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Forgotten Mothers

**Unveiling the Impact of The Taliban Takeover
on Maternal Healthcare in Afghanistan:**

A Social Determinants of Health Analysis

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Abstract

In the wake of the Taliban takeover, Afghanistan's maternal healthcare landscape has undergone drastic changes. This desk-based research study seeks to answer the question: "*To what extent has the Taliban takeover in Afghanistan impacted maternal healthcare, and how can the Social Determinants of Health Framework guide our understanding and provide insight into this change?*" In addressing this, the study relies on secondary sources, such as online health reports, academic journals, documentary footage, and news articles, due to the limited accessibility of firsthand information. The study's primary objectives consist of two parts. Firstly, it examines the impact of the recent Taliban takeover on maternal healthcare in Afghanistan, and the shifts in societal norms and policies. Secondly, it applies the Social Determinants of Health Framework to offer a comprehensive understanding of these transformations. This framework allows for an in-depth analysis of social determinant factors influencing maternal healthcare outcomes, including social inclusion and non-discrimination, education, unemployment and job insecurity, income and social protection, working life conditions, food security, and access to quality health services. The research presents the extreme marginalization Afghan women are enduring under the Taliban, emphasizing how restrictions on fundamental rights and access to essential services exacerbate the maternal health crisis. Furthermore, the study concludes with a call for more research to enrich our understanding and raise global awareness. It promotes a unified and global approach to women's rights, transcending geographical, political, and cultural disparities, while also stressing the necessity of international cooperation for the protection of women's rights and health services in Afghanistan.

Key Words: Maternal healthcare, maternal mortality, Taliban takeover, the Taliban regime, Afghanistan, social determinants of health (SDOH), impact, limitations, awareness, significance, societal norms, socioeconomic status, healthcare accessibility, essential services, social inclusion, non-discrimination, education, employment, job insecurity, income, food security, social protection, and women's rights.

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1. Introduction

1.1 Research question & problem

The research question of this study is as follows: *To what extent has the Taliban takeover in Afghanistan impacted maternal healthcare, and how can The Social Determinants of Health Framework guide our understanding and provide insight into this change?* This question seeks to address the current state of maternal healthcare in Afghanistan following the Taliban takeover. Due to limited access to first-hand information and sources, this paper will be based on online health reports and journals, documentary footage, and news articles.

1.2 Objectives

The objectives of this study consist of two primary goals. The first is to examine the impact of the Taliban takeover on maternal healthcare in Afghanistan. As mentioned, this information will be derived from secondary sources. The second, is to apply The Social Determinants of Health Framework (SDOH) in the context of this study. This will allow for a greater understanding of the transformations that have occurred since the Taliban takeover and how they may have impacted maternal healthcare. Overall, while this study aims to shed light on the effects of the Taliban regime on maternal healthcare services, it also seeks to illustrate an example of how humans' social contexts can impact their experiences with healthcare.

1.3 Significance

This study holds significant value for a few reasons. First, the study addresses the critical gap in understanding the real-world impact of regime changes on essential health services, particularly women's and maternal healthcare. When regime changes transpire, news articles and reports often prioritize discussing the global and political repercussions for the Western world, overlooking the immediate impact of these changes on the local population who are experiencing it first hand. While it is undeniable that changes in governance can influence international relations, the repercussions on the country's own citizens can be even more severe and detrimental.

Secondly, by using the Social Determinants of Health Framework, this study addresses the complex and interconnected nature of a country's healthcare system and functionality. This theoretical model illustrates how health outcomes can be influenced by a number of different factors including socioeconomic, political, environmental, and cultural. By considering social determinants, like social inclusion, education, employment, income, social protection, food security, and access to healthcare, this study is important since it will offer a nuanced and comprehensive understanding of the Taliban's impact on health services, specifically maternal healthcare.

1.4 Limitations with approach

There are a few limitations to this study including data availability, overlooked influences, temporal scope, cultural sensitivity, and generalizability.

First, given the current political climate in Afghanistan, it can be difficult to find reliable information on maternal healthcare services because of the Taliban's control and restricted access to health data. This is something that one needs to consider during the research process since this study's research relies on secondary sources for information, which may not be up-to-date or directly reflect first-hand experiences.

Secondly, it is important to acknowledge that maternal healthcare in Afghanistan can be influenced by other factors, like the covid-19 pandemic, and not just the Taliban takeover. By focusing on the impact of the new Taliban regime, this study may overlook other possible factors and determinants that have impacted maternal healthcare in Afghanistan.

The next limitation of this study is the temporal scope. The Taliban takeover is a political event that occurred very recently, in late 2021. Given that the Taliban has only been in power for roughly a year and a half, assessing impacts that perhaps have not fully manifested yet could pose a challenge. This is a limitation that will be considered when writing the discussion and analysis of the research.

