Indian Australians

- Indians were first brought to Australia from the early 1800s to work as labourers and domestic workers[3]. From the 1860s to the early 1900s, many Indians arrived to work as agricultural labourers, hawkers in country towns and to work in the gold fields[3].
- The number of Anglo-Indians and India-born British citizens migrating to Australia increased following India's independence in 1947[3]. The number of non-European Indian nationals migrating to Australia increased after 1966 and included many professionals such as doctors, teachers, computer programmers and engineers[3]. By 1981, the India-born population of Australia numbered 41,657[3].
- In 2001, there were 95,460 India-born people in Australia[3]. The 2006 Census recorded 147,110 India-born people in Australia, an increase of more than 50 per cent in five years[3]. In the five years from 2006 to 2010, 107,597 India-born people settled in Australia[4] including many skilled migrants and students[5].
- In addition to India, the three major countries of immigration of India-born people to Australia are Pakistan, Bangladesh and Sri Lanka[5]. Immigrants from an Indian background also migrate from Fiji, United Kingdom, United States, Canada, New Zealand, Singapore, Malaysia, Indonesia, Philippines, the Middle East, Mauritius, South Africa, East Africa, Madagascar and the Caribbean[5].
- **Ethnicity:** The two major ethnic groups of India are Indo-Aryan (72 per cent) and Dravidian (25 per cent)[6]. Other ethnicities, including Mongoloid, make up the remaining three per cent of the Indian population[6].
- **Language:** India has 15 official languages. Hindi is the most widely spoken and the primary language of 41 per cent of the population. However, more than 200 languages are spoken by people throughout India.

Population of India-born people in Australia (2006 Census): 147,105[1], Indian ancestry: 234,720[2]

Population of India-born people in Queensland: 10,974, Indian ancestry: 26,042[2]

Population of India-born people in Brisbane[i]: 7545, Indian ancestry: 19,218[1]

Gender ratio (Queensland): 82.1 females per 100 males[1]

Median Age (Australia): The median age of India-born in 2006 was 35.8 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[3].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	9.8%
20-39	41.9%
40-59	28.6%
60+	19.6%

Arrivals – past five years (Source – Settlement Reporting Database[4])

Year	Australia	Queensland
2006	21,553	1469
2007	23,183	1776
2008	25,719	1866
2009	22,927	1875
2010	14,215	1086

- The 15 official languages of India are[6]:
  - Hindi – 41 per cent
  - Bengali – 8.1 per cent
  - Telugu – 7.2 per cent
  - Marathi – 7 per cent
  - Tamil – 5.9 per cent
  - Urdu – 5 per cent
  - Gujarati – 4.5 per cent
  - Kannada – 3.7 per cent
  - Malaylam – 3.2 per cent
  - Oriya – 3.2 per cent
  - Punjabi – 2.8 per cent
  - Assamese – 1.3 per cent
  - Kashmiri, Sindhi and Sanskrit – less than 1 per cent each.
- Maithili is a non-official language spoken by 1.2 per cent of the population[6]. English has the status of subsidiary official language of India[6].
- Many Indians grow up learning several languages at once[7].
- Religion: The majority of people in India are Hindu (80.5 per cent). Other religions include[6]:
  - Islam – 13.4 per cent
  - Christianity – 2.3 per cent
  - Sikhism – 1.9 per cent.
- More information on the religious beliefs of Hindu, Muslim and Sikh patients can be found in the series of Health Care Providers' Handbooks published by Queensland Health Multicultural Services[8-10].

Ancestry, language and religion in Australia (2006 Census for India-born)

- The top three ancestry[ii] responses of India-born people in Australia were:
  - Indian – 70.1 per cent
  - English – 10.2 per cent
  - Anglo-Indian – 4.3 per cent[3].
- The main languages spoken at home by India-born people in Australia were:
  - English – 34.4 per cent
  - Hindi – 19.9 per cent
  - Punjabi – 10.3 per cent
  - Tamil – 6.5 per cent.
- The main religions of India-born people in Australia were:
  - Hindu – 44.2 per cent
  - Catholic – 23.5 per cent
  - Sikh – 11.2 per cent
  - Anglican – 5.1 per cent.

Communication

- Indian Australians usually greet each other with the word *namaste* and a slight bow with the palms of the hands together. Greetings are usually formal and respectful.
- Some Indian Australians may be uncomfortable with physical contact with strangers[7]. In most cases, a handshake is appropriate. However, it is usually not appropriate to shake hands with the opposite sex[11]. Handshakes are usually gentle, rather than firm[12].
- Naming conventions vary across India[12]. Many Indians do not use surnames. People are usually referred to by their title (e.g. Mr, Mrs) and their first name[7]. However, many Indian Australians have adopted Australian naming conventions[12]. It is advisable to request permission to use an Indian Australian patient's first name[13].
- Sikh people use given names followed by either *Singh* (for men) or *Kaur* (for women). Muslim people are known by their given name followed by *bin* (son of) or *binto* (daughter of) followed by their father's given name[7,9]. For older Hindus, the term *ji* (for both men and women) or *da* (meaning big brother for men) is added to the end of a person's name or title to indicate respect (e.g. *Anita-ji* or *Basu-da*)[8,13].

- Indian Australians usually prefer minimal eye contact and in India it is considered rude to look someone directly in the eye, especially where they feel deference or respect[11,14].
- In many cases Indian Australians will often avoid saying *no* and may prefer to avoid conflict by giving an answer such as *I will try*[7]. In some circumstances, shaking of the head may indicate agreement[12].
- Indian Australians may say *yes* in order to please a health professional, even if they do not understand the medical concept or treatment plan[5]. It is advisable that health professionals ensure that the patient understands all instructions[5].
- Indian Australians may avoid the words *please* and *thank you,* believing that actions are performed from a sense of duty and do not require these courtesies[7].
- Older Indian Australians may expect respectful and deferential treatment[13]. In turn, they often treat doctors with respect and deference and try to closely follow the doctor's recommendations[13].

Health in Australia

- Average life expectancy in India is 66.5 years (male 65.5, female 67.6) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)[6].
- There is limited research on the health of Indian Australians.
- Cancer rates for India-born Australians are lower than for people born in Australia, but higher than rates in India[17]. The most common cancers among Indian migrants in the United States are prostate, lung and colorectal in men, and breast, genital and colorectal in women[18].
- United States studies have shown that people from an Indian background are at high risk of insulin resistance and Type II diabetes[15,16].
- Vitamin D deficiency is a common health problem and Indian-born women living in the United States are at high risk for osteoporosis[13].
- A United States study has shown that lactose intolerance is very common in older people of Indian background[13].
- Cardiovascular disease is higher in Indian migrants in the United States[13].
- Other health problems of importance among Indian migrants to the United States include hypertension, nutritional deficits, tuberculosis, malaria, filariasis, protosoal and other parasitic infections, hepatitis A, dental caries and periodontal disease, and sickle cell disease[13].
- Worldwide, Indian women have higher rates of suicide than women of other nationalities[19].

Health beliefs and practices

- Many Indian Australians use Australian medicine in conjunction with traditional remedies including traditional medicine and spiritual practices such as Ayurveda, Siddha, Unani, Tibbi, homeopathy, naturopathy and acupressure[12,13]. Ayuveda places emphasis on herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and body[13,20].
- The involvement of family members in major and minor medical decisions is crucial for many Indian Australians[14]. Disclosing a serious or terminal diagnosis is best undertaken with great care and with the consultation and help of family members. It may be appropriate to ask a patient his or her wishes about confidentiality and privacy before discussion of any sensitive issues[14].
- Many Indian Australian women, particularly older Hindus, may prefer to be examined by health professionals of the same gender[13]. Having a female relative in attendance when examining an older Hindu woman is recommended as it may facilitate a more open interaction[13].

- An Indian cultural practice that may influence health care is the designation of left and right hands for specific tasks. The right hand is typically used for sanitary tasks such as eating while the left hand is reserved for unsanitary tasks[14]. This may affect a patient's comfort with the use of one arm or the other for drawing blood or for the insertion of an IV[14].
- Mental illness has severe negative connotations, especially among the older Hindu population[13,14]. Some believe that mental illness is due to possession of the *evil eye*[13]. Shame and denial are typical responses to any suggestion of mental illness[14]. Because mental illness is concealed, it is often presented to a doctor as somatic complaints such as headaches or stomach pain rather than as anxiety or depression[13].
- Married Hindu women of Indian background often wear the *Mangalsutra* (a sacred necklace) around their necks[13]. Some Hindu men wear a sacred thread around their torso[13]. Ritualistic armbands are also worn by Hindu men and women[13]. These items are sacred and it is important that they are not cut or removed without the consent of the family[8,9,13].
- Certain days of the month based on the Hindu lunar calendar are considered auspicious and Hindus may request surgical procedures to occur on these days[13].
- Some Indian families may wish for sedation to be decreased for a dying patient because it is considered important that the person is as conscious as possible at the time of death[13]. Many people believe that individuals should be thinking about God at the time of death and that the nature of one's thoughts determines the destination of the departing soul[13].
- At the time of death, family members may request that the body be positioned in a specific direction[8,13]. They may wish to drop water from the River Ganges or place a holy basil leaf in the mouth of the patient and to audibly chant Vedic hymns[8,9,13]. It is very important for family members to be at the bedside of a dying patient[8,9,13].
- More information on the health beliefs and practices of Hindu, Muslim and Sikh patients can be found the series of Health Care Providers' Handbooks published by Queensland Health Multicultural Services[8-10].

Social determinants of health

- Literacy[iii] rates in India are low, particularly for women[6]. The overall rate is 61 per cent based on a 2001 census[6]. Literacy of women is 47.8 per cent and men 73.4 per cent[6]. However, the population of Indian Australians have relatively high levels of education compared to the total Australian population[3].
- Proficiency in English in Australia (2006 census)[iv,1]:
  - 97 per cent of India-born men and 92 per cent of India-born women reported that they spoke English well or very well
  - three per cent of men and six per cent of women reported that they did not speak English well
  - Less than one per cent of men and two per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 76.1 per cent of the India-born population aged 15 years and over had some form of higher non-school qualifications[v] compared to 52.5 per cent of the total Australian population[3].
- The participation rate in the workforce (2006 Census) was 72.3 per cent and unemployment rate 7.2 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population[3]. The median weekly income for India-born people in Australia aged 15 and over was $543 compared to $466 for the total Australian population[3].

- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with Asian sounding names were subject to discrimination in applying for jobs. People with Asian sounding names have to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they have the same work history and education[21].
- A United States study of young Asian immigrants, including those of Indian background, showed major sources of stress included pressure to meet parental expectations of high academic achievement, difficulty in balancing two cultures and communicating with parents, family obligations based on strong family values, and discrimination and isolation due to racial or cultural background[22].
- From 2007 to 2010 there were reports of racially motivated attacks on Indian Australians, including Indian students, which resulted in protests by Indian Australians and Indian students[23].

Utilisation of health services in Australia

- Overseas studies show lower rates of usage of health services and greater expectation of, and reliance on, family support among Indian migrants, especially older people, when compared to those born in the destination country[24].
- A United States study has shown that a lower level of English proficiency in older Indian migrants is associated with the use of traditional medicines in preference to accessing doctors and hospitals[25].
- Due to negative attitudes towards mental illness, seeking help for mental health problems usually only occurs in severe cases and may start with the pursuit of traditional treatment options[14]. Sometimes a patient will agree to treatment by a family physician or a psychologist in a primary health care setting, but will refuse to go to an outside psychiatrist or mental health clinic because of the severe stigma involved[14].
- Individuals who immigrated before 10 years of age show a more positive attitude towards psychological counselling than those who immigrated at a later age[26].
- Young migrants from India tend not to seek professional help for mental health problems and instead use personal support networks including close friends and the religious community[22].

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Indian Australians and this profile should be considered in the context of the acculturation process.

[i] Brisbane is defined as Local Government Area of Brisbane in ABS Census data
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Literacy is defined as those aged 15 and over who can read and write.
[iv] Missing and not-stated responses to this question on the census were excluded from the analysis.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Iraqi Australians

- Since the early 1980s Iraq has experienced successive wars, oppression, and political and economic sanctions resulting in the displacement of at least nine million people, with approximately seven million people leaving the country and two million being displaced within Iraq[4].
- The humanitarian crisis in Iraq has included sectarian violence between the two main Muslim groups, the Sunni and the Shi'a, and ethnic cleansing perpetrated against non-Muslim religious minorities including the Yazidis, the Chaldean-Assyrians, Iraqi Christians, Kurds and the Mandaeans (a small pre-Christian sect)5.
- In 1976, the Iraq-born population in Australia was 2273 and by 1986 this had almost doubled to 4516[2]. Since the 1991 Gulf War, thousands of Iraqis have found refuge in Australia with the 2006 census recording 32,520 Iraq-born people in Australia[2]. At that time, 89.6 per cent of the Iraq-born population were living in New South Wales and Victoria with only a relatively small percentage (2.2 per cent) settling in Queensland[2]. This trend has continued with less than six per cent of Iraqi refugees arriving in Australia settling in Queensland in the five years since 2006[3].
- **Places of transition:** Syria, Jordan and Iran.
- **Ethnicity:** There are two major ethnic groups in Iraq: Arabs (75-80 per cent) and Kurdish (15-20 per cent)[6]. The Kurds are a distinct group who live in an area in the north located at the intersection of Turkey, Iraq, Iran, Syria and Armenia[4]. Turkomans comprise less than three per cent of the population and Assyrians less than two per cent[4,6].
- **Language:**
  - Almost all Iraqis speak Arabic, the official language of Iraq
  - Kurdish (official in Kurdish regions) is spoken in northern Iraq
  - The Turkomans speak Turkish
  - The Assyrians speak Aramaic
  - Farsi is spoken by some groups in Iraq[4,6].

Population of Iraq-born people in Australia (2006 Census): 32,520[1]

Population of Iraq-born people in Queensland: 723

Population of Iraq-born people in Brisbane[i]: 535

Gender ratio (Queensland): 62.1 females per 100 males[1]

Median age (Australia): The median age of Iraq-born people in Australia in 2006 was 35.7 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	19.8%
20-39	40.8%
40-59	32.2%
60+	7.2%

Arrivals – past five years (Source – Settlement Reporting Database[3])

Year	Australia	Queensland
2006	2586	64
2007	2143	48
2008	3547	194
2009	3719	102
2010	2092	113

- Religion:
  - About 95 per cent of Iraq's population is Muslim, but split between Sunnis (32-37 per cent) and Shi'ites (60-65 per cent)[4,6]. Although the two groups are similar, there are some differences[7].
  - Prior to the 2003 US-led invasion of Iraq, Christians made up nearly four per cent of the population of Iraq[4]. Chaldeans form the majority of Iraq's Christians. The Chaldean community is a very old Catholic sect who traditionally lived in what is modern Iraq[8]. Other Christian communities include the Assyrian (or Nestorian), Mandaean (or Sabaean) and Armenian[9].

Ancestry, language and religion in Australia (2006 Census for Iraq-born)[2]:

- The top three ancestry responses[ii] of Iraq-born people settled in Australia were:
  - Assyrian/Chaldean – 37.7 per cent
  - Iraqi – 31.7 per cent
  - Arab – 9.1 per cent.
- The main languages spoken at home by Iraq-born people in Australia were:
  - Arabic – 48.6 per cent
  - Assyrian (Aramaic) – 38.9 per cent
  - Other – 4.8 per cent
  - English – 3.9 per cent
  - Kurdish – 3.8 per cent.
- The main religions of Iraq-born people in Australia were:
  - Catholic – 37.6 per cent
  - Muslim – 30.9 per cent
  - Assyrian Apostolic – 13.2 per cent.

Communication

- The most common form of greeting is a handshake coupled with direct eye contact and a smile. Handshakes may be prolonged[7]. It is normal for people of the same gender (men/men, women/women) to kiss on the cheek as well as shake hands when greeting.
- For some Iraqi Australians, it is disrespectful for a man to offer his hand to a woman unless she extends it first[7]. However, this is usually not the case for Christians and Kurds[10].
- A single, downward nod is the most common expression for yes[9].
- Many Iraqi Australians view outward signs of emotions in a negative manner because of the need to save face and protect honour[7].
- Many Iraqi Australian women who are Muslim wear a *hijab* (head covering) or *jilbab* (full body covering) in public.
- It is recommended that gender is considered when matching a patient with a health worker or interpreter[11].
- Both male and female Iraqi Australian patients have a preference for a male doctor. For pregnancy or gynaecological needs, most women prefer to be seen by a female doctor[12].

Health in Australia

- Average life expectancy in Iraq is 70.3 years (male 68.9, female 71.7) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)[6].
- Chronic conditions including obesity, hypertension and latent tuberculosis infection have been shown to be prevalent in Iraqi refugees[13].
- Iraqi refugees have been shown to have higher rates of untreated tooth decay than the Australia-born population[14,15]. A small study found that only 15 percent had no untreated decayed teeth and more than 10 percent had high decay levels[15].
- Iraqi refugees have been shown to have high rates of post-traumatic stress disorder (PTSD), anxiety and depression[5,16].

Health beliefs and practices

- Many Iraq-born people place a high value on Australian health care practices and have confidence in the medical profession[12].

- It is common for a family member to stay with the patient and to help answer questions[12,17]. Many Iraq-born people expect information about a patient's diagnosis and prognosis to be first filtered through the family with the family deciding whether or not to tell the patient[17].
- For Iraqi Muslims:
  - Iraqi Muslims may be reluctant to disclose personal information and may be embarrassed by personal questions, including their sexual relationships. Patients may not provide enough information for a comprehensive diagnosis[12].
  - It may be stressful for Muslim women to expose their bodies in front of male health care providers, or to even discuss sensitive topics related to women's health[18].
  - It is expected that decision making regarding procedures such as a tubal ligation or hysterectomy involve the woman's husband[17].
  - Religious rituals and customs at birth and death are important. A Muslim birth custom involves having an adult male be the first person to speak to a new born infant. This male, who becomes a special person in the infant's life, whispers a blessing in the infant's ear[19]. This is usually the *Adhan* or what is usually recited as a call for prayer.
  - Muslims may prefer to decrease sedation at the time of death so that the patient is able to hear the final part of the same blessing he or she heard at birth. The blessing, which is the *Kalima* or confession of the faith, should be the last thing one hears at death[19].
  - Muslims are required to pray five times a day and this may be particularly important when they are ill[17].
  - For more information on Islamic beliefs affecting health care refer to the Health Care Providers' Handbook on Muslim Patients[21].
- Some rural Iraqis have ancient traditional health beliefs and practices that can include supernatural agents such as *evil eye*, *jinni*, witchcraft, sin, envy and bad luck and often seek traditional healers[22]. These beliefs may delay patients and their families from seeking medical advice[22].
- Mental illness is often stigmatised. A person with mental health problems may not seek advice from professionals or even family members[23].

Social determinants of health

- The literacy rate[iii] for females in Iraq in 2000 was low (64.2 per cent) compared with males (84.1 per cent)[6]. The overall literacy rate was 74.1 per cent[6].
- Many Iraqi refugees have experienced traumatic and life threatening experiences before fleeing Iraq[5,16]. Common traumatic experiences include living in a combat or war zone, imprisonment and torture (especially common for Iraqi men), and the experience of an accident, fire or explosion[16]. The fear of genocide has a major impact on the health of Kurds and non-Muslim minorities from Iraq[5].
- Iraqi Australians continue to be impacted by fears for family members still living in Iraq. A study of Mandaean refugees living in Sydney showed that those people with immediate family still in Iraq had higher levels of symptoms of PTSD and depression, and greater mental health related disability compared to those without family in Iraq[5].
- Proficiency in English (2006 Census)[iv,1]:
  - 78 per cent of Iraq-born men and 65 per cent of Iraq-born women in Australia reported that they spoke English well or very well
  - 18 per cent of men and 26 per cent of women reported that they did not speak English well
  - four per cent of men and nine per cent of women reported that they did not speak English at all.

- At the time of the 2006 Census, 36.9 per cent of Iraq-born people aged 15 years and older had some form of higher non-school qualifications[v] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 census) was 40.7 per cent and unemployment rate was 22.3 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median weekly income for Iraq-born people in Australia aged 15 and older was $228 compared to $466 for the total Australian population[2].
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with names from the Middle East were subject to discrimination in applying for jobs. People with Middle Eastern sounding names had to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they had the same work history and qualifications[25].

Utilisation of health services in Australia

- The use of hospital services among people born in refugee-source countries including Iraq is lower or similar to that of the Australia-born population[26,27].
- Barriers to utilisation of health services include language barriers, cultural barriers related to modesty, gender preferences in seeking and accepting health care from male or female providers, strong values relating to family privacy, values of honour and shame, and barriers related to refugee factors and the stresses of migration[28].

