

ACT Health Community Profile

Malaysia

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 Malaysia 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 Malaysia-born population in the ACT is **growing**.
- People from Malaysia in the ACT are from **different ethnic, religious and language groups**. Most Malaysia-born people in the ACT have Chinese ancestry.
- The most common language spoken by Malaysia-born people in the ACT is **English**. Other languages spoken include **Mandarin, Cantonese and Malay**.
- Most Malaysia-born people in the ACT speak English well or very well. However, it is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Malaysia-born people in the ACT follow a range of **different religions**.
- Some people from Malaysia may be **unfamiliar** with the Australian health system.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- Malaysia-born people might prefer to use **traditional medicine** in conjunction with their treatment, such as herbal medicine.
- Some Malaysia-born people may wish to follow **dietary restrictions** or **fast** at certain times.
- Some people from Malaysia, especially women, may prefer to be seen by health staff of the **same gender**, especially regarding sexual or reproductive health matters.
- Some Malaysia-born people may associate **mental illness** with **stigma**, and/or have low mental health literacy.



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.

Malaysia

2011 Census data: Malaysia-born people

Population (Australia):	116,196 people ⁱ
Population (ACT):	2,208 people ⁱ
Gender ratio (Australia):	83.5 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Malaysia-born people was 39 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

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

Age (years)	Number	Per cent
0-19	167	8
20-39	927	42
40-59	774	35
60+	339	15

Migration history

There is a long history of contact between Australia and Malaysia. In the 18th and 19th centuries, Malays were involved in the pearling industry and the collection of trepang (sea slugs) off Australia's northern coast.

The first significant intake of Malaysians to Australia occurred with the Colombo Plan from 1950, which brought nearly 17,000 overseas students to Australia, the majority of who were Malaysians. Many of the students married locally, later sponsoring their parents or siblings to come to Australia. Malaysians have one of the highest rates of intermarriage with Australians.

In the late 1960s, the Malaysian Government introduced affirmative action policies favouring indigenous Malays over other ethnic groups. These policies, combined with factors such as race riots and unfavourable sociopolitical conditions, had a negative impact on Chinese and other minorities in Malaysia. Many Malaysians left the country during this period, migrating to Australia and other countries.

The population of the Malaysia-born in Australia almost doubled in the five years between the 1986 and 1991 Censuses (from 33,710 to 71,740 people).^v In 2011, Malaysia was the tenth most common overseas birthplace for Australian residents.ⁱ

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

Year	Australia	ACT
2010	5,635	61
2011	5,484	100
2012	6,587	110
2013	4,488	77
2014	2,411	42

Ethnicity

Malaysia is very ethnically diverse. Major ethnic groups in Malaysia include^{vi}:

Ethnicity	Percentage of population
Malay	50
Chinese	23
Indigenous (non-Malay)	12
Indian	7
Other	1

Language

Bahasa Malaysia is the official language of Malaysia, but English, several Chinese languages (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Tamil, Telugu, Malayalam, Punjabi, Thai, and indigenous languages such as Iban and Kadazan are also spoken.^{vii}

Religion

Islam is the official religion of Malaysia, but several other religions are also followed^{viii}:

Religion	Percentage of population
Islam	61
Buddhism	20
Christian	9
Hindu	6
Traditional Chinese religions (e.g., Confucianism, Taoism)	1
No religion	1

Malaysia

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

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

Ancestry	Percentage of population
Chinese	58
Malay	17
Australian	10
English	9
Indian	8

An additional 321 people in the ACT, who were not born in Malaysia, identified Malay ancestry.

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

Language	Percentage of population
English	44
Mandarin	19
Cantonese	16
Malay	9
Min Nan	3

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

Proficiency	Percentage of population
Very well	35
Well	18
Not well	2
Not at all	0
Not stated/not applicable	45

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

Religion	Percentage of population
No religion, not further defined	22
Buddhism	19
Western Catholic	14
Islam	8
Anglican Church of Australia	7

Communication and respect

Because Malaysia is so diverse, Malaysia-born people are likely to have very different preferences for communication and showing respect. The ACT Health Community Profiles for China and India may be useful when working with Malaysian people from these backgrounds.

