

ACT Health Community Profile

Sri Lanka

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from Sri Lanka in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- Sri Lanka is a **diverse** country, with many different ethnicities, religions and languages.
- Several different languages are spoken in Sri Lanka, including **Sinhala, Tamil and English**.
- While most Sri Lanka-born people in the ACT **speak English well or very well**, it is important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- The most common religion in Sri Lanka is **Buddhism**. **Hinduism, Islam and Christianity** are also practised.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- Sri Lanka experienced a **civil war** between 1983 and 2009 between a Tamil group and the government.
- A small proportion of people from Sri Lanka settling in the ACT are asylum seekers and refugees, and may have a history of **trauma and displacement**.
- Generally, Sri Lankan health services are comparatively high quality. People from Sri Lanka may be **familiar** with some aspects of the Australian health system.
- Sri Lanka-born people may also wish to take **traditional medicines** to help them recover from illness.
- Sri Lanka-born people may associate **mental illness** with severe stigma, and be reluctant to access mental health services.
- **Cost** of services or treatments may be a concern for some Sri Lanka-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

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2011 Census data: Sri Lanka-born people	
Population (Australia):	86,413 people ⁱ
Population (ACT):	2,268 people ⁱⁱ
Gender ratio (Australia):	104.3 males per 100 females ⁱⁱⁱ
Median age (Australia):	The median age of Sri Lanka-born people was 41 years compared with 45 years for all overseas-born people ^{iv} and 37 years for the total Australian population. ^v

Age distribution of Sri Lanka-born people (ACT, 2011). ⁱⁱⁱ		
Age (years)	Number	Per cent
0-19	272	12
20-39	775	34
40-59	835	37
60+	386	17

Sri Lanka-born arrivals, past five years ^{vi}		
Year	Australia	ACT
2009	6,291	174
2010	5,538	106
2011	5,090	122
2012	5,212	125
2013	3,549	104

Migration history

The first Sri Lankan immigrants to Australia arrived in the late nineteenth century.

Following Sri Lanka's independence in 1948 and the introduction of the Sinhala Only Act (Official Language Act No.33 of 1956), which mandated Sinhalese as the only official language replacing English, many Tamils and Burghers (of mixed European descent) felt disenfranchised. This resulted in significant numbers migrating to other countries including Australia.

In the late 1960s and early 1970s, following the easing of Australia's migration policies, Sri Lankan migrants, including both Tamils and Sinhalese, were admitted to Australia.

In the following decade, the number of Sri Lankans entering Australia increased. Many were fleeing the conflict in Sri Lanka between Tamil separatists and Sri Lankan government forces, which began in 1983 and ended in May 2009. Sri Lankan migrants arrived under Humanitarian, Skilled and Family migration streams.

In the last five years, more than 70 per cent of migrants from Sri Lanka arrived under the Skilled component of the Migration Program, with around 17 per cent under the Family component.^{xiii} A small number (around 150) of Sri Lanka-born people in the ACT arrived as Humanitarian entrants.

Ethnicity

Sri Lanka is made up of several distinct ethnic groups.^{vii} Ethnicity, language and religion are often closely linked in Sri Lanka.

Ethnicity	Percentage of population ^{viii}
Sinhalese	75
Sri Lankan Tamil	11
Sri Lankan Moors	9
Indian Tamil	4
Other/unspecified	0.5

Language

Sinhala and Tamil are the official languages of Sri Lanka and English is recognised as a "link language."^{ix} Sinhala is spoken by 87 per cent of the population, Tamil is spoken by 29 per cent, and English is spoken by 24 per cent.^x

Religion

Buddhism is the official religion of Sri Lanka.^{xi} Religions are practised in Sri Lanka as follows:^{xii}

Religion	Percentage of population
Buddhism	70
Hinduism	13
Islam	10
Roman Catholic	6
Other Christian	1

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The majority of Sinhalese people in Sri Lanka are Theravada Buddhists. Most Tamil people are Hindu, although some are Christian. The majority of Sri Lankan Moors are Muslim.^{xiv}

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱⁱ

The most common ancestry responses[†] of Sri Lanka-born people in the ACT were:

Ancestry	Percentage of population
Sri Lankan	53
Sinhalese	22
Tamil, not further defined	13
Sri Lankan Tamil	6
English	3

An additional 607 people in the ACT, who were not born in Sri Lanka, identified Sri Lankan ancestry; an additional 176 people identified Tamil ancestry, nfd; an additional 142 people identified Sinhalese ancestry; and an additional 72 people identified Sri Lankan Tamil ancestry.

