

The Sudanese Culture



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I. Description of the Culture

A. Demographics

- 20,000 refugees in America (July 2004), most are from Southern Sudan and are not Muslim.
- 418 refugees were placed in Maine from 1982 – 2002.
- Largest population (100+) in Portland area is the Acholi tribe from Southern Sudan. There are more women than men and many are single mothers.

B. Brief History

- Before 1956, Sudan was controlled by the United Kingdom and Egypt and divided into three regions based on ethnicity and religion:
 - North - Muslims of Arabic descent
 - East – Muslims of indigenous Sudanese descent
 - South - Indigenous Sudanese with traditional beliefs
- Civil war has been raging in Sudan since 1956, when the United Kingdom and Egypt relinquished their power and left Sudan to govern itself. The predominantly Islamic North has attempted to force Islamic law on the West and South leading to a bloody war throughout the entire country.
- Approximately 4,750,000 refugees have fled Sudan, most of them from the South. This is excluding over 1,300,000 who died while fleeing.

C. Religion

Muslim

- 70% of population is Sunni Muslim and majority live in North.
- Muslims believe in a single God (Allah) and that Mohammed was the last greatest prophet.
- Muslims are expected to pray 5 times a day – in the morning, at noon, afternoon, sunset, and before bed.

Other/Christian

- 25% practice indigenous beliefs
- 5% are Christian
- Both groups live primarily in the South
- Life, death and illness are all seen as the will of a spirit or God and are surrounded by the supernatural.
- Many Sudanese have chosen Christianity as retaliation against Muslims.

D. Holidays

- January 1st is Independence Day; celebrating the end of British occupation in 1956 and is celebrated throughout Sudan.

Muslim

- Eid Ramadan is the 9th month of the lunar calendar. It consists of 30 days of fasting from sunrise to sunset. It ends with feasting that lasts for 3-4 days.

Christian

- Traditional Christian holidays such as Easter and Christmas are celebrated; however the spiritual aspects are emphasized over gift-giving and receiving.

E. Foods

- Common foods include chicken, beef, kidney beans, various greens, and *asida*, a thick porridge made from cornmeal flour and water.
- Foods are eaten with the right hand, using a flat bread called *tamiem*, or *asida*.
- Eating habits and foods are very traditional and tribally influenced. They may be difficult to change, even when better foods are available.

F. Dress

Muslim

- Muslim women and individuals from Northern Sudan tend to dress in traditional clothing, such as the *jalabiya*; a wide, ankle-length gown worn by men and women. Matching head wraps are worn by both sexes.
- Women often wear conservative clothing, such as skirts below the knee and shirts with sleeves.

Christian/Other

- Men wear casual business clothing on a daily basis.
- Women tend to dress in western clothing, reserving traditional clothing for special occasions.

G. Language/Communication

- Arabic and English are the most commonly spoken languages. There are also 134 living languages and over 500 tribal dialects.
- Handshaking is appropriate, however some women may be uncomfortable shaking hands with a man.
- Sudanese tend to stand close while speaking, although with the opposite sex, a respectful distance is maintained.
- Small talk to establish friendly relations at the beginning of every encounter is considered polite and necessary.
- Muslim women may avoid eye contact with men in order to show respect.
- Relative age is very important in determining level of respect and formality and elders should be addressed as either “Aunt” or “Uncle”.

- Men tend to speak English better than women, due to access to education, so a husband may attend appointments with his wife simply to interpret.
- Pointing with the index finger is thought to be rude.

II. Family Relationships and Roles

- Family is more important than the individual and more influential than nationality or religion.
- The male “head of household” should be given respect. Men are expected to work and provide food and shelter for their families.
- Women are expected to raise the children and run the household.
- Great emphasis is placed on a woman’s ability to bear and raise children.
- Decisions are generally shared and couples are mutually supportive.
- Divorce is possible, but discouraged.
- Respect for parents is highly valued and a must for children. Spanking as a form of discipline is accepted and considered necessary.

III. Concept of Work/Play/Time:

- Although education is highly valued, teenagers may willingly leave school to help support their family by working.
- In America, most women work outside the house and this is generally accepted.
- In general, because of their climate and their culture Sudanese do not have the sense of timing that the westerner does.
- In Southern Sudan, finding food is the most time and energy consuming activity.
- Traditional music, songs, and dance are highly valued and are used to celebrate, communicate news, and for leisure.

