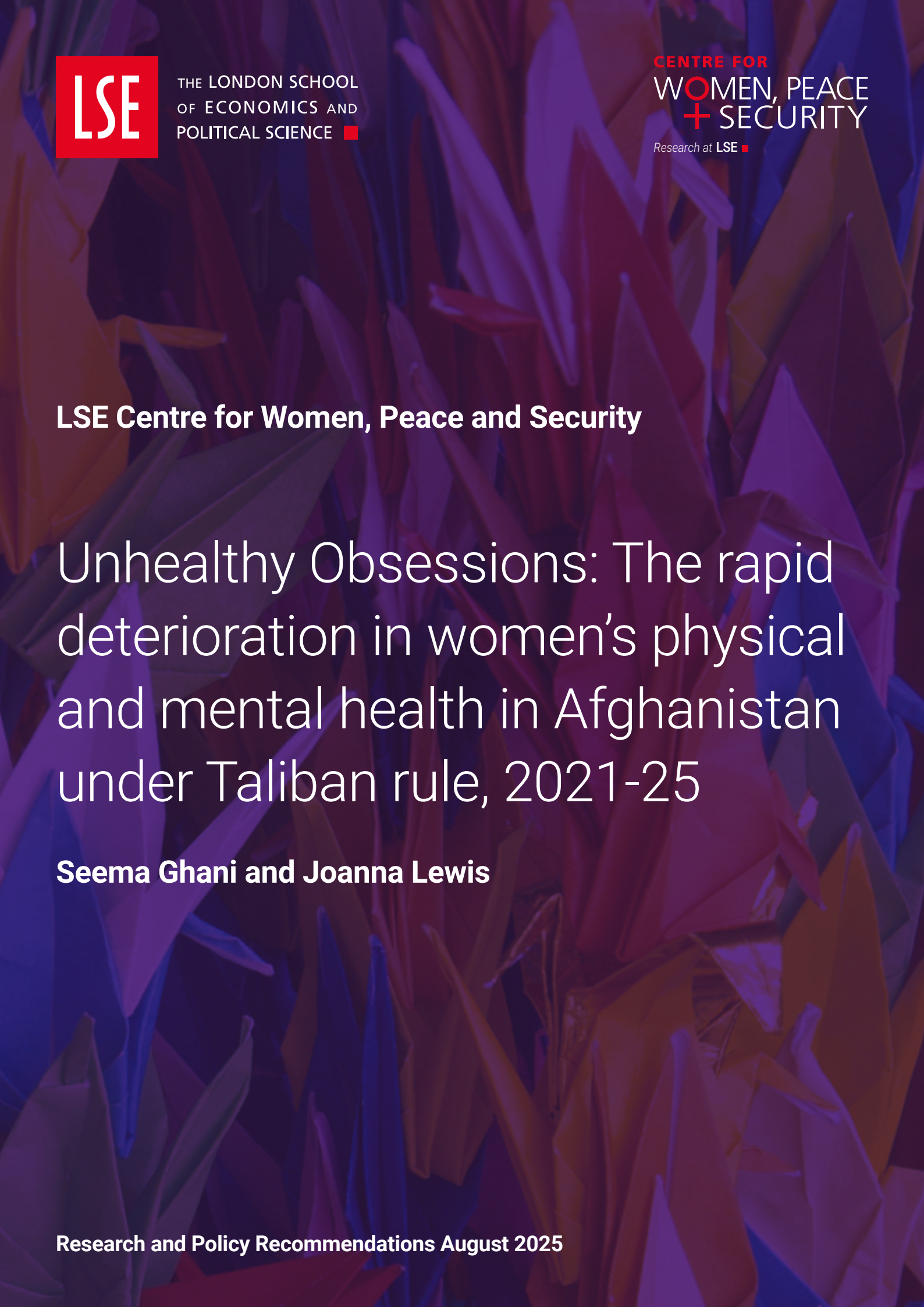

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

CENTRE FOR WOMEN, PEACE + SECURITY
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Unhealthy Obsessions: The rapid deterioration in women's physical and mental health in Afghanistan under Taliban rule, 2021-25

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Summary

During 2025, research funded by the LSE and led by its Centre for Women, Peace and Security was conducted in Afghanistan by a small team of health care professionals and health sector experts. Their brief was to examine the impact of some of the Taliban's Edicts in relation to women's health. Despite challenging circumstances, over a hundred women were interviewed, drawn from multiple provinces and diverse backgrounds. The main findings reveal three worrying trends. First, barriers to accessing even basic health services for over half of women and girls. Secondly, the data exposes the extent of female distress and an unfolding mental health crisis. Finally, it shows that these impacts are understood by most women to stem from the regime's attempt to restrict women to the home, and to remove them from professional roles, even those related to health care. Ministerial edicts are seen (and experienced) by many as the root cause of a spiralling decline in women's health and well-being.

Overall, this report underlines how the combined effect of Taliban policies are resulting in a rapid deterioration in women's ability to get medical treatment across all age groups, regions, and by extension impacting access of other family members especially children. Access to health points is restricted and an already patchy health service has been severely reduced. Women working in the health sector have been systematically removed; and midwifery and nursing training suspended. Consequently, the negative health impacts of gender-based restrictions on women's access to health care looks likely to worsen with dire implications for maternity care and children, and therefore for female life expectancy and infant mortality levels.

Reversing these trends and stemming the damage on the ground requires a holistic local, regional and global enabling environment of change, reinstating women's access to health care, and women working in the health care sector. All Edicts and the Ministry of Prevention of Vice and Promotion of Virtue need to be abolished immediately. Finally, any regime that claims to be a government, cannot be formally recognised as such by the international community, when that regime is responsible for such a gender discriminatory approach to health care access and provision, and such a negative impact on the health of its population.

Contents

List of Abbreviations

ADB	Asia Development Bank
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
DFA	*De facto* Authority
HNRP	Humanitarian Needs and Response Plan
ICRC	International Committee of the Red Cross
INGO	International Non-Governmental Organization
NGO	Non-governmental Organization
OECD	Organization for Economic Cooperation and Development
PBS	Public Broadcasting Service
PVPV	The Propagation of Virtue and Prevention of Vice Law
SDG	Sustainable Development Goals
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNICEF	The United Nations International Children's Emergency Fund
WB	World Bank
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Research Focus

Immediately after seizing power from the democratically elected government of the Republic of Afghanistan in August 2021, Taliban leaders began severely restricting the lives of women and girls. These interventions can be roughly divided into a number of interlinked and overlapping areas. Firstly, the incremental removal of women from professional roles, the workplace more generally and many income generating activities. Instead, they are confined to the home whilst men are increasingly handed the jobs women once performed (the Taliban having shown significant self interest in women's income generation strategies in the past).[1] Secondly, the prohibiting of the education of girls after the age of twelve, with no opportunity for secondary, college, university or technical-training.[2] Thirdly Taliban leaders have ordered the administering of violent punishments against women and girls for not being obedient (resulting in self-imposed restrictions by women and girls, in order to evade beatings and imprisonment; and the punishment and intimidation of many male allies who oppose the restrictions or who are blamed for non-compliance). And, significantly, the replacement of the Ministry for Women Affairs, with the Ministry of the Promotion of Virtue and the Prevention of Vice, accompanied by the issuing of regular Edicts, numbering over 100 at the time of writing.[3]

1 For one example, T Hashemy, R Shrestha, S M Hashemy, Y Kotera, Y Kaneda, D Bhandari, P Dulal, S Abeysinghe, A Ozaki, & S H Mousavi, "The challenges faced by women-owned companies in Afghanistan under COVID-19 and Taliban". *Cogent Social Sciences*, 9, 1 (2023).

2 A W Popalzay. Gender apartheid in education: the Taliban's educational restrictions and their consequences for Afghan women and girls. *Journal of Gender Studies*, (2025) 1–13.

3 H Barr, (2021), "For Afghan women, the frightening return of 'Vice and Virtue'", *Foreign Policy in Focus* (2021) 1. Human rights violations and persecution are not confined to women and girls of course. For example, see Gul Hassan Mohammadi, "The Plight of Hazaras Under the Taliban Government". *Diplomat* (2024).

Their obsession with discriminating against and punishing women has been called "gender apartheid" by many experts in international law.[4] In July 2025, the International Criminal Court, issued (closed) arrest warrants for two Taliban leaders in relation to the crime against humanity of persecution on gender grounds against girls and women, only the second time this has happened, on these grounds, in the ICC's history.[5]

The aim of our research was to explore the impact on women's health after four years. Of particular interest was a Taliban Edict in August 2024, insisting that women are not allowed to leave home without a *mahram* (chaperon); and even with a *mahram* (which must be a male relative) in the case of an emergency only. This was especially concerning since Afghanistan is a society with a high proportion of conflict-widows, across generations, who do not have a close male relative living in the house.[6] This research sought to find out to what extent women generally in Afghanistan have difficulty reaching a health point now that the Taliban have restricted the movement of women. Was this just Taliban rhetoric, perhaps from a particular faction, and not really enforced on the ground? (For example, anecdotal evidence has suggested some Taliban leaders send their daughters to school outside the country after the age of 14.) Or are the restrictions widespread especially in cities where the Edicts can be more easily enforced perhaps? Or is the potential for impact in reality greater in rural areas where health care options are already limited (For example, women would visit or call on a midwife in the countryside when expecting a baby, where long distance travel to clinics might be more difficult especially at certain times of the year.) Another question was: how are clinics functioning? What kind of issues are they facing? How impactful are the restrictions on women still working for health care providers? Moreover, we wanted to explore what might be the mental health impact and emotional toll of Taliban restrictions on women and girls. Is the impact significantly worsening?

4 Karima Bennoune, "The international obligation to counter gender apartheid in Afghanistan. *Columbia Human Rights Law Review*, 54, 1 (2022) 1–88; R de Silva de Alwis, 'Holding the Taliban Accountable for Gender Persecution: The Search for New Accountability Paradigms under International Human Rights Law, International Criminal Law and Women, Peace, and Security'. *German Law Journal*, 25, 2 (2024) 289-334.

5 The ICC's arrest warrants were issued on 8th July 2025 for two Taliban leaders in relation to soliciting the crime against humanity of persecution, under article 7(1)(h) of the Rome Statute, on gender grounds against girls, women and other persons non-conforming with the Taliban's policy on gender, gender identity or expression; and on political grounds against persons perceived as "allies of girls and women", beginning 15 August 2021. **icc-cpi.int/news/situation-afghanistan-icc-pre-trial-chamber-ii-issues-arrest-warrants-haibatullah-akhundzada**

6 Even in 1990s Kabul it was known there were an estimated 30,000 widows, and most of them were the sole supporters of their children: report by former Afghan diplomat, F Nawabi, "Violation of Human and Women's Rights by the Taliban in Afghanistan" Report for Raoul Institute, Sweden (2023) 13.

Methodology

To answer these questions, primary source material was gathered over six weeks, by a small, mobile research team based in Kabul to generate qualitative and quantitative data.[7] Face to face and over the telephone interviews were conducted based on a detailed questionnaire. Care was taken to include women of different ages including teenagers. To ensure as wide a geographical representation as possible, interviewees came from several provinces and were drawn from multiple ethnic groups. Researchers were chosen for their prior experience and knowledge of the health sector over a long period. All had significant experience of working with women and girls in the health sector, and most had conducted interviews before. Secondary source material was also consulted including academic papers, official reports, NGO publications and media coverage.

