

Information for Health Professionals Working with Sudanese Women and Children

2004



*Developed by:
Migrant Health
Service
&
Parenting Education
Unit
John Hunter Hospital
Newcastle NSW*

Background

The Republic of the Sudan has a population of about 34 million and is bordered by eight countries including Egypt, Ethiopia, Kenya and Chad. The northern area is mostly desert, with strong links to the wealthy Muslim Arab-dominated Sahara. The southern area has tropical rainforest and mountain ranges inhabited by the larger but poorer population of black Africans who hold indigenous or Christian beliefs. Khartoum is the capital, located at the confluence of the White and Blue Nile rivers, and the centre of a Muslim dominated government. There is sea access via Port Sudan on the Red Sea.

Civil Conflict

Since independence from Britain in 1956, Sudan has experienced only ten years of peace. Conflict between groups in the north and south has witnessed over 2 million deaths and 4 million displaced people.

Refugees

Refugees are people who have fled their country due to persecution because of their race, religion or political opinion.

(The United Nations Commission for Refugees definition of Refugees)

Human rights violations on the Sudanese people have been torture and imprisonment without trial, use of mass starvation as a weapon, bombing of civilian targets, government toleration of child and female slavery, forced conscription, rape.

Some families have lived in refugee camps for up to ten years. Because of civil unrest there has been little opportunity for many Sudanese children to attend school. Many women are illiterate and many children have gaps in their formal education, which would be very difficult for them to bridge.

Language

There are many different tribes in the Southern Sudan who speak different tribal languages. The Dinka people are the major group living in Australia. They have basically come from a pastoralists background. Those who have had formal education speak, read and write Arabic, which is the State language but a number of women only speak Dinka. It is advisable to check which language a woman speaks before calling for an interpreter.

The Survey

Health workers expressed concerns about the nutritional and health status of women and children coming into John Hunter Hospital, information was sought regarding the cultural issues of the Southern Sudanese women around pregnancy, childbirth and parenting.

In 2002, after consultation with health professionals at the John Hunter Hospital, the Migrant Health Unit developed a questionnaire to obtain information to help staff better understand the cultural needs of Pacific Islander women during pregnancy, childbirth and in childrearing. It was decided to use the same questionnaire as a basis for a consultation with Southern Sudanese Women around cultural beliefs and practices during pregnancy, childbirth and parenting.

The Focus Group

The Sudanese Bilingual Community facilitator invited ten women to participate in a focus group. This group met at the John Hunter Hospital. The interviewers were Debbie Galloway, Lisa Robertson (Parenting Education Unit) Catherine Norman and Sylvia Gray (Migrant Health Unit). Two interpreters helped the interviewers to conduct the focus group. The Egyptian/Arabic interpreter was well known and accepted by the women. The second interpreter was a Dinka speaker from the community.

Summary of Findings

What follows is a brief summary of the responses obtained from the groups. Many thanks to the Sudanese women who participated and willingly told their stories.

November 2004

Hunter Migrant Health Service

02-4924 6285/6

Parenting Education Unit

John Hunter Hospital,

Newcastle NSW

02-4921 3593

Address: Locked Bag No 1

Hunter Region Mail Centre 2310

Please read and use this information selectively.

This document does not contain an exhaustive list of issues, and the beliefs and practices do not apply to all individuals.

Careful observation and assessment of each person and their family is required to address individual needs. Please do not assume, ASK them about what is important to them!

