



# Child & Youth

## A Guide for Health Professionals

This profile discusses general issues that may affect the health care of children and young people born outside Australia. Many of these factors also apply to the children born in Australia of migrant parents. Health providers need to be aware of the cultural context and norms of specific groups to assess problems, interventions and prevention strategies in child and youth health. What is true for one person may not be true for another – constant checking is required.

# Child & Youth

## Psychosocial Stressors

### Migration

The recent young immigrant has many pressures that may adversely influence their health, especially their psychological health.

- ⊙ Adjusting to a new language and culture can be traumatic.
- ⊙ Separation from extended family and friends, and loss of security and home, may well have occurred.
- ⊙ Some will have experienced trauma in their country of origin. This may include struggling for personal survival, the loss of family members in war or persecution, witnessing execution or torture, or life in a refugee camp.

### Intergenerational conflict

Young people adapting to Australia may feel alienated – torn between two cultures. This feeling can be exacerbated by perceived conflict with their parents, or a difference between the pace at which they feel they are acculturating and the pace at which their parents and grandparents appear to be acculturating.

- ⊙ Children often learn language and behaviour patterns ahead of older members in the family group.
- ⊙ The adoption of values, attitudes and behaviours of the Australian community

are often at odds with the traditions of the older generation.

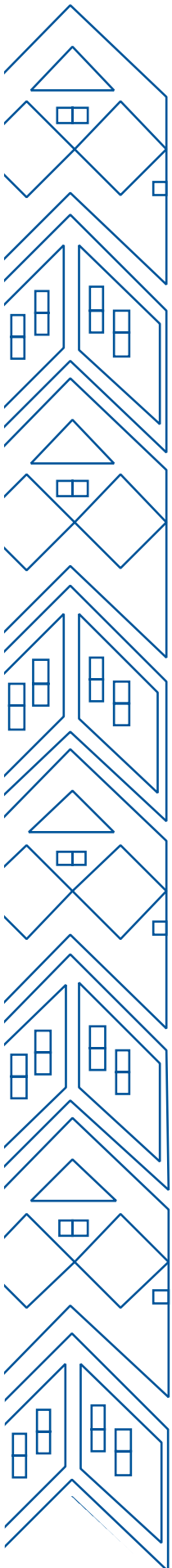
- ⊙ Parents may be alarmed by the child's increasing acculturation, which they may view as a loss of traditional values.
- ⊙ A parental reaction of imposing strict discipline to counterbalance perceived permissiveness in Australian society can further alienate the young person.

Parents and other family members may depend on a child for language assistance and future economic survival. This role reversal can cause loss of confidence in the adult and resentment in the children. The child may feel ashamed of the parents' English and poor economic circumstances in this new country.

A girl may have additional pressures with respect to personal freedom and expectations to help the family at home. Her resistance of this pressure, for example, by protesting about favours given to her brothers, can result in conflict. An over-protective family, worried about moral risks to their daughter, may cause a young girl to reject the family's values and lifestyle, leading in turn to rejection by her family.

### Identity crisis

The period of emerging independence in adolescence, recognised in Australian culture, may not pertain to other cultures. Independence may be valued less in cultures where cooperation, courtesy, respect, modesty



and loyalty to a group are most important. Defining self, values, beliefs and sexuality becomes more difficult when a child is between two cultures. There can be conflict between the desire to be part of the family's culture and the newly acquired desire for independence.

### **School problems**

Racism can affect the child in the schoolyard. Teasing about accents and cultural background may make a child's life difficult. Although parents may be aware of this, they may feel powerless to intervene.

The immigrant child can adapt to school life in a variety of ways. Some children devote themselves to school work to the extent that they are ostracised by their peers because of their conscientiousness. Some older children try to combine school work with unskilled work to supplement the family's income, and this adds pressure.

A child's difficulties at school may also reflect anxiety or depression that is hidden within the family.

### **Sexuality**

Immigrant parents may have very different expectations of courtship rituals and marriage to those prevailing in the Australian community. Arranged marriage partners and segregation of the sexes during adolescence may be part of the home culture. This in turn may cause conflict between the adolescent and parents.

The health care provider may become involved in this tension, especially when contraceptive services are required.

Homosexuality may be taboo in some cultures, which can lead to added pressures on immigrant homosexual adolescents.

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## **Utilisation of Health Services**

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### **Access to health care**

Families may delay in seeking health care for their sick child, due to lack of knowledge of the medical system and fear of authority. Home remedies are often used before they resort to the formal medical system. In this case, the health care provider needs to explore the beliefs surrounding the child's illness before advising on treatment.

### **Health behaviour**

The cultural influences on a child and adolescent's health behaviour are important especially when the problem has a significant behavioural component. The family is an important support system, and the burden of the illness of a child is often shared by the extended family. The health care provider needs to be aware that both the child and parents may be influenced by a range of advice on treatment from other family members.

