‘How we survived’—Karen mothers: emotion & birth in resettlement
Karen State, Myanmar
Displaced mothers: birth and resettlement—gratitude and complaint
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Abstract

This article explores birthing experiences of displaced Karen women from Burma both before and after resettlement in Australia. Women’s narratives were framed by experiences of persecution and displacement. Although grateful for the security of resettlement in Australia, social inclusion was negligible and women’s birthing experiences occurred in that context. Women described the impact of the lack of interpreting services in Australian hospitals and an absence of personal and communal care that they expected. Frequently, this made straightforward births confusing or difficult, and exacerbated the distress of more complicated births. Differences in individual responses related to women’s histories, with younger women displaying more preparedness to complain and identify discrimination. The problems identified with health care coupled with the inability of many of the women to complain await address not just within the health-care system, but more widely as part of social attitudes concerning Australia’s obligations to those who seek asylum.

- Keywords: perinatal healthcare, refugee, immigrant, resettlement, disparity
The study: methodology

- Original study for beyondblue into perinatal emotional health of refugee-background women in Australia.
- 15 Karen ethnic minority women participants are forced migrants who fled violence and persecution in Burma-Myanmar and resettled in Australia.
- All recently gave birth in Australia.
- Interdisciplinary research team: qualitative cross-cultural and mental health research; gender-focused ethnographic; policy and political aspects of families in Australia.
- Bi-lingual Research Assistant (RA) who shared language and the experience of forced migration.
- ALL participants chose their mother tongue of Karen for interviews: important because language is a powerful organiser of cognitive and affective experience (Tummala-Narra 2004:169)
- Transcription; translation; thematic analysis.
- One of the main themes was the difficulties women had recently faced with giving birth in Australian hospitals.
- For this paper/presentation findings located within the framework of the contemporary literature on the health and illness experiences of displaced peoples or forced-migrants within western host societies.
- Data resonated with debates surrounding ‘deservingness’ and this literature suggests reasons for why forced-migrants often encounter difficulties in utilizing health services.
- Narratives of maternity care in Australia need to be mediated by an understanding that women’s perspectives and reactions have been shaped by often traumatic, past encounters.
Hearing women’s voices

• This research addresses the absence of ‘voices of marginalized and vulnerable groups’ in medical anthropology debates

• Gratitude for safe haven in Australia was overt in some women’s accounts but tempered by the immediate challenges they faced in resettlement and a sense of loss. Any sense of belonging and inclusion in Australian society were negligible and stories seen in this context

• gratitude appeared in proportion to the levels of adversity, lack of safety and care experienced by women prior to arrival particularly in relation to birthing experiences.

• some grateful for services in resettlement linked to a resigned acceptance of difficulties encountered to others more critical about services and several who identified discrimination.

• Younger women better able to critique services. The older women exhibited more appreciation of the care given by Australian services

• Age is a critical variable in processes of being able to engage with a new community and the psychological transition noted with Karen communities in the US (Harkins 2012:194).

• Our findings confirm that women who undergo similar experiences will have varied reactions to their circumstances: some women appeared more vulnerable than others to emotional distress

• Others followed ‘imperatives to normalise distress’; reduce the ‘potency of adversity’ and linking ‘survival and self-reliance’
Birth experiences in Burma and during displacement

- active, natural births with little pain relief, either in villages, conflict zones or refugee camps
- unmanageable complications often resulted in maternal death.
- women relied on emotional and physical accompaniment throughout labour by family members and traditional midwives.
- Narratives contained many expressions of gratitude for being able to rest after the birth and family, particularly mothers helping
- Many women recounted traditional medicines, foods, treatments and customary practices they believed maintained good health and well-being during the birth and perinatal period which were absent in Australian hospital settings
- Women believed not observing these requirements might lead to serious illness in later life.
Birth experiences in Australia: gratitude, acceptance, confusion and complaint

- experiences within public hospitals mostly with no interpreters present.
- exact details obscured by substantial levels of confusion and misunderstanding due to low levels of communication.
- Confusion and misunderstanding common
- Physical difficulties were exacerbated by a lack of understanding of medical procedures and poor communication between patient and provider.
- Most women related confusion over unfamiliar hospital procedures: fetal monitoring, induction, epidurals and vacuum delivery and were unaware of some basic biomedical principles,
- It was not always clear, if women simply did not understand or if they were contesting institutional narratives in Australia (Barclay and Kent 1998:8; Griffith 2010).
The emotions of birth: ‘Here no-one holds your heart’

**Pee Lee:** I felt warm to give birth in the camp because I lived close to my parents and parents-in-law. When I was in labour, many people were around me and I felt strong.

