Intercultural Communication for Health Care Professionals

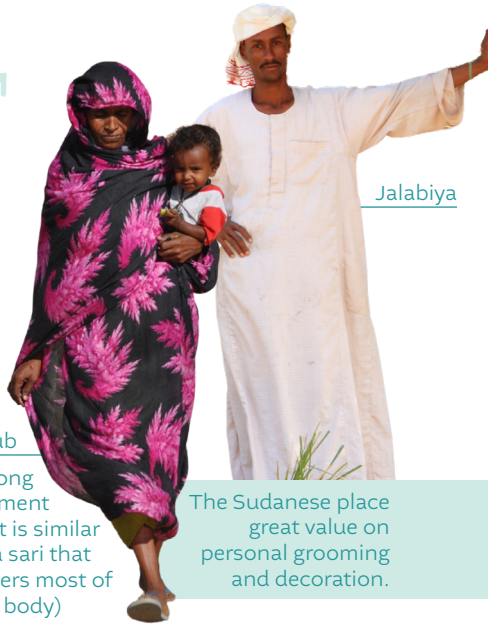
Sudan

Cultural Sensitivity

The Sudanese have a very strong community oriented attitude and consider the values of honour and dignity central to their role as community members. All members are expected to contribute to the common good. Issues are sometimes discussed and resolved in somewhat public forums where elders are dispute settlers and advisors.

Disclosure of gender related health issues can be challenging for this community. Both genders are likely to express discomfort during a physical examination. Women may be very uncomfortable during any medical consultation performed by a male health care professional and will probably be reluctant to communicate their concerns to him.

If a female attendant is not available (doctor, nurse practitioner, or student), advise the patient beforehand. If appropriate, consider allowing a female family member to attend the examination or consultation.



The Sudanese place great value on personal grooming and decoration.

Sudanese patients are not familiar with preventative health measures such as pap smears, mammograms, and DREs.

Topics such as cervical, breast or prostate cancer are not discussed with ease in this culture.

Immigration Experience

Sudan's history has been plagued by civil war stemming from ethnic, religious, and economic conflict between the Northern and the Southern populations. It is ranked one of the world's most politically and socially unstable countries. This resulted in many Sudanese fleeing to refugee camps in Ethiopia, Uganda, Kenya and Egypt. Canada is often the second or third country of settlement for Sudanese immigrants.

Impact of Immigration on Health

The Sudanese frequently experience high levels of stress as they adapt to the challenges of life in Canada. Most Sudanese immigrants have experienced war in their home country and traumatic dislocation from it, some perhaps even torture. **Sudanese often display PTSD symptoms** such as depression and sleeplessness.

Other Psychological Stressors:

- Lack of community support
- The complexity of the immigration or refugee process
- Financial dependence of family members, the high cost of living, low income due to lack of opportunities
- The language barrier

These have contributed to an increased feeling of alienation, anguish

The cultural gap between Sudanese-born and Canadian-born/raised community members has considerable health implications.

Sudanese youth usually integrate more easily into Canadian society as they are more receptive to Western ways and modes of behaviour.

While this generally represents better opportunities for them, it also generates disparity between their values, roles, and practices as individuals and as community members.

Stress and ultimately conflict between traditional parents and 'Canadianized' children affect all family members and might result in chronic health problems for all of them.

Why was this infographic made?

This infographic is a response to concerns expressed by health care professionals in London regarding the lack of knowledge and understanding of health care practices of different regarding the lack of knowledge and understanding of health care practices of different immigrant groups. We hope that this information will provide health care professionals with an increased awareness of the factors which may affect how members of a different cultural group access and respond to health care services in our community.

Communication

The Sudanese are generally straightforward, easy going people and they usually have good faith in strangers or people they've never met before. They (other than some Muslim Sudanese) usually shake hands when greeting someone, especially for the first time.

Respecting other people's personal space is considered important for the Sudanese. Eye contact is usually avoided to indicate respect, especially when the other person is of the opposite gender or is an authority figure.

