

ACT Health Community Profile

Burma/Myanmar

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from Burma/Myanmar* in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- The Burma-born population in the ACT is **growing**.
- Many people from Burma in the ACT are from an asylum seeker or refugee background. This is due to long-term conflict in Burma, including between different ethnic groups. These people may have a history of **trauma** and/or torture.
- People from Burma in the ACT are from many **different ethnic groups**, including Burman, Mon and Karen.
- **Karen** is pronounced *k'REN* (not like the woman's name).
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- People from Burma may be **unfamiliar** with the Australian health system.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- If it is necessary to touch a **patient's head**, it is considered respectful to ask permission first.
- Burma-born people may wish to take **traditional medicines** or eat special foods to help them recover from certain illnesses.
- **Cost** of services or treatments may be a concern for Burma-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

* The name Myanmar (demonym Myanma) was adopted by the Burmese military government in 1989 and subsequently recognised by the United Nations. However, other international organisations, the business community and many Burmese expatriates who oppose the military government continue to use the previous name Burma (demonym Burmese).^{vii} 'Burma' will be therefore be used throughout this profile.

Burma/Myanmar

2011 Census data: Burma-born people

Population (Australia):	21,760 people ⁱ
Population (ACT):	475 people ⁱ
Gender ratio (Australia):	94.2 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Burma-born people was 41 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of Burma-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	23	5
20-39	187	39
40-59	190	40
60+	74	16

Burma-born arrivals, past five years^{iv}

Year	Australia	ACT
2009	2,570	45
2010	1,664	32
2011	1,737	17
2012	2,129	20
2013	2,120	26

Migration history

Approximately 3,500 people from Burma sought refuge in Australia from 1947 to 1959 as a result of the rise of nationalism after Burmese independence from Britain. As a consequence of the military takeover of the Burmese government in 1962, a second wave of about 2,500 Burmese settled in Australia between 1965 and 1972. Since 1972, the number of Burmese people settling in Australia has grown significantly through the Australian Government's Migration Refugee Special Humanitarian Programme.^v

As at mid-2013, the United Nations Refugee Agency's total population of concern originating from or residing in Burma was estimated to be 1.9 million people (including refugees, asylum seekers, stateless persons and internally displaced persons). Thailand is the most common country of transition from Burma, with nine major refugee camps on the Thai-Burma border. There are also two refugee camps on the Bangladesh-Burma border.^{vi}

Ethnicity[†]

Burma is one of the most ethnically diverse countries in the world.^{vii} Ethnic groups include^{viii}:

Ethnicity	Percentage of population
Burman/Bamar	68
Shan	9
Karen	7
Rakhine	4
Chinese	3
Indian	2
Mon	2
Chin	Less than 2 per cent
Rohingya	Less than 2 per cent

Language

Burmese is the official language of Burma and is the main language spoken by Burmans. Karen people speak several dialects of the Karen language including Sgaw Karen, Pwo Karen, Karenni and Pa-o.^{vii} Shan, Chin and Rohingya people all have distinct languages and dialects within these language groups. In all, more than 100 languages are spoken in Burma.^{ix}

[†] Information on measures such as ethnicity, language, religion, life expectancy, and literacy in Burma are rough estimates only, as access to reliable data on Burma has been limited for many years (e.g., Burma's last official census was held in 1983). A national census was undertaken in April 2014, which is expected to provide important information about current demographics.^{vi}

Burma/Myanmar

Religion

In Burma, different religions are followed between and within ethnic groups:

- Burman, Shan and Mon: Approximately 90 per cent are estimated to be Theravada Buddhists.
- Karen: Approximately 70 per cent are estimated to be Theravada Buddhist, Buddhist-animist or animist, and approximately 20-30 per cent are estimated to be Christian.
- Karenni (a separate group to the Karen): Most are estimated to be animist.
- Chin: A large number are estimated to be Christians, while others practice animism.
- Rohingya: Most are Muslim.^{vii}

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱ

The most common ancestry responses[‡] of Burma-born people in the ACT were:

Ancestry	Percentage of population
Burmese	52
Mon	17
Karen	14
Chinese	6
English	4

An additional 155 people in the ACT, who were not born in Burma, identified Burmese ancestry; an additional 75 people identified Karen ancestry; and an additional 51 people identified Mon ancestry.