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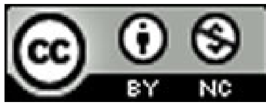

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Iraqi Australians and this profile should be considered in the context of the acculturation process.

[i] Brisbane is defined as Local Government Area of Brisbane in ABS Census data
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Definition of literacy- Age over 15 years can read and write.
[iv] Missing and not-stated responses to this question on the census were excluded from the analysis.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Japanese Australians

- Japanese people first migrated to Australia in the late 1800s. Most migrants were men who came to Australia to work in the pearling industry in Broome and Thursday Island, and in the sugar industry in Queensland[2]. The 1911 Census recorded 3281 Japanese males and 208 females in Australia[2].
- By the end of the World War II, only 74 Japan-born people and their children were allowed to stay in Australia[2]. However, within five years about 500 Japanese *war brides* had entered Australia[4].
- The end of the *White Australia Policy*[j] in 1973 saw more Japan-born people arrive in Australia to study and for business[4]. The 2001 Census showed there were 25,480 Japan-born people living in Australia[2]. By 2006, the population had increased by more than 20 per cent to 30,780[2].
- **Ethnicity:** Japanese comprise 98.5 per cent of the population of Japan and are the only main ethnic group. Koreans and Chinese combined account for less than one per cent of the population[5].
- **Language:** Japanese is the official language and is spoken by the majority of the population[5].
- **Religion:**
  - The main religions of Japan are Shintoism and Buddhism, and many Japanese people belong to both religions. About two per cent of the population are Christian and eight per cent follow other religions[5].
  - Shintoism is an ancient indigenous religion of Japan existing before the introduction of Buddhism[6]. It lacks formal dogma and is characterised by a veneration of nature spirits and ancestors[6]. In Shintoism, the wind, sun, moon, water, mountains and trees are all spirits (*Kami*)[6].

Population of Japan-born people in Australia (2006 Census): 30,776[1]

Population of Japan-born people in Queensland: 8592

Population of Japan-born people in Brisbane: 3297

Population of Japan-born people in Gold Coast: 3125

Population of Japan-born people in Cairns: 1252

Gender ratio (Queensland): 51.3 males per 100 females[1]

Median age (Australia): The median age of Japan-born people in Australia in 2006 was 33.9 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	16.4%
20-39	52.3%
40-59	23.9%
60+	7.4%

Arrivals- past five years (Source- Settlement Reporting Database[3])

Year	Australia	Queensland
2006	2,146	681
2007	2,011	643
2008	1,940	631
2009	1,549	508
2010	693	181

– Confucianism as a code of ethics has an influence on the lives of many Japanese people. High importance is placed on family values and social order[7].

Ancestry, language and religion in Australia (2006 Census for Japan-born people)

- The top three ancestry responses[ii] of Japan-born people in Australia were: Japanese (84.0 per cent), Australian (4.4 per cent) and English (2.7 per cent)[2].
- More than three in four (79.2 per cent) Japan-born people reported that Japanese was the main language they spoke at home, with 17.4 per cent speaking English as the main language at home[2].
- Almost half of all Japan-born people in Australia (49.2 per cent) reported they had no religious affiliation[2], with 28.1 per cent reporting they were Buddhists and four per cent Catholic. An additional 11.6 per cent indicated they followed another religion and 7.2 per cent did not state their religion[2].

Communication

- Japanese people bow as a greeting, and to show respect and gratitude[6]. The depth of the bow depends on the occasion and social status of the individuals involved[6].
- The Japanese smile can be difficult to interpret as it can be used to convey happiness, anger, confusion, embarrassment, sadness or disappointment[6].
- Japanese people nod their heads to show either agreement or concentration during a conversation[6].
- Japanese people make considerable effort to maintain harmony and may do so by expressing agreement, regardless of level of comprehension or genuine agreement, or simply by following instructions or recommendations[8].
- A negative response is signalled by holding a hand in front of the face and waving it backwards and forwards[6].
- It is usual to address Japanese people by their family names[6]. Given names are used only for children or between close friends[6]. *Sensei* or *san* may be added to the end of a name to indicate rank or position. *San* is the equivalent of the title Mr or Mrs[6]. *Sensei* is generally used for teachers or doctors[9].
- An older Japanese person may not volunteer information, so respectful inquiry may be helpful to elicit pertinent clinical information[7].
- It is advisable to avoid direct eye contact with a Japanese patient when discussing their illness, including diagnosis and prognosis[10]. Japanese people focus on the other person's forehead when they are talking[9].

Health in Australia

- Average life expectancy in Japan is 82.2 years (male 78.9, female 85.7) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)[5].
- Although there is a scarcity of studies of the health of Japan-born people in Australia, United States studies have shown that Japanese American men have lower rates of many chronic diseases including cardiovascular disease and stroke compared with other American men[7].
- Type II diabetes is a disease shown to have higher prevalence among Japanese Americans. Prevalence rates of 20 per cent (twice the rate in comparable populations) have been reported among Japanese American men aged 45-74[7].

Health beliefs and practices

- Japanese Australians may combine traditional therapies with Australian medicine. It is advisable to ask patients if they are using any other therapies for their medical conditions[7].
- Common traditional health practices include Kampo, Moxibustion, Shiatsu and Acupuncture[7]:

- Kampo uses herbal medicines which originated in China around the 7th Century[7]. The herbs are usually in powdered or granular form[7].
- Moxibustion involves burning dried mugwort on specialised points of the skin to stimulate life energy and blood flow[7]. This can cause bruising on the skin[7].
- Cupping uses round glass cups which contain a lit taper and are pressed into the skin to stimulate circulation.
- Shiatsu is a form of massage therapy concentrating on pressure points of the body to redirect or re-establish energy flow and restore balance[7].
- Acupuncture involves inserting needles into specific points on the body to eliminate toxins and relieve pain[7].

- Japanese Australian patients may find it awkward if sensitive medical information is given to them directly[10]. Japanese Australian patients may not want to hear the name of their illness directly from a doctor and may prefer to be informed indirectly before their appointment so they can be prepared when speaking with the doctor[10]. In Japan, medical information is usually shared with the family. The doctor may tell close family members about the situation first[10].
- In many cases, Japanese Australian patients may not want their doctor to know that they are mentally upset by hearing bad news about their illness. Offering comfort to a Japanese patient who has broken down with grief could be very embarrassing for the patient[10].
- In Shintoism, the state of health is associated with purity[7]. Japanese Australian patients may want to wash their hands frequently and use wet towels instead of washing[8].
- In Japan, it is a common saying that Japanese people are born Shinto but die Buddhist[7].
  - In Shintoism, there is an emphasis on purity and cleanliness[7]. Terminal illness, dying and death are considered *negative* and *impure*[7]. Therefore, frank and open discussions about death and dying may be difficult[7].
  - Many Japanese people embrace Buddhism later in life. For Buddhists, death is a natural process where life continues in the form of rebirth[7]. Japanese Australians who are Buddhists may be more open to discussion about death and dying[7].
- A number of Japanese Australians are Christians and embrace a Christian view of the meaning of death, dying and end of life issues.
- Many Japanese people believe that weakness of character is a cause for mental illness and may be reluctant to openly discuss disturbances of mood as these are considered to be indicative of personal weakness rather than treatable medical conditions[11,12].

Social determinants of health

- Literacy rates[iii] in Japan are high and equivalent to Australian rates at 99 per cent overall (99 per cent for both men and women based on a 2002 census in Japan)[5].
- Most Japan-born people currently living in Australia have migrated by choice for work or study[2].
- Proficiency in English (2006 Census)[iv,1]:
  - 72.9 per cent of Japan-born men and 78.1 per cent of Japan-born women in Australia reported that they spoke English well or very well
  - 23.7 per cent of men and 19.8 per cent of women reported that they did not speak English well
  - 3.4 per cent of men and 2.2 per cent of women reported that they did not speak English at all.

- At the time of the 2006 Census, 65 per cent of Japan-born people in Australia aged 15 years and older had some form of higher non-school qualifications[v] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 56.8 per cent and unemployment rate was 6.2 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median income for Japan-born people in Australia aged 15 and older was $315 compared to $466 for the total Australian population[2].
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with Asian sounding names were subject to discrimination in applying for jobs. People with Asian sounding names have to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they have the same work history and education[13].

Utilisation of health services in Australia

- Barriers to health service access and utilisation including mental health services include language, cultural differences, lack of appropriate information, communication and stigma[14].
- There is a general stigma associated with mental illnesses among Japanese people and as a result some people may not seek psychiatric care or psychological counselling[7,15]. In traditional Japanese society, mental illness in a family member could bring embarrassment or shame upon the family name[7].

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Japanese Australians and this profile should be considered in the context of the acculturation process.

[i] A phrase used to describe the restrictive immigration policies of the colonial and Australian Governments from the 1850s until the 1970s that aimed to maintain a predominantly white population in Australia.
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Definition of literacy – Age over 15 years can read and write.
[iv] Missing and not-stated responses to this question on the census were excluded from the analysis.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Māori Australians

- Māori began travelling to Australia to trade, acquire skills and learn new ideas soon after British settlement in the late 18th century[3,ii]. Māori were exempt from the *White Australia Policy*[iii]. Significant migration began in the 1960s with increased numbers of Māori looking for employment opportunities in Australia[2,3].
- The Māori population is now the largest Pacific Islander population in Queensland. The population grew by 44 per cent in the five years between the 2001 and 2006 Censuses[2].
- Māori migration to Australia has followed the pattern of overall migration from New Zealand with Māori drawn to Australia by economic opportunities, lifestyle, and to join family and community already settled in Australia[3].
- Māori comprise 14 per cent of the total population of New Zealand[5].
- **Language:** Māori or *te reo Māori* is commonly known as *te reo* and is the native language of Māori and an official language of New Zealand[6]. The *White Assimilation Policy* of New Zealand affected up to three generations of Māori with many not being able to speak or understand *te reo*[7]. According to the 2006 New Zealand Census, 23.7 per cent of the New Zealand Māori population spoke *te reo*[8].
- **Religion:**
  - In the early 19th Century many Māori embraced Christianity. The concepts of Christianity were combined with traditional Māori religion[9].
  - There are now several Māori religions that combine aspects of Christianity with traditional and non-traditional Māori philosophies[9]. These include: Ratana, Ringatū, Pia Marire, Hauhau and the church of the Seven Rules of Jehovah. Of these, Ratana is the most practiced with 50,565 people stating this as their religion in the 2006 New Zealand Census[9].
  - Large numbers of Māori joined the Church of England and the Catholic Church and both religions are highly influential in Māori society[9].
  - Today, many Māori public gatherings begin and end with Christian prayer[9]. Many Māori bless their *kai* (food) before eating and pray at the beginning and end of the day[7].

