

ACT Health Community Profile

Syria

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 Syria, 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:

- Armed conflict began in the Syrian Arab Republic (Syria) in March 2011, escalating quickly into civil war.¹
- Over the past four years the conflict in Syria has created a humanitarian crisis that has seen over 4 million people fleeing the country. Many of these refugees will have been exposed to a range of traumatic experiences that will impact on their ongoing mental and physical health.
- **Recent arrivals to Australia** from Syria will highly likely to have been exposed to a range of traumatic experiences that will impact on their ongoing mental and physical health.
- Many of the refugees currently fleeing Syria are Syrian nationals, many are from Iraqi, Kurdish and other backgrounds.²
- The most common language spoken in Syria is **Arabic (Syrian dialect)**. Other languages spoken are **Kurdish, Armenian, Syriac or Turkman**.³
- It is important to provide a professional **interpreter** when needed (not a family member), and make sure the interpreter speaks **the right language**.
- Recently arrived migrants from Syria may be **unfamiliar** with some aspects of the Australian health system.
- The current conflict has shattered the country's health care system, leaving many Syrians with little or no access to basic medical care.
- Syria 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 Syria, especially women, may prefer to be seen by health staff of the **same gender**.⁴
- It is important to note that some Syrians are seeking refuge from situations of conflict and trauma. Some may require an extended period of adjustment once they arrive.



Interpreter

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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Migration history

Syrian immigration to Australia began over a century ago and a few individuals and small groups arrived in Australia in the 1870s. At that time, Syrians migrating to Australia may have included Syrian Christians persecuted by the Ottomans, people escaping economic hardship caused by the opening of the Suez Canal in 1869 and Lebanese and rural workers devastated by droughts and plagues. It was not until late the 1880s and early 1890s that Syrians began arriving in sufficient numbers for attention in the colonial census.

Among the early migrants from Syria were Jews, Copts, Greeks, Armenians, and Lebanese from the province of Greater Syria. At the time, all those coming from Syria were called Syrians even though the majority may have been Lebanese. Since the 1960s, following the easing of immigration restrictions, there has been steady migration from Syria, though small in numbers, mainly under the Family component of the Migration Program.

On 9th September 2015, the government announced **Australia will accept 12,000 Syrian and Iraqi refugees** as part of the Humanitarian Program, in addition to Australia's annual humanitarian intake (which will also include people from Syria). The government has indicated priority will given to those:

- Assessed to be most vulnerable – women, children, and families with the least prospect of ever returning safely
- Located in Lebanon, Jordan, and Turkey

This large group is expected to start settling in Australia from late 2015.⁵

Of this number, the ACT Government has indicated it will resettle around 250 people.⁶

The latest Census in 2011 recorded 8392 Syria-born people in Australia. The 2011 distribution by state and territory showed New South Wales had the largest number followed by Victoria ,Queensland and Western Australia .

Australian Government, Department of Immigration and Border Protection. 2014 [Community Information Summary: Syrian born.](#)

ACT

According to the Australian Government, the number of people in the ACT who were born in Syria are:

2011 Census	2006 Census
67	34

In addition, in the 2011 Census, 65 people in the ACT identified that they had one or both parents born in Syria.

Department of Immigration and Border Protection (2014). *The People of the Australian Capital Territory: Statistics from the 2011 Census*. Canberra: Department of Immigration and Border Protection.

Language

The main languages spoken at home by Syria-born people in Australia were Arabic (5958), Assyrian neo Aramaic (899) and Armenian (713

Language	Percentage of Population
Arabic	71
Assyrian	10.7
Armenian	8.5
English	5.5
Other	4.3

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Syrian-born people in Australia who spoke a language other than English at home, spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well or well	72.9
Not well or not at all	25.7

Ancestry

The most common ancestry responses of Syrians

Ancestry	Percentage of population
Syrian	48.2
Armenian	9.8
Assyrian	9.8
Arab	9.7
Other	22.5

Religion

Religion	Percentage of population
Islam	35.2
Catholic	18.3
Eastern Orthodox	13.9
Oriental Orthodox	10.5
other	22.3

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Cultural considerations

Syria has a history of religious tolerance and pluralism. Although the current conflict has fuelled sectarian tensions; pre-conflict Syrians interacted with members of all religious and ethnic groups in society. Syria has a long history of accepting immigrants and refugees. After the 2003 U.S invasion of Iraq, hundreds of thousands of Iraqi refugees fled to Syria.

Syrians may or may not be devout in their faith. Varying levels of practice are accepted, even within the same family. Devout Muslims in Syria may pray five times a day, but do so in private and may postpone prayer if it is not convenient. Many Muslims fast in the time of Ramadan- a time for introspection, charity and to feel empathy with the poor. The end of Ramadan is celebrated with three days of family visiting and feasting called *Eid*.

Families are generally large and extended in Syria. Among family members there are close bonds of love and support as well as responsibility and supervision. Family members feel a duty to take care of each other and make sure no one does anything that will negatively affect other family members.

