

Indian Australians

- Indians were first brought to Australia from the early 1800s to work as labourers and domestic workers³. From the 1860s to the early 1900s, many Indians arrived to work as agricultural labourers, hawkers in country towns and to work in the gold fields³.
- The number of Anglo-Indians and India-born British citizens migrating to Australia increased following India's independence in 1947³. The number of non-European Indian nationals migrating to Australia increased after 1966 and included many professionals such as doctors, teachers, computer programmers and engineers³. By 1981, the India-born population of Australia numbered 41,657³.
- In 2001, there were 95,460 India-born people in Australia³. The 2006 Census recorded 147,110 India-born people in Australia, an increase of more than 50 per cent in five years³. In the five years from 2006 to 2010, 107,597 India-born people settled in Australia⁴ including many skilled migrants and students⁵.
- In addition to India, the three major countries of immigration of India-born people to Australia are Pakistan, Bangladesh and Sri Lanka⁵. Immigrants from an Indian background also migrate from Fiji, United Kingdom, United States, Canada, New Zealand, Singapore, Malaysia, Indonesia, Philippines, the Middle East, Mauritius, South Africa, East Africa, Madagascar and the Caribbean⁵.
- Ethnicity:** The two major ethnic groups of India are Indo-Aryan (72 per cent) and Dravidian (25 per cent)⁶. Other ethnicities, including Mongoloid, make up the remaining three per cent of the Indian population⁶.
- Language:** India has 15 official languages. Hindi is the most widely spoken and the primary language of 41 per cent of the

Population of India-born people in Australia (2006 Census): 147,105¹, Indian ancestry: 234,720²

Population of India-born people in Queensland: 10,974, Indian ancestry: 26,042²

Population of India-born people in Brisbane¹: 7545, Indian ancestry: 19,218¹

Gender ratio (Queensland): 82.1 females per 100 males¹

Median Age (Australia): The median age of India-born in 2006 was 35.8 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population³.

Age distribution (Queensland)¹:

Age	Per cent
0-19	9.8%
20-39	41.9%
40-59	28.6%
60+	19.6%

Arrivals – past five years (Source – Settlement Reporting Database⁴)

Year	Australia	Queensland
2006	21,553	1469
2007	23,183	1776
2008	25,719	1866
2009	22,927	1875
2010	14,215	1086

population. However, more than 200 languages are spoken by people throughout India.

- The 15 official languages of India are⁶:
 - Hindi – 41 per cent
 - Bengali – 8.1 per cent
 - Telugu – 7.2 per cent
 - Marathi – 7 per cent
 - Tamil – 5.9 per cent
 - Urdu – 5 per cent
 - Gujarati – 4.5 per cent
 - Kannada – 3.7 per cent
 - Malayalam – 3.2 per cent
 - Oriya – 3.2 per cent
 - Punjabi – 2.8 per cent
 - Assamese – 1.3 per cent
 - Kashmiri, Sindhi and Sanskrit – less than 1 per cent each.
- Maithili is a non-official language spoken by 1.2 per cent of the population⁶. English has the status of subsidiary official language of India⁶.
- Many Indians grow up learning several languages at once⁷.
- **Religion:** The majority of people in India are Hindu (80.5 per cent). Other religions include⁶:
 - Islam – 13.4 per cent
 - Christianity – 2.3 per cent
 - Sikhism – 1.9 per cent.
- More information on the religious beliefs of Hindu, Muslim and Sikh patients can be found in the series of Health Care Providers' Handbooks published by [Queensland Health Multicultural Services](#)⁸⁻¹⁰.

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

- The top three ancestryⁱⁱ responses of India-born people in Australia were:
 - Indian – 70.1 per cent
 - English – 10.2 per cent
 - Anglo-Indian – 4.3 per cent³.

- The main languages spoken at home by India-born people in Australia were:
 - English – 34.4 per cent
 - Hindi – 19.9 per cent
 - Punjabi – 10.3 per cent
 - Tamil – 6.5 per cent.
- The main religions of India-born people in Australia were:
 - Hindu – 44.2 per cent
 - Catholic – 23.5 per cent
 - Sikh – 11.2 per cent
 - Anglican – 5.1 per cent.

