



Burmese child soldier
Photo by Richard K Diran

From the Golden Country to the Promised Land

STARTTS' consultant psychiatrist, DR JEANIE LINGAM, gives an overview of Burmese culture and considers the problems faced by Burmese refugees in Sydney.

For many refugees from all over the world, Australia has become a sanctuary away from the fighting and fears of their homelands. One such country of conflict is Burma (more recently renamed Myanmar), a land previously known as "Shwe Pyi Daw" or "The Golden Country," reflecting the hundreds of golden Buddhist pagodas throughout the land.

Approximately 2 million ethnic minority peoples in Burma are internally displaced within their own country and over 200,000 Burmese refugees have been forced to flee their country to foreign shores such as Thailand, Bangladesh and India.

In Australia, there have been waves of Burmese entrants since 1962. Initially, approximately 6,000 "Anglo-

Burmese" migrants (a term referring to the offspring of European-Burmese marriages during the British colonial period) arrived in Australia. These people were educated middle class, who had a sound knowledge of English and consequently, found little difficulty in settling into life here.

However, since that time, social and political policies instituted by the ruling military junta in Burma have resulted in large numbers of Burmese being forced to leave their country. These refugees have found it very difficult to settle in Australia, being poorly educated and having little or no knowledge of English. The difference, of course, is the crucial matter of choice.

The 1996 Australian Census

recorded 10,123 "Myanmar-born" persons in Australia and between June 1996-July 1998, a total of 564 persons from Myanmar settled in Australia. Figures from the Department of Immigration showed that there were 662 refugee entrants from Myanmar to new South Wales from the beginning of 1991 to the beginning of November 1999.

THE PEOPLE AND CULTURE OF BURMA

Aung San and his colleagues led Burma to independence from British rule. Unfortunately, in 1947, before actualising their dream, this group of men, now seen as martyrs to the Burmese people, were assassinated. The constitution was signed however, in ▶

1948, creating a Union of Burma and a period of democratic leadership followed. Written into the Constitution was the agreement that ethnic minority groups had the right to secession 10 years after signing the document. However, this right has been denied to these groups and continues to be a source of major unrest. In 1962 the military, under General Ne Win, took control of the country and Burma continues to be under this regime today.

Daw Aung San Suu Kyi, the daughter of Burma's martyr, Aung San, has been leading the opposition party, The National League for Democracy (NLD), for over a decade

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and was awarded the Nobel Peace Prize in 1991. Despite the overall victory of the NLD in general elections in 1990, the military junta responded by continuing to hold Daw Aung San Suu Kyi under house arrest from 1989-1995. She and members of her party remain restricted in their movements and speech at this time.

Burma is made up of 21 ethnic groups with over 100 languages being spoken. The majority of these people are rurally-based, living in villages and towns in Burma's border areas. Burmese culture is very traditional with strong family relations and the hierarchy of age and gender being paramount. The spiritual practices of Buddhism and animism are the most widespread although the Karen people of Eastern Burma are mainly Christian. Whether it is due to the Buddhist concept of cause and effect ("karma") or an innate constitutional characteristic, Burmese have always been a passive, non-violent people who thrive on family and social gatherings.

As in many countries worldwide, psychological illness is seen as a social stigma with help being sought from traditional healers and Buddhist monks. There is only one psychiatric institution in Burma, which is viewed as somewhat of a place of

"no return." Individuals with mental illnesses are classed as "mad" and ostracised from the community and there is little provision for psychological treatment. Consequently, despite severe traumas, losses and hardships, few Burmese refugees now living in Sydney seek psychological assistance.

BURMESE REFUGEES IN SYDNEY

The large number of ethnic groups within Burma is also reflected in Sydney. The Karen and the Shan peoples contribute to just less than 10% of the population each in Burma and are the largest refugee groups. Other significant groups include the

Chin, Kachin, Wa, Palaung and the Mon peoples. Many of the refugees are young, single men or young families and most have come to Sydney after spending 10 or more years living in the jungle or in refugee camps in the Thai-Burmese border. The presence of the UNHCR in these refugee camps is restricted; food and medical care is scarce, and drugs, alcohol are growing problems. Rates of HIV are reaching critical levels and this not only affects the Burmese refugees but people in all Burma's bordering countries. Many young Burmese women have been forced or lured into prostitution in Thailand.

