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INTERNATIONAL WATCH

WOMEN IN AFGHANISTAN SINCE SEPTEMBER 11TH

MARGARET MURPHY

Imagine being a poor, pregnant woman whose country is at war. You are forced to leave you home and live a refugee camp. You wonder how you will be able to take care of yourself and your unborn baby. This is what life is like for many Afghani women since September 11, 2001.

Poverty is common reason why mothers die in childbirth; drugs and other medical treatments are not available, babies are not vaccinated, and clean water and adequate sanitation are not available.¹ Currently, there are 1.2 billion people worldwide living below the poverty line of less than one dollar a day, and more than 3 billion living on less than two dollars a day.²

¹ Inter Press Service, *Health: Poverty the Number One Killer*, at <http://www.planetwire.org> (last visited Dec. 10, 2001). [hereafter, *Number One Killer*]

² *Id.*

Each year more than 525,000 women in the world die from complications of pregnancy and childbirth.³ The risk of dying in pregnancy and childbirth is 33 times higher in developing countries than in industrialized nations, at about 1 in 65.⁴ Over 50 million women experience pregnancy related complications; 15 million of which will lead to long-term illness or disability.⁵ “Many countries have practices enshrined in law and culture which inhibit women’s chances of surviving pregnancy and childbirth.”⁶ For example, marriage before complete physical development can lead to increased childbearing risks.⁷ Additionally, inadequate

³ *Maternal Deaths Remain High Despite International Efforts*, at <http://www.planetwire.org/details/2164> (last visited Dec. 10, 2001).

[hereafter, *Maternal Deaths*]

⁴ International Planned Parenthood Federation, *A World of Difference: Sexual and Reproductive Health Risks Worldwide*, at

<http://www.ippf.org/newinfo/pressreleases> (last visited Dec. 10, 2001).

[Hereafter, *A World of Difference*]

⁵ *Maternal Deaths*.

⁶ *Id.*

⁷ *Id.*

access to safe, legal abortions also presents problems.⁸ Furthermore, lack of education is a contributing factor. "Education beyond the primary school level is strongly associated with improved decision making in health related matters and greater use of available health services, as well as later child bearing and fewer births overall."⁹ This is no different for Afghani women.

Poverty, lack of education and government support, all contribute to the problems faced by Afghani women. According to a report by Population Action International, launched by the International Planned Parenthood Federation (IPPF), Afghanistan is ranked as the fourth highest country on their Reproductive Risk Index. Afghanistan was only surpassed by Chad, Angola, and Ethiopia.¹⁰ The countries were ranked based on ten key indicators of sexual and reproductive health.¹¹

Within Afghanistan's total population of 22,720,000,

22.1% are women between the ages of fifteen and forty-nine.¹²

The neonatal mortality rate for infants between the ages of birth and four weeks is 121 per 1000 live births, and still birth rates are 70 per 1000 live births.¹³ 20% of all babies are born with low birth rates,¹⁴ and only 1% to 8% of births are attended by trained personnel.¹⁵ The maternal mortality rate in Afghanistan is 1700 per 100,000, this is compared to 12 per 100,000 in the United States and 1000 in less developed countries.¹⁶

¹² United Nations Population Fund, *Humanitarian Crisis in Afghanistan: Reproductive Health Indicators for Afghanistan*, at <http://www.unfpa.org/tpd/emergencies/Afghanistan/factsheet.htm> (last visited Jan. 17, 2002). [Hereafter, *Reproductive Health Indicators*].

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*, See Also, International Planned Parenthood Federation, *Saving Women's Lives: IPPF Targets Emergency Reproductive Health Care for Refugees in Pakistan and Iran*, at <http://www.ippf.org/newinfo/pressreleases> (last visited Dec. 10, 2001). [hereafter, *IPPF Targets*].

¹⁶ United Nations Population Fund, *Humanitarian Crisis in Afghanistan: UNFPA Relief Efforts*, at <http://www.unfpa.org/tpd/emergencies/Afghanistan/factsheet2.htm> (last

⁸ *Id.*

⁹ *A World of Difference*.