Communication

- Indian Australians usually greet each other with the word *namaste* and a slight bow with the palms of the hands together. Greetings are usually formal and respectful.
- Some Indian Australians may be uncomfortable with physical contact with strangers⁷. In most cases, a handshake is appropriate. However, it is usually not appropriate to shake hands with the opposite sex¹¹. Handshakes are usually gentle, rather than firm¹².
- Naming conventions vary across India¹². Many Indians do not use surnames. People are usually referred to by their title (e.g. Mr, Mrs) and their first name⁷. However, many Indian Australians have adopted Australian naming conventions¹². It is advisable to request permission to use an Indian Australian patient's first name¹³.
- Sikh people use given names followed by either *Singh* (for men) or *Kaur* (for women). Muslim people are known by their given name followed by *bin* (son of) or *binto* (daughter of) followed by their father's given name^{7,9}. For older Hindus, the term *ji* (for both men and women) or *da* (meaning big brother for men) is added to the end of a person's name or title to indicate respect (e.g. *Anita-ji* or *Basu-da*)^{8,13}.

- Indian Australians usually prefer minimal eye contact and in India it is considered rude to look someone directly in the eye, especially where they feel deference or respect^{11,14}.
- In many cases Indian Australians will often avoid saying *no* and may prefer to avoid conflict by giving an answer such as *I will try*⁷. In some circumstances, shaking of the head may indicate agreement¹².
- Indian Australians may say *yes* in order to please a health professional, even if they do not understand the medical concept or treatment plan⁵. It is advisable that health professionals ensure that the patient understands all instructions⁵.
- Indian Australians may avoid the words *please* and *thank you*, believing that actions are performed from a sense of duty and do not require these courtesies⁷.
- Older Indian Australians may expect respectful and deferential treatment¹³. In turn, they often treat doctors with respect and deference and try to closely follow the doctor's recommendations¹³.

Health in Australia

- Average life expectancy in India is 66.5 years (male 65.5, female 67.6) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)⁶.
- There is limited research on the health of Indian Australians.
- Cancer rates for India-born Australians are lower than for people born in Australia, but higher than rates in India¹⁷. The most common cancers among Indian migrants in the United States are prostate, lung and colorectal in men, and breast, genital and colorectal in women¹⁸.
- United States studies have shown that people from an Indian background are at high risk of insulin resistance and Type II diabetes^{15,16}.
- Vitamin D deficiency is a common health problem and Indian-born

women living in the United States are at high risk for osteoporosis¹³.

- A United States study has shown that lactose intolerance is very common in older people of Indian background¹³.
- Cardiovascular disease is higher in Indian migrants in the United States¹³.
- Other health problems of importance among Indian migrants to the United States include hypertension, nutritional deficits, tuberculosis, malaria, filariasis, protozoal and other parasitic infections, hepatitis A, dental caries and periodontal disease, and sickle cell disease¹³.
- Worldwide, Indian women have higher rates of suicide than women of other nationalities¹⁹.

Health beliefs and practices

- Many Indian Australians use Australian medicine in conjunction with traditional remedies including traditional medicine and spiritual practices such as Ayurveda, Siddha, Unani, Tibbi, homeopathy, naturopathy and acupuncture^{12,13}. Ayurveda places emphasis on herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and body^{13,20}.
- The involvement of family members in major and minor medical decisions is crucial for many Indian Australians¹⁴. Disclosing a serious or terminal diagnosis is best undertaken with great care and with the consultation and help of family members. It may be appropriate to ask a patient his or her wishes about confidentiality and privacy before discussion of any sensitive issues¹⁴.
- Many Indian Australian women, particularly older Hindus, may prefer to be examined by health professionals of the same gender¹³. Having a female relative in attendance when examining an older Hindu woman is recommended as it may facilitate a more open interaction¹³.