The plight of these refugees is especially concerning as they are young people who are spending crucial years of their development away from their families, missing vital education and bearing witness to horrendous atrocities. Both their physical and mental health is being placed at constant risk and very little foreign aid is being made available to assist them. Post traumatic stress disorder and depression are very high amongst all the refugees but seem especially so amongst the women.

The young people have been irreparably torn from their families and culture- they have formed a "new family" and "new culture"- one that

is based on fighting, hiding and camaraderie in war and trauma.

THE BURMESE COMMUNITY IN SYDNEY

Discussions with members of the Burmese refugee community and its leaders in Sydney have revealed several main areas of need. These initial findings reflect similar issues raised by this community in Western Australia and Victoria.

Physical health is poor among many refugees. Alcohol and drug abuse is an increasing problem, often being used as self-medication for symptoms of psychological distress. Neglected injuries sustained in the jungle or in camps cause chronic disability as do untreated medical conditions.

Education levels vary greatly and many Burmese who do have qualifications from Burma feel unfairly treated, as their degrees are not recognised here.

Many refugees have poor English language skills and find it difficult to learn English. Medical conditions such as depression and posttraumatic stress disorder impair concentration and learning potential, thus making it harder to grasp a new language.

Many young Burmese parents are very concerned about their children. They feel confused and overwhelmed by the Australian education system and feel that there is little guidance - in written or spoken form - to assist them.

Many Burmese women remain at home, often with young children, and are isolated and lacking support. They describe difficulties trying to hold onto their culture whilst trying to accommodate into a new society. They find it difficult to make their children accept traditional values and some even describe feeling embarrassed to cook the foods that they are accustomed to. The true impact on the physical and psychological health of these women as a result of the traumas of violence, disease and forced prostitution is unclear as they are such an isolated group who are not accessing services well at this time.



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BARRIERS TO ACCESSING CARE

One of the main issues when trying to identify the barriers that the refugees face in accessing appropriate services to assist them is that of mistrust and suspicion. Due to the well-established and sophisticated use of

also restricts many from seeking help for their problems and this not only debilitates them but also affects their families.

Many young refugees continue to live in the “families” that they have become accustomed to in the refugee camps, feeling threatened by the

communities have both shared and unique characteristics that contribute to their acculturation in a new country such as Australia. It is important to attempt to understand the unique characteristics especially of some of the smaller refugee groups, who often get overlooked in an environment where resources are finite, in order to work with them and provide specific assistance to their needs. The physical and psychological health needs of the Burmese refugee community in Sydney are significant and work is underway to create links with the community in an attempt to improve this. The importance of time and flexibility in the development of trust is paramount, as is the ability to understand differences within communities, not only between communities if we are to work effectively.

For Burmese people, the struggle continues for freedom and democracy in their homeland and often this causes a great deal of inner conflict, taking on greater significance than personal security and comfort. However, it is important for us all to remember that we must take care for our own mental and physical health first if we are truly to be of any help to others. ■

Alcohol and drug abuse is an increasing problem, often being used as self-medication for symptoms of psychological distress.

spies by the military government, the refugees have lost trust in the older generations and view with suspicion anybody in a position of authority. This includes doctors and other health professionals, social and welfare workers, Burmese interpreters and even other Burmese community workers and elders in Sydney. This level of fear prevents many from attending health checks and, in general, from receiving the assistance they require.

Many refugees have suggested that a trusted person, proficient in English and Burmese, would be helpful in organisations such as S.T.A.R.T.T.S. so that the potential problems of using interpreters may be by-passed.

The stigma associated with the expression of psychological distress

overwhelming feeling of “too much freedom” and the confusion of a new society. Some have described feeling very “homesick” and almost wishing that they had never come to Australia.

Many young men are very actively involved in the Burmese pro-democracy movement here in Sydney and subsequently may neglect important tasks that are necessary to assimilate into a new country such as language classes and employment training.

FUTURE DIRECTIONS

While so many countries of the world continue to be in conflict, people are forced to leave their homes and seek safety elsewhere. Refugee