

# The Karen People:

## A Brief Introduction for Health Care Workers



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# How to Use This Presentation

This presentation is designed to give a general overview of Karen culture for individuals working in the healthcare field. It is not intended to be a full account of the culture and beliefs of all Karen immigrants.

It is important to note that the information contained in this presentation will not be applicable to all Karen people. Changes in Karen culture will also occur as the acculturation process continues in the United States.

Providers are encouraged to assess the needs and behavior of all patients individually.

# History

- ◆ The Karen are the second largest ethnic group in Burma, numbering almost 6 million
- ◆ There are two subgroups of the Karen:
  - Pwo (poh) Karen
  - Sgaw (skaw) Karen



# Background Basics



A Karen National Union fighter.

- ◆ Burmese government has targeted the ethnic minority groups—there have been reports of mass rape, forced labor, torture, and imprisonment by the Burmese military.
- ◆ Life expectancy at birth is 54.6 years for males and 59.9 years for females

# Naming Structure

- ◆ Traditionally, the Karen have only a given name—there are no first and last names
- ◆ The “h” is silent e.g. Htoo

Handwritten Burmese text: တရုင်လှမိုး (Tay Htoo Loh Mye)

Common Karen Names	
Saw	Mr.
Na	Ms.
Pi	Grandma
Pu	Grandpa
Jaw	Older Brother
Naw	Older Sister
Muah	Auntie
Di	Uncle

# General Etiquette



- ◆ Being direct is considered culturally rude
- ◆ People conscious versus time conscious
- ◆ Do not refer to the Karen as Burmese
- ◆ An individual's head should not be touched by another person—exceptions are made for medical examinations.
- ◆ Pointing fingers, hands, or a foot at another person is considered rude.
- ◆ It is insulting to call another person with an upraised index finger.
- ◆ Do not pick up something that belongs to another person.

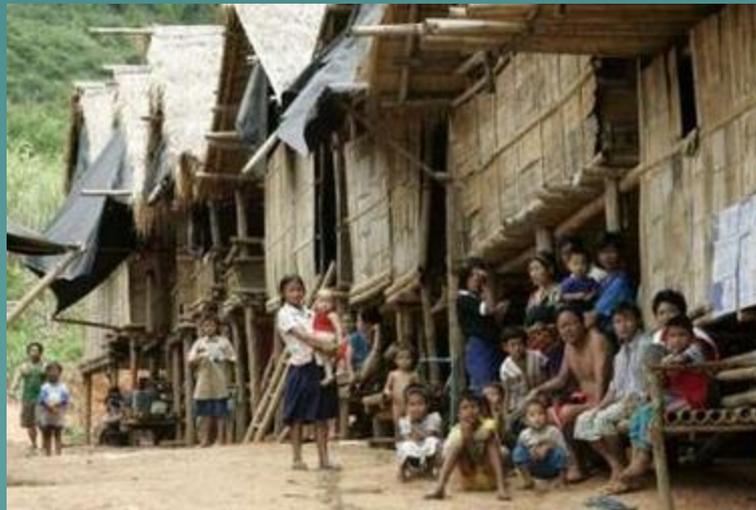
# Gender Roles and Dress

- ◆ Matriarchal society
- ◆ Men and women valued equally



# Beliefs about Medicine

- ◆ Many Karen have lived for 10 or more years in Thai refugee camps so they are familiar with Western medicine
- ◆ Traditional Karen medicine includes: Ayurvedic, Chinese, and animistic beliefs



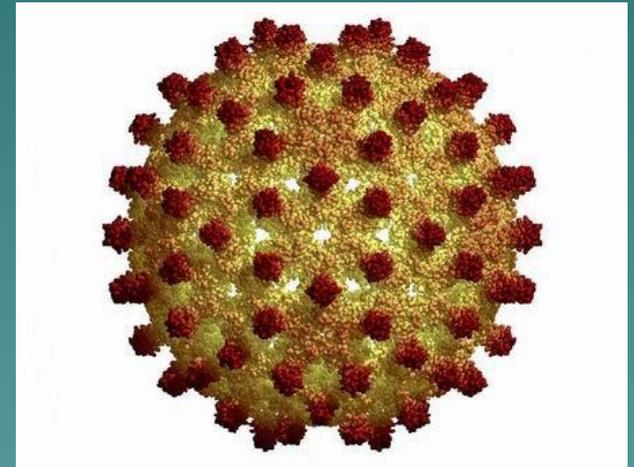
# Medical Beliefs Continued

- ◆ Changes in diet are commonly used to treat illness—increasing or reducing one of six Burmese tastes (sweet, sour, hot, cold, salty, bitter).
- ◆ Harmony between the body, mind, soul, and universe is important. Illnesses are either hot or cold and treatment should be with opposite medicines or foods.



# Common Health Issues

- ◆ Parasitic infections
- ◆ Hepatitis B: is endemic in many parts of Southeast Asia—in a study in Seattle, 10% were positive for hep B surface antigen and 61% were positive for hep B surface antibody
- ◆ Tuberculosis: 33% of Karen refugees tested positive for latent TB



# Other Health Concerns

- ◆ Karen refugees may be unfamiliar with chronic disease management.
- ◆ Doctors have a high social status so patients may not be comfortable asking questions or expressing dissatisfaction.
- ◆ Dental caries are very common due to lack of access to dental care and common habit of chewing betel nut.



# Mental Health



- ◆ Karen patients may be reluctant to report mental health problems initially. Sometimes help is sought several years after being seen at a clinic.
- ◆ Although the Karen language appears to have words for conditions that are similar to depression and anxiety, these conditions and their manifestations are not clearly defined.

# Substance Use

- ◆ In one study: 19% of adults were cigarette smokers and 19% consumed alcohol
- ◆ Male children in Burma may begin smoking as early as 10 years old
- ◆ Betel nut use is common. Betel nut has a mildly euphoric stimulant effect. It is a carcinogen and can cause oral cancer.



# Pregnancy and Post-partum

- ◆ There are some restrictions on what pregnant women can eat—for example avoiding spicy foods
- ◆ Traditionally women give birth at home
- ◆ Hospital births can cause shame because of vaginal examinations, leg exposure, and male health staff
- ◆ After birth women should rest for one month at home. For about one month after delivery, women stay in the house and eat only rice and a special soup.



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