Physicians for Human Rights

Physicians for Human Rights (PHR) promotes health by protecting human rights. PHR believes that respect for human rights is essential for the health and well being of all members of the human family.

Since 1986, PHR members have worked to stop torture, disappearances, and political killings by governments and opposition groups; to improve health and sanitary conditions in prisons and detention centers; to investigate the physical and psychological consequences of violations of humanitarian law in internal and international conflicts; to defend medical neutrality and the right of civilians and combatants to receive medical care during times of war; to protect health professionals who are victims of violations of human rights; and to prevent medical complicity in torture and other abuses.

As one of the original steering committee members of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize. PHR currently serves as coordinator of the U.S. Campaign to Ban Landmines.

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COVER PHOTO: In an interview with PHR, this refugee explained how the armed conflict in Afghanistan had claimed her husband's life and forced her to leave. Her despair about the future is not uncommon; the study found that 76% of women in Taliban-controlled areas meet the criteria for major depression.

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**Glossary**

Chadori: A head-to-toe covering for women with a mesh cloth over the face through which a woman may see and breathe; of Indian influence (see footnote #24 in text)

Chador: A head covering worn by women; culturally specific and variable in shape and appearance among different Islamic countries

Burqa: A veil of Arabic influence that is drawn across the face leaving only the eyes exposed

ICRC: International Committee of the Red Cross

Madrasa: A religious (Islamic) school

Mahram: A male immediate family member (a husband, father, brother, or son)

Mujahedden: “Freedom fighters”

MSF: Médecins sans Frontières (Doctors without Borders)

NGO: Non-governmental organization

Pashtun: An ethnic group in Afghanistan

Pashto: The language of the Pashtun ethnic group

PHR: Physicians for Human Rights

Qur'an: The holy book of Islam

SCA: Swedish Committee for Afghanistan

Sharia: Islamic law

Shura: A council

United Front: Opposition forces headed by Ahmed Shah Masood and formerly referred to as the “Northern Alliance”

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children’s Fund

UNOCHA: United Nations Office for the Coordination of Humanitarian Assistance in Afghanistan; also known as OCHA
PREFACE AND RECOMMENDATIONS

Preface

This report by Physicians for Human Rights (PHR) was drafted in August 2001, before the attacks against the United States occurred on September 11. It contains a groundbreaking survey of over 1,000 Afghan women and men about their attitudes and experiences regarding the health and human rights of Afghan women. It reveals that an overwhelming majority of Afghan women and men do not support Taliban policies, that they experience enormous physical and mental suffering, and also strongly support basic human rights and freedoms.

Although the United States has linked Taliban officials to these crimes by their harboring of the alleged perpetrator, Osama Bin Laden, the people of Afghanistan do not bear such responsibility. The people of Afghanistan already have endured more than 20 years of war and economic devastation and are struggling desperately just to stay alive. Extensive humanitarian assistance, particularly food aid, must be sent now to the region, before millions suffer one of the most severe humanitarian catastrophes ever. Shortly after the attacks on the World Trade Towers and the Pentagon, all international and United Nations staff were evacuated from Afghanistan. Consequently, improvements in the delivery of services that are noted in the report have been largely negated. This, combined with the possibility of massive refugee flows and the closing of neighboring borders, has now placed the Afghan population at grave risk.

As the world grieves for the loss of life and safety that the perpetrators have inflicted, PHR urges governments to strengthen their resolve to protect the health and human rights of all people, including the vulnerable women, men, and children of Afghanistan.

The United States and its allies must respond to this crisis in a manner that respects international humanitarian and human rights law and safeguards the lives of Afghan civilians, including the large numbers of Afghans now fleeing the country.

Similarly, those who claim to represent the interests of the Afghan people, now and in the future, must commit themselves to the protection and promotion of human rights, including women's human rights. Ultimately, only a framework that promotes the full range of human rights will lead to peace and security for the Afghan people and the region.
Recommendations

Below are PHR’s recommendations that apply both to the current crisis in Afghanistan and to the specific women’s health and human rights issues that PHR has investigated. Though the latter recommendations may be less urgent in the context of the emerging crisis in Afghanistan, PHR believes such recommendations have extraordinary significance for the health and development of the Afghan people in the years ahead.

To the United States and International Community Regarding the Current Crisis in Afghanistan

- The United States and its allies must respond to the crisis in Afghanistan in a manner that respects international humanitarian and human rights law.
- The United States and its allies must make every effort to safeguard the lives of Afghan civilians, including the large numbers of Afghans now fleeing the country in anticipation of military action against the Taliban.
- The United States, the international community, and international donors should urgently increase their support for humanitarian assistance in Afghanistan and among Afghan refugees in neighboring countries to levels that are consistent with those identified by the humanitarian assistance community.
- In the event of significant armed conflict in Afghanistan, the United States, the international community, and the United Nations should work to establish peace in Afghanistan and support conditions for civil society. Such conditions must include respect for the entire range of international human rights, including women’s rights and economic, social and cultural rights.

To Countries that Border Afghanistan

- All six neighboring countries of Afghanistan, including Pakistan, Iran, Tajikistan, Uzbekistan, Turkmenistan, and China should reopen their borders with Afghanistan and provide temporary safe haven for fleeing Afghans.

To Afghan Officials Regarding Women’s Human Rights

Given the current crisis in Afghanistan, it is unclear who will represent the Afghan people in the near future. For this reason, PHR’s recommendations on women’s health and human rights issues do not refer specifically to the Taliban, the United Front, or any other regime. Rather, the recommendations apply to any officials that will claim to represent the interests of the Afghan people, now and in the future.

- Afghan officials should respect the human rights of Afghan women.
- Afghan officials should recognize that Taliban policies toward women are inconsistent with the health and development of the Afghan people and that continued policies of discrimination against women undermine their authority to represent the will of the Afghan people and their credibility among nations as a legitimate government. Afghan officials must commit themselves to take all measures necessary to stop the practice of systematic discrimination against women and guarantee women’s human rights.
- Afghan officials should cooperate with the international community in providing health care for women and should ensure future medical education for women. Restrictions on education for women and girls and work opportunities for women, in particular, have profound effects on the lives of women, children and men and therefore should be abolished with the utmost urgency. Furthermore, education for women should be permitted at all levels to ensure that women are able to care for themselves and their families and to participate in society.
- Afghan officials should respect rights to due process as required by international human rights instruments under which it has assumed obligations. Those who breach rights to due process should be held criminally responsible and prosecuted in accordance with international human rights standards.
- Afghan officials should seek peaceful solutions to the problems of Afghanistan. They should not lay landmines. For nearly ten years following the Soviet occupation of Afghanistan, the Afghan people have suffered the consequences of internal conflict with the support of external forces. Despite the uncertainty generated by the current crisis in Afghanistan, future Afghan officials should work with the United Nations and the international community to establish a lasting peace in Afghanistan, one that ensures the respect for human rights, including women’s human rights.
- Afghan officials should engage in an open dialogue with the international community and members of Afghan society, including women, to promote the health and development of the Afghan people. Since health and development requires the protection and promotion of human rights, PHR also urges the Afghan officials to work with human rights and humanitarian assistance organizations to achieve the common goal of alleviating suffering and promoting health and well-being.
To the International Community

• In the aftermath of the current crisis in Afghanistan, the international community should provide support for humanitarian assistance in Afghanistan and among Afghan refugee camps in bordering countries, such as Pakistan, to levels that are consistent with the human rights based needs identified by the humanitarian assistance community. Furthermore, donors should not place conditionalities on aid as punitive measures to challenge restrictive policies. Such conditionalities undermine the enjoyment of basic human rights and result in the further victimization of the very people it is intended to help.

• The international community should not accept any justifications for systematic discrimination against Afghan women. Representation of Afghanistan at the United Nations should not be afforded to any party whose policies, either explicit or implicit, discriminate against women.

• The international community should support complementary forms of humanitarian assistance including emergency relief, rebuilding infrastructure, and community development programs.

• The international community should not participate in any sanctions that adversely affect the health and well-being of the Afghan people. Afghans have endured more than 20 years of war, extreme poverty, and violations of international human rights. The indiscriminate effects of such sanctions contribute to the suffering of the Afghan people and represent an unacceptable substitute for constructive international policies.

To Health and Humanitarian Assistance Providers

• PHR acknowledges the outstanding efforts of the humanitarian assistance community in promoting the health and well-being of the Afghan people. It applauds efforts to develop “right-based programming” in the delivery of humanitarian assistance and strongly encourages the assistance community to continue and expand these efforts. To this end, PHR recommends that human rights concerns be integrated in all aspects of assessment and implementation of health and humanitarian assistance services.

• Humanitarian intervention programs should continue to monitor aid distribution procedures to ensure that those most in need are not discriminated against. One way to accomplish this would be for agencies to develop impact assessments regarding human rights, especially women’s human rights, which should be accounted for in policy decisions and field procedures.

• Humanitarian assistance should include complementary forms of assistance such as emergency relief, rebuilding infrastructure, and community development programs within a human rights framework. For assistance programs to be effective, they should include the participation of members of Afghan communities, including women.

• The extent of mental health problems identified in this study indicates an urgent need to address both the cause and the long-term consequences of such suffering. Appropriate mental health care services, where possible, should be included in health care services in Afghanistan and in refugee settings as well.

• Just as human rights are interdependent, so too are the efforts of human rights advocates and humanitarian assistance providers in promoting health. In Afghanistan, it is imperative that human rights advocates and humanitarian assistance providers develop strategic alliances to achieve their common goal of alleviating human suffering and promoting health.
I. EXECUTIVE SUMMARY

The Taliban regime's restrictions on women's human rights represent some of the most deliberate forms of discrimination against women in recent history. They have compounded profound suffering due to more than 20 years of war, extreme poverty, periodic drought, lack of infrastructure and economic stagnation in Afghanistan. According to the UN Secretary General, "the health situation in Afghanistan is amongst the worst in the world." The combined effects of conflict and drought have destroyed the Afghan economy resulting in a massive food deficit and more than 350,000 people displaced from their homes since August 2000.

This population-based study by Physicians for Human Rights (PHR) documents the degree to which Afghan women perceive that violations of human rights by the Taliban regime are responsible for affecting their health and well-being. It is one of the first studies ever to assess the Afghan people's attitudes toward women's human rights and the importance of these rights for community health and development in Afghanistan. While women's suffering in Afghanistan can be attributed to a number of factors -- and not solely Taliban edicts -- the PHR study focuses particularly on the effects of official policies of discrimination against women because of their unique significance. Policies restricting women's rights are not the systemic product of years of conflict and social and economic deprivation; they are superficial decrees that can be revoked as easily and swiftly as they came into being if they are found to be socially destructive. The Taliban's extreme notions of Islam have had dire health consequences for Afghan women, as well as the development of the Afghan people, and have thus damaged the Taliban's credibility among Afghan people as well as the international community.

Although the Taliban claims that its gender policies are rooted in Afghan history and culture, this claim is contradicted by the views of the

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Afghan women and men in the PHR study. More than 90% of Afghan women and men sampled in PHR's population-based surveys claimed to strongly support the rights of women to have equal access to education and work opportunities, freedom of expression, legal protection for women's human rights and participation in government. They also felt that women's human rights issues should be included in peace talks. Approximately 80% of women and men agreed that women should be able to move about freely and that the teachings of Islam do not restrict women's human rights. Seventy-five percent of women and men expressed that women should be able to associate with people of their own choosing. PHR's finding that the vast majority of both Afghan women and men do support women's rights provides critical insight into the extent to which Taliban policies fail to represent the interests of the Afghan people.

Women in the Taliban-controlled areas surveyed by PHR almost unanimously expressed that the Taliban had made their lives "much worse" (94-98%). These women reported worse physical (64% vs. 63%) and mental health (85% vs. 54%), including extremely high rates of major depression (75% vs. 28%) and suicide (16% vs. 9%), compared to women living in non-Taliban-controlled areas. In fact, the majority of women (65-94%) who were exposed to Taliban edicts attributed their depression to official Taliban policy. Women exposed to Taliban restrictions also reported to PHR greater declines in education and work opportunities compared to women not exposed to Taliban policies. PHR found that the majority of women surveyed (59-79%) in the Taliban-controlled areas indicated that the Taliban policies forced them to restrict their daily activities "a most always" or "always." In addition, 21-64% of women surveyed by PHR reported having no access to health care services, inability to afford care was given as the most common reason (45-55%) for its inaccessibility. Despite Afghanistan's near-total dependence on international aid, PHR found that 34-46% of women surveyed said that the Taliban policies interfered with their access to vital humanitarian assistance.

<table>
<thead>
<tr>
<th>Physical Health damaged</th>
<th>New-Taliban</th>
<th>10%</th>
<th>56%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health damaged</td>
<td>New-Taliban</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Incidents of depression</td>
<td>New-Taliban</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
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The findings of the PHR study also document several modest improvements for women since the last PHR study in 1998. Women interviewed reported improved access to and quality of health care in the past year.

Such improvements are likely due to the efforts of the humanitarian aid community in cooperation with the Taliban. Also, to their credit, Taliban officials have exempted widows from the requirement of needing a male chaperone to move about in public. However, barriers to women attempting to access medical care still remain. Although there have been notable decreases in the enforcement of Taliban restrictions in different areas of the country on education, health services and dress codes for women, official discriminatory policies remain intact.

Background

The restrictions on women's rights exist in a society already suffering from extraordinary deprivation. Afghanistan is one of the poorest countries in the world with one of the highest infant (152/1,000), child (257/1,000), and maternal (1,700/100,000) mortality rates of all countries. Life expectancy of women is 44 years.1 Access to safe drinking water in rural areas is 17% and in urban areas 38%2, and it is estimated that 42% of all deaths in Afghanistan are due to diarrheal diseases.3 Malnutrition affects up to 52% of children under age 5,4 and 85,000 children under age five die annually from diarrheal diseases.5 After years of on-going wars, 70% of the health care system in Afghanistan is dependent on external assistance.6

Currently, Taliban forces control about 90% of the country, with most of the armed conflict in pockets of central Afghanistan, a frontline north of Kabul, and in northern Afghanistan.7 The ongoing war and the Taliban's policies restricting women from participating in the work force have

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4 E/CN.4/1996/64
likely contributed to the poverty experienced by most Afghan families. The war has also contributed to the decline in women's physical and mental health by encouraging isolation, increased financial hardship, exposure to ongoing war, and family loss. Harsh responses to Taliban policies from the international community have also affected the welfare of the country as well. The harmful effects of sanctions on the Afghan community have been two-fold, as they impede on both the national economy and the ability of international humanitarian aid organizations to effectively administer their aid programs.

Afghans remain the United Nations High Commissioner for Refugees' (UNHCR) largest single caseload of refugees in the world for the 20th year in succession.12 UN special coordinator Dennis McNamara said in May 2001 that Afghanistan was the “fastest growing displacement crisis anywhere seen so far.” As of March 2001, there were 2.6 million Afghans remaining outside Afghanistan, 1.4 million in Iran, 1.2 million in Pakistan, and smaller numbers in other neighboring countries. By September 2001, following the tragic attacks on the World Trade Center in New York and the Pentagon in Washington, DC, those numbers increased dramatically. Total refugees reached 3.7 million with 2 million in Pakistan and 1.5 million in Iran. Women and children constitute three quarters of the refugee population. Limitations on funding have had a profound effect on NGO capacity to meet the health needs of Afghans. The UN humanitarian appeal for Afghanistan has so far received pledges for $85 million out of a total request for $250 million.13

Importance of this Study

Although human rights are considered interdependent and indivisible in international human rights law,14 there are virtually no studies available that assess the perceptions of the Afghan people on the relative importance of specific rights provisions for community health and development. Increasingly, health practitioners have recognized the importance of the protection and promotion of human rights in promoting the health of communities.15 However, the attitudes and opinions of community members have not been well represented in the nascent linkages of health and human rights. This population-based assessment of a broad spectrum of Afghan women and men represents one of the first efforts to assess community perceptions of the importance of women's human rights.

Furthermore, Afghan men's attitudes on Afghan women's human rights had not been assessed before this study. The purpose of including male attitudes of women's human rights was to identify the degree to which Afghan men do or do not support the Taliban's official restrictions on women's rights. PHR's finding that the vast majority of both Afghan women and men do support women's human rights provides critical insight into the extent to which Taliban policies fail to represent the interests and needs of the Afghan people.

Methods of Investigation

In recent years, the issue of women's human rights in Afghanistan has received considerable notice. In 1998, PHR helped to focus international attention on the health consequences of the Taliban's policies on women.16 The report provided a forum for Afghan women's voices for the first time since the Taliban implemented its discriminatory policies. Although the 1998 PHR report provided insight into the suffering of Afghan women, it was limited primarily to non-random samples of educated women living in Kabul.17 The present PHR study was designed to assess the degree to which a large population of Afghan women perceive that violations of human rights by the Taliban regime are responsible for the decline in women's health and well-being and to understand the critical importance of women's human rights in achieving community health and development. The study was not designed to compare differences between women and men or within specific sample groups, nor to test hypotheses. Therefore, the association of specific factors with health and human rights outcomes is limited.


14 At that time, PHR focused on Kabul precisely because that was where the abuses appeared to be the most severe and where access could be obtained. Although the 1998 findings could not be generalized beyond a limited segment of the Afghan population, this does not diminish the Taliban’s responsibility for the suffering of educated Kuhno women documented in the report. The present PHR study provides insight into the health and human rights concerns of a more diverse and representative population of Afghan women.
Physicians for Human Rights conducted two separate, population-based studies over a three-month period in 2000. In order to represent the views of Afghan women with a wide range of experiences and attitudes, PHR randomly sampled women in four separate geographic areas. PHR also sampled men in these areas. In Afghanistan, PHR sampled rural and urban households in both Taliban-controlled and non-Taliban-controlled areas. In Pakistan, PHR sampled refugees who had arrived in Pakistan within the previous two years and had been exposed to Taliban policies, as well as another group of refugees who had lived in Pakistan for more than four years and had no exposure to Taliban policies. These refugees were in the process of being repatriated to Afghanistan. This sampling strategy was designed to enable comparisons of attitudes and experiences of individuals in Taliban- and non-Taliban-controlled areas, rural and urban settings, and as refugee and non-refugee settings. The combined population size from which PHR sampled the four groups was 235,312. The Afghanistan component (229,662) of this population represented approximately 1% of the people living in Afghanistan.

A Health and Human Rights Survey \(^8\) was used to identify the health and human rights concerns of 742 women. The survey contained 62 questions pertaining to demographics, physical health status, access to and quality of care, mental health status, including symptoms of depression and information on suicide, experiences of human rights abuses, attitudes on women's human rights, and the significance of Taliban restrictions on women's human rights. Five hundred and fifty-three close male relatives of female participants also were surveyed on their attitudes towards women's human rights.

One of the goals of the survey was to assess the degree to which women attributed ill health and other deprivations in their lives to the restrictions on women's rights imposed by the Taliban since 1996. Since the health consequences of such restrictions are often superimposed on the health effects of many other factors such as war, poverty, drought, and the lack of infrastructure and economic development, PHR designed the survey to distinguish specific effects of Taliban policies. For example, to assess the extent to which Taliban policies contributed to women's suffering, PHR asked participants to rate conditions (i.e., health status, access to health services, etc.) both before and during Taliban rule. In addition, participants were queried on the extent to which they believed Taliban policies accounted for self-reported conditions, such as one's mental state, or thoughts of suicide.

\(^{8}\) Questions in the study either referred to changes over the past two years to assess trends since the 1999 PHR study, or over the past five years to assess conditions before and after the Taliban came to power.

\(^{8}\) See Appendix A.

\(^{8}\) See Appendix B.

\(^{8}\) WOMEN'S HEALTH AND HUMAN RIGHTS IN AFGHANISTAN

In a separate study of the same sample population, a Women's Rights, Community Health and Development Survey \(^9\) was used to assess men's and women's perception of the importance of women's rights for community health and development, and specific rights that have been restricted by Taliban policies. A total of 746 women and men, including 398 women and 348 men, were surveyed. The Women's Rights, Community Health and Development Survey contained 11 questions regarding the importance of women's rights for community health and development. The rights included: 1) food and shelter, 2) sanitation and clean water, 3) education for women and girls, 4) opportunities for women to work outside of their homes, 5) equal access to health care services, 6) the ability of women to move about in public without restrictions, 7) the ability of women to express themselves freely, 8) participation of women in government and 9) legal protections for the rights of women.

Areas Surveyed

Taliban-controlled area

The Taliban-controlled area sampled in this study is, and has historically been, a predominately Pashtun (ethnic group commonly associated with the Taliban) dominated area (69%). Since 1996, this area has seen no fighting between the Taliban and the United Front. At the time of the study, more than 25 national and international non-governmental organizations (NGOs) were operating in the area. Ten of the NGOs listed specific services for women and girls including obstetric services, traditional birth attendant training and services, maternal health units, and basic health units. There was a hospital wing that was staffed by female physicians and dedicated to treating women. Girls were educated in home schools and public schools that were able to enroll 20% of girls in rural areas, and until age eight they also had access to education in more traditional religious schools. There were education opportunities for women as well, including literacy programs, teacher training, and traditional birth attendant training. In addition, four NGOs provided income-generating projects for widows and adult vocational training in this area.

Non-Taliban area

The non-Taliban area sampled in this study is made up of people of predominantly Tajik ethnicity (61%) and is located in a relatively isolated part of Afghanistan. Fighting between the Taliban and the United Front had not occurred in this area at the time of the study. This area has approximately five international NGOs working in the areas of health (basic health units for both women and men), schools for girls as well as

Health and Human Rights Survey Findings

Effects of Official Policies on Humanitarians Assistance and Activities of Daily Living

Only 8-11% of women reported receiving humanitarian aid in the past year in the Taliban-controlled area in contrast to 59% of those in the non-Taliban-controlled area. The most commonly reported humanitarian aid accessed included food, health services and education. Since the study did not include a needs assessment for aid, the potential gap between the individual needs and the provision of services is not clear. However, more than one in every three women surveyed in the Taliban-controlled area reported that official policies interfered with access to humanitarian aid. Other factors are likely to have affected procurement of aid and may include ongoing war in certain areas, lack of roads, distance from villages to the primarily urban aid distribution centers, or the unwillingness of male members of the household to allow participation in aid programs such as education, health care for female members of the household. In addition, aid is provided based on acute need. In the areas surveyed, aid may not have been deemed necessary; therefore women who reported not receiving aid simply may have seemed that no aid programs were present.

Women in the Taliban-controlled areas reported that Taliban official policies towards women had "almost always" or "always" (59-79%) forced them to restrict their daily activities in public, whereas women in the non-Taliban-controlled areas (73%) reported that the policies "never" or "rarely" affected them. At the time of the study 73% of women living in the Taliban-controlled area reported wearing the required chadari* "significantly" or "all the time" in contrast to 15% of women in the non-Taliban area and 95% of recent women refugee arrivals. The decision to wear a chadari in the areas surveyed may reflect local custom. Most women in the non-Taliban-controlled area choose to wear a chadari, while many educated women in urban areas are offended by policies that dictate the chadari as part of a dress code.

Overall, women exposed to Taliban policies overwhelmingly thought the Taliban had made their lives "much worse" (94-98%) compared with

* Originally of Indian influence and worn for centuries in Afghanistan, the chadari (often mistakenly called a burqa in the West) is a head-to-toe covering that has a mesh cloth through which a woman may see and breathe. It is worn in Kabul and north and northwestern provinces of Afghanistan. As distinct from the chadari, the burqa is of Arabic influence and was introduced to Afghanistan during the resistance to Soviet occupation and the factional fighting to control Afghanistan, approximately 10-15 years ago. It is a veil that is drawn across the face with the eyes exposed. Very few women in Afghanistan wear the burqa today. Some women take pride in wearing the chadari, as it is a symbol of the woman's status. In Herat, women wear a chadari (a long blue, green or brown chadari) and a large rectangular shawl that does to ground and is clasped under the chin, with the face exposed.

Executive Summary

8 WOMEN'S HEALTH AND HUMAN RIGHTS IN AFGHANISTAN

boys, and income-generating projects for women. Schools in the rural areas were supported by one of the international NGOs and had approximately 20-40% girls enrolled in the classes. The main hospital had a staff of approximately 25 female physicians who see all of the women and girls in both the rural and urban areas. This facility was the only available option for health care and was a two- to four-hour drive or a two-day walk from many of the surrounding rural areas. In order to protect the patients in the study, no additional information about these two areas is given here.

Summary of Findings

The findings of this study by Physicians for Human Rights show that the vast majority of Afghans believe that women's rights currently suppressed under the Taliban are important for the health and development of their communities. These results suggest that the Taliban's official policies regarding women's rights are incompatible with community health and development. The findings also indicate several modest improvements for women in the last years and explain that women's suffering is related to a complex set of factors and not simply the effects of Taliban policies.

Data is presented as the range of averages of the following groups: "Taliban exposed" totaling 424 (59%), represented by 201 recently arrived refugees (28%) in Pakistan and 223 people living under Taliban rule in Afghanistan (33%); and "non-Taliban exposed" totaling 300 (41%), including 106 refugees in Pakistan returning to Afghanistan (13%) and 194 residents of a non-Taliban-controlled area in Afghanistan (27%).

For an account of the average responses for each of the four groups and differences between these groups, see Chapters III and IV.