IV. Health and Wellness

A. General Information

- Common illnesses include intestinal parasites, filariasis, leishmaniasis, hepatitis B, tuberculosis, typhoid fever, malaria, syphilis, dengue fever, and HIV.
- Other common undiagnosed conditions include diabetes, hypertension, food allergies, severe depression, and vision and hearing loss.
- Most new refugees suffer from malnutrition due to a diet primarily of cornmeal.
- Dental problems are significant due to new eating habits and lack of dental care.
- There are few clinics in Sudan, so most have not received routine vaccinations or preventative care.

- Herbs are commonly used to treat ailments such as headache, burns, or to prevent cavities. They can be received from a healer or simply picked and prepared by the patient. They are particularly used in areas where there is limited access to clinics.
- Sudanese routinely share over-the-counter medications or borrow prescription medications from others for cases of similar symptoms.
- Most women breastfeed for two years, although some immigrants have accepted bottle feeding because of working outside the home.
- There is a widespread belief in the spiritual realm and its manifestations on health and illness. For example, the belief in the “evil eye” in which a malevolent spell can be cast over someone just by looking at them which will in turn cause illness.
- Traditional healing (*zar*), which is closely related to spiritual beliefs is practiced in most areas. Traditional healers act as an agent between the physical and spiritual world and are consulted for both physical and emotional healing. The healer is responsible for contacting the gods/spirits and interpreting their messages which will direct the patient’s healing.
- Individuals can usually make health care decisions for themselves. Women, especially those from the South, can usually make decisions for themselves and their children.
- When a patient is admitted to the hospital, it is a social obligation for friends and family to visit.
- Female Genital Cutting (FGC) is practiced on Muslim young women, often under crude conditions, although the practice is not the norm in the South. In Northern Sudan Type III FGC is most common in which the clitoris, labia major, and minor are removed and the sides of the vulva are sewn shut over the vagina.

B. Challenges to Healthcare in America

- Language is the biggest barrier to health care.
- Birthdates and medical history are not commonly recorded, so records cannot be relied on to be correct. January 1st is often used as a birth date for refugees.
- Individuals may be unwilling to share personal information, such as how many children they have, due to superstitious beliefs that the information might be used to cause physical harm, such as the “evil eye”.
- The concept of appointments and having to wait to be seen by a doctor is strange, because in Africa most clinics have a walk-in policy.
- Sudanese tend to seek medical care only when they are very sick or injured, not for preventative care.
- In Sudan it is not typical to undress for an exam.
- Sudanese women are not normally examined by a male practitioner.

- Traditional/spiritual healing and natural remedies are highly valued and are often considered more effective than western methods and medicines.
- Sudanese expect a fast cure and may stop taking medicine if an immediate benefit is not seen, or may discontinue a full course of treatment once benefits are seen.
- Physical therapies, especially extended sessions, are seen as a waste of time and money since immediate results are not seen.
- Birth control may be seen as anti-ethical to the cultural value of bearing children.
- Many women may not be willing to accept a Caesarian section delivery.

C. Suggestions for Health Care Providers

- If possible, try to have an interpreter present. Explain all tests and instructions and why they are needed in understandable terms to ensure correct translation.
- When asking for personal information, explain why it is needed to avoid superstitious beliefs that it might be used to harm the patient.
- Recommended tests for HIV, PPD, malaria, VDRL, Hepatitis B, parasites, as well as a nutritional assessment. Most refugees have had these tests prior to leaving Sudan, so if retesting is needed, clearly explain why.
- When examining a patient, explain the necessity of a full examination as many Sudanese expect an examination that pertains just to the immediate illness.
- If drawing blood for testing, be sure to explain why and how much is needed for each test. There is a belief that American hospitals draw too much blood, leaving the individual weak, and possibly even selling this blood to others.
- Providers should avoid the appearance of being impatient or in a hurry.
- If extended treatment or therapy is needed, clearly explain the importance of completing full course of treatment.
- Clearly explain any written directions to unsure understanding.
- Offer counseling for post-traumatic stress disorder.
- If a gynecological exam is required, clearly explain why and that these procedures do not relate to sexual intercourse.

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