

Community Profile: Sudanese

Language: Arabic, Dinka, Fur, Nuer, Bari, Shilluk, Zande, Acholi, Madi

Country of Origin: Sudan

Places of Transition: Chad, Kenya, Egypt, Ethiopia, Uganda

***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.
- Understand that there are many ethnicities among the Sudanese people, each with their own language and culture.
- Ask about preferences for language interpretation as some Sudanese may prefer not to speak Arabic.
- Whenever possible, match patients with caregivers of the same gender.
- A common greeting is a handshake, which may be appropriate between genders.
- Educate the patient about preventive care and strategies for avoiding illness.
- Inform the patients about American hygiene practices.
- Explain proper medication use and the consequences of misuse.
- Be very clear about the reasons for any tests, particularly those that involve drawing blood.
- Be patient in your explanations and do your best to help patients navigate the healthcare system.

Health attitudes, beliefs and stigmas

Most Sudanese refugees are Sunni Muslims (70%), some are Christian (5%), and the remainder hold traditional tribal or animist beliefs (25%).

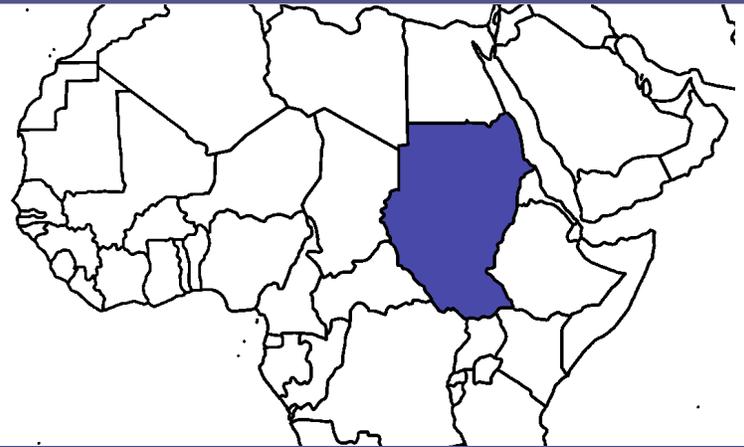
Muslims traditionally do not eat pork or drink alcohol. During Ramadan, Muslims fast from sunrise to sunset for a month. Medication regimens may need to be adjusted accordingly.

Sudanese patients may consult traditional healers who are believed to ward off disease-causing spirits. Other traditional healing practices include creating remedies from herbs, clay, or roots. For example, migraines are often treated by rubbing a mixture of chalk, water, and leaves on the head while the symptoms of malaria are treated by chewing the *visi ri* root.

Many Sudanese refugees have had little access to healthcare before coming to the US and may be unfamiliar with the concept of well visits. Explain the purpose and importance of preventive health measures.

Sudanese patients may be reluctant to reveal personal information or discuss sensitive topics for fear that it will make them and their family vulnerable to the evil eye.

Mental illness may be considered a sign of weakness or the result of a curse. In navigating this stigma, it can be helpful to focus on symptoms rather than diagnoses or medical jargon.



Some Sudanese may be wary of having their blood drawn, fearing that doctors will take too much blood in order to sell it or use it for questionable purposes.

Sudanese refugees may stop treatment as soon as their symptoms disappear and offer any remaining medication to others exhibiting similar symptoms. Explain the reasons for and importance of completing entire treatment regimens.

Sudanese refugees may lose faith in treatments that do not yield quick results, so be sure to clarify expectations early on.

Male and female circumcision is common in Sudan, including infibulation. Some women may try to re-infibulate after childbirth, and they should be informed of the associated risks.

Women may feel uncomfortable discussing sex-related issues. Birth control is often rejected as the ability to have children is greatly emphasized in Sudanese culture.

Women may eat a salty clay during pregnancy that increases appetite and decreases nausea. After birth, women often kneel over a fire to purify the birth canal. Heaters or warm water bottles may be viable alternatives.



What you may see

“Sudanese” is a geographic label rather than an ethnic one. There are many distinct ethnicities within Sudan, each with unique cultural practices. Many refugees fled the country due to ethnic cleansing of non-Arab ethnic groups.

Sudanese Arabic is very distinctive and patients may not understand interpreters who speak other dialects. Some patients may even prefer to speak their own language rather than Arabic, which they feel was forced on them.

Men and women traditionally have very little interaction and Sudanese refugees often prefer providers of the same gender.

Men commonly serve as the head of the household while women are responsible for childrearing and domestic tasks. If a man dies, his brother may take responsibility for his family. However, some refugee women do serve as head of their own household.

Although education is highly valued, many Sudanese refugees have had little access to formal education beyond primary school. Women tend to have lower levels of education and literacy.

A common greeting for individuals from North Sudan is a formal handshake between members of the same sex. For individuals from South Sudan, a more informal handshake between sexes may be appropriate.

Did You Know?

40 - 60% of girls in Darfur between 5-14 have undergone some form of female genital cutting.

Some Sudanese refugees may not know their exact date of birth. January 1 is commonly assigned during resettlement.

Because of the lack of healthcare facilities in Sudan, Sudanese refugees often lack medical documentation from before resettlement.

Some Sudanese refugees may be unfamiliar with American amenities and hygiene practices, including bathing regularly, brushing teeth, and using feminine hygiene products.

Common health concerns

Sudanese refugees exhibit high rates of depression, anxiety, and PTSD. Many suffer physical and psychological trauma due to imprisonment, isolation, torture, and sexual violence.

Consequences of sexual violence and female circumcision can include incontinence, increased risks during childbirth, painful intercourse, and infection.

Malaria is endemic to Sudan as well as Chad and Kenya, which are common countries of transition. Other common infectious diseases include hepatitis B, latent TB, syphilis, and intestinal parasites. Many people also lack immunity to vaccine-preventable diseases, like polio.

Many Sudanese refugees experienced malnutrition and food shortages in the refugee camps. Vitamin D deficiencies are particularly common.

Health conditions that often go undiagnosed in this population include vision and hearing loss, hypertension, diabetes, and food allergies. Other health concerns include dental diseases, musculoskeletal disorders, physical deformities, and genetic disorders.

Potential barriers to care

- Inadequate interpreter services
- Misunderstandings due to indirect communication style
- Low levels of formal education and literacy
- Unfamiliarity with modern amenities
- Poor understanding of health care system
- Low adherence to preventive medicine
- Transportation difficulty
- Stresses of resettlement
- Limited health literacy
- High cost of care

For additional resources, please visit AZrefugeehealth.org