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# Is “Empowerment” A Trickle-Down Effect of The Afghanistan Midwifery Education Program?

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## Is “Empowerment” A Trickle-Down Effect of The Afghanistan Midwifery Education Program?

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### Abstract

#### *Introduction*

The patriarchal Afghan society has thousands of years of history. For most parts it has been governed by its tribal systems. The society has systematically evolved with its thousands of years old tradition, which has resulted in the subjugation of women. Although it is widely assumed that the midwifery education program (MEP) has contributed to female empowerment, no formal investigation has been carried out that explores the actual impact of MEP on the status of women midwifery graduates. Therefore, this study systematically explores the trickle down effects of MEP on women’s empowerment.

#### *Methodology*

*Design:* Exploratory qualitative study

*Study sites:* Purposively selected to represent a range of contexts in Afghanistan: Kabul, Parwan, Paktia, Bamyán and Badakhshan.

*Study Participants* Graduates of the midwifery education program and key informants from the Ministry of Public Health, Community – based Midwifery Education (CME) implementers, donors, and the midwifery association.

*Methods* 9 In-depth Interviews (IDIs), 9 Key Informant Interviews (KIIs), and 4 Focus Group Discussions (FGDs), with photo elicitations, were conducted.

#### *Findings*

According to the study respondents, empowered women are those who are well educated, can work and earn an income, are fully aware of their rights and can take part in the nation building processes. The study demonstrated, in particular, the impact of midwifery education on women’s empowerment at various levels i.e. individual, family, and society at large.

#### *Conclusion*

The midwifery profession, being the most acceptable profession for women in a conservative society like Afghanistan, has empowered women in a way that they are seen as a role model for the next generation and it has created a momentum for a better future for the women in Afghanistan.

### Keywords

Empowerment, Women, Midwifery education program

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## Introduction

When a society believes that women and men are not equal it tends to treat genders differently, particularly in terms of rights and opportunities. Most of the time women are regarded as a commodity instead of as valued contributors to society, and the large majority continues to remain vulnerable to gender disparities and social injustice. Women's equality is usually related to changes in the existing power structure; from one where men are more powerful than women to one where women are “empowered” as equals. Empowerment deals with the psychological dimensions of self-esteem, self-confidence, identity; and power, that allows people to bring about changes in their lives<sup>1-4</sup>. Empowerment is a unitary and intrinsic concept – one which is very subjective and difficult to define, explain, assess and evaluate<sup>5</sup>.

Afghanistan's social norms have been defined by patriarchal and tribal systems that have resulted in the systematic subjugation of women. The greatest drawback of the tribal systems is that tribal laws and sanctions overshadow Islamic and constitutional laws, especially in deciding gender roles. As a result, women's positions has always been jeopardized<sup>6, 7</sup>. In Afghanistan the commencement of a ‘modernization’ process started from the mid 19th century when the rulers of the time took some gradual but cautious steps to improve the situation of women. However, there was considerable resistance from the tribal elders and people living in the traditional rural parts of Afghanistan.

The period between 1992 -95 was the era of the Mujahidin, when civil war was at its peak; all development ceased and millions fled to neighboring countries. This period is considered as be one of the most terrible periods in the history of Afghanistan, in terms of human rights abuses, anarchy and crimes against women<sup>7, 8</sup>. The Taliban took away power from the Mujahidin in 1994 and their primary goal was to implement Islamic “*Sharia*” (law), but through a very conservative and harsh interpretation of Islam<sup>7, 9</sup>. During their rule, women were forced to remain in a constant state of ‘curfew’ as they were not allowed to move freely, work, or be educated<sup>8, 10</sup>. The years under the Taliban were among the most repressive for women in Afghanistan, as social, and even religious, rights were lost in the name of Islam.

Immediately after the fall of the Taliban in 2001, the agenda of women's empowerment was able to attract the attention of the international community and the Government of the Islamic Republic of Afghanistan. Since then many initiatives have been taken to empower women, like the establishment of the Ministry of Women Affairs, deliberate efforts to have women represented in politics, and the creation of opportunities for women's education and employment<sup>11</sup>. However, these efforts have not translated into women's empowerment at all levels of society<sup>12</sup>.

