

Afghan Culture and Foods

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Stereotyping

This is very basic level information about the culture described, it is meant to offer staff an opportunity to learn in general terms, it cannot account for the diversity within each individual society or culture and is not meant, in anyway, to infer to all people.

Background



Afghanistan is a landlocked and mountainous country in Central and South Asia, often called the Heart of Asia. It borders Pakistan, Iran, Turkmenistan, Uzbekistan, Tajikistan, and China. People from Afghanistan are referred to as Afghan. Afghani is the currency of Afghanistan.

Afghanistan is administratively divided into 34 provinces, and Kabul is the capital. As of 2024, the population is 42 million (World Population Review, 2024), with 75% living in rural areas and 25% living in urban areas (Worldometer, n.d). Almost 21 million of the population are children.

Since the late 1970s, Afghanistan has faced coups, invasions, uprisings, and civil wars. A communist revolution in 1978 led to a Soviet invasion in 1979, followed by fighting among Mujahideen after the Soviets withdrew in 1989. The Taliban controlled most of the country by 1996 but were ousted by the 2001 U.S. invasion. They regained power in 2021 after capturing Kabul. The Taliban government remains unrecognized internationally.

Afghanistan, with almost \$1 trillion in mineral deposits (BBC, 2013), remains one of the world's least developed countries, facing high levels of terrorism, poverty, and malnutrition. Agriculture is central to its economy. The population includes at least 14 ethnic groups, with Pashtuns, Tajiks, Hazaras, Uzbeks, Turkmens, Balochis, and Nuristanis being some of the largest. Nearly 99.7% of Afghans are Muslim (CIA, 2024).

As of 2023 Afghanistan has been the world's leading source of refugees for 44 years (UNHCR, n.d.-b). Over 8.2 million Afghans are hosted by various countries, with 1.6 million arriving since 2021 due to military actions, violence, and natural disasters (UNHCR, n.d.-a). The U.S. Afghan immigrant population grew from 54,000 in 2010 to 195,000 in 2022 (Montalvo & Batalova, 2024).

Languages and time considerations

Dari and Pashto are the official languages of Afghanistan, with Dari being widely used. Other languages include Uzbek, Turkmen, Balochi, Pashayi, and Nuristani. Dari and Farsi are essentially the same language with different accents and dialects; in Iran, it is called Farsi, while in Afghanistan, it is called Dari. A Dari speaker might understand Farsi, but for Pashto speakers, it varies. Pashto speakers who are fluent in Dari might also understand Farsi, but not all Pashto speakers are fluent in Dari, especially Pashto speakers living in rural areas. It is important to confirm the language needs and ensure appropriate interpretation when working with Afghans from different ethnolinguistic groups.

Given Afghanistan's low literacy rate (37.3%, with only 22.6% for women) (UNESCO, n.d.), written materials might not be accessible to everyone. Therefore, translating materials into Dari and Pashto, the primary languages, would be more effective in reaching a broader audience. Additionally, videos can be a useful way to communicate, providing both visual and auditory learning. While many Afghans can read Arabic due to religious practices, they don't speak or fully understand it, making translations into Arabic less effective.

The Afghan calendar, also known as the Hijri Shamsi or Solar Hijri calendar, is a solar calendar used in Afghanistan and Iran. Many Afghans find it challenging to remember their date of birth even within this calendar. When dealing with dates of birth, especially in Gregorian calendars used in the United States, this difficulty can become more pronounced. For WIC staff, it's helpful to be aware of this issue. If an Afghan individual is unsure of their date of birth, asking for their identification card or other documentation can ensure accurate verification.

Understand that when serving Afghan families who are new immigrants that the systems that they are now interacting with in the US may be foreign to them. For example, government, health care, education, and stores are all run differently. Many clinics in Afghanistan operate on a first-come-first-serve basis, so understanding that many may need to make an appointment might not be apparent. It is important to have patience with each family you serve and to take time to explain each system you are introducing them to, and if possible, to check in with them to ensure they are receiving the care they need. Additionally, respect that Friday is a prayer day, especially around noon, and understand if they decline appointments during that time.

Punctuality may not be a strong cultural norm in Afghanistan; while they may value punctuality in the U.S., it's important to understand and be flexible if families are late. Furthermore, Women may feel uncomfortable discussing personal issues with male providers.