The most common languages spoken at home by Sri Lanka-born people in the ACT were:

Language	Percentage of population
Sinhala/Sinhalese	50
Tamil	28
English	21
Southern Asian Languages, nfd	1

Sri Lanka-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	53
Well	21
Not well	3
Not at all	1
Not stated/not applicable	22

The most common religions of Sri Lanka-born people in the ACT were:

Religion	Percentage of population
Buddhism	44
Hinduism	21
Western Catholic	16
Anglican Church of Australia	5
No religion, nfd	5

Communication and respect

Several different languages are spoken in Sri Lanka. If an interpreter is needed, it is very important to determine a patient's preferred language and provide an interpreter in the correct language.

Sri Lankans have various naming conventions depending on their ethnicity. Often, the family name comes first, and given name second.^{xv}

When addressing a person from Sri Lanka, particularly the elderly, it may be preferred to use the appropriate title (e.g., Mr, Mrs) followed by their family name.^{xvi}

Although some people from Sri Lanka may nod their heads to indicate 'yes' and shake their heads to indicate 'no', this is not always the case. Moving the head from side to side can mean 'yes' for some Sri Lankan Australians.^{xvii} Health professionals should ensure that the patient understands and accepts all instructions, such as by asking open-ended questions.

Health in Australia

In 2012, average life expectancy in Sri Lanka was 75 years (71 years for males, 78 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xviii}

Generally, the Sri Lankan health system is comparatively well-resourced and high performing.^{xix} This is likely to contribute to relatively good health among Sri Lanka-born migrants, although asylum seekers and refugees may have distinct and complex health needs.

[†] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

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The prevalence of diabetes in Sri Lanka is relatively high (12 per cent in 2010, projected to increase to 15 per cent in 2030).^{xx} Cancer incidence in Sri Lanka was estimated to be 47 per cent for males and 53 per cent for females in 2007.^{xxi} Hepatitis B prevalence is estimated to be high-intermediate (5-7 per cent),^{xxii} while tuberculosis rates are relatively low.^{xxiii}

Asylum seekers and refugees from Sri Lanka may have high levels of post traumatic stress disorder (PTSD) and psychiatric distress. Cultural factors may influence the way in which these issues are expressed. Health professionals should be aware that psychological problems may be expressed as somatic complaints to lessen stigma.^{xxiv}

Tamil asylum seekers in Australia (who are waiting for their asylum claims to be processed) have been shown to have higher levels of anxiety, depression and PTSD compared to Tamil refugees and immigrants (who may have more certainty about their legal status and future).^{xxv} Sinhalese asylum seekers are also likely to experience similar issues.

Health beliefs and practices

Sri Lanka-born people may be accustomed to western medicine being used alongside traditional medical systems such as Allopathic and Ayurvedic medicine.^{xxvi} Ayurveda places emphasis on herbal medicine, aromatherapy, nutrition, massage and meditation to create a balance between mind and body.^{xxvii}

The involvement of family in major and minor medical decisions is crucial for many Sri Lankans. Disclosing a serious or terminal diagnosis may be best undertaken 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 discussing sensitive issues.^{xxviii}

A Sri Lankan 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 tasks. 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 IV.^{xxix}

‡ People aged 15+ years who can read and write.

Mental illness may have strong negative connotations and stigma for Sri Lanka-born people. Shame or denial may be responses to suggestions of mental illness.^{xxx}

Sri Lanka-born people may avoid certain foods for religious or cultural reasons.^{xxxi} Dietary needs should be determined before meals are provided.

Social determinants of health

The overall literacy[‡] rate in Sri Lanka in 2010 was 91 per cent (93 per cent for males, 90 per cent for females).^{xxxii}

In 2011, 71 per cent of Sri Lanka-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the Sri Lanka-born aged 15 years and over, 7 per cent were still attending an educational institution. The corresponding rate for Australian overall was 9 per cent.

Among Sri Lanka-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 72 per cent and the unemployment rate was 7 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for Sri Lanka-born people in Australia aged 15 years and over was \$686, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxxiii}

Utilisation of health services in Australia

Research has shown that Tamil asylum seekers experience greater difficulties in accessing medical and dental services than Tamil refugees and migrants. Cost and mistrust of government services may contribute to these difficulties.^{xxxiv} Sri Lanka-born migrants have also reported issues in accessing health services in Tasmania.^{xxxv}

Migrant women from South/Central Asia, including Sri Lanka, are less likely than Australian-born women to participate in cervical screening (Pap tests) at the recommended interval.^{xxxvi}

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Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Sri Lankan Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

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