As recent immigrants from Afghanistan seek medical care, hospital staff should be aware of cultural diversity dynamics that could affect patients' treatment and overall experience. The following list offers a sense of a range of issues and needs to keep in mind while seeking to understand each patient and family individually.

**GENERAL INTERACTIONS**

**Hello**: General term for hello is “Salaam” (“Peace”).

"Afghan": Don’t refer to Afghans as "Arabs" or "Middle Eastern" or "Afghani." (“Afghani” refers to the currency/money in Afghanistan.)

**Interpreters**: When using interpreter services, note that the principal languages of Afghanistan are Dari and Pashto, though many Afghans are multilingual. Male-to-male and female-to-female interpreters are preferred.

**Trauma-Informed Perspective**: All persons working with Afghan immigrants should take a trauma-informed approach to their interactions, recognizing the traumatic experiences of most Afghans arriving in the US. For instance: while Afghans are known for their strong sense of “family,” remember that simply asking about a person's family may inadvertently touch upon experiences of separation or tragic loss.

**First Meeting**: When greeting a person for the first time, there may be a desire for a longer-than-expected exchange, including questions about the other person. This follows from a cultural tradition of courtesy in showing an interest in the other person. The use of titles and last names is preferred unless there is a close relationship.

**Saying/Hearing "No"**: There may be sensitivity to being told "no" to a request, and a softer response would be optimal if a request cannot be accommodated. By the same token, a patient may not want to say "no" to any question but prefer a more roundabout response, including telling a story (—there is a cultural tradition that encourages giving long answers, since short answers to questions may seem rude). In general, an Afghan immigrant may not understand why something is a “no,” given their unfamiliarity with American society and possible misconceptions of American culture. It would be helpful to explain why, even for a simple thing.

**Praise**: There may be worry about being excessively praised, because it may tempt misfortune. This is tied to cultural traditions about drawing the “evil eye.” However, many people will accept praise if it is said to redound to God: “You have a beautiful child, praise be to God.” The term typically used is MashAllah or AlhamduAllah (“Praise to God”) before or after praise or good news.

**Intense Gaze**: Don’t be concerned if a person seems to be staring at you with an intense gaze during an interaction, as it is normal in Afghan culture to hold eye contact between people of the same gender and age for longer than is usual in US culture. However, across gender lines, and for younger people interacting with older people, direct eye contact is usually avoided.

**Complementing an Item** in a person's possession should be done with great caution, lest the person feel obliged to offer it to you.

**INTERACTIONS WITH HEALTH CARE PROVIDERS**

**Physicians and the Clinical Team**: There is a culture of general respect for physicians, which may manifest in deference to a physician for medical decisions, including accepting a treatment plan. Afghans new to the US medical system may not understand all the roles of the various multidisciplinary teams by which care is provided, and there may be confusion about who is a doctor vs. other team members.

**Gender-Based Customs** are important, and hospital staff of different genders should not offer to shake hands, though this would be discouraged in the present COVID-19 pandemic, anyway. Traditionally, people of different genders usually greet one another by placing one hand over the chest while saying hello: "Salaam" ("Peace"). Generally, there is a public separation of genders. (Note: Ideas that challenge traditional norms around gender or sexuality, while now common in the US, will probably be very foreign and uncomfortable to most Afghans.)

**Social Distance**: There may be a cultural tendency to stand very close to another person of the same gender when talking (which can run against social distancing or even American ideas of personal space). This may be less the case during the COVID-19 pandemic, with a generally understood need for social distancing, but if a provider seems to stand at an excessive distance, then a patient or family member may feel insulted.

**Credentials**: While there is respect for medical providers, it is also possible that patients or family members may ask providers about their credentials.

**Decision-Making** is usually made by or in consultation with a male family member, especially the eldest male. Female patients may be silent in the presence of a male family member who speaks up for them.
Nodding: If an Afghan patient or family member nods, it does not necessarily mean that the person is in agreement with you but rather a sign of politeness. Specific clarification may be necessary to avoid confusion about a patient's or family member's agreement with you.