Characteristics of Survey Participants

Survey participants represented 13 of the 31 provinces in Afghanistan. Sample group characteristics included: 53% women and 47% men; 52% rural, 48% urban residents, and 47% located in a Taliban-controlled area vs. 53% from a non-Taliban-controlled area. The majority of women in the sample group were poorly educated (mean 1.7 years of formal education) homemaker (84%) from wide range of income levels. Widows comprised 10-28% of the sample. Forty-two percent of the randomly selected participants were of Pashtun ethnicity and 44% were of Tajik ethnicity.

8 Since individual attitudes and experiences may be influenced by a number of social and political religious factors, PHR's population-based assessments of health and human rights concerns cannot be generalized to all Afghan women and men. Taliban official policy is inconsistently enforced in different areas of the country, thus making generalizations even more difficult. However, in this study random sampling of a considerably large (1,313) and diverse population provided effective representation of the communities sampled.
32% of women in the non-Taliban-controlled area. That approximately one third of the women in areas not controlled by the Taliban felt that the Taliban was nonetheless responsible for making life “much worse,” may be related to the Taliban’s role in continued armed conflict, further sanctions and international isolation and/or Taliban policies that adversely affect the welfare of Afghan women by encouraging isolation, loss of employment and education opportunities, and financial hardship.

Education and Work Opportunities and Opinions

Although enforcement of the Taliban’s official restrictions on education for women and girls may vary on local levels, the vast majority of women have no access to secondary education or religious schools for primary education. 28 Women exposed to Taliban policies noted the largest decline in education (41-73%) over the last five years. Although study participants were largely poorly educated homemakers, the overwhelming majority of women reported the importance of education (83-96%) for women and girls as “extremely” or “significantly” important.

Similarly, work opportunities over the last year in Afghanistan were reported as “not available” by 78-87% of women in Taliban-controlled areas. Those exposed to Taliban policies noted the largest decline in work opportunities (49-63%) over the last five years. More than three-quarters of women (77-91%) reported work opportunities as “extremely” or “significantly” important.

Although opportunities for education and work declined markedly in the Taliban-controlled area, over 50% of all women in this study reported “no opportunities” for education and over one-third of all women reported “no opportunities” for work. In addition to demonstrating the adverse effects of Taliban policies towards women, these findings illustrate the extent to which all women suffer the continued effects of more than 20 years of war, extreme poverty, and the lack of infrastructure and economic development in Afghanistan.28

Physical and Mental Health

The majority of respondents (63-87%) described their physical health as “fair” or “poor” and their mental health as “fair” or “poor.” Significantly, a majority (57-86%) of women still living under Taliban rule in Afghanistan attributed their symptoms directly to Taliban official policies towards women, despite the presence of armed conflict, devastating poverty, and underdevelopment.

PHR found a high prevalence of poor mental health, suicidal ideation (65-77%) and suicide attempts (9-16%) among study participants. More than 70% of women exposed to Taliban policy made diagnostic criteria for current major depression. There was also an increase in the prevalence of major depression over the last two years, particularly among women living under Taliban control. The majority of women (65-94%) exposed to Taliban policies attributed their symptoms of depression to official Taliban policy. Women in the non-Taliban-controlled areas had a minority (30%) that attributed their symptoms of depression to Taliban policies. The fact that the majority of women in both Taliban (42-88%) and non-Taliban (98%) controlled areas did not attribute their suicidal ideation or suicide attempts to the Taliban policies suggests that ideation and attempts are multifactorial and cannot be completely explained by Taliban policies on women. Predisposing factors for ideation and attempts may require a life experience, or loss, that is acute and overwhelming, and that may not be characteristic of the effects of Taliban policy on major depression.28

Health Care Access and Quality

Although women exposed to Taliban policies reported decreased access to health care services in Afghanistan over the past five years (i.e. since the Taliban issued official edicts regarding women in September 1996), they also reported improved access to and quality of health care over the past year. For example, five years ago, only 3% of women in the Taliban-controlled area reported having “no access” to health care services in Afghanistan compared to 21% of women reporting “no access” now. Similarly, only 2% of the group of Afghan women living Pakistan reported having “no access” to health care services in Afghanistan five years ago compared to 64% currently. However, over the past year, women reported improved access and quality of health care in Afghanistan, particularly in Taliban-controlled areas (59%). This is most likely due to the continued influx of international aid (70% of the current health care system is internationally supported)28 and the cooperation of Taliban officials.

In the non-Taliban-controlled area, access and quality were reported to be unchanged most likely due to the isolation of this area of Afghanistan. Women exposed to Taliban policies reported restrictions (60-69%) in receiving medical care largely because of financial limitations (45-55%). In the non-Taliban-controlled area, financial limitations (13%) and lack

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28 See Appendix A and Chapter III for descriptions of suicidal ideation, suicide attempt and diagnostic criteria for major depression.


of a chadari (10%) were the most common reasons listed as restrictions. In the non-Talibani area, limited access to health care because of a lack of a chadari suggests that cultural practices with regard to women had an effect on women’s access to health care in this area. Among women exposed to Taliban policies, lack of female medical facilities (25-27%) and not having a mahram (male family member escort) (14-19%) were listed as the other most common reasons limiting health care access. Mental health services in Afghanistan were reported as “not available” by a majority (57-80%) of women exposed to Taliban policies. Forty-four percent of respondents in the non-Talibani-controlled area reported that mental health services were not available.

Landmine Awareness
Respondents thought landmine awareness was hampered by Taliban policy in the Taliban-controlled area (46%) and was often reported (42%) more of an issue for women and girls rather than men and boys who were able to participate in school. In one study women and girls accounted for 40-50% of landmine casualties. However, more recent data suggests that in the last two years, 94% of victims have been male and 5% have been female.  

Attitudes towards Women’s Human Rights
The Taliban’s claim that its gender policies are rooted in Afghan history and culture conflicts with the views of the Afghan women and men interviewed in the PHR study. More than 90% of both women and men respondents agreed that women should have equal access to education, equal work opportunities, freedom of expression, legal protection for women’s human rights, and participation in government, and that women’s human rights issues should be included in peace talks. Approximately 80% of both women and men agreed that women should be able to move about in public freely and that the teachings of Islam do not restrict women’s human rights. Seventy-five percent of women and men expressed that women should be able to associate with people of their choosing. More than 50% of women and men agreed that strict dress codes are not appropriate or necessary. Strong authority within Islamic law and traditions calls for promoting education for both girls and boys; for the right to work, owning property, earning a living, and participation in public life as well as for the importance of enabling women to take steps to protect and promote their own health and the health of their families.  

Physical Abuses
In this study, women who fled Taliban-controlled areas in Afghanistan reported the highest number of physical abuses, most likely due to exposure of this group to armed conflict involving the Taliban and United Front forces. Previous studies have reported higher numbers of physical abuses among Afghan women in Kabul. In this study, the lower frequency of physical abuses reported by women living in the Taliban-controlled area is most likely representative of an area that is not an active conflict zone. Overall, 36% of the female respondents reported one or more personal experiences of abuse. The abuses included beating: 8 (22%), being detained for more than 24 hours: 3 (8%), sexual assault: 1 (3%), rocket injury: 2 (5%), and gunshot wound: 1 (3%). There were no reports of torture, forced marriage or rape. Of the reported abuses, non-adherence to the Taliban’s dress code for women accounted for 25% of the incidents reported. Two (5%) of the respondents reported being detained for more than 24 hours for being unaccompanied by a male chaperone in public.

Taliban forces reportedly perpetrated the majority of all abuses, 34 of 36 cases (95%). Forces of the mujahedeen and/or United Front were reported as the abusers in only 2 cases (5%). In the case of rocket injuries, it was not possible to ascertain the identity of the reported attacker.

Experiences of physical abuse, whether by Talibani, United Front or other forces, are likely to vary considerably based on regional considerations and the level of individual exposure. For example, the enforcement of Taliban restrictions has always been most pronounced in areas considered by the Talibani as morally lax, such as the urban areas. Kabul, in particular, has been a prominent locus for such ideological conflicts and accordingly, Kabulese residents have disproportionately suffered the consequences, as documented by PHR’s 1998 study.

Women’s Rights, Community Health and Development Survey
The majority of women and men sampled (69-90%) in this study indicated that women’s rights denied by official Talibani policy are either  

2 Personal Communication, UN Consultative Group on Human Rights, Islamabahd, Pakistan. Landmine injury data is inconsistently gathered in all areas of Afghanistan therefore data may be only regionally representative.
3 In the 1998 PHR study, a much larger proportion (more than 95%) of those surveyed indicated their belief that dress code restrictions were not appropriate. This difference is most likely due to the fact that the previous study by PHR consisted primarily of educated, Kabulese women. The present PHR study provides insight into the views of a more diverse, and perhaps representative, population of Afghan women.
“important,” “very important” or “extremely important” for community health and development. Basic human needs such as food, shelter, sanitation and clean water were rated “very” or “extremely important” for the health and development of the community by virtually all participants. Support for rights such as freedom of expression and movement, participation of women in government and legal protections for the rights of women, was significantly greater among women, compared to men, and rated somewhat less importantly in the Taliban-controlled area and rural areas. Nearly all participants considered peace (100%) and demining (100%) “very” or “extremely important” for community health and development. More than 88% of women and men considered participation of women in community health and development decisions to be important.

Virtually all participants rated three different forms of humanitarian assistance (emergency relief, rebuilding infrastructure, and community development programs) to be “very” or “extremely important.” In addition, a majority of women (86%) and men (77%) indicated that there was no reason to restrict education or work opportunities for women and girls in Afghanistan. Of those who reported there were reasons to restrict work and education, the reasons were not identified in the study.

Despite considerable media attention on the Taliban’s dress code requirements for women, PHR’s findings indicate that a majority of participants (82-88%) did not consider persecution for dress code infractions important. These findings do not negate the serious imposition that dress code restrictions may represent for educated Kabulese women as documented in the 1998 PHR study.

**Humanitarian Assistance and Human Rights in Afghanistan**

In addition to conducting two population-based surveys, PHR interviewed more than 25 humanitarian assistance providers to gain insight into the challenges of promoting health and human rights in Afghanistan.14

All interviews were conducted in March 2000. In each interview, Physicians for Human Rights assessed: 1) positive and negative trends in the health and human rights status of Afghan women, 2) problems encountered in the provision of humanitarian assistance in Afghanistan and 3) recommendations to improve the health and human rights of Afghan women and men.

**Human Rights in Context**

While those PHR interviewed uniformly agreed that Taliban policies toward women added to the suffering of Afghan women, many humanitarian assistance providers considered the effects of such policies insignificant in comparison to other sources of suffering, such as extreme poverty, lack of infrastructure, and the effect of more than 20 years of war experienced by everyone in Afghanistan. Humanitarian assistance providers have characterized the human rights situation as “daunting and complex.”15

**Recent Trends in Health and Human Rights**

Humanitarian assistance providers indicated to PHR that, in recent years, their organizations have been able to steadily expand services, including those for women, with little or no official resistance. However, at the same time, both the Taliban and the United Front have not devoted significant resources to developing a functioning health sector. In fact, non-governmental organizations are responsible for approximately 70% of health services in Afghanistan.16

Most of the humanitarian assistance providers that PHR interviewed agreed that, since 1998, enforcement of the restrictions on education for girls has decreased substantially. Improvements in education opportunities that have been realized have occurred largely through the efforts of international humanitarian assistance providers. However, international aid is not a substitute for widespread public education. Although enforcement of the Taliban’s official restrictions on education for women and girls may have lessened over the past several years, the official edict has not changed and the vast majority of women and girls continue to have little or no access to education. Though international groups may be permitted to operate, their efforts are overshadowed by a long-standing history of illiteracy in Afghanistan (12% for urban and less than 3% for rural women in 1997, ages 15-49)17 and the elimination of public education by the Taliban.

Humanitarian assistance providers indicated to PHR that, since 1998, they were increasingly able to employ women for their humanitarian assistance operations and services. However, despite signs of modest improvements, the Taliban issued an edict in July 2000 strictly prohibiting women from working with NGOs, with the exception of the health sector.18 This setback has had a significant impact on the delivery of assistance.19

In addition, since 1998, according to humanitarian assistance providers, enforcement of restrictions on women’s movement and punish-
ments for dress code infractions have decreased significantly throughout Afghanistan, particularly in urban areas where they are most pronounced. Perhaps most significant, the Taliban issued an edict in 1999 allowing female widows to move about in public without the required mahram.

Barriers to Assistance
The humanitarian assistance providers that PHR interviewed discussed many challenges they experience in their efforts to improve the lives of the Afghan people: the effects of ongoing war, coping with periodic natural disasters, ensuring the delivery of services despite discriminatory policies, and dealing with inconsistencies of ruling regimes and personal safety. However, the barriers that were cited most often and as most significant were 1) inadequate funding for assistance programs, and 2) the placement of conditions on assistance by international donors.

II. BACKGROUND

A more detailed account of political and historical background information can be found in Physicians for Human Rights publication, *Taliban's War on Women: A Health and Human Rights Crisis.* This section is intended to provide an update on relevant background information since the 1998 report.

Geography and Ethnic Composition
Afghanistan, formerly known as the Republic of Afghanistan, was renamed as the Islamic State of Afghanistan in April 1992. Situated at the crossroads of Central Asia, South Asia, West Asia and the Middle East, Afghanistan is a landlocked country mostly surrounded by rugged mountains and hills. The territory covers some 252,000 square miles (648,800 square kilometers), nearly identical in size to the State of Texas. It shares borders with the independent Central Asian States of Tajikistan, Uzbekistan and Turkmenistan, in the north; Xinjiang province of China, in the northeast; Iran in the west, and Pakistan in the east. The capital city, Kabul, is one of the largest cities in Afghanistan and had an estimated population of 1.5 million in 1996. Other major cities include Herat, Kandahar, Mazar-I-Sharif, Jalalabad, and Kundoz. Estimates of the total population of Afghanistan range between 15-20 million, including refugees in other countries.

More than 99.9% of Afghan people are Muslim, about 20% Shiite and 80% Sunni Muslims. Non-Muslim groups, including Hindus, Sikhs, and Jews make up less than 0.1% of the population. Although the vast majority of its people share a common religion, Afghanistan is very diverse in terms of language and ethnicity. Among several distinct ethnic groups living in Afghanistan are the Pashto-speaking Pashtuns (45-50%); Afghan-Persian or Dari-speaking Tajiks (25-30%); the Hazaragi (Persian dialect)-speaking Hazaras, (10-12%); and the Turkic-speaking Uzbeks, Turkmens, Kirghiz and Kazakhs (10%). The two official languages are

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Dari and Pashto. The climate in Afghanistan is dry with four seasons, including hot summers, cold winters and heavy snow year-round in the mountainous regions.

**Historical Overview**

Afghanistan has had a turbulent history, and its people have suffered greatly at the hands of political factions vying for power. The Soviet invasion and occupation of Afghanistan in 1979 until its negotiated withdrawal under the Geneva Accords and departure in 1989 was marked by massive human rights violations. Soviet forces engaged in indiscriminate bombardment, targeted executions, and the laying of millions of antipersonnel landmines. The war generated six million refugees and an estimated one million deaths.

The period following the Soviet withdrawal until 1996 was characterized by factional fighting among the Afghan resistance forces (mujaheddin) that killed as many as 40,000 civilians and displaced upwards of half a million people. During this period, the capital city of Kabul was repeatedly rocketed and bombed, and landmines were laid by the thousands. The State Department estimates that 400,000 Afghans have been killed or wounded by landmines. Afghanistan to this day continues to sustain high casualties from antipersonnel landmines.

The Taliban emerged in 1994, developing from a movement of Pashtun youths and students of religious schools in Pakistan. The movement, led by Mullah Mohammed Omar, was trained, armed and supported heavily by the Pakistani intelligence service (ISI) which had close links with various factions of Afghan mujaheddin that rose up in resistance to the Soviet occupation. Years before the Taliban emerged, the ISI strongly backed Gulbuddin Hikmatyar, one of the most brutal and conservative of the many mujaheddin factions. Gulbeddin’s forces (and other factions) received millions of dollars in weapons provided by Pakistan, much of which was provided indirectly by the United States in a covert CIA operation.

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45 Id, at p.1
46 E/CN.4/1996/64
49 *Landmine Monitor Report 2000*, which documents landmine use, stockpiles, transfer, production, and casualties on behalf of the International Campaign to Ban Landmines reported the following: “An estimated five to ten people were injured or killed by mines every day in 1999, compared to an estimated ten to twelve people in 1998 and an estimated twenty to twenty-four people in 1993.” Landmine Monitor attributes the improvements to extensive demining that has been carried out in Afghanistan.
50 The US provided approximately $2 to $3 billion in military and economic assistance to resistance forces, according to Human Rights Watch/Asia, citing US government sources.
At the time of this writing, the Taliban is said to militarily control 90% of Afghanistan, although it cannot be said that the regime actually governs that portion of the country.

Among the Taliban’s first official acts upon taking over Kabul was to issue edicts prohibiting women from working outside their homes, prohibiting women from leaving their homes unless in the company of a close male relative as chaperone, and denying education to girls over the age of eight years. The Taliban also promulgated detailed edicts requiring women to cover themselves from head-to-toe in a *chadari*, a body-length covering with only a mesh opening through which to see and breathe. Even foreign women were required to cover themselves and risked beating by members of the religious police (Department of the Promotion of Virtue and the Prevention of Vice) if a wrist or ankle showed from one’s clothing. While the dress code was enforced sporadically, beatings and whippings by religious police riding about the city in search of violators has been enough to keep many women within their homes or swathed in a *chadari* when they go outdoors. According to humanitarian assistance providers, enforcement of the official dress code policy has diminished considerably in Kabul since PHR’s 1998 report.

The Taliban: 1998 to Present

In October 1997, the Taliban changed the name of the country to the Islamic Emirate of Afghanistan with Mullah Omar, who had previously assumed the religious title of Emir of the Faithful, as the supreme head of state. Taliban officials rule by decrees and the central decision-making body is the Supreme Council in Kandahar and its head, Mullah Mohammed Omar. A six-member ruling council in Kabul, headed by Mullah Mohammed Rabbani, has announced that “the new Taliban government would be neither parliamentary nor presidential, but Islamic.” Departments of a number of ministries exist in each province but the implementation of policy is generally characterized by inconsistency since there is no efficient administrative structure.

Until September 2001, Pakistan was one of only three countries to formally recognize the Taliban, along with the United Arab Emirates and

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52 In June 1998, the Taliban made good on its order limiting education by closing 100 privately funded schools where thousands of young women and girls were receiving training. Since then, international humanitarian groups have managed to educate both boys and girls in some areas outside of Kabul. The Taliban has repeatedly closed private schools that attempted to resume their activities within Kabul.
53 Enforcement of the dress code is particularly harsh in Kabul. The requirement to wear a *chadari* is less frequently enforced in rural or non-Pashtun areas.
Saudi Arabia, and remains the Taliban’s principal supporter. Pakistan has assisted the Taliban forces by facilitating the recruitment of fighters (including non-Afghan personnel from Pakistani madrassahs), offering military training, planning pivotal military operations, and allowing arms destined for the Taliban to transit through Pakistan into Afghanistan.55

Saudi Arabia and United Arab Emirates (UAE) have supplied financial support to the Taliban in the past. Through 1998, Saudi Arabia provided funds and supplied fuel to the Taliban through Pakistan. Local and provincial administrators in the UAE have benefited from the vast smuggling network that link the Taliban, the UAE and Pakistan. As of September 23, 2001, however, the UAE had broken all diplomatic ties with the Taliban. On September 25, Saudi Arabia also severed diplomatic ties with the Taliban.56

The Taliban, rejecting the opposition’s claim to be the legal government of Afghanistan, continues its efforts to unsuccessfully gain international recognition and the UN seat for Afghanistan. The government of former President Burhanuddin Rabbani still retains Afghanistan’s UN seat and retains control of most of the country’s embassies abroad. Rabbani retained Afghanistan’s United Nations seat after the UN General Assembly again deferred a decision on Afghanistan’s credentials during the September 2000 General Assembly session.57 Rabbani and his military commander, Ahmed Shah Masood, both Tajiks, maintained control of some largely ethnic Tajik territory in the country’s northeast. In 1999, the Taliban pushed Masood’s forces out of the Shomali plain, north of Kabul. Towards the middle of June, the Taliban resumed its offensive and captured the northeastern city of Taloqan. Commander Masood and commanders under the United Front for Afghanistan (UFA), previously known as the Northern Alliance, held the Panjshir valley and Faizabad until September 2000. On September 9, 2001, Masood was killed by two men posing as journalists, believed to be Algerian nationals.58 Afghanistan remains in a civil war without an effective government and its people continue to suffer the consequences.

The United Nations has for decades pushed peace negotiations among the Afghan parties, with the participation of the so-called “Six-Plus-Two” group, Afghanistan’s neighbors China, Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan, plus the US and Russia. In October 1999, the long-time special envoy to the Secretary General, Lakhdahr Brahimi, resigned in frustration over the refusal of the parties to negotiate a peace

agreement in good faith. Ambassador Brahimi was replaced by another highly regarded United Nations official, Francesco Vendrell. Ambassador Vendrell has been intensively engaged in negotiations, given the upsurge in fighting. He reported in September that the Taliban had agreed to hold unconditional talks with its opponents.59

The United Nations and US diplomats have in the past year supported an effort by Afghans living outside the country to negotiate an end to the war and develop a multiethnic coalition government in Afghanistan. The so-called “Loya Jirga” (Grand Council) was convened under the aegis of former Afghan king Zahir Shah. Other initiatives, such as the Bonn process60 and the Cyprus process,61 began to cooperate with the Rome-based, Loya Jirga initiative. According to the US Department of State, the Loya Jirga was created to “address the urgent need to end the conflict in Afghanistan, establish a representative government and combat terrorism and narcotics trafficking.”62 The US has provided $100,000 in financial assistance to the effort.

Today, under the Taliban, there remains no constitution, rule of law, or independent judiciary in Afghanistan. In the absence of an independent judiciary, many municipal and provincial authorities use the Taliban’s interpretation of Shari’a (Islamic Law) and traditional tribal codes of justice.63 The Taliban reportedly has Islamic courts in areas under their control to judge criminal cases and resolve disputes. These courts mete out punishments including execution and amputations. In cases involving murder and rape, convicted prisoners generally are sentenced to execution by relatives of the victim, who may instead choose to accept other forms of restitution. Decisions of the courts are reportedly final. In 1999 the Taliban claimed that it was drafting a new constitution based on Islamic law, but during the year there were no further announcements regarding such a document.64

At the time of this writing, August 2001, Afghanistan is internationally isolated, and the ruling Taliban regime an international pariah. Over the course of the past year, the Taliban has systematically destroyed the majority of the country’s precious antiquities because of the regime’s belief that such relics violate Islam’s prohibition on graven images. The United Nations offered considerable resources to the regime to protect and pre-

59 Reuters, October 6, 2000.
61 Id.
serve the Afghanistan’s historical, religious, and cultural legacy. But in March 2001 the authorities, defying the appeals of world leaders including leading figures from Muslim countries, systematically destroyed Afghanistan’s giant Buddhas, dating back over 1000 years.

The Taliban’s destruction of its cultural heritage, particularly the giant Buddhas, shocked the conscience of the world. The action was a sobering indication of how extreme are the views of the most powerful elements of the Taliban, and how willing they are to suffer international condemnation and isolation for acting upon their extremist views. The implications are profoundly disturbing for not only the cultural rights of all Afghans, who have been violently deprived of their country’s ancient and precious heritage, but of all internationally recognized human rights.

The Status of Women in Afghanistan

Prior to the Taliban, women in Afghanistan had to endure restrictions on rights to work and on dress. In 1994, the Jalalabad-based multi party local government under Haji Qadeer demanded that women work in gender separated offices, wear black *hejab* and *chaddor*, and travel in segregated vehicles. Violence against men accompanying women made it difficult to retain female staff as men were unwilling to support them in fear of retaliation. Women had to be released on full pay until negotiations could be made, or separate offices for women and separate entrances had to be made if women were to continue employment with UN agencies.65

The Rabbani government in 1995 sent letters to UN/NGO agencies demanding women be removed from employment. When Gulbuddin Hikmatyar was named as Prime Minister, his first official statement demanded that women adopt the black *hejab* “according to Islam” and stop wearing make-up “except for their husbands.”66

When the Taliban took control of Kabul in September 1996, the Supreme Council issued edicts forbidding women to work outside the home, attend school, or to leave their homes unless accompanied by a *mahram* (husband, father, brother, or son). In public, women must be covered from head to toe in a “*chadari,*” with only a mesh opening through which to see and breathe. They are not permitted to wear white (the color of the Taliban flag) socks or shoes, or shoes that make noise as they walk. Houses and buildings in public view must have their windows painted over if females are present. Also, the Taliban severely limited women’s access to health care and closed public bath houses for women which served as female meeting places for social and celebratory purposes, in addition to essential hygiene facilities for households without water. Initially, these edicts were enforced in a haphazard manner, and varied

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66 Id.
from region to region, with more severe restrictions enforced in non-Pashtun areas.

Overall, since the takeover of the Taliban, there has been little improvement in the status of women or human rights of women. In Taliban-controlled areas, discrimination against women remains official policy and pervades nearly every aspect of women’s lives and livelihood. Although there has been some relaxation of restrictions with regard to health care access, education and employment, for the most part, these are few and remain as exceptions rather than the norm. Much of the change has been due to local community pressure and/or international pressure. Official policies towards have not changed, only the degree to which polices are enforced.

