

Karen Culture and Foods

AUGUST 20, 2025

This toolkit was written by Clara Tunwin, a Karen-American who is a passionate advocate for the Karen community.

Stereotyping

This is very basic level information about the culture described; it is meant to offer an opportunity to learn in general terms. It cannot account for the diversity within each individual society or culture and is not meant, in any way, to infer to all people.

Background

The Karen people (pronounced Kah-Ren) are ethnic people native to Burma (also known as Myanmar) and Thailand. The Karen people do not have their own country; however, the ancestral Karen land known as “Kawthoolei” was believed to be between Burma and Thailand. The Karen people first started arriving in Minnesota in the early ‘90s and then in larger numbers in early 2000s as refugees. It is estimated that there are over 20,000 Karen refugees that are residing in Minnesota. The Karen population is mostly concentrated in Ramsey County, but smaller communities exist in rural counties such as Freeborn, Lyon, Nobles, Kandiyohi, and Mower.

There is an ongoing civil war in Burma for over 70 years that began during World War II. The ethnic Karen resistance groups have been fighting for autonomy and liberation from the oppressive Burmese Military for a long time. Due to the civil war, many Karen people have been displaced and settled in Thai-Burma border seeking refuge in refugee camps. Up to this day, the refugee camps are still in operation and families and individuals continue to resettle in Minnesota through the refugee resettlement program. Karen refugee families on average would spend 8-12 years at refugee camps before resetting in Minnesota. Additionally, many Karen families relocate to Minnesota from other states due to family ties and employment opportunities.

Languages

The Karen language is a diverse language. It is challenging to collect data on Karen language literacy and most of the community members prefer oral and visual communication. The main language that is understood by most Karens and used as an official writing system is known as S’gaw Karen. There are also other Karen dialects such as West Pwo Karen, East Pwo karen, Bwe Karen, and many more. These dialects also have their own writing systems.

Among the Karen population residing in Minnesota, the literacy rate could range between 30-40%. Most of the children that were born and raised in Minnesota likely would not know how

to read or write in Karen. It is common for some Karens to be bi- or tri- lingual and some are also fluent in Burmese and Thai.

Challenges of translating documents

Common challenges translating documents include the consistency of wording because the Karen diaspora is diverse and depending on the region people came from some words are different. Also, modern health terminology and technology terminology are newly constructed words that didn't exist in the original Karen language, therefore depending on who the translator is the words can vary. Best practice is to request S'gaw Karen when translating materials.

Health Disparities

Infant mortality is quite common in Burma, due to poor public health services, medical services, infrastructure, war, violence, and infectious diseases. Almost every Karen person in Minnesota will know someone that has lost an infant before they reached six months of age when they were in Burma.

In the United States, the community is starting to experience different kinds of health disparities, especially ones that affect the mother. Like other refugee and immigrant populations, the Karens traditionally have a "village", close-knit extended family members, or neighbors that would help and assist a new mother during pregnancy, childbirth, and during post-partum period. However, the support system in the United States is no longer as strong because neighbors and families are also struggling to work and make a living. More Karen moms are struggling with postpartum depression and not enough support. Fathers often also work at jobs that don't have parental leave, and therefore cannot give their wives or partners the support they need. It is a socio-economic root cause that is directly affecting the community members.

Traditions, Customs, & Taboos

In ancient times, the Karens were a matriarchal society. Village leaders were women, and important decisions were made by women. Also, traditionally when couples marry, the groom is expected to move in with the bride's family and contribute to her household after marriage.

Karens do not have a last name or surname system. It is common to find married couples with different last names or biological full siblings to have different last names. Karen names are heavily inspired by nature and mother earth. Karens believe in the spirits that exist in nature and a creator before the arrival and influence of Christianity, Buddhism, and other religions.

Up to this day, spirit worship and providing gifts to the nature spirits are practiced in rural villages. The Karen Wrist Tying ceremony is celebrated by the Karen community once a year in Minnesota and it is directly related to the traditional spirit beliefs. Weddings and funerals are often community gatherings where everyone is welcome to attend and enjoy having a meal

together. For funerals, even if a community member doesn't know the bereaved family personally, it is common for them to give donations.

General religious beliefs

Karens in Minnesota practice different religions, such as Christianity, Buddhism, and Animism or traditional spiritual practices. In general, Karens would not be offended if a provider asks them about their religious or spiritual beliefs, they would be happy to share. Karens respect the elders and religious leaders such as pastors and monks and often they will confide with these leaders when there is an issue and ask for prayers and blessings.

Building trust within the community

For most Karen people, a taboo topic would be the discussion about death. Obsolete comments about the time of someone's death that hasn't occurred yet could be very upsetting. Also, topics that involve addiction, suicide, and mental health issues could be very sensitive because these topics still carry a lot of stigmas in the community, and some see it as a character flaw.

Preferred contact (physical touch, eye contact preferences, etc.)

Most first generation Karens are not enthusiastic about physical display of affection even with their loved ones. Handshakes are acceptable between providers and Karen clients. Some Karens are hesitant to make eye contact because they are shy, but it is not considered offensive to have eye contact. Touching the head of an older person or a person of authority is considered very rude. First generation Karens are also not comfortable with verbal affirmation of love and care, they prefer acts of service to show affection. The virtues that most Karens strive for include warm hospitality towards guests, to live simply, and to be generous.