The research team managed to interview in total and separately, 115 women and girls. Out of this total, 96 were with women as patients/clients of health services and 19 were doctors, nurses and midwives. Doctors and other medical staff interviewed were based in four provinces of Kabul (capital), Balkh (North), Herat (West) and Nanagarhar (East). Of the 96 interviews with women and girls of different ages 15 were interviewed in Kabul, 13 from Balkh province (North of the country), 10 in Badakhshan (North East of the country), 10 in Kandahar (South), 10 in Laghman (East), 10 in Bamyan (the central highlands), and 10 interviews in Herat (West). 18 outpatients were interviewed in the premises of three hospitals of Malalai Maternity Hospital, Istiqlal Hospital and Rabia Balkhi Maternity Hospital in Kabul. Doctors and other medical staff interviewed were based in four provinces of Kabul, Balkh (North), Herat (West) and Nanagarhar (East).

7 Regrettably, the names of the researchers on the ground have to be withheld. We fully acknowledge their central contribution to this report and hope to be able to give them full, named credit in the future. Any mistakes or omissions in this report are the sole responsibility of the two authors.

Challenges faced by the team on the ground included interviewees not having the time for long and in-depth interviews planned due to demands on their time and having to cancel due to an emergency. Occasionally the telephone lines would get cut off with connection problems when the interviews were based in remote districts. Other issues included the effect of women not having access to news and basic information. There was a worrying lack of awareness among some women about the Virtue and Vice Law; the existence of the ministry being in place of the Ministry of Women's Affairs, and the issuance of all the numerous decrees by the Supreme leader limiting women from their usual social life where news, information and stories would naturally be shared and passed on. The team became extremely concerned about some awareness of overall restrictions but not with much detail of how it affected women in the society, increasing their risk of potential punishment for infringements out of non-awareness.

Also problematic, was that by targeting women at health clinics out of necessity for data, this likely had the effect of the results under-estimating the negative impact on the number of women able to access health care. Thus, our findings are a very conservative estimate. Women and girls with lack of access in reality is likely higher than our findings (probably a third higher). In some instances, women's understanding of health services was that the standards were low everywhere. Others, especially in the provinces, strongly believed that no government has ever paid much attention to the provision of adequate services or its quality.

Due to concerns about security and the need to keep interviewees and interviewers safe, the research on the ground was challenging and had to be contained. To supplement research findings, data generated by other organisations related to health was consulted, (gathering independent data, free from the effects of fear and intimidation, is universally challenging along with the compromised security across the country). Likewise, secondary sources more generally on women's lived experiences under Taliban controlled Afghanistan have also been used.

Findings

The study shows that women's access to health care is rapidly being limited due to a worrying combination of a lack of health care points and an ability to reach those points. It has become more difficult and some cases impossible to access health care, because some women do not have a *mahram* to accompany them. Travelling over a long distance is even harder because any solo movement can result in imprisonment and physical punishments which some describe as including torture, such as being lashed in public. This is especially serious for women in rural areas who usually only attend clinics during pregnancy, childbirth and its immediate aftermath. In most cases the clinic that a woman wants to attend for health issues will turn her down without any provision of services if she arrives without a *mahram* (but will not report her to the authorities). There were many stories told about subsequent female deaths in the last four years. It is very likely that these are increasing because the restrictions of movement without *mahram* is also increasing (even if the journey is for life saving reasons).

The research's second major finding was that women's mental health is also rapidly deteriorating. A sense of loss, hopeless, fear for themselves and for their children, as well as sheer boredom are all mounting. As other emerging reports have found, to alleviate distress, a sense of despair for the future, and combat pain, some of girls and women are getting addicted to tobacco and other drugs. It is widely known and was reported in interviews, that in worse case scenarios, **young** women are committing suicide.

Thirdly, many women were critical of the edicts and blamed them for clearly compromising women's health. This underscores local interpretations of Taliban attitudes to women as brutal and irrational, rather than a necessary Islamic corrective or sensible governance. This is evidenced by our findings, since many women had no prior knowledge of such restrictions, nor in some cases of the Edicts themselves. Those who were aware, tended to blame them for what they were inflicting on women and girls in the country.

Ultimately, this research points to the unfolding of a chronic national health crisis in the medium to long term. For if the situation continues as is, then more problems over time will emerge not just in relation to the deterioration in women's health and by extension children's health, but also rising female mortality, especially death in childbirth, and infant mortality. A mother cannot attend her children as well as she wants to, if she is suffering from health issues herself. The impacts go further and beyond health. Family has traditionally played a supplementary role in the education of a child. An educated, literate mother would have helped her children study. However now, rising numbers of sick or depressed mothers are less able to help their daughters learn (or indeed help their sons unlearn the misogynistic views they are reportedly being taught).[8]

Structure

In Part One, we set out the history of health care in contemporary Afghanistan to better understand the circumstances that have set the scene for of such a rapid impact upon and deterioration in women's health. These have been identified as the Taliban's imported ideology in the context of prolonged war; the slow growth in health sector services, linked to the impact of war; a longer term pattern of neglect in specifically women's health; the outsourced nature of the heath sector; and finally, linked to that, the effect of the dramatic sudden rupture in health care due to the withdrawal of Allied support for the Republic in 2021. The main research findings are set out in Part Two and have been organised into thematic areas. Part Three discusses the wider implications of the research in relation to other studies, anecdotal evidence, news outlet and social media claims. Finally, recommendations are made in a concluding section.

8 According to experts on Afghanistan and terrorism, there is evidence suggesting that in Taliban approved schools, children are being taught *jihadi* based lessons which can install extremist, misogynistic views. Nargis Nehan, former Minister of Mines in Afghanistan, speaking a side event of the UN Commission on the Status of Women in March 2025 reported how "the Taliban have reversed decades of progress in just three years, imprisoning women in their homes and brainwashing young boys with their religious ideology": Siya Siat, "Ex-minister: Taliban have taken Afghanistan decades backwards", *Amu TV*, 13 March 2025.

Part One: A brief history of contemporary health care provision in Afghanistan

Afghanistan is often described as an agricultural country, since the majority of its population live in rural areas. Figures such as 90 per cent living in rural areas and only 10 per cent percent located in the urban, have been referenced by many development agencies. Governments have always faced challenges providing services to a scattered rural population. Alongside the shared challenges to funding and delivery of any national service, providing health services has its own set of issues. This is partly because historically, health care provision has been partial, impacted by war and see-sawing regime change. To fully appreciate the potential negative impact on women and girls' health since 2021, there are a number of other specific, long-term features relating to the history of health care in Afghanistan to bear in mind. When combined with Taliban edicts, the potential for the rapid spread of an extensive negative impact on women's health as a result of those edicts can be put in context. Access to health care has often been affected by gender: health care has consistently been set back for women. Thus, although under the recent Taliban rule health care for women has diminished, as will be shown, the picture was hardly a rosy one. There are at least four overlapping patterns to contemporary health care in Afghanistan which provide important context for understanding post 2021 decline for women's health care.

i) The slow, gradual implementation of national health care plans

The implementation of a national health care service in the second half of the twentieth century has been slow and staccato, linked to the remoteness and scattered nature of the population, regime change, war and foreign invasions. The health sector, like others, has faced major challenges and been through different types of reforms but it has also faced extra challenges. None of the services planned and rolled out by governments ever sufficed the population, especially regarding the health sector, which in turn made people suffer more. Costs have always been high, and revenues limited. There has been an increase in population growth rates since the 1980s (likely to be halted in the current situation and medium term). The revenue of the succession

of governments has never been sufficient to provide a complete healthcare system to the population. The challenges are in part linked to repeated cycles of conflict when access of the service providers becomes harder, revenue is redirected away from healthcare, and conflict related injuries grow.

During each of the conflicts of the last near half a century, various governments and their development partners have experienced difficulties in reaching and building health services in areas that were a focus of insurgency activity and where these forces were able to grow in strength. Afghanistan has been through several regime changes for the last five decades following the end of the Kingdom and the first Republic led by President Daoud Khan in 1973.[9] Khan's government came up with five-year plans for different sectors and started implementing them, utilising the resources at home and from partners abroad. The left-focused parties feeling sidelined, planned a coup with the help of the USSR and the Afghan army, resulting in their take over in 1978. The reforms the former president planned were started but did not progress as planned (nevertheless, the five-year plans are still being referred to and used by various governments). This pattern and its legacies began to set in during the 1980s, when Mujahedeen forces were holding parts of rural Afghanistan; and would be repeated during the republic regimes between 2002 and 2021, where the Taliban were in control of some rural sites. Thus, while health care provision was uneven, still suffering from neglect, successive governments were attempting to address some of these issues

The largest investment in the health sector came during the first two decades of the twenty-first century and from the international community. After 2002, and ousting of the first Taliban regime, and with the arrival of many donor countries and international agencies, including the World Bank, a coordinated plan of action to build the health sector started successfully. The sector was almost fully outsourced to NGOs because of their experience during the years of war and the funding came from a few donor countries.[10]

Although the investment was significant, there was never any service near to complete national coverage due to a range of challenges including remoteness, mountain ranges making it hard to reach many areas, and poor condition of roads. Services were never fully operational across the country and many areas referred to as "White

9 For one of the many English language histories of Afghanistan over the long duree, see Thomas Barfield, *Afghanistan: A Cultural and Political History*, (Princeton University Press, Second Edition, 2022).

10 See Tekabe Belay, "*Building on early gains in Afghanistan's health, nutrition, and population sector: challenges and options*". World Bank (2010). doi.org/10.1596/978-0-8213-8335-3

Areas" remained without any service points.[11] The so called "White Areas" are those where, during the years of war/conflict, basic services such as health and education were lacking and stakeholders did not manage to reach people and provide services. High levels of corruption in the last twenty years was another reason for lower quality of services.[12] Sometimes clinics and schools never existed but were reported to the government and donors as built, with the funds diverted into private hands. And as conflict grew again, Taliban forces did not allow clinics, schools and other humanitarian activities in the areas they controlled, according to health providers on the ground during 2001 and 2021. Basic health support systems suffered. One major reason for this was because such services relied on donor funding and Taliban ideology is steadfastly opposed – publicly and rhetorically at least - to anything that comes from the West, whether funding or ideas which might undermine its power base. Clinics were therefore not set up in areas where Taliban had their strongholds.

ii) The gendered impact of war on health care provision

By August 2021, when the Taliban took over for the second time, one of the gaps across the country in terms of government provision for the population was that of the health services, including clinics, hospitals, smaller health points, and community outreach health workers. Women's health provision was especially patchy. A report in May 2021 by Human Rights Watch argued that after two decades of conflict in the country, there was a significant "unmet need" for modern contraception.[13] It has also been highlighted elsewhere that essential services like prenatal and post-natal care,

11 For a recent overview of the "white areas" and their relationship to a protracted humanitarian crisis in particular remote areas, see Rebecca Phwitiko, (2025) "An oasis in a medical desert: From vaccines to nutrition screening and pre-natal checks, pop-up clinics deliver primary health care to under-served communities in southern Afghanistan", UNICEF Article, 11 May 2025 ; and M R Salem, H Hegazy, S Eldeeb, J A Shaguy, R M Nassery, A Khawari, J Tanoli and A Abouzeid, "The current situation of health equity in underserved areas of Afghanistan". *Frontiers in Public Health* 12 (2024).

