

# ACT Health Community Profile

## Sudan

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 Sudan<sup>†</sup> 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:

- There are important **differences** between communities from **Sudan and South Sudan**, which became independent from Sudan in 2011 after years of civil war.<sup>‡</sup>
- The most common language spoken in Sudan is **Sudanese Arabic**. Sudanese Arabic is different to standard Arabic. Dinka is more commonly spoken in South Sudan.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**. People who speak Sudanese Arabic may not be able to communicate with a standard Arabic interpreter.
- The most common religion in Sudan is **Islam**. Christianity and indigenous beliefs are more common in South Sudan.
- Most Sudanese asylum seekers and refugees in Australia identify as South Sudanese, but people from Sudan may also have a history of **trauma and displacement**.<sup>i</sup>
- People from Sudan may be **unfamiliar** with the Australian health system.
- Sudan-born people may wish to take **traditional medicines** to help them recover from some illnesses.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- People from Sudan, especially women, may prefer to be seen by health staff of the **same gender**.
- **Cost** of services or treatments may be a concern for Sudan-born people. Make sure patients know about out-of-pocket costs up front.



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](mailto:multiculturalhealth@act.gov.au).

<sup>†</sup> Excludes people born in South Sudan (3,486 people in Australia in 2011),<sup>i</sup> although country of birth figures as completed by individuals at the time of the 2011 Census may not fully reflect Sudanese or South Sudanese affiliations, given South Sudan's independence in the same year.<sup>†</sup>

<sup>‡</sup> More information about South Sudan can be found in the ACT Health Community Profile – South Sudan.

# Sudan

## 2011 Census data: Sudan-born people

Population (Australia):	19,369 people <sup>ii</sup>
Population (ACT):	364 people <sup>ii</sup>
Gender ratio (Australia):	103.2 males per 100 females <sup>iii</sup>
Median age (Australia):	The median age of Sudan-born people was 28 years compared with 45 years for all overseas-born people <sup>iii</sup> and 37 years for the total Australian population. <sup>iv</sup>

## Age distribution of Sudan-born people (ACT, 2011).<sup>iii</sup>

Age (years)	Number	Per cent
0-19	73	20
20-39	197	54
40-59	79	22
60+	13	4

## Sudan -born arrivals, past five years<sup>v</sup>

Year	Australia	ACT
2009	868	16
2010	643	18
2011	598	21
2012	347	8
2013	523	5

## Migration history

Sudan's first civil war began shortly after independence from joint British-Egyptian administration in 1956 and continued until 1972. A second civil war broke out in 1983 and continued until 2005.<sup>vi,vii</sup>

Sudan also experienced major famines largely as a result of extended periods of drought in the 1980s and 1990s.<sup>viii</sup> War and famine combined are estimated to have caused almost two million deaths and four million displaced people.<sup>ix</sup>

Large numbers of Sudan-born refugees have fled to neighbouring countries, and many were resettled in Australia. Before 2001, Sudan-born people arriving in Australia were mainly skilled migrants. By 2001, when the Census recorded 4,910 Sudan-born people in Australia, more than 98 per cent had arrived under the Humanitarian Program.

Arrivals to Australia peaked between 2002 and 2007. South Sudan gained independence from Sudan on 9 July 2011.<sup>x</sup>

## Ethnicity

The concept of ethnicity in Sudan is complex and is often based on cultural affiliations. There are many different ethnic and tribal groups in Sudan.<sup>xi</sup>

While the population of Sudan predominately descends from both indigenous African groups and Arabs, today (post-South Sudanese independence) Arab culture predominates.<sup>xii</sup>

## Language

Arabic and English are the official languages of Sudan, and most people speak Arabic. Sudanese Arabic is a distinct dialect to other forms of Arabic. Other languages, such as Nubian, Ta Bedawie and Fur, are also spoken.<sup>xiii,xiv</sup>

## Religion

The vast majority of Sudanese people are Sunni Muslim (97%), with a small proportion of Christians.<sup>xv</sup>

## Ancestry, language and religion in the ACT (2011 Census data)<sup>ii</sup>

*Please note:* 2011 Census data is reported by country of birth, but this may not reflect community affiliations given the recent establishment of South Sudan. For example, Sudan-born people who are Christian and/or speak Dinka at home may identify as South Sudanese, although their country of birth (at the time of their birth) was Sudan and is reported as such.