The most common languages spoken at home by Burma-born people in the ACT were:

Language	Percentage of population
Burmese	46
Mon	17
English	16
Karen	16
Burmese and related languages (not elsewhere classified)	4

Burma-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	31
Well	30
Not well	20
Not at all	2
Not stated/not applicable	17

The most common religions of Burma-born people in the ACT were:

Religion	Percentage of population
Buddhist	59
Anglican Church of Australia	9
Western Catholic	9
Seventh-day Adventist	7
Baptist	5

As in Burma, different ethnic groups may follow different religions in Australia. For example, the most common religions of Burma-born people in the ACT that identified Karen ancestry in the 2011 Census were:

Religion	Percentage of Karen population
Seventh-day Adventist	39
Anglican Church of Australia	24
Baptist	21
Buddhist	6
Presbyterian	5
Faith Churches	5

Communication and respect

Traditionally, Burmese people do not have family names or surnames. Therefore, all members of a family may have names that bear no obvious relationship to each other. It is customary to use titles (e.g., Mr and Mrs) when addressing people other than small children.

[‡] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

Burma/Myanmar

The following etiquette guidelines are particularly important for Burmese Buddhists:

- It is disrespectful for legs to be stretched out with feet pointed towards a person;
- The head is considered the spiritually highest part of the body and sensitivity is advised if it is necessary to touch the head; and
- Using both hands to give and receive an object is a sign of respect, particularly with older people.

These additional etiquette guidelines may also be relevant:

- Karen people normally walk behind those who are their seniors and elders; and
- Karen people may answer a question with 'no' to be modest when an affirmative answer may seem more appropriate.

Health in Australia

In 2012, average life expectancy in Burma was 66 years (64 years for males, 68 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^x

Karenni refugees living in Thai-Burma border camps have been shown to have rates of depression, anxiety symptoms and post-traumatic stress disorder comparable to those of other communities affected by war and persecution.^{xi} These issues are likely to also be relevant in Australia. Burmese refugees settling in Australia have been shown to have high rates of treatable infectious diseases including latent tuberculosis, roundworm and chronic hepatitis B infection.^{xii}

A study of 81 Karen adults in Canberra had generally positive findings regarding a range of health risk factors in comparison to the total Australian population. Findings included low rates of overweight and obesity, respiratory symptoms, and tobacco and alcohol use; and high rates of fruit and vegetable consumption. However, rates of moderate and intense exercise appeared to be low, and some reported sitting for long periods.

Eighteen (23%) of the Karen adults surveyed stated that they never needed assistance reading and understanding health information, while 29 (37%) stated that they needed help often or always. Older people were more likely to need assistance with health information (77% of those who always need assistance are over the age of 40 years). There were no significant gender differences in needing help with help information.^{xiii}

Health beliefs and practices

Throughout Burma, rice is central to daily existence and is regarded as virtually synonymous with life itself. It is eaten at all meals.^{vii}

Theravada Buddhist health beliefs include:

- Good and bad events, and aspects of mental illness, can be attributed to actions committed in one's past and current life (karma).^{vii,xiv}
- The health of a person is controlled by the four elements of fire, water, air and earth and any imbalance in these elements causes illness and disease.^{vii}
- Certain foods and medicines are classified as hot or cold and can adversely or positively affect health conditions and emotions. The classification of foods as hot or cold is unrelated to temperature. Hot foods are generally those foods which are salty, sour or high in animal protein, while cold foods are generally sweet or bitter.^{xv} Hot or cold states of health are seen to require treatment with the opposite property in medicine or foods.^{xvi}
- When a Buddhist is dying, a Buddhist monk or minister should be notified to provide chaplaincy services. The monk will chant verses after the person has died to help release the person's good energies. The state of mind at the time of death is important in determining the person's next rebirth.^{xvii}
- After childbirth, the mother's body is susceptible to illness because it is cold from blood loss. The mother may want her body warmed with external heat and warm drinks and may want to eat foods with hot properties. Sour and bitter foods are also seen as important to reduce blood flow.^{xvi}

