Intercultural Communication for Health Care Professionals

Afghanistan & Iran

Cultural Sensitivity

Afghan and Iranian cultural expression is most visible through dress. Patients might wear:

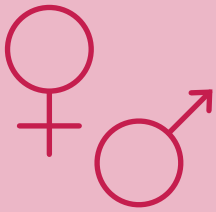
Dress varies by region and ethnicity. The dress code for women is designed to avoid unwanted attention from men.

One indicator for understanding how to address a patient is the type of dress he or she is wearing; **the more traditional the dress, the more formal the interaction.**

Physical touch is a very sensitive issue even in a health care setting. Be open and up front about what is required during an examination. It may be appreciated to **request permission before starting the procedure.**

✳ ***Avoid touch even when welcoming the patient to your office (e.g. do not shake hands).***

Instead, you can place your hand over your heart and nod slightly in order to welcome a patient.



Afghan and Iranian social values dictate that interaction between men and women can only take place within the context of a family setting. In social settings, it would be highly inappropriate for a man to speak directly to a woman. Even in professional environments like places of business, universities, or medical facilities, gender interactions are limited.

In Afghan and Iranian culture men and women never speak directly to one another except in family settings. Eye contact is also avoided between genders. Between two men, eye contact is acceptable, as long as it is not prolonged - it is best to only occasionally look someone in the eyes.

✳ ***If a female health care practitioner is not available advise the female patient beforehand. If appropriate, consider allowing another female family member to attend.***

Immigration Experience

The most common reason for Afghans to settle in Canada is the years of civil war in their country and the political and economic insecurity and persecution that followed. In the late 70s and early 90s, Afghans did not migrate directly to Canada, but they went to neighbouring countries such as Pakistan, Iran, India, Tajikistan, and Uzbekistan.

For Iranians, the primary reason for immigration has been and continues to be the political and religious circumstances in their country.

- There was a second major immigration wave following the 1979 Iranian Revolution.
- The first wave of Iranian immigrants settled in Eastern Canada in the 1960s and 1970s.

Impact of Immigration on Health

Afghan and Iranian patients might demonstrate behaviours related to PTSD.

Other Psychological Stressors:

- Separation from family (contributes to sense of isolation)
- News of conflict and insecurity in their home countries
- Complexity of the Canadian immigration and refugee process
- Discriminatory remarks, gestures, and behaviours, especially after 9-11

These stressors might result in a lack of trust in their personal environment.

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 health care systems in Afghanistan and Iran work very differently from the Canadian system. Afghans and Iranians are accustomed to:

- Communication regarding tests like blood tests and x-rays takes place directly with the health care provider regardless of the result.
- Health care professionals prescribe medications such as antibiotics very readily. Pills and injections - and especially expensive and rare ones - are popular and considered an essential part of a treatment plan.

To increase the level of patient compliance with medical recommendations, especially when these are complicated or when test results do not confirm the health concern of the patient, consider giving a **written record of the health care plan.**

Afghans and Iranians are not familiar with preventive health care. Culturally specific education is needed to ensure their participation and compliance with initiatives such as the flu shot campaign, inoculation programs at schools, and community awareness programs, such as the West Nile Virus campaign.

Languages

Afghanistan

- Dari (Persian)
- Pashto
- Hazara
- Badakhshan
- Heart

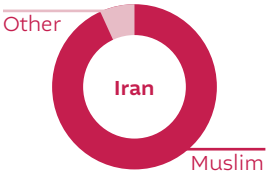
Iran

- Farsi (Persian)
- Dialects in London:
  - Kurdish (Sorani and Badini)
  - Mashhad

Religion & Spirituality

Religion governs much of Afghans' and Iranians' social, political, and economic activities. Since the Arab-Muslim conquest, Islam has become the main religion of most cultural groups. **There are two main branches in Islam: Sunni and Shiite.**

In London, **75%** of Afghan Muslims are Shiites, although most in Afghanistan are Sunni



A small number of Iranian Muslims are Kurdish Sunnis. Baha'i and Christianity are religious subgroups

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

Religious beliefs dictate food choices since Muslims only eat **Halal foods**. Besides oily food, carbohydrates such as rice, bread (preferably white) and sugar are highly consumed.

Consider religious and cultural restrictions for Muslim patients needing health corrective diets for diseases such as diabetes.

Consider this also for food menus when Muslim patients are admitted to hospital. For prescriptions, alcohol based medicine should be avoided if alternatives are available. If no alternative is available, inform the patient.

Fatalism is the belief that illness is punishment from God for not adhering to the principles of Islam. Good health and illness are considered part of a person's destiny.

This impacts people's attitudes toward treatment for critical diseases, subsequent treatment plans, and health promotion programs in general.

Family

The family is the most important social support system for Iranians and for Afghans. Family also refers to extended family, including grandparents, aunts, uncles and cousins.

Most Afghan and Iranian families living in London today hold on to the traditional concepts of family structure, however the nuclear family structure is becoming more common and gender roles are shifting with the second generation growing up in Canada.

When consulting an Afghan or Iranian patient, discuss the role of other family members in the treatment process. For some patients it may be very important to have their support.

Traditionally, there is a dependence on family structure for the social and economic well being of each family member, including elders. They feel strongly responsible to care for their elders and sending them to a nursing home is stigmatizing.

If diagnosis requires external care for the patient, encourage family participation in the decision making process and expect some resistance when suggesting external involvement in care.

Marriage is considered an obligation and it is usually arranged. This might be one of the reasons why the incidence of marriage between cousins is still high. From a health care perspective this presents concerns that need to be addressed with great sensitivity.

Gender disparity plays out very strongly when discussing sexual activity before marriage. While it is frowned upon for both genders, the consequences for women are detrimental for them as well as for their entire families.

Virginity is considered very important. Birth control and abortion are forbidden in Islam. When there is a pregnancy out of wedlock, the woman is considered to bring shame to her family. The family will often request a family friend or a member of the extended family to marry the woman, but this marriage might be disbanded after the child is born.

Consider offering the option of abortion in private. It might be a reasonable alternative depending on the woman's personal circumstances.

Alternative Treatments

Alternative treatments are widely used, sometimes in conjunction with Western medical treatment. These include:

- Home remedies, such as a variety of herbs and roots made into teas or poultices to treat anything from a common cold to cancer.
  - Herbs may be indigenous to Canada, Afghanistan, India, or Pakistan.
- Iranian naturopathy and acupuncture.
- Treatment of supernatural illnesses, such as the evil eye (nazar) and jinns (ghosts and spirits) are prescribed by a spiritual leader through a curing ritual during which Quranic verses are recited.
  - Western medicine is considered not effective in these cases.

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