In general, Syrian society is traditional and everyone is under the protection and authority of the oldest male. Gender roles in Syria may vary according to economic class, and urban/ rural residency.⁷

Health Care Beliefs and Practices

Syrians highly value Western medicine, though their own health care beliefs, practices and preferences reflect their own culture and social realities.

- Syrians generally prefer to be seen by same-sex health care providers.
- Syrians may be embarrassed by personal questions.
- For reasons of modesty, female hospital patients usually prefer long hospital gowns
- During hospital stays, Muslim patients will prefer food that is in accordance with Islamic dietary practices.

The presence and emotional support of family members is extremely important in times of illness.⁸

Pre-arrival screening

All permanent migrants to Australia, including humanitarian entrants undergo Immigration Medical Examinations. Humanitarian entrants are also offered an additional Departure Health Check including measles, mumps, rubella and polio vaccinations. In addition, Humanitarian entrants will have a post arrival refugee health assessment.

Due to the recent conflict in Syria, some children may be under-immunised or unimmunised and may require catch up.⁹

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Chronic health conditions

The current conflict in Syria has shattered the country's health care system, leaving many Syrians with little or no access to medical care. By 2013, roughly half of the country's health care facilities had been destroyed, and most of Syria's health care professionals had fled or been killed or injured. In addition, medication production fell, making treatment for chronic illnesses problematic.¹⁰

Women

Due to issues surrounding living in conflict zones and displacement from home, Syrian women experience vulnerability leading to sexual harassment, rape, violence, early age at marriage, early age at pregnancy and complications during pregnancy.

In addition to general health issues, due to lack of services, prioritizing other family members, gender dynamics and fear of seeking services, Syrian women's health and reproductive health disproportionately suffers. Small-scale needs assessments show high levels of sexual and gender-based violence including rape, assault, harassment and intimate partner violence, early marriage, early age at pregnancy, frequent UTIs, complications during pregnancy and prostitution among refugees. Gender-based violence and sexual exploitation are of primary concern.

In addition, women experience stress, trauma and mental health impacts related to living

Levels of psychological stress are high among women, girls, boys and men. People with pre-existing mental disorders are becoming even more vulnerable, and significant numbers of Syrians are experiencing increasing levels of emotional disorders, such as depression, prolonged grief disorder and posttraumatic stress disorder.

Women are also at risk for anaemia. Studies of Vitamin D deficiency in refugees to Australia from the Middle East showed a prevalence of 20-66%, related to reduced sun exposure. (CORC)

Mental Health

The effects of conflict on Syrian mental health and psychosocial wellbeing are profound. The ongoing hardships and violence associated with the conflict have had pervasive effects on the mental health and psychosocial wellbeing of Syrian adults and children. Experiences related to the conflict are compounded by the daily stressors of displacement, including: poverty, lack of resources and services to meet basic needs, risks of violence and exploitation, discrimination and social isolation.

Many refugees and Internally Displaced Persons have endured conflict related violence and injury. Central issues for many Syrians are loss and grief, whether for deceased family members or for emotional, relational or material losses.

For most Syrians, the first source of support is the circle of family and friends. However, displacement, violence and the dynamics of the conflict can disrupt social support structures and alter social networks and gender roles, which may contribute to undermining the ability to cope and increase levels of family violence and psychological distress. In the current protracted crisis, with no end in sight, increasing levels of poverty, lack of options for livelihood, increasing limitations on refugees' right to seek international protection and access services in countries in the region, there is a pervasive sense of hopelessness setting in for many Syrians. This may lead to negative coping strategies in dealing with stress, and addressing the daily struggle to provide for themselves and their families. Furthermore, dependency on external aid and inability to provide for themselves often negatively affects people's dignity and sense of agency.

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Post traumatic Stress disorder, anxiety and depression may be common in recent arrivals to Australia from Syria.

A recent study of Syrian refugees living in Germany found that:

- Over half had psychological illness, most commonly Post Traumatic Stress Disorder
- Over 705 had witnessed violence
- Among children, 40% had witnessed violence, 285 had watched family members being attacked and 20 % suffered from PTSD¹¹.

Children

Children may be particularly vulnerable in times of conflict. Many have witnessed violence and have had to leave their homes in dangerous circumstances. Trauma and its symptoms may be manifest.

Generally, studies have found that Syrian refugee children experience a wide range of psychosocial problems resulting from both their experiences in the war, and their current living situation. Problems include: fears, difficulties sleeping, sadness, grieving and depression (including withdrawal from friends and family), aggression or temper tantrums

Children may also be at risk from poor nutrition, again resulting from circumstances in war. Catch up immunisations may be required.¹²

Smoking

In Syria, smoking is common, including indoors in homes, offices and restaurants. Syrians may need to be reminded of local regulations and expectations regarding smoking in public places.¹³

Utilisation of health services in Australia

Due to the disruption of health services in Syria resulting from civil conflict, many recent Syrian arrivals to Australia may not have had access to health services for a period of time.

In addition, they may be unfamiliar with the Australian health care system.

Sensitivity and consideration of the need for an accredited interpreter is important.

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