

ACT Health Community Profile

Vietnam

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 Vietnam 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:

- Vietnam experienced a major **war** between 1955 and 1975.
- Some people from Vietnam settling in Australia have a refugee background, and may have a history of **trauma and displacement**.
- More **recent arrivals** are generally not asylum seekers or refugees.
- The most common language spoken in Vietnam is **Vietnamese**.
- Vietnamese is the second most commonly spoken language among people with **low English proficiency** in the ACT.
- It is important to provide a professional **interpreter** when needed (not a family member), and to make sure the interpreter speaks **the right language**.
- Recently arrived migrants from Vietnam may be **unfamiliar** with some aspects of the Australian health system.
- Vietnam-born people may wish to take **traditional medicines** and eat (or avoid) **special foods** to help them recover from illness.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- People from Vietnam, especially women, may prefer to be seen by health staff of the **same gender**.
- Vietnam-born people may associate **mental illness** with severe stigma, and be reluctant to access mental health services.
- **Hepatitis B** and male **smoking** rates are high among Vietnam-born people in Australia.
- **Cost** of services or treatments may be a concern for some Vietnam-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.



Multicultural Health Policy Unit
Email: multiculturalhealth@act.gov.au
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Vietnam

2011 Census data: Vietnam-born people

Population (Australia):	185,039 people ⁱ
Population (ACT):	2,957 people ⁱⁱ
Gender ratio (Australia):	84.6 males per 100 females ⁱⁱⁱ
Median age (Australia):	The median age of Vietnam-born people was 43 years compared with 45 years for all overseas-born people ^{iv} and 37 years for the total Australian population. ^v

Age distribution of Vietnam-born people (ACT, 2011):ⁱⁱⁱ

Age (years)	Number	Per cent
0-19	171	6
20-39	1,156	39
40-59	1,300	44
60+	329	11

Vietnam-born arrivals, past five years^{vi}

Year	Australia	ACT
2009	4,866	82
2010	4,565	70
2011	5,275	114
2012	5,150	96
2013	4,016	55

Migration history

Vietnam was occupied by French and Japanese forces at different times from 1887. In 1954, Vietnam was divided into two parts, with a communist government in the north and an American-recognised government in the south.

This was followed by further conflict between the north and south. In 1975, the southern capital Saigon fell to the north and the unified Socialist Republic of Vietnam was declared the following year. Many Vietnamese people fled the country. In the following decade an estimated two million people fled Vietnam, initially seeking refuge in refugee camps in south-east Asia and later resettling in Australia, the US, France and Canada.

Before 1975, there was a small community of about 700 Vietnam-born people in Australia. Refugee resettlement occurred during 1975-1985, followed by migration for family reunion. By 1981, nearly 50,000 Vietnamese people had been resettled in Australia.

From the mid-1990s, the number of refugees seeking asylum in Australia declined. The majority of the most recent Vietnam-born migrants to Australia have arrived under the Family Stream of the Migration Program.^x

In 2011, Vietnam-born people represented the fifth largest overseas-born community in the ACT.^{xi}

Ethnicity

The largest ethnic group in Vietnam is Kinh (Viet), with several other smaller ethnic groups.^{vii}

Ethnicity	Percentage of population
Kinh (Viet)	86
Tay	2
Thai	2
Muong	2
Khmer	2
Mong/Hmong	1
Nung	1
Other groups	5

Language

Vietnamese is the official language in Vietnam and is widely spoken, although English is becoming increasingly common. French, Chinese, Khmer and mountain area languages are also spoken.^{viii}

Religion

Most Vietnamese people do not follow a religion. Religions are practised in Vietnam as follows:^{ix}

Religion	Percentage of population
No religion	81
Buddhism	9
Catholic	7
Hòa Hảo	2
Cao Dai	1

Vietnam

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

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

Ancestry	Percentage of population
Vietnamese	84
Chinese	13
Australian	1
English	1

An additional 1,587 people in the ACT, who were not born in Vietnam, identified Vietnamese ancestry.

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

Language	Percentage of population
Vietnamese	85
Cantonese	7
English	6
Min Nan	0.4
Mandarin	0.3

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

Proficiency	Percentage of population
Very well	30
Well	41
Not well	20
Not at all	3
Not stated/not applicable	7

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

Religion	Percentage of population
Buddhism	48
No religion, nfd	23
Western Catholic	22
Baptist	1

Communication and respect

Vietnam-born people may list their family name first, then their middle name, with their given name listed last. Many given names are common to both males and females.^{xii}

Vietnamese people may prefer to avoid eye contact as a sign of respect, particularly when talking to a person who is seen as being higher status or a different gender. Vietnamese people may also bow their head to show respect.^{xiii}

Some Vietnamese Australians may say 'yes' to indicate they are listening, rather than meaning that they fully understand or agree with what is said. Smiling may also have multiple meanings for Vietnamese people, such as showing respect, agreement, apology or embarrassment.^{xiv} Health professionals should ensure that the patient understands and accepts all instructions, such as by asking open-ended questions, and encouraging the patient to ask questions.

