

Vietnamese



Introduction

The Vietnamese are one of the largest migrant communities from a non-English speaking background in Australia, and the largest community from any single country in Asia. The Vietnamese have tended to come to Australia under humanitarian criteria or for family reunion. Many of these people are survivors of torture and trauma, including rape, starvation, solitary confinement and forced separation from their families.

"The Vietnamese", however, do not comprise a single group. They include people of Chinese (usually Cantonese) ancestry and ethnic Vietnamese. There are also a number of smaller minority groups including the Khmer and Hmong. This means that care must be taken to avoid the assumption that all Vietnamese share common cultural experiences.

In Queensland there are approximately 11,000 people whose country of birth was Vietnam.

Naming Conventions

Vietnamese list their family name first, then their middle name, with their first (given) name listed last. For example, in the name Nguyen Van Hoa,

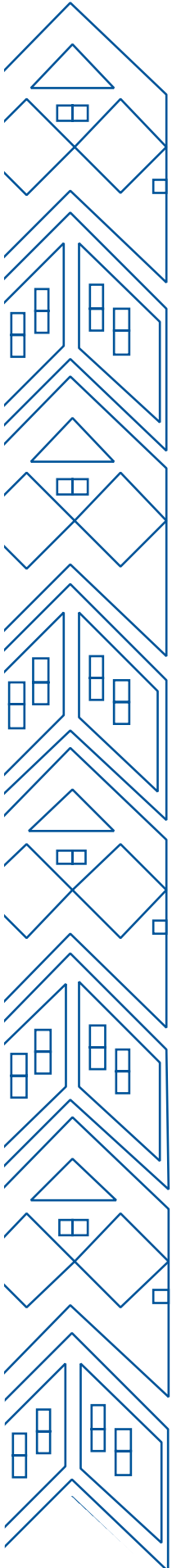
Nguyen is the family name, and Hoa is the person's given name. Many given names are common to both male and females, much like names such as "Chris" and "Alex" in English.

Patient Interaction

Vietnamese generally value flexibility, a readiness to compromise, and the avoidance of conflict. Smiling is a common social response, which is sometimes hard to interpret. Similarly ambiguous is the answer "yes": it may be used to indicate that the listener is paying attention and does not necessarily indicate agreement. It is important to obtain feedback from your client to ensure understanding, especially when they are giving consent to treatment.

Health in Australia

- ⦿ Recent arrivals to Australia may have STDs, hepatitis or intestinal parasites. There have been occasional cases of malaria and Hansen's Disease.
- ⦿ Dental caries are common.
- ⦿ Flare-ups of previously treated tuberculosis are not uncommon in recent arrivals.



- ⦿ Lactose intolerance is possible.

Compared to the general Australian population, 15-74 year old Vietnamese have significantly lower mortality rates. However, Vietnamese men have higher mortality from cancers of the digestive system, and Vietnamese women have higher rates of cervical cancer than for the rest of the population.

Vietnamese women suffer disproportionately from fractures. Domestic violence is increasingly recognised as a problem within the community.

Vietnamese also experience moderate levels of mortality from accidents (other than motor vehicle accidents), poisoning, and violence. Self harm and self injury are relatively common reasons for hospital attendance.

Utilisation of Health Services

Vietnamese use and attitude towards the health system in Australia is in transition.

As a subgroup, they have one of the lowest rates of hospital attendance, but a relatively high rate of visits to a General Practitioner.

Many Vietnamese will use three health sectors either in sequence or simultaneously: the professional sector, the popular or lay sector, and the folk sector, where people can go for traditional healing or advice from the elderly.

Many Vietnamese (particularly the elderly) do not trust Western medicine and tend to use it as a last resort.

Health Beliefs and Practices

A belief in the "hot" and "cold" qualities of food and medicine (herbal and pharmaceuticals) is widespread. "Wind" is another quality that some Vietnamese also consider. An excess of "cold" food, for instance, is believed to be related to coughing and diarrhoea.

The body is seen as operating in a delicate balance between these elements. Before seeking or complying with treatment, Vietnamese may consider the effect that the treatment will have on the balance of these elements.

Data from the US suggests that many Vietnamese immigrants will continue to use traditional methods of healing long after they have migrated. The continued use of these methods seems to be related in part to a person's origins.

Many use traditional remedies in parallel with biomedical health care, but may be reluctant to reveal this to a health care provider.

Self medication and the use of over-the-counter drugs is common. There is, however, an increasing tendency for Vietnamese to attend a doctor before visiting a traditional practitioner such as a herbalist.

Psychosocial Stressors

Language

In spite of reading and writing English well or quite well, many Vietnamese do not speak it fluently. This disadvantage, combined with nervousness about communicating in English, may result in a performance well below ability.

Unemployment and Poverty

Economic disadvantage poses one of the greatest problems for Vietnamese in Australia. Job opportunities are often limited because of lack of recognition of overseas qualifications, low levels of pre-migration employment, few post-secondary qualifications, poor English proficiency, and refugee status.

