

ACT Health Community Profile

Iraq

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 Iraq 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:

- Various **conflicts** have been ongoing in Iraq since the 1980s.
- Many different languages are spoken in Iraq. The most common language spoken is **Arabic**. Other languages spoken are **Kurdish** and **Assyrian**.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Iraq is home to many **different ethnic groups**. Some of these ethnic groups have experienced persecution.
- The most common religion in Iraq is **Islam**, which is followed by 99% of the population. Iraq-born Muslims may be Shi'a or Sunni.
- Some Iraq-born people settling in Australia are asylum seekers and refugees, who may have a history of **trauma and displacement**.
- People from Iraq may be **unfamiliar** with the Australian health system.
- Iraq-born people may wish to take **traditional medicines**, eat **special food** and use **prayer** to help them recover from some illnesses.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- People from Iraq, especially women, may prefer to be seen by health staff of the **same gender**.
- Iraq-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 Iraq-born people. Make sure patients know about out-of-pocket costs up front.
- **Ongoing conflict** in and around Iraq may be a source of **stress** for Iraqi migrants in Australia.



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: Iraq-born people

Population (Australia):	48,171 people ⁱ
Population (ACT):	320 people ⁱ
Gender ratio (Australia):	106.6 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Iraq-born people was 37 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

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

Age (years)	Number	Per cent
0-19	73	23
20-39	125	39
40-59	95	30
60+	28	9

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

Year	Australia	ACT
2010	2,406	20
2011	3,835	21
2012	2,586	21
2013	4,923	8
2014	2,885	30

Migration history

Since the early 1980s Iraq has experienced successive wars, oppression, and political and economic sanctions resulting in the displacement of at least nine million people, with approximately seven million people leaving the country and two million being displaced within Iraq.^{vii}

The humanitarian crisis in Iraq has included sectarian violence between the two main Muslim groups, the Sunni and the Shi'a, and violence perpetrated against non-Muslim religious minorities.^{viii}

Many recent arrivals from Iraq have come to Australia under the Humanitarian Program. The Gulf War and the quelling of uprisings of the Shi'a and the Kurds in Iraq resulted in an increase in the number of Iraqis coming to Australia after 1991.

Increased places in the Refugee and Special Humanitarian Programs were allocated to Middle East refugees and, during 1991 and 1992, Australia accepted about 2,000 Iraqi refugees. An increasing proportion of more recent arrivals have come under the Family and Skilled Migration categories.

Australia's Iraq-born population includes Kurds, Assyrians, Armenians, Turks, Turkmen and Jewish people.^{ix}

Ethnicity

Iraq is home to many different ethnic groups, including:^v

Ethnicity	Percentage of population
Arab	75-80
Kurdish	15-20
Turkmen, Assyrian and other groups	Less than 5

Language

Arabic and Kurdish are official languages in Iraq. Turkmen and Assyrian (Neo-Aramaic) are official languages in areas where they are spoken by a majority of the population. Armenian is also spoken.

Religion

The majority (99 per cent) of people in Iraq are Muslim. Of these, around 60-65 per cent are Shi'a Muslim and 32-37 per cent are Sunni Muslim. One per cent of the population follow other religions, including Christianity.^{vi}

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

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

Ancestry	Percentage of population
Iraqi	55
Arab, not further defined	20
Assyrian	7
Kurdish	6

An additional 68 people in the ACT, who were not born in Iraq, identified Iraqi ancestry; an additional 41 people identified Kurdish ancestry; and an additional 24 people identified Assyrian ancestry.

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

Religion	Percentage of population
Islam	60
Western Catholic	27
No religion, nfd	4
Assyrian Church of the East	3

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

Language	Percentage of population
Arabic	83
English	9
Assyrian Neo-Aramaic	5
Chaldean Neo-Aramaic	2

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

Proficiency	Percentage of population
Very well	37
Well	37
Not well	15
Not at all	2
Not stated/not applicable	9

Communication and respect

Health care providers should not assume that all Iraq-born people identify as Muslim. Some people may have left Iraq for reasons related to religious persecution.

Doctors and other health care providers are often well accepted and respected by Arabic speaking community members. Older Iraq-born people may ask health care providers for advice on a variety of health matters, including those unrelated to their field of expertise.

Iraq-born Muslim women may wear a *hijab* (head scarf) or other head/body covering while in public or when in the company of strangers. This may be for cultural or religious reasons.

Iraq-born Muslim people may prefer not to make physical contact (e.g., shaking hands) with the opposite gender. Some patients may also prefer to be seen by a health care provider (and interpreter, if needed) of the same gender.

Iraq-born people may see showing respect for older people to be very important, especially older family members. Caring for older people may be considered a religious duty, especially for Muslims. Older people may also be expected to play a large role in family and community decision making. However, families may prefer that information about a family member's health is given to the closest family member first (e.g., the eldest son or daughter), before the family decides whether/how to tell the patient.

