SUDANESE ETHNICITY AND BACKGROUND

Most of the information presented here relates to the beliefs and behaviours of people from the south of Sudan who live in rural areas. It may not represent those who live in larger population centres.

Immigration history

- The Sudanese community is one of the fastest growing groups in Australia.
- Before 2001, Sudan-born people included a number of skilled migrants.
- Drought, famine and war have caused large numbers of refugees to flee to neighbouring countries. Australia has assisted in resettling some of those people who have been worst affected.
- Since 2001, more than 98% of Sudan-born people arriving in Australia have arrived under humanitarian programs.

Community establishment

- Since 2001, more than 98% of Sudanese people arriving in Australia have come from southern Sudan, most fleeing the war in the south of the country.
- There is a minority within the community who came as asylum seekers fleeing political persecution. These groups tend to be from the north of Sudan and of Islamic denomination.
- During its early days, the community established the Sudanese Community Association of Queensland as a social network which continues to operate.
- The organisation's members are mainly southern Sudanese. The northern Sudanese community tends to be more fragmented.
- People from the northern Sudanese community generally have higher levels of education than their southern counterparts.
- Sudanese people value education and put a lot of emphasis on their children's schooling.
- In Brisbane, large groups of Sudanese people have been settled in Moorooka, Annerley and Woodridge. There is also a large community in Toowoomba. The community generally prefers to reside close together as there is a strong communal culture and people tend to do things together.

Communication

- There are some distinctions in communication style between the Islamic people from the north and those from the south. For Muslims, when greeting, men shake hands with men, but it is not culturally appropriate for men to shake hands with women, except within their own family. Prior to interacting with a woman, respect should always be afforded to the man as the head of the household. In southern Sudan, the rules of interaction are less strict, and women can be addressed directly.
- Separation of the sexes is common in the Muslim north, and homes may be divided into male and female areas.

Great diplomacy must be used in negotiation on gynaecological matters. When referring to genitalia, Sudanese women frequently use euphemisms. They may avoid this topic completely, especially if their English is poor. Female health care providers are usually preferred by both Muslim and Christian Sudanese women

Population in Australia: 19,050 people

Population in Queensland: 2,401 people

Population in Brisbane: 1,805 people

Gender ratio: 118.2 males per 100 females

Median age: 24.6 years

Age	%
0-14	26.6
15-24	24.4
25-44	36.4
45-64	10.2
≥ 65	2.5

In the southern regions of Sudan, each tribe has its own language and sometimes several dialects. Rudimentary Arabic is spoken by almost all Sudanese; however the level of proficiency differs according to the level of education. In southern Sudan, English is only spoken by the educated minority. Sudanese Arabic is slightly different to Arabic spoken by other groups like Lebanese and Egyptians. Dinka and Nuer are written languages which have been Romanised by missionaries.

Literacy in Sudan is very low.

- Among southern groups, relative age is important in interpersonal relationships. Men of the same age call each other brother (even if not related) and act informally with one another. Older people are usually shown a higher level of respect.
- Muslim women from northern Sudan may be quite reluctant to be examined by a male physician. Most southern Sudanese women will view this examination as a medical necessity.

Health related beliefs and practices

- In northern Sudan, circumcision for men and circumcision and infibulations for women is widely practiced. Female genital surgery rates are currently declining.
- Polygamy is practiced and is a sign of wealth and prestige, but is uncommon in southern Sudan.
- A widow is the responsibility of the deceased's younger brother.

Pregnancy

- Great emphasis is placed on a woman's ability to bear and raise children. Birth control is typically viewed as an oppositional practice to this cultural value, and there may be resistance to contraception by women or their partners.
- There are no food restrictions specific to pregnancy, other than general taboos (eg. Muslims are prohibited from eating pork).
- During pregnancy, women often eat a special type of salty clay. When chewed, this clay is believed to increase the appetite and decrease nausea. Nutritional advice during pregnancy is highly desirable.
- In Australia, a lack of awareness of antenatal care classes and other health and support services may prevent pregnant women from attending these services. Women may be unable to attend if other men are in attendance. Other parenting responsibilities, a lack of access to transport or poor English skills may also prevent attendance.

In southern Sudan, early marriage (as young as 12 years old for a girl) is still widely practised.

Birth

- Village midwives usually assist women to deliver at home. Few women, other than civil servants and the wealthy, have access to hospitals.
- Women from a Sudanese background may benefit from a detailed explanation of the Australian maternity care system. Eligibility for maternity care services and Medicare coverage should be discussed.

After birth

- Many Sudanese women choose to undergo re-infibulations immediately after giving birth. Sudanese women should be informed about the harmful effects associated with re-infibulation, and informed of policies prohibiting this practice in Australia. Family Planning Queensland can provide cultural advice or assistance.
- After birth, women may kneel over a fire to purify the birth canal. This practice could be replaced with hot water bottles or placing a postpartum woman close to a heater.

The main languages spoken at home by Sudan-born people in Australia are Arabic, Dinka and various African languages. Generally, educated Sudanese have a good understanding of the English language. Men tend to have a better command of the language than women because of better access to education.

Of the 18 040 Sudan-born who spoke a language other than English at home, almost one third (30.3%) spoke English not well or not at all.

No accredited interpreters are available for Madi, Ewe and Nuer languages.

Main ethnicities: Sudanese (Nuer, Dinka), African, and Arabic

Religious affiliations: Catholic, Anglican and Islam

Places of transition: Egypt, Ethiopia, Kenya, Lebanon, Malta, Sweden, Syria

Infant care

- In Sudan, it is common for a couple to initially reside with the woman's family until after the first child is born and weaned. The couple will then re-locate to the man's village. In Australia, Sudanese couples may lack parental or wider community support. Sudanese women are frequently isolated and there are many single mothers. Health professionals should discuss the benefits of using health and social support services, and connect women with the relevant organisations.
- Sudanese women in Australia can benefit from education about infant care, child development and parenting skills.

Infant feeding

- In Sudan, breastfeeding is widespread and popular.
- Of the 120 Sudan-born women who delivered in Queensland Health facilities in 2006, at the time of discharge, 89% (107) exclusively breastfed and 11% (13) breastfed and formula fed.

References

Berggren, V., Abdel Salam, G., Bergstro¨m, S., Johansson, E., & Edberg, A.-K.
2004. An explorative study of Sudanese midwives' motives, perceptions and experiences of re-infibulation after birth. *Midwifery, 20*, 299–311.

Department of Immigration and Citizenship.
2008. *Empowering refugees – a good practice guide to humanitarian settlement* Retrieved June 18, 2009, from http://www.immi.gov.au/media/publications/settle/empowering_refugees/#b.

Kemp, C. & Rasbridge, L. A.
2004. 35. Sudan. In C. Kemp & L.A. Rasbridge (Eds.), *Refugee and immigrant health. A handbook for health professionals* (pp. 327-337). Cambridge Cambridge University Press.

Lefèber, Y. & Voorhoeve, H.W.A.
1998. *Indigenous customs in childbirth and child care*. Assen, the Netherlands Van Gorcum & Comp.