Vietnam-born people in the US have stated that when they need an interpreter while accessing health care, they strongly prefer the use of a professional interpreter. Using family members to interpret is seen to disturb family dynamics, especially respect of elders.^{xv}

Vietnam-born women often prefer to be treated by female health care providers.^{xvi}

Health in Australia

In 2012, average life expectancy in Vietnam was 76 years (71 years for males, 80 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xvii}

The prevalence of diabetes in Vietnam is estimated to be relatively low (3 per cent in 2010, projected to increase to 4 per cent in 2030).^{xviii} Hepatitis B prevalence is estimated to be low (<2 per cent) for children aged 5-9 years, but high-intermediate (5-7 per cent) for adults aged 19-49 years in Vietnam.^{xix} Tuberculosis rates are also relatively high.^{xx}

[†] 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.

Vietnam

Adult current smoking rates in Vietnam are high for men (47 per cent) but low for women (1 per cent).^{xxi} In Australia, Vietnam-born men are also more likely to smoke than women, although smoking rates are likely to be lower,^{xxii} probably partly due to local tobacco control measures.

Mental health studies of Vietnamese refugees show that they may have high levels of depression, anxiety and post traumatic stress disorder.^{xxiii} Generally, trauma-related mental illness among Vietnamese refugees in Australia reduces over time but some people who have been exposed to severe trauma have long-term psychiatric morbidity.^{xxiv}

Health beliefs and practices

There is considerable variation in health beliefs among Vietnamese Australians, including between earlier migrants and those who migrated more recently. Health practitioners should acknowledge these variations and seek the preferences of patients and their families.^{xxv}

Aspects of traditional Chinese and Vietnamese medicine are important in Vietnamese culture. Illness may be believed to result from an imbalance of Yang (male, positive energy, hot) and Yin (female, negative energy, cold) in the body. Self control of emotions, thoughts, behaviour, food and medicine intake are all important in maintaining balance and health. For example, overeating or worrying can lead to an imbalance or excess of 'heat,' resulting in mental and physical illness. Too much 'cold' food is believed to be related to coughing and diarrhoea.^{xxvi,xxvii}

Illness may also be considered a result of environmental influences such as wind and spirits that can affect internal balance. 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.^{xxviii}

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 member.^{xxix}

Vietnam-born people may use traditional remedies alongside western-style medicine, but may be reluctant to raise this if they feel that health professionals are not likely to support their choices. Showing respect for patients' health beliefs and practices is likely to encourage patients to share important information.

Health professionals should clearly explain the reasons for, and likely outcomes of, any test or treatment. They should also emphasise the importance of taking a full course of antibiotics, so that patients know to continue the medicine even if their symptoms are resolved.^{xxx}

Generally, Vietnam-born people may prefer or avoid certain foods for religious or cultural reasons. These preferences may change when the person is ill, to include or exclude foods that are seen as 'hot' or 'cold.' Patients may also wish to fast when ill. Dietary needs should be determined before meals are provided.^{xxxi}

Mental illness may have negative connotations and stigma for Vietnam-born people. Shame or denial may be responses to suggestions of mental illness. It may be useful for health care providers to use the term 'behavioural health' rather than 'mental illness.'^{xxxii}

Social determinants of health

The overall literacy[‡] rate in Vietnam in 2011 was 93 per cent (95 per cent for males, 91 per cent for females).^{xxxiii}

In 2011, 38 per cent of Vietnam-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 Vietnam-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 Vietnam-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 61 per cent and the unemployment rate was 10 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

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

Vietnam

The median individual weekly income in 2011 for Vietnam-born people in Australia aged 15 years and over was \$390, 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.^{xxxiv}

Vietnam-born people in Australia may face racism and other forms of direct and indirect discrimination on a regular basis. Vietnam-born people have reported experiencing racist attitudes and behaviours, including violence, when using health services, attending school or university, applying for and maintaining employment, using public transport, shopping, and dealing with police.^{xxxv}

Utilisation of health services in Australia

Identified barriers to health service usage among Vietnam-born people include not having a regular doctor, economic disadvantage and low English language proficiency. People who are married and have lived in Australia longer have been shown to have better access to health care. Traditional beliefs and practices do not appear to act as barriers to health service access.^{xxxvi,xxxvii}

Migrant women from South East Asia, including Vietnam, are less likely than Australian-born women to participate in cervical screening (Pap tests) at the recommended interval.^{xxxviii}

A Victorian community-based chronic disease self-management program delivered in Vietnamese to people from Vietnamese backgrounds resulted in more cognitive symptom management techniques, higher levels of self-efficacy and self-rated health, and lower levels of health distress, social role/activity limitation, illness intrusiveness, pain and fatigue. No difference was found for frequency of health service use.^{xxxix}

A study of oral health outcomes and preventative behaviours among Vietnam-born people in Australia found that higher acculturation (i.e., the extent to which people adapt or change when their cultural environment is changed, such as through migration) is related to better oral health (less caries), more use of dental health services, and better knowledge of oral hygiene practices (including brushing and flossing).^{xl}

Vietnamese Australians have been shown to have lower rates of access to mental health services than the Australia-born population.^{xli,xlii} Barriers 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 staff. Somatic presentations and fear of stigma may also contribute to avoidance of mental health services.^{xliii}

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

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