¹⁰ *Id.*

¹¹ *Id.*

An Afghan women's life expectancy is only 44 years of age,¹⁷ compared to an average life expectancy of 61.4 in developing countries and 75.2 in industrial nations.¹⁸ It is estimated that 1,140,000 women are currently pregnant in Afghanistan, and 20,000 women will require medical treatment in the next year for miscarriages or other serious reproductive problems.¹⁹

These problems have only been heightened since the events on September 11, 2001, and the subsequent war. Many pregnant Afghani women were forced to leave their homes and flee to refugee camps in Pakistan and Iran, fearing military action. Consequently, Afghanistan has risen as the world largest refugee crises. Approximately 4 million Afghans are in exile, mainly in Pakistan (approximately 2 million) and Iran (approximately 1.5 million).²⁰ One million Afghans have been uprooted and are now living as displaced persons

inside Afghanistan itself.²¹ Additionally, approximately five million Afghans are currently dependent on humanitarian aid to survive many of who are women and children.²² The initial withdrawal of government relief organizations and the closing of many borders exacerbated the problem.

In response to this crisis, the United Nations Population Fund mounted its largest humanitarian operation, seeking \$4.5 million internationally to support its effort to help the Afghani women and children.²³ According to the UNPF, the problems that needed immediate attention, creating the most serious risk to women and their infant children, were the lack of shelter, food, medical care, and unsanitary conditions.²⁴ The UNPF assembled an integrated package of reproductive health services, including: essential obstetric care, basic equipment

visited Jan. 17 2002). [Hereafter, *UNFPA Relief Efforts*]

¹⁷ *IPPF Targets*.

¹⁸ *Number One Killer, Supra note 1*.

¹⁹ *IPPF Targets*.

²⁰ *UNFPA Relief Efforts*.

²¹ *Id.*

²² *Id.*

²³ *Saving Women's Lives in Afghanistan, at*

<http://www.planetwire.org> (last visited Dec. 10, 2001). [Hereafter, *Saving Women's Lives*].

²⁴ *Id.*

and supplies, and training and operational support.²⁵ Specifically, they provided and continue to provide clean delivery supplies, sanitary napkins, clean undergarments (which are essential to hygiene), support to boarder hospitals, counseling for victims of trauma, and eventually will provide training for local health care providers and midwives.²⁶

Additionally, the International Planned Parenthood Federation has also provided emergency reproductive health aid for families in the refugee camps on the boarder with Pakistan and Iran.²⁷ They have provided basic reproductive health services, including obstetric care, equipment, supplies, family planning, training and counseling.²⁸ They have been able to accomplish this through their network of regional family planning association in Pakistan, where they have set up family health clinic in camps in Quetta and

Peshawar.²⁹ They have also established clinics in Iran.³⁰

There have been two main obstacles to the relief effort. First, while many problems have been averted because of the outpouring of relief into Afghanistan over the past few months, the women and children in remote villages, like the mountain region of Abdullah Gan, still suffer.³¹ The women continue to live with inadequate resources and have resorted to eating grass mixed with barley flower.³² Aid workers have had difficulty shipping food and supplies into remote regions of Afghanistan, as many of these villages are not accessible by roads. The problems have been exacerbated by drought conditions and by the changing seasons.³³

Second, President George W. Bush has reinstated the "Mexico City" global gag

²⁹ *Id.*

³⁰ *Id.*

³¹ Feminist Daily News, *Starvation Continues in Remote Areas of Afghanistan*, at <http://www.feminist.org/news/newbyte/uswirestory.asp?if=6057> (last visited Jan 14, 2002).

³² *Id.*

³³ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ *IPPF Targets*.

²⁸ *Id.*

rule policy. The “gag rule” requires that foreign nongovernmental organizations (NGOs), in exchange for U.S. monetary family planning assistance, withhold information from pregnant women about the option of legal abortion and refrain from disclosing the names and locations where women may safely obtain the procedure.³⁴ The “gag rule” also silences any public debate that encourages safe, legal abortions, and requires that NGOs to refrain from providing legal abortion services.³⁵ The “gag rule” will have a devastating effect on efforts to save women’s lives and family planning efforts.

³⁴ *Bush Administration Holds Up Family Planning Funds: Women’s Health and Lives at Risk*, at <http://www.planetwire.org/details/2211> (last visited 1/17/02).

³⁵ *Id.*