

Afghanistan



Communication

Languages and Dialects

- Official languages: Dari (Afghan Persian) and Pashto.
- Several other languages exist, and many Afghans are multi-lingual.
- English is not routinely spoken or read by Afghans. Many people will require an interpreter.
- Literacy levels in their spoken languages vary greatly, with males being more literate (55%) than females (29.8%).
- Education levels vary among Afghans, and lower literacy rates are evident within the poorer and more rural segments of society.

Greetings

- An Afghan person may place the right hand over the heart and nod in greeting; people of the same gender may also shake hands with the right hand.
- People do not usually touch those of the opposite gender during greetings, unless the person they are greeting is a close family member. A man should wait until a woman extends her hand before extending his own hand for a handshake.
- Putting one's hand to their chest is a respectful way to greet someone of the opposite sex.
- For the sake of modesty, men and women keep eye contact to a minimum as they greet one another.
- During introductions, extend an appropriate greeting to everyone present, then wait until you are invited to be seated.
- Establishing rapport is essential before conducting any business. Extensive introductions and other greetings are the norm. A patient may consider a short office visit or a quick medical procedure abrupt and offensive.

Names and Titles

- Unless invited to use a first name, address an Afghan person by their full name, including title.
- Afghan names traditionally consist of a first name and a personal name – middle names and surnames are not often used.
- This personal name may be a compounded name, such as *Ahmad Khan*, and is considered a single name rather than a first and middle name. This format is more typical for men.
- Afghan female first names often consist only of one word, examples include *Fatima*, *Amina*, *Maryam*, *Zahra*, and *Najiba*.
- Afghans don't customarily use surnames or family names. However, when surnames are used, a child adopts the surname of their father.
- Afghan women do not traditionally adopt their husband's surnames when they marry.
- Afghanistan is a South-Central Asian country composed of many different ethnicities, none of which are Arab. Therefore, it is not appropriate to refer to Afghans as "Arabs" or as "Middle Eastern."
- "Afghani" refers to currency in Afghanistan, therefore should not be used to describe an Afghan person.

Non-Verbal Signals

Afghan people are conservative about physical contact in public and social settings.

Hands

- The left hand is considered unclean in Afghan culture, and should not be used for pointing, waving, or offering items.
- Use either right hand or both hands together to gesture or to offer an item to someone.

Eye Contact

- Because direct eye contact could be considered "bold" or immodest, Afghan men and women may not make direct eye contact with members of the opposite gender.
- To demonstrate respect, younger people may also lower their gaze from elders.
- An Afghan person may expect direct eye contact when talking to people of the same age, gender, or status.

Physical Contact and Personal Space

- After an initial handshake (if there is one), avoid further physical contact with members of the opposite gender.
- Afghans respect personal space for those of the opposite sex; they usually remain at an arm's length.
- When communicating with those of the same gender, people may sit or stand in close proximity.

Gestures

- Some common hand gestures in America such as thumbs-up and the 'OK' sign have a negative connotation for Afghans and should therefore be avoided.
- Afghans may nod out of politeness, but this does not necessarily indicate that they understand or agree.

Feet

- If you show the bottoms of your feet to an Afghan person, you may be considered impolite.
- Avoid pointing your feet towards another person; doing so is considered rude.

Cultural Norms

Patient and Provider Interaction

- Afghan people may follow tribal and traditional hierarchies when engaged in decision making. Tribe and clan leaders are led by elderly men, or *jirga*. When away from their tribes, individual male heads of families will make the decisions for the families. A woman is not free to make her own decisions. A male family member must agree to any course of action for all female family members.

Facts and Traditional Ideas About TB

Facts About TB

- Tuberculosis is endemic in central Asia. Afghanistan is classified as a high-burden country; both the incidence and prevalence of TB is high.
- Many in Afghanistan have poor access to quality health care, although medication and diagnostics are available free of charge.
- DOTS is standard treatment at clinics where services are provided.

