pregnant women in the camp are nearly the

same. However, Buddhist Karen pregnant women believe some forms of behavior restrictions which are related to the supernatural world such as not going outside in the late evenings, not attending funerals and not going to certain places and are restricted to go there because these places are linked to the belief that spirits reside in certain areas. Moreover, Buddhist Karen pregnant women believe that the soul of women is weak during pregnancy so they perform the ritual practice in order to protect bad spirits come nearby and to secure the well-being of mother and child throughout pregnancy period. One specific ritual practice “*duwae* pagoda worshipping” which is performed by a specific group of Pwo Karen is totally different from other Buddhist Pwo Karen.

In humanitarian discourses, displaced persons may be seen as people who have no past, who have lost all cultural and moral codes, it has a certain belief that they have been torn from their established environments, economic resources, culture and families, so could thus be treated as passive victims. So, there is an assumption that lengths of stay in the camp might have a certain degree of influence on their cultural practices which depends on how many years they have been accustomed in the camp life. However, my research shows that the degree of closeness with family members and maintaining the linkage with family members is very important in following cultural practices by Karen pregnant women rather than how many years they have been in the camp. Another point is that it is their first pregnancy so they open to all experience of beliefs and practices, and use all strategies to navigate it for their own lives and fetus. All of pregnant women said that they learned the cultural practices from mother, elder sisters, relatives, mother-in-law, and neighbors in the camp as they do not know how to manage it well in order to ensure the well-being of mother and child