

ACT Health Community Profile

India

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 India 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:

- The India-born population in the ACT is one of the **largest** overseas-born communities and is growing.
- The most common language spoken by India-born people in the ACT is **Hindi**, but most speak English well or very well.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Over half of India-born people in the ACT are **Hindu**, and may be vegetarian and/or avoid beef as part of their religion.
- Indian people's **families** often play a very important support role, especially during illness. This should be respected.
- It is considered respectful to ask a patient what their **preferred name** is, and how to pronounce it, rather than guessing.
- People from India may be **unfamiliar** with the Australian health system.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- People from India may be at increased risk of type 2 **diabetes**.
- India-born people may wish to take **traditional medicines** or eat special foods to help them recover from certain illnesses.
- People from the India, especially women, may prefer to be seen by health staff of the **same gender**.
- India-born people may associate **mental illness** with severe stigma, and be reluctant to access mental health services.



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.

India

2011 Census data: India-born people

Population (Australia):	295,363 people ⁱ
Population (ACT):	5,886 people ⁱ
Gender ratio (Australia):	125.2 males per 100 females ⁱⁱ
Median age (Australia):	The median age of India-born people was 31 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of India-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	626	11
20-39	3,505	60
40-59	1,241	21
60+	515	9

India-born arrivals, past five years^{iv}

Year	Australia	ACT
2009	35,168	862
2010	25,240	584
2011	22,999	675
2012	25,403	658
2013	23,092	529

Migration history

India was an important trading partner and source of food and provisions for Australia following British colonisation in 1788.^v

Between 1800 and 1860, Indians were brought to Australia to work as labourers and domestic workers. Between 1860 and 1901 many arrived to work as agricultural labourers and hawkers, particularly in country towns. A number also worked in the goldfields.

Migration from India was curtailed after immigration restrictions were introduced in 1901. Following India's independence from Britain in 1947, the number of Anglo-Indians and India-born British citizens immigrating to Australia increased. The easing of immigration restrictions in the late 1960s saw an increase in Indians of non-European background migrating to Australia. By 1981, the India-born population reached 41,657 and the new arrivals included professionals such as doctors, teachers, computer programmers and engineers.

Today, India is one of the top three source countries of migrants to Australia. The 2011 Census recorded nearly 300,000 India-born people in Australia, an increase of 101 per cent from 2006.^{vi}

In addition to India, the three major countries of immigration of India-born people to Australia are Pakistan, Bangladesh and Sri Lanka. Immigrants of Indian background come from many other countries such as Fiji, the United Kingdom, Singapore, Malaysia, Indonesia, Mauritius and South Africa.^{vii}

Ethnicity

India's ethnic history is extremely complex, and it is difficult to define clear ethnic groupings. Language, religion, and/or region of residence, birth or ancestry may be important factors to Indian people in defining their ethnic or cultural identity.^{viii}

Religion

Multiple religions are followed in India, including^{ix}:

Religion	Percentage of population
Hinduism	81
Islam	13
Sikhism	2
Christianity	2
Buddhism, Jainism, Zoroastrianism*	Less than 1 per cent each

* Followers of Zoroastrianism are known as *Parsis* or *Parsees* in India.

India

Language

The official language of India is Hindi, and 21 other languages are recognised in the Indian constitution. The proportion of the Indian population that spoke recognised languages as their primary language in 2001 is as follows^x:

Language	Percentage of population
Hindi	41
Bengali	8
Telugu	7
Marathi	7
Tamil	6
Urdu	5
Gujarati	5
Kannada	4
Malayalam	3
Oriya	3
Punjabi	3
Assamese	1
Maithili	1
Other recognised languages	Less than 1 per cent each

However, many more languages are spoken by people throughout India. The 2001 Indian census identified 1,635 mother tongues.^{xi} Indian people often speak several languages.^{xii}

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

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

Ancestry	Percentage of population
Indian	84
English	5
Sikh	3
Southern Asian (not further defined)	2
Punjabi	2

An additional 3,128 people in the ACT, who were not born in India, identified Indian ancestry.

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

Language	Percentage of population
Hindi	25
English	16
Punjabi	12
Telugu	11
Malayalam	10

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

Proficiency	Percentage of population
Very well	62
Well	17
Not well	3
Not at all	1
Not stated/not applicable	17

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

Religion	Percentage of population
Hindu	55
Sikh	13
Western Catholic	12
No religion (not further defined)	4
Islam	3

Communication and respect

Naming conventions vary across India. For example, Sikh people use given names followed by either Singh (for men) or Kaur (for women).^{xiii} For older Hindus from north India, the term *ji* (for both men and women) is added to the end of a person's first or last name or title to indicate respect (e.g., Arjun-ji or Gupta-ji).^{xiv,xv} Indian Muslim naming conventions tend to be different to other areas such as the Middle East. They may have a formal name and a nickname that is used within their family, and families may not share the same surnames.^{xvi} However, many Indian Australians have adopted Australian naming conventions.^{xvii} It is respectful to request permission to use an Indian Australian patient's first name, especially for older people.^{xviii}

[†] 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.