History of trauma

Afghans have experienced a range of traumas, and some of the key traumas include:

1. **War and conflict:** Prolonged exposure to war, conflict, and frequent terrorist attacks has resulted in widespread physical and psychological trauma. Many Afghans have witnessed or been victims of violence, including bombings, shootings, and other forms of warfare.
2. **Displacement:** Millions of Afghans have been displaced from their homes due to ongoing conflict and insecurity, leading to loss of property, community disruption, and significant stress. Human rights abuses against Afghan refugees and asylum seekers have been widely documented (Bezhan, 2020; Siddiqui, 2024; Toppa & Rehman, 2021).
3. **Loss of loved ones:** Many Afghans have lost family members and friends to violence, creating deep emotional scars and prolonged grief. 176,000 deaths are directly attributed to the war (Watson Institute, 2021, pp. 2001–2022). About 80,000 people are missing limbs due to the war (Norton-Taylor, 2010).
4. **Poverty and economic hardship:** Instability has led to widespread poverty and lack of economic opportunities. Nearly 28 million people live in extreme poverty, causing chronic stress and anxiety (World Data Lab, n.d.).
5. **Gender-based violence and discrimination:** Women and girls often face gender-based violence, including domestic violence, forced marriages, and limited access to education and healthcare. Since 2021, restrictions on girls' education and public participation have increased, exacerbating psychological trauma.
6. **Mental health stigma:** Afghans face a higher risk of mental health issues such as depression, anxiety, and PTSD (NRC-RIM, n.d.). The lack of mental health resources and cultural stigma associated with seeking psychological help prevent many from receiving necessary support and treatment.

Health disparities

Afghanistan faces significant health challenges, with a life expectancy of just 61.98 years. Polio remains endemic, and Tuberculosis is still a major public health issue. Nearly two-thirds of the population, including over 15 million children, require urgent humanitarian assistance.

1. **Child mortality and health:**
 - The under-five mortality rate is 55 per 1,000 births (UNICEF, 2023), due to causes like infectious diseases (pneumonia, diarrhea, malaria), preterm birth, and inadequate access to healthcare (home births without skilled attendants).
2. **Child and women nutrition:**
 - Afghanistan has one of the highest rates of child stunting globally, at 45% for those under five. About 9.5% of Afghan children suffer from wasting. UNICEF estimates that 1.1 million children under five suffer from severe acute malnutrition and are at risk of death.

- One-third of adolescent girls are anemic. Approximately, 60.5% of children under the age of 5 are anemic, more than 40% of women who are of reproductive age are anemic, and 44% of pregnant women are anemic in this country (Zewar & Chakraborty, 2022). Anemia is significantly associated with age group, family income, nutritional habits, drinking tea with food, irregular menstruation, birth spacing, and history of anemia.

3. Sanitation and hygiene:

- Nearly 30% of households lack proper toilets, and around 80% of the population drinks unsafe water (UNICEF, 2022).
 - **Safe water practices:** Educate participants on how to ensure their water is safe, including boiling water if necessary and using water purification methods.
 - **Trust in tap water:** Participants may have concerns about the safety of tap water. Address these concerns by providing information on local water treatment processes and advising on how to verify water quality.
 - **Fluoride access:** If fluoride is available in the community's water supply, inform participants about its benefits for dental health and how to ensure their children are receiving adequate fluoride.

4. Potential health disparities in the US:

- **Limited access to healthcare**
- **Trauma and mental health**
- **Language and communication barriers:** Language barriers hinder effective communication, leading to misunderstandings, misdiagnoses, or inadequate treatment. Compared to other U.S. immigrants, Afghans are less likely to be proficient in English and have lower educational attainment.
- **Cultural differences and health beliefs:** Afghan newcomers may have different health beliefs and cultural practices that influence their perceptions of illness and treatment.
- **Socioeconomic factors:** Afghans have lower labor force participation and are more likely to live in poverty compared to the native-born and overall foreign-born populations.

Traditions, customs, & taboos

Family is the foundation of Afghan culture, and the bonds of extended family are deeply important. Afghans mostly get married in their 20s or earlier. According to UNICEF, 28% of Afghan women aged 15-49 were married before they reached 18 (Fore, 2021). On average, Afghan families have four or five children. In Afghan families, men traditionally handle financial responsibilities and serve as primary decision-makers, while women are increasingly working outside the home to contribute to the family income. Afghans are famous for their hospitality, and when visiting someone's home, guests are warmly welcomed and often offered lots of food.

Greetings

- In Afghan culture, greetings between people of the same gender usually involve a handshake with the right hand, while close friends and family may hug, backslap, and kiss on the cheeks.
- Interaction between opposite genders is more reserved; men should wait for a woman to extend her hand first, and men may greet women by placing their hand over their heart and nodding.
- The common verbal greeting is "**Salam**" or "**Salam alaikum**" (Peace be upon you), with people often placing their right hand over their heart to show respect and sincerity. It's not necessary to greet Afghans with "Salam Alaikum," but doing so is not disrespectful (as a non-Muslim) and can create a sense of trust and comfort. If you prefer to use it, it's a respectful gesture that might be appreciated.

Cultural sensitivities and social norms

- **Menstruation:** Myths include avoiding taking shower (especially for the first 3 days), sour foods, cold water, wet ground, washing, and discussing menstruation, especially in front of male family members, due to shame and fear.
- **Contraceptive methods:** Seen as a sin by some; only 16% use them (Kabra et al., 2023).
- **Photography:** It's rude to take someone's photo without permission, especially women.
- **Evil eyes and bad luck:** Afghans strongly believe in the evil eye, where envy can cause misfortune. People often say "Mashallah" (May God bless) to ward off the evil eye and show good intentions, but they are open and understanding if non-Muslims or WIC staff do not use this phrase.
- **Superstitions and folk beliefs:** Afghans have a rich tradition of superstitions and folk beliefs that are deeply ingrained in their culture. Examples include beliefs that cutting nails at night brings bad luck and poverty, and that shaving a baby's hair makes it grow thicker. It is important to respect these beliefs and not dismiss them as mere superstition.

Culture & foods

In Afghanistan, food is a central aspect of culture, with distinct dining customs and etiquette. Women generally handle cooking, and families typically consume three daily meals, with the mid-day meal being the largest. Meals are usually shared from a communal platter, with the right hand used for eating. Alcohol and pork are avoided, and fasting during Ramadan is observed. For boys, fasting typically begins around the age of 12. For girls, it can start as early as 9 years old if they are in good physical health, but it often begins around 12 as well.

Afghan cuisine features dishes like Kabuli Palaw, curries, and dumplings, with staples including naan, rice, and dairy products. Tea is a key part of hospitality and is usually drunk right after a meal. Fresh fruits and vegetables are integral to the diet. No meal is served without bread (naan), and condiments are a huge part of dishes. Onions, tomatoes, and garlic are widely used in Afghan cuisine, however, eating habits may have changed with their arrival in the U.S.

Postpartum beliefs & practices

Afghan postpartum practices combine traditional beliefs, customs, and practical care for both mother and baby. Here are some key practices:

- **Forty days of rest:** The first forty days after childbirth are seen as crucial for the mother's recovery and bonding with the baby. During this time, the mother is advised to rest, avoid heavy tasks, and get help from family or caregivers.
- **Warmth and protection:** Keeping both mother and baby warm is important. The baby is often wrapped tightly to feel secure, and both should stay away from cold drafts. Additionally, women tightly wrap their belly with cotton cloth or belly wrap right after the delivery up to 40 days of postpartum.
- **Herbal remedies:** Herbal remedies are used to aid recovery. These might include teas, baths, or compresses made from plants like chamomile, fenugreek, and yarrow, which are thought to be healing and beneficial for lactation.
- **Dietary considerations:** Postpartum diets focus on nutrient-rich foods to help the mother recover and support breastfeeding. This often includes special dishes like lettee or halwa, which are sweet treats made from flour, oil, and sugar, along with eggs, soup, chicken, lamb, or soft rice. All meat is generally avoided postpartum, especially the immediate postpartum period, except for chicken. However, chicken is only introduced after about one week, and it's typically prepared in a simple way, like boiling it with onions and a few condiments. The mother might also avoid other foods like beans, peas, pickles, pepper, onions, watermelon, melon, cold water, eggplant, sour milk, and yoghurt.
- **Support from family and community:** Afghan culture values family and community support during the postpartum period. Family members and friends often assist with chores, cooking, and caring for older children, allowing the mother to concentrate on recovery and bonding with the newborn.

Breastfeeding

In Afghanistan, breastfeeding is culturally encouraged and seen as vital for infant health. It's typically initiated right after birth, with exclusive breastfeeding recommended for the first six months and continued up to two years or more with complementary foods. Traditional beliefs emphasize breastfeeding's role in bonding and providing essential nutrients. However, challenges like limited healthcare access, maternal malnutrition, and misinformation can affect its practice. Additionally, Afghan women are often not comfortable breastfeeding in public due to cultural norms and modesty considerations.

In Afghanistan, the practice of pumping milk isn't as common as in some other countries due to cultural and logistical factors. Traditionally, breastfeeding is the primary method of feeding infants, and mothers typically nurse directly rather than use pumps. However, in urban areas and among families with access to modern healthcare, the use of breast pumps is becoming more recognized. Mothers who use pumps might do so for convenience, to return to work, or to ensure a steady milk supply.

Access to breast pumps and related resources can vary, and practices may differ between rural and urban settings.

Afghan mothers often consume foods and drinks believed to promote lactation, such as fenugreek, cardamom, warm milk, and green tea. They may also eat nutritious foods like nuts, seeds, and vegetables. Traditional dishes like *Aash* can be part of their diet, providing essential nutrients.

Formula feeding

Formula feeding practices among Afghans, whether in Afghanistan or the U.S., are shaped by cultural norms. In Afghanistan, breastfeeding is culturally preferred and often economically more viable. In contrast, Afghans in the U.S. typically benefit from better resources, access to formula supplies, and healthcare guidance, which support safer formula feeding practices. Acculturation and individual preferences also influence feeding choices among Afghan communities in the U.S., where healthcare providers emphasize safe formula preparation alongside breastfeeding education. It is recommended to focus on educating about the benefits of breastfeeding and the importance of safe formula feeding practices, as these efforts can significantly enhance infant health outcomes in different contexts.

Starting solids

Introducing solid foods to children in Afghanistan begins around 6 months of age, alongside continued breastfeeding. Some people typically introduce just a taste of their own food to the baby using their finger around the age of 4-5 months. As babies start solids, they are often included in family meals, reflecting the cultural priority of sharing meals together. Parents may prefer to prepare homemade baby food using fresh, locally sourced ingredients. They often start feeding the baby with a spoon with nutrient-dense foods like mashed vegetables, fruits, lentils, eggs, and meat. Parents gradually introduce thicker textures to develop chewing skills, offering a variety of foods to provide a balanced diet.

Parenting

Parenting in Afghan culture is deeply rooted in tradition, family values, and community support. Afghan families are typically large and extended, with multiple generations often living together and sharing parenting responsibilities. Respect for elders is fundamental, and children are taught to honor and obey their parents and older relatives. Mothers usually play the primary role in nurturing and daily caregiving, while fathers are seen as protectors and providers. Teaching Islamic values, traditions, and practices is a cornerstone of Afghan parenting, with religious education beginning at an early age. The community also plays a significant role in child-rearing, with neighbors and extended family members actively involved. Afghan parents demonstrate resilience and adaptability, instilling these values in their children and teaching them to be resourceful and resilient.

Holidays & celebrations

In Afghanistan, the New Year starts with Nowruz (March 20th or 21th), an ancient celebration coinciding with the spring equinox, featuring music, dance, and buzkashi tournaments. Yalda, marking the

beginning of winter and the longest night of the year, is celebrated with poetry and fruit. Islamic festivals like Ramadan, Eid al-Fitr, and Ashura are widely observed. National Independence Day is on August 19, celebrating the 1919 treaty with Britain. Afghanistan also observes International Workers' Day, International Women's Day, and regional festivals like the Red Flower Festival in Mazar-i-Sharif and the Damboora Festival in Bamyan Province.

Thank you for taking the time to learn about Afghan culture and ways that you may offer support and encouragement to all our WIC families.

Resources used

[Afghans say US team found huge potential mineral wealth](#). BBC. (2013, August 9).