When Afghanistan was going through political turmoil, social misrule and war, all infrastructures and systems were destroyed, including midwifery education. The nurse-midwifery profession in Afghanistan had a glorious period in the twentieth century. The profession was introduced by King Amanullah when he sent women from the royal family abroad to be educated as nurse-midwives<sup>13</sup>. Short term training in midwifery were carried out , but due to its low quality and unstructured training, the midwives were incompetent and unable to practice according to standards, which led to a tarnished social image of midwives. During the Taliban rule, women were barred from attending schools and, as a result, no midwives were produced; thereafter, the midwifery profession lost its roots and its social image<sup>14, 15</sup>.

Fortunately, a robust effort and sustainable change in the image of midwives occurred in 2002. Ministry of Public Health of Afghanistan (MoPH), with the support of the international community, initiated a well-designed, competency based midwifery education program across Afghanistan. The midwifery program was started with the ownership of local communities<sup>16</sup> which contributed to the community's acceptance of and respect for the role of midwives<sup>17, 18</sup>. The Afghanistan Midwifery Education Program (MEP) is particularly well recognized for its contribution towards women's health improvement in the country, especially in the rural areas and deprived communities<sup>16</sup>. This was a major breakthrough in very conservative Afghan society; and interestingly, has proven to be a successful and culturally acceptable initiative for safe motherhood under the Ministry of Public Health<sup>15</sup>. Today, after almost ten years, the Government of Afghanistan, the international community and other stakeholders recognize and/or claim that the midwifery profession is contributing towards women's empowerment and the upgrading of women's status in the community<sup>19</sup>. Hence, this study systematically explores the trickle down effects of MEP on women's empowerment.

## **Methodology**

The study design was an exploratory qualitative study based on the Maxwell interactive model<sup>20, 21</sup>. The main study sites were Kabul (urban), Parwan (Semi-urban), Paktia (rural), Bamyan (rural) and Badakhshan (rural). The study participants were midwives who had graduated from the midwifery education program. In total nine (9) In-depth Interviews (IDIs), nine (9) Key Informants (KIs), and four (4) Focus Group Discussions (FGDs) were conducted. To achieve representativeness or comparability, and to generate optimal in-depth understanding, purposive sampling techniques were utilized<sup>22</sup>. Data collection ceased when it reached the point of saturation. During FGDs, a 'photo elicitation' technique was utilized because it is considered to be an appropriate technique for the identification of un-touched or sensitive matters that are best assessed by means of sharing thoughts and ideas<sup>23</sup>. A final selection of four pictures was made after pre-testing in the field. Participants were introduced to pictures in two stages. First they were rapidly shown each picture and asked to give their initial impression, and then in the second round participants were asked to explain their earlier thoughts and responses. This approach allowed participants to become acquainted with the study subject and helped to generate the discussion.

For analysis, the data were translated and transcribed. General inductive codes were also created from the transcripts and incorporated into a preliminary thematic framework. Under the major themes, sub-themes were created to develop suitable definitions. Conclusions were extracted by using critical and analytical thinking. To achieve the trustworthiness in qualitative data collection, four main components are suggested by Shenton. A.K .<sup>24</sup>; credibility, transferability, dependability and conformability.

Credibility - basically refers to the concept of confidence in the truth of the data and it is all about carrying out the study in a way that the believability of the study findings is enhanced. In this study, credibility is ensured by triangulation, peer debriefing, expert review and to some extent by member check methods.

Transferability also refer to fittingness and the probability of that the study findings have some meaning on other contexts or situations. To ensure the transferability of the findings in this study, "thick descriptions" of verbatim responses of the participants have been included.

Dependability also refers to the objectivity or neutrality or distance which was maintained by the researcher. In this study, dependability is ensured by various means like triangulation, expert check and intra code reliability was measured at 91%.

