

Vietnamese Australians

- Large numbers of Vietnamese people fled their country during the Vietnam war after Saigon fell to the Communist Government in the north in 1975 and the Socialist Republic of Vietnam was declared in 1976².
- From 1975 to 1985, an estimated two million people fled Vietnam. People initially fled by sea to refugee camps in South East Asia before seeking refuge in countries including the United States, Canada, France and Australia².
- Before 1975, there was about 700 Vietnam-born people in Australia. Most were students, orphans and wives of military personnel who had served in Vietnam².
- By 1981, there were 49,616 Vietnam-born people in Australia². This increased to 159,849 Vietnam-born people in 2006. Family reunion significantly contributed to the more than 320 per cent increase of Vietnam-born people in Australia in the 25 years between 1981 and 2006².
- **Places of transition:** Thailand, Malaysia, Singapore, Indonesia, The Philippines, Hong Kong and Cambodia.
- **Ethnicity:** The main ethnic group is the Kihn (86.4 per cent)^{4,5}. Smaller ethnic groups include: Tay (1.9 per cent), Muong (1.5 per cent), Khome (1.4 per cent), Hoa (1.1 per cent), Nun (1.1 per cent) and Hmong (1 per cent)^{4,5}.
- **Language:** Vietnamese is the official language and is spoken by the majority of the population^{4,5}. English is becoming increasingly favoured as a second language^{4,5}. Other languages include French, Chinese, Khmer, and the mountain languages of Mon-Khmer and Malayo-Polynesian^{4,5}.
- **Religion:** According to a 1999 census, more than 80 per cent of the Vietnamese population were not

Population of Vietnam-born people in Australia (2006 Census): 159,849¹

Population of Vietnam-born people in Queensland: 13,084¹

Population of Vietnam-born people in Brisbane¹: 11,857¹

Gender ratio (Queensland): 91.6 males per 100 females¹

Median age (Australia): The median age of Vietnam-born people in 2006 was 41.0 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	4.6%
20-39	44.2%
40-59	40.5%
60+	10.6%

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

Year	Australia	Queensland
2006	3419	337
2007	3522	306
2008	3515	375
2009	3648	396
2010	2768	279

affiliated with any religion⁴. Of the remaining population, 9.3 per cent were Buddhist and 6.7 per cent were Catholic. Other religions include Hoa Hao (1.5 per cent), Cao Dai (1.1 per cent) and Muslim (0.1 per cent)^{4,5}.

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

- The top two ancestryⁱⁱ responses of Vietnam-born people in Australia were:
 - Vietnamese – 65 per cent
 - Chinese – 24.6 per cent.
- The main languages spoken at home by Vietnam-born people in Australia were:
 - Vietnamese – 78 per cent
 - Cantonese – 15.7 per cent².
- The main religions of Vietnam-born people in Australia were:
 - Buddhism – 58.6 per cent
 - Catholic – 22.1 per cent².

Communication

- Vietnam-born people list their family name first, then their middle name, with their first (given) name listed last. Many given names are common to both males and females⁶.
- In addressing others, Vietnam-born people often use a person's title (e.g. Mr, Mrs), followed by their first name.
- Some Vietnamese Australians may appear to answer *yes (đạ)* to all questions. This may be a polite way of saying *Yes, I am listening* or *Yes, I am confused*⁷.
- Vietnamese people can use a smile to show many different emotions including happiness, anger, embarrassment or grief⁷.
- Vietnamese Australians may prefer to speak about sensitive subjects indirectly⁷.
- Traditionally, Vietnamese people greet each other by joining hands and bowing slightly⁷. The handshake has been adopted in Vietnamese cities⁷. In public, men often hold hands as an expression of friendship⁷. In Vietnam, women rarely shake hands with each other or with men.
- Outside of Vietnamese cities, making direct eye contact when talking is considered impolite particularly with people senior in age or status. Many Vietnamese people also speak in a low tone⁷.

Health in Australia

- Average life expectancy in Vietnam is 72.2 years (male 69.7, female 74.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)⁴.
- Vietnam-born people in Australia have higher rates of dental problems including decay, and require more restorations and extractions compared to Australia-born people^{8,9}.
- The incidence of tuberculosis in Vietnam-born people in Australia is substantially higher than the incidence among Australia-born people^{10,11}.
- Compared to the general Australian population, 15-74 year old Vietnamese Australians have significantly lower mortality rates⁶. However, Vietnamese Australian men have higher mortality from cancers of the digestive system, and Vietnamese Australian women have higher rates of cervical cancer compared to the rest of the Australian population⁶.
- A survey in New South Wales showed that 13.6 per cent of the 175 Vietnamese Australians surveyed were daily or occasional smokers¹³. This equated to 30 per cent of Vietnam-born men and 2.5 per cent of Vietnam-born women¹³. Smoking rates among Vietnam-born men in the United States have been shown to be high, ranging from 35 to 42 per cent¹².
- In the United States, Vietnam-born men have high rates of liver and naso-pharynx cancer and lymphoma, and both Vietnam-born men and women have relatively high rates of lung and liver cancer¹².
- Research in the United States shows that Vietnam-born people are susceptible to chronic illnesses such as heart disease, stroke, hypertension and diabetes¹².
- Mental health studies of Vietnamese refugees show that they have high levels of depression, anxiety and post-traumatic stress disorder¹⁴.