# Sudan

The most common ancestry responses<sup>§</sup> of Sudan-born people in the ACT were:

Ancestry	Percentage of population
Sudanese	51
African, so described	11
South Sudanese	7
Arab, not further defined	5
Peoples of the Sudan, nfd	5

An additional 71 people in the ACT, who were not born in Sudan, identified Sudanese ancestry; and an additional 23 people identified ancestry as peoples of the Sudan (nfd/nec).

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

Language	Percentage of population
Arabic	49
Dinka*	33
English	7
African languages, nfd	2
African languages, nec	2

\*There may be significant differences in accent and vocabulary among Dinka speakers.

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

Proficiency	Percentage of population
Very well	39
Well	33
Not well	15
Not at all	1
Not stated/not applicable	12

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

Religion	Percentage of population
Anglican Church of Australia	34
Islam	28
Western Catholic	14
Coptic Orthodox Church	5
Presbyterian	4

<sup>§</sup> 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.

## Communication and respect

If an Arabic interpreter is needed for a Sudanese Australian person, a Sudanese Arabic interpreter should usually be arranged. The Sudanese Arabic dialect is distinct and the person may not understand an interpreter using another Arabic dialect.<sup>xvi</sup>

There may be a reluctance of Muslim men and women from Sudan to shake hands with members of the opposite gender outside their family. Sudanese women often prefer to be treated by female health care providers.<sup>xvii</sup>

Members of the same family may appear to have different surnames in Australia as a result of the recording of names during immigration. In Sudan, family names are silent and, as a result, many Sudanese Australians will have their middle name recorded as their surname on official documents.<sup>xviii</sup>

## Health in Australia

In 2012, average life expectancy in Sudan was 63 years (61 years for males, 65 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).<sup>xix</sup>

Current research on common health issues for people in Australia from Sudan specifically (as opposed to South Sudan) is rare. The following information may be more applicable to people from South Sudan rather than Sudan, and should be used as a guide only.

In a study of common medical conditions diagnosed in newly arrived African refugees in Melbourne, the major health issues included a lack of immunity to common vaccine-preventable diseases, vitamin D deficiency, infectious diseases (such as gastrointestinal infections, schistosomiasis and latent tuberculosis) and dental issues. Musculoskeletal and psychological problems were common in adults.<sup>xx</sup>



# Sudan

A Western Australian infectious disease screening study of over 2000 refugees and humanitarian entrants in 2003-2004 also reported a high prevalence of infectious diseases in people from sub-Saharan Africa including hepatitis B, syphilis, malaria, intestinal infections (including giardia, schistosomiasis, hookworm and strongyloidiasis), and tuberculosis.<sup>xxi</sup>

Other health concerns for Sudanese refugees include complications of broken bones and other injuries that have occurred as a consequence of torture, flight or accident. Common health concerns in women include the physical and psychological consequences of rape, menstrual problems and pelvic pain. Women may have not had any preventive screening such as Pap tests, breast examination or mammography.<sup>xxii</sup>

Sudanese refugees settling in Australia have been shown to have high rates of depression, anxiety and post traumatic stress disorder. However, many Sudanese Australians may report more concern about current stressors such as employment, housing and transport than past trauma.<sup>xxiii</sup>

## Health beliefs and practices

Sudanese refugees may be unfamiliar with a formal health system, Australian medical practices or being treated by a doctor of the opposite gender.<sup>xxiv</sup>