### **Confidentiality**

In Australia, the health care provider has a duty of confidence to all clients. With changes of social roles and developing sexuality, adolescents may seek health care and advice independently of the family group. Parents from another culture may expect to be informed of all health care matters relating to their child. This conflict of expectations needs to be taken into consideration.

### **Interpreters**

A child or adolescent may feel inhibited in front of an interpreter who represents their parents' cultural values. The health care provider should determine whether direct conversation with the young person, although limited, might be more suitable especially for discussions on family problems and sexuality.

## Childhood disability

Disabilities, particularly developmental disabilities, are often detected later in immigrants' children. As a result of delay in presentation, or due to difficulties in assessment (for example, if the child is learning a language other than English, or is learning more than one language simultaneously), the disabled migrant child may miss out on available interventions and treatment.

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## Mental Health

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**S**ome children and adolescents have faced extremely difficult circumstances prior to arrival in Australia. Newcomers may suffer from lack of concentration, sleep disturbances such as nightmares, and thoughts of suicide. For many, however, such signs of distress may emerge much later. Studies have shown varying responses to migration, depending on the individual and his or her cultural norms, but also on pre-migration experiences. In some groups, anxiety and depression appear, while in others the stress is externalised in aggressive behaviour. Post Traumatic Stress Syndrome (see profile on Torture and Trauma) may not manifest for two or three years, when the individual has developed a trust in their surroundings.

Families may be reluctant to seek help for emotional problems in their children. Psychological symptoms may not be well recognised. Disturbance may be manifested as headaches, stomach pains, hyperventilation, or eating disorders. Conversely, in some cultures, hallucinations and delusional symptoms may be present, without signifying an underlying psychosis such as schizophrenia.

## Drug and alcohol abuse

Migrant children may be at added risk of drug and alcohol abuse, due to family problems and difficulties related to adjustment and survival in two cultures. Rebellion against over-strict parents and peer pressure to join the new culture may also be important.

While drug addiction is discussed often in the Australian media, this may not be accessible to immigrant parents due to language difficulties. The parents may ignore these issues, feeling that they apply only to Australian-born children. This can lead to non-recognition of drug or alcohol abuse in their children, and hence delay in seeking assistance.

## Domestic violence

Homes where both parents are struggling to find work, and suffering from stress due to changed circumstances, may be at extra risk of domestic violence. Young people may be exposed to domestic violence but feel powerless to seek help outside the family.

Mongolian blue spot, a bluish pigmentation in the lumbo-sacral region common amongst Indo-Chinese babies, may be misdiagnosed as bruising from child abuse. It is commonly present at birth and persists until the age of 18 months to two years.

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## Resources

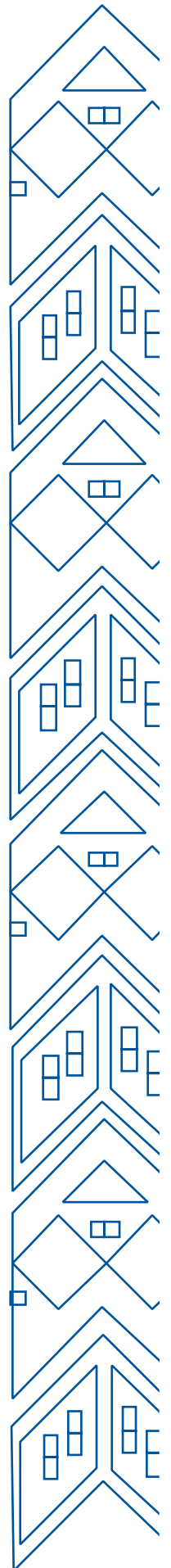
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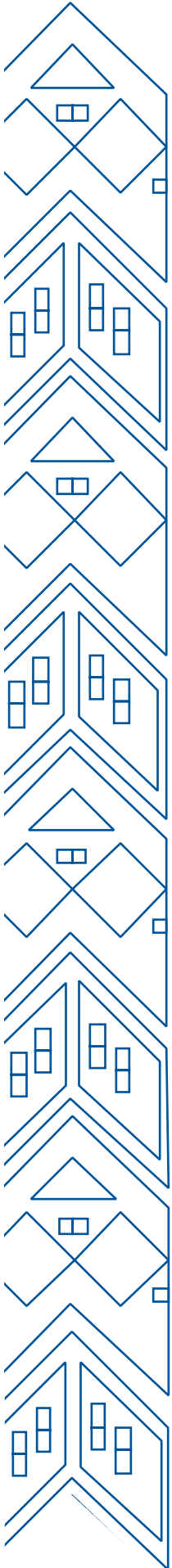
*Queensland Ethnic Affairs Directory 1997.*  
Department of the Premier and Cabinet.  
Office of Ethnic and Multicultural Affairs.

Youth Affairs Network of Queensland  
Tel: (07) 3852 1800

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

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

Translating and Interpreting Service  
Tel: 131 450

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## *Acknowledgments*

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