Cultural Beliefs & practices during Pre-natal Period

In Sudan	In Australia
Pregnancy High fertility rate No contraception is practiced Generally no abortion	High fertility rates Interested in learning about contraception Individuals may accept abortion
Confirming pregnancy <ul style="list-style-type: none"> • Periods stop • Vomiting • Urine test, attends hospital/ clinic if woman lives in the city. • Commonly see a midwife 	Confirming pregnancy <ul style="list-style-type: none"> • Periods stop • Vomiting • Urine test • Goes to the GP
Care during pregnancy <ul style="list-style-type: none"> • Seeks medical help early if available • Many women die because there is no medical help • Relatives care for women if sick, relatives may live with sick woman • Have knowledge of toxemia, blood pressure, diabetes, incontinence relating to pregnancy • No antenatal classes in rural areas; may be group classes with attending midwife in urban area 	Care during pregnancy <ul style="list-style-type: none"> • Seeks medical help early • Attend antenatal clinic with husband or female relative; may need an interpreter. • Attends antenatal classes with husband or female relative; may need an interpreter.
Food for pregnant woman <ul style="list-style-type: none"> • Likes fish, mango, salted vegetables, okra, fetta (and other white) cheese, special citrus fruit • Avoid onions, oil, meat • Usually eats normal diet after first few months 	Food for pregnant woman <ul style="list-style-type: none"> • Likes fish, mango, salted vegetables, okra, fetta (and other white) cheese, special citrus fruit • Avoid onions, oil, meat • Usually eats normal diet after first few months
Exercise during pregnancy <ul style="list-style-type: none"> • Helps work farm, climb trees until birth Women do all the housework, grind corn, collect & break firewood, cleaning, cooking, caring for children and husband	Exercise during pregnancy <ul style="list-style-type: none"> • Does normal housework after first few months (if well).

<p>Family relationships</p> <ul style="list-style-type: none"> • Men work in the office or on farms, earn enough money to support family • Men do no work at home but “play games” and socialize • Pregnant woman may have sexual relations if feeling well. Husband may go to another wife. • Men have many wives, and provide financially for them all. May all share same house. • Widows assisted by relatives. The brother of the deceased husband may have sexual relations with the widow and may produce children to her. The children will take on the deceased brother’s name. 	<p>Family relationships</p> <ul style="list-style-type: none"> • Here in Australia one wife allowed, husband has to choose which one he brings to Australia. • If husband is dead, then two of his wives may migrate to Australia, and live in separate houses. • Widows may be assisted by relatives • Women take on the care of orphaned children.
<p>Unmarried mothers</p> <ul style="list-style-type: none"> • While family is not happy, she is treated mostly respectfully, depending on age and circumstances • Father of baby has to marry woman • If he does not marry, he must pay a fine; if he does not pay, he can have nothing to do with the mother; baby will take grandfather’s name 	<p>Unmarried mothers</p> <ul style="list-style-type: none"> • While family is not happy, she is treated mostly respectfully, depending on age and circumstances • Better if boyfriend marries woman • Other families very unhappy due to high expectation that girls should receive education
<p>Miscarriage/abortion</p> <ul style="list-style-type: none"> • Explanations include disease, abnormalities, falls; no superstitious reasons • Assisted by Traditional Birth Assistant (TBA) or female relative of women • If woman lives in village where there is no medical help, she may die • If hospital available, woman has injection and bed rest • Abortions are not usually practiced, may be performed by doctor in city 	<p>Miscarriage/abortion</p> <ul style="list-style-type: none"> • Explanations include disease, abnormalities, falls; no superstitious reasons • Would seek hospital care • Abortions are not usually practiced among Christians or Muslims