Traditional medicine is widely practised in Sudan and has roots in Islamic and West African medicine. There is wide experience with the use of herbal medicines, which are an integral part of the health care system. Many families specialise in herbal medicines and this knowledge is passed on from one generation to another. Patients may travel to different regions to consult herbalists, especially for difficult diseases.<sup>xxv</sup>

Sudanese Muslim patients may fast (i.e., not eat, drink or take medicine) from sunrise to sunset during the month of Ramadan. This may affect the treatment of conditions such as diabetes.<sup>xxvi</sup>

Female genital cutting (FGC), also known as female genital mutilation (FGM) or female circumcision,<sup>xxvii</sup> is known to occur in Sudan. However, not all women from Sudan will have undergone this practice.

The term FGC comprises procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs (such as small cuts or nicks) for non-medical reasons.<sup>xxviii</sup>

FGC can affect women's reproductive health, although some women who have undergone the practice do not experience complications. Impacts of FGC can include complications in pregnancy and childbirth, difficulties with menstruation and urination, pain during sexual intercourse, chronic infections, and damage to the reproductive system, including infertility.<sup>xxix</sup>

FGC may also have psychological and mental health impacts such as anxiety, depression phobias and post-traumatic stress disorder (PTSD).<sup>xxx</sup> Women should be forewarned and well prepared around any interventions that involve this area of their bodies.

Many women prefer the term 'female genital cutting,' as 'female genital mutilation' can be seen as offensive or stigmatising.<sup>xxxi</sup> It may be appropriate to ask questions such as, "I understand that female circumcision happens in your country – have you ever been cut down there?" or "Are you closed/open?"

It is illegal to undertake FGC in Australia.<sup>xxxii</sup> Health providers should notify Care and Protection Services (CPS) if you have concerns that a female child is at risk of FGC, following the ACT Health Child Protection Policy and *Children and Young People Act 2008*.

More information on FGC can be found in ACT Health Standard Operating Procedure – Female genital mutilation.<sup>xxxiii</sup>

## Social determinants of health

The overall literacy<sup>\*\*</sup> rate in Sudan in 2011 was 72 per cent (81 per cent for males, 63 per cent for females).<sup>xxxiv</sup>

<sup>\*\*</sup> People aged 15+ years who can read and write.

# Sudan

In 2011, 44 per cent of Sudan-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 Sudan-born aged 15 years and over, 30 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among Sudan-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 49 per cent and the unemployment rate was 25 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 Sudan-born people in Australia aged 15 years and over was \$294, 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.<sup>xxxv</sup>

## Utilisation of health services in Australia

The use of hospital services among people born in refugee-source countries, including Sudan, is lower or similar to that of the Australia-born population.<sup>xxxvi,xxxvii</sup>

A small study of sub-Saharan African refugees, including from Sudan, showed difficulties in accessing health care in Sydney, including at times when a family member was sick.

Barriers to health care access included language difficulties, lower levels of education and literacy, financial disadvantage, lack of health information, and limited understanding of how to seek help and access health services.<sup>xxxviii</sup>

A study of Sudanese, Afghan, Pacific Islander and Burmese people in Logan, Queensland, revealed issues common to all four communities: (1) unfamiliarity with health services and difficulty accessing them; (2) the need for doctors to accept traditional healing methods alongside orthodox medicine; and (3) language problems impeding effective communication with health professionals.

Sudanese study participants' views of the Australian health system were generally positive, although they did feel that they needed more information about their treatment (e.g., often, more blood is taken for testing in Australia than in Sudan, and this concerned participants). They also reported that Australian health professionals often overlooked or responded negatively to their health beliefs, cultural values and traditional health treatments. Integrating traditional and Western treatments would help them to develop trust in the Australian health system. Participants also stated that they preferred to use face-to-face interpreters when visiting their GP.<sup>xxxix</sup>

Adapted by ACT Health Multicultural Health Policy Unit (2015) from Queensland Health Multicultural Services (2011) *Sudanese Australians: 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](mailto:multiculturalhealth@act.gov.au) or (02) 6205 1011.

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