



italians

A Guide for Health Professionals

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

italians

introduction

italians are the largest group of overseas born in Australia, after migrants from UK and Ireland.

Migration to Australia dates from the 19th century. In Queensland, a small settlement of Italians was formed in the Wide Bay district in 1890, and the following year the Queensland government brought out over 300 agricultural labourers to work as cane cutters. They were joined by other Italians through a "chain" migration, in which people from a particular village, town or district in Italy followed one another to Australia.

During the Second World War, many Italians in northern Queensland were interned or were placed under severe restrictions. After the war, Australia provided fare assistance for workers willing to work in selected jobs, usually in the cane fields. In Queensland there are approximately 17,000 Italians.

Language

The official language in Italy is Italian, but the first language spoken is often a local dialect. Elderly and uneducated migrants may be unable to speak the standard language correctly. Not all people have had the opportunity to learn English, and in the 1996 census, approximately 18% of Italian-born males and females in Queensland could not speak English well or at all.



Patient interactions

italians tend to be highly expressive of joy, sadness and grief, both vocally and by overt body gesture. A high level of physical contact is considered both natural and normal.

Doctors are plentiful in Italy, and the doctor's social and financial status is not as high as it is in Australia. The Italian client will expect to be listened to as an equal when discussing symptoms and treatment.

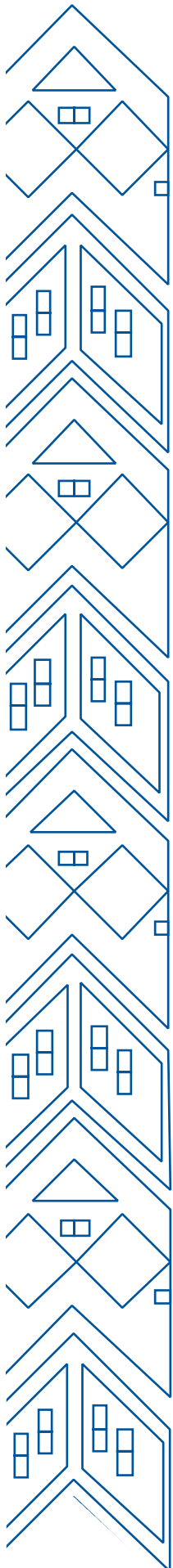
Health in Australia

Lifestyle

Lifestyle risk factors are often present in Italians as a result of low exercise patterns. Common problems include overweight (women more than men) and smoking (men). Alcohol is used less by Italians than the general population. Both men and women have lower mortality rates than the general Australian population.

Health statistics

- There were lower mean systolic and diastolic blood pressures in Italian born



migrants compared with an age-matched Australian-born sample.

- ⊙ Smoking and obesity are higher in males born in Southern Europe, but there is a low level of mortality due to heart and respiratory disease.
- ⊙ Thalassaemia rates are higher in Italians than the general Australian population.
- ⊙ Mortality rates from diabetes are higher in Italian than in other Australian women.
- ⊙ Cancer of the stomach and cancer of the nasopharynx are more frequent than in the general Australian community.
- ⊙ Multiple myeloma was found at a higher prevalence in Italian migrants in a Western Australian study.
- ⊙ Italian migrants worked in asbestos mines such as Wittenoom, Western Australia in the 1940s to late 1960s. They have a high risk of mesothelioma.

Utilisation of Health Services

Being in hospital may be traumatic because of the separation from family and friends, particularly for an older Italian person with difficulties communicating in English, or limited medical knowledge. Hospital admission may be seen as justified only for operations, or dramatic treatments or investigations. Allied health services are often unfamiliar to older Italians, so their purpose needs to be clearly explained.

Health Beliefs and Practices

In the past, tonic injections were sometimes given intramuscularly by lay people in Italy. Intramuscular medicine

is still seen as superior to oral medication in many cases. Traditional Italian health concepts derived from humoral medicine. However, except for the older Italian people who came as unskilled labourers under the mass migration scheme, community attitudes and knowledge about health issues are not greatly different from the mainstream.