Population of people with Māori ancestry[i] in Australia (2006 Census): 92,912[1,2]

Total number estimated at between 115,000 and 125,000[3].

Population of people with Māori ancestry in Queensland: 31,076 Queenslanders[1,2]

Population of people with Māori ancestry in Brisbane: 7096[4]

Population of people with Māori ancestry in Gold Coast: 6891[4]

Population of people with Māori ancestry in Logan: 4105[4]

Gender ratio: 99.6 males per 100 females (2006 Census cited in [2])

Age distribution Māori in Queensland (2006 Census)[1]:

Age	Per cent
0-19	35%
20-39	36%
40-59	24%
60+	5%

Language and religion in Australia (2006 Census for Māori ancestry)

- About 6.1 per cent of Māori living in Queensland speak *te reo* at home (2006 Census cited in [2]).
- About three per cent of Māori living in Queensland are affiliated with the Ratana (Māori) religion (2006 Census cited in [2]).

Communication

- A traditional Māori form of greeting is the *hongi*. The *hongi* involves touching the forehead and nose to another person's forehead and nose long enough so that the breath is shared. It is symbolic of sharing everything with one another and showing respect.
- When meeting and when leaving, a firm handshake with good eye contact is suggested. Men generally wait for a woman to be the first to extend their hand. Women do shake hands with other women.
- It is appropriate to address a person using their title (Mr, Mrs, Miss), followed by their full name.

Health in Australia

- There is little data available on the health of the Māori population in Australia[2].
- From 2005 to 2007 in New Zealand, life expectancy at birth was 79 years for non-Māori males and 70.4 years for Māori males. Life expectancy at birth was 83 years for non-Māori females and 75.1 years for Māori females.
- In New Zealand, Māori have slightly higher rates of cancer than non-Māori people, but their all-cancer mortality rates are twice as high[10]. The leading causes of cancer death in women are lung, breast, colorectal, stomach and cervical[10]. The leading causes of cancer death in men are lung, prostate, colorectal, stomach and liver[10].
- Māori have higher rates of heart attack, diabetes and chronic obstructive pulmonary disease than the total New Zealand population[11].
- The prevalence of smoking in Māori in New Zealand is about 50 per cent, which is double that of non-Māori population[12].
- Māori are 50 per cent more likely to be obese and almost three times as likely to be obese smokers compared to the non-Māori population in New Zealand[13].
- The Māori population of New Zealand have been shown to have a greater prevalence of mental health problems, suicide and attempted suicide compared to the non-Māori population[14,15].

Health beliefs and practices

- Good health is seen as a balance between mental (*hinengaro*), physical (*tinana*), family/social (*whānau*) and spiritual (*wairua*) dimensions[16].
- Māori tend to see their health connected to the health of their family and larger social group. Doing *one's own thing* is seen as unhealthy. Wellbeing is seen to be a function of participating in the Māori world[5].
- Extended family (*whānau*) involvement in the care of the ill is seen as crucial and visitors are actively encouraged to stay with a sick relative[2].
- Prayer is conducted openly and family are encouraged to be present for prayers with the ill[2].
- Nursing staff who have cared for a Māori person during a period of illness become kin by association[17].
- Some Māori use traditional medicine (*rongoa*) and therapeutic massage (*mirimiri*) to complement Australian medicine[2].

Social determinants of health

- The concept of family (or *whānau*) is central to Māori social structure. *Whānau* refers to family and extended family. The *whānau* is a member of a social group (*hapū*) which in turn is a member of the larger social group (*iwi*). About 20 per cent of Māori live in private dwellings with extended family and about half have three generations of family under one roof[18].

- Māori are have a high degree of reliance on people from within the Māori community for support – the *whānau*, the *hapū* and the *iwi*[2].
- The use and knowledge of the *te reo* language has been shown to be steadily declining among Māori in Australia[3].
- Like other indigenous peoples, Māori have been impacted by a history of colonisation resulting in a loss of culture, land, voice, population, dignity, and health and wellbeing[5].
- Some Māori leave New Zealand because of negative experiences with gangs, drugs and crime, domestic violence and abuse, negative stereotyping and media coverage of Māori, and negative attitudes towards success within their own families[3].
- Education: Based on the 2006 Census, the Queensland Māori population had a lower level of higher non-school qualification than the total Queensland population – only three per cent of the Māori population had a bachelor or post-graduate level qualification compared to 18 per cent of the total Queensland population[2].
- Employment: In a study on Māori living in Australia, the majority of respondents indicated that they moved to Australia seeking better employment opportunities and higher income. Of those who answered the question, 74 per cent said that they had *much better* employment since migration and 13 per cent said it was *a bit better*[3].
- Based on country of birth, there is evidence that Māori may be over-represented in Australian prisons[3,19].
- In Queensland, relatively high numbers of Māori live in lower socio-economic suburbs[3].

Utilisation of health services in Australia

- Collectivist cultures such as Māori have a high reliance on their own social group for care and support and this may delay their use of health services. Minor health issues are often expected to be cared for within the family or social unit and health services used only if emergency care is required[20].
- Barriers to health (including mental health) service access and utilisation include language, cultural differences, lack of appropriate information, communication and stigma[21].

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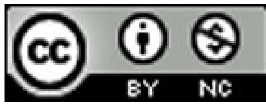

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[i] This may be an underestimation of the population with Māori ancestry as one study found that more than 14 per cent said that they would not indicate they had Māori ancestry in the Australian Census

[ii] Some Māori believe that their ancestors had contact with Aborigines prior to British settlement.

[iii] A phrase used to describe the restrictive immigration policies of the colonial and Australian Governments from the 1850s until the 1970s that aimed to maintain a predominantly white population in Australia.

Papua New Guinean Australians

- Papua New Guineans have travelled to Australia for thousands of years. In 1978, a treaty was signed enabling the coastal people of Papua New Guinea to carry on their traditional way of life travelling without restriction across the Torres Strait between Papua New Guinea and Australia within defined boundaries[4].
- In the 1880s approximately 5000 Papua New Guineans were trafficked illegally to Queensland to work in the sugarcane industry. Many of the workers died soon after their arrival in Queensland[5]. An average of 450 Papua New Guineans came to Australia each year between 1905 and 1910 to work in the pearling industry. This number declined to around 350 by 1928[2].
- While the 1954 Census showed only 1523 Papua New Guinea-born people in Australia[2], by the time of the 1976 Census, there were 15,562 Papua New Guinea-born people living in Australia. However, many were the children of Australians working in Papua New Guinea when Australia was responsible for administering either the Australian Territory of Papua or the Territory of Papua and New Guinea[2].
- An average of around 350 Papua New Guineans settled in Australia each year over the five years from 2006 to 2010 with more than half settling in Queensland[3].
- **Ethnicity:** Papua New Guinea is one of the most ethnically diverse and complex countries on earth. There are more than 700 ethnic groups which are often separated into two major divisions, Papuans (84 per cent) and Melanesians (15 per cent). In addition, Negritos, Micronesians, Polynesians and other ethnicities comprise the remaining one per cent.

Population of Papua New Guinea-born people in Australia (2006 Census): 24,022[1]

Population of Papua New Guinea-born people in Queensland: 12,590

Population of Papua New Guinea-born people in Brisbane: 6703

Population of Papua New Guinea-born people in Cairns: 1426

Population of Papua New Guinea-born people in Gold Coast: 971

Gender ratio (Queensland): 77.7 males per 100 females[1]

Median age (Australia): The median age of Papua New Guinea-born people in 2006 was 37.8 years compared with 46.8 years for all overseas-born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	12.5%
20-39	44.5%
40-59	35.3%
60+	7.7%

Arrivals – past five years (Source – Settlement Reporting Database[3])

Year	Australia	Queensland
2006	357	217
2007	357	224
2008	449	243
2009	407	205
2010	198	134

- **Language:** There are more than 830 indigenous languages of Papua New Guinea[6]. The three official languages are English, Tok Pisin (Pidgin) and Hiri Motu (spoken mainly on the south coast)[6,7]. Other languages include Chinese, and languages of the Philippines and India which are spoken by Papua New Guineans of these Asian backgrounds[6,8].
- **Religion:**
  - Catholic – 27 per cent
  - Evangelical Lutheran – 19.5 per cent
  - United Church – 11.5 per cent
  - Seventh-Day Adventist – 10 per cent
  - Pentecostal – 8.6 per cent
  - Evangelical Alliance – 5.2 per cent
  - Anglican – 3.2 per cent
  - Baptist – 2.5 per cent
  - Other Protestant – 8.9 per cent
  - Bahai – 0.3 per cent
  - Indigenous beliefs and other – 3.3 per cent[9].

Ancestry, language and religion in Australia (2006 Census for Papua New Guinea-born)[2]

- The top four ancestry responses[i] of Papua New Guinea-born people in Australia were:
  - Australian – 23 per cent
  - Papua New Guinean – 20.6 per cent
  - English – 17.1 per cent
  - Chinese – 8.5 per cent[2].
- The main languages spoken at home by Papua New Guinea-born people in Australia were:
  - English – 79.7 per cent
  - Pidgin/Tok Pisin – 7.4 per cent
  - Cantonese – 6 per cent.
- The main religions of Papua New Guinea-born people in Australia were:
  - Catholic – 32.5 per cent
  - No religion – 15.1 per cent
  - Anglican – 13.4 per cent
  - Uniting Church – 10.5 per cent[2].

Communication

- Relations between older and younger people and men and women are generally relaxed for Papua New Guinean people[7]. However, in Melanesian culture, women may be restricted from speaking with the opposite gender[8]. Therefore, many women prefer health providers of the same gender[8].
- On meeting, men and women clasp hands or clasp one another around the waist[7]. However many Papua New Guinean Australians prefer to shake hands[10].
- Direct eye contact is acceptable and people often stand close to each other[7].
- Many Papua New Guinean people place less emphasis on keeping time and being punctual[8]. Reminder calls may be required prior to appointments[8]. Scheduling appointments at *event* time, such as *around lunch time at 12:30pm* instead of scheduling a time that may have no event association, may assist in clients getting to appointments on time.

Health in Australia

- Average life expectancy in Papua New Guinea is 66.2 years (male 64, female 68.6) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)[9].
- Although the rates of diabetes in Papua New Guinea are relatively low[11], based on Queensland hospital separation data, Papua New Guinea-born people in Queensland had significantly higher rates of hospital admissions for diabetes than the total Queensland population[12].