The fourth limitation of this study involves potential issues of cultural sensitivity. One could argue that in order to fully comprehend the influence of various social determinants, like cultural

practices and norms, a sensitive and profound understanding of the culture is needed. If the researcher lacks knowledge in the subject, this could lead to misinterpretations or biased and inaccurate data. As I am no expert in the political affairs or healthcare systems of Afghanistan, I take my own potential bias very seriously. This is something that will be further discussed in section 5.5 *Limitations and Ethical considerations*.

Lastly, it is important to acknowledge the limitations of generalizability in this study's results and discussion. The findings in the research on maternal healthcare may not be applicable beyond the specific context of Afghanistan under Taliban rule. This means that the scope for generalizing the results to other contexts could be limited, which is something that should be taken into consideration when writing the discussion.

1.5 Clarification of concepts

This section provides a comprehensive explanation of several concepts central to the understanding of how the Taliban's takeover in Afghanistan has influenced maternal healthcare. Each concept is utilized in this study to help explore the research question and theoretical discussion. Below are eight concepts that are outlined. These can act as reference or offer clarity as one reads further into the study.

1. **Maternal healthcare:** This term includes all health services provided to women during pregnancy, childbirth, and the postnatal period (World Health Organization, 2023). In this study, this concept is significant since it is directly connected to the current state of healthcare in Taliban-controlled Afghanistan and the research question. Understanding this concept can help in pinpointing specific societal elements which have the power to influence the health of Afghan mothers living under Taliban rule.
2. **Maternal mortality:** As a critical health outcome, maternal mortality rates serve as a telling measure of the status of maternal healthcare. Maternal mortality is a term that refers to the death of a woman during pregnancy or within 42 days after child birth. This excludes deaths due to accidental causes. Moreover, the term is a critical indicator of women's health and a country's healthcare systems effectiveness, especially in the context

of maternal healthcare (UNICEF Data, 2023). By examining this health indicator, the study can assess the severity of the Taliban takeover's impact on maternal healthcare.

3. Infant mortality: This term refers to the death of an infant before reaching the age of one year (CDC, 2022). This is also a critical indicator for measuring a country's overall health state. In the context of this study, infant mortality is an important factor to consider as it is closely tied to maternal health (Moucheraud, Worku, Molla, et al., 2015). Infant mortality and maternal mortality have a close relationship and can sometimes be very dependent on one another. For instance, if a mother is unable to produce breast milk for her child because of malnutrition, there is an increased risk that the infant will become sick and potentially die (Moucheraud, Worku, Molla, et al., 2015). The rate of infant mortality can help with understanding the impact of the Taliban takeover on the healthcare system in Afghanistan.
4. Prenatal care: The relevance of the concept of prenatal care in this study stems from its critical role in maternal healthcare. It is important to acknowledge that changes in prenatal care accessibility and quality under the Taliban regime could directly impact both maternal and infant health outcomes in Afghanistan. Moreover, prenatal care essentially represents the availability of healthcare services specifically designed for pregnant women. This includes diagnostic tests, nutritional advice, pap smears, ultrasounds, and other routine medical check-ups (NICHD, 2017). Effective prenatal care is crucial to predicting and handling pregnancy related complications and risks, and has the potential to reduce maternal and infant mortality rates (NICHD, 2017).
5. Taliban regime: The Taliban regime is an Islamic fundamentalist political movement and military organization that is currently governing Afghanistan (Maizland, 2023). The Taliban's ideologies and policies are the focal point of this research question. Understanding the nature of this regime allows us to critically examine its direct and indirect influences on maternal healthcare, including access and quality. The history and background of the Taliban regime is explored in section 2. *Background*.
6. Social Determinants of Health (SDOH) framework: The SDOH framework is central to understanding the vast and interconnected factors influencing maternal healthcare in

Afghanistan. The SDOH framework is a theoretical approach that recognizes that health outcomes can be significantly influenced by a range of economic, environmental, and social factors (WHO, 2023). These factors, also known as determinants, can include social inclusion, non-discrimination, education, employment status, income, social protection, food security, and access to healthcare (WHO, 2023). This framework offers a comprehensive perspective on healthcare beyond just biological factors, focusing on a broader context in which people live and how that can affect their overall health (Bharmal, Nazleen H. et al., 2015). This framework is an integral part of this study and understanding the concept is crucial for analyzing and discussing the findings. This framework is explored in depth in section 4. *Theoretical framework* and 7. *Discussion*.