Beliefs and practices around Labour and Birth

In Sudan	In Australia
<p>Attendants during labour</p> <ul style="list-style-type: none"> • Women's business • Sister, sister-in-law, mother, aunt • Female doctor, midwife or TBA • Many first babies born in hospital, checked by doctor, cared for by midwives • Later babies born at home with midwife 	<p>Attendants during labour</p> <ul style="list-style-type: none"> • Female relatives if available • Female midwives and doctors preferred • OK to have male doctor if necessary - "it is his job" • May have husband if no females, especially if he knows about birth after attending antenatal classes
<p>Pain management</p> <ul style="list-style-type: none"> • Some lie on bed, others walk during labour • Will accept pain relief if available 	<p>Pain management</p> <ul style="list-style-type: none"> • Some lie on bed, others walk during labour • Will accept pain relief if available
<p>Placenta</p> <ul style="list-style-type: none"> • Buried with cord stump facing up so that mother may have more children 	<p>Placenta</p> <ul style="list-style-type: none"> • May like to take placenta home for burial if no medical reason not to do this. However, not easy to do this when renting homes, someone may question burial in the bush! • Will accept hospital disposal
<p>Baby</p> <ul style="list-style-type: none"> • Stays with mother, breastfeeds for 2-3 years • Father goes off to other wives during this time • If Muslim, prayers said by father immediately after birth • Additional care by female relatives 	<p>Baby</p> <ul style="list-style-type: none"> • Stays with mother, breastfeeds for two years • If Muslim, prayers said by father immediately after birth
<p>Stillbirths/Neonatal deaths</p> <ul style="list-style-type: none"> • Babies are considered as human child from conception • Premature and sick babies may be christened/baptized • Babies born with abnormalities are accepted-"it is God's will" • Dead babies are viewed by all except young children • Family of dead baby will observe 40 days of mourning (crying and wearing black) 	<p>Stillbirths/Neonatal deaths</p> <ul style="list-style-type: none"> • Babies are considered as human child from conception • Premature and sick babies may be christened/baptized • Babies born with abnormalities are accepted - "it is God's will" • Dead babies are viewed by all except young children • Funeral arrangements may be according to Christian or Muslim practices • Family of dead baby will observe 40 days of mourning (crying and wearing black)

Beliefs and practices around the Postnatal period

In Sudan	In Australia
<p>Physical care of mothers</p> <ul style="list-style-type: none"> • Female relatives of mother or sister stay with new mother for a month in her own home • Sesame seed oil and hot water perineal washes twice a day; this prevents infection and helps heal tears • Hot water and oil massages to abdomen and back 1-2 times a day for a month • Mother's abdomen may be bound by large bandage for days/weeks 	<p>Physical care of mothers</p> <ul style="list-style-type: none"> • Showers are good but water in hospitals is not hot enough • Like midwife to visit at home if possible • Female relatives will care for new mother for 40 days at home; if unavailable then husband will care for her
<p>Nutrition for new mothers</p> <ul style="list-style-type: none"> • Prepared by other women relatives • Hot food for 40 days to cleanse inside body and produce more milk • Tea, hot milk, soup, cornflour or semolina porridge • May have tap water or juice, never cold drink 	<p>Nutrition for new mothers</p> <ul style="list-style-type: none"> • Tea, hot milk, soup made from chicken, beef or lamb, bread, brought by family particularly for first 40 days • Special porridge made from milk, yoghurt water, sugar and custard powder • Hot food to cleanse inside body and produce more milk • May have tap water or juice, never cold drinks • Prepared by husband if no female relatives available • (special recipes available from the dietetics department of John Hunter Hospital)
<p>Sexual restrictions/contraception</p> <ul style="list-style-type: none"> • Breastfeed and no sex for 2-3 years if live in villages (men's semen makes milk bad and baby sick) • Woman's mother or mother-in-law may sleep in same room • Husband goes to other wives 	<p>Sexual restrictions/contraception</p> <ul style="list-style-type: none"> • May be restricted for 4-5 months • May use condom (not popular) • May consider oral contraceptives • Limited knowledge of STDs • In Australia husband can only have one wife
<p>Postnatal depression</p> <ul style="list-style-type: none"> • Not a recognized condition • Mothers are "treated as stars", have lots of help 	<p>Postnatal depression</p> <ul style="list-style-type: none"> • May be a problem when small number of family members available to help • Mental illness has stigma and is not readily acknowledged