Confirmability is the degree of “neutrality or objectivity” of the qualitative findings. To ensure Confirmability, the researcher maintained a daily log during both data collection and analysis periods; at the same time triangulation was also utilized for the said purpose.

Ethical approval was sought from the BRAC University’s ethical review board and from the Institutional Review Board of the Ministry of Public Health of Afghanistan. Informed written and oral consent was obtained from the study participants, especially from the participants who participated by telephone. Confidentiality and autonomy of the participants were maintained throughout the study process.

## **Findings and discussion**

### *Demographic data of the respondents*

All the midwives had graduated from the new midwifery program and ranged in age from 23 to 35. Most came from Bamyan, Kabul, Paktia, and the provinces and were working in private organizations including midwifery schools. FGD participants were all midwives, between 22 – 45 years of age. More than 50% of the respondents were married, and their work experience ranged from 2 years to more than 6 years. The KIs (5 women and 4 men) were mainly from professional associations, the Ministry of Public Health, UN agencies, midwifery schools, and from a midwifery program implementing NGOs. IDIs were done mainly with females, except one male – this was a purposeful selection.

### *Changes in persona - perceived self-empowerment*

The study findings revealed that midwifery education has an impact on midwives’ ability to live as an independent member of the society. It contributed towards their self-empowerment and, in particular, their autonomy, their ability to move/purchase and make decisions.

### *Purchasing Power*

The majority of the midwives and KIs claimed that the midwifery profession has economic benefits, which has given them the midwives power to purchase or to utilize the money according to their own preferences. Most respondents mentioned that the money which the midwives earn, either through regular jobs or private practices, makes them self-sufficient as they do not need to ask for help from others especially the male members of the family.

A midwife can work outside... and at the house both.... Midwife earns by herself and is not dependent on her husband or someone else...[Midwife]

Midwives in the FGDs mentioned that the economic benefit of the profession makes them different from just being a housewife and they also emphasized that their profession contributes to other levels of recognition and benefits such as family and community respect, trust, authority, confidence and even influence over household decisions.

My family trusts me more than before because I am not just helping them as a health professional, but also I am supporting them economically and they are happy with me [Midwife].

Financial self-sufficiency gives a sense of autonomy to women, and improves their quality of life as women have greater control over their daily life and they do not have to be dependent on others to fulfill their basic needs. Evidence from other studies also shows that financial self-sufficiency has a strong impact on women's empowerment because it enhances control and the ability to make decisions<sup>25, 26</sup>.

Mayoux's<sup>27</sup> framework for women's empowerment refers to empowerment in different spheres of life, and suggests that empowerment should be integrated in all spheres like social, political, and economical as well as at the individual, household and community levels. Financial self-sustainability is the most commonly used approach to enhancing women's empowerment and it has been shown to impact not only a woman's life but that of her whole family and society<sup>28</sup>. Economic empowerment has a role in gender equality because there is a strong link between poverty and inequality; poverty and lack of opportunity fuels inequality among men and women. However, other studies also suggests that being economically empowered may not ensure empowerment in all the spheres of life<sup>29</sup>.

#### *Professional Competency and Capacities*

The data clearly identify that midwifery training empowered women so that they feel more competent and confident. All the midwives interviewed claimed that the knowledge, skills and attitude that they acquired in pre-service education supported their work within the family and the community. Their education enabled them to have greater control over their own reproductive issues like family planning, and care during pregnancy and the postnatal period. The data also suggest that midwifery competencies are a source of power, and lead to perceived privileges:

Before, I had no information about health, specifically about maternal and child health..... Now, because of this profession I can help women, my family members and relatives..... And my family trusts me more now as a professional person.....People respect and my people look at me as a support and resource person. [Midwife]

Moreover, the professional attitude that midwives acquire during their education, helps them to build a trust with their family and community. Most midwives mentioned that the communities trust midwives and according to a few of them, this is primarily due to their communication skills. Communication also plays an important role in the client and provider relationship, an area that is sometimes undervalued given that pre-service education tends to prepare health professionals to 'cure' rather than to 'care'<sup>30</sup>. Interpersonal communication is an integral part of the midwifery curriculum which makes them therapeutic communicators and helps them in building trusting relationships with their clients.

