



Socialist Federal Republic of Yugoslavia

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to migrants from the former Socialist Federal Republic of Yugoslavia who live in Queensland, Australia. This description may not apply to all people from this area as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

Socialist Federal Republic of Yugoslavia



Introduction

This profile provides information about some people from the former Socialist Federal Republic of Yugoslavia (SFRY). Further information about specific groups may be found in the profiles on the Croats, Serbians and Bosnian Muslims.

The SFRY was formed in 1945 and comprised the states of Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia. In 1991, Slovenia and Croatia declared independence from the federation, followed by Bosnia-Herzegovina and Macedonia. The subsequent civil war involved atrocities including rape, torture and murder, as ethnic communities fought each other for the right to self-determination.

In Queensland there are approximately 5000 migrants from the former SFRY, including 3000 from Croatia and 1500 from Bosnia - Herzegovina.

Most migrants from the SFRY have arrived in the last 40 years. The first main wave of migration was after World War Two. Serbians, Croats and Macedonians who had been in refugee camps in Western Europe were settled as displaced persons. The next wave in the 1960's and early 1970's were Macedonians, Serbians and Croats emigrating because of the economic crisis in the SFRY. In 1970, Australia set up an immigration agreement with Yugoslavia, and recruited unskilled and semi-skilled workers usually from rural areas, to work in the growing manufacturing industry of Australia.

After the commencement of the civil war in 1991, a new group of immigrants arrived under the special humanitarian criteria, mainly from Bosnia-Herzegovina. Many of these migrants have had horrific experiences.

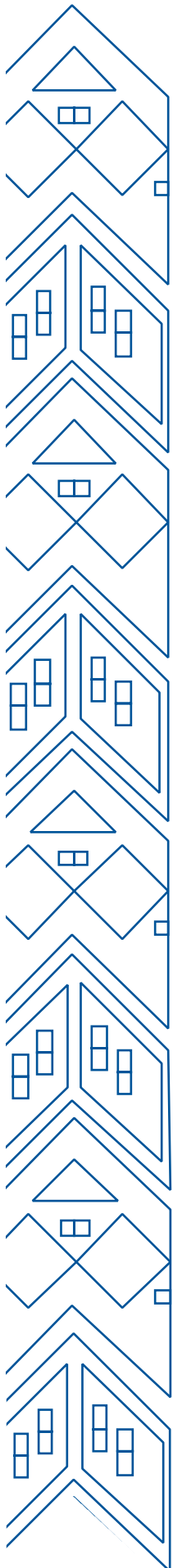
Patient Interaction

Identification

- Due to the complex political, ethnic and religious identities in the countries of the former SFRY, it is advisable to ask people how they prefer to be identified. For example, a Bosnian national may wish to be referred to as a Croatian, a Serbian,

Migration

Migrants from the former SFRY are an ethnically diverse group (mainly Croatian, Serbian, Bosnian Muslim and Macedonian) and religiously diverse group (mainly Orthodox Christians, Roman Catholics and Muslims).



Bosnian Muslim or simply Bosnian.
People are sensitive about politics.

- ⦿ Macedonian names often end with *ska* or *ski* while Croatian and Serbian names often end in *ic*, *ich* or *ov*.
- ⦿ Some organisations in Australia using the term Yugoslav are predominantly Serbian but there are other organisations which include all groups from the former SFRY regardless of ethnic origin.

Language

The languages of Serbian, Croatian, Slovenian and Macedonian were used in the former SFRY. Serbian and Croatian are usually understood by most people, although there are dialectic differences within and between the two languages. When an interpreter is required, it is important to discuss the ethnicity of the interpreter as well as the language desired by the client, due to political tensions.

It may be hard for your client to trust you or the interpreter which will 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 concepts, 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.
- ⦿ Some clients may have a fear of serious disease approaching phobia.

- ⦿ Treatment is often not considered complete without medication.

Health in Australia

Recent 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.

- ⦿ Musculoskeletal problems are more common in women from SFRY than in Anglo-Australian women.
- ⦿ There is also a higher risk of work related injury.

Utilisation of Health Services

Access to health services

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

Psychosocial Stressors

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 from the former SFRY.

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 migrants from this area who have found work are in semi-skilled or unskilled labouring positions.

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, particularly in men, 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.
- ⊙ Health seeking behaviour is often limited by language 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.

Health Care of the Aged

- ⊙ About one third of people born in the former SFRY 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.

Child Health

- ⊙ 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 available social services.
- ⊙ Inside households, men may smoke heavily despite the presence of young children, unaware of the risks from passive smoking.

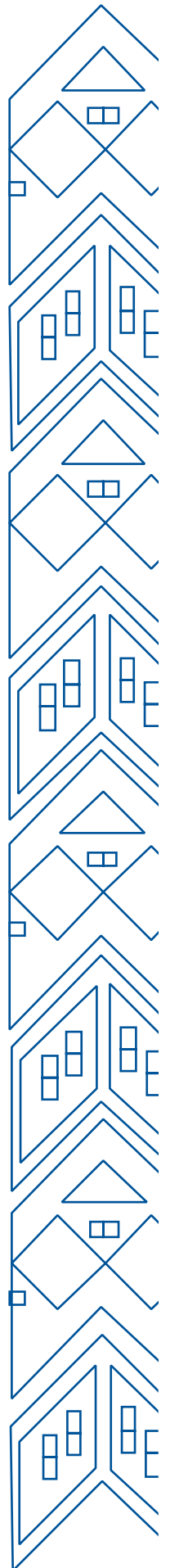
Women's Health

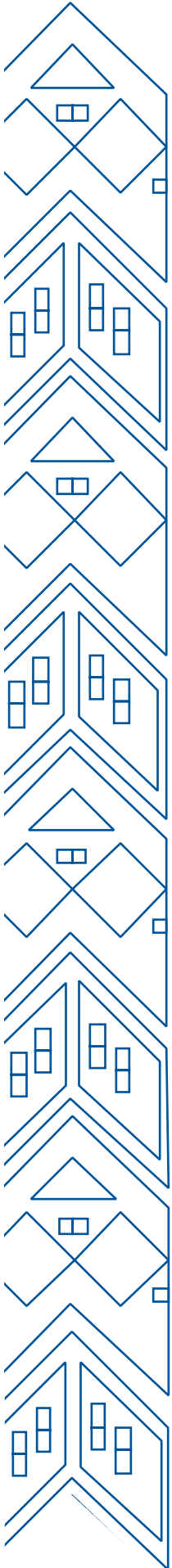
Women in Australia may be involved in the workforce but may be expected by the husband to fulfil all the household duties as well, causing a lot of physical and emotional pressure on the woman.

In childbirth it is accepted that women may be expressive of the pain rather than stoical.

Family Planning

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.





Resources

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

<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 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.

Acknowledgments

This profile was developed by Pascale Allotey, Lenore Manderson, Jane Nikles, Daniel Reidpath and Jo Sauvarin at the Australian Centre for International and Tropical Health at The University of Queensland, on behalf of Queensland Health. It was developed with the assistance of community groups and health care providers. This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHiN