

ACT Health Community Profile

Afghanistan

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from Afghanistan in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- Various **conflicts** have been ongoing in Afghanistan since 1979.
- Many different languages are spoken in Afghanistan. The most common language spoken is **Dari**, a form of Persian. Other languages spoken are **Pashto** and **Hazaragi**.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Afghanistan is home to many **different ethnic groups**. Some of these ethnic groups have experienced persecution.
- The most common religion in Afghanistan is **Islam**, which is followed by 99% of the population.
- Many Afghanistan-born people settling in Australia are asylum seekers and refugees, who may have a history of **trauma and displacement**.
- People from Afghanistan may be **unfamiliar** with the Australian health system.
- Afghanistan-born people may wish to take **traditional medicines**, eat **special food** and use **prayer** to help them recover from some illnesses.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- People from Afghanistan, especially women, may prefer to be seen by health staff of the **same gender**.
- Afghanistan-born people may associate **mental illness** with severe stigma, and be reluctant to access mental health services.
- **Cost** of services or treatments may be a concern for Afghanistan-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

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2011 Census data: Afghanistan-born people

Population (Australia):	28,598 people ⁱ
Population (ACT):	343 people ⁱ
Gender ratio (Australia):	143.1 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Afghanistan-born people was 30 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of Afghanistan-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	52	15
20-39	171	50
40-59	103	30
60+	16	5

Afghanistan-born arrivals, past five years^{iv}

Year	Australia	ACT
2009	2,411	32
2010	2,872	21
2011	3,995	25
2012	4,175	46
2013	3,744	37

Migration history

The first Afghans to arrive in Australia were camel drivers hired in 1859 to participate in the ill-fated Burke and Wills expedition. Afghan camel trains provided transport to the central regions of Australia, supplying the new gold mining communities and the remote sheep and cattle stations. The number of Afghanistan-born in Australia increased from 20 at the 1871 Census to 394 at the 1901 Census.

The development of modern transport and the cessation of Afghan migration following immigration restrictions from 1901 led to the gradual decline in the size of Australia's Afghanistan-born population. In the ensuing period, to about 1979, Afghan migration was limited to a small number of students who chose to stay in Australia after completing their studies.

The 1979 Soviet invasion of Afghanistan triggered a wave of refugees who sought sanctuary in many countries including Australia. Soviet troops withdrew in 1989, but the on-going civil war and subsequent rise of the Taliban resulted in more Afghan refugees arriving in Australia.

This trend continued following terrorist attacks on the United States and subsequent deployment of Western forces in Afghanistan.

As tensions persist, particularly due to persecution against minority ethnic groups by the Taliban, refugees from Afghanistan continue to seek protection in Australia.^{v,vi} Afghan refugees represent the largest refugee population in modern history.^{vii}

Ethnicity

Afghanistan is home to many different ethnic groups, including^{viii}:

Ethnicity	Percentage of population
Pashtun	42
Tajik	27
Hazara [†]	9
Uzbek	9
Aimak	4
Turkmen	3
Baloch	2
Other groups	4

[†] This is an official estimate of the Hazara population in Afghanistan. The population may be around 19 per cent.^{vi}

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Language

Afghan Persian, or Dari, and Pashto are the official national languages of Afghanistan, although many other languages are spoken:

Language	Percentage of population
Dari	50
Pashto	35
Turkic languages (including Uzbek and Turkmen)	11
30 other minority languages (including Balochi and Pashai)	4

Many people from Afghanistan speak more than one language.^{ix}

Religion

The majority of people in Afghanistan are Muslim (80 per cent Sunni Muslim and 19 per cent Shia Muslim). One per cent of the population follow other religions.^x

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱ

The most common ancestry responses[†] of Afghanistan-born people in the ACT were:

Ancestry	Percentage of population
Afghan	87
Hazara	9
Iranian	2
Australian	1
English	1

An additional 148 people in the ACT, who were not born in Afghanistan, identified Afghan ancestry; and an additional 13 people identified Hazara ancestry.

The most common religions of Afghanistan-born people in the ACT were:

Religion	Percentage of population
Islam	96
No religion (not further defined)	1

The most common languages spoken at home by Afghanistan-born people in the ACT were:

Language	Percentage of population
Dari	58
Persian (excluding Dari)	23
Hazaragi/Hazaraghi	12
Pashto	5
English	2

Afghanistan-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	46
Well	30
Not well	17
Not at all	5
Not stated/not applicable	2

Communication and respect

Some Afghanistan-born people in Australia may be concerned about interpreters abiding by confidentiality requirements.^{xi} It is advisable to confirm patients' preferred language when arranging an interpreter, as some Afghanistan-born people (e.g., some Hazara people) may not speak Dari. Hazara people may have fewer opportunities for education and lower literacy than other Afghan ethnic groups.^{xii}

Muslim men and women may prefer not to shake hands with, or otherwise touch, people of the opposite gender. It is advisable that in such situations it is left to the Muslim person to decide what is appropriate.^{xiii} Afghanistan-born women may cover their hair or face when in public or with people outside their family.^{xiv}

Nodding by Afghanistan-born people may show politeness and respect rather than being a sign that they understand or agree with what the healthcare provider is saying.^{xv}

As a sign of respect, Afghan people may prefer not to call older people by their given name.^{xvi}

[†] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

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Health in Australia

In 2012, average life expectancy in Afghanistan was 60 years (58 years for males, 61 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xvii}

As a result of their experiences of war, displacement, and seeking asylum (often including mandatory detention), Afghan refugees are at a disproportionately high risk of psychological distress and mental illness.^{xviii}

A 2012 study found that Afghan refugees may experience ongoing stress in Australia due to post-migration stressors such as unemployment, limited English proficiency, discrimination, news reports of continuing violence in Afghanistan, and anxiety for the safety of family members still in Afghanistan. Afghan women generally suffer more serious psychological distress than men, likely as a result of greater social isolation.^{xix}

Afghanistan-born mothers may feel socially isolated during and after pregnancy due to separation from their extended family, being in an unfamiliar country, limited English proficiency, and insufficient time to build relationships with people who spoke their first language. This results in depression for some women.^{xx}

Vitamin B12 deficiency, hepatitis B, and tuberculosis are common among newly-arrived refugees from Afghanistan.^{xxi,xxii,xxiii}

Health beliefs and practices

Afghan beliefs about preserving health include living in accordance with the precepts of Islam, which strongly emphasise personal daily hygiene including washing before prayer, regular exercise, eating fresh food and a balanced diet, staying warm, and getting enough rest.

Traditional causes of illness include an imbalance of hot and cold forces in the body, possession by evil spirits called *jinn*, being given the evil eye, or sometimes witchcraft. Mental illness may be believed to be caused by *jinn*, the evil eye, or witchcraft. Prayer is often seen as important in healing illness.^{xxiv,xxv}

Health care services in Afghanistan have been limited, especially in rural areas, as a result of ongoing conflict. This has led to a reliance on the use of medicinal herbs and plants to treat various illnesses. While doctors are generally held in very high regard, some Afghanistan-born people may prefer traditional treatments instead of, or in conjunction with, Australian medical treatments.^{xxvi}

Afghanistan-born people, especially older people and women, may have a strong preference for receiving care from health care providers of the same gender, particularly in nursing tasks such as assistance with personal care.^{xxvii,xxviii}

Religious rituals and customs at birth and death may be important to Afghanistan-born people. Afghan Muslims may prefer to decrease sedation shortly before death so that the patient is able to hear a special blessing or prayer in the moment before they die.^{xxix}

Afghanistan-born people may associate mental illness with a strong cultural stigma, particularly among men, for whom mental illness may be seen as a sign of weakness. Many mental health conditions may not be considered an illness. Afghan Australians may therefore be reluctant to access mental health services.^{xxx,xxxi}

Social determinants of health

The overall literacy[§] rate in Afghanistan in 2000 was 28 per cent (43 per cent for males, 13 per cent for females).^{xxxii}

In 2011, 34 per cent of Afghanistan-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the Afghanistan-born aged 15 years and over, 24 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

[§] People aged 15+ years who can read and write.

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Among Afghanistan-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 41 per cent and the unemployment rate was 19 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for Afghanistan-born people in Australia aged 15 years and over was \$272, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxxiii}

Afghanistan-born people may also experience racism and discrimination in Australia. These experiences, as well as frequent pre-migration trauma, may have serious impacts on Afghan people's health and wellbeing.^{xxxiv}

Utilisation of health services in Australia

A Queensland study of Sudanese, Afghan, Pacific Islander and Burmese people revealed issues common to all four communities: (1) unfamiliarity with health services and access difficulties; (2) the need for doctors to accept traditional healing methods alongside orthodox medicine; and (3) language problems impeding effective communication with health workers.

Afghan study participants expressed a lack of knowledge of available health services, and experienced difficulties in attending services such as forgetting the appointment time, and requiring their children to take them to the appointment and/or interpret for them.

Community-based interpreters used in face-to-face sessions, rather than by telephone, were preferred when accessing health services.

Afghan participants also expressed a preference for traditional medicine to be used in conjunction with western medicine. Unless seriously ill, many would avoid western medicine if they believed the prescribed medicine would not work, or if there was a risk they would go to hospital and be separated from their family and usual food.^{xxxv}

Afghanistan-born women may experience barriers to accessing primary care and understanding GPs and pharmacists, including limited English proficiency, inconsistent or insufficient interpreter use, unfamiliarity with the Australian health system, and limited education and literacy.^{xxxvi}

Migrant women from South Central Asian countries, including Afghanistan, are less likely than Australian-born women, and women from other parts of Asia and the Middle East, to participate in cervical screening (Pap tests) at the recommended interval.^{xxxvii}

A study of Afghan refugees in Australia found that most people with psychological distress symptoms did not seek professional help, but instead relied on their own coping strategies, such as family and religious support.^{xxxviii}

Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Afghan Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

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