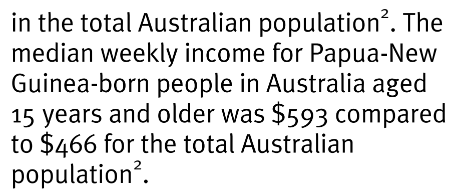
- In Papua New Guinea, major cancers in men are oral and liver and major cancers in women are cervical, oral and breast[13]. Standardised separation ratios for Papua New Guinea-born Queenslanders were not significantly higher than the total Queensland population[12].
- In Queensland, mental health service snap-shot data (July 2008) shows Papua New Guinea-born people as the fourth largest group of overseas-born consumers[12]. This ranking is disproportionate to population size, with the Papua New Guinea-born population ranking 12th among overseas-born populations in Queensland. This is indicative of a higher use of mental health services by Papua New Guinea-born people in Queensland[12].
- Papua New Guinea-born Queenslanders have lower rates for musculoskeletal disease and external causes compared to the total Queensland population[12].

Health beliefs and practices

- In considering health beliefs of Papua New Guinean Australians, it is important to acknowledge the great cultural diversity of the country. However, there are some health beliefs that may be common to many people from Papua New Guinea.
- Since the introduction of Christianity, traditional healing through ancestors and spirits has often been replaced by church healing prayers and group gatherings to pray for health[8].
- Some people believe in the power of spirits, sorcery and black magic as causes of illness and death[8].
- There is a belief that the physical and non-physical worlds of the spirits are intertwined and that the health of people is directly related to the maintenance of proper social ties, adherence to the rules around taboos, and making peace with the spirits. If these traditions are disrespected, serious illness and death may result[14].
- Many Papua New Guinea-born people practice traditional health remedies based on plant or tree medicines. For specialised treatment, a traditional practitioner or sorcerer may be consulted[15].
- Papua New Guineans make use of both Australian medicines and traditional remedies and treatments when dealing with illness. Traditional remedies may be used to cure the underlying social and cultural causes of illness[7].

Social determinants of health

- The overall literacy rate[ii] in Papua New Guinea is low, especially in females. In 2000, the literacy rate was 57.3 per cent for the total population, 63.4 per cent for males and 50.9 per cent for females[9].
- Australian census data on Papua New Guinea-born people is impacted by the high percentage of people who are the children of Australians working in Papua New Guinea. As a result, proficiency in English, education and employment rates are not accurately represented for ethnic Papua New Guineans.
- Proficiency in English in Australia (2006 Census)[iii,1]:
  - 96 per cent of Papua New Guinea-born men and 94 per cent of Papua New Guinea-born women reported that they spoke English well or very well.
  - Four per cent of men and five per cent of women reported that they did not speak English well.
  - Less than one per cent of men and one per cent of women reported that they did not speak English at all.
- At the time of the 2006 census[iv], 58.8 per cent of Papua New Guinea-born people aged 15 years and older had some form of higher non-school qualifications[v] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 73.3 per cent and the unemployment rate was 5.1 per cent compared to the corresponding rates of 64.6 per cent and 5.2 per cent



in the total Australian population[2]. The median weekly income for Papua-New Guinea-born people in Australia aged 15 years and older was $593 compared to $466 for the total Australian population[2].

- Violence against Papua New Guinean women has been shown to be widespread and domestic violence a normal part of marital relationships[16-20].
- The lack of cohesiveness in the Papua New Guinea community living in Queensland has been highlighted in a qualitative study[12].

Utilisation of health services in Australia

- Barriers to health service access and utilisation (including mental health services) include language, cultural differences, lack of appropriate information, communication and stigma[12,21].
- Qualitative research in Queensland has shown that shyness, fear of asking questions, and a lack of confidence when dealing with authority figures are additional barriers to Papua New Guinea-born people accessing and utilising health services[12].

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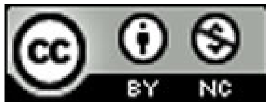

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Papua New Guinean Australians and this profile should be considered in the context of the acculturation process.

[i] At the 2006 Census, up to two responses per person were allowed for the Ancestry question. Therefore, the count is total responses, not person count.
[ii] Definition of literacy – Age over 15 years, can read and write.
[iii] Missing and not-stated responses to this question on the census were excluded from the analysis.
[iv] It needs to be noted that a substantial proportion of Papua New Guinea-born people responding to the census are children of Australians working in Papua New Guinea.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Samoan Australians

- The majority of Samoans in Australia come from the Independent State of Samoa, previously known as Western Samoa[4].
- During the early part of the 20th century, a small number of Samoa-born people migrated to Australia for commerce, education and missionary purposes[2]. The 1921 Census recorded 110 Samoa-born people in Australia[2].
- During the 1970s, educational programs sponsored by the Australian Government resulted in increased numbers of Samoa-born people migrating to Australia[2]. A number of Samoa-born people have also migrated from New Zealand to Australia for work and study[5].
- At the time of the 2006 Census, there were 15,239 Samoa-born people in Australia and 39,992 Australians who identified as having Samoan ancestry (13,536 in Queensland)[1,6].
- **Ethnicity:** The main ethnicity is Samoan (92.6 per cent)[7,8]. Other ethnicities include Euronesians (persons of European and Polynesian ancestry) (seven per cent), Europeans (0.4 per cent).
- **Language:** Samoan and English are both official languages of Samoa[7,8]. Samoan (Polynesian) is the main language spoken. Many people from Samoa also speak English[9].
- **Religion:** Most Samoans are Christian. Religions in Samoa based on a 2001 census include:
  - Congregationalist – 34.8 per cent
  - Catholic – 19.6 per cent
  - Methodist – 15 per cent
  - Latter-Day Saints – 12.7 per cent
  - Assembly of God – 6.6 per cent
  - Seventh-Day Adventist – 3.5 per cent
  - Worship Centre – 1.3 per cent
  - Other Christian – 4.5 per cent
  - Other – 1.9 per cent

Population of Samoa-born people in Australia (2006 Census): 15,239[1,i]

Population of Samoa-born people in Queensland: 4868[1]

Population of Samoa-born people in Brisbane[ii]: 4341[1]

Gender ratio (Queensland): 92.2 males per 100 females[1]

Median age (Australia): The median age of Samoa-born people in 2006 was 41.6 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	10.1%
20-39	33.3%
40-59	45.3%
60+	11.3%

Arrivals – past five years (Source – Settlement Reporting Database[3])

Year	Australia	Queensland
2006	60	20
2007	50	12
2008	67	19
2009	89	22
2010	55	14

Ancestry, language and religion in Australia (2006 Census for Samoa-born)[2]

- The top four ancestry[iii] responses of Samoa-born people in Australia were:
  - Samoan – 66.9 per cent
  - Not stated – 7.4 per cent
  - English – 6.8 per cent
  - German – 4.1 per cent[2].
- The main languages spoken at home by Samoa-born people in Australia were:
  - Samoan – 82.7 per cent
  - English – 13.7 per cent[2].
- The main religions of Samoa-born people in Australia were:
  - Catholic – 22.7 per cent
  - Latter-Day Saints – 13.7 per cent
  - Uniting church – 10.9 per cent
  - Pentecost – 9.8 per cent
  - 42.9 per cent of Samoa-born people reported their religion as *other*[2].

Communication

- The handshake is a common greeting for Samoan Australians and appropriate for both men and women[10].
- Prolonged direct eye contact is not common during conversation[10]. Brief and frequent eye contact is recommended[10].
- Samoan Australians may say *yes* when they do not necessarily understand or agree with what is being said[5,9].
- Some Samoan Australians, particularly women, may be reluctant to discuss health issues openly with a health practitioner[11].
- The gender of the health provider may be an issue for Samoan Australians, particularly for younger people, and women may appreciate being asked if they have a prefer a female health care provider[9].
- Samoan Australians are very family oriented[5]. When explaining a serious illness, a patient may prefer to have at least one family member present, or their whole family[9]. It may be preferable for a health care provider to explain the diagnosis first to a close family member and then both tell the patient together[9].
- Although English is spoken widely in Samoa, some Samoan Australians, particularly the elderly, may require an interpreter or assistance when filling in forms[9].

Health in Australia

- There is limited research on the health of Samoan Australians.
- Average life expectancy in Samoa is 72.4 years (male 69.6 and female 75.4) compared to 81.7 years for all people living in Australia (male 79.3 and female 84.3)[7].
- Samoa-born people have high rates of overweight, obesity, Type 2 diabetes and hypertension[6].
- The Samoa-born population in Queensland has a mortality rate 1.5 times higher for total deaths and two times higher for avoidable deaths than the total Queensland population[12]. The rates of hospitalisation of Samoa-born Queenslanders are between two and seven times higher[12].
- Samoa-born people living in New Zealand have been shown to have a higher risk of cardiovascular disease compared to other ethnic groups[13].
- In Hawaii, Samoa-born people have been shown to have higher rates of cancers including nasopharynx, liver, prostate and thyroid in men, and liver, thyroid and blood in women, than native Hawaiians[14].
- In New Zealand, tuberculosis levels are relatively higher in Samoan and other Pacific Islander people[15].
- There is little mental health research on Samoan communities in Australia, New Zealand and the United States[6].

Health beliefs and practices

- Some Samoan Australians believe that illness (including cancer, musculoskeletal and neurological problems) is caused by spirits, or retribution for not adequately helping family members in Samoa[6,11].
- If Australian medicine is perceived as ineffective, Samoan Australians may use traditional healers[6,11].
- Queensland's climate allows for the growth of many plants used for traditional medicines[11]. Some of these plants are readily available[11].
- Prayer is an important element of the healing process for many Samoans[11].

Social determinants of health

- The overall literacy rate[iv] in Samoa is high. In 2001, the literacy rate was 99.7 per cent (men 99.6 per cent, women 99.7 per cent)[7].
- Proficiency in English (2006 Census)[v,1]:
  - 85 per cent of Samoa-born men and 88 per cent of Samoa-born women reported that they spoke English well or very well
  - 14 per cent of men and 10 per cent of women reported that they did not speak English well
  - One per cent of men and two per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 35.2 per cent of Samoa-born people aged 15 years and older had some form of higher non-school qualifications[vi] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 63.6 per cent and unemployment rate was 9.4 per cent compared to the corresponding rates of 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median weekly income for Samoa-born people in Australia aged 15 years or older was $450 compared to $466 for the total Australian population[2].
- Research suggests that domestic violence may be more prevalent in Pacific Islander communities in Australia, New Zealand and the United States[6]. There is some evidence to suggest that living conditions away from Samoa may increase the occurrence of domestic violence as a result of changes in gender roles with increased opportunities for education and employment for women and decreased opportunities for men, and an absence of extended family buffering and social support[16].
- The loss of close family and social ties and increased family financial obligations, including remittances, may be sources of additional stress for Samoan Australians[6].