Mental Health

Those with mental illness may be stigmatised. Because initially they may be ashamed of their disabled child, and may not use the services available, parents of children with disabilities, such as cerebral palsy or mental retardation, may take time to come to terms with the disability.

Domestic violence occurs in the Italian as in all communities, but it may be hidden for a long period in order to maintain the family honour.

Health Care of the Aged

The Italian community has an ageing population. The peak period of migration was in the 1950s. The community infrequently receives young new arrivals, although some still come under the "skilled worker" scheme. By the year 2001, there are likely to be 121,000 Italians aged 60 and over in Australia.

Italians do not always use the services for the elderly, and there are low nursing home admission rates. Italians often expect to be cared for by their children in their old age. The care for the elderly usually falls on the women of the family.

Older Italians may not speak English, or find it harder to remember the new language as they get older. They may be

frustrated and isolated by the younger generation's inability to speak Italian.

Family members who act as interpreters may not pass on all the information to the elderly, especially if bad news is conveyed. In addition, older Italians are unlikely to be able to access information themselves, even if presented in Italian, as they may have had little education or have poor eyesight for reading.

Child Health

Children from Italian speaking families have higher rates of immunisation than other Australians according to one study.

Girls used to be closely chaperoned once they reached puberty. However, in recent decades, young people have become more independent, moving away from the family home before marriage.

Women's Health

Awareness of women's health issues among older Italian migrant women is poor, with low rates of women having a Pap test, breast examination or a mammogram, or even having heard of these screening measures. They may only seek services for serious illness, not for screening. Younger women have more knowledge of these issues and use mainstream health services.

Contraception

There is lower use of the contraceptive pill in Italian women than Australian born. However the average family size is similar.

Young women

There is social/peer pressure from outside the Italian community for young women to

be slim. However, there is pressure within Italian families to eat as part of social occasions, and not eating can be seen as rejection of the Italian culture. The young Italian woman gains no support for dieting, as a bit of extra weight is seen as a sign of good health. Meals and weight can become a cause of tension in the family.

Older women

Menopause may be perceived as a time when body functioning slows, causing vulnerability to a range of diseases including cancer. Often minor ailments are attributed to the effects of the menopause.

Resources

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

CoAsIt - Italian-Australian Welfare
Association
Tel: (07) 3832 2125

COMITES (Committee for Italians Abroad)
Tel: (07) 3856 0244

The Italian-Australian Welfare Association
(Granite Belt) Inc
Tel: (076) 815 283

Brisbane Migrant Resource Centre
Tel: (07) 3844 8144

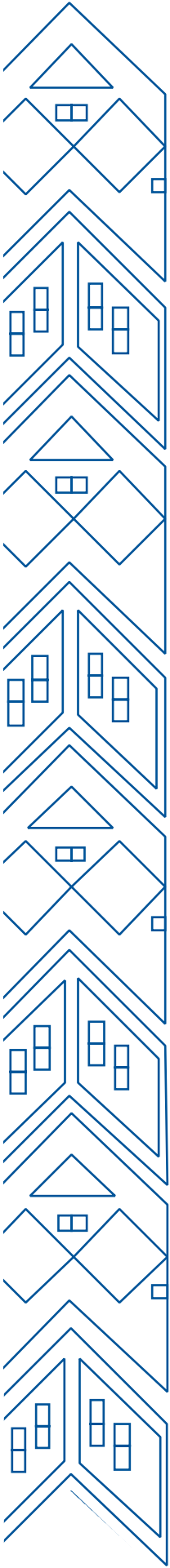
Ethnic Community Council of Queensland
Tel: (07) 3844 9166

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

Acknowledgments

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This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHiN <http://qhin.health.qld.gov.au/hssb/hou/hom.htm> and the Queensland Health INTERNET <http://qhin.health.qld.gov.au/hssb/hou/hom.htm>. The full profile contains more detail and some additional information. It also contains references to additional source material.

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.