12 For example, see B G Mujtaba, "Ethnic diversity, distrust and corruption in Afghanistan: Reflections on the creation of an inclusive culture". *Equality, Diversity and Inclusion an International Journal*, 32, 3 , (2013) 245–261; *U.S. reconstruction efforts in Afghanistan would benefit from a finalized comprehensive U.S. anti-corruption strategy.* (2010). Office of the Special Inspector General for Afghanistan Reconstruction.

13 U Sharma, "Taliban 'ban' contraceptives for women-'haram' in sharia", *Human Rights Without Fronters*, 10 February 2023.

cancer treatments, pap smears, and mammograms were often unavailable. Many medical facilities lacked proper staffing and basic supplies. The country's healthcare system had been further strained by outbreaks of diseases such as polio, measles, malaria, dengue, cholera, and COVID-19.

Once the Taliban seized power, health care access to the countryside arguably improved. But the budget to build more clinics (and schools) was reduced even more due to sanctions by the international community. As a result, millions had difficulty reaching a health point, whether a small clinic or a large hospital. Foreign aid had funded a significant portion of Afghanistan's public sector, including $600 million in healthcare funding from the World Bank and other international bodies[14]. However, sanctions froze much of this funding. Additionally, the ongoing economic instability makes it difficult for many Afghans to afford medical care.

Nevertheless, in September 2021, the United Nations allocated $45 million in emergency funds, bypassing the Taliban and directing the money to NGOs working in Afghanistan.[15] This funding helped sustain clinics and health centers throughout 2021. Since then, other organisations, such as the World Bank, have contributed around $330 million to support essential health services.

14 B Farmer, "Afghanistan's health system in free fall as humanitarian crisis deepens", *The Telegraph*, 22 September 2021.

15 Ibid.

Table 1: UNICEF's January 2025, Situation report on Afghanistan shown in numbers[16]:

22.9 m	People in need of humanitarian assistance (HNRP 2025)
12 m	Children in need of humanitarian assistance (HNRP 2025)
857,000	Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2025)
14.3 m	People in need of humanitarian health assistance (HNRP 2025).

Highlights

- In 2025, an estimated 22.9 million people including 12 million children will require humanitarian assistance in Afghanistan, highlighting the urgent need for continued multi-sectoral support to reach the most vulnerable populations.
- In January, UNICEF reached 4.5 million community members (49 per cent female) with life-saving information and engaged with more than 184,000 individuals working with various community structures and networks (51 per cent female).

In January, 37,551 children (58 per cent girls) were admitted for severe wasting outpatient treatment, while 3,029 children with severe wasting and medical complications were referred for inpatient care.

16 UNICEF "Afghanistan Humanitarian Situation Report January 2025".1-31.

The donor community decided to continue coverage of health services through the UN agencies after the decision to impose sanctions against the Taliban regime was made public by Western politicians.[17] Countries such as the UK regard humanitarian support as a means to exercising some soft power advantage and the right thing to do for the population. Likewise, Afghans forced to live in exile, understandably support continued humanitarian intervention for the people of Afghanistan. Nevertheless, coverage is limited and donors working through the UN agencies have difficulty building many new health points in remote areas. Their budgets are very constrained and are being reduced further due to other emergencies around the world. Likewise, there are many reports of aid being diverted by the Taliban and not reaching recipients. Meanwhile such "gifts" are interpreted by the regime as divinely ordained rewards for their efforts.

A very recent additional funding challenge, at the time of writing, which affected many NGOs providing health services was the closure of USAID and reduction of its aid across the world in early 2025. USAID funds were focused more on reproductive health services where majority of the beneficiaries are women and girls if not all beneficiaries.[18] Over 10 per cent of the population will have lost access to healthcare services now that US funding has ended according to WHO. Women as the main beneficiaries of these health centers once again find it hard to reach a facility because most of the reproductive health providers are now closed or diverting to activities to seek funding from elsewhere in order to continue their work.

Reaching a health point was already difficult in many areas where roads are not good or transport is more expensive. With the closure of reproductive health services across the country, women were already finding it difficult to get to a clinic for their health and advice issues. They rely on local elders and local professionals' advice and support. However, the new regime has a fundamental problem with women and by extension with women having access to health.

17 For one discussion of this dilemma, see Roxanna Shapour, "Donors' Dilemma: How to provide aid to a country whose government you do not recognise", *Afghanistan Analyst Network*, 5 July 2022

18 "Mohamed, 'WHO Warns: Over 10% of Afghans May Lose Access to Healthcare by Year's End", *Hasht e Subh*, April 2025.

iii) Taliban misogyny, foreign ideology and the hyper-politicisation of women's rights

Where does this problem with women stem from? The historical lineage of the Taliban's misogynistic rule since 2021 (Taliban 2.0) is complicated. It is interwoven with combatting invasions, foreign ideology and traditional localised conservatism. It perhaps begins first with the invasion of Afghanistan by Soviet forces in 1973 and Soviet style reforms that brought in progressive changes for some women. Photographs from the era always eagerly portray women in professional roles, wearing the latest fashion, and generally being part of nation building. However, as scholars have shown, many of these changes were simply building on and reinforcing changes and new opportunities which had been brought in incrementally (but then sometimes immediately reversed) **by Afghan leaders and governments since the late nineteenth century**.

Crucially, this pre-Soviet invasion history of Afghan led women's rights advances would be later forgotten. Such as, for example, the fact that in 1964, King Zahir Shan brought in a new constitution that granted equal legal status for men and women. He reinstated female suffrage, brought in universal education and encouraged women to take part in the country's political decision making (Kubra Nurzai became Afghanistan's first female cabinet minister in 1966). Women were in the National Assembly and The Senate. By the 1970s, the take up of women's education was producing doctors, lawyers, engineers, judges etc, in far greater numbers even than other states in region, as Soviet propaganda was quick to point out. Women embraced the opportunities, soon making up 70 per cent of schoolteachers; 70 per cent of civil servants in Kabul; and 40 per cent of doctors in Afghanistan.[19] Afghanistan was in the driving seat of its advancement evolving organically and incrementally women's rights. Professional women flourished especially in cities and towns. Nevertheless, at home, conservative traditions were retained, and in rural or "tribal areas" the reality was often very different.[20]

The global Cold War would have dire implications for this organic, internal, gradual back-and- forth evolution of women's rights. Arguably this is its deadliest and most enduring legacy in this region. From a conservative rural base, the Taliban emerged out of foreign invasion but also regional destabilisation tactics and trans regional

19 See Eve Register, "Reclaiming the Narrative: Are Women's Rights Indigenous to Afghanistan?" (Unpublished MSc Thesis, LSE Department of International History, 2024).

20 Ibid.

networks.[21] Its mobilisation strategies traditionally included the weaponisation of theology and ethnic identity, evolving more towards anti -Western rhetoric. Whilst origin debates are a plenty, and there is not the space to explore these in this work, one strong line of argument focuses on the role of Pakistan intelligence forces. Since areas of Pashtun had taken up arms in the Soviet-Afghan war, millions of rural Pashtun refugees had to flee over the border into Pakistan into refugee camps. Potentially a threat to Pakistan with their rumoured ambitions for a new pan Pashtunistan separate state, that would eat into Pakistan sovereignty, sections of the Pakistan intelligence services, it is argued, sought ways to turn this potential threat and crisis to their advantage. They redirected Pashtun ambitions back to Afghanistan through an imported ultra conservatism that had held the possibility of creating division in Afghanistan in the future.

The name Taliban comes from the Arabic word for student because of the role of Islamic seminaries (*madrassas*) that were set up.[22] It initially referred to such movements as the Tehrik-i-Taliban Pakistan (TTP), the Haqqani Network (HQN) and the Tehrik-eNifaz-e-Shariat-e-Mohammadi (TNS).[23] Many of these movements that made up armed groups along the Afghanistan-Pakistani border were rivals. By the early 2000s, analysts wondered if the term was at all accurate with the inclusion of so many new elements and strong links to a massive expansion in opium harvesting and trade, learning well from Mujahideen tactics.[24] But following USA and Pakistani Government interventions in the Federally Administered Tribal Areas (FATA) they found unity through a shared enemy. Sections of the Pakistani military intelligence, it has been argued had encouraged donations to assist them from Gulf states - "*Waahabi* idealists" in Saudi Arabia and UAE, also arms likely came from China and Iran. This provided

21 A Kotokey, "Afghanistan" – the transnational connection between Haqqani Network and the Arab World. *Small Wars & Insurgencies*, (2024) 1–27; A Borthakur & A Kotokey, "Ethnicity or religion? The genesis of the Taliban Movement in Afghanistan", *Asian Affairs*, 51, 4 (2020) 817–37; S H Qazi, "Rebels of the frontier: origins, organization, and recruitment of the Pakistani Taliban". *Small Wars & Insurgencies*, 22, 4 (2011) 574–602.

22 Nawabi, "Violation of Human and Women's Rights" (2023).

23 Greg Smith, "The Tangled Web of Taliban and Associated Movements, *Journal of Strategic Security*, 2, 4 , (2009)31–38.

24 "Everyone from gangland-type fighters, fighters loyal to various warlords, and those involved in kidnapping and racketeering to general rabble rousers" became involved according to F Schmidt, "From Islamic Warriors to Drug Lords: The Evolution of the Taliban Insurgency", *Mediterranean Quarterly* 21, 2 (2010) 61-77. See also Gretchen Peters, *Seeds of Terror: How Heroin Is Bankrolling the Taliban and al Qaeda* (New York: Thomas Dunne Books, 2009).

a clear pathway for a Salafist interpretation of the Qur'an into Afghanistan.[25] They called for a return to early Islam practices. This contrasted with the *Hanafir* tradition in Afghanistan, which was more liberal. Not all the *madrassas* were radical, but they only allowed male students. Some taught that women drove men away from the proscribed religious path into wild temptation.

Events elsewhere would result in the Taliban being able to export out evolving and highly negative construction of women, into Afghanistan. The collapse of the Soviet Union from the late 1980s, brought war, warlordism, looting, and rape as a weapon of war across Afghanistan. Mullah Omar, and a madrassa educated group of Pashtun's rose up and took the capital. Omar then called on madrassa students to return to Afghanistan, and some evidence suggests Pakistan gave substantial financial and other support to assist in this. The Taliban captured Kabul in 1996 and ruled until 2001. Its policies towards women saw the emergence of the term "gender apartheid". Women were banished to the private sphere. Their rights to employment (as teachers, lawyers, doctors etc), to education, to freedom of movement and association and, significantly, **access to healthcare** were severely restricted. Disobedience was responded to with whipping, public stoning or execution. Some of the Taliban rules including painting house windows black so that no one could see women inside; women were prohibited from wearing shoes that would make noise and attract attention; a former Afghan diplomat described how women were reduced to "physical non-beings that must live."[26] Its rule was recognised by just a handful of Middle Eastern countries including Pakistan.

That rule came to an end because of another external invasion. Following the terrorist attacks on the Twin Towers in 2001, masterminded by Osama Bin Laden, the US invaded Afghanistan. It was a response to Al Qaeda having been given a haven and able to operate from the territory with the support of the Taliban regime, which it then ousted.[27] With the help of western allies, it set up the Republic of Afghanistan, as a democratic state, inclusive of all Afghans, investing billions of dollars in state building. Unsurprisingly, the Taliban fled and regrouped, seeking all means to find ways to return to power, never doubting what they believed was a divinely ordained approach to women.