Medical Care
In January 1997, the Taliban announced a policy of segregating men and women and attempted to centralize medical care for Kabul’s half million women. Services for women were provided by a single hospital still partially under construction, which at the time had neither water, oxygen, plasma, electricity, nor surgical equipment. Humanitarian organizations working in the city protested the edict and after months of negotiation led by the International Committee of the Red Cross (ICRC), the Taliban partially rescinded its directive and agreed to reopen some of its hospitals. At the time of this writing, due to international pressure on the Taliban and the ceaseless efforts of international health providers working inside Afghanistan, wards or beds for women and their children have been made available at virtually all of the hospitals in Kabul. While the Taliban’s restrictions on movement, dress code requirements, and segregation of transportation facilities continue to impede women’s access to health care, there is nonetheless at least some provision for women to receive hospital care at all of Kabul’s 22 hospitals. Since June 1998, women have been permitted to seek treatment from male doctors only if accompanied by a male relative. These rules, while not enforced universally in Afghanistan, have made obtaining treatment extremely difficult for most women, and especially for Kabul’s widows, many of whom have lost all such male family members.

At the time of PHR’s last report, a male doctor treating a woman was prohibited from examining her unless she was fully clothed in a chadari and was not allowed to touch her, thus meaningful diagnosis and treatment was often impossible. By the end of 1999, all Kabul hospitals, except the military hospital, reportedly treated women. Rabia Balkhi Women’s Hospital in Kabul now provides a full range of health services to women. Basic Health Units and Maternal Child Health Units staffed by local doc-

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tors, nurses, health workers and traditional birth attendants, have been established in many areas of the country to help provide adequate care to women. Health care access has improved largely due to the influx of international aid and support in this arena as well as the Taliban’s relaxation of work prohibition for female health sector workers. With segregation of health facilities for women and few female health care workers, health care remains precarious and limited for the masses. Mental health services for women remain absent even in the face of increasing numbers of women with mental disorders due to the realities of war, impoverishment, and confinement to homes.

Also, the Taliban’s ban on images of humans has hampered health care for both men and women. Destruction of public education posters and a ban on human images has made dissemination of health information in a society with high levels of illiteracy more difficult.

Education
The edicts limiting women to female health care providers have prompted many to question the rationale of forbidding education to women. In Afghan society, where the vast majority of teachers have historically been women, the termination of education for women and girls will likely have a disastrous effect for men and boys as well. While schools for boys have not closed, they are severely lacking teachers. If restrictions on education persist, however, they will affect a woman’s ability to make informed choices regarding health practices, accessing health care services, interacting with health personnel and participating in treatment regimens. Education is also an imperative for mental health and social well being. Education enables individuals to make effective choices, participate in society, and protect and actualize one’s interests. In addition, education that strengthens respect for human rights helps to develop an understanding of one’s rights and those of others and an appreciation for diversity among people.

Lack of education will also limit women’s capacity to effectively use maternal child health services, provide adequate nutrition for themselves and their families, obtain immunizations for their children, understand the benefits of breast feeding, control the number and spacing of their children, improve hygiene and sanitation in their homes, limit the spread of infectious diseases, and use effective home remedies such as oral rehydration solutions.

Since 1998, increased numbers of female nurses, vaccinators, and traditional birth attendants have being trained by the humanitarian assistance community.68 In addition, in late 1999, 40 female medical students were allowed to continue with their medical studies at Kabul University. However, girls are still formally prohibited from attending school, apart from

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instruction provided in mosques, which is mainly religious in content. There are a growing number of girls educated by international NGO’s in formal schools, community-based schools, and home schools, which provide support to an estimated 7% of the total 4.4 million children of primary school age in rural areas.69

**Employment**

During 1999, restrictions on women’s employment eased. Women were allowed to work in the medical sector as doctors and nurses, treating only other women. Health NGO’s reported that they were able to recruit both male and female health care staff without difficulty, however, recruitment of medical staff was severely limited by the lack of qualified female personnel.70 Limited numbers of women were allowed to work for international agencies and NGO’s, but they were not allowed to work in the offices of their employers. A Taliban edict issued in 1999 allowed widows with no other means of support to seek employment; but many widows were unaware of the change, and there was little work available.71

On July 6, 2000, the Taliban issued an edict banning women’s employment (except in the health care sector) by UN agencies and NGO’s.72 Implementation was erratic, but the United Nations and the NGO’s advised their female staff to stay home to avoid open confrontation with the Taliban. On August 16, the Taliban issued an order closing down the World Food Program’s (WFP) 25 widows’ bakeries, which provided food to the many war widows and other female-headed households.73 On August 17, the Taliban reversed the decision to close the widows’ bakeries, apparently accepting WFP’s explanation that female staff of the bakeries were not direct hire WFP employees and therefore not subject to the July 6 edict.74 As of 2001, the July 6 edict banning the employment of local women in UN agency programs or NGO programs remains in effect, despite negotiations with the United Nations.

**Human Rights in Afghanistan**

Recently, the severity of the Taliban’s gender discrimination was noted by the United Nations’ Special Rapporteur for Violence against Women, Radhika Coomaraswamy, who visited Afghanistan in September 1999. The

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69 Id.
73 Id.
74 Id.
Special Rapporteur stated that the Taliban’s Department of the Promotion of Virtue and the Prevention of Vice (which issues edicts relating to women’s status and carries out punishments for gender specific crimes) was “the most misogynist such entity in the world.” Coomaraswamy stated that its edicts about women were completely unacceptable and that the body should be disbanded.75

As mentioned above, the Taliban’s overt discrimination against women and girls has had a profound impact on health. In addition to institutionalized discrimination in the health sector, extreme punishments such as public flogging have been meted out for infringements of the Taliban’s harsh gender segregation. Adultery offenses by women are punishable by death via stoning, and women who violate the law by appearing in public without male chaperones face stoning or public beatings. But human rights violations by the Taliban are not limited to women. Both men and women suffer under a legal regimen based on a rare and extreme interpretation of Shari’a law. That situation is unchanged after four years of Taliban rule. Courts appointed by the Taliban that are wholly devoid of due process impose strict punishments (including beheading, stoning, and amputations) for common crimes. Men face brutal punishments for infractions of the Taliban’s dress code (which requires beards of a certain length and prohibits certain items of apparel). The Taliban summons the public to witness these barbaric punishments on a regular basis, a practice that terrorizes the entire community.

In addition to the burden of arbitrary and cruel punishment, gender discrimination, and totalitarian repression of the rights to assembly, speech, and press that has characterized the Taliban’s rule, the past two years have brought new misery and suffering to the people of Afghanistan. The Taliban and its sole remaining military opponent, the United Front (previously called the Northern Alliance) have engaged in fierce fighting throughout the period that has displaced hundreds of thousands of Afghans from their homes. Both sides have carried out indiscriminate military actions that victimize the civilian population. In August 1998 the Taliban attacked and captured the city of Mazar-I-Sharif and a large number of unarmed men, women, and children were massacred. The UN Special Rapporteur for Afghanistan has estimated that as many as 5000 civilians were killed when the Taliban took control of the city. Human Rights Watch also reported thousands of killings of unarmed people, as well as the abduction of young women by the Taliban, abuse of prisoners, and military attacks on contingents of unarmed people attempting to flee the city.76

Beginning in late July 1999, Taliban forces launched a major offensive against the United Front forces elsewhere in Afghanistan. Taliban soldiers engaged in “scorched earth” tactics, including burning and destruction of homes and crops, summary executions of civilians, use of forced labor in its attacks, forced involuntary displacement of civilians, arbitrary detentions, family separations and deportation of women, and counterattacks that forcibly displaced as many as 250,000 people from their homes in the Shamali plains and Panjshir Valley. According to the United Nations, the Taliban committed extensive violations of humanitarian law. Over 100,000 displaced unarmed people fled to the Panjshir valley, and over 60,000 fled to Kabul, including 16,000 (half of whom were children) who sought refuge in the former Soviet compound.

The United Front has also engaged in violations of the laws of war, including rocketing Kabul indiscriminately and murdering captured combatants. In 1997, for example, opposition forces captured and executed as many as 2000 Taliban combatants.

More recently, the Taliban and opposition forces have engaged in fierce combat on the border of Tajikistan, forcing over 135,000 civilians into flight. The government of Tajikistan has deployed thousands of troops to the border to push back the Afghan refugees. Russia’s President Vladimir Putin has publicly called upon the Taliban to end its support for insurgents from Tajikistan, Uzbekistan, and Kyrgyzstan, joining India in its appeal for an end to support for Kashmiri insurgents. Tajik and Russian troops are turning back thousands from the border, forcing them back into Afghanistan.

Deliberate attacks on civilians such as those that have characterized the Taliban’s recent military operations and those of the United Front are war crimes, as are torture and killings of captured combatants. Both the Taliban and its military adversaries are known to routinely abuse and/or kill prisoners of war. A lieutenant in the opposition forces confessed to executing captured combatants after an upsurge of fighting in July, stating, “A lot of prisoners were killed right on the front line... We couldn’t control our soldiers. They had lost their houses and women.”

The suffering of Afghan noncombatants at the hands of the warring parties, particularly the Taliban, has been compounded by the worst drought in three decades. The ability of the population to cope with crop shortages, water dearth, and disease is significantly compromised by the

77 State Department Country Reports, 1999, Afghanistan.
high level of armed conflict and the Taliban’s direct attacks on communities, resulting in massive displacement. Families’ ability to cope with natural disaster is also significantly compromised by gender restrictions that limit women’s ability to work. At the time of this writing, Afghanistan is suffering a cholera outbreak in its drought-stricken northwestern province; more than 90 people are reported to have died of the disease. The drought has created a health emergency with at least 20,000 Afghans requiring emergency health aid.

The Taliban has been wholly intolerant of dissident political views since its inception, and in the past year has not departed from its practice of jailing and abusing its real or perceived political opponents. Amnesty International reported in March 1999 that up to 200 Afghan political leaders had been arrested in the previous year on account of their peaceful political activities and opposition to continued armed conflict. The organization noted that, “Those arrested include Afghan intellectuals, community leaders, former army officers or civil servants. The vast majority of detainees are reportedly noncombatants arrested solely for their activities in support of peace and a broad-based government in Afghanistan. Most of these detainees have reportedly been beaten and severely tortured. Over a dozen of them have been killed after their arrest.” Those arrested and killed include two former Nangahar University lecturers and UN agency staff workers, who had been active in peaceful political activities.

The Taliban appears to have extended its practice of targeted execution of political opponents across its borders. In the course of the past several years, a number of prominent opposition figures, including Arif Khan, the governor of Kundoz who was rumored to defect to Masood, and Maulivi Mohammed Siddiqullah, a retired Pashtun commander, were executed while in Pakistan visiting relatives or on business.

The Taliban has not limited its abuses against Afghans to Afghanistan or neighboring Pakistan. Under Taliban rule, Afghanistan has become a haven for international terrorists. In August 1998, terrorists reportedly trained and funded by Osama Bin Laden, a Saudi national living in Kandahar, Afghanistan, bombed American embassies in Tanzania and Kenya, killing 247 people including 44 African and American diplomatic staff. Bin Laden is also the leading suspect in the September 2001 attacks on the United States.

Opposition forces, according to Afghan authorities, have themselves engaged in terrorist acts against Taliban targets. A series of bombings in July and August 2000 rocked Kabul and claimed the lives of a number of noncombatants. Among the targets was the Embassy of Pakistan in Kabul, another was the Afghanistan Information Ministry.\textsuperscript{87} A bombing attack in Quetta in July killed one and injured twenty-six.

In addition, Afghanistan is the most densely mined country in the world. It is estimated that the country has 10\% of the estimated 100 million mines laid in 64 countries of the world.\textsuperscript{88} As many as 10 million landmines remain in Afghanistan\textsuperscript{89} and, as of November 1997, the current known area still contaminated by landmines is 725 square kilometers. There have been claims that 162 of 356 districts are mine-affected.\textsuperscript{90} The most heavily mined areas are the provinces bordering Iran and Pakistan. At the end of 1999, according to the Halo Trust, mines covered more than an estimated 420 square miles, including: over 285 square miles of grazing land; over 100 square miles of agricultural land; almost 25 square miles of roads; 7.5 square miles of residential area; and over 2 square miles of irrigation systems and canals. From 1995-97, new mines are believed to have been lain over 90 square miles of land, reportedly mainly by the Northern Alliance in the western provinces of Badghis and Faryab.\textsuperscript{91} Additional newly mined areas were reported but not confirmed during the year in the conflict areas north of Kabul. The Northern Alliance reportedly laid these in response to the Taliban’s summer offensive. It is reported that the Taliban leader Mullah Omar banned the use, production, trade, and stockpiling of mines in 1998.\textsuperscript{92}

It is estimated that since 1992, landmines have killed more than 20,000 people and injured more than 400,000 others in Afghanistan.\textsuperscript{93} Approximately 80\% of the land mine casualties are civilian; women and girls account for 40-50\% of landmine casualties\textsuperscript{94} according to one study. Newer data in another study suggests that in the last two years, 94\% of victims are male and only 6\% are female.\textsuperscript{95} Despite the general prohibition on the depiction of living things, the Taliban allowed the visual depiction

\textsuperscript{87} Pakistan is the only country in the world to accord full diplomatic recognition to the Taliban.
\textsuperscript{88} E/CN.4/1996/64, \textit{Supra}, XX.
\textsuperscript{89} \textit{Id}.
\textsuperscript{90} State Department Human Rights Reports 2000, Afghanistan.
\textsuperscript{91} \textit{Id}.
\textsuperscript{92} \textit{Id}.
\textsuperscript{93} \textit{Id}.
\textsuperscript{95} Personal Communication, UN Consultative Group on Human Rights, Islamabad, Pakistan.
of persons in demining educational materials. However, landmine educational materials are distributed in schools; therefore women and girls may not be obtaining these materials.

**United States Strategic Interests and Policy**

The United States for the past three years has been firmly opposed to the Taliban and has taken the lead internationally to isolate and penalize the regime for its sponsorship of terrorism. In the past, American officials, while focusing their concern on the Taliban’s support for terrorism and its involvement in extensive narcotics trafficking, have not neglected human rights concerns in Afghanistan. The issue of women’s human rights was a particular priority of former First Lady Hillary Rodham Clinton, and both she and former Secretary of State Madeleine Albright publicly condemned discrimination and violence against Afghan women on many occasions.

Furthermore, in a July 22, 2000, hearing before the Senate Foreign Relations Subcommittee on Near Eastern and South Asian Affairs, Assistant Secretary of State Karl Inderfurth went beyond previous statements in calling explicitly upon the Government of Pakistan to use its influence with the Taliban, and press the regime on peace talks and terrorism.96

However, more recently, the September 2001 attacks on the World Trade Center in New York City and the Pentagon in Washington, DC, have made Afghanistan’s extradition of Osama Bin Laden, who allegedly masterminded the crime, a top US priority. Bin Laden, a Saudi national who provided the Taliban with extensive assistance as it came to power, is reportedly the architect of a number of terrorist attacks, including the August 1998 bombing of US Embassies in Kenya and Tanzania that killed hundreds of African nationals and American diplomatic personnel. The Taliban’s continued harboring of Bin Laden within Afghanistan and refusal to apprehend and extradite him to face charges of terrorism has isolated Afghanistan internationally and invited reprisal military attacks against Afghanistan itself. In September 1998 the United States conducted air strikes against alleged terrorist training camps near the Pakistani border.

Bin Laden is also alleged to have been complicit in the October 2000 bombing of the USS Cole, a warship off the coast of Yemen, in which seventeen Americans died. The United States is reportedly considering military retaliation for Afghanistan’s continued refusal to expel Bin Laden following these attacks. Western revulsion for the Taliban’s links with alleged perpetrators of terrorism has isolated Afghanistan internationally and deprived Afghanistan of government-to-government reconstruction and development assistance that it requires to recover from decades of war. Western frustration with the Taliban’s recalcitrance and its associa-

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96 Secretary Inderfurth urged Pakistan to follow the Saudi example in distancing itself from the Taliban.
tion with terrorism has led to ever more extreme pressures against it, including the imposition of new sanctions by the Security Council on December 19, 2000. The measure, put forward by Russia and the United States, imposed a unilateral embargo on weapons sales to Afghanistan, froze overseas assets, barred international aircraft from landing in Afghanistan without Security Council approval, and limited travel by senior Taliban representatives.

UN Secretary General Kofi Annan opposed the December sanctions on the grounds that they would complicate the UN’s peace talks and compromise humanitarian agencies’ efforts to provide humanitarian assistance. The UN’s Office for Coordination of Humanitarian Affairs released a report before the sanctions were adopted, warning that the sanctions would place their own staff at risk. The report noted, “The ability of ordinary Afghans to withstand any kind of deterioration in their situation after twenty years of war is extremely limited, and seemingly innocuous actions can have a serious impact on the lives of millions of people.” By mid-December, the combination of concerns about a violent response to sanctions, and fears of air strikes in reprisal for the USS Cole incident led the United Nations and most humanitarian aid agencies to withdraw many of their expatriate staff from Afghanistan.

Sanctions imposed by the UN Security Council against Afghanistan have had a “limited but tangible” effect on the humanitarian situation.97 The report of the impact of sanctions by OCHA in December 2000 found that the ban on Ariana Afghan Airlines flights reduced economic activity and limited the import of medical supplies and humanitarian materials.98 In addition, a sense of isolation and lack of confidence about the future among Afghans was linked to the future of the economy, the ability of civil society to influence the Taliban, and the possibility of attracting international funding for rehabilitation of the country.99 Furthermore, since the sanctions have been enforced, there was a sharp devaluation of the Afghani, with a corresponding decrease in the ability of Afghans to purchase basic goods.100 However, since the initial report by OCHA, no further humanitarian activity has been hindered and there has not been a noted increase in the prices of basic goods in Afghan markets.101

The new sanctions are troubling for another reason as well. The fact that an arms embargo was imposed against only one side – the Taliban –

98 Id.
99 Id.
100 Id.
101 Id.
allies the United Nations with the United Front armed faction formerly led by Ahmad Shah Masood. That faction has an appalling human rights record itself. Controlling less than 10% of the country and responsible for a host of abuses against civilians, the militia’s claim that it represents the people of Afghanistan is no more persuasive than the Taliban’s. By failing to prohibit Iranian and Russian military aid to the United Front, the international community has clearly taken sides in the civil war and assured that arms flows to one side, at least, will continue. Such an action draws the United Front’s principal suppliers – Russia, Iran and India – more deeply into the civil war. It also erodes the UN’s potential to negotiate an end to the conflict.

The United States has been the largest single donor of humanitarian aid to Afghanistan or to Afghans living outside the country as refugees. In 2001, the United States contributed over $140 million in humanitarian aid to Afghanistan.102

Humanitarian Assistance in Afghanistan

Afghanistan is one of the poorest countries in the world. Afghanistan ranks 170th out of 174 on the 1995 UNDP development index.103 It has one of the highest infant (165/1000) and child (257/1000) mortality rates of all countries.104 Life expectancy at birth is 45 years.105 There are an estimated 700,000 widows106 and over 750,000 disabled Afghan men, women and children.107 Access to safe drinking water in rural areas is 5% and in urban areas 39%,108 and it is estimated that 42% of all deaths in Afghanistan are due to diarrheal diseases.109 Malnutrition affects up to 35% of children under age five,110 and 85,000 children under age five die annually from diarrheal diseases.111 Immunization rates of children are abysmal with an estimated coverage of less than 10% of all children.112

103 See www.pcpafg.org/organizations/unicef/
105 Id.
106 See www.pcpafg.org/organizations/unicef/
107 See www.pcpafg.org/organizations/cdap/
109 E/CN.4/1996/64
112 See www.pcpafg.org/organizations/unicef/
Afghans remain the United Nations High Commission on Refugees’ largest single caseload of refugees in the world for the 17th year in succession.\textsuperscript{113} UNHCR senior program officer Zivan Damato in Peshawar calls the situation “one of the largest and longest refugee crisis of its kind.”\textsuperscript{114} In 1996, there were 2.7 million Afghans remaining outside Afghanistan, 1.4 million in Iran and 1.2 million in Pakistan.\textsuperscript{115} Women and children constitute three quarters of the refugee population. Also, as many as 1.2 million Afghans were thought to be internally displaced at the end of 1996.\textsuperscript{116} In September 2001, more than 3.7 million Afghans were refugees in neighboring countries.\textsuperscript{117} The vast majority were in Iran (1.5 million) and Pakistan (2 million); and many were in India and the neighboring Central Asian Republics of the former Soviet Union (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan). Afghanistan’s total population is estimated at nearly 25 million. More than four million refugees have repatriated since 1988. As of October, 96,584 Afghan refugees had returned from Iran during 2000 under a joint Iranian Government/UNHCR program. The total number of IDPs is estimated to be as high as one million.\textsuperscript{118}

As a result of continued conflict and drought, an increasing number of Afghans – up to 600,000 – were displaced or made refugees in 2000. In the central area of Hazarajat, approximately 60,000 people were displaced or left Afghanistan. Over 150,000 Afghans arrived in Pakistan since September seeking refuge from the effects of drought, renewed conflict and prolonged economic hardship.\textsuperscript{119} This has been reported as the largest wave of Afghan refugees to enter Pakistan since 1996. There are 203 camps scattered around Pakistan today, 127 in Pakistan’s northwest frontier province alone.\textsuperscript{120} Iran’s borders officially closed on September 22, 2001; Pakistan’s border was officially closed as of September 18.\textsuperscript{121}


\textsuperscript{114} UNOCHA Integrated Regional Information Network for Central Asia, Afghanistan: The Forgotten Tragedy, December 18, 2000.

\textsuperscript{115} Id.; and E/CN.4/1996/64

\textsuperscript{116} Id.

\textsuperscript{117} UNHCR, September 10, 2001: “Afghan Refugee Statistics”.


\textsuperscript{120} UNOCHA Integrated Regional Information Network for Central Asia, Afghanistan: Refugees-The Forgotten Tragedy, December 2000.

Dependence on International Aid

The civilian population of Afghanistan is almost wholly dependent upon the sustenance of the international aid community. Seventy percent of the health care system in Afghanistan is dependent on external assistance.\(^{122}\) United Nations’ humanitarian agencies report feeding hundreds of thousands of Afghans, and subsidized bread sales reportedly reach over one million. International aid represents a significant component of the national economy, given the wholesale destruction of indigenous production and markets.\(^{123}\)

There are currently more than 150 international non-governmental organizations (NGOs) in addition to national governmental and United Nations agencies active in Afghanistan.\(^{124}\) Most of these organizations have focused on assisting vulnerable groups, with many development, income generation, education and training, health, and food distribution programs targeting women and their families. The increased limits on women’s activities imposed by the Taliban regime have constrained, but not deterred, program efforts to benefit women. Several NGOs have a vast network of basic health and maternal child health clinics, education for women and girls, and training programs for women as well as income-generating projects established both in Afghanistan and in the refugee camps in Pakistan. In addition, the assistance community is committed to providing specific activities which include developing a profile of the human rights situation in Afghanistan, strengthening dialogue with authorities and communities, providing human rights training, developing rights based programming tools and enhancing the protection of civilians in armed conflict.

International agencies have, accordingly, struggled to continue seeking means to address the needs of Afghan women in the context of the Taliban regime’s discriminatory, gender-based policies. How best to achieve this has been at the center of debate both within and among the international organizations working in Afghanistan.\(^{125}\) In 1997, the UN decided to reduce the disconnect between human rights, assistance and peacemaking efforts in Afghanistan. With this in mind, the Office of the UN Coordina-

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\(^{123}\) Afghanistan is one of the poorest countries in the world. It has the highest infant and child mortality rates of all countries, life expectancy at birth is 45 years, and 85,000 children under five die annually from diarrheal diseases. Seventy percent of the health care system in Afghanistan is dependent upon external assistance.


34 WOMEN’S HEALTH AND HUMAN RIGHTS IN AFGHANISTAN
tor for Afghanistan and the Office of the High Commissioner for Human Rights (OHCHR) appointed a Human Rights Advisor whose primary task is to help humanitarian assistance agencies address human rights concerns in conjunction with humanitarian aid programs. A Thematic (and sub-Consultative) Group of donors, NGOs and UN colleagues was also established to identify priority concerns and to support the work of assistance and other actors concerned with the protection and promotion of human rights through seven principles of the Strategic Framework for Afghanistan. With these principles in mind, a rights-based programming approach was initiated to help aid workers/NGOs promote the idea that all human beings are entitled to certain basic rights and the right to live with dignity and self worth in addition to the aid programs they were maintaining. This type of programming is designed to promote assistance to help impoverished and marginalized groups achieve the minimal conditions that are essential for the enjoyment of their human rights.

Obstacles Facing the Aid Community
During 1999-2000 the Taliban continued to harass domestic and international NGO's and consistently interfered with the operation of the agencies, including UN agencies and NGO’s. This included threats to impound the vehicles of NGO’s that do not work on projects preferred by the Taliban, and closing projects that do not include Taliban supervisors or workers. In addition, the Taliban even detained a local NGO’s director and impounded of all of its equipment in an effort to increase Taliban control of the organization.

