

Community Profile: Iraqi

Language: Arabic, Kurdish, Chaldean

Country of Origin: Iraq

Places of Transition: Syria, Jordan, Lebanon, Turkey

***This guide is meant to provide a general cultural orientation and does not describe every person from this community**

Dos and Don'ts

- Respect the patient's religious beliefs and practices.
- Whenever possible, match patients with caregivers of the same gender.
- Address the patient formally with Mr., Mrs., or Miss, rather than using first names.
- A handshake with eye contact and a smile is a common greeting, however men should wait for a woman to extend her hand first.
- If the husband is present in the room of a female patient, be sure to acknowledge his presence when speaking.
- Always explain your reason for initiating contact before touching the patient.
- Prioritize urgent concerns and if there are concerns that have not been addressed yet, be sure to schedule a follow-up visit.
- Smile, listen attentively, and express genuine concern.
- Compliment good health behavior to encourage and reinforce healthy habits.
- Inform the patient of proper medication usage, and describe the consequences of inappropriate use.
- Be sure to stress disclosure of all medications.

Health attitudes, beliefs and stigmas

The majority of Iraqis practice Islam (2/3 Shi'a, 1/3 Sunni¹). A small minority practice Christianity and other religions.

It is common for conservative Muslims to accept a health condition as God's Will and reject treatment.

Iraqis may use natural remedies such as cumin, tea, butter, and henna to treat minor ailments.

Muslims follow halal dietary laws. Meat must come from animals slaughtered by another Muslim according to ritual. Pork and alcohol are forbidden.

During Ramadan², Muslims fast from sunrise to sunset for a month. Medication regimens may need to be adjusted.

Children, pregnant women, and the ill may be exempt from the fast. Still, conservative Muslims may refuse to take medication during the daytime. Speak with an elder in the family, or an Imam³, to discuss if the patient's state of fasting is inappropriate.



In Iraqi culture, there is a strong stigma associated with mental health and counseling services. Discuss mental health issues in terms of the symptoms, rather than using jargon that may elicit immediate negative reactions.

Many Iraqis have come from a modern city and an educated background, shaping their health beliefs. Take time to learn about the patient's family situation and life in Iraq.

1. Shi'a and Sunni are two major denominations within the religion of Islam.
2. Ramadan is a month of religious observance for Muslims. Based on a lunar calendar, the dates for Ramadan change from year to year.
3. In Islam, an Imam is a religious leader or scholar.

Exercise is not emphasized in Iraqi culture as important for health. Being overweight is often associated with health and strength.

Iraqis are reluctant to discuss sexual relationships, and premarital sex is rare in youth. Avoid asking questions that may be seen as shameful or emotionally disturbing.

An Iraqi may voice a specific concern repeatedly. Repetition is used to show emphasis and the priority of a concern.

Iraqis often expect to receive medication for each visit to a provider. If no medication is necessary, be sure to explain why.



What you may see

Iraqis are generally proactive about seeking medical care. However, it is common that only a vague description of symptoms is offered to the provider.

Iraqis may not be comfortable disclosing detailed health information to strangers, including interpreters.

Iraqis place strong emphasis on the values of family, honor, modesty, and privacy.

Families play a significant role in decision making and may expect to be informed and included in discussions with the patient. The oldest male often serves as the family spokesperson.

Muslim women may wear a hijab (head covering) or jilbab (full body covering) for modesty.

Displaying emotions may be viewed negatively and expression of pain is often kept to oneself.

Muslims have important religious rituals at birth and death.

Did You Know?

1 in 5 Iraqi refugees has experienced torture or violence, and many more have witnessed such cruelty.

Unrelated community members may visit the patient or newborn as part of religious tradition.

Death is commonly accepted as having been predetermined by God. Families may wish to decrease sedation, discontinue life support, or forgo autopsy and organ donation for the patient.

Some people, accustomed to the Iraqi healthcare system, may be forceful and demanding in expressing their needs. Be patient and help them understand the US healthcare system.

Understand that there is diversity among Iraqis and there may be resistance to interact with others across socioeconomic, religious, gender or political lines.

Common health concerns

One in five Iraqi refugees has experienced torture or violence, and many more have witnessed such cruelty. Victims of torture and violence may have physical wounds, amputations, or traumatic brain injury (TBI).

Iraqi refugees exhibit very high rates of depression, anxiety, and PTSD. Many have experienced trauma associated with war, killings, kidnapping, rape, imprisonment, torture, blackmail, and threats from militias.

Iraqis experience high rates of chronic health conditions including obesity, hypertension, diabetes, arthritis and high cholesterol.

Other health concerns include low vaccination rates in children, high rates of latent tuberculosis, and high rates of congenital diseases and cancer linked to the effects of war.

Potential barriers to care

- Inadequate interpreter services
- Previous unfavorable healthcare experience
- Desire to maintain modesty and gender preferences in seeking and accepting care
- Values of family privacy and honor
- Transportation difficulty
- Stresses of resettlement
- Domestic violence
- Lack of follow-up care
- Limited health literacy
- High cost of care

For additional resources, please visit [AZrefugeehealth.org](https://www.azrefugeehealth.org)

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