

Iraqi Australians

- 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 Iraq⁴.
- The humanitarian crisis in Iraq has included sectarian violence between the two main Muslim groups, the Sunni and the Shi'a, and ethnic cleansing perpetrated against non-Muslim religious minorities including the Yazidis, the Chaldean-Assyrians, Iraqi Christians, Kurds and the Mandaeans (a small pre-Christian sect)⁵.
- In 1976, the Iraq-born population in Australia was 2273 and by 1986 this had almost doubled to 4516². Since the 1991 Gulf War, thousands of Iraqis have found refuge in Australia with the 2006 census recording 32,520 Iraq-born people in Australia². At that time, 89.6 per cent of the Iraq-born population were living in New South Wales and Victoria with only a relatively small percentage (2.2 per cent) settling in Queensland². This trend has continued with less than six per cent of Iraqi refugees arriving in Australia settling in Queensland in the five years since 2006³.
- **Places of transition:** Syria, Jordan and Iran.
- **Ethnicity:** There are two major ethnic groups in Iraq: Arabs (75-80 per cent) and Kurdish (15-20 per cent)⁶. The Kurds are a distinct group who live in an area in the north located at the intersection of Turkey, Iraq, Iran, Syria and Armenia⁴. Turkomans comprise less than three per cent of the population and Assyrians less than two per cent^{4,6}.
- **Language:**
 - Almost all Iraqis speak Arabic, the official language of Iraq

Population of Iraq-born people in Australia (2006 Census): 32,520¹

Population of Iraq-born people in Queensland: 723

Population of Iraq-born people in Brisbane¹: 535

Gender ratio (Queensland): 62.1 females per 100 males¹

Median age (Australia): The median age of Iraq-born people in Australia in 2006 was 35.7 years compared with 46.8 years for all overseas born and 37.1 for the total Australian population².

Age distribution (Queensland)¹:

Age	Per cent
0-19	19.8%
20-39	40.8%
40-59	32.2%
60+	7.2%

Arrivals – past five years (Source – Settlement Reporting Database³)

Year	Australia	Queensland
2006	2586	64
2007	2143	48
2008	3547	194
2009	3719	102
2010	2092	113

- Kurdish (official in Kurdish regions) is spoken in northern Iraq
- The Turkomans speak Turkish
- The Assyrians speak Aramaic
- Farsi is spoken by some groups in Iraq^{4,6}.

- **Religion:**

- About 95 per cent of Iraq's population is Muslim, but split between Sunnis (32-37 per cent) and Shi'ites (60-65 per cent)^{4,6}. Although the two groups are similar, there are some differences⁷.
- Prior to the 2003 US-led invasion of Iraq, Christians made up nearly four per cent of the population of Iraq⁴. Chaldeans form the majority of Iraq's Christians. The Chaldean community is a very old Catholic sect who traditionally lived in what is modern Iraq⁸. Other Christian communities include the Assyrian (or Nestorian), Mandaean (or Sabaeen) and Armenian⁹.

Ancestry, language and religion in Australia (2006 Census for Iraq-born)²:

- The top three ancestry responsesⁱⁱ of Iraq-born people settled in Australia were:
 - Assyrian/Chaldean – 37.7 per cent
 - Iraqi – 31.7 per cent
 - Arab – 9.1 per cent.
- The main languages spoken at home by Iraq-born people in Australia were:
 - Arabic – 48.6 per cent
 - Assyrian (Aramaic) – 38.9 per cent
 - Other – 4.8 per cent
 - English – 3.9 per cent
 - Kurdish – 3.8 per cent.
- The main religions of Iraq-born people in Australia were:
 - Catholic – 37.6 per cent
 - Muslim – 30.9 per cent
 - Assyrian Apostolic – 13.2 per cent.

Communication

- The most common form of greeting is a handshake coupled with direct eye contact and a smile. Handshakes may be prolonged⁷. It is normal for people of the same gender (men/men, women/women) to kiss on the cheek as well as shake hands when greeting.

- For some Iraqi Australians, it is disrespectful for a man to offer his hand to a woman unless she extends it first⁷. However, this is usually not the case for Christians and Kurds¹⁰.
- A single, downward nod is the most common expression for yes⁹.
- Many Iraqi Australians view outward signs of emotions in a negative manner because of the need to save face and protect honour⁷.
- Many Iraqi Australian women who are Muslim wear a *hijab* (head covering) or *jilbab* (full body covering) in public.
- It is recommended that gender is considered when matching a patient with a health worker or interpreter¹¹.
- Both male and female Iraqi Australian patients have a preference for a male doctor. For pregnancy or gynaecological needs, most women prefer to be seen by a female doctor¹².