Assaults to UN personnel have also occurred. In late March 1998, the UN withdrew its personnel from southern Afghanistan to protest the

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126 See www.pcpafg.org/organizations/human_rights. The activities of the UN and its assistance partners are guided by the seven principles laid out in the Strategic Framework for Afghanistan. They are that (1) Life-sustaining humanitarian assistance be provided in accordance with the principles of humanity, universality, impartiality, and neutrality, (2) Assistance be provided as part of an overall effort to achieve peace, (3) International assistance be provided on the basis of need; it cannot be subjected to any form of discrimination, including of gender, (4) Rehabilitation and development assistance be provided only where it can be reasonably determined that no direct political or military advantage will accrue to the warring parties in Afghanistan, (5) Institution and capacity-building activities must advance human rights and will not seek to provide support to any presumptive state authority which does not fully subscribe to the principles contained in the founding instruments of the United Nations, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the Convention on the Elimination of Discrimination against Women and International Humanitarian Law, (6) Assistance activities must be designed to ensure increasing indigenous ownership at the village, community and national levels and to build the country as a whole, and (7) Assistance activities must attain high standards of transparency and accountability, and must be appraised, monitored, measured and evaluated against clear policy and programmatic objectives.

127 See www.pcpafg.org/organizations/human_rights/rights-based_programming.htm

assault on a UN worker by the Taliban governor of Kandahar Province and the interference with its work by the Taliban. After reaching agreements with local officials, they returned to Kandahar in May 1999. On June 15, 1999, staff members of an international NGO were detained and beaten by members of the Taliban in Bamiyan Province. After the June 1999 incident, Mullah Omar issued an edict stating that any person causing annoyance to a foreign worker could face punishment of up to 5 years in prison. However, in November 1999 UN properties were targeted in organized demonstrations in several cities when UN sanctions related to terrorism were imposed on the country.

In June 1998, the Taliban required all NGOs in Kabul to relocate to a single location in a bomb-damaged former school. Any group that refused was threatened with expulsion from the country. However, in the end, the order was not enforced. In November 1998, the UN World Food Program accused the Taliban of looting 1,364 tons of food, stealing trucks from the WFP’s compound in Bamiyan, and occupying WFP offices in Bamiyan and Yakaolang.129

The Taliban are not the only group to interfere with humanitarian assistance. There were also reports in 1999 that Masood’s commanders in the northeast were “taxing” humanitarian assistance entering Afghanistan from Tajikistan, harassing NGO workers, obstructing aid convoys, and hindering movement of humanitarian aid. These actions had apparently ceased in 2000, as there were no more reports within that year.130

In addition, since the writing of this report and prior to the September 11 attacks, humanitarian organizations reported increased difficulty in administering aid to the most vulnerable. Some groups reported corruption among the Taliban with regard to food distribution, and registration fees being charged in camps for the internally displaced. A new edict by the Taliban requires that humanitarian aid be centrally distributed with the Taliban at the controls. Humanitarian organizations have also been scrutinized heavily since Taliban officials detained members of the group Shelter Now on August 5, 2001, accusing them of promoting Christianity. New edicts that make international staff accountable to the Taliban’s interpretation of Shari’ā law and its punishments including stoning and death sentences have put many people unnecessarily at risk. The centralization of visa administration in Kabul has made it difficult for international staff to enter the country on a timely basis.

129 Id.
130 Id.
Methods

Subjects
Subjects of the PHR survey consisted of female heads of household who could most accurately provide information about the experiences of the entire household over the past two to five years, and a close male relative. An assertive attempt was made to ensure that each respondent was interviewed privately due to the sensitive nature of questions asked. Of the 726 female household representatives of the original sample, 724 participated in the study (response rate: 99.7%). The 724 households included 417 women and 249 men currently living in Afghanistan, 201 Afghan women and 102 men who had recently migrated to Pakistan, and 106 women and 90 men in the process of returning to Afghanistan from Pakistan.

Of the two household respondents who did not participate, one interview was terminated by the data collector out of fear for personal safety (the respondent’s family member was an official in the Taliban regime), and one interview could not be completed because the respondent was too ill. The response rate among male relatives was 81-97%. Among refugees in Pakistan, the only reason for non-participation was the absence of a male relative in widow-headed households. All remaining male non-participants were unavailable due to work responsibilities.

Sampling
In order to represent the views of Afghan women and men with a wide range of experiences and attitudes, PHR randomly sampled women and their male relatives in four separate geographical areas. In Afghanistan, PHR sampled rural and urban households in a Taliban-controlled and non-Taliban-controlled area. The combined population size for the two groups in Afghanistan was 228,662 or approximately 1% of the total Afghan population. In Pakistan, PHR sampled refugees who had arrived in Pakistan within the last two years and another group of refugees who had lived in Pakistan for greater than four years and were in the process of being repatriated to Afghanistan. At the time of the study, an estimated 1.2 million registered Afghan refugees resided in Pakistan.
The Taliban-controlled area sampled in this study is, and has historically been, a predominantly Pashtun (ethnic group commonly associated with the Taliban) dominated area (69%). Since 1996, this area has seen no fighting between the Taliban and the United Front. At the time of the study, more than 25 national and international non-governmental organizations (NGOs) were operating in the area. Ten of the NGOs listed specific services for women and girls including obstetrical services, traditional birth attendant training and services, maternal health units and basic health units. There was a hospital wing that was staffed by female physicians and dedicated to treating women. Girls were educated in home schools and public schools that were able to enroll 20% of girls in rural areas, as well as in more traditional religious schools for girls up to age eight years. There were also education (literacy programs, teacher training, and traditional birth attendant) opportunities for women. In addition, four NGOs provide income-generating projects for widows and adult vocational training in this area.

The non-Taliban area sampled in this study is predominantly of Tajik ethnicity (61%) and is located in a relatively isolated part of Afghanistan. Fighting in this area, at the time of the study, had not occurred. This area has approximately five international NGOs working in the areas of health (basic health units for both women and men), schools for girls as well as boys, and income generating projects for women. Schools in the rural areas were supported by one of the international NGOs and again had approximately 20-40% girls enrolled in the classes. The main hospital has a staff of approximately 25 female physicians that see all of the women and girls in both the rural and urban setting. This facility was the only available option for health care and was a two to four hour drive or a two day walk from many of the surrounding rural areas. In order to protect the participants in the study, no additional information about these two areas can be given.

Recently arrived refugees (within the last two years) were all sampled in a refugee camp in Pakistan. These refugees were from Taliban-controlled areas and areas that were involved in armed conflicts. Refugees returning to Afghanistan were sampled at a repatriation center. These families had lived in Pakistan for more than four years and were in the process of returning to Afghanistan under a United Nations High Commission for Refugees (UNHCR) supported repatriation program. These refugees of predominately Pashtun ethnicity left during the Soviet occupation.


133 See United Nations High Commissioner for Refugees, Afghanistan Mid-Year Report 2000; Each returnee received US$100, a plastic sheet for emergency shelter and 300 kg of wheat.
According to UNHCR staff, these refugees may have been returning for many reasons including harsh conditions in refugee camps in Pakistan, the UNHCR supported repatriation allotment of goods, or a perceived sense of peace or better life under Pashtun ethnic rule.

All study participants were selected using systematic random sampling or a combination of systematic random sampling and cluster sampling. Household sampling in Afghanistan was accomplished with the aid of city maps that were divided into sectors and included numbers of households per sector. Sectors (16 of 36) sampled were randomly chosen and a sampling interval \( n \) was calculated by dividing the number of households in the sector by the number of interviews to be conducted in the area. Rural areas were sampled in a similar fashion after mapping the number of domiciles per village. In both rural and urban settings, a starting household was determined by random number generation and each \( n \)th household was interviewed until the entire area had been surveyed.

In sampling recent arrivals in Pakistan, PHR first mapped all tents and mud huts in the new arrival sector of the camp, then conducted a systematic random sample of the entire new arrival section. A sampling interval \( n \) was calculated by dividing the number of households in the camp by the number of interviews to be conducted in the camp. A starting household was determined by random number generation and each \( n \)th household was interviewed until the entire new arrival section of the camp had been surveyed. A similar method was used for sampling families in trucks at the repatriation center. Records were available to determine the average number of trucks that were registered per day at the repatriation center. A sampling interval \( n \) was calculated by dividing the average number of trucks per day by the number of interviews to be conducted. The start of the line of trucks was the starting point and each \( n \)th truck was sampled until the all trucks had been surveyed.

Survey Questionnaire

The survey contained 62 questions pertaining to demographics, physical health status including access to and quality of care, mental health status including symptoms of depression and information on suicides and suicidal ideation, experiences of human rights abuses, attitudes on women’s human rights, and the significance of Taliban restrictions on women’s human rights. In addition, after the completion of each interview, a close male relative was asked to respond only to the questions on attitudes towards women’s human rights. The interviewers (trained health professionals) assessed for major depressive disorder in all female respondents.


135 See Appendix A.
using the PRIME MD, a highly sensitive instrument for identifying individuals with current and past depression.

Physical and mental health perception, health care access and quality, and the effect of Taliban policies on mental and physical well-being, educational and work opportunities “5 years ago” and “now” were assessed using Likert-type scales (e.g., excellent, good, fair, poor). A “decline in” was calculated using a self-reported rating scale (1-5) for “5 years ago” and “now.” Human rights opinions were asked of both the female head of the household and a close male relative of the respondent. Opinions were assessed by a response of “agree” or “disagree” with statements concerning human rights.

Regarding their experiences, respondents were asked whether they or any members of their household were beaten, shot, killed, tortured, injured or killed by rockets, sexually assaulted, raped or forced to marry. For each abuse, participants were asked their age, the type of abuse and whom they thought committed the violation.

The questionnaire was written in English and then translated and back translated into both Dari (a widely spoken, official language in Afghanistan) and Pashtu. Eight regional experts in health and human rights reviewed the questionnaire for content validity. The survey was pilot tested among six Afghan women in Pakistan and suggestions were incorporated for clarity of questions and cultural appropriateness.

Interviews

Official permission for the study was granted in each area surveyed and there were no limitations on movement or to surveying. All interviews were conducted in the calendar year 2000 in Dari or Pashtu and lasted approximately 45 minutes. Interviews with participants were anonymous and conducted in the most private setting possible. Verbal informed consent was obtained and participants did not receive any material compensation. Interviews were conducted by local, female, trained health professionals following several days of training and supervision. All questionnaires were reviewed for completeness and for correctness of recording after the interview.

Statistical Analysis

The data were analyzed using STATA statistical software. For 2x2 cross


137 Id., Brody, D.S, et al.

138 STATA 5.0 (Intercooled) for Windows, STATA Corporation, College Station TX.
### TABLE 1.
**Respondent Characteristics for Afghan Refugee Women's Health and Human Rights Survey**

<table>
<thead>
<tr>
<th>Respondent Characteristics</th>
<th>Women in Afghanistan</th>
<th>Women in Afghanistan</th>
<th>Women in Pakistan ≥2 years</th>
<th>Women in Pakistan ≥4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taliban-controlled area (n=223)</td>
<td>Non-Taliban area (n=194)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, mean (range)</td>
<td>42 (18-80)</td>
<td>39 (17-80)</td>
<td>33 (15-70)</td>
<td>35 (15-70)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>25 (12)</td>
<td>1 (0.5)</td>
<td>13 (7)</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Married</td>
<td>132 (65)</td>
<td>142 (75)</td>
<td>132 (65)</td>
<td>88 (83)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (0.5)</td>
<td>0</td>
<td>0</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Widowed</td>
<td>45 (22)</td>
<td>46 (24)</td>
<td>56 (28)</td>
<td>11 (10)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pashtun</td>
<td>141 (69)</td>
<td>3 (2)</td>
<td>77 (33)</td>
<td>86 (81)</td>
</tr>
<tr>
<td>Tajik</td>
<td>62 (30)</td>
<td>116 (61)</td>
<td>120 (59)</td>
<td>19 (18)</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>69 (36)</td>
<td>4 (2)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Years lived in Afghanistan mean (range)</td>
<td>19 (2-80)</td>
<td>32 (3-80)</td>
<td>28.3 (3-65)</td>
<td>22.7 (2-55)</td>
</tr>
<tr>
<td>Years left Afghanistan, mean (range)</td>
<td>NA</td>
<td>NA</td>
<td>1 (0.08-2)</td>
<td>9 (4-25)</td>
</tr>
<tr>
<td>Area Lived in Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>117 (52)</td>
<td>103 (52)</td>
<td>99 (49)</td>
<td>59 (56)</td>
</tr>
<tr>
<td>Rural</td>
<td>106 (47)</td>
<td>91 (47)</td>
<td>102 (50)</td>
<td>47 (44)</td>
</tr>
<tr>
<td>Years of formal education mean (range)</td>
<td>3 (0-20)</td>
<td>2 (0-16)</td>
<td>0.7 (0-12)</td>
<td>1 (0-27)</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td>165 (82)</td>
<td>164 (89)</td>
<td>160 (80)</td>
<td>93 (88)</td>
</tr>
<tr>
<td>Tradesman</td>
<td>3 (1)</td>
<td>4 (3)</td>
<td>16 (20)</td>
<td>4 (4)</td>
</tr>
<tr>
<td>Professional</td>
<td>17 (8)</td>
<td>12 (6)</td>
<td>4 (2)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Farmer</td>
<td>4 (2)</td>
<td>5 (3)</td>
<td>15 (7)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Student</td>
<td>11 (5)</td>
<td>0</td>
<td>5 (2)</td>
<td>3 (3)</td>
</tr>
</tbody>
</table>

† Data represents £10% missing values
* Values are number (percent) unless otherwise stated
† p < .05
‡ p < .001
tabulations containing cells with expected frequencies of less than 5, statistical significance was determined using Fisher’s exact test; Yates’ corrected chi square was used for all others. For cross tabulations with greater than 2 rows, statistical significance was determined using Pearson chi square. Analysis of variance (ANOVA) was used for statistical comparison of means and the Kruskal-Wallis test was used for comparison of medians. For all statistical determinations, significance levels were established at p<0.05.

Definitions
Women and men living in the Taliban-controlled area of Afghanistan and refugees who fled to Pakistan comprised the “Taliban exposed” group. Women and men who were living in the non-Taliban-controlled area and refugees in Pakistan for greater than four years comprised the “Non-Taliban exposed” group. Daily activities that may have been affected by one’s physical and/or mental condition included: caring for children, cooking, cleaning, going to the market, social activities and work, if employed. Torture, in this study, was defined according to the UN Convention Against Torture and public beatings were considered single episodes of beating of limited duration (less than ten minutes) and intensity.

Results
Data is presented as the range of group averages of the following groups; Taliban exposed 424 (59%) which are represented by the recently arrived refugees in Pakistan 201 (28%) and those living under Taliban rule in Afghanistan 223 (31%); and non-Taliban exposed 300 (41%) which include refugees in Pakistan returning to Afghanistan 106 (15%) and residents in a non-Taliban-controlled area in Afghanistan 194 (27%). The statistical average for each individual group is presented in the corresponding tables. Statistical differences (p-values) represent the differences between the Taliban exposed groups versus the non-Taliban exposed groups.

Characteristics of Afghan Women Respondents
The median age of respondents was 35 (range 15-80) years (see Table 1). Approximately 52% of the women interviewed were from urban areas in Afghanistan and about 48% were from urban settings. Overall, the majority of women were married (65-83%), poorly educated (mean 1.7 years of formal education, range 0-20 years), homemakers (82-89%) and from 13 of 31 different provinces in Afghanistan. Overall, the survey found widow headed households in 10-28% of the women sampled, with the lowest frequency among refugee women returning to Afghanistan. In the random sample, Pashtun ethnicity was represented in 2-81% of the sample and was most common in refugees from Pakistan returning to Afghanistan (81%)

42  WOMEN’S HEALTH AND HUMAN RIGHTS IN AFGHANISTAN
and in the Taliban-controlled area of Afghanistan (69%). Tajik ethnicity comprised 18-61% of the random sample and was most commonly represented among women in the non-Taliban-controlled area (61%) and in the refugees in Pakistan (59%). Of the refugees living in Pakistan, the majority (93-94%) of respondents left Afghanistan because of armed conflict.

Effects of Official Policies on Humanitarian Assistance and Activities of Daily Living (ADLs)

Only 8-11% of women reported receiving humanitarian aid in the past year in the Taliban-controlled area in contrast to 59% of those in the non-Taliban-controlled area. The most commonly reported humanitarian aid accessed included food, health services and education. Since the study did not include a needs assessment for aid, the potential gap between the individual needs and the provision of services is not clear. However, more than one in every three women surveyed in the Taliban-controlled area reported that official policies interfered with access to humanitarian aid. Other factors are likely to have affected procurement of aid and may include ongoing war in certain areas, lack of roads, distance from villages to aid, which may be primarily be distributed in urban settings, or the unwillingness of male members of the household to allow aid such as education, work or health care for female members of the household. Humanitarian aid in Afghanistan is provided based on acute need. It may be that in the areas surveyed, acute aid was not needed and therefore reports by women of not receiving aid may simply have meant that aid was not needed.

In addition, women in the Taliban-controlled areas reported that Taliban official policies towards women had “almost always” or “always” (59-79%) forced them to restrict their daily activities in public, whereas, women in the non-Taliban-controlled area (73%) reported that the policies had little effect on them.

At the time of the study 75% of women living in the Taliban-controlled area reported wearing the required chadari “significantly” or “all the time” in contrast to 85% of women in the non-Taliban area and 95% of recent women refugee arrivals. The high rates of women wearing chadari in the non-Taliban area suggests that these women traditionally choose to wear a chadari. Overall, women in Taliban-controlled areas overwhelmedly thought the Taliban had made their life “somewhat worse” and “much worse” (94-98%) compared with 32% of women in the non-Taliban-controlled area.

Respondents thought landmine awareness was hampered by Taliban policy in the Taliban-controlled areas (46-47%) and was often reported (39-42%) more of an issue for women and girls rather than men and boys who were able to participate in school where much of landmine awareness education is discussed.
TABLE 2.
Effects of Official Taliban Policies towards Women on Humanitarian Assistance and Activities of Daily Living

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Women in Afghanistan Taliban-controlled area (n=223)</th>
<th>Women in Afghanistan Non-Taliban area (n=194)</th>
<th>Women in Pakistan ≥ 2 years (n=201)</th>
<th>Women in Pakistan ≥4 years (n=106)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received any form of humanitarian assistance in the last year in Afghanistan</td>
<td>16 (8)</td>
<td>112 (59)</td>
<td>22 (11)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>§ Type of Humanitarian Aid Accessed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>12 (6)</td>
<td>86 (45)</td>
<td>14 (7)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Shelter</td>
<td>2 (1)</td>
<td>8 (4)</td>
<td>2 (1)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Health services</td>
<td>3 (2)</td>
<td>55 (29)</td>
<td>5 (2)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Work</td>
<td>0</td>
<td>23 (12)</td>
<td>0</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Education/Training</td>
<td>0</td>
<td>76 (40)</td>
<td>1 (0.5)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Taliban policies interfered with access to humanitarian assistance in Afghanistan</td>
<td>68 (34)</td>
<td>24 (13)</td>
<td>93 (46)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Taliban policies forced restrictions on activities in public in Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Never” or “Rarely”</td>
<td>25 (12)</td>
<td>142 (73)</td>
<td>19 (9)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“Sometimes”</td>
<td>58 (28)</td>
<td>19 (10)</td>
<td>21 (10)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“Almost Always” or “Always”</td>
<td>120 (59)</td>
<td>24 (13)</td>
<td>159 (79)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Wear a Chadari in Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>40 (20)</td>
<td>16 (8)</td>
<td>7 (4)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>A little</td>
<td>11 (5)</td>
<td>13 (7)</td>
<td>2 (1)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Significantly</td>
<td>22 (11)</td>
<td>8 (4)</td>
<td>29 (14)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>All the time</td>
<td>130 (64)</td>
<td>153 (81)</td>
<td>162 (81)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Dress code effect on activities of daily living** in Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Never” or “Rarely”</td>
<td>71 (35)</td>
<td>173 (91)</td>
<td>43 (21)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“Sometimes”</td>
<td>68 (34)</td>
<td>7 (4)</td>
<td>25 (12)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“Almost Always”</td>
<td>62 (31)</td>
<td>9 (5)</td>
<td>130 (65)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>or “Always”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taliban policies interfered with Landmine awareness and education</td>
<td>93 (46)</td>
<td>7 (4)</td>
<td>94 (47)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Worse effect on women and girl’s landmine education</td>
<td>86 (42)</td>
<td>3 (2)</td>
<td>79 (39)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Taliban policies changed life for better or worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Much” or “Somewhat Better”</td>
<td>4 (2)</td>
<td>69 (36)</td>
<td>2 (1)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“No Change”</td>
<td>8 (4)</td>
<td>54 (28)</td>
<td>2 (1)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>“Much” or “Somewhat Worse”</td>
<td>190 (94)</td>
<td>61 (32)</td>
<td>197 (98)</td>
<td>NA ‡</td>
</tr>
</tbody>
</table>

Data represents ± 10% missing values
* Values are number (percent). † p < 0.05, ‡ p < 0.001 § May list more than one
** Daily activities included caring for children, cooking, cleaning, going to the market, social activities and work, if employed.
Education and Work Opportunities and Opinions
Only 5% of women who left Afghanistan prior to the Taliban reported “no opportunity” and 3% reported “poor” opportunity for education. In contrast, 95% of women currently exposed to Taliban restrictions on education reported “no opportunity” and 1% reported “poor” opportunity for education. Current work opportunities in Afghanistan were reported as “not available” by 78-87% of women exposed to Taliban policies. Over the last 5 years, Taliban-controlled areas noted the largest decline in education (41-73%) and work opportunities (49-63%). Although study participants were largely poorly educated homemakers, the overwhelming majority of women reported education (83-96%) and work opportunities (77-91%) for women and girls as “extremely” or “significantly” important.

Physical and Mental Health
The majority of respondents described their physical health (63-87%) and their mental health (54-85%) as “fair” or “poor.” Significantly, a majority (57-86%) of all women attributed their physical and mental health perceptions directly to Taliban official policies towards women, despite years of armed conflict, devastating poverty and underdevelopment. More than 70% of women exposed to Taliban policies met diagnostic criteria for major depression. The majority of these women (65-94%) attributed their symptoms of depression to official Taliban policy compared to only 30% of women in the non-Taliban-controlled area. PHR found a high prevalence of suicidal ideation (65-77%) and suicide attempts (9-16%) among study participants.

Health Care Access and Quality
The number of women reporting “no access” to health care services in Afghanistan increased significantly (p < 0.001) over the past five years (i.e. since the Taliban issued official edicts regarding women in September 1996) among women currently living in a Taliban-controlled area (3% five years ago vs. 21% now) or women refugees in Pakistan (2% five years ago vs. 64% now). However, in Taliban-controlled areas, 59% of women reported improvement in access and quality of health care in Afghanistan in the last year. In the non-Taliban-controlled area, access and quality has remained the same in the last year. Sixty to 69% of women exposed to Taliban policies reported restrictions in receiving medical care. Forty-five to 55% of them reported financial limitations as the most common reason. Lack of female medical facilities (25-27%) and not having a mahram (male family member escort) (14-19%) were listed as the other most common reasons restrictions on health care access. In the non-Taliban-controlled area, 13% reported financial limitations as the most common reason and lack of a chadari (10%) as the second most common reason.
### TABLE 3.
Reported Changes in Education and Work Opportunities in Afghanistan during the Last Five Years*

<table>
<thead>
<tr>
<th>Opportunity in Afghanistan</th>
<th>Women in Afghanistan</th>
<th>Women in Pakistan</th>
<th>Women in Pakistan</th>
<th>Women in Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taliban-controlled area (n=223)</td>
<td>Women in Non-Taliban area (n=194)</td>
<td>≥2 years (n=201)</td>
<td>≥4 years (n=106)</td>
<td></td>
</tr>
<tr>
<td>Education Opportunity Currently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No opportunity</td>
<td>172 (85)</td>
<td>105 (56)</td>
<td>193 (95)</td>
<td>5 (5) ‡</td>
</tr>
<tr>
<td>Poor</td>
<td>22 (11)</td>
<td>14 (7)</td>
<td>3 (1)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Fair</td>
<td>5 (2)</td>
<td>4 (2)</td>
<td>2 (1)</td>
<td>39 (37) ‡</td>
</tr>
<tr>
<td>Good</td>
<td>3 (1)</td>
<td>14 (7)</td>
<td>1 (0.5)</td>
<td>55 (53) ‡</td>
</tr>
<tr>
<td>Excellent</td>
<td>1 (0.5)</td>
<td>52 (27)</td>
<td>0</td>
<td>0 ‡</td>
</tr>
<tr>
<td>Decline in educational opportunities over the past 5 years of &gt; 3 on a 0-5 scale</td>
<td>149 (73)</td>
<td>2 (1)</td>
<td>82 (41)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Importance of educational opportunities for women or girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>0</td>
<td>4 (2)</td>
<td>0</td>
<td>0 †</td>
</tr>
<tr>
<td>Somewhat</td>
<td>2 (4)</td>
<td>9 (5)</td>
<td>0</td>
<td>0 †</td>
</tr>
<tr>
<td>Significantly</td>
<td>26 (13)</td>
<td>17 (9)</td>
<td>10 (5)</td>
<td>4 (4)</td>
</tr>
<tr>
<td>Extremely</td>
<td>173 (85)</td>
<td>159 (83)</td>
<td>191 (94)</td>
<td>100 (96)</td>
</tr>
<tr>
<td>Work Opportunity Currently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No opportunity</td>
<td>158 (78)</td>
<td>66 (35)</td>
<td>175 (87)</td>
<td>4 (4) ‡</td>
</tr>
<tr>
<td>Poor</td>
<td>29 (14)</td>
<td>12 (6)</td>
<td>6 (3)</td>
<td>9 (8)</td>
</tr>
<tr>
<td>Fair</td>
<td>1 (0.5)</td>
<td>14 (7)</td>
<td>2 (1)</td>
<td>20 (19) ‡</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>15 (8)</td>
<td>15 (7)</td>
<td>69 (66) ‡</td>
</tr>
<tr>
<td>Excellent</td>
<td>0</td>
<td>30 (16)</td>
<td>0</td>
<td>1 (1) ‡</td>
</tr>
<tr>
<td>Decline in work opportunities over the past 5 years of &gt; 3 on a 0-5 scale</td>
<td>126 (63)</td>
<td>6 (3)</td>
<td>100 (49)</td>
<td>NA ‡</td>
</tr>
<tr>
<td>Importance of work opportunities for women or girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>0</td>
<td>1 (0.5)</td>
<td>1 (2)</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat</td>
<td>4 (2)</td>
<td>12 (6)</td>
<td>1 (0.5)</td>
<td>1 (1) †</td>
</tr>
<tr>
<td>Significantly</td>
<td>41 (20)</td>
<td>27 (14)</td>
<td>30 (15)</td>
<td>7 (7) ‡</td>
</tr>
<tr>
<td>Extremely</td>
<td>154 (77)</td>
<td>147 (78)</td>
<td>169 (84)</td>
<td>95 (91)</td>
</tr>
</tbody>
</table>

* Values are number (percent)
Data represents ≤ 10% missing values
† p < 0.05, ‡ p < 0.001
§ Did not include responses if respondent was a student
for limited health care access. Mental health services in Afghanistan were reported as “not available” by a majority of women in the Taliban-controlled area (57%) and refugees in Pakistan (80%). Forty-four percent of respondents in the non-Taliban-controlled area reported that mental health services were not available.

