

Ethiopian Australians

- Ethiopia is located in the horn of Africa, a region that has experienced decades of natural disasters, political unrest, war, drought and famine. This has forced millions of Ethiopians to seek refuge within their own and in other countries⁴.
- In the 1970s, drought, the Ogaden War with Somalia and an oppressive military regime caused the displacement of more than one million Ethiopians⁴. In the 1980s, Ethiopia experienced another prolonged drought and a consequent famine that continued into the 1990s displacing hundreds of thousands of people⁴.
- From 1998-2000, Ethiopia and Eritrea fought a war that killed more than 70,000 people and displaced more than 600,000 people from areas near the border⁵.
- Ethiopia has itself provided refuge to displaced people from Sudan, Somalia and Eritrea who have fled war and famine in their own countries⁶.
- The majority of Ethiopia-born people in Australia arrived after 1991, with over 3000 Ethiopian refugees settling in Australia between 2000 and 2005⁴.
- At the time of the 2001 Census, there were 3600 Ethiopia-born people in Australia. By the 2006 Census this number had increased to 5640; an increase of 56.7 per cent⁴. Between 2006 and 2010, more than 3000 Ethiopian refugees arrived in Australia³.
- **Places of transition:** Somalia, Kenya, Sudan, Egypt and Djibouti⁴.
- **Ethnicity:** Ethiopia is an ethnically complex and diverse country comprising more than 78 distinct ethnic groups⁴. The seven largest ethnic groups are:
 - Oromo – 34.5 per cent
 - Amhara – 26.9 per cent
 - Somali – 6.2 per cent
 - Tigraway – 6.1 per cent

Population of Ethiopia-born people in Australia (2006 Census): 5635¹

Population of Ethiopia-born people in Queensland: 435

Population of Ethiopia-born people in Brisbane¹: 325

Gender ratio (Queensland): 95.9 females per 100 males¹

Median age (Australia): The median age of Ethiopia-born people in 2006 was 33.8 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population².

Age distribution (Queensland)¹:

Age	Per cent
0-19	42.5%
20-39	30.1%
40-59	23.8%
60+	3.5%

Arrivals – past five years (Source – Settlement Reporting Database³)

Year	Australia	Queensland
2006	504	55
2007	589	54
2008	555	45
2009	814	102
2010	721	66

- Sidama – 4 per cent
- Guragie – 2.5 per cent
- Welaita – 2.3 per cent⁶.
- Other ethnic groups make up the remaining 17.5 per cent of the population⁶.

- **Language:** Consistent with the diversity of ethnicities, there are more than 84 languages spoken in Ethiopia⁴. Amharic (Amarigna) is the official language of Ethiopia and is spoken by 32.7 per cent of the population⁶. Oromigna, an official regional language, is spoken by 31.6 per cent of the population⁶. Other major languages of Ethiopia include:

- Tigrinya (a second official regional language) – 6.1 per cent
- Somaligna – 6 per cent
- Guaragigna – 3.5 per cent
- Sidamigna – 3.5 per cent
- Hadiyigna – 1.7 per cent
- English and Arabic are also official languages spoken by a small percentage of Ethiopians⁶.

- **Religion:**

- Ethiopian Orthodox: About 43.5 per cent of the population identify with this unique Coptic form of Christianity which has been practiced in Ethiopia since the fourth century AD^{4,6}.
- Muslim: 33.9 per cent of the population are Muslim⁶
- Protestant: 18.6 per cent of the population are protestant⁶
- Traditional beliefs: 2.6 per cent retain traditional beliefs⁶.

Ancestry, language and religion in Australia (2006 Census for Ethiopia-born)²

- The top three ancestry responsesⁱⁱ of Ethiopia-born people in Australia were:
 - Ethiopian – 58.9 per cent
 - Not Stated – 8.9 per cent
 - Oromo – 5.5 per cent².
- From 2006 to 2010, 20.9 per cent of Ethiopia-born people settling in Australia identified themselves as Oromo and 13 per cent identified as Amhara⁷.

- The main languages spoken at home by Ethiopia-born people in Australia were:

- Amharic – 38.8 per cent
- English – 14.8 per cent
- Oromo – 12.2 per cent
- Tigrinya – 8.3 per cent².

- The main religions of Ethiopia-born people in Australia were:

- Islam – 22.2 per cent
- Oriental Orthodox (Christian) – 21.9 per cent
- Eastern Orthodox (Christian) – 21.6 per cent
- Catholic – 6.7 per cent².