Culture and Foods

The Karens have always grown their food and raised their own livestock. Karens grow rice, fresh vegetables, herbs, and fruits for the family in the villages. Hunting and fishing are also a part of the Karen culture; fresh venison and fish are dried in the sun and cooked by frying or grilling.

Traditional Karen meals include white rice, sticky rice, or Jasmine rice with a vegetable soup or bone broth soup, vegetables that are boiled, raw, or pickled, chili paste, fish or shrimp paste, and a meat dish (grilled, fried, or cooked). It is common to eat three meals a day. Karens typically start and end the day with different combinations of the dishes mentioned above. Rice is a staple. Karens also enjoy eating noodle dishes, the most beloved noodle dish is called "Kaw Nor" which is rice noodles with a spicy fish broth. The majority of first generation Karens do not enjoy eating Western foods. Only a very small percentage of Karens are vegetarian or vegan. Many drinks tea with meals or snacks. There is a preference of sour and tangy fruits over sweeter fruits.

Karen diets are high in carbohydrates, salt, and often lacking in dairy products. However, many foods are eaten due to the belief that they will prevent illnesses such as adding bitter

vegetables to meals. Turmeric, lime, lemon, and honey are used to treat different types of sickness and discomforts.

Pregnancy

Pregnancy rituals could vary from region to region. Most pregnancy customs would include minimizing hard physical activity, making best efforts to stay happy and positive during pregnancy as the mom's emotions are believed to affect the baby, and to avoid bitter and spicy food. Expectant moms are also encouraged to drink coconut water, which is believed to help with healthy delivery. Karen moms would also consult with community elders and traditional midwives when they are feeling sick or having discomfort during pregnancy.

Many pregnant Karen women struggle with adjusting their diet when they are diagnosed with gestational diabetes or high blood pressure because traditional Karen foods are high in carbohydrates and salt. It is important to educate and remind them to be compliant with oral medication or insulin and to monitor their glucose levels especially if this is their first pregnancy.

Postpartum beliefs and practices

Traditionally, in Karen villages after the delivery, new moms would sit somewhere warm, usually a hot stone or hearth, to help with healing. Most Karens believe the post-partum period is a very sensitive time for the new mom. Family and friends would do everything they can to help such as offering to do chores and cook meals, especially bone broth soup (chicken, beef, or pork) as it is believed to heal the body and help with breast milk production. Resting and keeping the body warm is the key to recovering well, for example drinking warm water or hot tea only (no ice water), wearing long sleeves, keeping the feet and head warm, drinking broths every day with meals, and not taking showers or washing hair late at night.

Infant Feeding

Breastfeeding the infant has always been a part of the Karen culture, because people do not have access to formula in remote areas of Burma and Thailand. Breastmilk is crucial to the survival of the infant. In instances where the mom is ill or not available to breastfeed, the infant will be breastfed by another mom in the village or will be fed boiled rice water, boiled goat milk, or boiled cow milk.

Formula feeding became more popular when the community arrived at the refugee camps and to the United States. Some moms return to the workforce after their maternity leave is over and choose to formula feed their infant. Karen infants are introduced to solids as young as four months. Often the first food that would be introduced is "May Klor" rice porridge, the porridge includes only rice and water (no seasoning is added) that is boiled down to a very soft texture. Some Karen parents incorporate pureed or mashed fruits and vegetables with rice porridge as well.

Traditionally, Karen parents and other caregivers do not want to rush the infant to feed themselves or wean them off the bottle. It is common for children to be fed by the adult by hand or with a spoon until they are a toddler, and this is an expression of love and care for the child.

Parenting

The way a child is raised has an impact on the way they see the world. Karens tend to have large families, with an average of five to seven children. A large percentage of women are stay at home moms and fathers often work full time. Often, moms are more involved in communicating and disciplining children. In the Karen community, the older siblings, especially the oldest sisters, are expected to help with babysitting the younger siblings.

Multigenerational housing is common, so grandparents and extended family members may be under one roof. Households with grandparents often help with caring for and nurturing the children as well. Respect for the elderly is taught at a very young age as well.

Many first-generation Karen parents struggle with parenting their children that are born in the US due to culture clashes and language barriers. Most first-generation Karen parents show their love and care through acts of service, and they are not comfortable with verbal affirmations of love and care.

Holidays & Celebrations

There are many celebrations the Karen community celebrates; important non-religious celebrations include: Karen New Year, Karen Wrist Tying, and Karen Martyrs Day.

Also, depending on the religious beliefs the Karens also celebrates important events such as Christmas, Easter, Buddhist New Year, and many more.

Thank you for taking the time to learn about Karen culture and ways that you may offer support and encouragement to all our WIC families.

Resources

[Lured by jobs and housing, Karen refugees spread across Minnesota | MPR News](#)

[Ageless echoes: The Karen story of Muehpen finds new life | MPR News](#)

The Karen People of Burma; A study in Anthropology and Ethnology by Harry Ignatius Marshall, 1922.

Karen Maternal Health Focus Group – Karen Organization of Minnesota and Wellshare International 2024.

Reference – Complete Listing of Hyperlinks

KAREN CULTURE AND FOODS

Ageless echoes: The Karen story of Muehpen finds new life
(www.mprnews.org/story/2023/05/19/karen-story-muehpen-finds-new-life)

Lured by jobs and housing, Karen refugees spread across Minnesota | MPR News
(<https://www.mprnews.org/story/2019/08/13/lured-by-jobs-and-housing-karen-refugees-spread-across-minnesota>)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942

This institution is an equal opportunity provider.