- An Indian cultural practice that may influence health care is the designation of left and right hands for specific tasks. The right hand is typically used for sanitary tasks such as eating while the left hand is reserved for unsanitary tasks¹⁴. This may affect a patient's comfort with the use of one arm or the other for drawing blood or for the insertion of an IV¹⁴.
- Mental illness has severe negative connotations, especially among the older Hindu population^{13,14}. Some believe that mental illness is due to possession of the *evil eye*¹³. Shame and denial are typical responses to any suggestion of mental illness¹⁴. Because mental illness is concealed, it is often presented to a doctor as somatic complaints such as headaches or stomach pain rather than as anxiety or depression¹³.
- Married Hindu women of Indian background often wear the *Mangalsutra* (a sacred necklace) around their necks¹³. Some Hindu men wear a sacred thread around their torso¹³. Ritualistic armbands are also worn by Hindu men and women¹³. These items are sacred and it is important that they are not cut or removed without the consent of the family^{8,9,13}.
- Certain days of the month based on the Hindu lunar calendar are considered auspicious and Hindus may request surgical procedures to occur on these days¹³.
- Some Indian families may wish for sedation to be decreased for a dying patient because it is considered important that the person is as conscious as possible at the time of death¹³. Many people believe that individuals should be thinking about God at the time of death and that the nature of one's thoughts determines the destination of the departing soul¹³.
- At the time of death, family members may request that the body be positioned in a specific direction^{8,13}. They may wish to drop water from the River Ganges or place a holy basil leaf in the mouth of the patient and to

audibly chant Vedic hymns^{8,9,13}. It is very important for family members to be at the bedside of a dying patient^{8,9,13}.

- More information on the health beliefs and practices of Hindu, Muslim and Sikh patients can be found in the series of Health Care Providers' Handbooks published by [Queensland Health Multicultural Services](#)⁸⁻¹⁰.

Social determinants of health

- Literacyⁱⁱⁱ rates in India are low, particularly for women⁶. The overall rate is 61 per cent based on a 2001 census⁶. Literacy of women is 47.8 per cent and men 73.4 per cent⁶. However, the population of Indian Australians have relatively high levels of education compared to the total Australian population³.
- Proficiency in English in Australia (2006 census)^{iv,1}:
 - 97 per cent of India-born men and 92 per cent of India-born women reported that they spoke English well or very well
 - three per cent of men and six per cent of women reported that they did not speak English well
 - Less than one per cent of men and two per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 76.1 per cent of the India-born population aged 15 years and over had some form of higher non-school qualifications^v compared to 52.5 per cent of the total Australian population³.
- The participation rate in the workforce (2006 Census) was 72.3 per cent and unemployment rate 7.2 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population³. The median weekly income for India-born people in Australia aged 15 and over was \$543 compared to \$466 for the total Australian population³.

- 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 have 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 have the same work history and education²¹.
- A United States study of young Asian immigrants, including those of Indian background, showed major sources of stress included pressure to meet parental expectations of high academic achievement, difficulty in balancing two cultures and communicating with parents, family obligations based on strong family values, and discrimination and isolation due to racial or cultural background²².
- From 2007 to 2010 there were reports of racially motivated attacks on Indian Australians, including Indian students, which resulted in protests by Indian Australians and Indian students²³.
- A United States study has shown that a lower level of English proficiency in older Indian migrants is associated with the use of traditional medicines in preference to accessing doctors and hospitals²⁵.
- Due to negative attitudes towards mental illness, seeking help for mental health problems usually only occurs in severe cases and may start with the pursuit of traditional treatment options¹⁴. Sometimes a patient will agree to treatment by a family physician or a psychologist in a primary health care setting, but will refuse to go to an outside psychiatrist or mental health clinic because of the severe stigma involved¹⁴.
- Individuals who immigrated before 10 years of age show a more positive attitude towards psychological counselling than those who immigrated at a later age²⁶.
- Young migrants from India tend not to seek professional help for mental health problems and instead use personal support networks including close friends and the religious community²².

Utilisation of health services in Australia

- Overseas studies show lower rates of usage of health services and greater expectation of, and reliance on, family support among Indian migrants, especially older people, when compared to those born in the destination country²⁴.

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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 Indian 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.