Some Malaysian patients may prefer to be examined by a health care provider of the same gender, especially if exposing body parts considered private, or for reproductive and sexual health matters. If a health care provider of the same gender is not available, patients should be told in advance if possible.^{ix}

Generally, Malaysia-born people show respect for and a sense of duty towards parents and other elders. Age is often viewed positively by Malaysians, as a sign of wisdom. Children and family members usually care for the elderly.^x

Preventing public embarrassment or shame to one's family, also known as 'saving face' may be considered important by Malaysia-born people. Malaysia-born people may value emotional self-control and try to minimise arguments or disagreements, especially in public. Malaysian families may wish to maintain their privacy and be reluctant to talk about family issues or conflict with people outside the family.^{xi}

Malaysia-born people may prefer to be called by their correct title (e.g., Mrs or Doctor). Check with consumers what they would prefer.^{xii}

Health in Australia

In 2012, average life expectancy in Malaysia was 74 years (72 years for males, 76 years for females)^{xiii} compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xiv}

A 2006-08 study found that migrants in Australia from Southeast Asia, including Malaysia, had lower levels of overweight/obesity and female smoking than Australian-born participants.

[†] 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.

Malaysia

However, compared to Australian-born participants, Southeast Asian migrants were more likely to be physically inactive; 10-20% more likely to report being treated for hypertension and/or high cholesterol; and 40-60% more likely to report diabetes. Diabetes, treated hypertension and high cholesterol occurred at relatively low average BMI in Southeast Asian migrants. Overall, the cardiovascular disease risk factor profiles of migrants tended to approximate those of Australian-born people with increasing acculturation, in both favourable (e.g., increased physical activity) and unfavourable directions (e.g., increased female smoking).^{xv}

Malaysia-born people may have relatively low levels of mental health literacy (including being able to identify whether certain characteristics are commonly associated with mental illness, and what kind of disorder they could signify). They may also be more likely to endorse social support, particularly family, as the best source of help for these problems, rather than professional help such as a GP. This may reflect different cultural conceptions of mental health and/or the lack of mental health services in Malaysia.^{xvi}

Malaysia is one of the main source countries for chikungunya virus cases imported into Australia. Chikungunya virus is a mosquito-borne virus characterised by sudden fever and joint pain.^{xvii}

Health beliefs and practices

Malaysia-born people may wish to use western health services and treatments along with alternative therapies, usually depending on their ethnic background (e.g., traditional Chinese medicine or herbal treatments).^{xviii}

Chinese, Indian and Malay Malaysia-born people may share some beliefs based on hot/cold ideas of illness. For example, women are often thought to be 'cold' after giving birth, and may prefer to stay home, dress warmly, and eat 'hot' foods during this time.^{xix} However, the classification of hot or cold may be unrelated to temperature or taste. For example, seafood is classified as cold in Chinese medicine even if it served hot or with chilli.^{xx}

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

Malaysia-born Muslims may wish to perform ablutions or wash with water before prayer, and before and after meals. Some Malaysia-born people may also wish to follow a *halal* diet or observe other dietary restrictions such as vegetarianism. Patients' dietary preferences should be discussed and met wherever possible. *Halal* restrictions may also apply to medicines (e.g., porcine derived medicine or medicine containing alcohol). In such a case, health care providers should discuss alternative options with the patient.^{xxi}

Malaysia-born Muslim patients may also wish to fast at certain times, such as the month of Ramadan. Some people, such as the sick, are not required to fast but may still wish to do so. Safe fasting should be discussed with patients.^{xxii}

Within the ethnic Chinese Malaysian-born community, there may be stigma associated with disability and mental illness. Within the Muslim Malay community, people with a disability are often cared for exclusively by their family and the community.^{xxiii} Visiting the sick is seen as an important duty for many Muslims, so some Malaysia-born Muslim patients may have many visitors in hospital.^{xxiv}

Social determinants of health

The overall literacy rate[‡] in Malaysia in 2015 was 95 per cent (96 per cent for males, 93 per cent for females).^{xxv}

In 2011, 71 per cent of Malaysia-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 Malaysia-born aged 15 years and over, 12 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among Malaysia-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 68 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.

Malaysia

The median individual weekly income in 2011 for Malaysia-born people in Australia aged 15 years and over was \$703, 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.^{xxvi}

Utilisation of health services in Australia

There is limited research about the utilisation of health services by Malaysia-born people in Australia.

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

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