Low incomes, the costs of supporting newly arrived relatives and the practice of sending money back to relatives in Vietnam keeps available income for the majority of families at a low level. Those with many dependents are further disadvantaged.

Racial Discrimination

Because the Vietnamese are in the category of a "visible minority", they may feel permanently marginalised, especially if they have experienced either subtle discrimination and negativism or outright racism. This feeling may be exacerbated by recent trends in Australian politics.

Aging

Elderly Vietnamese tend to have more difficulty adjusting to Australia than other family members. Many are not well prepared for the consequences of immigration. In Australia they may have to cope with: a perceived breakdown in traditional values and beliefs, isolation, loneliness, and loss of status and self-confidence.

Mental Health

Mental illness is generally considered shameful, often associated with wrong-doing in a previous life. It is often not discussed in the family or the community. Somatisation is a common response to problems of psychogenic origin. A Vietnamese male is, for instance, most likely to discuss his

psychological difficulties as physical symptoms such as abdominal pains or headaches.

- ⊙ Those at greatest risk of developing a mental disorder include: survivors of torture and trauma, the elderly, adolescents and women.
- ⊙ Children in families of torture and trauma victims may also display social withdrawal, chronic fears, depression and dependence.
- ⊙ For elderly Vietnamese immigrants the greatest stress arises from their lack of English and economic dependency. There is the dual task of adjusting to growing old and adjusting to living in a new country.
- ⊙ Women are also at risk because of isolation, lack of kinship structures and economic disadvantage.

(Additional issues associated with torture and trauma are discussed in greater detail in the profile on **Torture and Trauma**).

Maternal and Child Health

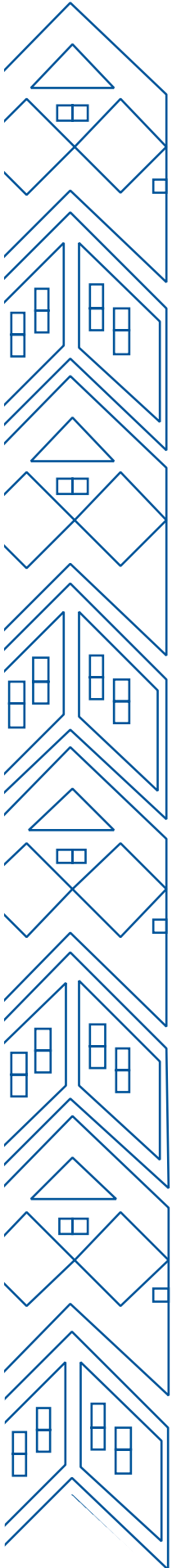
Most Vietnamese women would prefer female health care providers, particularly in obstetrics and gynaecology.

Infant Feeding

Vietnamese women may be reluctant to feed colostrum to a neonate. The benefits of colostrum need to be explained so that the mother can make an informed choice.

Young mothers may be concerned when the establishment of breast feeding is slow, and this appears to result in low rates of continued breast feeding. Reassurance and encouragement is needed to help these mothers.





The Sick Child

When a child is ill, the first recourse may be to a folk or family remedy. Perhaps the most common remedy is rubbing the location of the illness (chest, back, forehead, neck, stomach) with a spoon or a coin and some kind of unguent, such as Tiger Balm or "heating" oil, until bruising results. This kind of cure is called *cao gio* ("rubbing off the bad wind"). It is reputed to work by getting rid of the "wind", which has caused the cold, sore throat, stomach or back pain, headache or flu. Since the effects of this treatment are bruising, it can be mistaken for child abuse.

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

Family Planning

Knowledge of family planning will depend in part on when a person arrived in Australia. Contraceptives may be unpopular among some Vietnamese. The pill may be perceived as a "hot" medicine that can cause handicapped babies, and may (particularly for Catholics) also be thought to constitute too much interference with pregnancy as a God-given function.

More recent arrivals from Vietnam are likely to be familiar with family planning because of strong government policy and the move to "the two child family". Currently in Vietnam IUDs and the rhythm method are widely used forms of contraception. Women who have been in Australia for a relatively long time, however, tend to accept the pill. The IUD is associated with a range of problems, and some believe it to be a cause of personality changes. Many Vietnamese men prefer the condom.

Termination of pregnancy may be seen as an enormous step for a woman to take, because the foetus is considered to have a soul or a spirit.

Resources

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

Vietnamese Community in Australia:
Queensland Chapter
Tel: (07) 3375 5700

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, and Ethnomed, a web-site developed by the Medical School at the University of Washington and devoted to health issues of ethnic communities, were particularly useful. The latter can be found at URL: **[http www.hslib.washington.edu clinical ethnomed.](http://www.hslib.washington.edu/clinical/ethnomed)**