In equipping oneself with knowledge, skills, and a compassionate attitude, tremendous growth and development can occur in a person<sup>31</sup>. Greater competency brings self-confidence and also a sense of having some control over one's own health<sup>32</sup>.

Education has been considered as a weapon to empower women<sup>33</sup>. Midwifery education was seen as a way to reduce women's dependency on others for health related problems such as those related to reproductive health. The midwives mentioned they are able to recognize their health issues and deal with them at a personal level or if needed, seek professional care. This allows them to make their own choices, even around issues like family planning. These competencies help midwives prove themselves as productive members of the society, and build the trust and confidence of the community that is necessary to encourage utilization of reproductive health services<sup>18, 34</sup>.

### *Psychological strengths*

Psychological power was unanimously and consistently mentioned throughout the FGDs and IDIs as one of the main impacts of the midwifery program. Midwives stated that it is the title 'Qabila' [the local title for midwives means intelligent] that gives them self-identify, as many of the midwives mentioned that before becoming a midwife they were unknown to their communities or even in their extended families. Now, everyone knows them as 'Qabila' [midwife] and they have status in their families and communities.

..... People recognize me by the name of Qabila (Maliha – pseudo name) [midwife Maliha].....I have a name..... and respect....[Midwife]

Data suggests that greater social status in the community enhances their self-esteem and self-confidence. Midwives also verbalized that confidence and perceived social status gives them authority and pride. The term 'Iftikhar' [pride] was used several times by midwives during the IDIs and FGDs. Some of the midwives compared their current status with the feeling of powerlessness and hopelessness, which they had during the Taliban time:

During the time of the Taliban.... there was great male dominance.... We used to say... why am I a female? Wished that we were not females....because women were so humiliated.....they [women] did not have any freedom....during that time we [women] were not allowed to educate ourselves.....As a result, we were 'pasheman' [guilty] of our being women in this world..... but now things have changed and we do not have any problem in receiving education.... or taking part in the development of the country.. [Midwife]

In the majority of South East Asian Countries nursing and midwifery are not well respected and recognized professions. Midwifery, in particular, is losing its roots<sup>35, 36</sup> and is rapidly being overshadowed by the nursing profession. However, in Afghanistan the situation is different. Instead of nursing it is the midwifery profession which is more recognized and established, this is most likely due to its standardized and competency based education approach.

### *Power to make decisions*

Data suggest that after completing midwifery education, the profession itself boosts their decision power for themselves and even for their families. As one unmarried midwife explained:

I am like a son in my family because I support them financially and my family members cannot even think of taking any decision without my involvement [Midwife].

KIs echoed the view that the strengthening of the midwifery profession has improved the decision making and leadership skills of women not only at the household level, but also in the clinical and community setting. Data also indicate that midwives are now contributing at the political level; by taking key positions in the ministry and NGOs and by being part of the provincial health committee. The decision making ability is amongst the key elements of women's empowerment and it is very much linked to the socio-economic status of women. Women who have received an education, or have economic resources, possess greater autonomy and power to make decisions independently or to be involved in the decision making process at home. The ability of midwives to be involved in decision making signals their level of empowerment, especially in a conservative and male dominated society like Afghanistan.

The connection of women's poverty to lack of autonomy, minimal participation in the decision making process, low or no access to education, and lack of access to economic resources was clearly evident in the discussions. The ability of women to take part in the decision making process at the household level symbolizes the autonomy of women and the attainment of gender equity<sup>37</sup>. However, this ability to make decisions is very much dependent on the other aspects of empowerment including economic, social and political.