25 J M Dorsey, "The Battle for the Soul of Islam", *Current Trends in Islamist Ideology*, 27, (2020) 106–128.

26 Nawabi (2023); see S Qazi Zada, & M Z Qazi Zada, "The Taliban and women's human rights in Afghanistan: the way forward", The *International Journal of Human Rights*, 28, 10 (2024) 1687–1722.

27 For a history of this period, see Sajjan M Gohel, *Doctor, Teacher, Terrorist: The Life and Legacy of Al-Qaeda Leader Ayman al-Zawahiri* (OUP, New York; 2024)

Consequently, the third element to the contemporary manifestation of "**gender apartheid**" lies in the way that any reinstatement of a trajectory of women's rights was (and is) interpreted as more external imposition, rather than a return to pre-Soviet era Afghan policies. This was unsurprising, since the USA-Western coalition of invasion of Afghanistan politicised women's rights: part of the sell to those nations having to send troops to the area, women and girl victims were being saved.[28] During the Republic era, millions of girls were (once again) enrolled in schools, included in higher education institutions, and were able to excel in university, law, the civil service, medicine, academia, science and engineering. They played sport at the highest level and across all areas including cricket and boxing. Women held 27 per cent of the seats in Afghan parliament. By 2021, women held 6.5 per cent of ministerial roles and 29.6 per cent of civil service positions. Women played a key role in the drafting of the Afghan Constitution (its Article 22 guaranteeing the equality of men and women before the law.) The country signed up to international legal obligations to respect human rights and gender equality, and whilst controversial at the time, there was a range of mechanisms through which Afghan women's rights activists could push back on gender-based discrimination. Moreover, the implementation of women's empowerment and development projects kept moving forward.[29]

However, it is important to recognise that another explanation for the rapid implementation of Taliban's misogynistic ideology can be found in the way that during the Republican era, many men still treated women in discriminatory ways, and that this was accepted. Honour killings and forced and underage marriages continued; women's complaints about violence were often dismissed.[30] Foreign aid tended to be directed more towards bolstering security, combatting terrorism and repressing insurgency. Alongside this, much of the resources and focus of international allies were directed toward combating terrorism and insurgency, rather than rebuilding from the grass roots.

As Nazifa Haqbal, a former Afghanistan foreign ministry official, and legal expert, has argued, too many Afghans were left grappling with starvation, worsening poverty, and persistent rights violations: "Women were particularly victimised, as militarisation took

28 J True, & F Akbari, "Geopolitical Narratives of Withdrawal and the Counter-Narrative of Women's Rights Activism in Afghanistan". *Global Studies Quarterly*, 4, 3 (2024).

29 For a discussion of the problematics around women's international legal rights see Zada & Zada (2024), 8-12; and for the wider context of failures, Nazifa Haqbal, "A brief history of women's rights during the Republic", (unpublished paper presented to FCDO) December 2024.

30 Lida Ahmada and Priscyll Anctil Avoine, "Misogyny in 'post-war' Afghanistan: the changing frames of sexual and gender-based violence". *Journal of Gender Studies*, 2018, 27, 1. 86-101.

precedence over housing, healthcare, education, infrastructure, and welfare." [31]And finally, there was a lack of appreciation of the socio-cultural dynamics of conservative parts of Afghanistan. Some communities also felt under threat from human rights, gender equality, and democracy. Traditionally, in Afghan society, community and group identity dominate. In rural areas especially, the concept of individual identity dissipates. Traditional gender relations are complex, according to Haqbal. Women are regarded as integral to the family unit, highly respected within the family and community, vital as peace-brokers and mobilisers of resistance. Women who successfully took advantage of new opportunities usually had to "negotiate" their agency.[32] However, practices such as exchanging girls to settle tribal feuds or repay debts remain entrenched.

The final piece of the puzzle, or final phase in this descent narrative, is the failure of peace negotiations with the Taliban to regard women's rights as dealbreaker. In 2020, the first US Trump Presidency began formal negotiations with the Taliban yet – astonishingly - without a mediator. This paved the way for the rapid withdrawal of US-NATO forces in Afghanistan, by August 2021, as the Biden Administration looked to reduce spending on overseas military operations as a pragmatic stance, insisting it was building on Obama's 2012 policy of seeking non-violent solution involving all Afghanistan people.[33] However, "as the US prepared for peace, the Taliban prepared for war." During US-Qatar brokered negotiations, Taliban "representatives" were very skilled at presenting themselves as the only, legitimate and representative government, in contrast to a Western backed "puppet regime".[34]

31 Haqbal, "A brief history", (2024).

32 Farhana Rahman, "Narratives of Agency: Women, Islam, and the Politics of Economic Participation in Afghanistan", *Journal of International Women's Studies*, 19, 3, (2018) 60-70.

33 For one of the many views on this see, J Shively, "Structured description, foreign policy analysis, and policy quality during the Biden decision to withdraw from Afghanistan", International *Politics* (Hague, Netherlands) (2024).

34 Kate Clark, "The Taleban's rise to power: As the US prepared for peace, the Taliban prepared for war", *Afghan Analyst Network* (21 August 2021). Also, House Foreign Affairs Committee Report, USA, "WILLFUL BLINDNESS: An Assessment of the Biden-Harris Administration's Withdrawal from Afghanistan and the Chaos that Followed", 9 September 2024.

The rapid Taliban take over since 2021 had a number of immediate, negative and sometimes deadly consequences for many Afghan people especially those associated with the Republic. Violence and retribution unfolded in the context of patchy control of the country. An excessive use of force, torture and public killings bridged the power deficit through creating fear. There are many accounts of desperate attempts to flee and avoid imprisonment and summary execution, including of women, and warnings of an immediate health crisis.[35] Known as Taliban 2.0, it was united in its opposition to "foreign rule", Western values and a desire for an ultra-conservative theocratic style government.

Significantly for this research, the military regime quickly reneged on its promises, during the Doha peace negotiations, to respect women's rights as the more progressive elements of the Taliban representatives had discussed.[36] Indeed in 2020 and earlier, Taliban had met women leaders, talked and made promises. But there were fears the Taliban would cause the country to regress by imposing another version of its imported and highly misogynistic restrictions on women and girls, as it had done during its period of rule during the 1990s - which is exactly what happened. As Akbari and True have argued, this also represented the long-term failure of the Women, Peace and Security (WPS) agenda to develop a "grounded understanding of the gendered constraints in conflict transition as well as a political strategy for achieving its goals." Having taken power quickly and violently, and with little preparation for civilian government, removing women's rights in the name of Sharia was a low hanging fruit, using a borrowed foreign template of a Vice and Virtue police which brings us to the key focus of this research.

35 S Cousins, "Afghan health at risk as foreign troops withdraw", *The Lancet* (British Edition), 398, 10296, (2021) 197–198; A S Jamal, & W Maley, *The Final Days of Kabul. In The Decline and Fall of Republican Afghanistan*.) Oxford University Press, 2023); A Ahmadzai, & F Ghosn, "Taliban Turn to Shariah to Justify Executions, But It's Not That Simple", Diplomat, (2022); AMU TV Report, 22 August 2023 on UNAMA's evidence of human rights violations and judicial killings; **amu.tv/62192/**

36 S Y Ibrahimi, "False negotiations and the fall of Afghanistan to the Taliban. *International Journal*, 77,2, (2022) 168-87.

iv) Ministry for the Propagation of Virtue and the Prevention of Vice

The immediate and ultimate symbol of this regression was evident from the summer of 2021 for as the Taliban arrived, so the Ministry for Women was dismantled. In its place was an even more restrictive, irrational incarnation of the Taliban's gender-based restrictions imposed during their first reign of terror. The Taliban's obsession with controlling women and girls, in draconian ways found expression through the "Vice and Virtue" law, signed by their leader Haibatullah Akhundzada. It imposes extensive and harsh restrictions throughout Afghanistan, with a particular focus on limiting the freedoms of women. This 114-page, 35-article document grants extensive powers to religious enforcers, known as "*muhtasib(s)*" while severely restricting personal freedoms. As reported in UN News, the United Nations in Geneva has previously condemned the Taliban's Ministry for the Propagation of Virtue and Prevention of Vice and referring to the new restrictions on women as, "effectively attempting to render them into faceless, voiceless shadows".[37] The implementation of this law only strengthens that reputation, as it introduces even greater levels of control and oppression within Afghan society.

For example, Article 13 of the law specifically targets women, imposing stringent rules on their behaviour and appearance, which include: full body coverage, women are required to cover their entire bodies at all times;[38] and face covering, women must keep their faces covered to prevent "*fitna*" (temptation). There is prohibition on women's voices: women are banned from singing, reciting poetry, or reading aloud in public, as their voices are regarded as "*awrah*" (private parts of the body). Other clothing restrictions are set out: women must wear clothing that is not thin, short, or tight. Segregation from non-*mahram* men: women are required to conceal their bodies and faces in the presence of men who are not their *mahram*. Avoidance of non-Muslim women: Muslim women are instructed to avoid non-Muslim or "immoral" women to prevent corruption. Gaze prohibition: men and women are prohibited from looking at each other's bodies or faces. Mandatory covering when leaving the home: women must cover up their voices, faces, and bodies whenever they leave their homes.

37 "Taliban's new 'virtue and vice' order makes situation even worse for women, says UN human rights office", *UN News*, 27 August 2024.

38 Nawabi, (2022) pp12-16; see also reliable media reports from the independent *Amu TV*, 21 August 2024, amu.tv/118635/

Article 20 enforces strict regulations on commercial transportation, prohibiting the playing of music, the transportation of women without veils, the mixing of unrelated men and women, and the transportation of women without a male guardian (*mahram*). Additionally, both drivers and passengers are required to perform prayers at designated times. These restrictions further limit women's freedom of movement and participation in public life.[39]

The law grants *muhtasibs* the authority to refer individuals who neglect prayers or fasting to Taliban courts for punishment. These new restrictions mark a significant escalation in the Taliban's efforts to impose their interpretation of Islamic law, especially by silencing and erasing women from public life. The decree severely limits personal freedoms, including those related to appearance, religious practices, and freedom of speech.

One senior Afghanistan religious scholar, interviewed for this research, explained that the majority of the restrictions now enshrined in the law go against Sharia (Islamic law); that the Taliban have written and rely on edicts that even contradict Islamic religion and practices.[40] This local Islamic scholar explained certain matters in the law, including education, are allowed and encouraged in Sharia for men and women. Women have freedom of choice in what they do and how they live and what they wear, as long as it is conservative. Accompaniment with *mahram* is encouraged but there are exceptions and a *mahram* does not have to accompany women everywhere they go. Women in groups can meet and enjoy themselves, at home, outside the home including parks. And women are allowed to be the Imam (such as a priest), leading the prayer for other women and raise their voice during the prayer. All of these are forbidden in the Taliban Promotion of Virtue and Prevention of Vice (PVPV) law. His

39 According to Article 20: An enforcer is duty bound to ensure that staff and drivers of commercial vehicles observe the following rules:

1. Not to play music.
2. Not to use intoxicating substances or smuggle items.
3. Not to transport any woman who is not covered.
4. Not to allow women to sit or mingle with an unrelated man.
5. Not to transport any woman who is not in the company of an adult male who is a close relative and of sound mind. (emphasis ours)
6. That transport companies make a schedule that ensures that drivers and passengers are praying at the proper time. Extract from: The Islamic Emirate of Afghanistan, Ministry of Justice. The Official Gazette. THE PROPAGATION OF VIRTUE AND PREVENTION OF VICE LAW. Published 31st July 2024.