Burma/Myanmar

Belief in spells and black magic is thought to be widespread in Burma. When a person has an illness that cannot be cured by any kind of medicine, black magic is usually suspected, and a cure is sought from a healer experienced in dealing with such illnesses.^{vii}

Many Karen and Karenni who have retained their animist belief system believe that a person possesses a number of souls called *kla* or *k'la* which might flee for various reasons (e.g., in connection with an acute episode of mental illness or mental distress). It is seen as vitally important to retain the *kla*, as losing *kla* puts a person in danger of illness. One way of keeping *kla* is by an elder or religious shaman tying sacred string around the wrist. The *kla* are said to leave the body at death and reappear in the form of the *kla* of a newly born child.^{vii}

Social determinants of health

Overall literacy[§] rates in Burma are estimated to be high as a result of a strong tradition of education in Buddhist monastery schools, as well as government campaigns to increase literacy throughout the population.^{vii} The overall literacy rate in 2011 was 93 per cent (95 per cent for males, 90 per cent for females).^{xviii}

Many Burmese refugees have experienced numerous traumatic events including the deaths of family members, prolonged separation from family, repressive measures and uncertainty about their future. In addition, they have been impacted in many cases by restricted access to basic needs, such as food and water, and the widespread use of landmines.^{vii,xi} Burmese political dissidents have experienced traumatic events including interrogation, imprisonment, threats of deportation and torture.^{xix} Many Burmese refugees, particularly the Karen, Karenni, Mon and Shan people, were persecuted by the military regime in Burma, displaced and forced to live in refugee camps on the Thai-Burma border for extended periods of time, in some cases for decades.^{vii,xi}

Burmese women in particular are subject to numerous human rights abuses in Thailand due to their lack of legal status, including the denial of labour protections and health services, harsh living conditions, and sexual abuse.^{xx}

In 2011, 46 per cent of Burma-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the Burma-born aged 15 years and over, 18 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among Burma-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 53 per cent and the unemployment rate was 9 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for Burma-born people in Australia aged 15 years and over was \$374, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxi}

Utilisation of health services in Australia

A study of Sudanese, Afghan, Pacific Islander and Burmese people in Queensland, revealed issues common to all four communities: (1) unfamiliarity with health services and access difficulties; (2) the need for doctors to accept traditional healing methods alongside orthodox medicine; and (3) language problems impeding effective communication with health staff.

Burmese study participants were more aware of the differences between primary and acute care compared to the other groups, but reported they did not have enough information about available health services. Information about health services was provided on arrival but it was difficult to use this effectively when new migrants had many other issues to manage.

[§] People aged 15+ years who can read and write.

Burma/Myanmar

Burmese participants also expressed a preference for using traditional natural medicines as a first resort, but didn't feel that doctors supported this. Burmese interpreters from the same culture were seen as critical; while having information published in other languages was important (especially in the form of videos or interactive media), this didn't replace the service provided by interpreters.^{xxii}

The use of hospital services among people born in refugee-source countries, including Burma, is lower or similar to that of the Australia-born population.^{xxiii,xxiv}

A United Kingdom study found that the general practitioner (GP) registration rate of Burmese migrants was high but GP service utilisation was low. Factors associated with lower use of primary health care services included being younger than 35 years, lacking prior overseas experience, having an unstable immigration status, having a shorter duration stay, and self-medication.^{xxv}

Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Burmese Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

A full list of references is available on request from the Multicultural Health Policy Unit at multiculturalhealth@act.gov.au or (02) 6205 1011.

Date for review: July 2019