

The Health Care Crisis Facing Women Under *Taliban* Rule in Afghanistan

by Stephanie Dubitsky*

Many women in Afghanistan currently suffer human rights violations under one of the most anti-female regimes ever to take control of a country. Women in Afghanistan are forced into virtual house arrest, while the rest of the world has largely looked the other way. Restrictions on their freedom of expression, association, and movement deny these women full participation in society and, consequently, prevent them from effectively securing equal opportunities for work, education,

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and access to public services. Because of this situation, one of the most crucial issues facing women in Afghanistan is their lack of access to adequate health care, which is placing their lives at risk.

The *Taliban*'s Rise to Power

During the past 20 years, the people of Afghanistan have suffered extensive human rights violations as the result of several events. The Soviet Union's 1979 invasion and subsequent occupation resulted in extra-judicial killings, torture, "disappearances," and the largest refugee exodus recorded in history. Following the departure of the Soviets in 1992, a civil war erupted. In November 1994, a group known as the *Taliban* emerged. The *Taliban*, whose name means "students of Muslim religious studies" in Arabic, is composed primarily of poorly educated youths recruited from the Afghan refugee population in refugee camps and religious schools in neighboring Pakistan. The group currently controls approximately two-thirds of the country and is led by 31 year old *Mullah* Mohammed Omar. He and his followers promulgated an extensive set of rules that control many aspects of Afghan life and society and are based on his singular view of Islamic law. His perspective, however, is widely disputed by many Islamic scholars, including *Taliban* allies.

Kabul, Afghanistan's capital, fell to *Taliban* control on September 26, 1996. The group subsequently began a campaign of systematic oppression against women throughout the regions of Afghanistan under its control, issuing edicts that prohibited women from working outside the home or from studying in school. Women are forbidden from wearing shoes that make noise when they walk, and the windows of houses and buildings must be painted over if women are inside. Members of the Department for the Propagation of Virtue and the Suppression of Vice, known as the "religious police," enforce these and other regulations and have the power to impose on-the-spot punishments, including beatings and imprisonment, for perceived violations. Stories of women's abuse at the hands of the religious police are widespread; a recent report by Physicians for Human Rights (PHR) found that 68% of the women they interviewed in Kabul were detained and physically abused within the last year.

Impact on Women's Health Care

The PHR report highlights one area of Afghan women's oppression that has a particularly detrimental effect: restrictions on their ability to obtain health care. *Taliban* officials began systemati-

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cally enforcing a previously-ignored policy of segregating male and female medical patients into different hospitals in September 1997. All female hospital personnel, including physicians, nurses, pharmacists, and technicians, were prohibited from working in the 22 hospitals in Kabul. The single medical facility where women were permitted contained only 35 patient beds. Clean water, electricity, oxygen, and surgical and diagnostic equipment were not available. After an international furor resulted

from the *Taliban*'s actions, the group worked with the International Red Cross to partially mitigate the policy's consequences for women. As a result, the *Taliban* rescinded part of the directive, restored limited access for women in certain hospitals, and permitted certain female medical workers to return to their jobs.

Notwithstanding these concessions, the *Taliban*'s restrictions on women are still serious impediments to women's ability to obtain medical care and other services. One especially serious problem is the constraints on women's public movement. While in public, women are required to wear *burqas*, body-length garments that have only a small screened-over opening through which to see and breathe. *Burqas* cost about US \$9, which is the equivalent of an average monthly salary in Kabul and significantly more than many Afghan women can afford.

Similarly, women are forbidden from going into public unless accompanied by a close male relative such as a husband, father, brother, or son. This rule's effects are exceptionally harsh for the tens of thousands of women whose husbands and other male relatives died in the civil war. Even these women are unable to go out in public without a male companion. There are no exceptions to this rule, including seeking medical care for themselves or their children.

In addition to the limitations on women's ability to reach medical facilities, the quality of women's health care has also diminished alarmingly under the *Taliban* regime. Male doctors are severely limited in their ability to diagnose and treat female patients effectively because prohibitions on male-female contact prevent male doctors from lifting women's *burqas*, touching women except through their clothing, or looking at women's bodies. Because of these same restrictions, male dentists have suffered severe punishment, including beatings and imprisonment, for treating female patients' teeth and mouths. Despite the inability of male doctors to properly treat female patients, the *Taliban* completely halted programs for training additional female health care providers. This policy further limits women's access to doctors now and, especially, in the future.