40 Anonymised interviewee. See also Nawabi (2022) Chapter 5 "Islam and the Taliban", 16-23.

verdict is that what is practiced by the Taliban is unique to them and it is not a Sharia practice. Indeed, no other Islamic country is following these rules and regulations, as was stressed in interviews.

Therefore, if indigenous practices, local beliefs and established Afghanistan culture are being shut down, then in of itself this is likely to impose a huge mental and spiritual toll. Added to this, could be the effect on anxiety of feeling medically vulnerable. One final example of the incremental controls relevant to this research was one of the last directives of 2024 which ordered the closure of all medical institutes where women could study. The medical university was already closed to them, but some women could study nursing and midwifery up until then. Men and women are now worried about the future of health sector. In interview, Nargis (name changed) from Bamyan (Central highlands) and pregnant at the time, expressed what many others shared: for now she was able to go to a female midwife, “there was no guarantee she could find a midwife in the future” with no more women being trained. Fear about childbirth was common.

Finally, it is worth bearing in mind that the restrictions on women and girls applied through the "Virtue and Vice" Ministry and related edicts, in addition to their potential for a major immediate and progressively catastrophic impact on health, fundamentally violate the Constitution of Afghanistan, of 2004, particularly Article 22; Article 23 and Article 52:

Article 22 Equality

(1) Any kind of discrimination and privilege between the citizens of Afghanistan are prohibited.

(2) The citizens of Afghanistan -- whether man or woman -- have equal rights and duties before the law.

Article 23 Life

Life is a gift of God and a natural right of human beings. No one shall be deprived of this right except by the provision of law.

Article 52 Health Care, Hospitals, Physical Education, Sports

(1) The state is obliged to provide free means of preventive health care and medical treatment, and proper health facilities to all citizens of Afghanistan in accordance with the law.[41]

41 "The Constitution of Afghanistan" (2004); constituteproject.org/constitution/Afghanistan_2004

Part Two: Research Findings

i) The PVPV Edicts and evidence of rapidly contracting health care access for women

A major finding of this research relates to the rapid decline of access to health care for women, and their – corresponding - escalating fears for the future of their daughters' health as a result, which was expressed many times in interviews. Concerns about Taliban policies and its implications for women's health care are not new of course. In 2022, the level of access to healthcare services was reported inside the country as decreasing since the Taliban take over, due to its restrictions on women in 2022.[42] More recently, *The Independent* looked into the status of healthcare for women in Afghanistan and reported on how access to healthcare was getting worse since Taliban rule, amid a reduction of funds, and increased corruption by the DFA.[43] Our data reveals the rapid spread of restricted access healthcare access over three years, with exactly half (50 per cent) reporting they can regularly visit clinics or hospitals, while the other half (50 per cent) cannot do so. Considering that the majority of the respondents live in Kabul or other main cities, in rural areas, the overall ratio will be worse). For example, Mina (pseudonym) from Kandahar in the south of the country relayed in interview, how women's ability to move has become limited as the result of the new regulations and especially the implementation of the PVPV law. Mina says there were already restrictions in their city but "now it is getting worse." Some clinics have reduced services to all women due to certain directives from the Taliban authority. (Kandahar has always been a stronghold of the Taliban and the supreme leader is based in this city.)

42 Chantelle Lee, "What's the Status of Healthcare for Women in Afghanistan Under the Taliban? *PBS Frontline*, 9 August 2022.

43 Faiez, R. "Afghanistan's public health System 'hit hard' amid Taliban's abuse and dip in foreign aid, says group", *The Independent*, May 2025.

This 50/50 split underscores severe systemic barriers under Taliban rule, likely stemming from growing economic hardship (inability to afford transport or private care), geographic isolation (especially in rural areas), as well as the gender-based restrictions like *mahram* requirements that disproportionately block women's access (Table 2).

Table 2: Access to health services

Can you regularly go to the clinic, visit a health worker, or hospital?	Frequency	Percentage
Yes	55	50
No	55	50

As part of initial restrictions by the Taliban back in December 2021 it mandated that women cannot travel more than 45 miles without a male relative accompanying them. Previous reports state that nearly 10 per cent of the population had to travel over two hours to reach a healthcare facility, and nearly half had to travel more than 30 minutes[44]. This can mean that women without a male guardian, or *mahram*, may be unable to visit healthcare professionals. Some news outlets have also reported Taliban officials preventing doctors from treating women without a *mahram*. Even women with a *mahram* may be uncomfortable discussing certain health needs, such as reproductive care, in front of the guardian. Additionally, high unemployment means majority cannot afford to pay transportation and travel far distances to reach a health facility and some clinics, being stricter and afraid of the Ministry of Virtue and Vice, do not allow women to enter unless they are accompanied by a close male relative of certain age.

Another reason for this decline in access, is the decree from May 2022, requiring all women to cover their faces in public. This further restricted women's freedom and advised them to stay home unless absolutely necessary. While there were already many challenges like these to accessing health services to girls and women, in December 2024, a new announcement was made that women could no longer be trained as qualified nurses and midwives. This came as a huge shock and not just to the people of the country. Many outside the country across the world immediately condemned this new decree. Traditionally, women could call on a midwife in the countryside when giving birth because reaching a clinic or hospital is not very easy

44 See various media articles including Lee, PBS *Frontline,* News August 2022; PBS *Frontline,* News, 27 March 2023.

in remote areas. In the absence of midwives, what might happen to the millions of pregnant women and their health from now on is a massive concern and a key area for future research to focus on.

Additionally, the necessity for young women needing medical help in pregnancy has been reported to us to be much higher now that girls are not studying and are forced to stay at home. Parents feel safer if they get married sooner rather than later (not least to escape being forced to marry a Taliban). Parallel investigations into the practices of Taliban fighters in Afghanistan's Badakhshan province revealed numerous reports of young girls being forced into marriage. Human Rights Watch linked child marriage to early and closely spaced pregnancies, which carry serious health risks for both the mother and child. An *Al Jazeerah* article reported that child marriage results in increased domestic violence and death in severe cases.[45] The report also revealed that forced marriages further hinder women's access to healthcare, especially reproductive services. According to reliable figures shared from a number of donor agencies, maternal mortality rate is one of the highest in the country being over 630 out of each 100,000 live births[46]. This figure could have increased since, and local reports suggest that more people are reporting a death in their family during childbirth. Again, more research is needed on both to confirm these reports and the anecdotal evidence told to us.

Women respondents surveyed also expressed anxiety over the future health of their daughters in particular. Concerns regarding children's health, access to medical help, and health education are significant for many parents. According to survey results, **50 per cent** of respondents expressed worries about **education restrictions for girls**, for also having an impact their overall health and well-being. Additionally, **7.3 per cent** of parents noted **limited access to healthcare services** as a concern, while another **6.5 per cent** were uncertain about their children's health needs. Conversely, **36.5 per cent** of respondents indicated they had no specific concerns. This highlights a critical intersection between education and health, particularly for girls, emphasising the need for improved access to both healthcare and educational resources to ensure children's holistic development and well-being.

45 Robyn Huang, "'I'll be sacrificed': The lost and sold daughters of Afghanistan", *Al Jazeerah*, August 2022.

46 Statistics gathered from various official WHO, UNICEF, WB sites.

Table 3: Women's Concerns regarding their children health

What concerns do you have about your children's health, their access to medical help if they need it and their health education?		
Education Restrictions for Girls	48	50.0
I don't know	6	6.3
Limited Access to Healthcare Services	7	7.3
Nothing	35	36.5

In interview, Bibi (pseudonym) from Laghman (East of the country) was not only worried about education for her children but also for health care for them. She, like others expressed a deeper concern. With a reduction of health quality services, what might her children face: "The girl children are remaining without education and the boys with low quality of education." Bibi describes the future of the country as "grim".

This example reflected an often repeated concern, which in turn echoes United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and its concerns over the long-term impact of the ongoing ban on girls' education in Afghanistan[47]. In its January 2025 report, OCHA revealed that around 1.5 million Afghan girls are now in their third consecutive year without access to formal education. The agency warns that this continued exclusion severely threatens the country's social progress and human development. According to the report, the persistent denial of education leaves girls increasingly vulnerable to illiteracy, child labour, early and forced marriage, and gender-based violence. OCHA also points to widespread poverty as a major obstacle preventing access to education, further compounding the challenges Afghan families face.

With more women worrying about their health and that of their children, with more at risk from being young mothers, and therefore losing infants ,and with the knowledge that more women are dying in childbirth, then the effect of this on mental health is likely to be huge. A worrying increase in anxiety, depression, self-harm, addiction, and in the worst cases suicide seems extremely likely.

47 United Nations Office for the Coordination of Humanitarian Affairs (OCHA) "Afghanistan Humanitarian Update" January 2025.

ii) The rise in female psychological distress

Harira (pseudonym) from Badakhshan (Northeast of the country) says she is worried for her daughter's mental health. She is seeing her health deteriorating but she feels helpless. Both her husband and her son have lost their jobs and are unemployed now and her daughter cannot go to school. These economic changes as well as her daughter not being able to attend school has affected her mental health too.

This research's second main find was the high prevalence of psychological distress. Findings underscored how women were experiencing significant impacts on various aspects of their lives. The most prevalent concern, affecting **34.4 per cent** of respondents, is **psychological distress and restricted freedom**, indicating a profound emotional and social toll. Additionally, **30.2 per cent** of participants noted a **loss of education and future opportunities**, which can have long-term consequences for personal and professional development. Economic challenges are also evident, with **20.8 per cent** experiencing **economic hardship and unemployment**. Conversely, a smaller group, **14.6 per cent**, reported that they have not faced any major changes. These results underscore the multifaceted challenges that arise from such a takeover, affecting mental health, educational prospects, and economic stability.

Table 4: Major impact since DFA[48] take over

What major areas in your life has been impacted since DFA took over?		
Economic Hardship and Unemployment	20	20.8
Loss of Education and Future Opportunities	29	30.2
Nothing	14	14.6
Psychological Distress and Restricted Freedom	33	34.4

In envisioning their future five years from now, a significant portion of the female respondents, **37.5 per cent**, aspire to focus on **education and career advancement**, indicating a strong desire for personal and professional growth. Meanwhile, **27.1 per cent** think of maintaining the **status quo or domestic life**, suggesting contentment with their current situation. A smaller group, **16.7 per cent**, expressed feelings o**f pessimism and hopelessness about the future**, reflecting concerns about their

48 DFA here means the *De facto* Authority, a term used by the international community since the Taliban regime is not recognised as a legitimate government.

prospects. Additionally, **7.3 per cent** have a **desire to emigrate abroad**, seeking new opportunities in different environments, while **11.5 per cent** are uncertain about their future plans.

In one major regional hospital in the west of the country, doctors shared that they were treating women who had attempted suicide and that the numbers were rising in several provinces in the west of the country.[49] After the Taliban's rise to power, shelters for women in abusive marriages were closed. Surgeons reported at the hospital's burn unit, they had treated several cases of self-immolation.