Attitudes Towards Women’s Human Rights

More than 90% of both women and men respondents agreed that women should have equal access to education, equal work opportunities, freedom of expression, legal protection for women’s human rights, participation in government, and the inclusion of women’s human rights issues in peace talks (Table 6). Approximately 80% of both women and men agreed that women should be able to move about in public freely and that the teachings of Islam do not restrict women’s human rights. Seventy-five percent of women and men expressed that women should be able to associate with people of their choosing. More than 50% of women and men agreed strict dress codes are not appropriate. However, there were statistically significant differences of the appropriateness of dress codes between women and men in rural or urban settings. Women and men in rural areas expressed that dress codes are not appropriate less frequently than women and men in urban areas (23% vs. 30%, p = 0.01). With respect to freedom of association, more women in rural areas felt that it was appropriate to restrict the freedom of association than did women in urban areas (14% vs. 10%, p = 0.007). In addition, women in rural areas expressed less agreement for legal protection of women’s human rights (48% vs. 50%, p = 0.002) and women and men in rural areas both expressed less agreement than urban women and men about women’s participation in government (44% vs. 50%, p = 0.02).

There were no significant differences between rural and urban views of human rights with regard to equal education and work, freedom of expression and movement, agreement that Islam does not specifically restrict women’s human rights, and that women’s human rights issues should be included in peace talks.

Physical Abuses

Overall, 36 (5%) of respondents reported one or more personal experiences of abuse. The abuses included beating 8 (22%), being detained for more than 24 hours 3 (8%), sexual assault 1 (3%), rocket injury 2 (5%), and gunshot wound 1 (3%). Torture, forced marriage, or rape was not reported by any of the participants. Of the reported abuses, non-adherence to the Taliban’s dress code for women accounted for 2 (5%) of the incidents reported. Two (5%) of respondents reported being detained for more than 24 hours for being unaccompanied by a male chaperone in public. Other reported abuses included being forced to leave one’s homes
6 (40%), burning of one’s homes or village 7 (19%), war 2 (13%). The remaining 6 (40%) of women either had no response to the question of abuses or listed the abuse as “other” but did not specify the type or reason for the abuse.

The vast majority of all abuses were reportedly perpetrated by Taliban forces 34 (92%). Forces of the mujaheddin and/or United Front were reported as the abuser in only 2 cases (5%). In the case of rocket injuries, it was not possible to ascertain the identity of the reported perpetrator.

**Comments on Survey Findings**

Taliban restrictions on women’s freedoms have largely precluded effective representation of women’s perceptions of the degree to which violations of human rights by the Taliban regime are responsible for declines in women’s health and well being. Although previous reports on women’s health and human rights in Afghanistan provide insight into the suffering of Afghan women, such studies have been limited to non-probability samples of women living in Kabul.\(^{139}\) This study was designed to assess the perceptions of the effects of Taliban restrictions on women’s health of a broad spectrum of Afghan women who have lived or are living under Taliban rule, as well as women living in non-Taliban-controlled areas.

Since individual attitudes and experiences may be influenced by a number of social and political religious factors, PHR’s population-based assessments of health and human rights concerns cannot be generalized to all Afghan women and men. Taliban official policy is inconsistently enforced in different areas of the country, thus making generalizations even more difficult. However, in this study, random sampling of a considerably large (235,312) and diverse population provided effective representation of the communities sampled. Also, the study was designed to describe the health and human rights situation and concerns of Afghan women, not to compare differences with men or among specific sample groups or to test hypotheses. Therefore, attribution of health and human rights outcomes to specific factors is limited.

Despite these limitations, PHR’s findings indicate that Taliban restrictions on women’s human rights have had a profound effect on Afghan women’s health and are inconsistent with overwhelming support for women’s human rights among Afghan women and men in the sampled population.

Although enforcement of the Taliban’s official restrictions on education for women and girls may vary on local levels, the vast majority of girls and women reported having no access to education or access to religious


### TABLE 4.

**Physical and Mental Health of Afghan Women**

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Women in Afghanistan</th>
<th>Women in Afghanistan</th>
<th>Women in Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taliban-controlled</td>
<td>Non-Taliban ≤ 2 years</td>
<td>(n=223)</td>
</tr>
<tr>
<td></td>
<td>area (n=201)</td>
<td>area (n=194)</td>
<td></td>
</tr>
<tr>
<td><strong>Perception of Physical health in the last year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good or good</td>
<td>26 (13)</td>
<td>70 (37)</td>
<td>39 (20) ‡</td>
</tr>
<tr>
<td>Fair or poor</td>
<td>177 (87)</td>
<td>119 (63)</td>
<td>169 (80) ‡</td>
</tr>
<tr>
<td><strong>Perception of Mental health in the last year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good or good</td>
<td>30 (15)</td>
<td>87 (45)</td>
<td>27 (14) ‡</td>
</tr>
<tr>
<td>Fair or poor</td>
<td>173 (85)</td>
<td>104 (54)</td>
<td>173 (85) ‡</td>
</tr>
<tr>
<td><strong>Reported “significantly” or “extremely” to Taliban’s affect on physical health</strong></td>
<td>141 (69)</td>
<td>121 (63)</td>
<td>174 (86) †</td>
</tr>
<tr>
<td><strong>Reported “significantly” or “extremely” to Taliban’s affect on mental health</strong></td>
<td>142 (70)</td>
<td>108 (57)</td>
<td>164 (81) ‡</td>
</tr>
<tr>
<td><strong>Major Depression (&gt; score of 5 on the PRIME MD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the past 2 years</td>
<td>80 (39)</td>
<td>43 (23)</td>
<td>176 (88) ‡</td>
</tr>
<tr>
<td>Currently</td>
<td>158 (78)</td>
<td>53 (28)</td>
<td>146 (73) ‡</td>
</tr>
<tr>
<td><strong>Reported “significantly” or “extremely” to Taliban’s affect on symptoms of depression†</strong></td>
<td>135 (65)</td>
<td>58 (30)</td>
<td>191 (94) ‡</td>
</tr>
<tr>
<td><strong>Suicidal ideation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within past 2 years</td>
<td>68 (33)</td>
<td>35 (20)</td>
<td>176 (87) ‡</td>
</tr>
<tr>
<td>Currently</td>
<td>132 (65)</td>
<td>31 (18)</td>
<td>155 (77) ‡</td>
</tr>
<tr>
<td><strong>Suicide attempts</strong></td>
<td>33 (16)</td>
<td>18 (9)</td>
<td>18 (9)</td>
</tr>
<tr>
<td><strong>Reported “significantly” or “extremely” to Taliban’s affect on suicidal ideation or suicide attempt</strong></td>
<td>44 (22)</td>
<td>4 (2)</td>
<td>118 (58) ‡</td>
</tr>
</tbody>
</table>

* Values are number (percent)
† p < 0.05
‡ p < 0.001
§ Of women with criteria for major depression

Furthermore, both women and men overwhelmingly indicated that education for girls was important (more than 90%), even though the majority of female participants in this study were poorly educated (mean 1.7 years of formal education, range 0-20 years).

### TABLE 5.
Health Care Access and Quality in Afghanistan*

<table>
<thead>
<tr>
<th>Health Care Access or Quality in Afghanistan</th>
<th>Women in Afghanistan</th>
<th>Women in Afghanistan</th>
<th>Women in Pakistan</th>
<th>≤ 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taliban-controlled area</td>
<td>Non-Taliban area</td>
<td>(n=223)</td>
<td>(n=194)</td>
</tr>
<tr>
<td>Reported no health care services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 years ago</td>
<td>7 (3)</td>
<td>54 (28)</td>
<td>5 (2) ‡</td>
<td></td>
</tr>
<tr>
<td>Now</td>
<td>43 (21)</td>
<td>36 (19)</td>
<td>129 (64) ‡</td>
<td></td>
</tr>
<tr>
<td>Access to health services in the Last Year**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decline ≥ 3 on a 5-point scale</td>
<td>8 (4)</td>
<td>17 (9)</td>
<td>0 (0) ‡</td>
<td></td>
</tr>
<tr>
<td>Remained the same</td>
<td>42 (21)</td>
<td>118 (64)</td>
<td>14 (7) ‡</td>
<td></td>
</tr>
<tr>
<td>Improved ≥ 3 on a 5-point scale</td>
<td>31 (15)</td>
<td>4 (2)</td>
<td>119 (59) ‡</td>
<td></td>
</tr>
<tr>
<td>Reported restrictions on receiving medical treatment in the last 2 years</td>
<td>121 (60)</td>
<td>42 (22)</td>
<td>138 (69) ‡</td>
<td></td>
</tr>
<tr>
<td>Reason for Restrictions on Health Care Access §</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No chadari</td>
<td>11 (5)</td>
<td>19 (10)</td>
<td>34 (17)</td>
<td></td>
</tr>
<tr>
<td>No Mahram</td>
<td>29 (14)</td>
<td>12 (6)</td>
<td>39 (19) ‡</td>
<td></td>
</tr>
<tr>
<td>No female medical facility</td>
<td>54 (27)</td>
<td>6 (3)</td>
<td>51 (25) ‡</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>112 (55)</td>
<td>25 (13)</td>
<td>90 (45) ‡</td>
<td></td>
</tr>
<tr>
<td>Not able to see male physician</td>
<td>19 (9)</td>
<td>7 (4)</td>
<td>31 (15) †</td>
<td></td>
</tr>
<tr>
<td>Doctor unable to perform adequate exam</td>
<td>9 (4)</td>
<td>3 (2)</td>
<td>8 (4)</td>
<td></td>
</tr>
<tr>
<td>Denied treatment due to gender</td>
<td>11 (5)</td>
<td>2 (1)</td>
<td>25 (12) ‡</td>
<td></td>
</tr>
<tr>
<td>Reported “no access” for women to mental health services in Afghanistan</td>
<td>115 (57)</td>
<td>84 (44)</td>
<td>161 (80) ‡</td>
<td></td>
</tr>
<tr>
<td>Quality of health services in the Last Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decline ≥ 3 on a 5-point scale</td>
<td>19 (9)</td>
<td>3 (2)</td>
<td>21 (11) ‡</td>
<td></td>
</tr>
<tr>
<td>Remained the same</td>
<td>37 (19)</td>
<td>111 (59)</td>
<td>21 (10) ‡</td>
<td></td>
</tr>
<tr>
<td>Improved ≥ 3 on a 5-point scale</td>
<td>19 (9)</td>
<td>6 (3)</td>
<td>12 (6) ‡</td>
<td></td>
</tr>
</tbody>
</table>

Data represents £ 10% missing values

* Values are number (percent)

** Could also answer “did not seek treatment”; values < 3 not included

† p < .05, ‡ p < .001

§ May list more than one

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Education has been demonstrated to be one of the strongest predictors of physical health status. If restrictions on education persist, however, it is a virtual certainty that policies of enforced ignorance will affect a woman’s ability to make informed choices regarding health practices, accessing health care services, interacting with health personnel and participating in treatment regimens. One of the most immediate and devastating physical health effects of the lack of education for women and girls is that they are more vulnerable to landmine injuries. With an estimated 10 million landmines, Afghanistan is the most heavily mined nation in the world. Most mine awareness training has been in schools. In Taliban-controlled areas where education restrictions are more likely to be enforced, girls may be more vulnerable to landmine injuries. Many of the participants in this study indicated that Taliban policies interfered with landmine awareness and education, and that this effect was worse for women and girls.

Although opportunities for education and work declined markedly in the Taliban-controlled area, over 50% of all women in this study reported “no opportunities” for education and over 1/3 of all women (Taliban and non-Taliban-controlled areas) reported no opportunities for work. In

### TABLE 6.

**Majority Opinions on Women’s Human Rights**

<table>
<thead>
<tr>
<th>Shared by more than 90% of women and men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women should have equal access to education</td>
</tr>
<tr>
<td>• Women should have equal work opportunities</td>
</tr>
<tr>
<td>• Women should be able to express themselves freely</td>
</tr>
<tr>
<td>• There should be legal protection for the rights of women</td>
</tr>
<tr>
<td>• Women should be able to participate in government</td>
</tr>
<tr>
<td>• Women’s human rights concerns should be included in any peace talks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared by more than 80% of women and men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women should be able to move about in public freely</td>
</tr>
<tr>
<td>• The teachings of Islam do not restrict women’s human rights</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared by more than 75% of women and men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women should be able to associate with people of their choosing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared by more than 50% of women and men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strict dress codes for women are not appropriate</td>
</tr>
</tbody>
</table>

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142 E/CN.4/1996/64
addition to demonstrating the adverse effects of Taliban policies towards women, these findings illustrate the extent to which all women suffer the continued effects of more than 20 years of war, extreme poverty, and the lack of infrastructure and economic development in Afghanistan.

In PHR’s study, the majority of female respondents reported poor physical and mental health. The highest proportion of these were in women from Taliban-controlled areas. Although the participants in this study have experienced years of armed conflict and the devastating effects of poverty and underdevelopment, the majority attributed their overall health perceptions directly to official Taliban policies. This may, in fact, be explained by the Taliban’s role in the ongoing conflict and/or Taliban policies that adversely affect the rights of Afghan women (i.e., isolation, loss of employment and education opportunities, and financial hardship).

Perhaps the most telling sign of Afghan women’s health in this study is women’s perception of their mental health, and high prevalence of suicidal ideation, suicide attempts, and an increase in the prevalence of major depression over the last two years, particularly in women living under Taliban control. The majority of women exposed to Taliban rule attributed their symptoms of depression to official Taliban policy. The frequency of major depression among the study participants exceeded that found in many refugee populations in the United States. Although the prevalence of major depression among the study participants was high, other studies have demonstrated similar findings. That Afghan women continue to experience considerable hardships may account for the high percentages of depression observed in this study.

In addition suicidal ideation and suicide attempts among the Afghan women sampled were alarmingly high, in contrast to prevalence rates of attempted suicide reported by the World Health Organization in other


Suicidal ideation was higher among women exposed to Taliban policies. There was no data to document suicide attempts that were successful, therefore the rate PHR found may be under-reported compared with the true rate of suicides. The majority of women living in the refugee setting attributed their suicidal ideation and/or attempts to the Taliban. This is not surprising since these women were displaced from Afghanistan by Taliban forces. On the other hand, that the majority of women living both in Taliban-controlled and non-Taliban areas did not attribute their suicide ideation or attempts to the Taliban illustrates that suicidal ideation and attempts are multifactorial and are not solely explained by Taliban policy, but may also be a consequence of 20 years of war, severe poverty, and the recent devastating drought. Also, perhaps predisposing factors for suicidal ideation and attempts may require a life experience, or loss, that is acute and overwhelming, and that may not be characteristic of the effects of Taliban policy on major depression.

Although the number of women reporting “no access” to health care services in Afghanistan increased significantly over the past five years, women in Taliban areas reported improved access to health care services in Afghanistan in the past year. Such improvements are likely due to considerable influx of international aid and support (70% of the current health care system in internationally supported) in cooperation with the Taliban.

The Taliban’s role in ongoing war, and their policies restricting women from participating in the work force have likely contributed to the poverty experienced by most Afghan families and contributed to the decline in women’s physical and mental health through isolation, increased financial hardship, exposure to ongoing war, and family loss. Indirectly, Taliban policy has affected international policy through sanctions and international humanitarian aid resources and the ability of aid organizations to effectively administer their programs to the most vulnerable in both Taliban-controlled and non-Taliban-controlled areas.

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In the present study, women who fled Taliban-controlled areas in Afghanistan reported the highest number of physical abuses. This is most likely due to exposure of this group to armed conflict involving the Taliban and United Front forces. Thus, there appears to be a relationship between living in a “conflict area” and experiences of physical abuse by Taliban forces. Previous studies have reported higher numbers of abuses among Afghan women living in Kabul.\textsuperscript{150} Regardless of the frequency of reported abuses, abuses among all participants were attributed almost entirely to Taliban forces.

Although the Taliban claims that its policy of gender restrictions is rooted in Afghan history and culture, this claim is clearly contradicted by the views of Afghan women themselves. Over 90\% of women and men surveyed agreed that women should have equal access to education, equal work opportunities, freedom of expression, freedom of association, legal protection for women’s human rights, and participation in government, and that women’s human rights issues should be included in peace negotiations. Furthermore, there is strong authority within Islamic law and traditions for affirmatively promoting the education of both girls and boys; for the right of women to work, own property, earn a living, and participate in public life; and for the importance of enabling women to take the steps necessary to protect and promote their own health and that of their families.\textsuperscript{151}


IV. WOMEN’S RIGHTS, COMMUNITY HEALTH AND DEVELOPMENT SURVEY

Methods

Subjects
Subjects of the PHR survey consisted of female heads of household and a close male relative. For each of the 398 households sampled, the response rate for female participants was 100%. Response rates among male relatives were: 92% among men in the Taliban-controlled area and 83% in the non-Taliban-controlled area. There were no refusals to participate in the study; however, some of the men were working at the time of the interview and therefore were unavailable.

Sampling
In order to represent the views of Afghan women and men with a wide range of experiences and attitudes, PHR randomly sampled 398 households in rural (48%) and urban (52%) settings in a Taliban-controlled (54%) and a non-Taliban-controlled (46%) area. The combined population size for the two groups sampled was 186,000, including a Taliban-controlled area (142,000) and a non-Taliban-controlled area (43,000). Therefore, the population from which study subjects were randomly selected comprised approximately 1% of the 25 million people living in Afghanistan. For descriptions of the Taliban-controlled and non-Taliban-controlled areas see Chapter III. Respondents in this survey are a separate randomized group within the same populations surveyed in Chapter III. All study participants were selected using systematic random sampling or a combination of systematic random sampling and cluster sampling as described in the Health and Human Rights Survey.

All households were visited a second time if no one was present on the first attempt. If an appropriate member of the household did not participate, the reason for non-participation was recorded and the team proceeded to the next consecutive household in the randomization sequence.

Survey Questionnaire
The survey contained 18 questions regarding the importance of women’s

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human rights for community health and development. These rights included: 1) food and shelter, 2) sanitation and clean water, 3) education for women and girls, 4) opportunities for women to work outside of their homes, 5) equal access to health care services, 6) the ability of women to move about in public without restrictions, 7) the ability of women to express themselves freely, 8) participation of women in government and 9) legal protections for the rights of women. The selection of these particular rights was based on Afghan women’s health and human rights concerns identified in other studies. The importance of other conditions for community health and development were also assessed: 1) the participation of women in community health and development decisions, 2) peace in Afghanistan, 3) demining, and 4) freedom from punishment for dress code infractions. The survey also inquired about the importance of three different forms of humanitarian assistance: 1) emergency relief such as food, shelter and emergency medical services, 2) rebuilding infrastructure such as roads, wells, drains and public buildings and 3) community development programs designed to help communities meet their own needs. Finally, the survey assessed whether participants believed there was any reason to restrict education or work opportunities for women and girls. All questions, except two, used a Likert-like scale (1-5) with one representing “not important,” and 5 representing “extremely important.” Important(ance) is defined as any response that was recorded as “important,” “very important,” or “extremely important.” Only the opinion questions regarding restriction on work or educational opportunities used dichotomous “yes” or “no” responses.

Demographic characteristics were not included in this survey. However, such characteristics were determined in a concurrent, population-based survey of health and human rights concerns in the same samples as the present study. That is, both studies involved systematic random sampling of the same populations and at the same period of time. Therefore, the demographic characteristics reported in this study refer to the sample groups and not actual respondents of the Women’s Rights, Community Health and Development Survey.

The questionnaire was written in English and then translated into Dari (a widely spoken official language in Afghanistan). Two regional experts in health and human rights reviewed the questionnaire for content validity. Any discrepancies in translation were modified accordingly. The survey was pilot tested among six Afghan women in Pakistan and modified to improve the clarity of questions and cultural appropriateness.

153 See Appendix B.


155 See Chapter III.
Interviews
All interviews were conducted in the calendar year 2000 in Dari and each lasted approximately 10 minutes. In general, interviews with participants were conducted in the most private setting possible. For security purposes, participant’s names and addresses were not recorded. Verbal informed consent was obtained and participants did not receive any material recompense.

Interviewers were trained over a two-day period that included a combination of didactic instruction and interview observation. The data collector’s interviews were supervised until direct supervision was no longer necessary, usually 1-2 days. All questionnaires were reviewed for completeness and accuracy on the day of the interview.

Statistical Analysis
The data were analyzed using STATA statistical software. For 2x2 cross tabulations containing cells with expected frequencies of less than 5, statistical significance was determined using Fisher’s exact test; Yates’ corrected chi square was used for all others. For cross tabulations with greater than 2 rows, statistical significance was determined using Pearson chi square. Analysis of variance (ANOVA) was used for statistical comparison of means and the Kruskal-Wallis test was used for comparison of medians. For all statistical determinations, significance levels were established at p<0.05.

Results
Characteristics of Afghan Women Respondents
Demographic characteristics of the sample groups are presented in Table 1. The median age of the sample groups was 32 years (range 17-80) years. The majority (65-83%) of women sampled were married. Overall, PHR found widow headed households in 22-24% of the women sampled. Pashtun and Tajik ethnicity comprised the majority of the survey sample. Pashtun ethnicity was represented in 34% of the random sample and was most common in the Taliban-controlled area of Afghanistan (69%). Tajik ethnicity comprised 43% of the random sample and was most commonly represented among women in the non-Taliban-controlled area (61%). Residents had lived in Afghanistan for an average 25 years with the residents of the non-Taliban-controlled area having lived in the area significantly longer (average: 32 years).

Women in the sample group were mostly poorly educated (mean = 2.5

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156 STATA 5.0 (Intercooled) for Windows. STATA Corporation, College Station TX.
157 Demographic characteristics were determined in a concurrent, population-based survey of health and human rights concerns in the same samples as the present study. Therefore, the demographic characteristics reported in Table 1 refer to the sample groups and not actual respondents of the women’s rights, community health and development survey.
years of formal education) and homemakers (82-89%). However, women also reported occupations as tradesmen, professionals (physicians, nurses, teachers, engineers), farmers, and students.

**Assessment of the Importance of Women’s Human Rights**
The majority of women and men (69-90%) indicated that women’s human rights denied by official Taliban policy are either “important,” “very important” or “extremely important” for community health and development (see Figure 1). Basic human needs such as food and shelter and sanitation and clean water were rated “very” or “extremely important” for the health and development of the community by virtually all participants.
There were no significant differences among female and male participants for any of the human needs assessed in this study. Support for each of the four civil and political rights assessed was significantly greater among women (p < 0.01) with the exception of women’s participation in government (p = 0.07). Women and men in the Taliban-controlled area rated the four civil and political rights (average: 56% less important) and the human needs (average: 41% less important) less importantly than participants in the non-Taliban-controlled area (p < 0.001). Rural areas had significantly less support for each of the rights (average: 9% less important) than urban areas (p < .05). All participants considered peace (100%) and demining (100%) “very” or “extremely important” for health and community development. More than 88% of women and men thought women should participate in community health and development decisions. Very few women (28%) and men (22%) considered freedom from punishment for dress code infractions to be important.

Virtually all participants (96-99%) rated three different forms of humanitarian assistance (emergency relief, rebuilding infrastructure, and community development programs) to be “very” or “extremely impor-
In addition, a majority of women (86%) and men (77%) indicated that there was no reason to restrict education or work opportunities for women and girls in Afghanistan at the current time.

