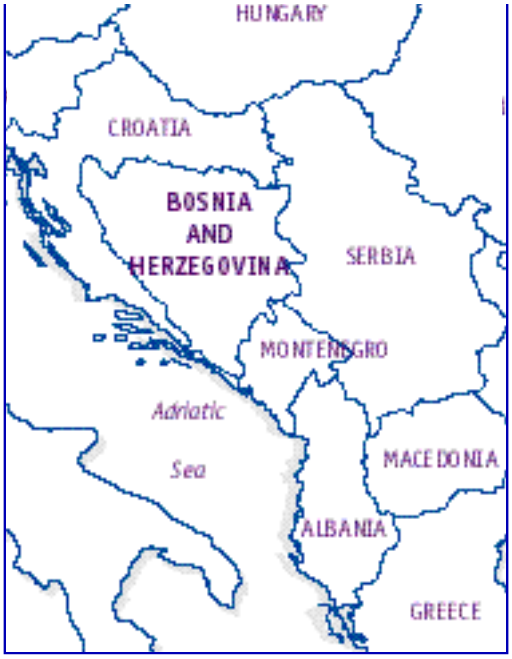
Bosnian Muslims

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to Bosnian Muslim migrants who live in Queensland, Australia. This description may not apply to all 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.

Cultural Diversity

Bosnian Muslims



Introduction

The Socialist Federal Republic of Yugoslavia, was formed in 1945 and comprised the states of Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia.

Within each state, there coexisted a diversity of ethnic groups as diverse as Bosnian Muslims, Gypsies, Albanians, Hungarians, Croatians and Serbians. It was not until the late 1960s that the government of the Socialist Federal Republic of Yugoslavia (SFRY) formerly recognised the Bosnian Muslims as a distinct "nation" with a separate ethnic identity.

In 1991, Slovenia and Croatia declared their independence from the federation of states, 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.

Migration

Since 1991, a large number of migrants to Australia from the former SFRY have come from Bosnia-Herzegovina. Many of these recent migrants have arrived under special humanitarian provisions and will have experienced food shortages, forced repatriation, torture, rape, the death of family members or other trauma.

Religion

Islam is a major religion in Bosnia-Herzegovina but a significant proportion of the population is Christian, either Orthodox Christian (mainly ethnic Serbians) or Roman Catholic (mainly ethnic Croatians). Many people are also non-practising.

For the Muslims, Ramadan is one of the major religious events in the calender. Fasting is required between sunrise and sunset for a period of 30 days and for some adherents this restriction may include the taking of medication

It may be necessary to ask your Bosnian Muslim client if they follow Islamic rules. In Islam, only Halal meat can be consumed. Pork products are forbidden as is alcohol.

Patient Interactions

The level of English proficiency among the Bosnians varies according to age and education, with the younger people tending to be more proficient.

Although the Bosnian language shares many of the features of Serbian and Croatian, and the speakers can frequently understand one

another, an interpreter may be required. If so, care needs to be taken to ensure that the interpreter speaks the right language for your client and is from an acceptable ethnic group.

It may be difficult to gain rapport with some Bosnian clients because of their recent trauma. (See the profile on **Torture and Trauma**).

Health Beliefs and Practices

- The sick person tends to be encouraged to openly discuss their suffering. The relatives give moral and physical support.
- The health provider may be expected to give high significance to discussions of symptoms and complaints.
- Some people may have a fear of serious disease approaching a phobia.
- Many clients will want detailed explanations of tests and procedures.
- Treatment is often not considered complete without medication.

Health in Australia

- Many recent Bosnian migrants have had little health and dental care in the Past five years and may require extra services initially.
- Those coming from camps and other difficult circumstances may have a higher incidence of TB.
- Awareness of public health issues tends to be high but this is often not reflected in lifestyle choices. Exercise is uncommon, and there is a tendency towards being overweight. Smoking amongst men is relatively common.
- Despite the lifestyle risk factors, past data suggests that both men and women have lower mortality rates than the Australian population. This may not be true for those who have come to Australia as refugees or under humanitarian criteria.
- Males tend to have a higher than average mortality from diseases of the digestive system.
- Women tend to have a higher than average incidence of musculoskeletal problems such as muscle and joint pains.
- Tooth decay is endemic at all ages so ongoing dental care is a priority.

Utilisation of Health Services

Past data suggests that both men and women have tended to access doctors more often than the general Australian population. However women tend to be admitted to hospital much less frequently than other Australian women.

Psychosocial Stressors

Isolation

Recent arrivals are often nuclear family groups without the support of extended family. Those with mixed marriages may find it difficult to join the ethnically distinct community groups due to ongoing ethnic and religious tensions.

There is considerable potential for social isolation especially for those who are not confident in English.

mployment

The Bosnians in Queensland encompass people from a wide range of social and occupational backgrounds.

Overseas qualifications and skills may not be recognised in Australia, which can cause frustration, a lowering of social status, and a reduced earning capacity.

Refugee status

Bosnian Muslims have identified the stigma of being a refugee as a concern for them; it destroys their sense of being part of the general community.

Mental Health

The effects of displacement, witnessing horrific events, and in some cases torture and rape, may present as Post Traumatic Stress Disorder (see the profile on **Torture and Trauma**). If not victims themselves, recent Bosnian migrants may have witnessed some of these events. They may tend to keep this hidden. However this can contribute to marital problems, domestic violence, alcoholism, and attempted suicide. Clients may also have survivor guilt, and be worried about those left behind in Bosnia.

- Unemployment, in men particularly, may be associated with depressive illness. Alcohol may be used to compensate for feelings of inadequacy.
- Psychological distress may be expressed as somatic symptoms, particularly gastro-intestinal or respiratory symptoms.
- Mental health seeking behaviour is often limited by language proficiency and lack of knowledge of services.
- There is a stigma associated with admitting to mental illness.
- There may be the view that medication is the only treatment. Psychotherapy, group therapy or occupational therapy may be rejected.
- Members of the older generation are often less proficient in English and may experience additional frustration and isolation because of this.

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.
- Food supplementation often commences around three months of age.
- Toilet training is often commenced as early as six months of age.
- 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.
- Smoking may continue within a household despite the presence of young children, because people are unaware of the risks from passive smoking.
- Children may have unexplained behavioural problems related to previous traumatic experiences in Bosnia.
- Children may have to cope with severe emotional problems amongst older family members.

Women's Health

Many Bosnian women will prefer to see only female health care providers, and would refuse gynaecological examinations by males.

This may also extend to male interpreters being present during consultations.

Family Planning

The condom tends to be a popular form of contraception; the Pill tends to be unpopular because of 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

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.