**Mah Shah:** I was annoyed but couldn’t do anything and didn’t say anything because I knew they couldn’t understand me. There was no interpreter. A few minutes later, two nurses came and tied me up and I could not move. I was scared and thought: ‘Something’s wrong now’ and ‘That’s it. That’s the end of everything’. I felt like I was in a place where people are slaughtered. I could not move. I was so upset to give birth here and I remembered giving birth in the camp where you are allowed to do anything [and] a midwife stays very close to you and helps you. They don’t leave you until you give birth. Here you are left alone.

**Lah K’por:** The nurses [in Australia] do not like people to touch us [when we are in labour] so I had to bear the pain alone until the baby was born…. In Burma the midwives touched us and gave a small push here and there. They held the baby from here (holding her lower chest). I think it is holding your heart because when the baby is out I felt like my ‘heart became loose’. Here nobody holds your heart.
Ruth, a 40-year-old mother of six, describes an emergency induction of premature twins soon after her arrival in Australia. Her first pre-natal examination revealed health concerns for one of the twins in utero. During delivery, she related that it was communicated to her that her son, ‘[d]id not have a head’, in reaction to which she recalls: ‘My heart was shaking.’ The delivery was successful; although her son required intensive care, he survived and thrived. During her week in hospital, she said: ‘I didn’t even have an interpreter. I just used my hands and legs... I don’t understand what people say to me [and] I usually respond in Karen language and [the nurse] responds to me in English’ Two years later Ruth still did not fully understand why or how the medical procedures were performed; and confusion and distress over this is evident in her account. Ruth had no agency to give consent, advocate for herself or negotiate treatment. While the emergency nature of the intervention may have initially lead to the lack of explanation of medical procedures, that this has remained unaddressed compounds the disempowerment. Ruth is grateful for how the nurses looked after her. The family understood that the baby only survived due to the treatment they received in Australia. Ruth’s ‘gracious acceptance’ of the saving of her son’s life mitigates against criticism for the lack of consideration she received during delivery and afterwards.
Complaint, discrimination and entitlement

- The midwives on duty were not so nice. They told me to feed the baby but the problem was I didn’t know how. When we tried it together, they held the head of the baby so tightly I was worried for my daughter. …Then they told me that if the baby was not feeding well I couldn’t leave the hospital. … [The midwife] talked very nicely to the white lady beside me and helped her but she didn’t talk to me like that. I felt like she looked down on me and thought I didn’t understand things so she didn’t treat me well but I’m not sure. I felt like it was discrimination but I might be wrong. She supported the white lady a lot but every time she saw me she would say that everything I did was wrong and complained that I was not learning. I was so disappointed with myself. There wasn’t anyone around to help and my family were only allowed to stay until 8 pm so I had to do everything myself.

- The hospital was very good but there was one thing that I didn’t feel good about when I had my baby. Services appear comprehensive in the hospital but when I was in labour and didn’t have strength to walk, I had to catch a lift to get to my bed without any help. I couldn’t walk anymore so I just stood still. People saw me but nobody helped so I just started crying. They simply told me where to go and pointed. I thought I needed a wheelchair but no-one got me one. I cried a lot but they just encouraged me to go by myself. I tried hard and walked to the birthing room and gave birth. After that, a midwife came and helped wrap-up my baby but I think she did it too harshly. The baby was crying and she picked her up, wrapped her, and put her back and left. She didn’t say a word to me. I told my husband that I wasn’t happy.
Concluding Remarks

- Many of the Karen women in this study described how self-reliance was the key to survival and provided insight into the different strategies they used to help themselves when they felt emotionally distressed.

- were unsettled, confused, bewildered and sometimes frightened by the vastly different biomedical systems and settings of births in Australia.

- most often repeated solution to the difficulties described by women was for more and better translation/interpreting services so they could communicate and have some agency in their health-care. They also spoke fondly about their own perinatal health customs

- Similar situations in other settings around the world: Canadian researchers ask whether there might not be an expectation ‘that patients ought, in fact, to be able to communicate in English?’ Anderson 2003)

- explanations that place the onus on the culture of the individual are likely to lead to individual-centered interventions at the expense of addressing the structural contexts that reproduce social and economic inequities’ (Viruell-Fuentes et al 2012:5)

- Entitlement to care—and an expectation of receiving good care and the right to complain if care is not so—serve, amongst other things, as a marker of a sense of belonging, of inclusion, and of acceptance. The entitlement of forced migrants to social services, including health care services, remains a controversial and divisive issue in many host societies, Australia included. This finding highlights the need for sensitive and inclusive professional medical services and for funding to support interpreters, especially for groups, such as the Karen, who are relatively new to the Australian community.

- The problems with health care provided to the women in this study coupled with the inability of many of the women to voice complaints about this care are problems, which await address not simply within the health-care system, but a wider political and social address of the resentment, which surrounds Australia’s obligation to those who seek asylum within its borders.