Health in Australia

- Average life expectancy in Iraq is 70.3 years (male 68.9, female 71.7) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)⁶.
- Chronic conditions including obesity, hypertension and latent tuberculosis infection have been shown to be prevalent in Iraqi refugees¹³.
- Iraqi refugees have been shown to have higher rates of untreated tooth decay than the Australia-born population^{14,15}. A small study found that only 15 per cent had no untreated decayed teeth and more than 10 per cent had high decay levels¹⁵.
- Iraqi refugees have been shown to have high rates of post-traumatic stress disorder (PTSD), anxiety and depression^{5,16}.

Health beliefs and practices

- Many Iraq-born people place a high value on Australian health care practices and have confidence in the medical profession¹².

- It is common for a family member to stay with the patient and to help answer questions^{12,17}. Many Iraq-born people expect information about a patient's diagnosis and prognosis to be first filtered through the family with the family deciding whether or not to tell the patient¹⁷.
- For Iraqi Muslims:
 - Iraqi Muslims may be reluctant to disclose personal information and may be embarrassed by personal questions, including their sexual relationships. Patients may not provide enough information for a comprehensive diagnosis¹².
 - It may be stressful for Muslim women to expose their bodies in front of male health care providers, or to even discuss sensitive topics related to women's health¹⁸.
 - It is expected that decision making regarding procedures such as a tubal ligation or hysterectomy involve the woman's husband¹⁷.
 - Religious rituals and customs at birth and death are important. A Muslim birth custom involves having an adult male be the first person to speak to a new born infant. This male, who becomes a special person in the infant's life, whispers a blessing in the infant's ear¹⁹. This is usually the *Adhan* or what is usually recited as a call for prayer.
 - Muslims may prefer to decrease sedation at the time of death so that the patient is able to hear the final part of the same blessing he or she heard at birth. The blessing, which is the *Kalima* or confession of the faith, should be the last thing one hears at death¹⁹.
 - Muslims are required to pray five times a day and this may be particularly important when they are ill¹⁷.
 - For more information on Islamic beliefs affecting health care refer to the [Health Care Providers' Handbook on Muslim Patients](#)²¹.
- Some rural Iraqis have ancient traditional health beliefs and practices that can include supernatural agents such as *evil eye*, *jinni*, witchcraft, sin, envy and bad luck and often seek traditional healers²². These beliefs may delay patients and their families from seeking medical advice²².
- Mental illness is often stigmatised. A person with mental health problems may not seek advice from professionals or even family members²³.

Social determinants of health

- The literacy rateⁱⁱⁱ for females in Iraq in 2000 was low (64.2 per cent) compared with males (84.1 per cent)⁶. The overall literacy rate was 74.1 per cent⁶.
- Many Iraqi refugees have experienced traumatic and life threatening experiences before fleeing Iraq^{5,16}. 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 explosion¹⁶. The fear of genocide has a major impact on the health of Kurds and non-Muslim minorities from Iraq⁵.
- 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 Iraq⁵.
- Proficiency in English (2006 Census)^{iv,1}:
 - 78 per cent of Iraq-born men and 65 per cent of Iraq-born women in Australia reported that they spoke English well or very well
 - 18 per cent of men and 26 per cent of women reported that they did not speak English well
 - four per cent of men and nine per cent of women reported that they did not speak English at all.

- At the time of the 2006 Census, 36.9 per cent of Iraq-born people aged 15 years and older had some form of higher non-school qualifications⁷ compared to 52.5 per cent of the total Australian population².
- The participation rate in the workforce (2006 census) was 40.7 per cent and unemployment rate was 22.3 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population². The median weekly income for Iraq-born people in Australia aged 15 and older was \$228 compared to \$466 for the total Australian population².
- A 2009 large-scale audit discrimination study 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 qualifications²⁵.

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^{26,27}.
- 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 migration²⁸.



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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Iraqi Australians and this profile should be considered in the context of the acculturation process.

ⁱ Brisbane is defined as Local Government Area of Brisbane in ABS Census data

ⁱⁱ At the 2006 Census up to two responses per person were allowed for the Ancestry question, count is therefore total responses not person count.

ⁱⁱⁱ Definition of literacy- Age over 15 years can read and write.

^{iv} Missing and not-stated responses to this question on the census were excluded from the analysis.

^v Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.