



## Sudanese Cultural Information

### CULTURAL/EHTNIC IDENTITY

Preferred term(s): Sudanese

#### Census

Black 52%, Arab 39%, Beja 6%, foreigners 2%, other 1%

#### History of immigration

There are at least ten ethnic groups from southern Sudan resettled as refugees in the U.S. The largest in number are the Nuer, many of whom speak Arabic. The second largest group is the Dinka.

They speak Dinka, Arabic and English. They are primarily pastoralists and agriculturalists. The Azande, Moru and Madi from the Equatorial region are agriculturalists and predominantly Christian.

### SPIRITUAL/RELIGIOUS ORIENTATION

#### Primary religious/spiritual affiliations

Sunni Muslim 70% (in North), Christian 5% (mostly in south Khartoum), Indigenous beliefs 25%

#### Usual religious/spiritual practices

The Christian community is disproportionately represented in the resettled population, as their claims to asylum were the most well founded.

#### Use of spiritual healing/healers (very true!)

There is widespread belief in Sudanese culture, especially among southerners, in the spiritual realm and its manifestations on health and illness, although beliefs vary greatly from one tribe to the next. The Nuer believe in a pantheon of Gods and spirits, both supernatural beings and spirits of animals, especially birds. During periods of epidemics or even individual health crises, oracles are sought out to identify the offended spirits and determine the proper recourse. There is also a widespread belief in the concept of the "evil eye," where a malevolent person possessing supernatural powers can cast a spell on someone just by gazing upon them. In most cases, other available medical resources are resorted to when spiritual healing does not bring about the desired outcome.

#### Holidays

Independence Day January 1, 1956

## COMMUNICATION

### ORAL COMMUNICATION

#### Major languages and dialects

Arabic (official), Nubian, Ta Bedawie, diverse dialects of Nilotic, Nilo-Hamitic, Sudanic languages, English.

Literacy is very low. Dinka and Nuer are written languages but can only be read by those with some schooling. Literacy in Arabic and English is very low. Hence, except with the educated, it is not beneficial to use written health or other materials.

#### Greetings

When greeting Muslims, oftentimes, men shake hands with men, but it is not culturally appropriate for men to shake hands with women except within the family

#### Tone of Voice

They are a modest and polite people. Complaining is frowned upon.

#### Direct or indirect style of speech

Relative age is of great importance in interpersonal relationships. For example, men of the same "age set" will call each other "brother" and will act informally with one another. Someone older than you is afforded utmost respect.

#### Use of interpreters

#### Serious or terminal illness

##### HIV/AIDS

Food and waterborne diseases: bacterial and protozoal diarrhea, hepatitis A, and typhoid fever  
Vectorborne diseases: malaria, dengue fever, African trypanosomiasis (sleeping sickness)

Water contact disease: schistosomiasis

Respiratory disease: meningococcal meningitis

*Note:* Highly pathogenic H5N1 avian influenza has been identified in this country

### NONVERBAL COMMUNICATION

#### Eye contact

To be respectful, most Sudanese do not look you in the eye. This is especially true of older generations.

#### Personal space

#### Use and meaning of silence

#### Gestures

#### Openness in expressing emotions

The expression of feelings and frustrations is done in song. Feelings are not talked about.

#### Privacy

Muslim women from northern Sudan may be quite reluctant to be examined by a male physician, although most southern Sudanese women view this as a medical necessity. Great diplomacy must be used in discussing gynecological matters. Sudanese women will frequently use euphemisms when referring to genitalia, or when English is poor, to avoid touch.

**Orientation to time**  
**ACTIVITIES OF DAILY LIVING**

Modesty  
Skin care  
Hair care  
Nail care  
Toileting

Special clothing or amulets  
Self-care

**FOOD PRACTICES**

Usual meal pattern

Special utensils

Food beliefs and rituals

Cattle is rarely killed for meat. In most tribes the meat is eaten from a cow killed as a sacrifice, the best meat going to the most important people in the family.

Usual diet

Sorghum is the most common starch prepared in many different ways. Vegetables and greens, both wild and cultivated, make up a large proportion of the traditional diet with meats including beef, goat, sheep, freshwater fish, and chicken. Chickens are generally more valued for egg production.

Fluids

Food taboos and prescriptions

Hospitality

**SYMPTOM MANAGEMENT**

Pain  
Dyspnea  
Nausea/vomiting  
Constipation/diarrhea  
Fatigue  
Depression  
Self-care symptom management

**BIRTH RITUALS/CARE OF THE NEW MOTHER AND BABY**

Pregnancy Care

During pregnancy, women frequently eat a special kind of clay which is rather salty. When chewed, this clay is believed to increase the appetite and decrease nausea. There are no food restrictions during pregnancy.