**Comments of Survey Findings**

Increasingly, health practitioners have recognized the importance of the protection and promotion of human rights in promoting the health of communities. In recent years, Physicians for Human Rights has documented the health consequences of human rights violations and conducted population-based assessments of human rights violations in complex humanitarian disasters. In addition, humanitarian assistance providers increasingly have recognized the need for rights based programming in their work. The efforts of health practitioners to promote health and human rights under such circumstances illustrates the interdependence of health and human rights. Although human rights are considered to be interdependent and indivisible in international human rights law, there are virtually no studies available that assess the relative importance of specific rights provisions for community health and development.

This population-based assessment among a broad spectrum of Afghan women and men represents one of the first efforts to assess men and women's perceptions of the importance of women's rights for community health and development. The vast majority of female and male participants consider the rights of women that have been restricted by Taliban to be important for the health and development of their communities. Such support for women's human rights by both male and female participants...
suggests that the Taliban’s official policies regarding women’s rights are incompatible with the health and welfare needs of those living in the communities studied.

Despite politicization and selective implementation and enforcement by states, human rights are considered interdependent and indivisible by the international community. This means that the realization of any one right relies on the realization of other rights and can not be considered in isolation of other rights. That civil, political, economic, social and cultural rights were rated important in this study confirms that human rights are considered interdependent for the given local community as well. Restrictions on freedom of expression, association, and movement deny Afghan women full participation in society, and consequently prevent them from effectively opposing restrictions on equal opportunities for work, education, and access to health care. Reciprocally, the exclusion of Afghan women from employment, education and health care jeopardizes their capacity to express themselves, associate with others, participate, and even survive in society.

Although violations of human rights often have profound health consequences, health assessments rarely include human rights concerns. In Afghanistan, where official restrictions on women’s human rights effectively preclude representation of women in society, a population-based assessment of human rights may be important in development of policies to promote the health and well being of communities.

In this study, basic needs such as food, shelter, sanitation and clean water were rated “very” or “extremely important” with the highest frequency. However, education and work opportunities for women, equal access to health care and legal protections for women’s human rights were considered important nearly as frequently as basic needs.

Social, political and economic conditions vary considerably in Afghan communities. Therefore, study findings may not be generalizable to populations that were not represented in the study. Also, since the importance of each human right in this study was assessed independently, it is not possible to indicate perceived priorities for the rights studied. Despite these limitations, the results of this study imply a critical relationship between health and human rights and suggest that community health and development policies should include the protection and promotion of human rights.


In addition to conducting two population-based surveys, PHR interviewed more than 25 international humanitarian assistance providers to gain insight into the challenges of promoting health and human rights in Afghanistan. Humanitarian assistance providers face enormous challenges in their efforts to improve the health of the Afghan people. The current combination of a hostile security environment, extreme chronic poverty, recurrent natural disasters, an ongoing conflict, and a discriminatory human rights regime has made Afghanistan “a sea of humanity in unbelievable misery, destitution, and indignity.”165 Under such circumstances, alleviating human suffering and promoting health requires respecting the full range of international human rights. In their efforts to promote health in Afghanistan, humanitarian assistance providers are increasingly aware of the connections between health and human rights and the need to integrate human rights concerns into their work.

All interviews were conducted in March 2000. In each interview, PHR assessed: 1) positive and negative trends in the health and human rights status of Afghan women, 2) problems encountered in the provision of humanitarian assistance in Afghanistan and 3) recommendations to improve the health and human rights of Afghan women and men. The humanitarian assistance providers were from a cross-section of more than 20 international and local non-governmental assistance organizations and were responsible for a variety of assistance services. To facilitate candid responses and protect individuals from potential reprisals, PHR assured all interviewees that their identities and the organizations they represented would remain anonymous.

**Human Rights in Context**

While those PHR interviewed uniformly agreed that Taliban policies toward women added to the suffering of Afghan women, many humanitarian assistance providers considered the effects of such policies insignificant in comparison to other sources of suffering, such as extreme poverty, lack of infrastructure and the effect of more than 20 years of war experi-

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166 Human Rights Programme Afghanistan. web site: www.pcpafg.org/organizations/Human_rights/introduction.htm
enced by everyone in Afghanistan. Humanitarian assistance providers have characterized the human rights situation as “daunting and complex.”

War and its devastating impact on the social and economic life of the country, widespread poverty, and profound underdevelopment undermine the ability of Afghans to enjoy their human rights. Moreover, the country has a history of minimal respect for the rule of law and of unrepresentative governance. Particular groups, including women and girls, have never been able to participate fully in public life. All of these factors impede the advancement of rights. In addition, a number of external factors, including the non-stop supply of arms, further complicate the task of promoting positive change.

One individual PHR interviewed commented that “Afghanistan is a country with nothing… If you remove the Taliban you still have poverty, no infrastructure and the effects of 20 years of war.” Another humanitarian assistance provider pointed out that in addition to these “external” factors, there are also “internal” causes of suffering such as radical changes in family dynamics associated with the loss of loved ones during the conflict and/or becoming poor.

Given the range and complexity of human rights problems in Afghanistan, most of those PHR interviewed expressed strong criticisms of international attention on a narrow range of human rights concerns; for example, dress codes for women. They acknowledge that dress codes are clearly a problem for educated women in urban areas, but hasten to point out that such a narrow focus eclipses the concern of the vast majority of Afghans, i.e. “the right to survive.” Furthermore, it was clear from the interviews that while violations of civil and political rights are extremely important; they cannot and should not be considered in isolation from unrealized social and economic rights.

Several of those PHR interviewed stated that Taliban policies have had different effects on urban and rural women. That is, rural women have not been affected by Taliban policy as much as urban women. The reasons cited include 1) the lack of enforcement of Taliban policies for women in rural areas (such as dress code requirements) and 2) some degree of consistency between certain Taliban policies and the normative practices in rural areas. For example, rural women traditionally did not visit male gynecologists before the rise of the Taliban, as was the case in urban areas of Afghanistan. Therefore, the incidence of outrage at this prohibition on access to health care providers is insignificant in comparison with its prevalence in urban areas.

In addition, several humanitarian assistance providers spoke of a positive effect that the Taliban has had on personal safety. They mentioned

166 Id.
167 Id.
that since the displacement of warring mujaheddin forces people have been able to move about with much less fear, including women, as long as they are accompanied by a male chaperone.

**Recent Trends in Health and Human Rights**

**Health Care Access and Quality**

Assistance providers consistently indicated that access to health care services for men and women were similar in most cases. “The important issue is not one of access or differential access among men and women,” as one assistance provider indicated, “the issue is the appalling lack of resources.” These views are not entirely consistent with those reported by the Special Rapporteur to Afghanistan, Mr. Kamal Hossain:

> The health situation of women and girls is further aggravated by the complete segregation in the provision of health services to males and females. This has enormously curtailed women’s access to these services, especially when there is only a very small number of female doctors and trained nurses practicing under severe restrictions in hospitals.

Humanitarian assistance providers indicated that, in recent years, their organizations have been able to steadily expand services, including those for women, with little or no official resistance. However, at the same time, both the Taliban and the United Front have not devoted significant resources to developing a functioning health sector. In fact, non-governmental organizations are responsible for approximately 70% of health services in Afghanistan.

State health facilities often do not have the basic resources that are needed for effective curative and preventative services. In addition, the cost of purchasing medications and other medical treatments is usually prohibitive for most Afghans. Despite these difficulties, assistance providers have noted some positive changes in central policies.

> At the central level, steps have been taken to establish or re-activate systems and mechanisms essential for improved technical, operational and managerial capabilities that make a direct contribution to addressing gender and human rights concerns. Such steps, have, for example, led to the reopening of the Female Nursing School in Herat and the Female Medical College in Mazar.

The reopening of female health education programs is a critical issue for

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168 Mr. Hossain’s visits to Afghanistan are short visits usually no longer than a week.
170 *Id.*
the present and future health needs of Afghan women. On June 25, 1998, the Taliban reissued and amplified an edict forbidding physicians to treat women who are not accompanied by an appropriate male relative.\textsuperscript{171} Many of the humanitarian assistance providers that PHR interviewed indicated that enforcement of this edict has waned considerably; however, the official status of the edict has not changed. If the reopening of and support for female health education programs does not continue, Afghan women will continue to be in the paradoxical bind of being compelled to seek care only from female providers at the same time that official decrees ensure a dwindling supply of such providers.

Although Taliban officials initially prohibited women from working in the health sector, this policy was reversed several months after it was implemented in January 1997.\textsuperscript{172} Consequently, female hospital and clinic staff members were permitted to work. At the time of the PHR interviews with humanitarian assistance providers, interviewees characterized the working environment for female health practitioners as “relaxed.” However, on July 6, 2000, the Taliban issued an edict prohibiting women from working with international NGOs. Women in the health sector were exempt from the edict and therefore the present delivery of services does not appear to have changed since July 2000. However, interviewees explained that many female health practitioners have chosen to leave Afghanistan because of harsh conditions and/or discriminatory policies toward women.

As is the case for many assistance efforts, limitations on funding have had a profound effect on NGOs’ capacity to meet the health needs of Afghans.

\textit{An example from Laghman province illustrates the harm inherent in funding decisions that do not take the need for a long-term participatory and rights-oriented approach into account. Local health authorities, NGOs, WHO and UNICEF jointly prepared a proposal for a primary health care project that included an innovative Safe Motherhood Initiative (SMI). Soon after the launch of this project, the SMI component was jeopardized. The NGO identified to run the referral services that would facilitate women’s access to obstetrics and gynecology suddenly lost its funding. As a result, the women of Laghman were deprived of...}

\textsuperscript{171} From January 1997 on, Taliban prohibited women from seeing male doctors without a male chaperone, but women did go to hospitals unaccompanied. The new edict makes it clear that unaccompanied visits to clinics and hospitals are prohibited.

\textsuperscript{172} In January 1997, Taliban officials announced a policy of segregating men and women into separate hospitals. After two months of negotiations with International Committee of the Red Cross officials, the Taliban reversed the policy and agreed to re-admit women into most hospitals and permit female hospital staff to work.
their rights to reproductive health even though women in Afghanistan suffer the second-highest maternal mortality rates in the world.¹⁷³

**Education Opportunities**

Before the rise of the Taliban, schools were coeducational¹⁷⁴ and women accounted for 70% of all teachers.¹⁷⁵ One of the first edicts issued by the Taliban regime when it rose to power was to prohibit girls and women from attending school. Humanitarian groups initiated projects to replace through philanthropy what prior governments had afforded as a right to both sexes.¹⁷⁶ Hundreds of girls’ schools were established in private homes and thousands of women and girls were taught to sew and weave. On June 16, 1998, the Taliban ordered the closing of more than 100 privately funded schools where thousands of young women and girls were receiving training in skills that would have helped them support their families. The Taliban issued new rules for non-governmental organizations providing the schooling: education must be limited to girls up to the age of eight, and restricted to the teachings of the Qur’an.¹⁷⁷

Education in Afghanistan is administered through government religious and regular schools as well as by the assistance community.¹⁷⁸ In rural areas, international assistance provides education opportunities for an estimated 7.7% of the 4.4 million children who are of primary school age.¹⁷⁹ In addition, home-based schools for girls have become more numerous. However, limited funds for such programs and a paucity of qualified teachers have hampered these efforts. Literacy rates for women are 16% compared with 46% of men.¹⁸⁰

Most of the humanitarian assistance providers that PHR interviewed agreed that, since the 1998 clampdown, enforcement of the restrictions on

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¹⁷⁴ Not all schools were coeducational. There were boys only, girls only and coeducational schools. Even coeducational could mean that boys and girls were separated on different sides of the classroom especially as children reached puberty or adolescence.

¹⁷⁵ E/CN.4/1997/59

¹⁷⁶ Historically, Afghan women had an illiteracy rate of over 80%, but it was not due to legal prohibitions on their attendance in school. Afghanistan had free public education for all before the Taliban, but facilities for schooling of both boys and girls were poor and scarce in rural areas, and conservative families often restricted girls’ access to public education.


¹⁷⁹ Id.

education for girls has decreased substantially. However, improvements in education opportunities that have been realized have occurred largely though the efforts of international humanitarian assistance providers. For example, the Swedish Committee for Afghanistan (SCA) has had success in establishing rural primary schools with participation of girls (21%) in both Taliban-controlled and non-Taliban-controlled areas during the calendar year 2000. In addition, female teachers accounted for 14% of all teachers employed in both home schools (approximately 6%) and public schools supported by SCA. In fact, over the past twenty years, the SCA has worked to establish or maintain approximately 500 schools serving nearly 200,000 boys and girls in Afghanistan and employing about 5,000 teachers. Although enforcement of the Taliban’s official restrictions on education for women and girls may have lessened over the past several years, the official edict has not changed and the vast majority of women and girls continue to have little or no access to education. Though international groups may be permitted to operate, their efforts are over shadowed by a long-standing history of illiteracy in Afghanistan (12% literacy for urban and less than 3% for rural women in 1997, ages 15-49)\(^{181}\) and the elimination of public education by the Taliban.

The humanitarian assistance providers that PHR interviewed expressed grave disappointment over existing discriminatory policies regarding education for women and girls. At the same time, they indicated that there are many contributing factors to the education problems of Afghanistan. For example, illiteracy rates in rural and urban areas of Afghanistan were extremely high before the Taliban came to power.\(^{182}\) While restrictions on education for women and girls is not likely to improve illiteracy rates, Taliban policies are not responsible for the long-standing history of illiteracy in Afghanistan. Also, the Taliban is not unlike previous factions or those of the United Front, which do not support the education sector. Nonetheless these regimes did not officially prohibit education for women and girls as the Taliban has done.

According to one individual interviewed, “Education problems did not begin with the Taliban. We need to address both the issues of quality and capacity for effective improvements to be realized.” Of the primary schools available to girls under the age of eight, one assistance provider said: “They are not schools as we know them. They learn literacy, numeracy and the Qur’an.” In addition, schools often lack material and human resources for basic instruction/teaching and consequently parents often keep their children at home. Boys have also suffered due to increased classroom size and the loss of female teachers. This has been particularly problematic in urban areas. Under such circumstances where children

\(^{181}\) Id.

\(^{182}\) Id.
receive less than minimal instruction while at school, including girls without improving the quality of education does little to improve the problem overall for girls or boys and therefore seemed misguided to some of those PHR interviewed.

In response to Taliban edicts restricting education for women and girls, some humanitarian assistance organizations have adopted policies of supporting only education programs that are non-discriminatory and therefore do not work with the Ministry of Education directly. According to the UN Special Rapporteur, Kamal Hossain:

> The principled position of the United Nations system on equality of access of males and females to education has been a guiding principle in negotiations at all levels with the authorities. However, no significant progress in improving access and gender equality in formal education has yet been achieved.\(^{183}\)

“Home based education for girls is still the only opportunity available to Afghan girls at present,”\(^{184}\) Kamal Hossain said. He added that this method will be employed as one of several planned: “This is only one of a number of adaptive strategies which include continuity of formal schools, relocation of classes into separate buildings, or boy-girl separation by time of day, plus home-based education.”\(^{185}\)

### Work Opportunities

Before the rise of the Taliban, women were not prohibited from working and enjoyed a long tradition of work, including professionalism. Women accounted for 70% of all teachers, about 50% of civil servants, and 40% of medical doctors.\(^{186}\) With the exception of the health sector, the Taliban continues to prohibit women from working. Taliban officials have attempted to justify such restrictions on the basis of safety for women. Even though the Taliban controls more than 90% of Afghanistan and the conflict has been limited to specific regions within Afghanistan, work restrictions for women have not been repealed.

Given the conditions of extreme poverty, the effects of more than 20 years of war, including high rates of widow-headed households, the vast destruction of social and economic infrastructure, and relative safety in public places, continued restrictions on work for women appear to constitute an unnecessary and harmful policy. The right to work for many, especially in Afghanistan, is simply a matter of survival. The opportunity for women, especially in urban areas, to work is often critical for families to

\(^{183}\) E/CN.4./2000/33

\(^{184}\) Id.

\(^{185}\) UN Consultative Group on Human Rights, Islamabad, Pakistan.

\(^{186}\) E/CN.4/1997/59
obtain the essentials for survival: food, fuel, shelter, clothing and medicine, among others. This is particularly true for the more than one million war widows of Afghanistan, who economic deprivation comes atop the suffering of having lost husbands to war. Although many women in Afghanistan are involved in economically significant work in agriculture, poppy cultivation, carpet weaving, petty trading, and small-scale forestry among others, such work generally occurs only in rural areas where official restrictions are not strictly enforced. In addition, small income-generating projects have developed “to fill employment and income gaps without providing the basis for sustainable livelihood.”

At the time of the PHR interviews in March 2000, most humanitarian assistance providers indicated that since 1998 they were increasingly able to employ women for their humanitarian assistance operations and services. They noted that having women on staff is often critical in the provision of services to females given official restrictions on freedom of movement and association for women and prohibitions on male-female interactions. However, despite signs of modest improvements, the Taliban issued an edict in July 2000 strictly prohibiting women from working with NGOs, with the exception of the health sector. The implications of this decree and responses by the humanitarian assistance community have been substantial. In summary, this setback has had a significant impact on the delivery of assistance with the exception of the health sector, which is exempt from provisions of the edict. A review of the edict states:

Current Taliban attempts to restrict and control female employment with aid agencies in Afghanistan do not hinge on a single document or event. Since February 1997 there have been at least 43 Taliban documents relating to female employment, with the number reaching a peak in July and August 2000 (see A.2 and A.3). These recent decrees, edicts, letters and proposals are widely seen by aid actors as a significant reversal after a general trend throughout 1999 towards a growing relaxation of strictures that inhibited the mobility and employment of Afghan women. It is argued by some that this increasing visibility of women is evidence of some small success of the advocacy efforts by UN and NGO agencies who have promoted women’s participation in line with their stated policies of gender equality and/or equity. These recent documents also represent a breach of trust built up between the Taliban and the UN following re-engagement after the

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187 E/CN.4./2000/33
188 E/CN.4./2000/33
190 Id.
191 Id.
August 1998 missile strike and subsequent killing of a UN staff member.\textsuperscript{191} Humanitarian assistance providers, for the most part, have adopted a measured, practical response:

*From the NGO perspective the general response to the recent decrees that restrict female employment can be characterized as follows: no disengagement, no confrontation, staying out of the political arena, approaching the Taliban through line ministries, keeping the dialogue open, moving slowly, keeping a low profile and adopting a wait-and-see attitude. There is also a recognition of the need to be patient, to not expect quick results or to respond with knee-jerk reactions when dealing with the authorities. Being conscious of their “status as guests” also seems to make NGOs more culturally sensitive in their behavior and wary of taking a bellicose stance.*\textsuperscript{192}

In the past principled responses have consisted of condemnation of discriminatory policies and resulted in disengagement with the Taliban. Those who argue against such responses often assert that:

*… gender discrimination is deeply embedded in Afghan society and will not be affected positively by the aid community disengaging. Saving lives is seen as the over-arching objective given the overall dire economic situation, the impact of the war and the drought. This approach is focused on doing “what works” rather than what reassures distant constituencies. The basic thesis behind this approach is that it is not an either-or situation; the right to life is paramount and must be secured while simultaneously tackling deep-rooted discrimination. Others contest the assumption that engagement can improve the female employment situation, and countenance the suspension or termination of projects as a legitimate part of the negotiation process.*\textsuperscript{193}

Whether assistance providers have chosen a principled or practical response, renewed restrictions on female employment demonstrate how tenuous claims of progress can be when they are based primarily on the lack of enforcement of patently discriminatory policies.

**Restrictions on Freedom of Movement and Physical Abuse for Non-Compliance:**

In addition to restrictions on education and work for women, since September 1996 the Taliban has forbidden women to leave their homes unless accompanied by a *mahram* (husband, father, brother, or son) and dressed in a head-to-toe covering, a *chadari*. These restrictions are enforced by Taliban “religious police” (the Department for the Propagation of Virtue

\textsuperscript{192} Id.

\textsuperscript{193} Id.
and the Suppression of Vice) usually in the form of summary, public beatings. Men are required to maintain beards of sufficient length (that of a clenched fist beneath the chin), and may be subjected to beatings and/or detention upon non-compliance as well.

The enforcement of such restrictions has always been most pronounced in areas considered by the Taliban as morally lax, such as urban areas. Kabul, in particular, has been a prominent locus for such ideological conflicts and accordingly, Kabulese residents have disproportionately suffered the consequences. According to a study of decree #8,

The current situation for women in Afghanistan must be seen in terms of the impact of 20 years of widely destructive conflict, an often conservative and patriarchal society, and since the fall of the Communist government, a process of discrimination sanctioned by successive power holders. Since their emergence in September 1994 the Taliban have tied their Islamic credentials, as those in charge of the resacralisation of Afghanistan, to their ability to enforce their specific rigorous interpretation of Shari‘a law on Afghan society, with particular attention given to women. The way in which Kabul is controlled takes on a special significance given that it holds the last vestiges of the state apparatus. Some of the Taliban, and especially some rural and Pushtun constituencies within the movement, have a special antipathy to Kabul residents, not only because of their less traditional perspectives, but also because they are perceived as somehow morally lax. This has only added to the zeal with which rules and regulations are enforced. Since Kabul also has the highest concentration of aid agencies in Afghanistan, contact between aid agencies and women are extremely sensitive and come under acute scrutiny.194

According to the assistance providers PHR interviewed, since 1998 enforcement of restrictions on women’s movement and punishments for dress code infractions have decreased significantly throughout Afghanistan, but particularly in urban areas were they had been most pronounced. Many observations were cited in support to this trend. Perhaps most significant, the Taliban issued an edict in 1999 allowing female widows to move about in public without the required mahram. In addition, Afghan women have advised humanitarian aid workers that they “have more important concerns195 than the chadari.”

Assistance providers also noted with greater frequency that in urban areas not regularly policed by the Department for the Propagation of Virtue and the Suppression of Vice, women were more likely to disregard dress code regulations, albeit risking arbitrary and summary punishment.

194 Id.
195 Referring to the economic destruction, poverty, drought and war.
They indicated that rural areas were never affected to the extent that urban areas were and that this is still the case. One assistance provider indicated that some female physicians in urban areas do not wear a *chadari* while at work. Also, whereas Taliban officials once harassed male expatriates for inadequate beards, this type of behavior seems to have diminished.

As mentioned above, most of those PHR interviewed expressed strong criticisms of human rights concerns that focus on a narrow range of human rights concerns such as dress codes for women. Despite considerable media attention on the Taliban’s dress code requirements for women, the findings presented in this PHR report indicate that the vast majority of participants did not consider persecution for dress code infractions “important.” In addition about 50% of women and men agreed that strict dress codes are appropriate. In a previous PHR study,196 a much larger proportion (more than 95%) of those surveyed indicated their belief that dress code restrictions were not appropriate. This difference is most likely due to the fact that the previous 1998 study by PHR consisted primarily of educated Kabulese women. The present PHR study provides insight into the views of a more diverse, and perhaps representative, population of Afghan women.

It should be noted that despite reports of improvements on restrictions of movement of women and punishment for dress code infractions, such progress is measured in terms of decreased enforcement of discriminatory policies. The policies themselves have not been changed and the potential for regression persists.

**Rights-Based Programming**

Since 1997 the UN has worked to integrate human rights concerns with assistance and peacemaking efforts in its Strategic Framework policy. A key element of the Strategic Framework approach is Principled Common Programming that includes the protection and advancement of human rights, with particular emphasis on gender as one of its five strategic objectives. In 1999 a Human Rights Advisor was appointed to help assistance agencies address human rights concerns with the collaboration of a Thematic (and sub-consultative) Group of donors, NGOs and UN colleagues:

> Work to date includes the creation of consultative mechanisms to facilitate a dialogue and joint action on human rights, the development of a training programme tailored to the needs of aid personnel in Afghanistan, policy development particularly in relation to groups working with war affected communities, provision of support to visiting UN and other human rights groups and related activities, and resource mobilization.197


197 Human Rights Programme Afghanistan. web site: www.pcpafg.org/organizations/Human_rights/introduction.htm
The Thematic Group on Human Rights identified the following program priorities for 2001 and beyond:

- To develop an objective and comprehensive profile of the human rights situation in Afghanistan in order to promote coherence between different human rights initiatives at the national and international level.
- To strengthen dialogue with the authorities and affected communities on priority human rights concerns.
- To improve knowledge of human rights within the aid community and to advance rights-based programming through a structured training program.
- To develop programming tools for rights-based programming.
- To enhance the protection of civilians in armed conflict settings.
- To develop greater coherence and effectiveness between grass roots and other human rights initiatives concerned with Afghanistan.

Rights-based Programming in conflict settings is a relatively new idea. It has extraordinary significance since it is one of the first attempts to formally integrate health and human rights concerns in practical, humanitarian assistance settings. This new frontier is not without formidable challenges including: contending with geopolitical and economic interests of states and the conflicting ideological claims of combatants; balancing principled and practical responses to human rights violations; protecting and promoting health during continued exposure to violent conflict; and maintaining access for the provision of humanitarian assistance. According to the groups in Afghanistan,

...it can be said that the value of rights-based programming lies in the fact that it is a constant reminder that all of us as human beings are entitled to certain basic rights. It provides a standard against which we as individuals and as aid workers can hold ourselves accountable, and reminds us that “falling short” is not good enough. It helps aid agencies think about what they are doing and why they are doing it. It reminds us that aid is much more than merely ensuring that adequate food, safe water and accessible health care is available; rights-based programming is a reminder that the task of aid workers is to help people achieve what is rightfully theirs – the right to live with dignity and self worth.