Personal Honor and the preservation of that honor in the perception of others' minds is highly valued in Afghan culture. This typically leads to conservative behaviors and to stoicism in the face of adversity.

When Sitting with a patient or family member, do not show the bottoms of your shoes, even if pointed away from them. It is considered insulting to show or expose the bottoms of your feet to other people.

Raised Voices: While displays by providers of anger or chastisement are never professional, people working with Afghan patients should be cautious about any expression that might possibly be interpreted in that way. There can even be sensitivity to raised voices toward or around the person. This is exacerbated by any lack of familiarity with the new environment or language context. Overall, there is generally an expectation in Afghan culture that people should control their emotions and be patient and composed in social interaction.

Ambulation: Some patients may desire not to ambulate out of a notion that they should stay still to store up energy (with implications for Physical Therapy).

MODESTY AND PERSONAL CONCERNS

Modesty concerns may be at a level beyond what US providers are used to when caring for Muslim patients. Sensitivity to body covering and preference for same-gender care providers will likely be very strong.

Offering of a thing or service may need to occur several times before it is accepted. Accepting something upon the first offer is often thought to be impolite or to show oneself as greedy. So, it is possible that if you offer something to a patient or family member, they may say “No, it’s okay” out of modesty and politeness, even in the face of need, with an assumption that it can be accepted upon the second offer.

Family Member Presence: There may be a need to have a family member stay with a patient at all times, especially for women, the elderly, and children.

Toileting: Some people may be unfamiliar with toilet paper and prefer washing after toileting. Providing a pitcher or bottle of water for cleansing would be appreciated.

Left/Right Hand: When handing something to someone, use either your right hand or both hands. The left hand is associated with personal hygiene and is generally considered “unclean,” so it should not be used to offer food or other items. If a patient's right hand is impaired in any way, this may be problematic for the person eating.

RELIGIOUS PRACTICE AND DIET

Need for Prayer Space with nearby running water, which is standard for Islamic prayer practice. Almost 100% of Afghans are Muslim. Prayer is observed five times a day and depends upon the sun, so prayer times can begin as early as 5:00 AM and go as late as 9:00 PM. Running water (as opposed to still water) is necessary for cleansing prior to prayer. The area for prayer should be clean, where people do not walk with dirty shoes. Typically, a ‘prayer mat’ is used and then folded and put away between prayers. If a formal prayer mat is not available, even a clean towel may suffice.

Diet: Pork products and alcohol are prohibited in Islam. Meat products should be certified as “halal.” (Halal has similarity to what is considered kosher in Jewish tradition, but halal is NOT the same as kosher, and Muslim patients should not be asked merely to choose kosher menu options.) Fish are considered halal, though some other seafood, like shrimp, is not. Vegetarian meals are halal, and rice is a dietary staple. Tea is very popular in Afghanistan, with many people drinking it more than water.

MISCELLANEOUS

Jewelry may be worn that serves the function of amulets or charms, and this should not be removed from patients.

Smoking: A high number of Afghans are very heavy smokers.

Sunshine is traditionally understood to be healthy and healing in Afghan culture, so there may be a desire to be outside. Such a desire is, of course, commonly felt by many other patients, but it may be especially pronounced among Afghan immigrants.

Dogs are generally considered unclean, and there may be a special urge to wash 7 times after touching a dog. This is significant in the hospital in light of the increasing use of therapy dogs in US healthcare. Fear even of the presence of dogs may be markedly greater than is typical in the US.

Insulting Gestures: In Afghan culture, the thumbs-up gesture is considered rude and has the same connotation as raising one's middle finger in insult. Also, the “OK” sign with the hand can symbolize the “evil eye” or something extremely lewd.

Photos: Do not photograph Afghan immigrants.