Health beliefs and practices

- Traditional beliefs regarding shame and guilt are important in understanding how older Vietnamese Australian adults report symptoms¹². Since Vietnamese culture is oriented towards the family and the group, the individual is thought to represent the family as a whole¹². If an individual loses respect or status in the community, the whole family loses respect and status as well. The concept of *loss of face* may be why some older Vietnam-born adults and their families are reluctant to report distressing symptoms¹⁵.
- Oriental medicine, which incorporates traditional Chinese and Vietnamese medicine, is important in Vietnamese culture. Emphasis is placed on the balance of *yin* and *yang* and *hot* and *cold*, and a proper balance is required to maintain health^{6,12}.
- Illness is believed to result from an imbalance of *Yang* (male, positive energy, hot) and *Yin* (female, negative energy, cold) forces in the body. Self control of emotions, thoughts, behaviour, diet and food and medication intake are all important in maintaining balance and health¹². For example, excess eating or worrying can lead to an imbalance or excess of heat, thus resulting in mental and physical illness¹². For example, an excess of *cold* food is believed to be related to coughing and diarrhoea⁶.
- Illness may also be considered a result of environmental influences such as wind and spirits that can offset the internal balance of a person¹². For example, a Vietnam-born person may refer to a cold or flu as being exposed to *poisonous wind* or *catching the wind* instead of *catching a cold*¹².
- Vietnamese Australians may use traditional remedies, including medicines, in conjunction with Australian medical treatments^{6,16}. It is common to use two types of medicine to treat a disease in Vietnam, and some Vietnamese Australians may consider prescribed and traditional medicines to be compatible¹⁶. Many Vietnamese Australians may be reluctant to inform their doctors about their use of traditional medicines because of fear of disapproval^{17,18}.
- Two common treatment methods of *wind* illnesses are coining and cupping¹²:
 - Cupping uses round glass cups which contain a lit taper and are pressed into the skin
 - Coining involves rubbing medicated oils onto the chest and back in parallel lines in order to release poisonous wind.
- To prevent stress for older adults, some Vietnamese families may prefer that the diagnosis of a serious or terminal illness is not disclosed directly to the older family member¹².
- Mental illness is generally considered shameful and is 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. For example, a Vietnamese male is more likely to explain psychological difficulties as physical symptoms such as abdominal pains or headaches⁶.
- Many Vietnamese Australian women prefer a female practitioner, particularly for procedures such as breast and cervical cancer screening¹².
- There is considerable variation in beliefs among Vietnamese Australians, including between earlier migrants and those who migrated more recently¹². Health practitioners should acknowledge these variations and seek the preferences of patients and their families¹².

Social determinants of health

- In 2002, the overall literacyⁱⁱⁱ rate in Vietnam was 90.3 per cent (male 93.9 per cent, female 86.9 per cent)⁴.
- Proficiency in English^{iv} in Australia (2006 Census)¹:
 - 64 per cent of Vietnam-born men and 50 per cent of Vietnam-born women reported that they spoke English well or very well

- 31 per cent of Vietnam-born men and 39 per cent of Vietnam-born women reported that they did not speak English well
- 5 per cent of men and 11 per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 35.1 per cent of Vietnam-born people aged 15 years or older had some form of higher non-school qualification^v compared to 52.5 per cent of the total Australian population².
- The participation rate in the workforce (2006 Census) was 61.9 per cent and unemployment rate was 11.4 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population². The median weekly income for Vietnam-born people in Australia aged 15 years or older was \$349 compared to \$466 for the total Australian population².
- Vietnamese Australians who were exposed to a high degree to trauma before seeking refuge in Australia may still experience mental health issues and disability more than ten years after the events¹⁹.
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with Asian sounding names were subject to discrimination in applying for jobs. People with Asian sounding names had to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon sounding names and those with names

of more established migrant groups such as Italian, even if they had the same work history and education²⁰.

Utilisation of health services in Australia

- There is little research in Australia on the utilisation of health services by Vietnam-born people. There is some evidence in Australia and the United States that the use of preventive health services by Vietnam-born people is low²¹⁻²³.
- Identified barriers to health service usage include not having a regular doctor, economic disadvantage and low English language proficiency^{21,23}. People who are married and have lived in Australia longer have been shown to have more adequate access to health care^{21,23}. Traditional beliefs and practices do not appear to act as barriers to health service access²¹.
- Vietnamese Australians have been shown to have lower rates of access to mental health services than the Australia-born population^{24,25}.
- Identified barriers to mental health service use for Vietnamese Australians include a lack of knowledge about mental health services, differences in understanding of mental illness, belief that mental disorders cannot be treated, language barriers, lack of availability of interpreters, and lack of bilingual and ethnically matched staff²⁶. Somatic presentations and fear of stigma may also contribute to avoidance of mental health services²⁶.



