

ACT Health Community Profile

South Sudan

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from South Sudan[†] in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- There are important **differences** between communities from **Sudan and South Sudan**, which became independent from Sudan in 2011 after years of civil war.[‡]
- Many different languages are spoken in South Sudan, including **English, Dinka, Sudanese Arabic** and **Juba Arabic** (which are different to standard Arabic).
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**. Dinka speakers from one area may find it difficult to communicate with a Dinka speaker from a different area.
- The most common religions in South Sudan are **Christianity** and **indigenous animist beliefs**. Islam is more common in Sudan.
- Most people from South Sudan settling in Australia in recent years are asylum seekers and refugees, and may have a history of **trauma and displacement**.
- People from South Sudan may be **unfamiliar** with the Australian health system.
- South Sudan-born people may wish to take **traditional medicines** to help them recover from illness.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- South Sudanese people, especially women, may prefer to be seen by health staff of the **same gender**.
- **Cost** of services or treatments may be a concern for South Sudan-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

[†] Country of birth figures as completed by individuals in the 2011 Census may not fully reflect Sudanese or South Sudanese affiliations, given South Sudan's independence in the same year.[†] Similarly, some information in this profile refers to Sudan but is likely to be applicable to South Sudan-born people.

[‡] More information about Sudan can be found in the ACT Health Community Profile – Sudan.

South Sudan

2011 Census data: South Sudan-born people	
Population (Australia):	3,486 people ⁱ
Population (ACT):	80 people ⁱⁱ
Gender ratio (Australia):	131.0 males per 100 females ⁱⁱⁱ
Median age (Australia):	The median age of South Sudan-born people was 27 years compared with 45 years for all overseas-born people ^{iv} and 37 years for the total Australian population. ^v

Age distribution of South Sudan-born people (ACT, 2011): ⁱⁱⁱ		
Age (years)	Number	Per cent
0-19	12	15
20-39	67	85
40+	0	0

South Sudan-born arrivals, past three years ^{vi}		
Year	Australia	ACT
2011	6	0
2012	62	11
2013	108	8

Migration history

Sudan's first civil war began shortly after independence from joint British-Egyptian administration in 1956 and continued until 1972. A second civil war broke out in 1983 and continued until 2005.^{x,xi}

Sudan also experienced major famines largely as a result of extended periods of drought in the 1980s and 1990s.^{xii} War and famine combined are estimated to have caused almost two million deaths and four million displaced people.^{xiii}

Large numbers of Sudan-born refugees have fled to neighbouring countries, and many were resettled in Australia. Before 2001, Sudan-born people arriving in Australia were mainly skilled migrants. By 2001, when the Census recorded 4,910 Sudan-born people in Australia, more than 98 per cent had arrived under the Humanitarian Program.

Arrivals to Australia peaked between 2002 and 2007. South Sudan gained independence from Sudan on 9 July 2011.^{xiv}

Ethnicity

The concept of ethnicity in Sudan is complex and is often based on cultural affiliations. There are many different ethnic and tribal groups in Sudan.^{xv}

Historically, the population of Sudan predominately descended from both indigenous African groups and Arabs. Today, many different indigenous African groups make up post-independence South Sudan.^{vii}

Language

English is the official language of South Sudan. Regional languages include Dinka, Nuer, Bari, Zande and Shilluk. Sudanese Arabic and Juba Arabic (which are distinct dialects to other forms of Arabic) are also spoken.^{viii}

Religion

The most common religions in South Sudan are Christianity and indigenous animist belief systems.^{ix}

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱⁱ

Please note: 2011 Census data is reported by country of birth, but this may not reflect community affiliations given the recent establishment of South Sudan. For example, Sudan-born people who are Christian and/or speak Dinka at home may identify as South Sudanese, although their country of birth (at the time of their birth) was Sudan and is reported as such.

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The most common ancestry responses[§] of South Sudan-born people in the ACT were:

Ancestry	Percentage of population
South Sudanese	71
African, so described	11
Dinka	8
Sudanese	8
Australian	4

An additional 69 people in the ACT, who were not born in South Sudan, identified South Sudanese ancestry; an additional 29 people identified Dinka ancestry; and an additional 30 people identified ancestry as peoples of the Sudan (not further defined).

The most common languages spoken at home by South Sudan-born people in the ACT were:

Language	Percentage of population
Dinka*	84
Arabic	16

*There may be significant differences in accent and vocabulary among Dinka speakers.

South Sudan-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	42
Well	37
Not well	15
Not at all	0
Not stated/not applicable	6

The most common religions of South Sudan-born people in the ACT were:

Religion	Percentage of population
Anglican Church of Australia	68
Western Catholic	13
Christian, not further defined	4
Baptist	4
Seventh-day Adventist	4
Uniting Church	4

[§] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

Communication and respect

A variety of different languages are spoken in South Sudan. It is very important to determine a patient's preferred language and provide an interpreter in the correct language. If an Arabic interpreter is needed for a person from South Sudan, a Sudanese Arabic or Juba Arabic interpreter should usually be arranged. The Sudanese Arabic and Juba Arabic dialects are distinct and the person may not understand other Arabic dialects.^{xvi}

South Sudanese women may often prefer to be treated by female health care providers.^{xvii} However, some South Sudanese people may not feel able or willing to ask for a different health care provider when this is necessary.