Communication

- Ethiopians may be uncomfortable with interpreters because of ethnic and political differences. As a result they may not openly express all of their health needs or trust prescribed medicines⁸.
- Ethiopians generally prefer interpreters of the same gender⁸.
- Many Ethiopian Australians may be unfamiliar with the use of a surname. Most people have their own personal name and use their father's name in place of a surname^{9,10}. As a result, members of the same family may not have the same surname.
- Ethiopians are generally formal and courteous in their greetings^{11,12}. The most common form of greeting is a handshake with direct eye contact^{11,12}. Handshakes are generally light¹².
- Ethiopians usually address others by their title and first name¹².
- Elders are highly respected in Ethiopia and it is customary for Ethiopians to greet elders first and to bow when introduced to someone who is older or holds a more senior position¹².

Health in Australia

- Average life expectancy in Ethiopia is 55.8 years (male 53.3, female 58.4) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)⁶.
- In a study of common medical conditions diagnosed in newly arrived African refugees in Melbourne, the major health issues included lack of immunity to common vaccine-preventable diseases, vitamin D deficiency or insufficiency, infectious diseases (gastrointestinal infections, schistosomiasis and latent tuberculosis), and dental disease¹³. Musculoskeletal and psychological problems were common in adults¹³.
- A 2003-2004 Western Australian infectious disease screening study of 2111 refugees and humanitarian entrants 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, hookworm – 5 per cent, hymenolepis nana – 3 per cent, stongyloides stercoralis – 2 per cent, salmonella – 1 per cent)
 - A Mantouxⁱⁱⁱ test result requiring tuberculosis treatment – 28.9 per cent¹⁴.

Health beliefs and practices

- Many Ethiopians practice herbal and traditional health remedies. However, the practice is limited in Australia due to a lack of availability of herbs and a lack of traditional healers and other specialists to prepare remedies and treat patients¹⁵. Some Ethiopian Australians may use traditional remedies in combination with Australian medical treatments, for

related or unrelated health conditions, without informing their doctor^{16,17}.

- Female genital mutilation (FGM) is practiced in Ethiopia¹⁵. Complications of FGM may include incontinence, obstructed miscarriage and childbirth, vaginal and perineal damage at childbirth, and sexual difficulties including non-consummation and painful intercourse¹⁸. Some families may want their daughters to undergo FGM, even if this means undertaking the operation outside Australia¹⁹. 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.
- In Ethiopia, children commonly undergo uvulectomy (to prevent suffocation during pharyngitis in babies), the extraction of lower incisors (to prevent diarrhea), and the incision of eyelids (to prevent or cure conjunctivitis) are common¹⁵.
- Many Ethiopia-born people chew *khat*, a plant that contains an amphetamine-like stimulant that can produce mild to moderate psychological dependence and has been classified by the World Health Organisation (WHO) as a drug of abuse²⁰. *Khat* is available and is not illegal in Australia²⁰.
- The use of prayer for spiritual healing is an important part of treatment for illness for many Ethiopians^{9,17}.
- Ethiopians may prefer injections to tablets¹⁵.
- In Ethiopia, bad news such as a terminal prognosis is first given to the patient's family or close friends and not directly to the patient themselves. This is done to maintain the patient's hope and avoid sudden shock that is seen as harmful to health^{15,21}. A family member or close friend will inform the patient in a culturally appropriate manner²¹.

Social determinants of health

- The overall literacy rate^{iv} in Ethiopia is low, especially among women. In 2003, the literacy rate was 42.7 per cent for the total population (50.3 per cent for men and 35.1 per cent for women⁶).
- Prior to seeking refuge, many Ethiopian Australians experienced persecution, harassment, torture, political imprisonment, death or disappearance of family members, threats to safety, lack of freedom of expression and will, and coercion to support the ruling political regime¹⁷.
- Proficiency in English (2006 Census)^{v2}:
 - 90 per cent of Ethiopia-born men and 78 per cent of Ethiopia-born women reported that they spoke English well or very well
 - 10 per cent of men and 18 per cent of women reported that they did not speak English well
 - Less than one per cent of men and four per cent of women reported that they did not speak English at all.
- At the time of the 2006 census, 48.8 per cent of Ethiopia-born Australians aged 15 years and older had some form of higher non-school qualifications^{vi} compared to 52.5 per cent for the total Australian population².
- The participation rate in the workforce (2006 Census) was 59.4 per cent and the unemployment rate was 13.7 per cent compared to the corresponding rates of 64.6 per cent and 5.2 per cent

in the total Australian population². The median weekly income for Ethiopia-born people in Australia aged 15 and older was \$342 compared to \$466 for the total Australian population².

Utilisation of health services in Australia

- The use of hospital services among people born in refugee-source countries, including Ethiopia, is lower or similar to that of the Australia-born population^{22,23}.
- 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 sick²⁴. 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 services²⁴.
- Overseas studies have shown that Ethiopian refugees use fewer mental health care services from health care professionals than the general population and are more likely to consult traditional healers for mental health problems²⁵.