[Afghan Migrants Could Face 'Shocking' Punishments In Iran Under Draft Law](#). Bezhan, F. (2020)

[Afghanistan - The World Factbook](#). CIA. The World Fact Book. (2024, July 30).

[Girls increasingly at risk of child marriage in Afghanistan](#). Fore, H. (2021).

[Scaling-up post-pregnancy family planning services: experiences and challenges from Afghanistan](#). Kabra, R., Chikvaidze, P., Mubasher, A., Allagh, K. P., Gholbzouri, K., & Kiarie, J. (2023). *BMJ Sexual & Reproductive Health*, 49(3), 222–224.

Montalvo, J., & Batalova, J. (2024, February 7). Afghan Immigrants in the United States. Migrationpolicy.Org. <https://www.migrationpolicy.org/article/afghan-immigrants-united-states-2022>

Norton-Taylor, R. (2010, December 15). Afghanistan's refugee crisis "ignored." <https://web.archive.org/web/20101215150225/http://www.guardian.co.uk/world/2008/feb/13/afghanistan>

NRC-RIM. (n.d.). Mental Health and Social Support Programming for Afghan Newcomers. National Resource Center for Refugees, Immigrants, and Migrants. Retrieved August 4, 2024, from <https://nrcrim.org/mental-health-and-social-support-programming-afghan-newcomers#>

Siddiqui, Z. (2024, July 30). For Afghan Refugees, Pakistan Is a Nightmare—But Also Home. *Foreign Policy*. <https://foreignpolicy.com/2019/05/09/for-afghan-refugees-pakistan-is-a-nightmare-but-also-home/>

Toppa, S., & Rehman, Z. ur. (2021). Afghans Who Fled the First Taliban Regime Found Precarious Sanctuary in Pakistan. New Refugees May Get an Even Colder Welcome. <https://time.com/6091056/afghanistan-refugees-pakistan/>

UNESCO. (n.d.). Community-based Literacy and Complementary Learning Possibilities. UNESCO Kabul. Retrieved August 14, 2024, from <https://www.unesco.org/en/fieldoffice/kabul/expertise/education/literacy-learning-possibilities>

UNHCR. (n.d.-a). Afghanistan Refugees 2021: Facts & Crisis News. Retrieved August 4, 2024, from <https://www.unrefugees.org/emergencies/afghanistan/>

UNHCR. (n.d.-b). Refugee Data Finder. UNHCR. Retrieved August 14, 2024, from <https://www.unhcr.org/external/component/header>

UNICEF. (2022). AFGHANISTAN WASH on the Brink. UNICEF. <https://www.unicef.org/media/118356/file/%20UNICEF%20Afghanistan%20WASH%20on%20the%20Brink%202022.pdf>

Watson Institute. (2021). Human and Budgetary Costs to Date of the U.S. War in Afghanistan, 2001-2022. The Costs of War. <https://watson.brown.edu/costsofwar/figures/2021/human-and-budgetary-costs-date-us-war-afghanistan-2001-2022>

World Data Lab. (n.d.). World Poverty Clock. Retrieved August 4, 2024, from <https://worldpoverty.io>.

World Population Review. (2024). Afghanistan Population 2024 (Live). <https://worldpopulationreview.com/countries/afghanistan-population>

Worldometer. (n.d). Afghanistan Demographics 2023. <https://www.worldometers.info/demographics/afghanistan-demographics/#pop>

Zewar, M., & Chakraborty, S. (2022). Assessing the prevalence and risk factors of anemia in women of reproductive age attending primary health care in Afghanistan’s Provinces of Kabul, Nangarhar, and Herat. *Clinical Practice*, 19(2), 1907–1919.

References-Complete listing of hyperlinks

[Afghans say US team found huge potential mineral wealth](https://www.bbc.com/news/10311752) (<https://www.bbc.com/news/10311752>)

[Afghan Migrants Could Face “Shocking” Punishments In Iran Under Draft Law](https://www.rferl.org/a/afghanistan-migrants-shocking-punishments-iran-draft-law/30978559.html) (<https://www.rferl.org/a/afghanistan-migrants-shocking-punishments-iran-draft-law/30978559.html>)

[Afghanistan](https://www.cia.gov/the-world-factbook/countries/afghanistan/) (<https://www.cia.gov/the-world-factbook/countries/afghanistan/>)

[Girls increasingly at risk of child marriage in Afghanistan](https://www.unicef.org/press-releases/girls-increasingly-risk-child-marriage-afghanistan) (<https://www.unicef.org/press-releases/girls-increasingly-risk-child-marriage-afghanistan>)

[Scaling-up post-pregnancy family planning services: Experiences and challenges from Afghanistan](https://doi.org/10.1136/bmj.srh-2023-201820) (<https://doi.org/10.1136/bmj.srh-2023-201820>)

[Afghan Immigrants in the United States. Migrationpolicy.Org](https://www.migrationpolicy.org/article/afghan-immigrants-united-states-2022) (<https://www.migrationpolicy.org/article/afghan-immigrants-united-states-2022>)

[Afghanistan’s refugee crisis “ignored.”](https://web.archive.org/web/20101215150225/http://www.guardian.co.uk/world/2008/feb/13/afghanistan) (<https://web.archive.org/web/20101215150225/http://www.guardian.co.uk/world/2008/feb/13/afghanistan>)

[Mental Health and Social Support Programming for Afghan Newcomers](https://web.archive.org/web/20101215150225/http://www.guardian.co.uk/world/2008/feb/13/afghanistan) (<https://web.archive.org/web/20101215150225/http://www.guardian.co.uk/world/2008/feb/13/afghanistan>)

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[For Afghan Refugees, Pakistan Is a Nightmare—But Also Home](https://foreignpolicy.com/2019/05/09/for-afghan-refugees-pakistan-is-a-nightmare-but-also-home/)

(<https://foreignpolicy.com/2019/05/09/for-afghan-refugees-pakistan-is-a-nightmare-but-also-home/>)

[Afghans Who Fled the First Taliban Regime Found Precarious Sanctuary in Pakistan](https://time.com/6091056/afghanistan-refugees-pakistan/)

(<https://time.com/6091056/afghanistan-refugees-pakistan/>)

[Afghanistan humanitarian crisis](https://www.unrefugees.org/emergencies/afghanistan/) (<https://www.unrefugees.org/emergencies/afghanistan/>)

[AFGHANISTAN WASH on the Brink](https://www.unicef.org/media/118356/file/%20UNICEF%20Afghanistan%20WASH%20on%20the%20Brink%202022.pdf)

(<https://www.unicef.org/media/118356/file/%20UNICEF%20Afghanistan%20WASH%20on%20the%20Brink%202022.pdf>)

[Afghanistan Multiple Indicator Cluster Survey 2022-23, Summary Findings Report](https://www.unicef.org/afghanistan/media/9191/file/Afghanistan%20MICS%20Summary%20Findings%20Report%202022-2023.pdf)

(<https://www.unicef.org/afghanistan/media/9191/file/Afghanistan%20MICS%20Summary%20Findings%20Report%202022-2023.pdf>)

[Human and Budgetary Costs to Date of the U.S. War in Afghanistan, 2001-2022](https://watson.brown.edu/costsofwar/figures/2021/human-and-budgetary-costs-date-us-war-afghanistan-2001-2022)

(<https://watson.brown.edu/costsofwar/figures/2021/human-and-budgetary-costs-date-us-war-afghanistan-2001-2022>)

[World Poverty Clock](https://worldpoverty.io/) (<https://worldpoverty.io/>)

[Community-based Literacy and Complementary Learning Possibilities](https://www.unesco.org/en/fieldoffice/kabul/expertise/education/literacy-learning-possibilities)

(<https://www.unesco.org/en/fieldoffice/kabul/expertise/education/literacy-learning-possibilities>)

[Refugee Data Finder](https://www.unhcr.org/refugee-statistics/) (<https://www.unhcr.org/refugee-statistics/>)

[Afghanistan Population 2024](https://worldpopulationreview.com/countries/afghanistan-population) (<https://worldpopulationreview.com/countries/afghanistan-population>)

[Afghanistan Demographics 2023](https://www.worldometers.info/demographics/afghanistan-demographics/#pop) (<https://www.worldometers.info/demographics/afghanistan-demographics/#pop>)

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