

Community Profile: Karen

Language: Sgaw Karen, Pwo Karen, Karenni (aka. Kayah), Pa-o, Burmese

Country of Origin: Burma

Places of Transition: Thailand, Malaysia

**This guide is meant to provide a general cultural orientation and does not describe every person from this community*

Dos and Don'ts

- 'Karen' should be pronounced 'kah-REN'.
- Recognize that there are several ethnic subgroups within the Karen that may have distinct languages and cultures.
- Karen refugees who know Burmese may prefer not to speak it since it is the language of the Burmese military regime. Ask the patient which language is acceptable for interpretation.
- Respect the patient's religious beliefs and practices.
- Whenever possible, match patients with caregivers of the same gender.
- Be aware that the Karen may avoid eye contact as a sign of respect.
- Address the patient by given names. The Karen traditionally do not have family names, and names are not changed at marriage.
- Traditionally, men and women do not touch in public, but handshakes are becoming common. To show respect, use both hands to shake or to give or receive an item.
- Use a quiet, warm yet business-like communication style. Avoid speaking loudly or displaying anger or negative emotions, as this is seen as disrespectful.
- Always explain your reason for initiating contact before touching the patient.
- Encourage open communication and ask open-ended questions to ensure that the patient's needs are met.

Health attitudes, beliefs and stigmas

Doctors are well-respected and have a high social status. As a result, Karen patients may be reluctant to question a doctor or express dissatisfaction.

Many Karen refugees are Christian and faced severe persecution in Burma. Some Karen refugees practice Buddhism, Animism, or a combination of the above.

Animism is the belief that all natural objects including plants, animals, natural phenomena, and even inanimate objects have souls and spirits. These spirits must be appeased with rituals and sacrifices.

Traditionally, the Karen believe each person possesses 37 souls (*k'la*) that are always in danger of being lost or taken away by spirits. Illness is linked to losing *k'la*. A white string may be tied around the wrist or waist to retain *k'la*.

Buddhists may associate health conditions with karma from past actions. Illness is often attributed to an imbalance in natural forces including fire, wind, and water.

Traditional medicine includes rituals to banish spirits, herbal remedies, and applying turmeric to the skin.



The Karen may associate illness with food taboos (e.g. people with hepatitis should avoid yellow foods). Foods classified as hot or cold are believed to have health implications.

Pregnant women may avoid hospital care and delivery due to shame associated with leg exposure, vaginal examinations, and presence of male caregivers.

Traditionally, a woman is well cared for after delivering a baby. The woman must rest for one month and should avoid doing work, going outside, moving too much, or touching cold water.

The Karen have had limited exposure to birth control. Some Karen may express interest in learning about it, though Christians may be opposed to the concept.

What you may see

Burma was renamed 'Myanmar' by the military government in 1989, but Karen refugees may refuse to recognize this.

The ethnic minorities of Burma like to be addressed by their own ethnic identity (e.g. Karen). It is better to refer to them as 'people of Burma' rather than 'Burmese'.



The Karen traditionally address each other with terms denoting kinship or age relation.

The Karen are very respectful, unimposing, and polite in their personal interactions as they strongly value harmony, cooperation, and consensus. In Karen culture, it is important to avoid confrontation, not impose on others, and be quiet rather than talkative.

Folding one's arms in front of oneself when conversing is considered a sign of respect.

The Karen often say 'no' to be modest, even if an affirmative response is more appropriate. The Karen may be reluctant to take an item that is offered, even if it is needed. This modest, indirect style of communication can be a source of misunderstanding.

Elders, teachers, religious leaders, and educated people are well-respected. The Karen value education highly, but schools are often underfunded and many Karen have had little to no formal education.

Some Karen chew betel nut with betel leaves and slaked lime paste. Betel stimulates the nervous system, but may also stain the teeth red. Smoking tobacco is part of Karen culture and may begin at an early age.

Did You Know?

Some Karen chew betel nut, which may stain the teeth red.

Some Karen men may have extensive tattoos as a symbol of character and protection from harm.

The Karen tend to be more conscious of people rather than time. Value is placed on personal interactions occurring in the present. There may be little concern for efficiency or being on time.

Common health concerns

Karen refugees exhibit high rates of depression, anxiety, and PTSD. Many Karen refugees have experienced trauma associated with war, killings, torture, forced labor, land confiscation, arbitrary taxation, rape, and sexual abuse.

Some Karen refugees may have physical and psychological wounds from being forced to serve as human landmine detectors.

Common infectious diseases include malaria, dengue fever, diarrheal disease, hepatitis, HIV/AIDS, and STIs. Malaria is so widespread that fever is often automatically assumed to be malaria although it could be another disease.

Other health concerns include intestinal parasites, as well as stomach problems, gastric ulcers, and diarrhea associated with spicy food and stress.

Many Karen refugees have suffered from malnutrition due to food shortages. Anemia and deficiencies in thiamine, Vitamin A, protein, and Vitamin B1 are common.

Substance abuse of tobacco, alcohol, and betel nut are common among Karen refugees. Betel nut can have harmful health effects, causing damage to the mouth, teeth, and gums, as well as oral cancer.

Potential barriers to care

- Inadequate interpreter services
- Misunderstanding due to indirect communication style
- Desire to maintain modesty and gender preferences in seeking and accepting care
- Poor understanding of health care system
- Traditional beliefs may interfere with treatment
- Lack of follow-up care
- Limited health literacy
- Stresses of resettlement

For additional resources, please visit AZrefugeehealth.org

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