

Sudanese Australians

- 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^{4,5}.
- Sudan experienced major famines largely as a result of extended periods of drought in the 1980s and 1990s⁶.
- The toll from war and famine combined is estimated at almost two million deaths and four million displaced people⁷.
- Drought, famine and war have caused large numbers of Sudanese refugees to seek refuge in neighbouring countries².
- At the time of the 2001 census, there were 4910 Sudan-born people in Australia, including a large number of skilled migrants².
- Between 2001 and 2006, the population of Sudan-born people in Australia more than quadrupled to 19,049⁷.
- **Places of transition:** Most Sudanese refugees arrive from Egypt, Kenya, Ethiopia and Uganda^{5,8}. Other places of transition include: Eritrea, Lebanon, Malta, Sweden and Syria⁹.
- **Ethnicity:** Although Sudan is a country of considerable ethnic diversity, the Sudanese are often characterised into two major groups: Arabs (in the north) comprising 39 per cent of the population and black Africans (in the south) comprising 52 per cent of the population^{7,10}. However, there are hundreds of ethnic and tribal divisions within the two major groups⁷. Arab groups include the Kababish, Ja'alin and Baggara⁷ and African groups include the Dinka, Nuer, Shilluk, Azande (Zande), Madi, Acholi and Bari^{7,11}. The Beja (a semi-nomadic group distinct from both Arabs and Africans) make up 6 per cent of the population^{7,10}. The concept of ethnicity

Population of Sudan-born people in Australia (2006 Census): 19,049¹

Population of Sudan-born people in Queensland: 2402

Population of Sudan-born people in Brisbane¹: 1805

Gender ratio (Queensland): 80.5 females per 100 males

Median age (Australia): The median age of Sudan-born people in Australia in 2006 was 24.6 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	41.7%
20-39	43.3%
40-59	13.6%
60+	1.4%

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

Year	Australia	Queensland
2006	3375	534
2007	1587	258
2008	939	160
2009	866	117
2010	617	66

in Sudan is complex and it is often based on cultural affiliations⁷. Sudanese also identify by region such as Nuba and Equatorian and these groups are comprised of many different ethnicities and languages.

- **Language:** Arabic is Sudan's official language and is the most widely spoken⁷. English is the language of instruction for schools of South Sudan. A Sudanese Government policy in 1990 forced South Sudanese schools to use Arabic rather than English^{7,11}. Many other languages are spoken in the south including varieties of Dinka, Fur, Nuer, Ma'di, Acholi, Bari and Zanda^{5,11}. Many Sudanese are bilingual or multilingual⁷. Sudanese refugees may have a preference for using their own language rather than Arabic, which was forced on them.
- **Religion:**
 - Sunni Muslim: About 70 per cent of the population, mainly in the northern two thirds of the country¹⁰
 - Traditional beliefs: 25 per cent have traditional beliefs including animist and tribal religions¹⁰
 - Christian: About five per cent of the population including Catholic, Anglicans, Coptic Christians and Greek Orthodox¹⁰.

Ancestry, language and religion in Australia (2006 census for Sudan-born)²

- The top four ancestry responsesⁱⁱ of Sudan-born people in Australia were:
 - Sudanese – 61.6 per cent
 - Not stated – 6.9 per cent
 - Dinka – 4.3 per cent
 - African – 4.3 per cent.
- The main languages spoken at home by Sudan-born people in Australia were:
 - Arabic – 51.2 per cent
 - Dinka – 23.6 per cent
 - Other African Languages – 5.5 per cent
 - English – 4.4 per cent.
- The main religions of Sudan-born people in Australia were:
 - Catholic – 35.8 per cent
 - Anglican – 18.9 per cent
 - Islam – 13 per cent
 - Oriental Orthodox – 11.1 per cent.

Communication

- There are many different names for languages spoken in South Sudan and speakers of a particular language may not recognise the English name for the language they speak⁵.
- It is advisable when contracting the services of an Arabic interpreter for a Sudanese Australian person that a Sudanese-Arabic interpreter is requested. The Sudanese Arabic dialect is distinct and the person may not understand an interpreter using another Arabic dialect¹².
- There are distinctions in communication style between Sudanese Muslims from the north and South Sudanese people:
 - Northern Sudanese greetings tend to be formal with a handshake only extended to members of the same sex. There may be a reluctance of Muslim men and women to shake hands with the opposite sex and prior to interaction with a woman, it is advisable that acknowledgement be afforded to the man as the head of the household^{9,12}
 - Typically, South Sudanese greetings are less formal. People greet friends and relatives with handshakes and men and women shake hands. Women can be addressed directly^{9,12}.
- People are called by their first name, except for elders, teachers and religious leaders who are addressed by their title and surname¹³.
- Members of the same family may appear to have different surnames in Australia as a result of confusion in the transfer of names during immigration. In Sudan, family names are silent and considered *other* names, and as a result many Sudanese Australians will have their middle name recorded as their surname on official documents¹¹.
- The right hand is used for greeting and eating and all other activities. The left hand is generally only used for bodily hygiene¹³.

- Eye contact is very important among Sudanese people and indicates a caring attitude¹³.
- Muslim women from north Sudan may be reluctant to be examined by a male physician. In contrast, most South Sudanese women will view this examination as a medical necessity⁹.