198 Id.

Barriers in Providing Assistance

The humanitarian assistance providers that PHR interviewed discussed many challenges they experience in their efforts to improve the lives of the Afghan people, the effects of ongoing war, coping with periodic natural disasters, ensuring the delivery of services despite discriminatory policies, inconsistencies of ruling regimes, personal safety, etc. However, the barriers that were cited most often and as most significant were 1) inadequate funding, and 2) the effects of conditionalities on international assistance.

Inadequate Funding

There was overwhelming consensus among aid workers that funding levels for international and domestic programs and services are not consistent with the needs of the Afghan people. Consequently, limitations on funding have had a profound effect on NGO capacity to meet the health needs of Afghans. According to the organizations working in Afghanistan:

Funding levels are inadequate and decision-making on the allocation of resources is often determined by individual donor objectives and preferences and is not necessarily in line with the strategic objectives set out in the 1999 Appeal. Short-term funding cycles, as well as unpredictable or abrupt cessation of funding, undermine the ability of agencies to take the type of long-haul approach that is essential if we are serious about addressing the underlying causes of poverty, marginalization, and social injustice.\(^\text{200}\)

Of the US$221 million requested at the beginning of the year 2000, donors contributed US$107 million or 48%. However, given the commitment to Principled Common Programming by the assistance community, the response to the priority activities presented in the Appeal was disappointing.\(^\text{201}\) Falling short of funding targets has resulted in temporary leave for staff without pay and falling short of program goals such as mine clearance and awareness goals.

Consistent under-funding results in further deprivation of the basic rights of Afghans to health, shelter, drinking water, sanitation and education. The effect of the deficit of these rights is further compounded by the consequences of the current drought. According to the UN Special Rapporteur for Afghanistan:

In the six months between September 2000 and March 2001 700,000 Afghans have had to leave their homes because of drought, war, or a combination of the two. They have joined the ranks of those displaced

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\(^{200}\) “Human Rights Program Afghanistan,” web site: www.pcpafg.org/organizations/Human_rights/introduction.htm

by previous episodes of fighting. Over 1 million Afghans do not have the resources to see them through to the next harvest. In the most critical areas, nutritional indicators show that mortality rates have reached alarming levels. Three consecutive years of severe drought have had a devastating impact on the agriculture and economy of the country. Families are selling their animals, eating their seed and seeing their fruit trees wither and die.202

The Afghanistan Appeal for 2001, which covers only basic needs, was for US$ 229 million; this amounts to approximately $10 per Afghan annually. Typically, Afghans receive about half the requested amount; this means roughly $5 per Afghan. By contrast, the donor response per capita in Angola was $47.98 and $139.11 in East Timor in 2000.203

In addition, water quality has deteriorated in many urban areas and the limited availability of drinking water is now a critical health issue.204

Conditionalities on Aid

Many of the assistance providers PHR interviewed expressed the view that the humanitarian imperative of saving lives should take precedence over all other concerns and not be subjected to political conditionalities:

In the Afghan context, some donors often make no distinction between authorities who impose policies and the population who are at the receiving end of restrictive edicts and practices. When conditionalities on aid are used in a punitive manner to challenge restrictive policies that work against the enjoyment of basic human rights, it results in the further victimization of the very people it is intended to help. It also runs counter to the principles set out in the Strategic Framework document.205

Furthermore,

Aid workers are interested in human rights. Many, however, are concerned that if they, or their agencies, become more actively involved in human rights issues this will lead to the type of conditionality that will undermine their ability to meet basic needs that are essential for survival and the right to life.206

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203 Id.

204 Afghanistan Appeal 2001, Website: www.pcpafg.org/appeal


206 Id.
Sanctions
In addition to funding and conditionality barriers, several assistance providers indicated that present UN sanctions are counterproductive because they inhibit basic infrastructure, such as a functioning telephone communication system, and much needed economic development. In fact, one provider suggested that the UN should terminate sanctions and officially recognize the Taliban to facilitate progress on the humanitarian front. While most of those PHR interviewed agreed with ending sanctions, very few considered official recognition of the Taliban as a legitimate option.

Discussion
Alleviating human suffering and promoting health and human rights in the context of war is an extremely challenging endeavor. In recent years, human rights organizations such as Physicians for Human Rights have documented the health consequences of human rights violations and conducted population-based assessments of human rights violations in complex humanitarian disasters. At the same time, humanitarian assistance providers have increasingly recognized the need for rights based programming in their work. The situation of women in Afghanistan illustrates how norms generally classified as “civil and political rights” and those classified, as “social, economic and cultural rights” are entirely interdependent. For example, restrictions on Afghan women’s freedom of expression, association, and movement denies women full participation in society, and consequently, from effectively opposing restrictions on equal opportunities for work, education, access to health services. Such exclusion of women from employment and education jeopardizes their capacity to survive and participate in society. Thus, the health of Afghan people, particularly women, requires the protection and promotion of both civil and political rights and economic, social and cultural rights.

Although health practitioners are increasingly recognizing the impor-
tance of the protection of human rights in promoting the health of communities, humanitarian assistance providers and human rights advocates, at times, have found themselves in conflict. For example, humanitarian assistance providers have argued that: 1) human rights documentation and advocacy undermine their “quiet diplomacy” efforts with the Taliban, 2) that human rights rhetoric does not effectively change the situation of individuals and communities, and 3) that the effect of the Taliban’s discriminatory policies are insignificant compared to more than twenty years of war and crushing poverty.

On the other hand, human rights advocates may hold that: 1) humanitarian assistance providers sometimes unwittingly and wittingly neglect the protection and promotion of human rights in exchange for access to vulnerable populations, 2) that local efforts to improve the health and human rights situation in the field can and must be complemented by accurate human rights documentation, advocacy and international pressure on regimes that flout international human rights, 3) that human rights rhetoric is a reasonable and effective tool, when supported by the facts, to counter the claims of regimes whose policies negate centuries of progress and international consensus on the rights of women, and 4) that the status of human rights of individuals and communities must be known and effectively represented.

While the Taliban may not be responsible for all or even most of the suffering in Afghanistan, the effects of its policies extend beyond the borders of Afghanistan. Indeed, policies of patent discrimination are an affront to the dignity and worth of all people. Furthermore, the legitimacy of any government depends on its capacity to represent the interests of its people and to provide for the freedoms and needs of those they claim to serve. Policies of deliberate discrimination against women and the exclusion of women from participating in society call into question the authority of the Taliban regime. Historically, humanitarian assistance providers have not publicly questioned the legitimacy of regimes like the Taliban and are not well suited to do so given their perpetual need for access to vulnerable populations. Human rights organizations can and should apply international pressure for accountability of regimes that disregard the rights of their people. In the case of Afghanistan, such efforts must be based on accurate information and reported in the context of the overwhelming needs of the Afghan people.

Health practitioners should recognize that effective health promotion often includes a tension between international advocacy and “quiet diplomacy” when regimes disregard international human rights. Just as freedoms and needs are interdependent, so too are the efforts human rights advocates and humanitarian assistance providers in promoting health. It is imperative that human rights advocates and humanitarian assistance
providers develop strategic alliances to achieve their common goal of alleviating human suffering and promoting health and human rights.

One humanitarian provider concluded, “Sadly, in Afghanistan, the Taliban edicts reinforce and institutionalize past and existing religious and cultural practices. They are an extension and exaggeration of values shared among many ultraconservative members of society of all ethnic groups and all levels of education. Even if the Taliban disappeared, we would not see an end to these sort of restrictions.”

Afghanistan is in desperate need of extensive humanitarian assistance, as well as long-term reconstruction and development aid. Given the legacy of war, occupation, the Taliban’s current misrule, international sanctions, war, and drought the Afghan economy is largely non-existent and the Afghan people wholly dependent on international aid for their very survival. International humanitarian assistance is no substitute for a functioning government that is worthy of receiving reconstruction and development funds. But in the absence of such a government, the international community should do everything possible to assure maximum humanitarian assistance to all those in need by generously supporting both United Nations agencies and private humanitarian organizations. Sanctions that impede the provision of humanitarian supplies or that contribute to an insecure environment leading to the departure of international staff should be abandoned. The arms embargo against the Taliban should be enlarged to include its adversaries, the United Front, as well, and UN monitors should be deployed to inspect and monitor weapons shipments to both sides, and hold those responsible to account. Actions taken in response to acts of international terrorism that have the effect of severely punishing the people of Afghanistan for the misdeeds of the authorities are inappropriate, counter-productive and should be abandoned.
VI. APPLICATION OF RELEVANT INTERNATIONAL LAW

International Human Rights Law

PHR takes no position with respect to the religious or customary laws followed in any country, including Afghanistan, except insofar as particular interpretations or applications of such laws violate universally recognized human rights. A wide array of international treaties, declarations and resolutions govern aspects of women’s health-related rights. The weight and status of these instruments vary under international law. For example, treaties are legally binding upon parties while declarations and resolutions carry only moral force. Nevertheless, in order to provide a sense of the breadth and depth of international consensus regarding norms pertaining to women’s human rights, this section first sets forth the variety of sources of such norms and then discusses the particular status of Afghanistan’s legal obligations.

Applicable International Norms

The situation of women in Afghanistan illustrates how norms generally classified as “civil and political rights” and those classified, as “social, economic and cultural rights” are entirely interdependent. The enjoyment of women’s “economic” right to health requires the “civil” freedoms of movement to reach health care facilities as well as information about health matters. In turn, in order to be meaningful, freedom of information requires not only the enjoyment of other “civil” rights such as expression and association in order for women to gather and disseminate knowledge about health-related issues, but also the “social” right to education in order for women to be able to assimilate information.212 Together, the International Covenant on Civil and Political Rights (ICCPR), which emphasizes women’s rights to bodily integrity, information, political par-

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211 This chapter is reproduced from the 1998 PHR report: The Taliban’s War on Women, pp 89-104, with minor editorial changes.

participation, association, and movement and its twin, the International Covenant on Economic, Social and Cultural Rights (ICESCR), which emphasizes such substantive rights as education and health care, provide the foundation for many of the rights necessary for women to enjoy health and access to health care.\footnote{International Covenant on Civil and Political Rights, United Nations General Assembly Resolution 2200a (XXI), UN GAOR, 21st Sess., Supp. no 16., UN Doc A/6316 (1967), reprinted in Center for the Study of Human Rights, Women and Human Rights: The Basic Documents, Columbia University, 1996; and International Covenant on Economic, Social and Cultural Rights, General Assembly Resolution 2200 (XXI), UN GAOR, Supp. (No. 16) 49, UN Doc A (6316) 1966.}

The ICCPR, to which Afghanistan is a party, recognizes the right to life;\footnote{Id. ICCPR, Article 6.} the right to be free from torture and cruel or inhumane treatment;\footnote{Id., Article 7.} the right to liberty and security of person, which includes the right not to be subjected to arbitrary arrest or detention;\footnote{Id., Article 9.} the right to freedom of movement;\footnote{Id. \(^2\) Article 12.} equality before the law and rights to due process;\footnote{Id. \(^2\) Article 14.} the right to be free from arbitrary or unlawful interference with his privacy, family and home;\footnote{Id. \(^2\) Article 17.} the right to freedom of conscience and religion;\footnote{Id. \(^2\) Article 18.} the right to freedom of expression;\footnote{Id. \(^2\) Article 19.} the rights to freedom of assembly and association;\footnote{Id. \(^2\) Articles 21, 22.} and the right to take part in political affairs.\footnote{Id. \(^2\) Article 25.} It also guarantees the right to freely enter into marriage and have a family voluntarily.\footnote{Id., Article 23.}

The ICESCR, to which Afghanistan is also a party, establishes, among others, the following rights relevant to women’s health in Afghanistan: the right to work;\footnote{International Covenant on Economic, Social and Cultural Rights, General Assembly Resolution 2200 (XXI), UN GAOR, Supp. (No. 16) 49, UN Doc A (6316) 1966; Article 7.} the right to the “highest attainable standard of physical and mental health,” including “the creation of conditions which would assure to all medical service and medical attention in the event of sickness;”\footnote{Id., Article 12(d).} the right of everyone to education that “is directed to the full development of the human personality and the sense of its dignity, and shall
strengthen the respect for human rights and fundamental freedoms;”\(^{227}\) and the right of everyone to take part in cultural life and to enjoy the benefits of scientific progress and its applications, such as health.\(^{228}\)

In recognition of economic limitations on certain states, the ICESCR requires each party to “take steps...to the maximum of its available resources” to achieve progressively the full realization of the rights contained in the treaty. It is a clear violation of the terms of the ICESCR, however, to take any action, through legislation or otherwise, that revokes or removes rights previously enjoyed in that state.\(^{229}\) Thus, the Taliban’s affirmative actions to restrict the rights previously enjoyed by women in Afghanistan, such as education, the right to work, and health care, constitute unequivocal violations of Afghanistan’s obligations under the ICESCR.

Moreover, both the ICCPR and the ICESCR state in Article 1 that all of the substantive provisions contained in each of them are to be enjoyed and fulfilled on a basis of non-discrimination. The principle of non-discrimination is the cornerstone of international human rights law and is the norm against which the Taliban have committed gross violations of human rights, in both their imposition of restrictive regulations concerning women’s activities and movement and their punishments for not abiding by their particular interpretation of religious practice. The Taliban’s peculiar interpretation of Islam, which attempts to portray women as essentially different from men in ways that imply they have fewer rights, is simply incompatible with the core concepts of human rights. Just as any single religious interpretation cannot justify racial apartheid, neither can it be used to justify the Taliban’s official policies of restricting women’s rights.\(^{230}\)

The Universal Declaration of Human Rights (the “Universal Declaration”), which has come to be considered not only an authoritative interpretation of Articles 1, 55, and 56 of the UN Charter but as setting out universally agreed-upon standards and aspirations for all states, pronounces that all people are born free and equal in dignity and rights. In particular, Article 2 of the Universal Declaration states:

*Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.*

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\(^{227}\) Id., Article 13.

\(^{228}\) Id., Article 15.


Thus, it is clear that non-discrimination applies both to the Taliban’s discrimina-
tion against women on the grounds of their gender as well as to
discrimination and punishment meted out for holding a different religious or political belief or opinion.

A panoply of international human rights documents speak to non-dis-
crimination against women and the promotion and protection of women’s health-related rights in particular. For example, the 1966 Convention on the Political Rights of Women, which Afghanistan ratified, provides for universal suffrage for women, their eligibility for election to all publicly elected bodies and their right to hold public office.231 The far more extensive 1979 Convention on the Elimination of All Forms of Discrimination against Women (“Women’s Convention”), seems in its entirety anathema to the project of the Taliban in Afghanistan. While Afghanistan is a signatory and not a party to the Women’s Convention, its signature indicates an agreement not to contravene its provisions, which include “taking all appropriate measures” to eliminate discrimination against women and to “modify social and cultural patterns of conduct... which are based on the idea of the inferiority or the superiority of either of the sexes or on stereo-
typed roles for men and women.”232

The Women’s Convention requires States Parties to eliminate discrimi-
nation in both public and private spheres; in education, health care, employment, economic and legal programs and rules, and all matters involving marriage and the family. Specifically, Article 10(h) of the Women’s Convention addresses the right to equality in education: “...Access to specific education information to help to ensure the health and well-being of families, including information and advice on family planning.” Article 12 of the Women’s Convention obligates States Parties to “take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”233 Article 16 addresses marriage and the family and provides that States Parties shall ensure men and women have equal rights. Part (e) of Article 16 requires States Parties to ensure “[t]he same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to


233 Article 12(2) continues: “Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation,” Id., Article 12(2).
enable them to exercise these rights.” Article 2 requires States Parties to implement the substantive provisions of the Women’s Convention through domestic law. The Taliban’s edicts, which have, among other things, eliminated or severely restricted education for girls, contraception and access to health care are antithetical to the letter and the entire spirit of the Women’s Convention and, more generally, to the universality of human rights as applying to women.

The Convention on the Rights of the Child (“CRC”), which Afghanistan has ratified, also breaks down the traditional public-private distinction and sets out a number of important provisions regarding official treatment and public rights of girl-children as well as the role of women in the private realm of the family. The CRC defines a child as anyone under 18 years of age, which makes the definition applicable not only to small girls but also to many young women of marrying age in Afghanistan. Many of the articles mirror provisions in the twin covenants, the ICCPR and the ICESCR. For example, the right of freedom of expression and information; the right of freedom of thought, conscience and religion; the right to be free from torture or other cruel, inhuman or degrading treatment or punishment; and the right to the “highest attainable standard of health and health facilities,” including the obligation of States Parties “to ensure appropriate pre- and post-natal health care for expectant mothers.” The Taliban’s official restrictions on education for girls (i.e. religious studies only and not beyond 8 years of age) and equal access to health care services, coupled with the degrading treatment meted out without due process by the Religious Police, are in direct contravention of the CRC, which has achieved consensual support among more than 180 states.

It is worth noting that “cruel, inhuman or degrading treatment” has been explicitly deemed to include the punishments exacted on Afghan women, without due process, by the Religious Police for not abiding by the Taliban’s strict dress codes or for being out in public. Not only are

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234 Id., Article 16.
235 Id., Article 2.
237 Id., Article 14.
238 Id., Article 15.
239 Id., Article 31.
240 Id., Article 37.
241 Id., Article 24 (d) (e). The CRC also contains additional provisions unique to its subject matter regarding the equal responsibility of parents for the child’s upbringing (art. 18) and special protections for persons under 18 in the criminal justice system (art. 40).

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these actions prohibited under the ICCPR and the CRC, but they also violate the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (“CAT”), to which Afghanistan is a party.

In addition to these binding treaties, multiple declarations relating to women’s health are relevant for their moral authority and interpretive value. Among these are the declaration and program of action from the World Conference on Human Rights (“Vienna Declaration”),\(^242\) the Programme of Action for the International Conference on Population and Development (“Cairo Programme”),\(^243\) and the Platform of Action of the Fourth World Conference on Women (“Beijing Platform”).\(^244\) The government of Afghanistan was represented at all of these international conferences. Taken together, these declarative documents speak to a strong and growing international consensus regarding certain core principles of women’s dignity, opportunities and equality with men.

The Vienna Declaration was the first of these documentary guidelines and was issued in 1993. Part I of the Vienna Declaration states:

*The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on the grounds of sex are priority objectives of the international community.\(^245\)*

Other relevant sections of the Vienna Declaration urge the full and equal enjoyment by women of all human rights;\(^246\) the elimination of violence against women;\(^247\) and the eradication of all forms of discrimination against women;\(^248\) and establish that the equal status of women and the


\(^{244}\) *Beijing Declaration and Platform for Action*, Fourth World Conference on Women, UN Doc A/Conf. 177/20 (17 October 1995).

\(^{245}\) Part II, Section 3, deals with the equal status of and human rights of women and (40) and (41) reference health in the following way:

*The World Conference on Human Rights recognized the importance of the enjoyment by women of the highest standard of physical and mental health throughout their life span and reaffirms, on the basis of equality between women and men, a woman’s right to accessible and adequate health care and the widest range of family planning services, as well as equal access to education at all levels.*


\(^{247}\) Id., Article 38.

\(^{248}\) Id., Article 39.
human rights of women should be integrated in the mainstream activity.249

The Cairo Programme, which emerged from the International Conference on Population and Development held in Cairo, Egypt in 1994, contains an entire chapter on gender equity and the empowerment of women. Chapter IV of that document states:

_The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself... In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction._250

In turn, the Cairo Programme calls for, among other things, eliminating inequalities between men and women that affect women’s health. For example, it declares the need for state action with respect to: equal political participation, education, skill development and employment; eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health; improving women’s ability to earn income; eliminating discriminatory practices by employers against women; and making it possible, through laws, regulations and other appropriate measures, for women to combine the roles of child-bearing, breast-feeding and child-rearing with participation in the workforce.

The Beijing Platform, which resulted from the Fourth World Conference on Women in 1995, recognized “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.”

Other relevant references in the Beijing Declaration refer to equal rights for men and women,251 measures governments should take to promote women’s rights;252 the inalienability of women’s human rights;253 the equal enjoyment by women of economic, social and cultural rights;254 the need to eliminate violence against women, including that based on cultural prejudices;255 the need to eliminate discrimination based on race, language, et-

249 _Id._, Article 37.


251 _Beijing Declaration and Platform for Action_, Fourth World Conference on Women, UN Doc A/Conf. 177/20 (17 October 1995), Chapter IV, ¶ 214.

252 _Id._, ¶ 215.

253 _Id._, ¶ 216.

254 _Id._, ¶ 220.

255 _Id._, ¶ 224.
nicity, culture, religion, disability, or socio-economic class; and the value of human rights education.

Section 76, which deals with gender-biased curricula and teaching materials, specifically mentions reproductive health when it states, “The lack of sexual and reproductive health education has a profound impact on women and men.” Strategic objectives in the Beijing Platform include the eradication of illiteracy among women; the improvement of women’s access to vocational training, science and technology, and continuing education and the development of non-discriminatory education and training. The Taliban’s programs are clearly and entirely contrary to the Beijing Platform.

Given the Taliban’s invocation of Islam to justify the restriction and violation of women’s rights, another declaration of particular relevance for Afghanistan is the Cairo Declaration on Human Rights in Islam (“Cairo Declaration”), which was signed by the Organization of the Islamic Conference in 1990. Afghanistan is currently one of the 55 members of the Organization of the Islamic Conference, the charter of which states as two of its principal objectives: the elimination of discrimination and the support of international peace and security founded on justice. Article 7 of the Cairo Declaration states: “As of the moment of birth, every child has rights due from the parents, society and the state to be accorded proper nursing, education and material, hygienic and moral care. Both the fetus and the mother must be protected and accorded special care.” With respect to girls’ education, Article 7(b) states: “Parents and those in such like capacity have the right to choose the type of education they desire for their children, provided they take into consideration the interest and future of the children in accordance with ethical values and the principles of the Shari’a.” Implicit in this provision is that families ought to be able to provide education to all children, including girl children. Furthermore, Article 9 of the Cairo Declaration explicitly provides that education is to be provided for all children, including girl children. The Cairo Declaration contains other provisions that explicitly

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256 Id., ¶ 225.
257 Id., ¶ 227.
261 Id., Article 7(b).
262 Id., Article 9.
contradict the actions the Taliban has taken under the justification of the Shari’a. For example, it specifies: the right to safety from bodily harm; women’s right to equality with men; the right to free movement and place of residence; the right to enjoy scientific, literary, artistic or technical production, including that relating to health; and the right to equality before the law.

## Status of Afghanistan’s International Legal Obligations

Under international law the Taliban is responsible for adherence to human rights laws Afghanistan has ratified, notwithstanding the fact that its leadership does not recognize the validity of these to the extent that they depart from the Taliban’s particular interpretation of Shari’a. Moreover, that the Taliban does not possess all of the attributes of a functioning and recognized government does not relieve it of accountability for the human rights violations it has committed.

Under previous governments, Afghanistan became a party to a large number of human rights treaties without substantive reservations. For example, Afghanistan was among the first countries to accede to the Convention on the Political Rights of Women in 1966. Afghanistan acceded to the ICCPR and the ICESCR on January 24, 1983, without reservations. It ratified the CAT on April 1, 1987. As noted above, Afghanistan has even signed – although is not a party to – the Women’s Convention.

After the expulsion of Soviet-backed regime in 1992, the mujaheddin groups in power in Afghanistan and subsequently the Taliban adopted a different attitude toward human rights treaties. On the one hand, Afghanistan ratified the Convention on the CRC on March 28, 1994, which, as noted above, contains many provisions affecting women, the organization of the family and girl-children. However, in so doing it made a general reservation to the effect that: “the Government of the Republic of Afghanistan reserves the right to express, upon ratifying the Convention, reservations on all provisions of the Convention that are incompatible with the laws of Islamic Shari’a and the local legislation in effect.”

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263 *Id.*, Article 2 (d).
264 *Id.*, Article 6.
265 *Id.*, Article 12.
266 *Id.*, Article 16.
267 *Id.*, Article 19.
268 Some treaties place conditions upon which States may become Parties through ratification. Under international law, accession equally indicates the consent of a given State to be bound by the provisions of the treaty. See *Vienna Convention on the Law of Treaties*, 1155 UNTS. 331 (23 May, 1969), Articles 11, 12, 14(1). Note also Afghanistan’s declarations upon accession objecting to the limitation of States Parties to the ICCPR and ICESCR.
269 Afghanistan signed the Women’s Convention on August 14, 1980.
Declarations and reservations based on religious objection must generally be respected; however, local customs and legislation cannot be used as an excuse for failing to attempt compliance with the treaty.\(^{271}\) That is, under international law, reservations – whether based on religion or any other objection – must be narrowly tailored, rather than sweeping justifications for abdication. Article 51(2) of the CRC specifically prohibits reservations that are “incompatible with the object and purpose of the treaty;” under the terms of the CRC as well as international law generally, such reservations are not permissible and not given legal effect.\(^{272}\) Broadly-worded reservations that attempt to excuse the Taliban from responsibility for upholding fundamental human rights principles, such as non-discrimination, as well as specific obligations central to the promotion of children’s well-being and development, such as to health care and education, are clearly contrary to the object and purpose of the CRC.