India

If you are unsure of how to pronounce a patient's name, it is appropriate to ask. Similarly, if you have not met a patient in person and their gender is not clear based on their name, you should clarify this rather than guessing.^{xxix}

Indian Australians may appear to agree with health professionals without fully understanding the medical concept or treatment plan.^{xx} Shaking of the head may indicate agreement or acknowledgment, rather than refusal.^{xxi} 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 India was 66 years (64 years for males, 68 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xxii}

Between 1981 and 2007, mortality rates for cardiovascular disease and diabetes decreased for migrants originating from Southern Asia, including India, but were still higher compared to the Australian-born population.^{xxiii} Indian migrants have significantly higher prevalence of type 2 diabetes compared with the Australian-born.^{xxiv} It is recommended that Indian patients are screened early for diabetes (at age 35).^{xxv}

Overall cancer rates have been found to be lower for India-born Australians in NSW than for people born in Australia, but higher than in India.^{xxvi}

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 or Unani-Tibb, homeopathy, naturopathy and acupuncture. Ayurveda uses herbal medicines, aromatherapy, nutrition, massage and meditation to balance the mind and body.^{xxvii,xxviii,xxix}

The involvement of family members in major and minor medical decisions is crucial for many Indian Australians. Disclosing a serious or terminal diagnosis is 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 discussion of any sensitive issues.^{xxx} Professional interpreters, rather than relatives, should always be used for Indian patients with low English proficiency. Relatives may withhold information to protect the patient from bad news or worry.^{xxxi}

Mental illness may have severe negative connotations for India-born people. Shame or denial may be responses to suggestions of mental illness. Because mental illness is often concealed, it may be presented to a doctor as somatic complaints such as headaches or stomach pain rather than as anxiety or depression.^{xxxii,xxxiii}

Many Indian Australian people, particularly older Hindus, may prefer to be examined by health professionals of the same gender. Having a female relative in attendance when examining an older Hindu woman may also facilitate a more open interaction.^{xxxiv}

When necessary, India-born people may prefer to remove their clothes in a curtained area rather than in front of staff. Indian-born women may wear a long piece of cloth called a *saree* or *sari* wrapped around their body. If this style of dress is likely to be inconvenient for treatment, it is recommended to notify the patient ahead of time so they can wear different clothing.^{xxxv}

India-born Australians often observe religious dietary restrictions, such as vegetarianism or avoidance of beef or pork products.^{xxxvi} Dietary needs should be determined in advance, as it is generally not acceptable to receive meals with meat, even if the meat can be removed. India-born Australians may fast on certain days. It is recommended to check if patients fast, if it is likely to affect their condition or treatment.^{xxxvii}

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 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.^{xxxviii}

India

Some Hindu people may wear sacred necklaces, threads (e.g., around the wrist or torso) or armbands. Sikh people may wear a metal bracelet. It is important that these items are not cut or removed without the consent of the patient or their family.^{xxxix, xl, xli} Certain days of the month are considered auspicious, based on the Hindu calendar, and Hindus may request surgical procedures, including caesareans, to occur on these days.^{xlii}

Social determinants of health

The overall literacy[‡] rate in 2011 in India was 74 per cent (82 per cent for males, 65 per cent for females).^{xliii}

In 2011, 80 per cent of India-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 India-born aged 15 years and over, 6 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among India-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 77 per cent and the unemployment rate was 6 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 India-born people in Australia aged 15 years and over was \$663, 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.^{xliiv}

Indian students in Australia have reported widespread experiences of discrimination,^{xliv} including multiple attacks which were widely reported in 2009 and 2010.^{xlvi}

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 country.^{xlvii}

In Australia in 2006 and 2008, people from India were hospitalised at significantly higher rates for a number of health conditions, including diabetes, heart attack, tuberculosis and dialysis.^{xlviii}

A 2012 study found similar levels of psychological distress among Indian-Australians as the general Australian population. However, Indian Australians were far less likely to seek psychological care from a GP or other mental health professional, although a large proportion accessed health services for other health concerns.^{xlix}

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 options. A patient may agree to treatment by a family physician or a psychologist in a primary health care setting, but often will not go to an outside psychiatrist or mental health clinic because of the severe stigma involved.¹

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

A full list of references is available on request from the Multicultural Health Policy Unit at multiculturalhealth@act.gov.au or (02) 6205 1011.

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[‡] People aged 7+ years who can read and write.