Preferences for children

First-born boys are afforded special attention and are usually raised in the maternal family's village.

## Labor practices

Village midwives usually deliver at home. Few people have access to hospitals.

Role of the laboring woman during birth

Role of the father and other family members during birth

Vaginal vs cesarean section

### Breastfeeding

Virtually all women breast feed for about two years. Soft porridge made from sorghum and soups of boiled meat are believed to stimulate breast milk production. Weaning typically occurs when the child is walking or is otherwise judged ready by the parents. Cow's milk and a soft porridge made from fermented sorghum mixed with a sour fruit are commonly used as weaning food.

Birth recuperation

Baby care

Problems with baby

Male and female circumcision

## DEVELOPMENTAL AND SEXUAL ISSUES

Celebration of menarche or becoming a man

Attitudes about birth control

Attitudes about sexually transmitted infection control, including condoms

Attitudes about abortion

Attitudes about unwed sexual experimentation

Sexual orientation

Gender identity

Attitudes about menopause

## FAMILY RELATIONSHIPS

Composition/structure

Divorce is extremely rare. Children are intensely valued. Large families are desired. Gender and hierarchical rules are very defined.

Children don't mix socially with adults.

Decision-making

Social problems are dealt with immediately and repaid then forgotten.

Decisions are made without a lot of discussion.

Spokesperson

Respect should be afforded to the man as the household head, but typically mothers will be more knowledgeable about children's health and can be addressed directly, especially with southern families, where the rules of interaction are less rigid. Separation of the sexes is common to the Muslim north, and even homes are divided into male and female areas.

Gender issues

Changing roles among generations in U.S.

Caring roles

Expectations of and for children

Expectations of and for elders  
Expectations of hospital visitors

## ILLNESS BELIEFS

Causes of/attitudes about physical illness

Causes of/attitudes about mental illness

Causes of genetic defects

Attitudes about disabilities

Sick Role

### Home and folk remedies

There are multiple herbal and "traditional" remedies used by Sudanese although lack of availability limits their use here in the U.S. These remedies also vary from tribe to tribe. One widely used cure for migraine headaches is a certain chalky compound (clay mixed with certain leaves and water) which is rubbed over the head. To relieve the symptoms of malaria, there is a certain root chewed like a stick. One common form is "visi ri" a bitter shrub that bends its shoot to follow the sun. There are certain leaves that are boiled and consumed to relieve malarial sweats. The same mixture can also be used to treat stomach disorders. For wounds, there are special leaves found in the bush which are tied over the wound like a plaster. These leaves may sometimes be burned and the ashes spread over the wound site.

Parasitism is very common amongst Sudanese, especially tapeworms, amoebas, bilharzias, and roundworm (Ascaris.) To cure Ascaris, leaves and roots are boiled to produce a bitter liquid, which when swallowed expels the worms. Thread worm infection, under the skin, is treated by slowly rolling the emerging worm on a stick until the whole worm comes out.

Most of these cures are not commonly used by resettled refugees because they are not readily available here nor are the specialists who are required to make them.

### Medications

Sudanese routinely share over-the-counter medications or borrow prescription medicines from others with similar symptoms. They also tend to discontinue Western medicines as soon as symptoms resolve rather than completing the full course of treatment. Education on self-treatment and the importance of completed therapy is imperative for this population.

### Acceptance of procedures

Surgery is feared because of the stealing of organs being done at the time of surgery.

### Care-seeking

Resettled Sudanese in the U.S. experience numerous difficulties in and prior exposure to biomedical care in Sudan. Language and cultural obstacles are obvious barriers, but also factors like name and birthdate discrepancies and the lack of previous medical documentation are also barriers.

**NOTE:** Most Sudanese have not had well care or medical checkups in Sudan and therefore present with medical conditions of which they were previously unaware. Common undi-

agnosed cases include diabetes, hypertension, food allergies, severe cases of depression, vision and hearing loss, and parasitism. Dental problems are significant, especially as food habits change here in the U.S.

## **HEALTH ISSUES**

**Concept of health**

**Health promotion and prevention**

**Screening**

**Common health problems**

## **DEATH RITUALS**

**Beliefs and attitudes about death**

Death is seen by all Sudanese tribes as the will of a spirit or God and is surrounded by the supernatural. Burial involves ceremonies meant to appease the spirits so that no more deaths occur.

**Preparation**

**Home vs. hospital**

**Special needs**

**Care of the body**

For all Sudanese Muslims, burial takes place as soon as possible. The body is taken to the mosque to be ritually cleaned and blessed by an Imam. It is then carried to the previously prepared grave in a funeral procession. Mourning lasts between three and seven days.

**Attitudes about organ donation**

**Attitudes about autopsy**