Despite claims from the administration of that hospital, that suicide cases have decreased under the Taliban, some doctors reported in secret that hospital records were inaccurate. One doctor mentioned that cases related to domestic violence or forced marriages, particularly under the Taliban regime, were not being properly documented and may number between 30 to 50 at the hospital since the regime took control.[50] All these findings are extremely concerning.

A study carried out by the UN-affiliated Dianne Pen[51], shows that the mental health crisis in the country is escalating linked to the loss of rights. Sixty-eight per cent of women reported having "bad" or "very bad" mental health, and eight per cent said they knew at least one other woman or girl who had attempted suicide. UN Women continues to predict that the Taliban's restrictions on women and girls will affect generations to come. Their analysis shows that by 2026, the impact of leaving 1.1 million girls out of school and 100,000 women out of university correlates to an increase in early childbearing by 45 per cent and an increase in maternal mortality by up to a shocking 50 per cent.

There are tens of thousands of young women like Harira's (pseudonym) daughter who began this section, across the country that are facing mental health issues as the result of the discrimination against them. The data gathered in our research shows that **82.3 per cent** of respondents believe the new PVPV law is **bad for people**, while

49 Numerous Afghan media outlets have reported on this repeatedly, as well as *Zan Times*, a women-led, investigative newsroom that covers human rights violations in Afghanistan with a focus on women and the LGBTQI+ community. For example, Karima Safdari, "Why have female suicides increased in Afghanistan?", *Zan Times*, February 28, 2024.

50 This is confirmed by recent media reports: Nima, "Poverty and Despair: 42 People Take Their Lives Across 14 Provinces in Four Months", *Hasht e Subh Daily (8 Morning Daily News),* 5 August 2025.

51 Diane Penn, "Afghanistan: Taliban rule has erased women from public life, sparked mental health crisis", *UN News*, 13 August 2024.

only **17.7 per cent** think it is good. Among those who view it negatively, the reasons are categorised, with **Negative Impact on Women's Rights and Freedom** being the most frequent (27.1 per cent), as respondents highlight restrictions on education, work and movement, with women required to wear hijab and burqas and barred from public life without a *mahram*. The **Psychological and Emotional Toll** (22.9 per cent) is the second most common theme, with many describing depression, fear, and anxiety due to constant surveillance, harassment, and the closure of schools, leaving women and girls feeling isolated and hopeless. The **Economic and Social Consequences** (15.6 per cent) focus on job losses, financial dependence, and disrupted education, particularly for women who were primary breadwinners, pushing families into poverty. **Criticism of the Vice and Virtue Ministry** (10.4 per cent) centres on its harsh enforcement, harassment, and misuse of Islam, with respondents accusing it of imposing oppressive, self-made laws.

Finally, a small percentage (5.2 per cent) expresses **Mixed or Conditional Acceptance**, acknowledging some rules like hijab but criticising others, such as banning girls' education, calling for a more balanced approach within an Islamic framework (table 5).

Table 5: Opinion of participants regarding new PVPV law

What do you think about whether the new PVPV law is good or bad for people?	Frequency	Percentage
Yes, it is good	17	17.7
No, it is bad	79	82.3
If no, what is the reason you do not have a job?		
Negative Impact on Women's Rights and Freedom	26	27.1
Psychological and Emotional Toll	22	22.9
Economic and Social Consequences	15	15.6
Criticism of the Vice and Virtue Ministry	10	10.4
Mixed or Conditional Acceptance	5	5.2

Other research confirms this and a related, new problem. The 8 Morning news (an Afghan news agency) has carried out an investigation that showed that young women are getting addicted to drugs, something that has been unseen in the country in the past.[52] The report drew on findings from seven provinces across the country, reveals that following the Taliban's restrictions on women's education, careers, and academic opportunities, many women and girls have turned to addictive substances. According to accounts from women in these provinces, tobacco products – especially cigarettes, Tablet K, Tablet Zeegap, and electronic *hookahs* – are the only available means of coping with mental pressure, emotional distress, and depression.

The findings indicate that tobacco use is most common among young women aged 18 to 25. Drugs like Tramadol, Zoloft, Prolexa, Sanflex, Zing, Arnil, Amitriptyline, Brufen, Paracetamol, and various sedative injections are frequently used by women and girls deprived of education. The report includes testimonies from 30 individuals – including girls barred from schooling, formerly imprisoned women, and women living in exile – who shared that many of their friends have also developed addictions to drugs and tobacco after prolonged use. Furthermore, interviews conducted with the owners of five pharmacies across different districts of Kabul, four psychotherapy centres, including the Kabul Mental Health Hospital, and psychologists from Balkh and Sar-e Pul, confirm a significant increase in the number of female clients, particularly those barred from education, turning to sedative medications. According to this investigative journalism, over the past year, between 100 and 500 girls have sought help, using these substances to cope with depression, intense headaches, feelings of isolation, and to reduce the risk of self-harm.

52 Behnia, "Under Taliban Rule, Afghan Girls Turn to Drugs Amid Rising Depression", *Hasht e Subh*, 27 March 2025.

iii) The widespread understanding of the negative impact of the Virtue and Vice Law on women

Turning finally, to the third area of major findings from this research, the responses to the question, **"What do you know about the Vice and Virtue Law (and about the ministry, if you know anything)?"** reveal a clear pattern of concerns and awareness among respondents, categorised into six main themes. The most prominent theme is the Strict Enforcement of Hijab and Dress Codes, which accounts for 43.8 per cent of the responses, highlighting the widespread enforcement of mandatory hijab, burqa, and other dress regulations, often accompanied by penalties for non-compliance.

The second most frequent theme is Restrictions on Movement and Travel, making up 14.6 per cent of responses, where women are prohibited from traveling or moving freely without a *mahram*, severely limiting their autonomy. The Ban on Girls' Education is another significant concern, representing 12.5 per cent of responses, with many noting the closure of schools and universities for girls, effectively denying them access to education. Increased Surveillance and Harassment was mentioned in 7.3 per cent of responses, describing the constant monitoring and intimidation of women by authorities, often leading to fear and humiliation.

Elinaz (pseudonym), a 14-year-old girl from a province in the west, said she did not know enough about the law, but she knew of the clothing restrictions and movement restrictions. She was however happy to cover her face and wear a mask stating that it was good for her health. This reveals the success of Taliban "brainwashing". While Taliban have allowed *Madrassas* (religious schools) to be open and running, they pressurise young men and women into accepting their arguments. This is a risky situation for the future younger generation of the country where *Madrassas* are fashioning conservative boys and girls, and at worst, ever younger jihadis. Even Elinaz, who understands some of the principles of the current regime, is worried about her own future prospects. She knows as a girl, that she can never work under this regime.

A smaller but notable portion of responses (12.5 per cent) indicates a lack of knowledge, with respondents stating, **"I don't know enough,"** reflecting limited awareness or understanding of the laws and the ministry's activities. Additionally, 5.2 per cent of respondents acknowledge knowing the ministry's name and its association with the Taliban but are unaware of its specific duties. Finally, 4.3 per cent of responses touch on the broader Loss of Women's Rights and Autonomy, emphasising the systemic erosion of women's freedoms, including bans on work, education, and public participation (Table 6).

Table 6: Understanding about Vice and Virtue Law

What do you know about the Vice and Virtue Law (and about the ministry, if you know anything)?	Frequency	Percentage
Strict Enforcement of Hijab and Dress Codes	42	43.8
Restrictions on Movement and Travel	14	14.6
I don't know enough	12	12.5
Ban on Girls' Education	12	12.5
Increased Surveillance and Harassment	7	7.3
I know about the *Muhtaseb*, (a man who works for the Taliban, on the streets guiding or punishing people) but I don't know about their duties	5	5.2
Loss of Women's Rights and Autonomy	4	4.3

The survey reveals near-universal awareness of Taliban-imposed restrictions among Afghan women, with 92.7 per cent (89 respondents) acknowledging dress code and movement laws and an even higher 97.9 per cent (94 respondents) confirming knowledge of the *mahram* requirement (table 7)

Table 7: Acknowledgment of women regarding dress code and *mahram* rule.

Do you know that the law enforces rules on how you should dress, where to go, and where you cannot go?	**Frequency**	**Percentage**
Yes	89	92.7
No	7	7.3
Do you know about the *mahram* rule that you should have with you when you leave home?		
Yes	94	97.9
No	2	2.1

The survey reveals that an overwhelming majority of Afghan women (87.5 per cent, 84 respondents) are completely restricted from going out freely without a male escort. Only a small minority (12.5 per cent, 12 respondents) report some degree of independent movement, with their limited freedom attributed to varying factors, including negotiated accompaniment (3.1 per cent), exceptional local permissions (5.2 per cent), or personal safety measures (4.2 per cent) (table 8).

Table 8: Movement outside home

Are you able to go out, freely without anyone accompanying you?	**Frequency**	**Percentage**
Yes	12	12.5
No	84	87.5
If yes, how come you can go out freely while other women have problems?		
Accompaniment and Restrictions	3	3.1
Freedom of Movement	5	5.2
Personal Safety and Self-Defense	4	4.2

One neglected health impact as a result of the restrictions of movement on women, was revealed by some respondents in relation to parks and public baths. Lina (pseudonym) from Balkh (North) was worried for her children's **physical and mental health**. She used to take them out to parks and shopping but now they are at home and cannot go out because she is not allowed to go without a *mahram*. Her husband is not always free to take the children to the parks to play and get some fresh air. Other than parks women's public baths have also closed and these were a space for women to get together. A lot of people in the country relied on public baths because it was cheap to attend for hygiene purposes and heating water at home is always costly. Now, women are prohibited from public parks and as a result their children cannot go out without them.

The survey data also reveals that **85.4 per cent of Afghan women (72 respondents) face strict seating restrictions in vehicles**, with only **14.6 per cent (14 respondents) able to sit freely**. The majority **(64.6 per cent) cannot travel without a *mahram***, while **19.8 per cent are forced to sit in the back seat** – often segregated from male passengers. A small fraction **(1 per cent) explicitly noted Taliban-enforced bans on sitting in the front seat of taxis or public transport**, confirming systemic gender segregation policies (Table 9).

Table 9: Sitting restrictions for women in public transport

Can you sit anywhere in the vehicle?	Frequency	Percentage
Yes	14	14.6
No	72	85.4
If no, please specify (is there a rule in which area of the vehicle women are allowed to sit?)		
Traveling without a *mahram* is restricted, and women cannot travel alone in certain vehicles	62	64.6
Women are prohibited from sitting in the front seat of vehicles, especially in taxis or public transport, as per Taliban regulations	1	1.0
Women must sit in the back seat of vehicles, often with a *mahram* or other women	19	19.8

The survey results indicate that a significant majority of respondents, **81.3 per cent**, feel they are not allowed to dress as they wish when going out, while only **18.8 per cent** believe they have the freedom to choose their attire. When it comes to wearing a hijab during the hot summer months, **61 per cent** of participants are comfortable with it, while **38 per cent** express discomfort. Among those who find wearing a hijab challenging, **22.9 per cent** report experiencing physical discomfort and breathing difficulties, and **15.6 per cent** mention issues related to heat and sweating, particularly in the summer. This highlights the complex interplay between personal choice, cultural expectations, and physical comfort in the context of dress codes (Table 10).

