

# Burmese Culture



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## BACKGROUND INFORMATION

**Burma is currently known as Myanmar, and the people as Myanmarese, so named by the present government.**

Burma is ruled by a military dictatorship that took power in 1962. Since then, and particularly since the 1988 state of martial law, refugees have been fleeing a country rife with blatant and systematic human violations. The army constantly scours the forests and hillsides razing villages, murdering and raping inhabitants and displacing communities who may re-build their homes and 'villages' numbers of times. Families becomes separated and many children end up orphans in their communities, or in refugee camps. Youth are enrolled as soldiers and a large number of minorities and dissidents are forced into involuntary labour for the government.

Thousands of Burmese refugees and also Karen, Shan, Chin and other ethnic hillside tribes have fled across the Thai-Burma border and some to refugee camps in Thailand. Burmese who arrive in Thailand often find themselves marginalized, rated as second-class citizens and seen as cheap labour for the government. Life in the refugee camps is often not much better than outside the camps and so many of the Burmese seeking refuge in New Zealand have been deprived of basic human rights including health care, safety and wellbeing, education, and food, for a considerable period of time. Many suffer with psychological (and some, physical) trauma from their pre-migration experiences, their journeys and the extensive losses of family and community members.

Since the host cultures and language of New Zealand is so different from that of the Burmese, the acculturation process, particularly following the hardship of pre-settlement conditions, can be experienced as very challenging and alienating.

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# COMMUNICATION

## Greetings

Welcome	'mingalaba'
Goodbye	'Twe ohn mae nor' (actually means 'see you again')

## Main language

The main language spoken in Burma is Burmese, a tonal language. There are many tribes with different languages and dialects, and most don't understand each other's language. However, many do speak Burmese. It is important when treating a Burmese client to find out whether they speak Burmese or another dialect before engaging an interpreter. The current situation in New Zealand is that there are a number of dialects with limited or no available interpreters. Sometimes it will be necessary to engage a Burmese interpreter and a responsible community member who speaks the client's dialect to work together. The interpreter assistant will need pre- and post-session briefing along with the interpreter.

## Specific gestures and interaction

- It is respectful to use **specific forms of address** when speaking with a Burmese:
  - 'U' is a term of respect used for addressing a male
  - 'Daw' would be used to address women
  - 'Saya' would be used to address a teacher, master or traditional healer
- It is disrespectful to **touch** another's head (except for medical examination)
- Pointing a finger or **gesturing** using a finger is considered insulting

## Special concepts

**'A-nah-dah'** expresses the Burmese cultural value of solicitousness for other people's feelings.

# TRADITIONAL FAMILY VALUES

Years of repression have had a negative impact on the traditional Burmese culture. However, it remains a family and religion-oriented culture with the following features amongst most ethnicities:

- Families are usually extended, although many refugees and immigrants have more nuclear families (this may be due to immigration policies rather than to changing traditions)
- Social class lines are strong and so there is little social mobility
- Initiation into adulthood begins at nine and for boys with the *shin-pyu* ceremony which is traditionally followed by several weeks in a monastery as a novice (this is often not possible after resettlement)
- The *nahtwin* ceremony for girls is followed by having the ears pierced
- *Thanaka*, a pale yellow paste applied to the cheeks and forehead is still used and some refugees may arrive in New Zealand wearing this application (more often girls and women)

# HEALTH CARE BELIEFS AND PRACTICES

## Factors seen to influence health

- Traditionally, health is thought to be related to harmony in and between the body, mind, soul and the universe. **Imbalances** amongst these elements (e.g. the "hot" and "cold" states within the body) can cause illness. As in most other Southeast Asian cultures treatment would then be with medicines or foods, and practices that hold the opposite quality to restore balance
- **Supernatural** factors such as spirit possession by a Nat or an ancestor can cause ill health
- **Spiritual** factors such as bad karma or non-observance of a religious ethic is seen as a possible causative factor
- **Traditional** beliefs:
  - A culture bound illness referred to as *Koro* in which there is a fear that the genitalia will recede into the body and that if they recede completely, death will occur
  - Among women, menstrual flow is thought to be critical to health and, depending on the flow, an indication of good or poor physical and mental health
- **Western medicine** and the concept that illness can be the result of external factors such as accidents and infectious diseases is accepted by many, especially those who have lived in refugee camps or come from urban areas. As with many resettled peoples, the degree to which traditional practices are adapted and modified varies enormously

