

Community Profile: Afghan

Language: Dari, Persian, Pashto, Uzbek, Turkmen

Country of Origin: Afghanistan

Places of Transition: Pakistan, Iran

**This guide is meant to provide a general cultural orientation and does not describe every person from this community*

Dos and Don'ts

- People from Afghanistan are referred to as Afghan; Afghani describes currency.
- Whenever possible, match patients with providers and interpreters of the same gender.
- Be respectful of patients' personal space and modesty.
- Understand that patients may be frustrated if they feel that hands-on expertise is being replaced by technology.
- If tests are negative, focus on possible next steps rather than telling the patient that nothing is wrong.
- Common greetings between people of the same gender may include a handshake, a hug, or a kiss on the cheek.
- Eye contact is made for only brief amounts of time and is not common between genders.
- Take time to help Afghan refugees to understand and navigate the US healthcare system.
- Afghan refugees are often very receptive to health education, so be prepared to answer questions and provide health information.
- Build rapport and trust in order to help patients feel comfortable sharing private information about themselves and their families.
- Encourage disclosure of medications, including herbal remedies.
- Remember that Afghan refugees are ethnically and linguistically diverse. Consider the appropriate language and dialect when selecting an interpreter.

Health attitudes, beliefs and stigmas

There are four major ethnic groups in Afghanistan: Pashtun (42%), Tajik (27%), Hazaras (16%), and Uzbek (9%).

The majority of Afghans practice Islam (80% Sunni, 19% Shi'a) with a small minority practicing other religions.

Traditionally, Muslims do not eat pork or drink alcohol. During Ramadan, Muslims fast from sunrise to sunset according to the religious calendar. Medication regimens may need to be adjusted during this time.

Afghan refugees may believe that some illnesses can be caused by hot and cold imbalances. Hot and cold food and drink may be considered necessary in treating illness caused by these temperature imbalances.

Some believe that illness can also be caused possession by evil spirits, the evil eye, witchcraft, or the will of God. Afghan refugees may believe Western medicine to be ineffective against these unnatural illnesses, treating them instead with prayer and Koranic verses.

Home remedies made from boiling herbs and plants are common and may be preferred to Western medicine, particularly by the elderly.



Exercise, nutrition, warmth, and sleep are considered important for illness prevention. Islam also places a strong emphasis on personal hygiene.

While doctors are well-respected, many Afghan refugees feel that the US healthcare system focuses too much on technology rather than hands on evaluation. Be very clear about the diagnosis and appropriate treatments early on to set reasonable expectations.

Seeking medical help for behavioral health disorders and dementia is very stigmatized in Afghan culture and is often considered a last resort.

Under Taliban governance, women in particular had little access to health education and may not be familiar health concepts and resources.



What you may see

Many refugees are single men who were victims of political persecution or women who fled Afghanistan due to gender-based violence.

Under the Taliban, girls were not offered an education and boys received a religious education. As a result, literacy rates are higher in men than in women.

Afghans tend to dress modestly, and women may wear a burqa, niqab or hijab. Always ask permission before touching a patient to respect modesty values.

Afghan refugees may feel uncomfortable sharing personal information about their families with providers and interpreters as privacy is highly valued.

Afghans often live with their extended families. The family structure is often patriarchal with the eldest male making important family decisions.

Afghan refugee women may have difficulty finding the balance between their responsibilities in the US and their traditional domestic gender roles. It is considered rude to express interest in or ask direct questions about a man's female family members.

Children may be in conflict with their parents over issues such as independence, assertiveness, sex education, drinking, and dating.

In traditional Afghan culture, there is little interaction between genders. Eye contact between genders is often avoided and only short amounts of eye contact are common in general. Be aware that patients may prefer same sex providers and interpreters.

Did You Know?

The prevalence of depression may be as high as 73% for Afghan women and 59% for Afghan men.

Common greetings between people of the same gender include a handshake, a kiss on cheek, or a hug. Handshakes may not be considered appropriate between genders.

Nodding, particularly among elders, may be a sign of politeness rather than an indicator of understanding.

It is considered rude to turn your back to others, particularly respected individuals like the elderly.

Common health concerns

Many Afghan refugees have witnessed the death of family members and the destruction of their homes. Many others, including children, have been forced into armed combat and may suffer from physical and psychological war trauma.

While there are not many cases of psychotic disorders, there are very high rates of PTSD, depression, anxiety, and psychosomatic pain. Alcohol abuse is not uncommon.

Mental health issues often manifest as anger in young boys and as withdrawal in young girls.

Domestic violence has been an issue in this population.

Many refugees suffer from malnutrition upon resettlement as a result of food shortages in the refugee camps.

Common infectious diseases in Afghan refugees include diarrheal diseases, respiratory infections, measles, intestinal parasites, and gastrointestinal disorders. Malaria, tuberculosis, and hepatitis are also endemic to Afghanistan.

Other common health concerns include cavities, skin conditions, ophthalmic diseases, kidney diseases, hematopoietic disorders, and heart disease.

Potential barriers to care

- Inadequate interpreter services
- Desire to maintain modesty and gender preferences in seeking and accepting care
- Values of family privacy and honor
- Transportation difficulty
- Domestic violence
- Limited health literacy
- Stresses of resettlement
- Lack of follow-up care
- High cost of care

For additional resources, please visit AZrefugeehealth.org

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