



Introduction

Afghanistan has the 7th highest maternal mortality rate in the world at 521 deaths per 100,000 live births¹. This is 41 times larger than the maternal mortality rate of the UK, whilst also having only $\frac{2}{3}$ of the population size. The Taliban's strict interpretation of Sharia law means women and girls severely lack healthcare provisions, especially surrounding giving birth, yet despite this there are organisations doing their best to help the struggling female population where they can

Epidemiology

- 35% of Afghan girls under 18 and 9% under 15 are married². Due to girls being unable to attend school past age 11², they have little understanding of safe sex practices and menstrual and sexual health, therefore are more susceptible to unplanned and dangerous pregnancies
- Women in rural areas are more at risk than those in urban areas due to longer distances and more difficult terrain to traverse to get to a healthcare facility³
- Since the Taliban's takeover in 2021, the life expectancy in the country has fallen sharply, with the 2 of the top 5 causes of female death being pregnancy related⁴

Life expectancy at birth

The average number of years that a newborn could expect to live, Afghanistan, by sex, 2000 - 2021.

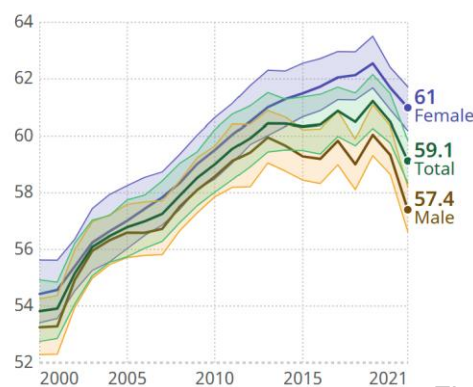


Fig 1: Afghan life expectancy⁴

Top causes of death - Female

Deaths per 100 000 population, Afghanistan, 2021

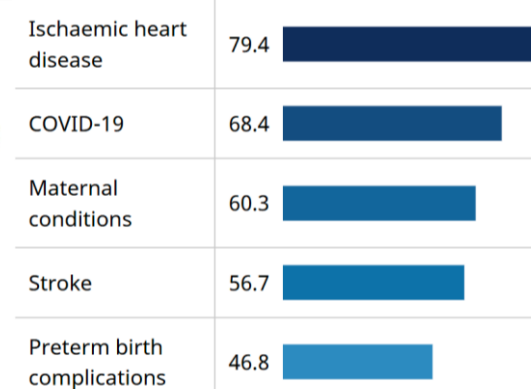


Fig 2: Top causes of death of Afghan females⁴

Risk Factors

Unfortunately, most risk factors are unmodifiable due to how the law severely restricts women on what they can and can't do. These have a blanket effect on all women in the country, for example being banned from higher education, women being banned from working in most healthcare jobs, and not being allowed to come and go without having arranged a male chaperone. Some more circumstantial risk factors are listed below:

- Living in a more rural area³
- Being a child²
- Being disabled and/or disfigured⁵

Implications

- In 2020, the World Health Organization estimated that 24 Afghan women died every day in childbirth or pregnancy³
- Afghanistan has an MMR (Maternal Mortality Rate) of 521 per 100,000¹
- Child marriages are causing an increased number of birth related deaths. The risk of maternal death is 28% higher for mothers aged 15-19 than mothers aged 20-24⁶

Interventions

WSTA Midwifery Programme supported by the UNHCR³

- Midwifery is currently exempt from the ban introduced by the Taliban on most areas of work for women
- The course is run by the WSTA (Watan Social and Technical Service Association) and is supported by the UNHCR (UN High Commissioner for Refugees)
- The course is 2 years and trains up women in their local area as midwives, enabling them to provide vital maternal care in their communities

WHO Maternal and Child Health handbook⁷

- Over 2017-2018 the WHO distributed over 10,000 of these handbooks in parts of the Kabul province
- It details important information regarding maternity, including tracking the course of the pregnancy, how to look after one's health during pregnancy, and how to care for a newborn, amongst other things
- Hopefully these handbooks can be passed down through generations to continue to help expectant mothers

UNFPA (UN Population Fund) Family Health Houses^{8,9}

- The UNFPA had established 172 Family Health Houses across the country, staffed by community midwives, as of 2022
- Since then, over 100 of these have had to close due to further restrictions on women in healthcare, but those that remain open still provide essential maternal healthcare

Conclusion

The Taliban's war on women is one that breaches many human rights and puts Afghani women and girls in danger on a daily basis. Despite the regime's continued attempts to limit the freedom and livelihoods of women across the country, organisations work within communities to do what they can to help. Whilst a lot of good work is being done, Afghanistan is still a long way from equal healthcare and now the Taliban are back in control, things look to only go downhill. They claim women will be able to return to education when they have aligned curriculums with Islam; the hope is that this will be achieved as soon as possible so women can be trained in vital healthcare roles

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