Members of the same family may appear to have different surnames in Australia as a result of the recording of names during immigration. South Sudanese family names may be silent and, as a result, South Sudanese Australians may have their middle name recorded as their surname on official documents.^{xviii}

Health in Australia

In 2012, average life expectancy in South Sudan was 55 years (54 years for males, 56 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xix}

Health concerns of South Sudanese people may be otherwise uncommon in Australia, and should be thoroughly investigated. South Sudanese refugees' experiences of trauma should also be kept in mind when providing care.

In a study of common medical conditions in newly arrived African refugees in Melbourne, the major health issues included a lack of immunity to common vaccine-preventable diseases, vitamin D deficiency, infectious diseases (such as gastrointestinal infections, schistosomiasis and latent tuberculosis) and dental issues. Musculoskeletal and psychological problems were common in adults.^{xx}

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A Western Australian infectious disease screening study of over 2000 refugees and humanitarian entrants in 2003-2004 also reported a high prevalence of infectious diseases in people from sub-Saharan Africa including hepatitis B, syphilis, malaria, intestinal infections (including giardia, schistosomiasis, hookworm and strongyloidiasis), and tuberculosis.^{xxi}

Other health concerns for South Sudanese refugees may include complications of broken bones and other injuries that have occurred as a consequence of torture, flight or accident. Common health concerns in women include the physical and psychological consequences of rape, such as menstrual problems and pelvic pain. Women may have not had any preventive screening such as Pap tests or breast exams.^{xxii}

Refugees from Sudan (before South Sudanese independence) in Australia have been shown to have high rates of depression, anxiety and post traumatic stress disorder. However, many South Sudanese Australians may report more concern about current stressors such as employment, housing and transport than past trauma.^{xxiii}

Health beliefs and practices

South Sudanese refugees may be unfamiliar with a formal health system, Australian medical practices or being treated by a doctor of the opposite gender.^{xxiv}

Some South Sudan-born people may have low levels of trust in Australian health services. Levels of trust tend to be lower for people who experience perceived discrimination in the wider Australian community. However, people from refugee backgrounds may have experienced western-style medical care in refugee camps and can have higher levels of trust in Australian health services as a result.^{xxv}

Traditional medicine is widely practised in South Sudan and has roots in Islamic and West African medicine. There is wide experience with the use of herbal medicines, which are an integral part of health care. Many families specialise in herbal medicines and pass knowledge on from one generation to another.^{xxvi}

South Sudanese people in the ACT may see traditional Chinese medicine as having similar benefits, but cost is a barrier to these services.

South Sudanese people may expect to be prescribed or recommended medicine when ill. If medicine is not required for treatment, it may be useful to explain why this is the case. South Sudanese people may also not continue to take medicine once their symptoms have resolved. For medicines like antibiotics, the importance of finishing the full course of medicine may need to be explained and emphasised.

Social determinants of health

The overall literacy^{**} rate in South Sudan in 2009 was 27 per cent (40 per cent for males, 16 per cent for females).^{xxvii} In 2011, 43 per cent of South Sudan-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the South Sudan-born aged 15 years and over, 34 per cent were still attending an educational institution. The corresponding rate for Australia overall was 9 per cent.

Among South Sudan-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 51 per cent and the unemployment rate was 29 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for South Sudan-born people in Australia aged 15 years and over was \$272, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxviii}

Utilisation of health services in Australia

The use of hospital services among people born in refugee-source countries, including Sudan (before South Sudanese independence), has been found to be lower or similar to that of the Australia-born population.^{xxix,xxx}

^{**} People aged 15+ years who can read and write.

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South Sudanese people in the ACT may feel that they have insufficient time to discuss their health concerns, and that they are not properly listened to by health care providers. Longer appointment times may help address these issues, although South Sudanese people may be reluctant to return to a service where they feel they have not been treated well previously.

South Sudanese people in the ACT may be concerned about the length of waiting lists for specialist services. It may be useful to discuss likely waiting times up front in order to manage patients' expectations. Bulk billed services are also seen as very important.

A small study of sub-Saharan African refugees, including from Sudan, showed difficulties in accessing health care in Sydney, including at times when a family member was sick.

Barriers to health care access included language difficulties, lower levels of education and literacy, financial disadvantage, lack of health information, and limited understanding of how to seek help and access health services.^{xxxii}

A study of Sudanese, Afghan, Pacific Islander and Burmese people in Queensland, revealed issues for all four communities: (1) unfamiliarity with health services and difficulty accessing them; (2) the need for doctors to accept traditional healing methods alongside orthodox medicine; and (3) language problems impeding effective communication with health professionals.

Sudanese study participants' views of the Australian health system were generally positive, although they did feel that they needed more information about their treatment (e.g., often, more blood is taken for testing in Australia than in Sudan, and this concerned participants). Participants stated that they preferred to use face-to-face interpreters when visiting their GP.

They also reported that Australian health professionals often overlooked or responded negatively to their health beliefs, cultural values and traditional health treatments. Integrating traditional and Western treatments would help them to develop trust in the Australian health system.^{xxxii} These issues may also be shared by South-Sudan born people in Australia.

Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Sudanese Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

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