References

1. Australian Bureau of Statistics. CDATE Census 2006. Available: <https://www.censusdata.abs.gov.au/CDATAOnline>. Accessed 07/12/2010, 2010.
2. Department of Immigration and Citizenship. *Community Information Summary: Ethiopia-born*. Commonwealth of Australia; 2006.
3. Department of Immigration and Citizenship. Settlement reporting database. Available: <http://www.immi.gov.au/settlement>. Accessed 07/12/2010, 2010.
4. Department of Immigration and Multicultural Affairs (DIMA). *Ethiopian: Community Profile*. Commonwealth of Australia: Canberra; 2006.
5. International Rescue Committee. *The health of asylees from Ethiopia and Eritrea*. International Rescue Committee,; 2009. http://www.cal.org/co/email_discussion/Attachments/IRC-Ethiopia-Eritrea_Health_FactSheet.pdf.
6. Central Intelligence Agency (CIA). *The world fact book*. CIA; 2010. Available: <https://www.cia.gov/library/publications/the-world-factbook/>.
7. Department of Immigration and Citizenship. *Settlement Data Report January 1 2006- December 31 2010*. Personal Communication; 2011.
8. The Cross Cultural Health Care Program. *Voices of the Ethiopian community*. The Cross Cultural Health Care Program: Seattle, Washington; 1996. www.xculture.org.
9. EthnoMed. Ethiopian cultural profile. Available: http://ethnomed.org/culture/ethiopian/copy_of_ethiopian-cultural-profile. Accessed 11/02/2011, 2011.
10. Mussie A. *Review of Cultural Diversity Profile- Ethiopian Australians*. Personal communication; 11 March 2011.
11. Anti-Racism MaNIACB, B, Vemuri, S. *Ethiopia: A cultural profile*. Anti-Racism, Multiculturalism and Native Issues (AMNI) Centre, Faculty of Social Work, University of Toronto: Toronto; 2001. <http://www.cp-pc.ca/english/ethiopia/index.html>.
12. Kwintessential. Ethiopia- Language, Culture, Customs and Etiquette. Available: <http://www.kwintessential.co.uk/resources/global-etiquette/ethiopia.html>.
13. Tiong ACD, Patel MS, Gardiner J, Ryan R, Linton KS, Walker KA, et al. Health issues in newly arrived African refugees attending general practice clinics in Melbourne. *Medical Journal of Australia* 2006;185:602-606.
14. Martin JA, Mak DB. Changing faces: a review of infectious disease screening of refugees by the Migran Health Unit, Western Australia in 2003 and 2004. *Medical Journal of Australia* 2006;185:607-610.
15. Hodes RM. Cross-cultural medicine and diverse health beliefs- Ethiopians abroad. *Western Journal of Medicine* 1997;166:29-36.
16. Ethnomed: Gall A, Shenkute, Z,. *Ethiopian traditional and herbal medications and their interactions with conventional drugs*. EthnoMed; 2009. <http://ethnomed.org/clinical/pharmacy/ethiopian-herb-drug-interactions>
17. Papadopoulos R, Lay M, Lees S, Gebehiwot A. The impact of migration on health beliefs and behaviours: The case of Ethiopian refugees in the UK. *Contemporary Nurse* 2003;15:210-222.
18. The Royal Australian College of Obstetricians and Gynaecologists. *Female Genital Mutilation: Information for Australian Health Professionals*. Melbourne; 1997.
19. Victorian Foundation for Survivors of Torture Inc. *Promoting refugee health:A guide for doctors and other health care providers caring for people from refugee backgrounds*. Victorian Foundation for Survivors of Torture Inc.; Melbourne; 2007.
20. Drug info clearinghouse. *Fact sheet: Khat*. Australian Drug Foundation: Melbourne; 2005. Available: http://www.druginfo.adf.org.au/downloads/fact_sheets/Khat_English.pdf.
21. Beyene Y. Medical disclosure and refugees: Telling bad news to Ethiopian patients. *Cross-Cultural Medicine - A Decade Later* 1992;157:328-332.
22. Correa-Velez I, Ansari A, Sundarajan V, Brown K, Gifford SM. A six-year descriptive analysis of hospitalisations for ambulatory care sensitive conditions among people born in refugee source countries. *Population Health Metrics* 2007;5.
23. Correa-Velez I, Sundarajan V, Brown K, Gifford SM. Hospital utilisation among people born in refugee-source countries: An analysis of hospital admissions. *Medical Journal of Australia* 2007;186:577-580.
24. Sheikh-Mohammed M, MacIntyre CR, Wood NJ, Leask J, Isaacs D. Barriers to access to health care for newly resettled sub-Saharan refugees in Australia. *Medical Journal of Australia* 2006;185:594-597.
25. Fenta H, HYman I, Noh S. Mental health service utilisation by Ethiopian immigrants and refugees in Toronto. *The Journal of Nervous and Mental Disease* 2006;194:925-934.



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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 Ethiopian 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 Defined as a positive Mantoux test result of ≥ 15 mm.

^{iv} Definition of literacy- Age over 15 years 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.