## Traditional treatments and practices

- **Dietary** changes are commonly used to treat illness. Depending on the illness, an increase in or reduction of one or more of the six Burmese tastes (sweet, sour, hot, cold, salty, bitter) may be indicated
- **Herbal** medicines are used by many Burmese, particularly for minor ailments (e.g. *Yesah* which is a herbal cure-all substance, lotions for aches and pains, pastes applied to wounds and abscesses)
- **Western** medicine has been integrated into much of the urban Burmese culture. For those from the hill tribes who may not have been exposed to western medicine, many come to New Zealand as refugees and will likely have had some experience of it in the refugee camps
- **Integrated** practices are common and many clients may integrate herbal and other traditional practices with western interventions. Practitioners may need to assess for potential drug interactions

(See Chapter 2, Introduction to Asian Cultures, '**Traditional treatments/practices**' pg 6, for additional information on some practices).

### **Important factors for Health Practitioners to know when treating Burmese clients:**

1. Given the traumatic circumstances that many Burmese refugees will have experienced by the time they arrive in New Zealand, they may feel vulnerable and powerless, particularly in the face of authority and need sensitive and respectful healthcare service
2. A history of sexual assault and abuse amongst refugee women and girls may evoke strong emotional and psychological responses to gynecological examinations. Same gender health providers are vital for these examinations
3. Women are often not forthcoming about their induced abortions, many of which might have resulted from rape
4. Whilst women traditionally have pre- and neonatal support from the midwives, women in the refugee camps will not have had this, nor will they necessarily have had adequate information on reproductive health due to cultural and language barriers, and to access difficulties
5. Migrated Burmese women are likely to suffer isolation from their kin networks who provide childrearing and moral support
6. Traditional practices are often continued while utilizing western medicine
7. 'A-nah-dah' (solicitousness for other people's feelings) may result in Burmese clients agreeing to suggestions that they are not comfortable with. It is best to check with clients whether treatment prescriptions are compatible with other beliefs and practices, and that the instructions are understood
8. It is useful to provide treatment instructions in varying forms such as spoken word, written (an interpreter can assist with this), and pictorial
9. Despite extreme deprivation and poverty, trauma during flight and exceptionally difficult living conditions in refugee camps, many Burmese arrive in New Zealand with remarkable personal resource, courage and positive outlook towards a better future. It is important that practitioners harness this potential in encouraging self-care, use of resources and opportunities to improve their physical and mental health
10. When doing HOME VISITS:
  - Give a clear introduction of roles and purpose of visit
  - Check whether it is appropriate to remove shoes before entering the home (notice whether there is a collection of shoes at the front door)
  - If food or drink is offered, it is acceptable to decline politely even though the offer may be made a few times
  - If the father/head of household is required for the interview/family session this will need to be arranged in advance as traditionally this would not be seen as part of his role
  - Dress modestly

### **Diet and Nutrition**

Rice, and both meat and fish are eaten. Traditionally foods are seen to have 'hot' and 'cold' qualities and when available these will be consumed as appropriate. Dietary changes as prescribed by western health practitioners may need to incorporate this system. Current rife poverty has created food insecurities and there is a high degree of malnutrition amongst the population.

## Dying and Death

- Like many of the other Buddhist-based cultures, the Burmese value approaching dying and death with an attitude of equanimity and mindfulness. In some cases this may be more valued than measures to manage symptoms. For example, clients or families may elect for a greater degree of alertness over complete pain control or being in a highly sedated state. It is important to counsel clients and families that with current standards of care, many clients can have some degree of pain control and remain alert
- Clients with terminal illness, or who are dying need to be informed through the family, particularly an elder. In New Zealand there may not be an appropriate family member in which case a caretaker or close friend may be the one to give the news. Practitioners need to check with clients who they would like involved in their treatment and decisions. The process of Informed Consent may be new to many families and this process will need to be explained. If the client does not want to make any decisions for themselves, they will need to have a Durable Power of Attorney
- Clients generally will prefer to die at home
- The services of a monk need to be made available to Buddhist clients
- Buddhists will generally allow hospital staff or funeral directors to prepare the body for burial
- Burial needs to take place by the 3<sup>rd</sup>, or 5<sup>th</sup> or 7<sup>th</sup> day

## HEALTH RISKS AND CONCERNS

According to Metha's (2012) report on health needs for Asian people living in the Auckland region, the following were noted as significant <sup>1</sup>:

- Stroke
- Overall Cardiovascular (CVD) hospitalizations
- Diabetes (including during pregnancy)
- Child oral health
- Child asthma
- Cervical screening coverage
- Cataract extractions
- Terminations of pregnancy

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<sup>1</sup> The Metha 2012 report refers to three ethnic groups stratified in the Auckland region: Chinese, Indian, 'Other Asian' (includes Southeast Asian). Ethnicities include Korean, Afghani, Sri Lankan, Sinhalese, Bangladeshi, Nepalese, Pakistani, Tibetan, Eurasian, Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Laotian, Malay, Thai, Other Asians and Southeast Asians not elsewhere classified (NEC) or further defined (NFD)  
Unless otherwise specified, the term 'Asian' used in this CALD resource refers to Asians in general and does not imply a specific ethnicity or stratified group.

In addition, Unexmundi, August 2014 lists the following as major infectious diseases in Burma:

- Hepatitis A and E
- Typhoid fever
- Malaria
- Dengue Fever
- Yellow Fever
- Japanese Encephalitis
- African Trypanosomiasis
- Cutaneous Leishmaniasis
- Plague
- Crimean-Congo hemorrhagic fever
- Rift Valley fever
- Chikungunya
- Leptospirosis
- Schistosomiasis
- Lassa fever
- Meningococcal meningitis
- Rabies

## WOMEN'S HEALTH

According to Metha's (2012) report on health needs for Asian people living in the Auckland region:

- Asian women have lower total fertility rates (TFR) in the Auckland region as compared with European/Other ethnicities
- All Asian groups had lower rates of live births than their European/Other counterparts
- Teenage deliveries occurred at significantly lower rates among the Asian groups as compared to European/Other teenagers
- Asian women have more complications in live deliveries because of diabetes compared with European/other ethnicities
- Asian women had lower rates of hospitalizations due to sexually transmitted diseases than European/other ethnicities (but across all ethnic groups studied, women had a much higher hospitalization rates compared to men)

### **Pre-migration health conditions and health issues for women from Burma:**

- Women in Burma face considerable health problems because of extremely poor living conditions, inadequate health services, and lack of basic education. Health care is even more deficient in the ethnic minority regions, where constant relocations and heavy losses of men's lives have left women with the complete responsibility of raising their children
- Maternal mortality rates are 580 per 100 000 live births (as compared to 80 for Malaysia and 10 for Singapore). Most maternal deaths result from induced abortions, largely conducted in secret and unsanitary conditions
- 17-22% of women use modern contraception (substantially lower than the goal of 30% set in 1997 by United Nations Fund for Population Activities) and the NZ Ministry of Health. Women frequently resort to abortion to control family size. 14% of married women aged 15-49 years have had an abortion during their

- married lives. This rate is much higher in the major teaching hospitals in Rangoon and Mandalay where the abortion rate is 330-500 per 1000 live births
- Oral contraceptives are avoided by many as they are believed to cause menstrual irregularity, while Depo-Provera injections are thought to provide regularity (despite the common adverse reaction of irregular bleeding)
  - In more rural areas prenatal and neonatal care is provided by a midwife or '*yet-thare*' (traditional birth attendant). In cities however, clinics and hospitals are frequently used. Beliefs about diet during this period make nutritional counseling essential, especially amongst the hill-tribes
  - Iron-deficiency is found in a high percentage of pregnant women
  - For women with more traditional practice, the postpartum period is viewed as a time of susceptibility to illness particularly after the blood loss (a 'cold' condition). The body should be kept warm with external heat and 'hot' foods eaten. This would be particularly significant in New Zealand given the change in climatic temperatures

## YOUTH HEALTH

### **Adolescent Health**

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:
  - Alcohol consumption is less prevalent amongst Asian students as compared to NZ European students
  - Almost all Asian youth reported good health
  - Most Asian youth reported positive relationships and friendships
  - Most Asian youth reported positive family, home and school environments
  - 40% of Asian youth identified spiritual beliefs as important in their lives
  - 75% of Asian students do not meet current national guidelines on fruit and vegetable intake
  - 91% of Asian students do not meet current national guidelines on having one or more hours of physical activity daily
  - Mental health is of concern amongst all Asian students, particularly depression amongst secondary student population
- In addition, adolescents who migrate without family may encounter the following difficulties:
  - Loneliness
  - Homesickness
  - Communication challenges
  - Prejudice from others
  - Finance challenges
  - Academic performance pressures from family back home
  - Cultural shock
- Others who live with migrated family can face:
  - Status challenges in the family with role-reversals
  - Family conflict over values as the younger ones acculturate
  - Health risks due to changes in diet and lifestyle