Utilisation of health services in Australia

- There are no published studies of health service utilisation of Samoa-born people in Australia.
- Samoan Australians are likely to underutilise health services because of the lower emphasis placed on health prevention and health promotion behaviours[6]. Other major barriers to health service usage among Samoa-born people include education level and type of occupation[6].
- Church-based mobile health prevention programs including breast and cervical cancer screening programs, have proved effective in increasing cancer screening in Samoa-born women in the United States[17].
- Because of shame and stigma, mental health problems are not easily talked about with people from outside of the person's family, with consequent delays in seeking professional help[9].

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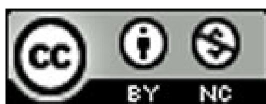

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Samoan Australians and this profile should be considered in the context of the acculturation process.

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[i] Samoan Australian community representatives say that the Census data underestimates the true size of the population of Samoan Australians and that the actual number of Samoan Australians living in Brisbane is considerably higher than the number reported based on Census data.
[ii] Brisbane is defined as Local Government Area of Brisbane in ABS Census data
[iii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iv] Literacy is defined as those aged 15 and over who can read and write.
[v] Missing and not-stated responses to this question on the census were excluded from the analysis.
[vi] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Sri Lankan Australians

- Sri Lankan immigrants were recruited to work on the cane plantations of Northern Queensland in the late 19th Century[2]. Some worked in gold-mining fields in NSW and as pearlers in Broome in Western Australia[2]. By 1901, there were 609 Sri Lanka-born people living in Australia[2].
- Sri Lanka (formerly known as Ceylon when under British rule) gained independence in 1948. As a result of the political ascendancy of the Sinhalese, the dominant ethnic group, many members of minority groups, including Tamils and Burghers (people of Sri Lankan and European descent), felt threatened, resulting in increasing numbers migrating to other countries[2,4].
- As a result of migration restrictions to Australia during the 1960s, the majority of Sri-Lankan migrants to Australia were Burghers[2]. In 1973 when Asian migrants were again admitted to Australia, Sri Lankan migrants were mostly Sinhalese professionals[5].
- In 1983, civil war broke out between the majority Sinhalese and minority Tamils. The war continued for 26 years until 2009. Sri Lankan Tamils increasingly settled in Australia as refugees or skilled migrants. Sinhalese Sri Lankans continued to migrate to Australia, along with Sri Lankan Moors (also known as Muslim Sri Lankans)[2,4,6].
- **Ethnicity:** There are three main ethnic groups in Sri Lanka: Sinhalese (73.8 per cent), Indian and Sri Lankan Tamils (8.5 per cent) and Sri Lankan Moors (7.2 per cent)[2,4]. Burghers make up around 0.2 per cent of the Sri Lankan population[7].
- **Language:**
  - Sinhala is the official language of Sri Lanka and is spoken by 74 per cent of the population (mostly Sinhalese)
  - Tamil is spoken by 18 per cent of the population
  - English is commonly used by government and spoken by 10 per cent of the population[4].

Population of Sri Lanka-born people in Australia (2006 Census): 62,257[1]

Population of Sri Lanka-born people in Queensland: 4808

Population of Sri Lanka-born people in Brisbane[i]: 3603

Gender ratio (Queensland): 99.7 males per 100 females[1]

Median age (Australia): The median age of Sri Lanka-born people in Australia in 2006 was 43.1 years compared with 46.8 years for all overseas-born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	9.6%
20-39	24%
40-59	40.6%
60+	25.8%

Arrivals – past five years (Source – Settlement Reporting Database[3])

Year	Australia	Queensland
2006	3703	337
2007	3842	275
2008	5187	372
2009	5039	368
2010	3997	300

- Religion:
  - Sinhalese: The majority of Sinhalese are Theraveda Buddhists
  - Tamil: Most Tamils are Hindus, but some are Muslims or Christians. The majority of Christians are Catholics
  - Sri Lankan Moors: The majority are Muslim
  - Burghers: The majority are Christian[2,4,8].

Ancestry, language and religion in Australia (2006 Census for Sri Lanka-born)[2]:

- The top four ancestry responses[ii] of Sri Lanka-born people in Australia were:
  - Sinhalese – 69.5 per cent
  - Tamil – 8 per cent
  - English – 5.3 per cent
  - Dutch – 5 per cent.
- The main languages spoken at home by Sri-Lanka born people in Australia were:
  - Sinhalese – 38.8 per cent
  - English – 35 per cent
  - Tamil– 23.3 per cent.
- The main religions of Sri-Lanka born people in Australia were:
  - Buddhism – 31.1 per cent
  - Catholic – 26.9 per cent
  - Hinduism – 18.6 per cent
  - Anglican – 7.7 per cent.

Communication

- Sri Lankans have various naming conventions dependent on their ethnic group. In most cases the family name comes first, and given name second[9].
- When addressing a person from Sri Lanka, particularly the elderly, it is important to use the appropriate title (e.g. Mr, Mrs) followed by their family name[10,11].
- Younger Sri Lankan Australians generally shake hands and are socialised towards soft rather than firm handshakes. A firm handshake may surprise a newly arrived Sri Lankan Australian[12].
- Sri Lankan Australians usually avoid eye contact in interactions where they feel deference or respect[12].
- Although many south Asians nod their heads to indicate *yes* and shake their heads to indicate *no*, this is not always true[12]. A horizontal head swing can mean *yes* for some Sri Lankan Australians[12].
- The following communication issues are particularly important for Sri Lankan Buddhists:
  - It is disrespectful for legs to be stretched out with feet pointed towards a person[13]
  - The head is considered the spiritually highest part of the body and sensitivity is advised if it is necessary to touch the head[13]
  - Using both hands to give and receive an object is a sign of respect, particularly with older people[13].

Health in Australia

- Average life expectancy in Sri Lanka is 75.3 years (male 73.2, female 77.5) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)[4]. This relatively high life expectancy for a country with a low income level appears to be related to a highly efficient use of curative services by Sri Lankans[14].
- A recent population-based survey in Colombo showed considerably lower rates of depression in Sri Lankans compared to rates in Western countries[15]. However, Tamil refugees living in South India have been shown to have poor mental health, including high rates of depression, anxiety and post traumatic stress disorder (PTSD)[16].
- Tamil asylum seekers in Australia have been shown to have higher levels of anxiety, depression and PTSD compared to Tamil refugees and immigrants[17].
- Vitamin D deficiency is a common health problem and Asian women are at high risk for osteoporosis[18].

Health beliefs and practices

- Many Sri Lankan Australians value and use Australian medicine in conjunction with traditional remedies including traditional medicines and spiritual practices such as *Ayurveda* and *Sinhala*[10,14,19]. *Ayurveda* places emphasis on herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and body[10].
- The involvement of family in major and minor medical decisions is crucial for many Sri Lankans[12]. Disclosing a serious or terminal diagnosis is best undertaken with the consultation and help of family members. It may be appropriate to ask a patient his or her wishes about confidentiality and privacy before discussing any sensitive issues[12].
- A Sri Lankan cultural practice that may influence health care is the designation of left and right hands for specific tasks. The right hand is typically used for sanitary tasks such as eating while the left hand is reserved for unsanitary tasks[12]. This may affect a patients comfort with the use of one arm or the other for drawing blood or for the insertion of an IV[12].
- Mental illness has strong negative connotations and stigma[12]. Shame and denial may be the normal response to any suggestion of mental illness[12].

Social determinants of health

- Literacy[iii] rates in Sri Lanka are high at 90.7 per cent (male 92.3 per cent, female 89.1 per cent) based on a 2001 census[4].
- Many Sri Lankan Tamils have experienced numerous traumatic events including unnatural death of family or friends, forced separation from family members, witnessing the murder of strangers, being close to death and witnessing the murder of family or friends[22]. More than one in four Tamil asylum seekers reported exposure to torture[22].
- Asylum seeker status, difficulties in adapting to life in Australia and loss of social and cultural support have been shown to contribute to PTSD symptoms of Tamil refugees[22].
- Proficiency in English (2006 Census)[iv,1]:
  - 97 per cent of Sri Lanka-born men and 92 per cent of Sri Lanka-born women reported that they spoke English well or very well
  - three per cent of men and seven per cent of women reported that they did not speak English well
  - Less than one per cent of men and one per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 64.8 per cent of Sri Lanka-born people in Australia aged 15 years and older had some form of higher non-school qualifications[v] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 70.9 per cent and unemployment rate was 6.5 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median weekly income for Sri-Lanka born people in Australia aged 15 and older was $555 compared to $466 for the total Australian population[2].

Utilisation of health services in Australia

- Due to the strong negative attitudes towards mental illness among Sri-Lankan Australians, seeking help for psychiatric problems usually only occurs in chronic cases and may start with the pursuit of traditional treatment options[12]. Sometimes a patient will agree to treatment by a family physician or a psychologist in a primary health care setting but will refuse to go to an external psychiatrist or mental health clinic because of the strong stigma involved[12].
- Young Asian migrants tend not to seek professional help for mental health problems and instead use personal support networks including close friends and the religious community[23].

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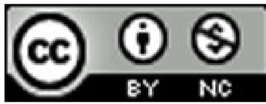

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Sri Lankan Australians and this profile should be considered in the context of the acculturation process.