It is important to note that the *Shari’a* is not one single law, but rather is derived from multiple sources. As discussed below, “different and often conflicting laws make up the totality of what is collectively known as the *Shari’a*.”\(^{273}\) Indeed, the *Shari’a* is often cited as expounding the fundamental equality among races and between the sexes. For example, the Committee on the Elimination of Discrimination Against Women (CEDAW), which is charged with the monitoring the Women’s Convention, has specifically stated in observations that “[t]he *Shari’a* itself gave equality to women, but the problem that had to be overcome was that of interpretation.”\(^{274}\) The CEDAW has urged governments to undertake efforts “to proceed to an interpretation of the *Shari’a* that was permissible and did not block the advancement of women.”\(^{275}\) The CEDAW has forcefully declared that reservations based on the *Shari’a* “that were not compatible with the goals of the [Women’s] Convention were not acceptable.”\(^{276}\)

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270 A reservation is a unilateral statement by a ratifying state which “purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that state.” A “declaration” in contrast specifies the state’s understanding or interpretation of a given provision or set of provisions in the treaty. Although nominally a “declaration,” Afghanistan’s “declaration” attempts to amend the CRC pro tanto, in order to change future obligations among itself and the other parties and is therefore treated as a reservation by the United Nations; See *Vienna Convention*, Article 2(d).


272 Id., Article 19.


275 Id., ¶132.
While the CRC was ratified by the government of President Burhanuddin Rabbani, the Taliban rejects the validity of not only treaty- but also Charter-based international human rights obligations. In so doing, the Taliban employs two often inconsistent arguments: incompatibility with the Shari’a; and inability to perform. Neither is persuasive.

First, Mr. Choong-Hyun Paik, former UN Special Rapporteur for Afghanistan reported that in meetings with the Taliban-designated Attorney General, this official “indicated that if a promise, convention, treaty or other instrument, even if it was in the Charter of the United Nations, was contrary to Shari’a, they would not fulfill it or act on it.”

We accept Shari’a, our God’s convention . . . If someone is drinking in public, even if the Covenant or the United Nations Charter says they should not be punished, we will. The core of our action and our policy is the law of God, as contained in the Qur’an. We do not follow individuals, or people of other countries. We follow the law of God. We adhere strictly to what the Qur’an is telling us. Therefore, we invite all people in the world to follow the Qur’an. Any laws that negate the Qur’an or the law of God, we don’t accept that.

The Special Rapporteur’s report also notes that the Taliban authorities indicated that although they were willing to accept human rights conventions, “the concept and meaning of human rights were totally dependent on God’s will.” The governor of Kabul told the UN Special Rapporteur that “the provisions of international human rights instruments could not be applied if they conflicted with God’s law. [Our] domestic interpretation of human rights [is] not based on individual rights.”

As stated above, the Taliban is not free to disregard all international law that is not in accordance with their particular interpretation of Shari’a. It is a fundamental tenet of modern international human rights law that certain principles that govern the way a state or quasi-state may treat its subjects transcend domestic legislation and customs. This principle, which allowed for judgment of the crimes against humanity committed in Nazi Germany and ultimately prevailed in the dismantling of racial

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276 Id., ¶ 132.
277 Charter-based obligations are assumed by virtue of being members in the United Nations.
278 While certain public statements issued by the Taliban appear to question the authority and legitimacy of the Soviet-backed regime to undertake international obligations, it has not pressed this argument with the United Nations.
280 Id.
281 Id., ¶ 33.
282 Id.
Apartheid in South Africa applies equally to the situation of official policies of gender discrimination in Afghanistan under the Taliban.

At times, the Taliban does not base its non-compliance on religious grounds at all, but rather claims “impossibility of performance” with respect to its human rights obligations, arguing that it is waiting to achieve political stability before it can establish the conditions for women’s basic rights, such as education and employment. \(^{283}\) For example, the Special Rapporteur’s 1997 report notes:

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\text{The most frequent responses by representatives of the Taliban authorities regarding the resumption of female employment and education have been: “we are in an emergency situation...,” “when security conditions are restored...,” “we are in a situation of war and want to restore peace and a centralized government...,” “until there is peace and stability...,” the latest one being “when we are in control...”}\]

Not only, as the Special Rapporteur notes, does this appear “to be at odds with the affirmation of most officials that peace and security have been brought to all areas under their control,”\(^{285}\) but it also underlines the political nature of the Taliban’s claims – at times invoking religion and tradition and at times justifying their conduct on the grounds of incapacity.

Moreover, it is important to keep clearly in mind that neither the non-derogable rights under the ICCPR nor some provisions of international humanitarian law relating to the treatment of civilians during armed conflict can be suspended during emergency or wartime. Article 4(2) of the ICCPR expressly states: “No derogation from articles 6, 7, 8 (paragraphs 1 and 2), 11, 15, 16 and 18 may be made under this provision.” Among the most relevant for purposes of Afghanistan are that Article 6 specifies the right to life; Article 7 prohibits torture or cruel, inhuman or degrading treatment; Article 15 prohibits ex post facto punishment; Article 16 recognizes the right of everyone to be recognized as a person before the law; and, perhaps most pertinent, Article 18 establishes freedom of thought, conscience and religion.\(^{286}\) Specifically, Article 18 provides: “This right shall include freedom to have or to adopt a religion or belief of his choice,

\[^{283}\text{That is, under international law, the fact that the government of Afghanistan has changed since accession or signature of these treaties does not terminate or suspend the State’s treaty obligations, even if States Parties to the treaty have suspended diplomatic relations and do not recognize the Taliban as the legitimate government of Afghanistan. Only a fundamental change in circumstances justifies the termination of or withdrawal from a treaty only under circumstances of impossibility of performance (rebus sic standibus). See Vienna Convention, Articles 54, 57.61(2).}\]

\[^{284}\text{E/CN.4/1996/64, ¶114.}\]

\[^{285}\text{Id.}\]

\[^{286}\text{Article 8(1)-(2) prohibits slavery and servitude; Article 11 prohibits imprisonment for contractual breach.}\]
and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.” In direct opposition to the Taliban’s monolithic edicts and enforcement of religious doctrine, Article 18 specifies: “No one shall be subject to coercion which would impair his freedom to have or adopt a religion or belief of his choice.” That is, international human rights law is fundamentally concerned with the free exercise of religion, including the right to reject religious doctrine, which cannot be abridged or denied on the basis of the Taliban’s particular view of Islamic law.287

The Geneva Conventions of 1949, which Afghanistan has signed and which were often invoked by the various groups fighting the Soviet-backed regime during the 1980’s and early 1990’s, form the basis of modern international humanitarian law, a body of law often considered to be the international human rights law that applies during times of armed conflict. While the human rights violations committed by the Taliban against women transcend the circumstances of armed conflict, it is worth noting the provisions in international humanitarian law relating to the basic guarantees that must be afforded to the civilian population by an armed group. Indeed, in many respects the Taliban is widely perceived as an alien, occupying force in cosmopolitan areas such as Kabul, where women were formerly fully engaged in economic, social and cultural activities.

Common Article 3 of the Geneva Conventions, which applies to non-international armed conflicts, requires that parties to the armed conflict accord humane treatment “without any distinction founded on race, colour, religion or faith, sex, birth or wealth, or any similar criteria” to all persons taking no active part in the hostilities including, among others, those placed in the midst of combat by sickness, wounds, or any other cause. Common Article 3 also specifically prohibits: “violence to life and person,” including cruel treatment and torture; “outrages upon personal dignity, in particular humiliating and degrading treatment;” and “the passing of sentences and carrying out of executions” without a trial that affords the accused due process of law.288 In short, Common Article 3 reinforces the basic guarantees of many of the non-derogable rights provided under the ICCPR and international human rights law. Gross violations of Common Article 3 have been committed by both of the warring parties in Afghanistan, including summary execution of civilians as well as other grave breaches of international humanitarian law such as involuntary and forced displacement of large numbers of civilians, house and crop burnings, family separations and the isolation and deportation of women.289

287 This right is entirely consistent with the Qur’an, an oft-quoted verse of which states: “Let there be no coercion in matters of faith,” Surah 2:Al-Barqarah: 256, The Message of the Qur’an, Muhammed Asad trans., Gibraltar, 1980; 343.
288 The Geneva Conventions of August 12, 1949, International Committee of the Red Cross, Common Article III.
Finally, it is worth underscoring that even though the Taliban is not an officially recognized government of Afghanistan with control over the entire territory of the country, it is still accountable for the human rights violations it has perpetrated against Afghans. On October 11, 1996 the Taliban requested the seat held in the General Assembly by the Government of President Burhanuddin Rabbani, but its petition was rejected by the United Nations Credentials Committee. Rabbani retained Afghanistan’s United Nations seat after the UN General Assembly again deferred a decision on Afghanistan’s credentials during the September 2000 General Assembly session. Indeed, official recognition and credentials have been withheld due in large measure to the ever-changing military situation, but also in part to human rights concerns relating to the Taliban’s treatment of women.

At the United Nations, a Special Rapporteur was first appointed to examine the human rights situation in Afghanistan in 1984 by the Chairman of the Commission on Human Rights, who had been requested to do so by the Economic and Social Council. Since then, the mandate has been renewed regularly by resolutions of the Commission on Human Rights and has been endorsed by the Economic and Social Council. The Special Rapporteur submits regular reports to the Human Rights Commission and to the General Assembly of the United Nations. The Commission on Human Rights, the Economic and Social Council, the General Assembly,
and the Security Council, together with committees charged with monitoring the specific treaties to which Afghanistan is a party monitor and report on the human rights abuses committed by the Taliban.

In addition, as Afghanistan produces the largest number of refugees in the world, international standards for granting refugees status are also relevant in assessing the Taliban’s responsibility for human rights violations. That is, under international law a woman becomes a refugee, and is thereby entitled to various protections from her host country, if “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, [she] is outside the country of [her] nationality and is unable, or owing to such fear, unwilling to avail [herself] of the protection of that country or...unwilling to return to it.”295 “Persecution” on the grounds of political opinion and membership in a social group has been held to apply to violations of women’s rights as a result of extremist interpretations of Islam with which the women do not agree. The test that is applied is not whether the perpetrator of persecution is a recognized regime but whether it exercises sufficient control over a particular area so as to preclude the person from availing herself of protection from the authorities or, alternatively, seeking remedies for violations. The Taliban’s control over more than 90% of Afghanistan’s territory coupled with their domination of “government” ministries of health, justice, education and other sectors effectively precludes Afghan women of receiving protection or redress from their violations.

In short, the Taliban is bound by international human rights obligations. While freedom of religion allows for specific interpretations of and reservations under international law, it does not permit the Taliban to take measures that directly contravene the object and purpose of treaties under which Afghanistan has assumed obligations nor to decline to uphold universally recognized principles of non-discrimination in the name of the Shari’a. Moreover, the Taliban’s invocation of both religious grounds and incapacity reveal the political reality behind their non-compliance with international human rights obligations. Finally, the Taliban is responsible for protecting and fulfilling the human rights of all of the subjects who inhabit the territory under its functional control.

Appendix A

Afghan Women’s Health and Human Rights Survey (10)
1. CASE ID ______________________
   (P: 1-999; I: 1000-2,000)

2. Date of interview ______ - ______ - 2000

3A. Interviewer code ______________________
   (P: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; I: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20)

3B. Translator code ______________________
   (P: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; I: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20)

4. Location code ______________________
   (P: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; I: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20)

5. Participation Outcome: [Circle ONE]
   Eligible/Survey Complete = 1
   Not Eligible = 2
   Not Available (2 visits) = 3
   Refusal
      = 4a = Lack Time; 4b = Fear Reprisal;
      4c = Opposed to Study; 4d = Other
   Unable to Complete
      = 5a = Interrupted; 5b = Emotional;
      5c = Safety; 5d = Other

I am working with an Afghan non-governmental organization group that is concerned about the health of women in Afghanistan. We are not here to provide humanitarian assistance. We selected your home randomly among other homes and would like to speak to the female head of your household. We would like to ask you a number of questions about your experiences over the past TWO YEARS in Afghanistan. Have you been in Afghanistan the past two years? [If YES, continue; if NO, end the interview]

This survey requires only BRIEF responses to a limited number of questions, and from ONLY ONE family member. At the end of the interview, we may ask more detailed questions. Also, we may have a few questions of one of the male members of your household, but we would prefer that this person not join the interview until after we are finished.
The findings of this survey will be used to advocate for improvements in any problems identified from the survey. This is an anonymous survey. You do not need to give us your name at all. If you do not understand a question, please ask for clarification. If a question makes you uncomfortable, we will go on to the next question. You are free to stop at any time during the interview. May I ask you some questions?

6. Where are you from in Afghanistan? [Ask A-C and be sure to use correct spelling]
   Province __________________________
   Municipality ________________________
   City, Town or Village ______________________
   Where did you live primarily in the last 4 years ____________________

7. How would you describe the area in which you live? [Circle ONE]
   Urban or large city 1
   Suburban or small city 2
   Rural or farm 3
   Other 4

8. How long have you lived in this part of Afghanistan?
   (# years) __________

9. What is your age? (# years) __________

10. What is your current marital status? [Circle ONE]
    Never married 1
    Married 2
    Divorced or separated 3
    Widowed 4

11. Which of the following ethnic groups do you identify with most? [Circle ONE]
    Pashtun 1
    Tajik 2
    Hazara 3
    Uzbek 4
    Nuristani 5
    Baloch 6
    Other [SPECIFY] 7

12. How many years of formal education have you completed? (# years) __________

13. What is your main occupation in Afghanistan?

14. In the last year, how would you describe your physical health? [Circle ONE]
    Very good 1
    Good 2
    Fair 3
    Poor 4

15. How would you describe your access to medical and health care services (doctors, hospitals, clinics and medications) in Afghanistan? [Ask A then read choices. Ask B and read choices]
    A. 5 years ago [Circle ONE]  B. now [Circle ONE]
    No access 1 1
    Poor 2 2
    Fair 3 3
    Good 4 4
    Excellent 5 5
    Did not seek treatment 6 6

16. How would you describe the quality of health care services available to you in Afghanistan? [Ask A then read choices. Ask B and read choices]
    A. 5 years ago [Circle ONE]  B. now [Circle ONE]
    Poor 1 1
    Fair 2 2
    Good 3 3
    Excellent 4 4
    No services 5 5
17A. Have you or any female family member ever been very sick and unable to get medical treatment in the last 2 years? [Circle ONE]
  Yes  0 [Go to Q17B]
  No  1 [Go to Q18]

17B. If “Yes.” What restrictions affected your ability to get medical treatment? [Circle ALL that apply. Do not read the choices]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23B.1 No chadri</td>
<td>1</td>
</tr>
<tr>
<td>23B.2 No Mahram</td>
<td>1</td>
</tr>
<tr>
<td>23B.3 No medical facility for women</td>
<td>1</td>
</tr>
<tr>
<td>23B.4 Financial difficulty</td>
<td>1</td>
</tr>
<tr>
<td>23B.5 Not able to see a male doctor</td>
<td>1</td>
</tr>
<tr>
<td>23B.6 Doctor unable to do a proper examination</td>
<td>1</td>
</tr>
<tr>
<td>23B.7 Denied admission/treatment on account of female gender</td>
<td>1</td>
</tr>
<tr>
<td>23B.8 Other [SPECIFY]</td>
<td>1</td>
</tr>
</tbody>
</table>

18. In the past 2 years, to what extent have official policies toward women affected your physical health in Afghanistan? [Circle ONE]
  Not at all 1
  A little 2
  Significantly 3
  Extremely 4

19. During the past year in Afghanistan (since April ’99), did you feel your access to medical and health services: [Circle ONE]
  Improved 1
  Declined 2
  Remained the same 3
  Or were you not in Afghanistan in the past year? 4

20. In the last year how would you describe your mental health? [Circle ONE]
  Very good 1
  Good 2
  Fair 3
  Poor 4

21. In the past 2 years, to what extent have official policies toward women affected your mental health? [Circle One]
  Not at all 1
  A little 2
  Significantly 3
  Extremely 4

22. Feeling down, depressed, or hopeless?
   A. In the past 2 years? Yes No
   B. How about now? Yes No
   1 0 1 0

23. Little interest or pleasure in doing things?
   1 0 1 0

24. Trouble falling asleep, staying asleep or sleeping too much?
   1 0 1 0

25. Feeling tired or having little energy?
   1 0 1 0

26. Poor appetite or overeating?
   1 0 1 0

27. Feeling bad about yourself – or that you are a failure or have let yourself down?
   1 0 1 0

28. Trouble concentrating on things such as cooking?
   1 0 1 0

IF BOTH Q22 AND Q23 ARE “NO” THEN GO TO Q30
29. Being so restless that you were moving around a lot more usual, or moving or speaking so slowly that people have noticed? [or observed by the interviewer] 
   1 0 1 0

30. Had thoughts that you were better off dead or thoughts of hurting yourself? 
   1 0 1 0

31. To what extent do you think official policies toward women are responsible for the symptoms you mentioned above? [Circle ONE] 
   Not at all 1
   A little 2
   Significantly 3
   Extremely 4

32. In the past FOUR YEARS, have you ever attempted suicide? [Circle ONE] 
   Yes 1
   No 0 [GO TO Q34 if 30 and 32 = NO]

33. Do you think the official policies toward women are responsible for your thoughts and/or attempts of suicide? [Circle ONE] 
   Not at all 1
   A little 2
   Significantly 3
   Extremely 4

34. In the last year, did women have access to mental health services where you live? [Circle ONE] 
   Yes 1
   No 0

35A. In the last year, have you received any form of humanitarian assistance in Afghanistan? [Circle ONE] 
   Yes 1 [Go to Q35B]
   No 0 [Go to Q37]

35B. If yes, what was the nature of the assistance? [Circle ONE response for A-O] 
   A. Food 1
   B. Shelter 1
   C. Health Services 1
   D. Work 1
   E. Education/Training 1
   F. Other

36. Have official policies toward women interfered with your access to humanitarian assistance? [Circle ONE] 
   Yes 1
   No 0

37. Overall, in the last 5 years have official policies toward women changed your life for better or worse? [Circle ONE] 
   Much Better 1
   Somewhat better 2
   No Change 3
   Somewhat worse 4
   Much Worse 5

38. To what extent have official policies toward women forced you to restrict your activities in public? [Circle ONE] 
   Never 1
   Rarely 2
   Sometimes 3
   Almost Always 4
   Always 5

39. How often do you wear a chador? [Circle ONE] 
   Not at all 1
   A little 2
   Significantly 3
   All the time 4
40. To what extent has the dress code policy affected your activities of daily living? [Circle ONE]
   Never 1
   Rarely 2
   Sometimes 3
   Almost Always 4
   Always 5

41. How would you describe your opportunities for education in Afghanistan? [Ask A and B]

<table>
<thead>
<tr>
<th></th>
<th>A. 5 years ago [Circle ONE]</th>
<th>B. now [Circle ONE]</th>
</tr>
</thead>
<tbody>
<tr>
<td>No opportunities</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Excellent opportunities</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

42. How important is it that women and girls have educational opportunities in Afghanistan? [Circle ONE]
   Not at all 1
   Somewhat 2
   Significantly 3
   Extremely 4

44A. Have policies interfered with landmine awareness education of any members of your household? [Circle ONE]
    Yes 1 [Go to Q44B]
    No 0 [Go to Q45]

44B. If yes, were women and girls affected more than men and boys? [Circle ONE]
    Yes 1
    No 0

45. How would you describe your opportunities for employment in Afghanistan? [Ask A and B]

<table>
<thead>
<tr>
<th></th>
<th>A. 5 years ago [Circle ONE]</th>
<th>B. now [Circle ONE]</th>
</tr>
</thead>
<tbody>
<tr>
<td>No opportunities</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Excellent opportunities</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Does not apply (students, elderly, etc..)</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

46. How important is it that women and girls have employment opportunities in Afghanistan? [Circle ONE]
   Not at all 1
   Somewhat 2
   Significantly 3
   Extremely 4

47. During the past year in Afghanistan (since April '99), did work opportunities for women: [Circle ONE]
   Improve 1
   Decline 2
   Remained the same 3
   Or were you not in Afghanistan in the past year? 4
48. How many people were living with you in your house (not the family compound), including yourself? [Ask A-D]
   A. Total # IN HOUSE
   B. Children under 18
   C. Adult Women
   D. Adult Men

49. We would like to know whether you or any of the people you listed above experienced any abuse by police, security forces, militia or armed groups in the PAST THREE YEARS. By abuse we mean: beatings, gunshot wounds, rocket injuries, torture, killing, detention for more than 24 hours, sexual assault, including rape, and possibly other abuses. Let's discuss one person at a time, starting with you. Did you experience any of these? [Ask A-J using codes listed below each column]

IF NO HOUSEHOLD MEMBER ABUSED CODE HERE AND SKIP TO NEXT QUESTION.

<table>
<thead>
<tr>
<th>Person</th>
<th>Age</th>
<th>What Abuse Occurred</th>
<th>By Whom</th>
<th>What Was the Reason for the Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1=Self  2=Husb  3=Mother  4=Father
5=Son (Sa, Sb)  6=Daughter (Sa, Sb)  7=Son (Sr, Sr)
8=Brother (Sa, Sb)  9=Other Relative (Sa, Sb)
10=Other Non-Relative (Sa, Sb)  11=NR

1=Raping  2=Gunshot Wound  3=Rocket Injury  4=Torture
5=Beating  6=Killing  7=Detained > 24 hrs  8=Sexual Assault: No Rape
9=Sexual Assault: Rape  10=Marriage

50. Please indicate your agreement or disagreement with the following statements: [Circle ONE response for A-J]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strict codes of dress for women are appropriate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Women should have equal access to education</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. Women should have equal work opportunities</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D. Women should be able to express themselves freely</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E. Women should be able to associate with people freely</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F. Women should be able to move about in public without restriction</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G. There should be legal protections for the rights of women</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H. Women should be able to participate in government</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I. The teachings of Islam restrict women's human rights</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J. Women's human rights concerns should be included in any peace talks</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Do You Have Any Additional Comments?

__________________________________________________________________________

RESEARCHER: If you think this person should be asked interviewed for a “case testimony,” ask the following: Would you be interested in speaking with one of our researchers further at another time? [Circle ONE]

YES        If Yes, record the address of you present location:

NO

RESEARCHER: Before ending the interview, be sure all questions are answered.
Assessment of Men’s Attitudes:

As I mentioned at the beginning of the interview, we would like to speak to a male member of your household. Do you have a Husband, Father, Brother or Son older than 18 years that I may speak with? I am working with an Afghan non-governmental organization that is concerned about the health and well being of women in Afghanistan. We selected your home randomly among other homes. I would like to ask you a few brief questions on how recent policies in Afghanistan have affected women. May I ask you some questions?

51. RESEARCHER: Code male relation
   Husband ___________________________ 1
   Father ______________________________ 2
   Brother (over 18 yrs.) ___________ 3
   Son (over 18 yrs.) ___________________________ 4
   Other _____________________________________________ 5

52. Participation Outcome: [Circle ONE]
   Eligible/Survey Complete = 1
   Not Eligible = 2
   Not Available (2 visits) = 3
   Refusal = 4a=Lack Time; 4b=Fear Reprisal;
       4c=Opposed to Study; 4d=Other
   Unable to Complete = 5a=Interrupted; 5b=Emotional;
       5c=Safety; 5d=Other

53. Please indicate your agreement or disagreement with the following statements: [Circle ONE response for A-J]

   A. Strict codes of dress for women are appropriate
   B. Women should have equal access to education
   C. Women should have equal work opportunities
   D. Women should be able to express themselves freely
   E. Women should be able to associate with people of their choosing
   F. Women should be able to move about in public without restriction
   G. There should be legal protections for the rights of women.
   H. Women should be able to participate in government
   I. The teachings of Islam restrict women’s human rights
   J. Women’s human rights concerns should be included in any peace talks

Agree    Disagree

__________________________________________
Do You Have Any Additional Comments?

__________________________________________
**APPENDIX B**

**Women’s Rights, Community Health and Development Survey**

*To be administered once to the female and male head of each household*

*Record only one response for each question (1A–1M and 2A–2D)*

<table>
<thead>
<tr>
<th></th>
<th>1. NOT IMPORTANT</th>
<th>2. SOMewhat IMPORTANT</th>
<th>3. IMPORTANT</th>
<th>4. VERY IMPORTANT</th>
<th>5. EXTREMELY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>I. At present, how important are the following items for the health and development of your community?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Food and shelter</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>B. Sanitation and access to clean water</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>C. Education for women and girls</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>D. Opportunities for women to work outside of their homes</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>E. Equal access to health care services</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>F. The ability of women to move about in public without restrictions</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>G. The ability of women to express themselves freely</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>H. The participation of women in government</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>I. Freedom from punishment for dress code infractions</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>J. Legal protections for the rights of women</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>K. The participation of women in community health and development decisions</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>L. Peace in Afghanistan</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>M. Demining</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Women's Rights, Community Health and Development Survey

2. At present, how important are the following forms of assistance for the health and development of your community?

   | A. Emergency relief such as food, shelter, emergency medical services, etc. | 1 2 3 4 5 |
   | B. Rebuilding infrastructure such as roads, wells, drains & public buildings | 1 2 3 4 5 |
   | C. Community development programs that are designed to help communities to take care of their own needs | 1 2 3 4 5 |

*Record only one response for each of the following questions*

3. In your opinion, is there any reason to restrict education for women and girls at the present time in your community? | 1. YES  2. NO |

4. In your opinion, is there any reason to restrict work opportunities for women outside of their homes at the present time in your community? | 1. YES  2. NO |