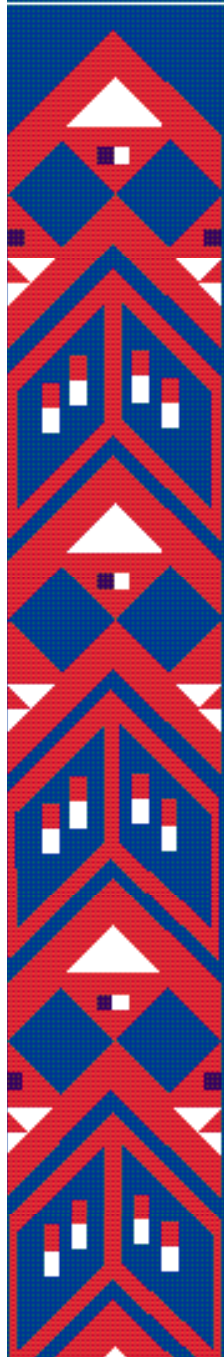
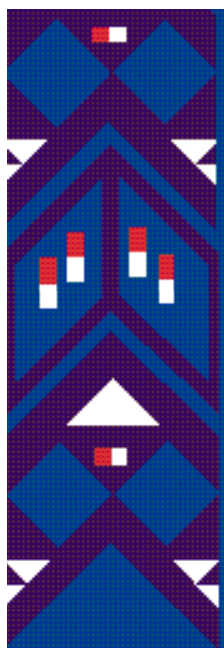




# Serbian's

## *A Guide for Health Professionals*

**T**his profile provides an overview of some of the cultural and health issues of concern to Serbian migrants who live in Queensland, Australia. This description may not apply to all Serbians as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.



# Serbian

## Introduction

Serbian who have migrated to Australia may have come from Serbia, Bosnia-Herzegovina, Croatia or elsewhere in the former Socialist Federal Republic of Yugoslavia. There have been three main waves of migration to Australia. The first wave, after World War Two, consisted of displaced persons (often well educated) who had been in refugee camps. In the next wave in the 60s and early 70s, Serbians emigrated because of the economic crisis in Yugoslavia. Recently, after the commencement of the civil war in 1991, a new group of Serbians have arrived under the special humanitarian criteria, many from Bosnia-Herzegovina.

Many of the more recent Serbian migrants have had horrific experiences. They have suffered expulsion from their homes, imprisonment, torture, rape and life in concentration camps.

## Patient Interactions

Serbo-Croatian was the generic name for the language used in former SFRY. Although many Serbians and Croatians see their languages as distinct, they are usually understood by both groups, although there are dialectic differences. When interpreting is needed, it is important to discuss the

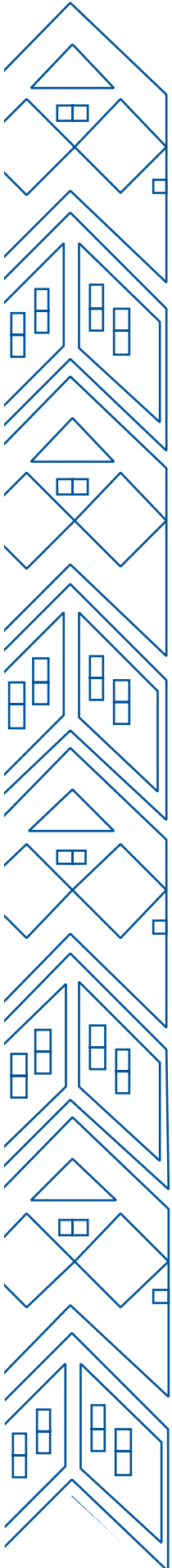


ethnicity of the interpreter as well as the language desired by the client.

It may be hard for your Serbian client to trust you or the interpreter, which may make communication difficult. Many find it difficult to follow the legal and welfare procedures in Australia, but may not ask for advice. Clients may be troubled by the health care provider asking too many personal questions, taking notes of conversations and filling out forms.

## Health Beliefs and Practices

- ⦿ The sick person carries high status and is encouraged to communicate about suffering. The relatives give moral and physical support.
- ⦿ The health provider is expected to give high significance to discussions of symptoms and complaints. The client is likely to want detailed explanations of tests and procedures.
- ⦿ There may be a fear of serious disease approaching phobia.
- ⦿ Treatment is often not considered complete without medication.



## Health in Australia

**R**ecent immigrants have had little health and dental care because of the civil war and may initially require extra services. Lack of exercise, being over-weight and, in men, smoking are all fairly common risk factors. Despite these risk factors, men and women from former SFRY have lower mortality rates than the general Australian population. However:

- ⊙ Mortality rates for accidents (excluding road accidents), poisoning and violence in adults, and diseases of the digestive system in men, are above average.
- ⊙ In women, musculoskeletal problems are more common than in the Anglo-Australian population.
- ⊙ There is also a higher risk of work related injury.