Table 10: women's opinion regarding dress code

Are you allowed to dress as you want when going out?	**Frequency**	**Percentage**
Yes	103.49	18.8
No	78	81.3
Are you OK wearing a hijab in the heat of the summer?		
Yes	59	61.5
No	37	38.5
If no, please specify. (How does wearing a hijab affect you? For example, your spine, you're breathing? Etc.)		
Heat and Sweating, Especially in Summer	15	15.6
Physical Discomfort and Breathing Difficulties	22	22.9

Part Three: Discussion of implications

Afghanistan's collapsing health care system and spiralling health crisis under Taliban rule

This research offers further evidence for the rapid, serious and long-term negative impacts on women's health as a result of the Taliban's Ministry of Propagation of Virtue and Prevention of Vice. **Restricting access to fewer health points** represents a growing threat to women's health. Also an escalating mental health crisis is unfolding. Many women see for themselves how the Edicts are bad for their general as well as maternal, reproductive health and how they pose a looming threat to daughters and to future mothers. Moreover, the reality behind our data is probably even more concerning. For is likely that some interviewees were cautious out of fear from sharing all their experiences, criticisms and concerns. Also, the extent of the crisis is being obscured by preventing women in other ways from collecting accurate evidence. The Taliban's restrictions have hindered efforts by humanitarian aid organisations to conduct assessments in communities. These are crucial for identifying those in need and ensuring equitable distribution of assistance. Since only women are permitted to interview other women in their homes, restrictions on women's movements, such as requiring female healthcare workers to be accompanied by a male guardian when travelling or even during work hours, and enforcing strict hijab rules, have all created significant obstacles for women to both receive and provide healthcare. As the table below shows, if SDG plans for 2023 are compared with the 2025 figures, then the stark, tragic reality is that Afghanistan cannot meet any of these goals or targets.

Table 11: A comparison of the current situation in Afghanistan and some of the targets of the three SDGs on Health, Education and Gender Equity.[53]

Global SDG Goals/Targets by 2030	Afghanistan's Current Situation in 2025
SDG 3 - Good Health and Wellbeing Targets	
By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	Current maternal mortality rate is 630 per 100,000 live births. (WHO, WB figures)
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Majority of such publicity and education and training has stopped by the DFA. Not everyone has access to standard contraceptive.
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	50 newborn deaths in 1,000 live births. 56 under the age of 5 mortality in every 1000 live births. (WB data)
By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	Currently Afghanistan has one of the highest people living with mental health issues as per several local and international studies.
SDG 4 - Inclusive and Quality Education Targets	
By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Girls are not allowed into secondary education as per the PVPV law
By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Girls and women are not allowed into schools or other educational institutions.

53 UN Afghanistan, "How the UN is supporting The Sustainable Development Goals in Afghanistan". afghanistan.un.org/en/sdgs

Global SDG Goals/Targets by 2030	Afghanistan's Current Situation in 2025
SDG 4 - Inclusive and Quality Education Targets	
By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	No technical skills for women in formal and informal institutions.
By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Women and girls over the age of 12 are not allowed to be educated at all.
By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	There are no literacy centers for women. Very few functioning for me.
SDG 5 - Gender Equality Targets	
End all forms of discrimination against all women and girls everywhere	The PVPV law is an example of complete discrimination against women and girls of all ages.
Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	When a woman breaks one rule of the PVPV law, she is lashed in public or tortured in prison.
Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	Since Taliban takeover in 2021 hundreds of cases of forced child marriage by Taliban commanders have been reported and even some families have been forced to give their young daughters to marriage because they cannot feed them any longer due to economic crisis in families.
Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	Women have been forced to stay at home, not allowed to study or work. All women previously working with the government and no governmental organisations have been fired and are now at home.

According to Human Rights Watch[54] the sharp decline in financial and technical aid for Afghanistan's public health system began with the Taliban's takeover in August 2021, and over four years, has severely impacted the country's healthcare infrastructure. This lack of sufficient healthcare services has undermined the right to health for millions of Afghans, leaving them vulnerable to diseases and the consequences of inadequate medical care. Women and girls have been especially affected by this healthcare crisis, largely due to the Taliban's abuses. Restrictions on women's freedom of movement and employment, particularly with humanitarian and other organisations, have severely hindered their access to healthcare services. Additionally, the Taliban's restrictions on education for women and girls have blocked almost all training opportunities for future female healthcare workers in Afghanistan.

Declining health care access for the wider population is also being exacerbated by women not being allowed access to employment or education. The collapse of the Afghan economy and the loss of hundreds of thousands of jobs after the Taliban's rise to power has driven many Afghans into extreme poverty, making it difficult for them to afford medical expenses. This has worsened their social determinants of health, threatening essential rights like access to food. As a result, the situation has become life-threatening for many, with millions of children suffering from malnutrition. Cuts to international humanitarian assistance in 2023, along with an ongoing drought, have further strained food availability and exacerbated the crisis.

Humanitarian organisations cannot fill this gap. They have helped address the reduction in donor-funded public health resources, especially in hospital support, but they cannot replace the lost funds for Afghanistan's public healthcare system. After the reduction of funding for humanitarian assistance in 2023, many organisations have shifted their focus to immediate relief efforts. Though temporary support to public hospitals after August 2021 helped prevent a total collapse, many aid organisations have closed clinics due to lack of funding. Meanwhile, local aid groups unable to import their own supplies have faced shortages of medicines and equipment. While humanitarian assistance and exemptions to sanctions helped prevent a worse crisis in the first two years after the Taliban's takeover, the decreasing aid is now putting the entire Afghan population at risk.

54 "A Disaster for the Foreseeable Future, Afghanistan Healthcare Crisis", *Human Rights Watch*, February 2024.

Hospitals are unable to function, and this is impacting women most of all. After the Taliban's takeover, Afghan hospitals experienced a drastic reduction in funds, much of which had previously come from the government budget. The loss of staff, many of whom fled the country or stopped working due to fear or pay cuts, compounded the problem. In September 2021, the International Committee of the Red Cross (ICRC) stepped in to support 33 provincial-level public hospitals, providing salaries for 10,900 Afghan doctors, nurses, and staff, as well as covering the costs of drugs, medical supplies, electricity, ambulance services, lab tests, and food for patients.[55] This initiative lasted for two years, but in April 2023, the ICRC reduced its involvement, and the Taliban's Ministry of Public Health took over responsibility for eight of the hospitals. In August 2023, the ICRC announced it could no longer maintain the healthcare sector due to lack of funding. In September 2023, the World Health Organization (WHO) increased its support, providing essential medicines and supplies, while UNICEF had taken over some NGO contracts. With the USAID funds stopping the challenges increase once again.

However, humanitarian organisations state that many are preparing to close hospitals and reduce operations due to insufficient funding. With closure of USAID activities and funding across the world many additional health facilities closed in Afghanistan too. According to WHO Health Cluster summary report by March 2025, 167 health centers had closed.[56] Despite these challenges, many clinics and hospitals are still operating, but they are overwhelmed by the increased number of patients, many of whom should be receiving primary care elsewhere. The absence of primary healthcare services and the Taliban's focus on building large hospitals rather than supporting local clinics or community-based care have contributed to the system's collapse.

These latest challenges in the health sector makes women and girls more vulnerable to being ignored or mistreated even at large hospitals, **including not being operated on** as a result of restrictions by the authority. Although there were an equal number of boys and girls at the hospital attending for surgeries, a medical survey found that over 80 per cent of the surgical procedures performed at a charity-supported paediatric unit in Kabul were

55 Charlotte Greenfield, "Red Cross set to end funding at 25 hospitals in Afghanistan." *Reuters*,17 August 2023; "The ICRC continues to assist the massive humanitarian needs in Afghanistan", ICRC News Release August 2023.

56 WHO, *Health Cluster Report March 2025, Afghanistan*.

on boys[57]. The study analysed the first 1,000 operations carried out at Ataturk Hospital.58 This is a government-run institution where a paediatric operating room was established in 2023 by Kids Operating Room (Kids OR), a UK-based charitable organisation.[59] This is a famous hospital where parents spend money to bring their children from all over the country for treatment. And now even this centre is being affected by the restrictions on women and girls.

The ongoing economic crisis has caused extreme poverty and widespread malnutrition, placing even more strain on Afghanistan's fragile healthcare system. According to humanitarian organisations, rates of malnutrition have increased, especially among children. Inadequate access to food, clean water, and healthcare services has also led to an increase in preventable diseases, overwhelming an already struggling health system. Therefore, ill-health, particularly from malnutrition in children and nursing mothers is sharply rising. WHO Afghanistan highlighted that underfunding of the healthcare system in a country already devastated by conflict is a critical humanitarian issue. Even as healthcare facilities lose funding and reduce staff, the number of patients continues to rise. Poor nutrition and preventable diseases, particularly among children, have strained the health system even further.[60] Acute malnutrition has afflicted almost three million children under five every year for the past five years. In 2021, 2022, 2023, and 2024, there were 3.1 million, 3.9 million, 3.2 million, and 2.9 million, respectively. This number is projected to rise from 2.9 million in 2024 to 3.5 million in 2025, with 2,589,174 children suffering from Moderate Acute Malnutrition (MAM) and 867,308 children suffering from Severe Acute Malnutrition (SAM). Likewise, there are still almost a million pregnant and breastfeeding women who suffer from acute malnutrition annually; in 2023, there were 804,365 cases, and in 2024, there were 1,098,608 cases. An estimated 1,159,346 breastfeeding women are predicted to experience acute malnutrition in 2025.

57 "Afghan girls are being forced to rely on faith healers and traditional medicine – even in serious and life-threatening cases" in Arthur Scott-Geddes & Akhtar Makoii, "Girls miss out on life saving surgery under Taliban 'gender apartheid': Draconian restrictions introduced by the Taliban are preventing girls and women from accessing medical care and doctors, say families", *The Telegraph* February 2025.

58 Dunya Moghul, Phillip J Hsu, Emma Bryce, Yalda Obaidy, Zane Hellman, Ajmal Sherzad, Dan Poenaru, Maija Cheung, "Overcoming Political Upheaval to Deliver Pediatric Surgical Care in Afghanistan: Prospective Analysis of the First 1,000 Procedures", *Journal of the American College of Surgeons*, 240, 6 (2025) 876-82.

59 KidsOR. Operating rooms for children; **kidsor.org/about-us/meet-the-team/**

60 Humanitarian Action, "Analysing Need and Response (HNRP), "Afghanistan: Nutrition", 14 January 2025.

Deeply concerning is the impact on Afghan children because of Taliban's misogynistic ideology that is restricting women. Malnourishment stems from various factors including poverty and the fact that women as breadwinners are no longer earning and bringing money home. Their jobs have either been completely ended by the regime or that their jobs have been given to men. Meanwhile most NGOs that were working to either directly support women in the community or work on advocacy and training and guidance are not allowed to employ women and **therefore, their community work has stopped**. An illiterate mother in need, can face extra challenges in how to nourish herself or her child. The isolation of women in many rural areas, plus a traditional conservatism and a weak economy, combined to ensure women endured high illiteracy rates for decades. NGOs and the former government invested funding in strategies to support such families. Those gains are being rapidly undone.