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[i] Brisbane is defined as Local Government Area of Brisbane in ABS Census data.
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Literacy is defined as those aged 15 and over who can read and write.
[iv] Missing and not-stated responses to this question on the census were excluded from the analysis.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Sudanese Australians

- Sudan's first civil war began shortly after independence from joint British-Egyptian administration in 1956 and continued until 1972. A second civil war broke out in 1983 and continued until 2005[4,5].
- Sudan experienced major famines largely as a result of extended periods of drought in the 1980s and 1990s[6].
- The toll from war and famine combined is estimated at almost two million deaths and four million displaced people[7].
- Drought, famine and war have caused large numbers of Sudanese refugees to seek refuge in neighbouring countries[2].
- At the time of the 2001 census, there were 4910 Sudan-born people in Australia, including a large number of skilled migrants[2].
- Between 2001 and 2006, the population of Sudan-born people in Australia more than quadrupled to 19,049[7].
- Places of transition: Most Sudanese refugees arrive from Egypt, Kenya, Ethiopia and Uganda[5,8]. Other places of transition include: Eritrea, Lebanon, Malta, Sweden and Syria[9].
- Ethnicity: Although Sudan is a country of considerable ethnic diversity, the Sudanese are often characterised into two major groups: Arabs (in the north) comprising 39 per cent of the population and black Africans (in the south) comprising 52 per cent of the population[7,10]. However, there are hundreds of ethnic and tribal divisions within the two major groups[7]. Arab groups include the Kababish, Ja'alin and Baggara[7] and African groups include the Dinka, Nuer, Shilluk, Azande (Zande), Madi, Acholi and Bari[7,11]. The Beja (a semi-nomadic group distinct from both Arabs and Africans) make up 6 per cent of the population[7,10]. The concept of ethnicity in Sudan is complex and it is often based on cultural affiliations[7]. Sudanese also identify by region such as Nuba and Equatorian and these groups are comprised of many different ethnicities and languages.

Population of Sudan-born people in Australia (2006 Census): 19,049[1]

Population of Sudan-born people in Queensland: 2402

Population of Sudan-born people in Brisbane[i]: 1805

Gender ratio (Queensland): 80.5 females per 100 males

Median age (Australia): The median age of Sudan-born people in Australia in 2006 was 24.6 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	41.7%
20-39	43.3%
40-59	13.6%
60+	1.4%

Arrivals – past five years (Source – Settlement Reporting Database[3])

Year	Australia	Queensland
2006	3375	534
2007	1587	258
2008	939	160
2009	866	117
2010	617	66

- **Language**: Arabic is Sudan's official language and is the most widely spoken[7]. English is the language of instruction for schools of South Sudan. A Sudanese Government policy in 1990 forced South Sudanese schools to use Arabic rather than English[7,11]. Many other languages are spoken in the south including varieties of Dinka, Fur, Nuer, Ma'di, Acholi, Bari and Zanda[5,11]. Many Sudanese are bilingual or multilingual[7]. Sudanese refugees may have a preference for using their own language rather than Arabic, which was forced on them.
- **Religion**:
  - Sunni Muslim: About 70 per cent of the population, mainly in the northern two thirds of the country[10]
  - Traditional beliefs: 25 per cent have traditional beliefs including animist and tribal religions[10]
  - Christian: About five per cent of the population including Catholic, Anglicans, Coptic Christians and Greek Orthodox[10].

Ancestry, language and religion in Australia (2006 census for Sudan-born)[2]

- The top four ancestry responses[ii] of Sudan-born people in Australia were:
  - Sudanese – 61.6 per cent
  - Not stated – 6.9 per cent
  - Dinka – 4.3 per cent
  - African – 4.3 per cent.
- The main languages spoken at home by Sudan-born people in Australia were:
  - Arabic – 51.2 per cent
  - Dinka – 23.6 per cent
  - Other African Languages – 5.5 per cent
  - English – 4.4 per cent.
- The main religions of Sudan-born people in Australia were:
  - Catholic – 35.8 per cent
  - Anglican – 18.9 per cent
  - Islam – 13 per cent
  - Oriental Orthodox – 11.1 per cent.

Communication

- There are many different names for languages spoken in South Sudan and speakers of a particular language may not recognise the English name for the language they speak[5].
- It is advisable when contracting the services of an Arabic interpreter for a Sudanese Australian person that a Sudanese-Arabic interpreter is requested. The Sudanese Arabic dialect is distinct and the person may not understand an interpreter using another Arabic dialect[12].
- There are distinctions in communication style between Sudanese Muslims from the north and South Sudanese people:
  - Northern Sudanese greetings tend to be formal with a handshake only extended to members of the same sex. There may be a reluctance of Muslim men and women to shake hands with the opposite sex and prior to interaction with a woman, it is advisable that acknowledgement be afforded to the man as the head of the household[9,12]
  - Typically, South Sudanese greetings are less formal. People greet friends and relatives with handshakes and men and women shake hands. Women can be addressed directly[9,12].
- People are called by their first name, except for elders, teachers and religious leaders who are addressed by their title and surname[13].
- Members of the same family may appear to have different surnames in Australia as a result of confusion in the transfer of names during immigration. In Sudan, family names are silent and considered *other* names, and as a result many Sudanese Australians will have their middle name recorded as their surname on official documents[11].
- The right hand is used for greeting and eating and all other activities. The left hand is generally only used for bodily hygiene[13].

- Eye contact is very important among Sudanese people and indicates a caring attitude[13].
- Muslim women from north Sudan may be reluctant to be examined by a male physician. In contrast, most South Sudanese women will view this examination as a medical necessity[9].

Health in Australia

- Average life expectancy in Sudan is 54.2 years (male 53, female 55.4) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)[10].
- In a study of common medical conditions diagnosed in newly arrived African refugees in Melbourne, the major health issues included a lack of immunity to common vaccine-preventable diseases, vitamin D deficiency or insufficiency, infectious diseases (gastrointestinal infections, schistosomiasis and latent tuberculosis) and dental disease [14]. Musculoskeletal and psychological problems were common in adults[14].
- A Western Australian infectious disease screening study of 2111 refugees and humanitarian entrants in 2003-2004 reported a high prevalence of infectious diseases in sub-Saharan Africans including: hepatitis B (6.4 per cent carrier state, 56.7 per cent exposed), syphilis (6.8 per cent), malaria (8 per cent), intestinal infections (giardia intestinalis-13 per cent, schistosoma mansoni-7 per cent, stongyloides stercoralis-2 per cent, hymenolepis nana-3 per cent, salmonella-1 per cent and hookworm-5 per cent), a Mantoux[iii] test result requiring tuberculosis treatment (28.9 per cent)[15].
- Other health concerns for Sudanese refugees include the sequelae of broken bones, injuries as a consequence of torture, flight or accident[16].
- Common health concerns in women include the physical and psychological consequences of rape, menstrual problems and pelvic pain. Most women have not had any preventive screening such as pap smears, breast examination or mammography[16].
- Sudanese refugees settling in Australia have been shown to have high rates of depression, anxiety and post traumatic stress disorder[8]. However, many Sudanese Australians are more concerned with current acculturative stressors such as family problems, employment issues, housing and transport than they are about past trauma[8].

Health beliefs and practices

- Many Sudanese refugees practice herbal and traditional health remedies. These practices are often limited by a lack of availability of herbs and a lack of specialists to prepare them[17].
- Sudanese refugees may be unfamiliar with a formal health system, Australian medical practices or being treated by a doctor of the opposite gender[7].
- Female genital mutilation (FGM)[iv] is practiced in Sudan, particularly in the north. Complications of FGM may include: incontinence, obstructed miscarriage and childbirth, vaginal and perineal damage at childbirth and sexual difficulties including non-consummation and painful intercourse[19]. Some families may want their daughters to undergo FGM, even if this means undertaking the operation outside Australia[16]. FGM is illegal in Queensland and all Queensland Health employees are obligated to report FGM, or the risk of FGM, to the Department of Communities (Child Safety). It is also illegal to remove a child from Queensland with the intention of having FGM performed.
- Polygamy is common across Sudan and is considered a sign of wealth and prestige[9,11]. The practice is decreasing in South Sudan[11].
- For more information on Islamic beliefs affecting health care please refer to the Health Care Providers' Handbook on Muslim Patients[20].

Social determinants of health

- The overall literacy rate[v] in Sudan is low, especially for women. The rate has risen from an overall rate of 45.8 per cent in 1990[7] to an overall rate of 61.1 per cent in 2003 (71.8 per cent for male and 50.5 per cent for female)[10].
- Many Sudanese refugees have experienced traumatic and life threatening experiences before fleeing Sudan and while in countries of transit. This can lead to difficulties when resettling in Australia[21].
- Many Sudanese have directly experienced multiple traumatic events including forced separation from family members, the murder of family or friends, lack of food and water, lack of shelter, combat situation, being close to death, imprisonment or detention, forced isolation and torture, ill health without access to medical care, unnatural death of family or friends, being lost or kidnapped, serious injury, and rape or sexual abuse[22].
- Many Sudanese have spent long periods of time in refugee camps in countries such as Kenya, Uganda and Ethiopia[4] where continued violence and sexual assault has been reported as common[7].
- Common difficulties experienced by Sudanese refugees when settling in Australia include concerns about family members not living in Australia, difficulties gaining employment, and difficulties in adjusting to the cultural life of Australia[22].
- Social support such as the presence of family and support of others within the Sudanese community have been shown to assist mental health functioning in Australia[22].
- Proficiency in English (2006 Census)[vi,1].
  - 76 per cent of Sudan-born males and 60 per cent of Sudan-born females reported that they spoke English well or very well
  - 20 per cent of males and 32 per cent of females reported that they did not speak English well
  - four per cent of males and eight per cent of females reported that they did not speak English at all.
- At the time of the 2006 Census, 38.8 per cent of Sudan-born people aged 15 years and older had some form of higher non-school qualifications[vii] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 40.3 per cent and unemployment rate was 28.5 per cent compared to 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median weekly income for Sudan-born people in Australia aged 15 and older was $231 compared to $466 for the total Australian population[2].
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with names from the Middle East were subject to discrimination in applying for jobs. People with Middle Eastern sounding names had to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they had the same work history and qualifications[23].

Utilisation of health services in Australia

- The use of hospital services among people born in refugee-source countries including Sudan is lower or similar to that of the Australia-born population[24,25].
- A small study of sub-Saharan refugees in Sydney showed evidence of difficulties in accessing health care, including at times when a family member was sick[26]. Barriers to health care access included language barriers, lower levels of education and literacy, financial disadvantage, lack of health information, not knowing where to seek help and poor understanding of how to access health services[26].

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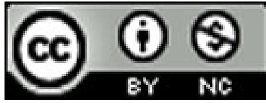

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[i] Brisbane is defined as Local Government Area of Brisbane in ABS Census data
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Defined as a positive Mantoux test result of ≥15mm.
[iv] Female Genital Mutilation (FGM) has been defined as comprising "all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.
[v] Definition of literacy- Age over 15 years can read and write.
[vi] Missing and not-stated responses to this question on the census were excluded from the analysis.
[vii] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.