Beliefs and practices around Baby Care

In Sudan	In Australia
<p>Cord care</p> <ul style="list-style-type: none"> • Warm sesame oil massage and warm water • Do not let breast milk onto the cord • May be bound for a few days to prevent hernia 	<p>Cord care</p> <ul style="list-style-type: none"> • Warm sesame oil massage and warm water • Do not let breast milk onto the cord • May be bound for a few days to prevent hernia
<p>Feeding baby</p> <ul style="list-style-type: none"> • Breastfed for up to 3 years • Solid foods commenced around 6 months • If breastfed baby becomes sick, some will want to know what mother has been doing (contact with man's semen makes baby sick) 	<p>Feeding baby</p> <ul style="list-style-type: none"> • Breastfed up to 3 years • Solid foods commenced around 6 months
<p>Consideration of baby</p> <ul style="list-style-type: none"> • Girls are valued as they are worth income to their family at marriage (e.g. exchange for cows) • Baby stays in room with mother for 40 days to avoid people with the "evil eye" who may cause harm to baby • Someone (mother, sister, aunt, etc) must be with baby at all times for 2-3 months • Baby is not praised, prefer comments like "what an ugly child" so that evil spirits are not alerted • Baby is "blessed" at about 2 months 	<p>Consideration of baby</p> <ul style="list-style-type: none"> • Educated families will accept as OK that the Australian way is to praise babies, but will maintain own ways with own people • Australian comments like "you're a little monkey" may be interpreted as a derogatory term, as the Egyptians often denigrated the Sudanese by calling them monkeys. • Prefer a family member to be with baby at all times
<p>Circumcision</p> <ul style="list-style-type: none"> • Males: in urban areas and more recently, circumcision is becoming acceptable practice for young boys, performed by nurse • Females: may be practiced by Muslim families 	<p>Circumcision</p> <ul style="list-style-type: none"> • Is accepted • Female Genital Mutilation (FGM) is illegal in Australia • It is illegal to take a child out of Australia for the purpose of FGM and then to return the child back to Australia
<p>Place of sleep</p> <ul style="list-style-type: none"> • While babies are being breastfed, baby has cot in mother's room 	<p>Place of sleep</p> <ul style="list-style-type: none"> • While babies are being breastfed, baby has cot in mother's room
<p>Use of nappies</p> <ul style="list-style-type: none"> • Nappies used in urban areas • Muslin cloths and maternal skill reduces need for washing in rural areas 	<p>Use of nappies</p> <ul style="list-style-type: none"> • Happy to use disposable nappies

Beliefs and Practices around Child care

In Sudan	In Australia
Place of sleep <ul style="list-style-type: none"> • Child in own bed 	Place of sleep <ul style="list-style-type: none"> • Child in own bed
Toilet training <ul style="list-style-type: none"> • All done outside where there are no toilets 	Toilet training <ul style="list-style-type: none"> • Start around 3 years
Discipline <ul style="list-style-type: none"> • Usually by parents • Methods may include smacking for young children, talking with older children 	Discipline <ul style="list-style-type: none"> • Usually by parents • Methods may include smacking for young children, talking with older children
Child sexual abuse <ul style="list-style-type: none"> • Exists, but it is unacceptable and is punished heavily by the community • Child is looked after 	Child sexual abuse <ul style="list-style-type: none"> • Unacceptable • Child is looked after
Nutrition for Children <ul style="list-style-type: none"> • Yoghurt, white cheese, fetta, fruit, vegetables, chicken beef or lamb, rice, pasta, bread, sausage, milk and juice 	Nutrition <ul style="list-style-type: none"> • High sugar intake, processed foods, soft drinks • Yoghurt, white cheese, fetta, fruit, vegetables, chicken beef or lamb, rice, pasta, bread, sausage, milk and juice

Beliefs and Practices Surrounding Illness and Death

In Sudan	In Australia
Sickness <ul style="list-style-type: none"> • Sick person cared for by relatives • If hospitalized, family members stay with sick person • Comfort foods prepared by family: special hot soup and bread; special porridge 	Sickness <ul style="list-style-type: none"> • Sick person cared for by relatives • Children will be attended by parents in hospital • If hospitalized, would like a family member to stay with sick person • Comfort foods prepared by family: special hot soup and bread; special porridge
Death <ul style="list-style-type: none"> • Christian or Muslim practices carried out at time of death and at funeral • 40 days of mourning-crying, wearing black, by family members 	Death <ul style="list-style-type: none"> • Christian or Muslim practices carried out at time of death and at funeral • 40 days of mourning-crying, wearing black, by family members