Health in Australia

- Average life expectancy in Sudan is 54.2 years (male 53, female 55.4) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)¹⁰.
- 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 or insufficiency, infectious diseases (gastrointestinal infections, schistosomiasis and latent tuberculosis) and dental disease¹⁴. Musculoskeletal and psychological problems were common in adults¹⁴.
- A Western Australian infectious disease screening study of 2111 refugees and humanitarian entrants in 2003-2004 reported a high prevalence of infectious diseases in sub-Saharan Africans including: hepatitis B (6.4 per cent carrier state, 56.7 per cent exposed), syphilis (6.8 per cent), malaria (8 per cent), intestinal infections (giardia intestinalis-13 per cent, schistosoma mansoni-7 per cent, stongyloides stercoralis-2 per cent, hymenolepis nana-3 per cent, salmonella-1 per cent and hookworm-5 per cent), a Mantouxⁱⁱⁱ test result requiring tuberculosis treatment (28.9 per cent)¹⁵.
- Other health concerns for Sudanese refugees include the sequelae of broken bones, injuries as a consequence of torture, flight or accident¹⁶.
- Common health concerns in women include the physical and psychological consequences of rape, menstrual problems and pelvic pain. Most women

have not had any preventive screening such as pap smears, breast examination or mammography¹⁶.

- Sudanese refugees settling in Australia have been shown to have high rates of depression, anxiety and post traumatic stress disorder⁸. However, many Sudanese Australians are more concerned with current acculturative stressors such as family problems, employment issues, housing and transport than they are about past trauma⁸.

Health beliefs and practices

- Many Sudanese refugees practice herbal and traditional health remedies. These practices are often limited by a lack of availability of herbs and a lack of specialists to prepare them¹⁷.
- Sudanese refugees may be unfamiliar with a formal health system, Australian medical practices or being treated by a doctor of the opposite gender⁷.
- Female genital mutilation (FGM)^{iv} is practiced in Sudan, particularly in the north. Complications of FGM may include: incontinence, obstructed miscarriage and childbirth, vaginal and perineal damage at childbirth and sexual difficulties including non-consummation and painful intercourse¹⁹. Some families may want their daughters to undergo FGM, even if this means undertaking the operation outside Australia¹⁶. FGM is illegal in Queensland and all Queensland Health employees are obligated to report FGM, or the risk of FGM, to the Department of Communities (Child Safety). It is also illegal to remove a child from Queensland with the intention of having FGM performed.
- Polygamy is common across Sudan and is considered a sign of wealth and prestige^{9,11}. The practice is decreasing in South Sudan¹¹.
- For more information on Islamic beliefs affecting health care please refer to the [Health Care Providers' Handbook on Muslim Patients](#)²⁰.

Social determinants of health

- The overall literacy rate^v in Sudan is low, especially for women. The rate has risen from an overall rate of 45.8 per cent in 1990⁷ to an overall rate of 61.1 per cent in 2003 (71.8 per cent for male and 50.5 per cent for female)¹⁰.
- Many Sudanese refugees have experienced traumatic and life threatening experiences before fleeing Sudan and while in countries of transit. This can lead to difficulties when resettling in Australia²¹.
- Many Sudanese have directly experienced multiple traumatic events including forced separation from family members, the murder of family or friends, lack of food and water, lack of shelter, combat situation, being close to death, imprisonment or detention, forced isolation and torture, ill health without access to medical care, unnatural death of family or friends, being lost or kidnapped, serious injury, and rape or sexual abuse²².
- Many Sudanese have spent long periods of time in refugee camps in countries such as Kenya, Uganda and Ethiopia⁴ where continued violence and sexual assault has been reported as common⁷.
- Common difficulties experienced by Sudanese refugees when settling in Australia include concerns about family members not living in Australia, difficulties gaining employment, and difficulties in adjusting to the cultural life of Australia²².
- Social support such as the presence of family and support of others within the Sudanese community have been shown to assist mental health functioning in Australia²².
- Proficiency in English (2006 Census)^{vi,1}.
 - 76 per cent of Sudan-born males and 60 per cent of Sudan-born females reported that they spoke English well or very well
 - 20 per cent of males and 32 per cent of females reported that they did not speak English well
 - four per cent of males and eight per cent of females reported that they did not speak English at all.
- At the time of the 2006 Census, 38.8 per cent of Sudan-born people aged 15 years and older had some form of higher non-school qualifications^{vii} compared to 52.5 per cent of the total Australian population².
- The participation rate in the workforce (2006 Census) was 40.3 per cent and unemployment rate was 28.5 per cent compared to 64.6 per cent and 5.2 per cent in the total Australian population². The median weekly income for Sudan-born people in Australia aged 15 and older was \$231 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 qualifications²³.

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^{24,25}.
- A small study of sub-Saharan refugees in Sydney showed evidence of difficulties in accessing health care, including at times when a family member was sick²⁶. Barriers to health care access included language barriers, lower levels of education and literacy, financial disadvantage, lack of health information, not knowing where to seek help and poor understanding of how to access health services²⁶.

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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 Sudanese 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 Defined as a positive Mantoux test result of ≥ 15 mm.

^{iv} Female Genital Mutilation (FGM) has been defined as comprising "all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

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

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

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