#### *Mobility and freedom*

The data suggest that compared to other women in the community, midwives have the privilege to move around freely; although some of them may have to obey the cultural obligations of wearing 'chadari' [veils] in some parts of Afghanistan. When the phenomenon of 'chadari' was further explored, midwives mentioned that a woman who wears 'chadari' is comparatively more empowered. Most midwives and some key informants mentioned that during the Taliban time no woman could imagine going out for work or education. Now, due to working as a midwife they can work outside because their family trusts them. The earlier limits of the Taliban were vividly described by one midwife:

The Taliban period was the 'seah tareen' [darkest] and the most 'badbakht tareen' [the most unfortunate] time period of our life especially for women because there was no health facility.....there were few but not at the level which we wanted. Women were not allowed to freely walk around....even with 'Chaddari' [veil] were subjected to humiliations, even with 'Chadari' [veil]. The Taliban government officials used to beat women with 'Shalaq' [hunter] and women were unable to treat their pain. Women were not allowed to get a y education. Leave alone education and other things, they were not even allowed to cure their pain or go to hospital for treatment..... Without any medication a woman may die but cannot get a tablet or go to hospital. [Midwife]

The majority of the midwives and key informants mentioned that the midwifery profession is socially accepted and respected; therefore, in many parts of Afghanistan they can freely work in their clinics, and in some cases, receive security support by the community members. Interestingly, two of the midwives working in a remote and insecure province of Afghanistan claimed that the Taliban are present in their province and they are not in favor of working women, but they allow doctors and other health care providers, including midwives, to work. However, there were some variations in the data because some respondents mentioned that there are certain provinces in Afghanistan, where many graduates are no longer working in health facilities because of the prevailing insecurity.



Afghanistan is a heterogeneous country, geographically and politically, and the level of movement may vary from area to area, depending on physical barriers or due to security concerns. There are areas where still some restrictions are in place on the mobility of midwives (34, 38). However, the power of mobility also symbolizes the autonomy of women. Midwifery has had a commendable influence on the autonomy of women and as a result many of them are enjoying their freedom. Midwives are allowed to move out of their provinces, their villages and their homes, in fact, many of them have also been exposed to international settings and influences in workshops and trainings.

Mobility is a commonly used indicator for women empowerment at individual and family levels<sup>4</sup>. There are many factors which allow women to be mobile: their financial and economic conditions, family trust, and confidence and community support. The last one is vital because it's the community at large which sets norms for the people. A greater level of mobility will expose women to the external world and will improve her knowledge, interpersonal skills, and self-confidence and, eventually, make her more confident<sup>26</sup>.

### ***Trickle down effects on family and beyond***

Besides changes at a personal level, the midwifery profession has had an impact at the family/community and at a broader national level. These fall into three broad themes:

#### *Economic benefits for a woman's household and the broader economy*

The study respondents consistently mentioned the fact that they contributed financially and economically to their families, and because of this, their quality of life has improved:

...they [midwives] are bringing money to their families, while 10 years back, their families would never have thought that women can work and can bring money for them.... it was beyond imagination... [Key Informant].

The influence of midwives in economic decisions extends to influence over other household decisions. Several midwives indicated they are the only source of income in the family. One of the married midwives from the remote province of Bamyan, whose husband was uneducated, explained her circumstances:

My in-laws are happy with me... our house runs with my salary.....And we are happy.... You know making relationships is in the hand of a person [Midwife].

As skilled professionals midwives can utilize their skills and can earn financial benefits. The capacity of midwives to contribute financially empowers them. This ability to contribute financially also makes them role models for the other community members. Due to the financial contribution of midwives to the economic situation of a family, they are more likely to support their own daughter in getting midwifery education. Other studies also validate the effect of financial capability and its strong influence on the status of women in the family and community<sup>39</sup>. Pre-service midwifery education evaluations also reveal the important contribution of midwives to the economic sustainability of the families<sup>17, 34</sup>. Development and women's empowerment are not mutually exclusive, they go side by side. Empowering women will accelerate the development of the society at large and will contribute to the overall development of the community<sup>29, 40</sup>.