## Utilisation of Health Services

**B**oth men and women from former SFRY access doctors more often than the general Australian population. However women are admitted to hospital much less frequently.

### Isolation

There is great potential for social isolation especially for those who are not confident in English. This isolation may be further exacerbated if a person is in mixed marriage or if political, religious or ethnic tensions distance him or her from other people in the community.

### Employment

Overseas qualifications and skills are often not recognised in Australia, which causes frustration and a lowering of social status

to that of an unskilled worker. Many of the Serbians who have found work are in semi-skilled or unskilled labouring positions.

### Housing

Renting rather than owning a house is seen as insecure and Serbians often try save enough to purchase a home as soon as possible, which may add to their levels of stress.

## Mental Health

- ⊙ The effects of displacement, witnessing horrific events, and in some cases torture and rape, may present as post traumatic stress disorder (see profile on **Torture and Trauma**).
- ⊙ Unemployment, in men particularly, may be associated with depressive illness. Alcohol may be used to compensate for feelings of inadequacy.
- ⊙ Psychological distress will often be expressed in somatic symptoms, particularly gastrointestinal or respiratory symptoms.
- ⊙ There is a stigma associated with admitting to mental illness.
- ⊙ Access to mental health services is often limited by poor English proficiency and lack of knowledge of services
- ⊙ There may be the view that medication is the only treatment. Psychotherapy, group therapy or occupational therapy may be rejected.
- ⊙ Often members of the older generation are non English speaking and experience frustration and isolation.

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## Health Care of the Aged

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- ⊙ Many of the Serbians living in Australia will be over 60 by the year 2001.
- ⊙ Many of the aged are in need of health and welfare services, but are not accessing them because of poor English, lack of mobility and lack of knowledge of the services.
- ⊙ It is expected that the family will care for the elderly at home, and the suggestion of a nursing home may appear insulting to the family honour.

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## Child Health

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The infant is often given food supplements at three months of age. Toilet training is often commenced early at six months of age.

- ⊙ Mothers may fear the Australian system of Infant Welfare Clinics.
- ⊙ Parents of a disabled child may feel shame and isolate themselves from the rest of the community, thus not taking advantage of social services available.
- ⊙ Inside households, men may smoke heavily despite the presence of young children, unaware of the risks from passive smoking.

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## Women's Health

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- ⊙ Women in Australia may be part of the workforce, but may be expected by the husband to fulfil all the household duties as well, causing a lot of physical and emotional pressure on the woman.
- ⊙ In childbirth it is accepted that women may be expressive of the pain rather than stoical.

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## Family Planning

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The condom is the most popular form of contraception. The Pill is unpopular due to its perceived side effects and a fear that it may cause cancer.

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## Resources

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*Queensland Ethnic Affairs Directory 1997.*  
Department of the Premier and Cabinet.  
Office of Ethnic and Multicultural Affairs.

Brisbane Migrant Resource Centre  
Tel: (07) 3844 8144

Ethnic Community Council of Queensland  
Tel: (07) 3844 9166

Logan City Multicultural  
Neighbourhood Centre  
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast  
Tel: (07) 5532 4300

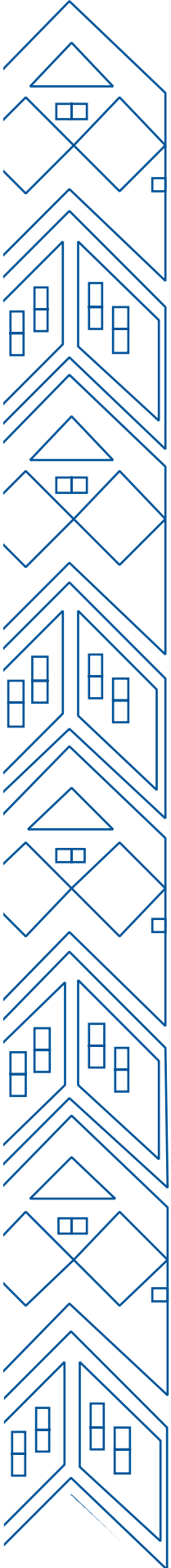
Multicultural Information Network Service  
Inc. (Gympie)  
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-  
Thuringowa Ltd.  
Tel: (077) 724 800

Translating and Interpreting Service  
Tel: 131 450

Queensland Program of Assistance to  
Survivors of Torture and Trauma (QPASTT)  
Tel: (07) 3844 3440





## Acknowledgments

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Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.