Beliefs About Illness

- Some believe illness is God's way of testing individuals and family, and they may believe that recovery requires prayers, fasting, or gifts to charity.
- Others believe that illness is caused by supernatural forces called '*jinn*s,' defined as a non-human being made of smokeless fire.
- Afghans also believe in natural causes of illness that include dirt, wind, or cold weather. Traditional Afghan medicine involves humoral imbalances such as "hot" and "cold."
- TB is viewed by Afghans as a cold and moist condition that is treated with dryness and warmth. Treatments may include adjustments to food or climate. The practice of cupping could also be used to treat TB.
- Poorer Afghans, including those who live in rural areas, are more inclined to believe in superstition and magic.
- Although there are not strict Islamic beliefs in Afghan societies, many elements of pre-existing practices have now become part of Afghan religion and culture.

Stigma and TB

- TB patients may fear the diagnosis of TB; they may expect to be ostracized by both family and community.
- A TB diagnosis may be considered a punishment for sin.
- A diagnosed person may experience social stigma and social consequences as a result of their diagnosis. They may receive a 'discrediting' status from family and community members. These experiences may lead to a delay in accessing and receiving health care.

Treatment Considerations

Traditional Remedies

- Herbal and homeopathic remedies, which are often sold in bazaars and referred to as 'Greek,' are popular in Afghanistan. Conventional Western medicines are not widely available.
- Because many Afghans believe the sun has healing properties, they may sit in the sun to absorb its energy.
- An Afghan person may seek to cure TB on their own. They may self-administer traditional herbs, over-the-counter drugs, or Western medications.
- Afghan people may seek traditional herbalists (hakim) who practice Unani medicine, a system of alternative traditional medicine. Spiritualists may also be first sought out by Afghans for healthcare.
- Muslim clergy (known as *Mullahs*) perform rituals, blowing the breath of healing while reciting prayers. They are also paid to write *ta'wiz*, healing prayers on paper, to be sewn into leather or cloth and worn around the patient's neck. Many children have these for protection.

- The many ethnic groups within Afghanistan are diverse and not homogenous.
- Ethnic identity, religion and culture all play a strong role in the lives of the Afghan people.
- Most Afghans are practicing Muslims.
- Friday is a holy day for Muslims.
- Muslims pray at midday on a daily basis. Be patient and respectful during these times.
- During Ramadan, Muslim people fast during daylight hours. People may not take prescribed medications during fasting.
- Punctuality is very important to Afghan people. Arrive on time, but also be flexible if delays occur.
- Avoid being too directive when trying to get things done, especially in newly established relationships.
- Leave the door open during one-on-one meetings with an Afghan person of the opposite gender.
- Afghan men and women are usually separated from one another in public spaces; men and women only interact in families or in tight-knit communities.
- When possible, Afghans should be seen by physicians of the same gender as the patient.
- If a man enquires about an Afghan man's female family members, he may be viewed as disrespectful.
- In a group of Afghan men and women, expect the men to talk to each other without the women engaging in conversation beyond introductions. Women may only feel comfortable talking to someone of their own gender.
- Correcting someone in front of other people could cause embarrassment or shame.

Visiting the Home

- Afghan people prefer a modest style of dress.
- Remove your shoes at the door when you arrive, and wait to be shown where to sit.
- You may be asked to sit on the floor on rugs or cushions. Sit crossed-legged or in a position that is comfortable for you. Avoid sitting with your legs outstretched, or with the soles of your feet facing another person.
- You may be offered tea and sweets when visiting a home. If you don't accept, you may be perceived as discourteous.
- Afghan households are generally large and multigenerational: three or four generations may live together.
- After marriage, a woman will often move in with their new husbands' family. Adult children often live permanently in the family home of their parents.
- In Afghanistan, women only leave the home with a male chaperone. In public, women cover their bodies for modesty by wearing a *burqa*, *chador* or *niqab*.
- Most women are not taught to drive, and many will not have a valid driver's license. Women are therefore likely to be reliant on male family members for transport.
- In some progressive families or tribes, women may have more opportunities to interact in public life and to get an education. However, women are still likely to be excluded from public decision-making, and they are expected to be modest and obedient to the males in their household.