Providing healthcare to Afghan refugees: cultural considerations

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The mission of refugee resettlement in Vermont is to promote and provide a safe and welcoming home for refugees and immigrants, and to promote their full participation as self-sufficient individuals and families in the economic, social, and civic life of Vermont.
A **refugee** is someone who has been forced to flee his or her country of nationality who is unable or unwilling to return to that country because of persecution, based on the person’s race, religion, nationality, membership in a particular social group, political opinion, war, or violence. A refugee, may also be referred to as an asylum seeker until granted refugee status. In the United States, a refugee, once admitted, may apply in one year for **permanent resident status**.
There are 26 million refugees worldwide. Less than 1% refugees are resettled permanently in a new country each year. Most remain refugees on average for 5 years before resettlement in a new country – some remain for decades.

Low and middle-income countries host most of the world’s refugees: Turkey, Sudan, Colombia, Germany, Pakistan, and Uganda.

October 8, 2021 President Biden issued the Presidential Determination on Refugee Admissions, which raises the refugee admissions target to 125,000 for Fiscal Year 2022 (from 15,000 in 2021).

Vermont numbers - approx. 350/year from 2008-2016. Trump administration reduced program – resulting in downward trend. Vermont was down to 23 in 2021 and now back up to 290 in 2022.
Vermont refugee resettlement

- Number of refugees assigned to a state is determined by State Department (Bureau of Population, Refugee and Migration) with input from resettlement agencies and consultation with state government.

- Vermont has two resettlement agencies – USCRI (formerly VRRP) and ECDC.

- Work is primarily funded through State Department and through Department of Health and Human Services.
Currently, we have received 260 Afghans and approximately 30 other refugees.

- USCRI 160 Afghans (Humanitarian Parole)
- ECDC 100 Afghans (Humanitarian Parole)
- In addition, 20-30 refugees have arrived from other countries through the usual program
‘Welcome Money’
Each refugee is allocated $1225 as a one-time payment to assist with basic needs. This payment is requested in the first few months – not meant to be sent home but instead to be spent on basic needs.

Cash Assistance – Reach up or Refugee Cash Assistance
In Vermont, most refugees with children under 18 are eligible for Reach Up which is about $550 per month, for the first 5-8 months. If they cannot access reach up due to eligibility, then they get direct cash assistance for the same amount up to 12 months depending on employment.

Medicaid
Most refugees are eligible for Medicaid. If they are not, refugee medical assistance is provided – comes with a card and acts like Medicaid. All refugees get a medical screening (DHA) in their first 90 days and referrals to a primary care provider for ongoing needs.

WIC, 3SquaresVT (food stamps), Child care assistance
With the exception of the one-time welcome money, refugees receive the same benefits that any other low income Vermonter can receive.
Trauma and the refugee experience

- Challenges of arriving in a new country
  - Language
  - Transportation
  - Isolation
  - Cultural acclimation
  - History of trauma
Languages and Dialects

- Official languages: Dari (Afghan Persian) and Pashto.
- 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.

- Extensive introductions and other greetings are the norm. A patient may consider a short office visit or a quick medical procedure abrupt and offensive.
Gender

- Men and women have defined roles in Afghan culture.
- 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.
- Domestic violence in the marriage is common and widely accepted.
- When possible, Afghans should be seen by physicians of the same gender as the patient.
- Women are not free to make their own decisions, men usually make the decisions for all female members of the family.
- In a group of Afghan men and women, expect the men to talk to each other without the women engaging in conversation beyond introductions.
- Leave the door open during one-on-one meetings with an Afghan person of the opposite gender.
Cultural Notes - Afghanistan

Beliefs About Illness

- Women may be hesitant to present their symptoms to medical personnel. In Afghan culture, most women, particularly those who are rural and nonliterate, do not take decisions upon themselves.

- 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.

- When caring for Afghan patients of either sex, keep their bodies covered as much as possible. Bodily exposure may be embarrassing and shameful.