It is considered respectful to ask how an Iraq-born person would like to be addressed.^x

Health in Australia

In 2012, average life expectancy in Iraq was 70 years (66 years for males, 74 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xi}

Iraq is one of the most common source countries for people in Australia living with chronic hepatitis B.^{xii}

[†] 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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In 2003-2004 in WA, testing for infectious diseases showed that 11 per cent of refugees from the Middle East, including Iraq, were exposed to hepatitis B, 4 per cent tested positive for giardia, and at least 20 per cent tested positive for tuberculosis.^{xiii}

Iraqi refugees have been shown to have higher rates of untreated tooth decay than the Australia-born population.^{xiv} A small study found that only 15 percent had no untreated decayed teeth and more than 10 percent had high decay levels.^{xv}

Iraqi refugees have also been shown to have high rates of post-traumatic stress disorder (PTSD), anxiety and depression.^{xvi,xvii}

From 1981 to 2007, migrants born in Middle Eastern countries, including Iraq, had lower rates of deaths from all cancers combined compared with the Australian-born population.^{xviii}

Health beliefs and practices

Some Iraq-born people may use western medicine as well as herbal remedies or traditional healing practices.^{xix}

Iraq-born Muslims may see taking care of their health (e.g., by eating nutritious food) as a religious obligation.^{xx} They may also wish to follow a *halal* diet, which involves certain restrictions such as no pork or alcohol consumption. 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}

Iraq-born Muslims may also wish to pray five times a day. Prayers are usually performed on a prayer rug, facing in the direction of Mecca. The hands, face and feet are often washed before prayer. When people are ill, they may pray on fewer occasions, and perform their prayers while sitting or lying in bed.^{xxii}

Iraq-born Muslims may wish to follow certain traditions around childbirth and breastfeeding, such as the father reciting a prayer into a newborn baby's ear, or burying the placenta. It is advisable to ask parents what traditions, if any, they wish to follow, and be told if their wishes cannot be accommodated for clinical reasons. This is also the case for traditions related to death, e.g., handling the body in a certain way.

Iraq-born Muslim patients may wish to fast at certain times, such as the month of Ramadan. Some people, such as the sick, are not strictly required to fast but may still wish to do so. Fasting safely should be discussed with patients.^{xxiii}

There may be a strong stigma associated with mental illness among Iraq-born people. This may lead to reluctance to access mental health services.^{xxiv} A study of adolescent refugees from Iraq found that most had low mental health literacy, and more would seek help from friends for psychosocial problems than any other source, including professional services. Low trust of professional services was a key barrier.^{xxv}

Some people from rural areas of Iraq follow traditional health beliefs and practices that can include supernatural agents such as evil eye, witchcraft, sin, envy and bad luck, and often seek traditional healers. These beliefs may delay patients and their families from seeking medical advice.^{xxvi}

Social determinants of health

The overall literacy[‡] rate in Iraq in 2012 was 79 per cent (86 per cent for males, 72 per cent for females).^{xxvii}

In 2011, 38 per cent of Iraq-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 Iraq-born aged 15 years and over, 15 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

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

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Among Iraq-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 36 per cent and the unemployment rate was 16 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 Iraq-born people in Australia aged 15 years and over was \$288, 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.^{xxviii}

Many Iraqi refugees have experienced traumatic and life threatening experiences before fleeing Iraq. Common traumatic experiences include living in a combat or war zone, imprisonment and torture (especially common for Iraqi men), and the experience of an accident, fire or explosion. The fear of genocide has a major impact on the health of Kurds and non-Muslim minorities from Iraq.^{xxix,xxx}

Iraqi Australians continue to be impacted by fears for family members still living in Iraq. A study of Mandaean refugees living in Sydney showed that those people with immediate family still in Iraq had higher levels of symptoms of PTSD and depression, and greater mental health related disability compared to those without family in Iraq.^{xxxi}

A 2009 study of discrimination based on job applications using ethnically distinguishable names showed that people with names from the Middle East were subject to discrimination in applying for jobs.

People with Middle Eastern sounding names had 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 had the same work history and qualifications.^{xxxii}

Utilisation of health services in Australia

The use of hospital services among people born in refugee-source countries, including Iraq, is lower or similar to that of the Australia-born population.^{xxxiii,xxxiv}

In a study of new arrivals from Iraq in Australia, many respondents reported confusion and lack of knowledge regarding health services in Australia (e.g., the difference between public and private systems). The most common source of knowledge about local health services was friends and relatives. Only 51 per cent knew of more than one health service within their local area. Around two thirds of respondents always went to the same GP, and most indicated they were satisfied with health services. Many raised issues around accessing dental services and specialists.^{xxxv}

Barriers to utilisation of health services include language barriers, cultural barriers related to modesty, gender preferences in seeking and accepting health care from male or female providers, strong values relating to family privacy, values of honour and shame, and barriers related to refugee factors and the stresses of migration.^{xxxvi}

Migrant women from Middle Eastern countries, including Iraq, are less likely than Australian-born women to participate in cervical screening (Pap tests) at the recommended interval.^{xxxvii}

A study of Kurdish refugees in Australia found that most people with psychological distress symptoms did not seek professional help, but instead relied on their own coping strategies, such as family and religious support.^{xxxviii}

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