One area of special concern is women's reproductive health. Even before the *Taliban* took power, Afghanistan's incidence of maternal mortality was one of the worst in the world. Under current policies, the

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situation has declined further. Only a few female obstetricians, who are allowed to

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work under the rules negotiated by the International Red Cross, are currently practicing in Afghanistan, and male obstetricians are prevented from adequately treating their patients due to the restrictions on male-female contact. The United Nations estimates that, as a result, only ten percent of Afghan women have access to formal prenatal and maternal medical services, and medically-trained health care providers attend fewer than six percent of all births.

The Taliban's interference in women's ability to access health care manifests itself in a multitude of other ways. Taliban guards are stationed in hospitals and doctors' offices and can arbitrarily interfere with medical treatment if they believe that a doctor violated Taliban rules by, for example, lifting a female patient's burqa and touching a part of her body during an examination. Female health workers, including nurses and doctors, although granted special permission to work in public, face constant

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and arbitrary harassment by religious police, especially if they are not properly covered by burqas.

Furthermore, the mandatory act of wearing burqas itself causes health risks. They are so heavy and enveloping that they restrict women's activities by making it difficult for them to move. The simple act of walking outside becomes hazardous because the mesh opening severely restricts women's field of vision and they are unable to see their path clearly. In addition, burqas are linked to hearing loss, skin problems, headaches, cardiac disorder, asthma, and also can contribute to mental health problems. PHR revealed

that the Afghan women who participated in its study demonstrated alarmingly high levels of mental illness: 97% displayed symptoms of major depression, and 86% reported signs of anxiety. These problems are linked to the oppressive conditions imposed on women and are significantly aggravated by the constant stress of restrictions on their movement and confinement to burqas.

Finally, Afghan women's health is affected by other Taliban restrictions. For example, one consequence of the Taliban's prohibition on women working outside the home is that a significant number have fallen into deep poverty, which results in poor nutrition for many Afghan women and their children. The consequences of women's unemployment are worsened by Taliban policies regarding the distribution of international aid. Approximately 40 non-governmental organizations, along with local and UN groups, are currently working in Afghanistan, attempting to provide food, health care, and other necessary assistance for women and their families. Discriminatory Taliban policies, however, interfere with these organizations' ability to deliver services to women. For example, a July 1997 edict barred access to food distribution centers by women unaccompanied by a close male relative. This rule effectively terminated many women's vitally important access to food centers and, thus, aggravated their slide into poverty and malnutrition.

Violation of International Law

Under principles of international customary law, the Taliban, although not widely recognized as the official government of Afghanistan, is obliged to act in accordance with treaties to which Afghanistan is a party in the regions under its control. Its actions restricting women's access to health care indicate that it is in direct violation of many of these obligations. For example, Afghanistan is a party to both the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The ICCPR requires Afghanistan to respect the right to life (Article 6) and the right to freedom from torture and other cruel treatment (Article 7). Parties must comply with these provisions in a non-discriminatory manner (Article 2). Afghanistan's obligations under the ICESCR include the right to medical care (Article 12), which also must be enforced in a non-discriminatory manner (Article 2). The fact that the Taliban prevents women from moving around freely, beats and imprisons them for violating restrictions placed

only on women, and impedes their access to health care to such an extent that many die for want of proper medical treatment, doing so solely on the basis of gender, demonstrates serious violations of these rights.

In addition, although it is widely accepted that governments may interpret their international obligations in accordance with their cultural or religious perspectives, they may not do so in a manner that violates the specific intent of the treaties to which they are a party. Article 27 of the Convention on the Interpretation of Treaties provides that states

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may not use internal laws to escape obligations accepted by treaty. The Taliban's current policies, however, violate the spirit of their treaty obligations, and the group's claims that these obligations are inconsistent with their religious or cultural practices are not sufficient to excuse ongoing indifference to their responsibilities under international law.

Conclusion

The Taliban asserts that its restrictions on women are based on an interpretation of Islamic law and Afghanistan's cultural and historical background. This claim, however, disregards the experiences and opinions of Afghan women under Taliban rule. More than 95% of the respondents to PHR's study indicated that their quality of life has diminished significantly since the Taliban came into power. Women traditionally were active in the social, cultural, political, and economic spheres of Afghan life, but are now totally deprived of such possibilities. The discrimination and suffering imposed by the Taliban regime constitutes an affront to the dignity and worth not only of Afghan women, but humanity as a whole. ☹

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