Another group of vulnerable people whose health and human rights are being affected by Taliban policies and Afghanistan's economic collapse, are those with disabilities.[61] Afghanistan has one of the largest populations ratios of people with disabilities **due to decades of conflict and poor maternal health**. Afghanistan has one of the highest rates of disability per capita in the world. According to a 2019 Asia Foundation Model Disability survey[62], around 80 per cent of Afghan adults and 20 per cent of children live with some form of disability – whether physical, sensory, intellectual, or psychosocial. Decades of conflict have resulted in over a million Afghans suffering from limb amputations and other impairments related to mobility, vision, and hearing. Women with disabilities, in particular, face a higher prevalence of mental health issues.

61 W I Pons, J E Lord. M A Stein, Disability, Human Rights Violations, and Crimes Against Humanity. *American Journal of International Law*, 116, 1 (2022) 58-95.

62 Asia Foundation, "Model Disability Survey of Afghanistan", 2019.

Long-standing discrimination has created significant barriers for people with disabilities in areas such as education, employment, and healthcare, all of which are fundamental rights under international human rights law. However, with the shortage of aid, some NGOs that previously supported people with disabilities can no longer do so. Many Afghans who had been receiving financial benefits from the previous government's armed forces, particularly those with war-related disabilities, have lost access to these benefits. Additionally, the Taliban's policies restricting women and adolescent girls from traveling or working without a male guardian have worsened the situation, especially for women and girls with disabilities, as well as those caring for others with disabilities. These challenges highlight the critical need for targeted actions to protect the rights of marginalised groups and ensure their access to essential services, as required by international human rights standards.

Finally, local Afghan humanitarian organisations report that importing medicine has become increasingly difficult since the Taliban's takeover. Disruptions to the banking system and reliance on trade with neighboring countries, especially Pakistan, have worsened the situation.[63] The smuggling of unregulated pharmaceuticals from countries like China, Iran, India, and Pakistan has risen, with concerns about the quality of the drugs. Corruption in the distribution of donated medicines has further exacerbated the issue. Local organisations are struggling to obtain and distribute quality medicines, as the Ministry of Public Health lacks the necessary materials to properly test drugs.

63 Sabera Turkmani & Sheena Currie, "Afghanistan's fragile health system faces catastrophe without immediate international funding", Opinion: *British Medical Journal*,389 (2025); RASC "Healthcare in Kabul Under Taliban Rule: A System on the Brink", 10 March 2025, RASC News Agency, **rudabe.org/archives/24268**

Conclusion

Our data has shown that as a result of four years of Taliban edicts, women and girls' access to health care is severely compromised. Health care points are shrinking. Women health care practitioners are not allowed to work. Future nurses and midwives are not allowed to be trained. Over half of women and girls face major barriers to health care impacting pregnant women, increasing child malnutrition and inevitably reducing life expectancy. In the absence of new midwives being trained, what might happen to the millions of pregnant women and their health from now must be a priority for future research. This is a grave concern not just for the people of Afghanistan but for the international community that has invested millions of dollars in setting up health systems in the country.

This research also showed how women's ill health, worries about declining health services and dwindling educational opportunities for their daughters are combining to generate much despair and mental distress. And since Taliban violence and intimidation (and its benefits for men such as removing female competition for jobs) is also reducing residual male opposition, this dwindling internal support from male allies, is also a source of accumulating female misery. The last four years have been devastating for many women in Afghanistan especially for those that had experience of living under Taliban misogyny during their previous rule in the 1990s. Women were told to stay home at that time; and if they had to leave, they had to cover their faces completely. This and other restrictions led to thousands reporting mental health issues. The current regime's rules have reduced women to that same place of feeling **under arrest at home** and leading to all kinds of physical and mental health problems especially among young women and teenage girls, including addiction to tobacco and to drugs and some cases to committing suicide.

This research also revealed that women see the Edicts as being hugely responsible for this health crisis, edicts that according to local Afghan religious scholars, are unique to the Taliban and not a Sharia practice. Ideology that is imported into Afghanistan is lowering the life expectancy of half its population.

These findings therefore offer further evidence that Taliban rule is responsible for a rapid decline in the country's public health, and an increasingly inadequate health system. As such it looks unable to deliver a viable future for the country but instead, a health and demographic catastrophe.

As the governing authorities in Afghanistan, the Taliban are bound by international human rights law, which guarantees every person the right to the highest attainable standard of physical and mental health, freedom from discrimination, the right to an adequate standard of living, and freedom of movement, among other fundamental rights.[64] The right to the highest attainable standard of health is enshrined in various international treaties. This right includes not only disease prevention, treatment, and control but also creating conditions that ensure everyone has access to medical services and care when needed. General Comment 14 by the UN Committee on Economic, Social, and Cultural Rights clarifies that the right to health extends beyond access to timely and appropriate medical care, also encompassing access to health-related education and information, including on sexual and reproductive health. Governments have a responsibility to ensure equitable access to healthcare and health services. This means that access to health cannot be limited by discrimination based on gender, ethnicity, sexual identity, poverty, or other status. The Convention on the Rights of Persons with Disabilities emphasises that governments must take all appropriate measures to ensure people with disabilities can access health services, including gender-sensitive health-related rehabilitation. All roads, signposted by a gender-specific health time-bomb, ultimately lead to the International Criminal Court, in the absence of all governments, regional powers and international organisations, taking a much stronger, more principled stance.

64 S Qazi Zada, & M Z Qazi Zada, "The Taliban and women's human rights in Afghanistan: the way forward", *The International Journal of Human Rights*, 28, 10 (2024) 1687–1722.

Finally, we end on the obvious need to hold the line on withholding recognition. The United Nations has established several key principles with regards to women's rights. The most important one is the Convention for Elimination of All Forms of Discrimination Against Women CEDAW. It was adopted in 1979 in the general assembly and Afghanistan is a signatory to the principles, CEDAW, considered an international bill of rights for women. During the last 20 years, the governments were working hard in following those principles, sometimes being too pressured to move too fast in accordance with conservative elements of society. Other humanitarian and development partners working across the world have their own working guidelines and principles all emphasising equality and women's rights. WB has its principals. The OECD, ADB, and other major stakeholders, have tried to follow these principles, keeping the guidelines of CEDAW in mind when working in especially in fragile and conflict contexts. Each member state of the UN must also follow such principles especially those of CEDAW.

The current regime in Afghanistan does not believe in such international guidelines and their discrimination against women is increasing day by day. Overall, there are 18 core human rights instruments including CEDAW and the Taliban do not follow any of them. Currently, the UN and its member states seem unable to change anything in the country for girls and women. **The inability of the international community to keep their promise of rights for women during the first three years of Taliban rule, encouraged the regime to publish and begin implementation of the PVPV law in August 2024**. The more the international partners ignore the current situation in the country regarding women's rights, the more emboldened the Taliban are going to be. Not just in relation to the continued, extreme and cruel violations of women's and girls' rights but also with regard to ignoring the fundamental rights of all Afghan people.

Recommendations

To begin to reverse these disturbing trends, an enabling environment that supports policy changes on the ground needs to be put in place urgently. This requires a holistic, multi stake-holder approach within Afghanistan, the regional Muslim world and the international community. A useful recent academic study looking at the provision of trauma care in conflict situations made a set of recommendations for a better implementation of such services in conflict zones which compliments the following set of recommendations of this study[65]:

1) UN and Development agencies and INGOs as the main investors in the health and gender sectors

- The necessity of a multifaceted coordinating strategy and inclusive collaborations.
- Pre-emptive contingency planning for mass casualty situations is essential, as is making sure that medical transport and healthcare personnel are properly trained. Afghanistan is prone to frequent floods and earthquakes has high causalities after each incident. Since 2024 the mass deportations from Pakistan and Iran is proving very difficult to manage without proper planning and budgeting.
- Additionally, crucial are the creation of standardised teaching resources, the use of telemedicine, and ongoing evaluation of regional circumstances. While in country training is limited especially since female medical staff are not allowed to move around freely, they need to be trained with the latest technologies, management skills and relevant procedures, and online training is very relevant.

65 Nikolaos Markou-Pappas, Luca Ragazzoni, Claudia Truppa, Flavio Salio, Francesco Barone-Adesi & Hamdi Lamine, "Navigating challenges, solutions and requirements in the provision of trauma care in conflict settings by humanitarian actors: a scoping literature review; *Conflict and Health volume 19*,1 (17 January 2025.)

- Transparency, accountability, and the documentation of attacks on medical staff are important elements to remember. In 2025 there were several reports of vaccinators being attacked in the rural areas of the country majority of those were women.
- Women and girls as the main victims of fragility need to be the priority in any policy making while working in the country. Their wellbeing and not just physical health but also mental health must be considered in planning assistance.
- Consultation of the local organisations in policy making and deciding on focus areas.

Local NGOs

While most of the above recommendations apply to the local NGOs too there are some specific areas of focus

- Having worked in the country for years and some even decades of fragility, they know best what areas are in need of immediate support. They need to be involved in all consultations with the international partners before beginning a health project or a new phase of such projects.
- Requesting and advising the international and other funding bodies for longer term plans rather than piecemeal projects. When a clinic or a health point is set up it must at least be funded for several years. (In early 2025 with USAID funding stopping, hundreds of clinics that were built with hundreds of thousands of dollars were closed and the buildings have no use after such high amounts of investment since other donors were not able to take over.)
- As local organisations they are always aware of the local challenges and so need to ensure workarounds to ensure the female staff are able to move around safely and budgets available to be accompanies by a *mahram*/chaperone under the current regime's rules.

Activists abroad especially Afghan activists

While lobbying for stopping assistance to the Taliban regime, the activists must exclude the humanitarian and specially health related projects from their efforts. It is important that funding reaches vulnerable people especially women and girls. They now suffer more from physical problems as a result of domestic violence. Men are under pressure too and it affects them mentally. Women's mental health is severely affected and they need help and support.

To donors

While the development agencies and UN and INGOs have a lot of experience in supporting and implementing in humanitarian and gender and rights-based areas, they cannot do their work without guaranteed funding. It comes down to the donors to ensure the following in the context of Afghanistan and other fragile and in conflict states:

- To be presented by the implementing bodies with a flexible policy of implementation should the situation change during the implementation time. This is necessary so that if something unplanned happens in the country or the politics of the host country, the agency is able to adapt and continue their services instead of stopping them and putting the lives of the vulnerable people at risk.
- To ensure the presenting bodies have had sufficient local consultation before an implementation is proposed. Without the local consultation and knowledge of the local experts the international agencies who are the main decisions makers in investing and implementing health and gender related projects there are always challenges that may or may not be addressed at a later stage.
- Plan for longer terms support rather than short term. Health sector cannot rely on projects that can be provided for months at a time. Recent examples from Afghanistan and elsewhere is an example of how things can go wrong (namely, the USAID decision early 2025). Politically it may be difficult to plan longer than the life of the administration's governing time but even three-year plans are possible if the commitment is there.
- While politically, the lack of recognition of Taliban is the focus of the national and international community, the health and rights of the women and girls inside the country should not be jeopardised and the funding for humanitarian aid must continue. The international partners should also come up with a set of benchmarks for improvements of human rights specially health sector for women and girls so that the Taliban will follow. There should be short term, medium term and long terms plans.
- One of the immediate plans must cover **the reopening of the medical institutes for women where they can be trained as nurses, midwifes and doctors. No where else in the world is there this kind of restriction and reduction in health care for women**.

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