Common Health problems in Refugee Women

Information from NSW Department of Refugee Health

<p>Emotional and mental health problems.</p> <ul style="list-style-type: none"> • Post traumatic stress disorder • Depression/anxiety • Domestic Violence • Somatization of psychological problems 	<p>Emotional and mental health problems.</p> <ul style="list-style-type: none"> • Post traumatic stress disorder. • Depression/anxiety • Domestic Violence • Somatization of psychological problems
<p>War trauma and rape</p> <ul style="list-style-type: none"> • Used as tool of war • Musculo-skeletal injury & mal-union of bones • All families have experienced death or injury of a family member 	<p>War trauma and rape</p> <ul style="list-style-type: none"> • Known sequelae include: difficulty trusting; flashbacks; cognitive difficulties; alcohol, drug, medication abuse; irritability & impatience • May be significant for woman in labour
<p>Nutrition</p> <ul style="list-style-type: none"> • Inadequate diet and under-nutrition e.g. Iron, folate and calcium • Malnutrition and vitamin deficiencies among refugees are high. 	<p>Nutrition</p> <ul style="list-style-type: none"> • Enjoy wide range of foods available here, but are consuming high levels of processed foods and high amounts of sugar. • ' We like to have 4-5 teaspoons of sugar in our tea'. • Vitamin D deficiencies.
<p>STDs</p> <ul style="list-style-type: none"> • High incidence of HIV, syphilis and other STDs often due to rape and whilst in refugee camps or whilst in transit to another country. • There is screening for HIV but not other STDs • Unwanted pregnancies as a result of rape 	<p>STDs</p> <ul style="list-style-type: none"> • Syphilis is routinely screened during pregnancy • Other STDs are screened as indicated
<p>Use of medications</p> <ul style="list-style-type: none"> • Little understanding of how they work • Tendency to share medications amongst community • Commonly antibiotics are stopped when patient feels well, remainder are handed out to other members of the family 	<p>Use of medications</p> <ul style="list-style-type: none"> • Little understanding of how they work • Tendency to share medications amongst community • Commonly antibiotics are stopped when patient feels well, remainder are handed out to other members of the family
<p>Adolescence</p> <ul style="list-style-type: none"> • Girls become women at puberty, and traditionally get married and have babies at young age (14-18 years, depending on education and whether urban or rural background) 	<p>Adolescence</p> <ul style="list-style-type: none"> • Adolescent girls are encouraged to seek education
<p>General Health Problems</p> <ul style="list-style-type: none"> • Inadequate immunity to rubella • Dental problems/oral health • Female genital mutilation 	<p>General Health Problems</p> <ul style="list-style-type: none"> • Dental problems • Reproductive health care needs • Female genital mutilation

	<ul style="list-style-type: none"> • Difficulty accessing health care • Difficulties keeping appointments. • Concept of ongoing health care not understood. • Difficulties with transport
<p>Education</p> <ul style="list-style-type: none"> • Varying education and skill levels across population • Children in refugee camps for many years have limited basic education 	<p>Education</p> <ul style="list-style-type: none"> • Education in Australia is highly regarded and promoted to children. • Attend English classes if required • Challenge to integrate children into mainstream schools
<p>Domestic Violence</p> <ul style="list-style-type: none"> • Husbands may hit the women, even with sticks, if they do not do as are told. Women accept this as the norm. • Domestic violence against women is accepted 	<p>Domestic Violence</p> <ul style="list-style-type: none"> • Husbands may hit women even with sticks if they do not look after them properly or do not do as they are told • Some women seek shelter at a refuge. This is a scandal in the community.
<h2>Developmental Problems for Children in Australia</h2>	
<ul style="list-style-type: none"> • Delayed growth or development in children • Poor oral health due to poor nutrition and diet • Poor dental hygiene 	