

ACT Health Community Profile

Iran

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 Iran 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 Iran-born population in the ACT is **growing**.
- People from Iran in the ACT are from **different ethnic, religious and language groups**.
- The most common language spoken by Iran-born people in the ACT is **Persian**, also known as **Farsi**.
- Most Iran-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**.
- Around half of Iran-born people in the ACT follow **Islam**, making it the most common religion in this group.
- People from Iran may be **unfamiliar** with the Australian health system.
- Iran-born people may wish to **involve their families** in their decision making and care when using health services.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- Some Iran-born people may wish to follow **dietary restrictions** or **fast** at certain times.
- Some people from Iran, especially women, may prefer to be seen by health staff of the **same gender**, especially regarding sexual or reproductive health matters.
- **Cost** of services or treatments may be a concern for Iran-born people. Make sure patients know about out-of-pocket costs up front.
- **Ongoing conflict** in and around Iran may be a source of **stress** for Iranian 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.

Iran

2011 Census data: Iran-born people

Population (Australia):	34,454 people ⁱ
Population (ACT):	545 people ⁱ
Gender ratio (Australia):	115.3 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Iran-born people was 36 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

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

Age (years)	Number	Per cent
0-19	42	8
20-39	280	51
40-59	161	30
60+	61	11

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

Year	Australia	ACT
2010	3,226	36
2011	4,714	38
2012	6,026	122
2013	4,009	65
2014	2,788	34

Migration history

Before the 1979 revolution which led to the establishment of the Islamic Republic of Iran, most migration from Iran to Australia was by service workers, particularly in the oil industry.

In 1981, Australia began a special humanitarian assistance program for people following the Bahá'í faith seeking to escape religious persecution in Iran. By the end of the decade, around 2,500 people had arrived under this and other refugee programs. The Iran-born are primarily Shi'a Muslims, while others are of the Bahá'í, Catholic and Armenian Apostolic faiths. Nearly half of people following the Bahá'í faith in Australia were born in Iran.

During the 1980s there was a major war between Iran and Iraq. This resulted in an increase in migration to Australia. During the late 1980s and 1990s many professionals started to leave Iran for Australia due to economic and political hardship. In the latter half of the 1990s, while political and religious persecution remained important reasons for migration, many Iranians also came under the Skilled and Family Streams of the Migration Program.^v

Ethnicity

Ethnic groups in Iran include^{vi}:

Ethnicity	Percentage of population
Persian	61
Azeri	16
Kurd	10
Lur	6
Baloch	2
Arab	2
Turkmen and Turkic tribes	2

Language

Persian, also known as Farsi, is the official language of Iran, but several other languages are also spoken^{vii}:

Language	Percentage of population
Persian	53
Azeri Turkic & Turkic dialects	18
Kurdish	10
Gilaki and Mazandarani	7
Luri	6
Balochi	2
Arabic	2

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Religion

Islam is the official religion of Iran and is followed by 99 per cent of the population. Most Iranian Muslims (90-95 per cent) are Shi'a, and a small number (5-10 per cent) are Sunni. Other religions followed in Iran include Zoroastrianism, Judaism, Christianity and the Bahá'í faith.^{viii}

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

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

Ancestry	Percentage of population
Iranian	90
Kurdish	3
English	1
Australian	1
Afghan	1

An additional 232 people in the ACT, who were not born in Iran, identified Iranian ancestry.

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

Language	Percentage of population
Persian (excluding Dari)	83
English	10
Dari	2
Kurdish	2
Arabic	1

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

Proficiency	Percentage of population
Very well	46
Well	34
Not well	8
Not at all	1
Not stated/not applicable	11

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

Religion	Percentage of population
Islam	54
No religion, not further defined	22
Bahá'í	10
Not stated	6
Western Catholic	2

Communication and respect

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

Some Iranian 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.

Dressing modestly may be important to Iran-born Muslims, including when in hospital.^{ix} For home visits of Iran-born Muslim patients, it is recommended to dress modestly to show respect, and ask if shoes should be worn inside.

Iran-born people may see respect for older people as being very important, especially between children and their parents. Patients may expect their family members to be involved in their health care and decision making. Visiting the sick is also seen as an important duty for many Muslims, so some Iran-born Muslim patients may have many visitors in hospital.^x Some Iran-born people may believe that bad news should be given to the patient's family first, in order to protect the patient from stress.^{xi} Older Iran-born people may wish to be addressed by their title and surname.^{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.

Iran

Health in Australia

In 2012, average life expectancy in Iran 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 study of elderly Iranian-born migrants in Sydney found that migrants had significantly higher levels of psychological distress, lower levels of wellbeing, more limitations in physical functioning, and greater need for assistance in activities of daily living, compared to their Australian-born counterparts. Migrants with higher levels of English language proficiency were more likely to report positive wellbeing.^{xv}

Another study of adult Iranian migrants in Sydney found that a high proportion had high levels of psychological distress. Higher levels of psychological distress were related to being a student (as compared to working full-time), and feeling that migration caused distress.^{xvi}

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

A 2010-2011 study of refugee health found that one third of participating Iranian refugees, who had been settled in Australia for less than one year, had Vitamin B12 deficiency.^{xviii}

In terms of health-promoting behaviours, Iranian migrants in Victoria reported increasing their physical activity levels, and having greater variety in their diet, after migrating to Australia. While some gained weight in the early stages following migration (which may be related to stress and isolation), most became more aware of, and tried to increasingly follow, healthy eating and exercise habits as they spent more time in Australia.^{xix}

Health beliefs and practices

Although there are some health beliefs and practices that Iran-born Muslims may wish to follow, Islam allows the preservation of life to take precedence over all rules and restrictions.

Iran-born Muslims may wish to perform ablutions or wash with water before prayer, and before and after meals. Some Iran-born people may also wish to follow a *halal* diet or observe other dietary restrictions. 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.^{xx}

Iran-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.

Iran-born Muslim patients may 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. Fasting safely should be discussed with patients.^{xxi}

Mental illness may be seen as a private matter for Iranian families.^{xxii}

Social determinants of health

The overall literacy rate[‡] in Iran in 2011 was 85 per cent (89 per cent for males, 81 per cent for females).^{xxiii}

Iranian migrants tend to be well educated and may migrate for reasons related to personal freedom rather than economic or material disadvantage.^{xxiv}

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

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In 2011, 67 per cent of Iran-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 Iran-born aged 15 years and over, 11 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among Iran-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 58 per cent and the unemployment rate was 13 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 Iran-born people in Australia aged 15 years and over was \$446, 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.^{xxv}

Utilisation of health services in Australia

In a study of new arrivals from Iran 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, although one respondent described driving around the streets looking for a doctor. Only 22 per cent knew of more than one health service within their local area. All 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.^{xxvi}

Among elderly Iranian migrants in Sydney, 96 per cent reported using a range of health services in the previous year. However, those with lower English proficiency had lower levels of health service use.^{xxvii}

Iranian women may face difficulties in accessing sexual and reproductive health services in Australia. Communication with health care providers may be difficult due to a lack of knowledge regarding sexual and reproductive health terms (which may also be taboo). Women may also be reluctant to use interpreters to confidentiality concerns. A telephone interpreter may therefore be preferred.^{xxviii}

Written by ACT Health Multicultural Health Policy Unit (2015) based on Queensland Health Multicultural Services (2011) *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.

Date for review: April 2020.