- ***Keep some physical distance between you and your Sudanese patient.***
- ***Try to avoid a steady gaze; a short and infrequent eye-to-eye contact might be the best choice.***
- ***When dealing with Muslim Sudanese, it is recommended to be sensitive to religious restrictions like physical touch between genders and exposure of the female body.***

In Sudan, health care professionals commonly inform patients of a serious diagnosis by visiting the patient's home. This facilitates the presence of family members, extended family, friends, and community elders to provide support.

- ***Acknowledging the role of family and community support in a Sudanese patient's life is important. Consider including them in consultations for important medical matters.***
- ***Some Sudanese patients may prefer that test results indicationg a poor prognosis be given first to the closest family member rather than directly to the patient.***

Languages

English and Arabic are the official languages; other languages include:

- Arabic-juba
- Bari
- Didinga
- Dinka
- Nuer
- Nubian

Religion & Spirituality

Christianity (predominant in the south) and Islam (predominant in the north) are the main religions in Sudan. Both religions are an integral part of the Sudanese society and all aspects of life.

Religious practices for Muslims are integral to everyday life. Devout Muslims pray five times a day. During the holy month of Ramadan, no food or drink is taken between sunrise and sunset. They do not consume pork products or alcohol nor food or medication that may contain either.

- ***Although people in poor health are exempt from fasting, Muslim patients may refuse to take oral medication or IV solutions during certain times.***
- ***For Muslim Sudanese patients needing corrective diets such as for diabetes, consider religious and cultural restrictions.***
- ***Also consider dietary and religious restrictions for any hospital food menu.***

Another religious phenomenon is **fatalism**. A patient may believe that the illness he or she has is the will of God as punishment for not adhering to the principles of Islam or Christianity. Good health, illness, wealth, and poverty are considered part of a person's destiny.

Friday is the Muslim holy day, so it is recommended to schedule appointments on alternative days.

Acknowledging faith practices within a medical treatment plan will increase the emotional by-in of the patient, especially when suggesting invasive medical procedures.

Family

The Sudanese family is based on a patriarchal system. It is considered important for each man to produce a male offspring to maintain his lineage.

Gender roles in the Sudanese community are changing due to family separations (civil war, immigration) and financial crisis. Traditionally, the man is considered the head of the family, while the woman is the primary homemaker. However, Sudanese women are taking on a more active role in the financial support and decision making processes of the family. These changes in family dynamics may lead to stress and possible conflict between the couple or among family members.

In Sudanese culture, marriage is a very significant milestone that is often arranged through a negotiated contract and a dowry. The relationship is set for life between partners and their families. When marital difficulties occur, extended family and community are the sources of support. In Sudan, levirate marriage is still practiced to provide support for widows and their children.

Procreation is considered the main goal of marriage. The entire community normally shares in the responsibility of child-rearing. It might be challenging to talk to Sudanese patients about sexuality, contraceptive methods, and male infertility as these are not a topics openly discussed within their community.

Promote patient education and awareness on topics such as sexuality, birth control, abortions, STDs and even yeast infections.

When a Sudanese couple has difficulty conceiving, the relationship might go through a lot of stress. Male infertility is culturally inconceivable so the wife is blamed.

Promote awareness regarding male infertility as this may alleviate family tension brought about by a couple's infertility.

Expect resistance from both partners and limited adherence to the suggested treatment program if there is a diagnosis of infertility for the male partner.

Elderly people are held in high esteem and serve as a source of historical knowledge, experience and education. They are respected by all community members and their opinion is widely valued. Caring for elders at home until death is considered a duty; therefore, it is rare to seek and accept help outside the family in order to care for them.

Alternative Treatments

Alternative treatments are sometimes used by the Sudanese community. Herbs and roots from Sudan that are known to have curative qualities for general symptoms such as fever or abdominal pain are used.

A Sudanese is likely to resort to alternative remedies when they have repeatedly sought medical attention but their ailment has not subsided. This is particularly true for diseases that are prevalent in Sudan but are not Canada. Community elders might be consulted for advice.

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