### ***Social benefits***

One interesting finding was that midwifery has become a socially acceptable profession for women and therefore worthy of respect for those who engage in the profession.

The word 'respect' was consistently and repeatedly used by midwives and even by KIs, as were the words 'trust' and 'confidence'. According to the study respondents the recognition and respect conferred on them, gives them the confidence to practice safely and to serve their communities with sincerity and honesty.

First thing that midwifery has given to a female is the recognition .... Everyone knows her that she is a midwife [Midwife].

Midwives do realize the importance of community trust and recognition to their work and, as a result, are committed to fulfilling community expectations.

It is clear that the Afghanistan midwifery education system has had important and long lasting impacts on Afghan society; specifically for women. Several factors were critical to its successful and effective implementation. Firstly, the system is based on a well-designed competency based curriculum with a strong accreditation system that assures the quality of education. The second factor underlying its success is the system's pro-rural approach at the provincial / district level, and its pre-planned deployment plan. Lastly and perhaps most importantly, is the critical involvement of family and community in its development and support<sup>16, 41</sup>. The people of Afghanistan know their '*Qabila*' [midwife] well; they know her functions, and in many cases give them preference over doctors.

Women in the community feel safe because they know their midwives<sup>18</sup>. These attributes of the program have worked to further increase the respect, trust and confidence of the community, which has ultimately led to an increase in the utilization of services<sup>17, 42</sup>. The increased utilization of their services leads to better health outcomes for the mothers and newborn, in fact they facilitate healthy families.

### ***Benefits for other women***

Midwifery education also played a catalyst role in girls' education. The majority of midwives and some of the key informants claimed that in 2002 it was difficult to find suitable candidates for the midwifery schools because in many areas girls were not educated. Initially, families were not interested in sending their daughters for midwifery training, mainly due to the low social status and lack of security for women, but after the initiation and implementation of the standardized midwifery education program, families and communities and other key stakeholders were more engaged in the process and this improved the image and encouraged them to send their girls for midwifery education.

The majority of respondents also stated that when midwives went back to their communities and started working directly with families, attitudes began to change. In fact, many of them claimed and shared stories, where families would regard them as role models for their daughters, and hoped to encourage and prepare them for the profession by taking a greater interest in girls' education. A very senior midwifery program implementer described how the midwifery education program even encouraged the opening of new schools for girls:

I also remember a district of Bamyan, where there was no girls' school... we could not find any candidate till 2008 from that village..... finally a girl from another district agreed to go to that village after completion of her midwifery education. So after her graduation, she joined that clinic. A few months later, the community people realized that she was serving their mothers, daughters and women and they realized the importance of having midwives from their own community. Especially at times when the deployed midwife used to go on holiday and there was no other midwife in the village to provide services..... As a result, they started building a girl's school in their village so that they could find the best candidate for the midwifery program [Key Informant].

Besides girls' education, many of the study respondents mentioned that just because of the presence of midwives in the communities or at the door steps of women, utilization of services has increased. The midwifery profession has also had a significant impact on women from other societies and cultures.

Similarly, in Afghanistan, midwives are role models for women in the rural areas, and 'pillars' of the Afghanistan health system<sup>43</sup>. MoPH has also recognized the midwifery program's contributions in bringing down the maternal mortality rate in Afghanistan<sup>15</sup>. Moreover, women of the community realize the importance of midwives for them and there has been an increase in the utilization of reproductive and maternal health services<sup>17, 38</sup>.

### **Limitations**

Time constraints and security were the main limitations of the study due to which limited number of persons were interviewed. The study findings could have been richer if the family and community perspectives could have been taken into account and more midwives interviewed from remote areas. Hence, further in-depth exploration is needed and perhaps a mixed method study undertaken in order to increase the generalizability of findings.

### **Conclusion**

Midwifery profession being the most acceptable profession for a woman in a conservative society like Afghanistan can be considered as one of the means to empower women in a way that they are seen as a role model for the next generation and create a momentum for a better future for women in Afghanistan. However, further exploration is needed to increase the generalizability of the study findings

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