References

1. Australian Bureau of Statistics. CDATA Census 2006. Available: <https://www.censusdata.abs.gov.au/CDATAOnline>. Accessed 07/12/2010, 2010.
2. Department of Immigration and Citizenship. *Community Information Summary: Viet Nam-born*. Commonwealth of Australia: Canberra; 2006.
3. Department of Immigration and Citizenship. Settlement reporting database. Available: <http://www.immi.gov.au/settlement>. Accessed 07/12/2010, 2010.
4. Central Intelligence Agency (CIA). *The world fact book*. CIA; 2010. Available: <https://www.cia.gov/library/publications/the-world-factbook/>.
5. Daniel K. *SBS World Guide: The complete fact file on every country*. Sixteenth Edition ed. Prahan Victoria: Hardy Grant Books; 2008.
6. Allotey P, Manderson L, Nikles J, Reidpath D, Sauvarin J. *Cultural diversity: A guide for health professionals*. Queensland Government Press: Brisbane; 1998.
7. Anti-Racism MaNIACS-G, B, Vemuri, S. *Viet Nam: A cultural profile*. Anti-Racism, Multiculturalism and Native Issues (AMNI) Centre, Faculty of Social Work, University of Toronto: Toronto; 2002. <http://www.cp-pc.ca/english/vietnam/index.html>.
8. Durward CS, Wright FA. The dental health of Indo-Chinese and Australian-born adolescents. *Australian Dental Journal* 1989;34:233-239.
9. Marino R, Wright FA, Minas IH. Oral health among Vietnamese using a community health centre in Richmond, Victoria. *Australian Dental Journal* 2001;46:208-215.
10. Keane VP, O'Rourke TF, Bollini P, Pampallona S, Siem H. Prevalence of tuberculosis in Vietnamese migrants: The experience of the Orderly Departure Program. *The Southeast Asian Journal of Tropical Medicine and Public Health* 1995;26:642-647.
11. Marks GB, Simpson BJ, Stewart GJ, Sullivan EA. The incidence of tuberculosis in a cohort of South-East Asian refugees arriving in Australia 1984-94. *Respirology* 2001;6:71-74.
12. Tran C, Hinton L. *Health and health care of Vietnamese American older adults*. eCampus Geriatrics, Stanford University School of Medicine, Department of Medicine: Stanford, CA; 2010. <http://geriatrics.stanford.edu/ethnomed/vietnamese>.
13. Centre for Epidemiology and Research. *2002-2005 Report on Adult Health by Country of Birth from the New South Wales Population Health Survey*. New South Wales Department of Health: Sydney; 2006.
14. Hinton WL, Chen JD, Tran CG, Miranda J, Faust S. DSM-III-R disorders in Vietnamese refugees: Prevalence and correlates. *Journal of Nervous and Mental Disease* 1993;181:1113-1122.
15. Tran JN, Tran CG, Hinton L. Working with Vietnamese American families. In: *Ethnicity and the dementias*. Yeo G, Gallagher-Thompson D [editors]. New York: Routledge; 2006:263-283.
16. O'Callaghan C, Quine S. How older Vietnamese Australian women manage their medicines. *Journal of Cross-Cultural Gerontology* 2007;22:405-419.
17. Fugh-Berman A. Herb-drug interactions. *The Lancet* 2000;355:134-138.
18. MacLennan A, Myers S, Taylor A. The continuing use of complementary and alternative medicine in South Australia: Costs and benefits in 2004. *Medical Journal of Australia* 2006;184:27-31.
19. Steel Z, Silove D, Phan T, Bauman A. Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: A population-based study. *The Lancet* 2002;360:1056-1062.
20. Booth A, Leigh A, Varganova E. *Does racial and ethnic discrimination vary across minority groups? Evidence from a field experiment*. Australian National University: Canberra; 2009.
21. Jenkins C. Health care access and preventive care among Vietnamese immigrants: Do traditional beliefs and practices pose barriers? *Social Science and Medicine* 1996;43:1049-1056.
22. Taylor RJ, Morrell SL, Mamoon HA, Macansh S, Ross J, Wain GV. Cancer screening in a Vietnamese nominal cohort. *Ethnicity and Health* 2003;8:251-261.
23. Yi JK. Acculturation, access to care and use of preventive health services by Vietnamese women. *Asian American and Pacific Islander Journal of Health* 1995;3:30-41.
24. Klimidis S, Lewis J, Miletic T, McKenzie S, Stolk Y, Minas IH. *Mental health service use by ethnic communities in Victoria*. Victorian Transcultural Psychiatry Unit: Melbourne; 1999.
25. Sue S, Fujino DC, Hu L, Takeuchi DT, Zane NSW. Community mental health services for minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology* 1991;59:533-540.
26. Royal Children's Hospital Mental Health Service. *The Vietnamese mental health service improvement project*. Royal Children's Hospital: Melbourne; 2003.



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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 Vietnamese 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 Literacy is defined as those aged 15 and over who can read and write.

^{iv} Missing and not-stated responses to this question on the census were excluded from the analysis.

^v Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.