Vietnamese Australians

- Large numbers of Vietnamese people fled their country during the Vietnam war after Saigon fell to the Communist Government in the north in 1975 and the Socialist Republic of Vietnam was declared in 1976[2].
- From 1975 to 1985, an estimated two million people fled Vietnam. People initially fled by sea to refugee camps in South East Asia before seeking refuge in countries including the United States, Canada, France and Australia[2].
- Before 1975, there was about 700 Vietnam-born people in Australia. Most were students, orphans and wives of military personnel who had served in Vietnam[2].
- By 1981, there were 49,616 Vietnam-born people in Australia[2]. This increased to 159,849 Vietnam-born people in 2006. Family reunion significantly contributed to the more than 320 per cent increase of Vietnam-born people in Australia in the 25 years between 1981 and 2006[2].
- **Places of transition:** Thailand, Malaysia, Singapore, Indonesia, The Philippines, Hong Kong and Cambodia.
- **Ethnicity:** The main ethnic group is the Kihn (86.4 per cent)[4,5]. Smaller ethnic groups include: Tay (1.9 per cent), Muong (1.5 per cent), Khome (1.4 per cent), Hoa (1.1 per cent), Nun (1.1 per cent) and Hmong (1 per cent)[4,5].
- **Language:** Vietnamese is the official language and is spoken by the majority of the population[4,5]. English is becoming increasingly favoured as a second language[4,5]. Other languages include French, Chinese, Khmer, and the mountain languages of Mon-Khmer and Malayo-Polynesian[4,5].
- **Religion:** According to a 1999 census, more than 80 per cent of the Vietnamese population were not affiliated with any religion[4]. Of the remaining population, 9.3 per cent were Buddhist and 6.7 per cent were Catholic. Other religions include Hoa Hao (1.5 per cent), Cao Dai (1.1 per cent) and Muslim (0.1 per cent)[4,5].

Population of Vietnam-born people in Australia (2006 Census): 159,849[1]

Population of Vietnam-born people in Queensland: 13,084[1]

Population of Vietnam-born people in Brisbane[i]: 11,857[1]

Gender ratio (Queensland): 91.6 males per 100 females[1]

Median age (Australia): The median age of Vietnam-born people in 2006 was 41.0 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population[2].

Age distribution (Queensland)[1]:

Age	Per cent
0-19	4.6%
20-39	44.2%
40-59	40.5%
60+	10.6%

Arrivals – past five years (Source - Settlement Reporting Database[3])

Year	Australia	Queensland
2006	3419	337
2007	3522	306
2008	3515	375
2009	3648	396
2010	2768	279

Ancestry, language and religion in Australia (2006 Census for Vietnam-born)[2]

- The top two ancestry[ii] responses of Vietnam-born people in Australia were:
  - Vietnamese – 65 per cent
  - Chinese – 24.6 per cent.
- The main languages spoken at home by Vietnam-born people in Australia were:
  - Vietnamese – 78 per cent
  - Cantonese – 15.7 per cent[2].
- The main religions of Vietnam-born people in Australia were:
  - Buddhism – 58.6 per cent
  - Catholic – 22.1 per cent[2].

Communication

- Vietnam-born people list their family name first, then their middle name, with their first (given) name listed last. Many given names are common to both males and females[6].
- In addressing others, Vietnam-born people often use a person's title (e.g. Mr, Mrs), followed by their first name.
- Some Vietnamese Australians may appear to answer *yes* (*da*) to all questions. This may be a polite way of saying *Yes, I am listening* or *Yes, I am confused*[7].
- Vietnamese people can use a smile to show many different emotions including happiness, anger, embarrassment or grief[7].
- Vietnamese Australians may prefer to speak about sensitive subjects indirectly[7].
- Traditionally, Vietnamese people greet each other by joining hands and bowing slightly[7]. The handshake has been adopted in Vietnamese cities[7]. In public, men often hold hands as an expression of friendship[7]. In Vietnam, women rarely shake hands with each other or with men.
- Outside of Vietnamese cities, making direct eye contact when talking is considered impolite particularly with people senior in age or status. Many Vietnamese people also speak in a low tone[7].

Health in Australia

- Average life expectancy in Vietnam is 72.2 years (male 69.7, female 74.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)[4].
- Vietnam-born people in Australia have higher rates of dental problems including decay, and require more restorations and extractions compared to Australia-born people[8,9].
- The incidence of tuberculosis in Vietnam-born people in Australia is substantially higher than the incidence among Australia-born people[10,11].
- Compared to the general Australian population, 15-74 year old Vietnamese Australians have significantly lower mortality rates[6]. However, Vietnamese Australian men have higher mortality from cancers of the digestive system, and Vietnamese Australian women have higher rates of cervical cancer compared to the rest of the Australian population[6].
- A survey in New South Wales showed that 13.6 per cent of the 175 Vietnamese Australians surveyed were daily or occasional smokers[13]. This equated to 30 per cent of Vietnam-born men and 2.5 per cent of Vietnam-born women[13]. Smoking rates among Vietnam-born men in the United States have been shown to be high, ranging from 35 to 42 per cent[12].
- In the United States, Vietnam-born men have high rates of liver and naso-pharynx cancer and lymphoma, and both Vietnam-born men and women have relatively high rates of lung and liver cancer[12].
- Research in the United States shows that Vietnam-born people are susceptible to chronic illnesses such as heart disease, stroke, hypertension and diabetes[12].
- Mental health studies of Vietnamese refugees show that they have high levels of depression, anxiety and post-traumatic stress disorder[14].

Health beliefs and practices

- Traditional beliefs regarding shame and guilt are important in understanding how older Vietnamese Australian adults report symptoms[12]. Since Vietnamese culture is oriented towards the family and the group, the individual is thought to represent the family as a whole[12]. If an individual loses respect or status in the community, the whole family loses respect and status as well. The concept of *loss of face* may be why some older Vietnam-born adults and their families are reluctant to report distressing symptoms[15].
- Oriental medicine, which incorporates traditional Chinese and Vietnamese medicine, is important in Vietnamese culture. Emphasis is placed on the balance of *yin* and *yang* and *hot* and *cold,* and a proper balance is required to maintain health[6,12].
- Illness is believed to result from an imbalance of *Yang* (male, positive energy, hot) and *Yin* (female, negative energy, cold) forces in the body. Self control of emotions, thoughts, behaviour, diet and food and medication intake are all important in maintaining balance and health[12]. For example, excess eating or worrying can lead to an imbalance or excess of heat, thus resulting in mental and physical illness[12]. For example, an excess of *cold* food is believed to be related to coughing and diarrhoea[6].
- Illness may also be considered a result of environmental influences such as wind and spirits that can offset the internal balance of a person[12]. For example, a Vietnam-born person may refer to a cold or flu as being exposed to *poisonous wind* or *catching the wind* instead of *catching a cold*[12].
- Vietnamese Australians may use traditional remedies, including medicines, in conjunction with Australian medical treatments[6,16]. It is common to use two types of medicine to treat a disease in Vietnam, and some Vietnamese Australians may consider prescribed and traditional medicines to be compatible[16]. Many Vietnamese Australians may be reluctant to inform their doctors about their use of traditional medicines because of fear of disapproval[17,18].
- Two common treatment methods of *wind* illnesses are coining and cupping[12]:
  - Cupping uses round glass cups which contain a lit taper and are pressed into the skin
  - Coining involves rubbing medicated oils onto the chest and back in parallel lines in order to release poisonous wind.
- To prevent stress for older adults, some Vietnamese families may prefer that the diagnosis of a serious or terminal illness is not disclosed directly to the older family member[12].
- Mental illness is generally considered shameful and is often associated with wrong-doing in a previous life. It is often not discussed in the family or the community. Somatisation is a common response to problems of psychogenic origin. For example, a Vietnamese male is more likely to explain psychological difficulties as physical symptoms such as abdominal pains or headaches[6].
- Many Vietnamese Australian women prefer a female practitioner, particularly for procedures such as breast and cervical cancer screening[12].
- There is considerable variation in beliefs among Vietnamese Australians, including between earlier migrants and those who migrated more recently[12]. Health practitioners should acknowledge these variations and seek the preferences of patients and their families[12].

Social determinants of health

- In 2002, the overall literacy[iii] rate in Vietnam was 90.3 per cent (male 93.9 per cent, female 86.9 per cent)[4].
- Proficiency in English[iv] in Australia (2006 Census)[1]:
  - 64 per cent of Vietnam-born men and 50 per cent of Vietnam-born women reported that they spoke English well or very well

- 31 per cent of Vietnam-born men and 39 per cent of Vietnam-born women reported that they did not speak English well
- 5 per cent of men and 11 per cent of women reported that they did not speak English at all.

- At the time of the 2006 Census, 35.1 per cent of Vietnam-born people aged 15 years or older had some form of higher non-school qualification[v] compared to 52.5 per cent of the total Australian population[2].
- The participation rate in the workforce (2006 Census) was 61.9 per cent and unemployment rate was 11.4 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population[2]. The median weekly income for Vietnam-born people in Australia aged 15 years or older was $349 compared to $466 for the total Australian population[2].
- Vietnamese Australians who were exposed to a high degree to trauma before seeking refuge in Australia may still experience mental health issues and disability more than ten years after the events[19].
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with Asian sounding names were subject to discrimination in applying for jobs. People with Asian sounding names had to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they had the same work history and education[20].

Utilisation of health services in Australia

- There is little research in Australia on the utilisation of health services by Vietnam-born people. There is some evidence in Australia and the United States that the use of preventive health services by Vietnam-born people is low[21-23].
- Identified barriers to health service usage include not having a regular doctor, economic disadvantage and low English language proficiency[21,23]. People who are married and have lived in Australia longer have been shown to have more adequate access to health care[21,23]. Traditional beliefs and practices do not appear to act as barriers to health service access[21].
- Vietnamese Australians have been shown to have lower rates of access to mental health services than the Australia-born population[24,25].
- Identified barriers to mental health service use for Vietnamese Australians include a lack of knowledge about mental health services, differences in understanding of mental illness, belief that mental disorders cannot be treated, language barriers, lack of availability of interpreters, and lack of bilingual and ethnically matched staff[26]. Somatic presentations and fear of stigma may also contribute to avoidance of mental health services[26].

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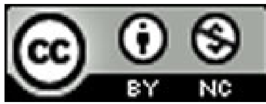

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Vietnamese Australians and this profile should be considered in the context of the acculturation process.

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[i] Brisbane is defined as Local Government Area of Brisbane in ABS Census data.
[ii] At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.
[iii] Literacy is defined as those aged 15 and over who can read and write.
[iv] Missing and not-stated responses to this question on the census were excluded from the analysis.
[v] Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.