Refugees from the African continent make up more than 30% of the Humanitarian Program annual intake. African refugees in Australia predominantly come from Burundi, Democratic Republic of Congo, Ethiopia, Eritrea, Liberia, Rwanda, Sierra Leone, Somalia and Sudan. While these countries are not homogenous, there may be some shared health issues.

Refugee experiences that impact on health

Refugees, by definition, have fled serious human rights violations as a result of war or organised violence. Many African refugees will have experienced protracted stays in refugee camps without adequate medical care and in conditions of extreme deprivation before arriving in Australia (See Fact Sheet 1 for more details).

Infectious diseases

Patients may have inadequate immunity to vaccine-preventable diseases. Documentation of vaccines given is rarely available, apart from the MMR given pre-departure to those under 30. Ambiguity in birth dates for children can complicate immunisation schedules. For assistance with catch-up immunisation schedules, consult the Immunisation Handbook or contact your local public health unit.

Common parasitic infections include malaria, strongyloides, and schistosomiasis.

Consider screening for hepatitis B. Routine screening for active TB (in those aged 11 and over) and HIV (in those 15 and over) will have been undertaken. Consider repeating these if indicated, and checking for latent TB especially in children.

Poor oral health

Chronic infection and severe caries can result from substandard dental care in refugee camps, and disruptions to traditional hygiene practices and diet. Patients may present to their doctor with tooth pain. Health Care Card holders should be informed how to phone the nearest public dental clinic for over-the-phone triage.

Paediatric growth & development issues

Some children may have delayed development not previously detected, or conditions linked to past under-nutrition or vitamin deficiency, such as anaemia or rickets. Vitamin D deficiency is commonly described among refugees of African background in particular. Adherence to vitamin supplements can be low due to the cost incurred but may be necessary in addition to greater sunlight exposure.

Practitioners should also be alert to the possibility of sickle cell disease and thalassaemia.

Infectious diseases

Consider screening for Vitamin D deficiency

Access to preventive healthcare

Many refugees from Africa are unlikely to have had access to preventive screening or effective health education programs. Many women will not be familiar with formal perinatal care.

Sexual violence & stigma

Refugee women are particularly at risk of sexual violence during war. Swiss et al reported that 49% of Liberian women surveyed had experienced physical or sexual violence from a combatant during war. Sexual violence is endemic in some refugee camps due to the lack of security and unaccompanied women.

Rape is used as a weapon of war. It can bring great shame on the victim and their family and is unlikely to be readily disclosed, even within families. As a result, sexually transmitted infections may not have been detected or treated. For some women, rape will have resulted in pregnancy.

Even where abuse has not occurred, many communities do not discuss sexual health openly.

Check immunisation status.
Stools tests for parasites are recommended if anaemia, eosinophilia or GIT symptoms are present.

Be sensitive in history taking & examination. Ask patients if they would prefer a female doctor. Request a female interpreter for female patients. Check for STIs including syphilis.
Female Genital Mutilation (FGM)

FGM is practised in over 20 countries including Ethiopia, Eritrea, Liberia, Somalia, Sierra Leone & Sudan. It is done for complex socio-cultural reasons. Many women experience long-term complications including recurrent urinary tract infections, incontinence, obstructed menstrual flow, sexual difficulties & obstetric problems.

Knowledge of the Australian health system

Some refugees from African countries will have no knowledge of community and allied health services. Newly arrived refugees may go to the hospital with health problems, not knowing that a local GP is available.

Alternatively, hospitals may traditionally be sought as a last resort, or seen as a place to die. As a result, they may be anxious when asked to attend a health service. Others may have unrealistic expectations of the health system.

African refugees may expect the doctor-patient relationship to be more traditional, expecting the doctor to make choices for them. Treatment options need to be carefully presented.

Counselling & mental health

As a consequence of their traumatic experiences, refugees are at risk of a range of psychological problems including post-traumatic stress disorder (PTSD), depression, anxiety and stress-related psychosomatic symptoms. The concept of counselling, however, is unfamiliar to most refugees from Africa.

The stigma attached to mental illness and cultural norms may discourage the disclosure of personal matters and distress to anyone but a close friend. As a result, help for psychological issues may not be sought until a crisis has occurred.

Making and keeping appointments

Newly arrived refugee patients may arrive late, or not at all, for a range of reasons including being used to a “first-come-first-serve” health system (not appointments), and the imprecise nature of “African time”. Newly arrived refugees may have difficulty remembering appointment times due to poor language skills, the impact of torture & trauma and the many demands of settlement in a new country.

Use of medications

Patients may share medications or use them past their expiry date, common practice in camps as a way of coping with medication shortages. Adherence may be low if treatment is costly or unfamiliar or is for asymptomatic conditions. Literacy and numeracy will also impact on adherence and should inform the form of medication prescribed: literacy rates will vary, particularly for women.

Using interpreters

Newly arrived refugees will be unfamiliar with their rights to an interpreter and may have doubts about confidentiality. Professional interpreters provide quality communication and should be used rather than the patient’s family or friends. Small communities may have few interpreters so bookings may need to be made in advance.

Domestic Violence

Newly arrived refugees from Africa may be unfamiliar with laws & services related to domestic violence, and to schooling bullying. These issues can present challenges to service providers.

Relevant services and organisations

NSW Refugee Health Service 8778 0770
Torture/trauma counselling (STARTTS) 9794 1900
Transcultural Mental Health Centre 9840 3800
NSW Education Program on FGM 9840 4182

Contact your local Migrant Resource Centre for details of local support programs or community workers.

Recommended Readings


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