- Engaging in unsafe sex
- Barriers to healthcare because of lack of knowledge of the NZ health system, as well as associated costs and transport difficulties

## **Child Health**

- According to Metha's (2012) report on health needs for Asians living in the Auckland region:
  - There are no significant differences in mortality rates of Asian babies compared to European/Other children
  - There were no significant differences in potentially avoidable hospitalizations (PAH) as compared to other children studied
  - The main 3 causes of PAH amongst all Asian children studied were ENT infections, dental conditions or asthma
  - The rate of low birth weights were similar amongst 'Other Asian' babies and their European/Other counterparts
  - Asian children had similar or higher rates of being fully immunized at two and five years of age as compared with European/Other children studied
  - A lower proportion of Asian five-year olds had caries-free teeth compared to the other ethnic groups studied

### **Pre-migration conditions and issues for Burmese youth:**

Serious economic deterioration resulting in extreme poverty, inadequate health services and deprived living conditions have rendered child health in Burma one of the lowest in Southeast Asia:

- Because of the lack of potable water and sanitation, intestinal and respiratory infections, malaria, malnutrition, and vaccine-preventable diseases are rife
- About 28% of schoolchildren have goitres, and in some areas these rates are even higher
- Young girls are frequently abducted, raped and trafficked into sex work. Migrated adolescents who have experienced these conditions will likely need mental health support, as well as their families
- Some young boys are taken by the army and trained as soldiers from an early age. Migrated adolescent boys who have been through this experience will need mental health support and reintegration programmes

## **SPECIAL EVENTS**

The Burmese New Year *Thingyan* (based on a lunisolar calendar) usually around 13 April, also known as the *water festival*, has its origins in the Hindu tradition. It is also when many Burmese boys celebrate *shinpyu* a time when a Buddhist boy enters the monastery for a short period as a novice monk. It is considered an obligation of Buddhist Burmese parents that sons spend some time in service at a Buddhist monastery.

# SPIRITUAL PRACTICES

- **Buddhism** in Burma is predominantly of the Theravada tradition and practiced by about 90% of Burmese. Practitioners are mostly among the dominant ethnic Burmese, the Shan, the Rakhine, the Mon, the Karen, and the Chinese who are well integrated into Burmese society. The culture and world view of the people of Burma is very influenced by Buddhism, and although some of the ethnicities mentioned also practice other religions, it is often in conjunction with Buddhist principles. There are 12 Burmese festivals, each for one calendar month and most are related to Buddhism
- **Nat** worship is practised usually in conjunction with Buddhism mostly by the ethnic Burmese and more so in rural areas. *Nats* are a collection of deities including spirits of trees, rivers, ancestors, snakes and the spirits of people who are believed to have met violent or tragic deaths, and wreak destructive vengeance on people who annoy them. Originally they were thought to be infinite, but a canonical number of 36 was fixed with Buddha included as the 37<sup>th</sup>. Many houses contain a *nat sin* or *nat ein*, which essentially serve as altars to nats. Villages often have a patron *nat*
- A small percentage of Burmese are **Christian** including Catholics, Protestants, Baptists and followers of the *Wa* church (an ethnic minority from China) which is Baptist in character
- **Hinduism** and **Islam** are also represented in smaller numbers

(See Chapter 2, Introduction to Asian Cultures, pgs 12-16 for more information related to religions and spiritual practices).

## **DISCLAIMER**

*Every effort has been made to ensure that the information in this resource is correct at the time of publication. The WDHB and the author do not accept any responsibility for information which is incorrect and where action has been taken as a result of the information in this resource.*

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## **Useful Resources**

1. RAS NZ (Refugees As Survivors New Zealand) can provide assistance to mental health practitioners on clinical issues related to refugee and cultural needs, and contacts for community leaders/facilitators. They can be contacted at +64 9 270 0870.
2. ARCC can provide information on resettlement issues and contacts for community leaders. Contact +64 9 629 3505.
3. Refugee Services can be contacted on +64 9 621 0013 for assistance with refugee issues.
4. The <http://www.ecald.com> website has patient information by language and information about Asian health and social services.