- Afghans may 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.”
Cultural Considerations in Health Care
The Patient Centered Approach

4 Key Components

- Assessing Core Cross Cultural Issues
  - Communication Style
  - Mistrust and Prejudice
  - Family Dynamics
  - Spirituality, Customs and Traditions
  - Sexual and Gender Issues
- Exploring the Meaning of Illness
- Determining the Social Context
- Engaging in Negotiation

Communication Style and Building Trust

- Learn by exploring “cultural backgrounders”
- Interpreter present throughout the visit
- Welcome and Introductions
- Review consent, confidentiality, and limits to confidentiality with patients at the beginning of the first visit.
- Explain how the medical system works
- Offer translated written materials

Pashto:
- Pe Khair
- Assalam Alaikum
- “Tsenga yee”

Dari:
- Salam
- Salam Alaikum
- “Chutoor hasta”

MashAllah (or Praise be to God) after a compliment or praise,

https://coresourceexchange.org/working-with-afghans/
Considerations: Family

- DOB ? – inaccurate age possible
- Spelling of Name and records
- Second family
- Family separation
In general, male providers should not shake hands with Afghan women unless it is proffered.

Patients may prefer to work with gender concordant healthcare professionals, interpreters,

Modesty: Female interpreters and providers should be used for female patients, particularly if the history or exam involves reproductive/ genitourinary issues.

Patriarchal: while women are caretakers of children, may defer to husbands to give history and answer questions when husbands are present.

Men are very affectionate with their children and participate in activities of daily living like cooking
Trust: Expectations for Medical Care

- Incomplete immunizations
- Preventative care not norm – may not come to follow up
- Expectations for antibiotics for illness
  - Ability to purchase antibiotics and other medications which require a Rx in US
- Lack of dental care
  - May need education on dental hygiene and causes of dental caries
  - Linkages to dental homes

https://news.uams.edu/2022/03/22/dental-hygiene-students-treat-afghan-refugee-families/
Meaning of Illness: Traditional Healing

- Very common as adjuncts to or substitutes for Western medical care, particularly among the older population.

- Illnesses are believed to fall into three categories:
  1. the evil eye or by jendA (evil spirits or ‘jinn’).
  2. an imbalance of fluids or excess of heat and cold in the body.
  3. contagious and therefore ‘unavoidable’.

- Treatments are by spoken or written exhortations from the Holy Qur’an, herbal or traditional medicine, or dietary restrictions.
Kleinman’s 8 Questions

1) What do you call the problem?
2) What do you think has caused the problem?
3) Why do you think it started when it did?
4) What do you think the sickness does? How does it work?
5) How severe is the sickness? Will it have a long or a short course?
6) What kind of treatment do you think the patient should receive?
7) What are the chief problems the sickness has caused?
8) What do you fear most about the sickness?

Social Context: Emotional Health Care

- Stigma/Taboo subject: often hide their mental health/substance use problems and avoid seeking help from their families or from a professional.

- High level of exposure to traumas: pre, during and post resettlement
  - Chronic war/violence like kidnappings, bombings
  - Trauma of evacuation
  - Trauma of resettlement and the loss the familiar, family still in Afghanistan

- Important to screen but not recommended to ask directly about trauma (RHS-15)

- Stress in life/emotions as focus not “mental” health

- Can provide **psychoeducation** on stress and worries, bad dreams or memories
  - **normalize health seeking support for emotional distress** rather than pathologize
  - Connect with ideally embedded social work or therapist/counselor with warm handoff
Negotiation: LEARN

- Histories are often in context of life events and related in story form.
- Focused questioning can often be seen as disrespectful by the patient.
- Deference to providers is common – assent to the evaluation and treatment plan does not mean the plan is understood or agreed to.
Intestinal Parasites

- No predeparture treatment
- Different toileting styles
- Can be challenging to collect stool cans at home: labeling, toilets different, unclean
- Treat all children/family not just index case to be sure
- Discuss handwashing with soap
Nutrition and Diet

- Navigating the grocery store
- Lack of familiar foods
- Halal food (lamb, chicken)
- Tap vs bottled water
- “Junk” food
Lead

- Surma, kajal or kohl - a small wooden wand which is dipped into the powdered kohl and run along the inside edges of the eyelids.
- Aluminum cooking pots, Spices, Munitions
- Repeat Lead in 6 months
  - if abnormal
  - if normal on arrival and < age 6

Aqiqah is a celebration of a child’s birth performed usually on the 7th day of life.

One sheep or goat is sacrificed for a girl, two for a boy (Sunan Abu Dawood Book 15, No. 2830).

The infant’s hair is shaved.

Circumcision is done traditionally by the “barber surgeon” (male infant only).

The event celebrates the blessing of the birth of the newborn and is an occasion to invite family, neighbors and friends to celebrate and share the meat.

Meat is also offered to the poor.

“For the child, there should be Aqiqah, on behalf of the child make sacrifice and remove the hair” – Hadith (Bukhari)
“The wound is the place where the light enters you”
Rumi