7. Social inclusion: The term social inclusion refers to the idea that all individuals, no matter their ethnicity, gender, socioeconomic status, background, or any other factors, are granted the opportunity to fully participate in various aspects of society (The World Bank, 2023). The level of social inclusion women experience in Afghanistan under the Taliban regime can indicate their access to, and utilization of, education, employment, and maternal healthcare services (UN WOMEN, 2022). Women who experience social exclusion, are potentially subjected to the possibility of poorer maternal health outcomes. This will be further explored in section 7.1 *Social inclusion and non discrimination*.
8. Food insecurity: This term refers to the state of being without reliable access to a sufficient quantity of nutritious and affordable food (FAO, 2023). Nutrition is a vital aspect of maternal health during pregnancy (Vice News, 2022). By exploring food insecurity as a part of the SDOH framework, the study can understand the indirect influences of the Taliban's takeover on maternal healthcare outcomes.

Each of these concepts serves as a tool for understanding and analyzing the changes in maternal healthcare under Taliban rule. By incorporating them into this study, it is possible to find a comprehensive response to the research question.

2. Background

2.1 Afghanistan's Political Conflict: A look at two decades & the Taliban takeover

Afghanistan, a country located in South Central Asia, has been a region subject to political instability and conflict for the past two decades. The Taliban are an Islamic Fundamentalist group that consists mostly of Pashtun (Maizland, 2023). From 1996 to 2001, the Taliban governed Afghanistan, but by the end of 2001 The United States and UN led an invasion into the country that overturned the regime UN (Maizland, 2023). For the next few years, the US and NATO assumed control of international security forces in Afghanistan, including Kabul and the surrounding areas (Maizland, 2023, Council on Foreign Relations, 2023). During this time, some of Afghanistan's most democratic elections were held. Including the election of President Karzai, the Council of People, the Council of Elders, and local councils (Council on Foreign Relations, 2023). Almost half of the voters were women, which became internationally recognized as a great first step in the right direction for women's political participation in the highly patriarchal country (Council on Foreign Relations, 2023). However, only a year later Afghanistan faced a surge of violence with increased suicide attacks and remotely detonated bombings across the country (Council on Foreign Relations, 2023). Despite the prior year of democratic elections, arguably Afghanistan's central government remained too unstable and lacked forces to assist with security (Council on Foreign Relations, 2023). Years of political unrest and internal conflict pass, President Karzai remains in power, and the U.S war in Afghanistan marks its tenth anniversary in 2011.

The U.S President at the time (Barack Obama) decided that the U.S would withdraw all combat troops by 2014, despite concerns of Afghanistan's central government's ability to secure the country with police and other safety measures (Council on Foreign Relations, 2023). Meanwhile, the Taliban recruited new members, trained, and sought safe haven in Pakistan. Despite Obama's plan to pull out the U.S military, when President Trump came into power in 2017, he chose to adopt a strategy of maintaining continuous military presence in Afghanistan. This new approach involved making decisions about military withdrawal based on the prevailing conditions at the time (Council on Foreign Relations, 2023). A couple of months later in January 2018, the

Taliban carried out several deadly attacks in Kabul, killing more than 115 people (Council on Foreign Relations, 2023).

About a year later in 2019, negotiations and peace talks begin between the U.S and the Taliban where they eventually decide to sign an agreement. This states that the U.S will significantly withdraw their troops from Afghanistan and that the Taliban will not continue terrorist operations within the country (Maizland, 2023, Council on Foreign Relations, 2023). About seven months later, more peace talks were initiated, this time between different military groups in Afghanistan. Representatives of the Afghan government and civil society and the Taliban meet face to face for the first time in Doha after almost 20 years of civil war. Both sides agree on bringing peace to Afghanistan and to create a new security system after the withdrawal of the U.S troops. However, they disagree on one fundamental principle in how society should be governed (Council on Foreign Relations, 2023). The Afghan government urges for a complete cease-fire and the Taliban continue to advocate for the country's governance under a strict fundamentalist Islamic framework. Both sides refuse to compromise, and while the U.S withdraws more and more troops, the Taliban militant groups continue to launch deadly attacks. About six months later in 2021, President Biden declared that the U.S will not follow the deadline in the U.S-Taliban agreement to withdraw their troops by May 1st, 2021. Instead, the U.S plans a full withdrawal by September 11th, 2021, including NATO's troops (Council on Foreign Relations, 2023).

Amidst the withdrawal of U.S troops from Afghanistan, a significant power shift occurred, with the Taliban seizing the capital of Kabul and the presidential palace. After a 20 year rebellion, the Taliban Islamic fundamentalist group returned to power as of August 15, 2021. Evacuations begin almost immediately for Afghan citizens by the remaining U.S and NATO troops (Council on Foreign Relations, 2023). A week later, 13 U.S soldiers are killed and 18 are wounded at an airport evacuation checkpoint outside Kabul, which the Taliban's claim responsibility for (Council on Foreign Relations, 2023). Four days later, the last of the U.S troops left Afghanistan. Today, the country remains under strict Taliban rule and Islamic Law (Council on Foreign Relations, 2023).

2.2 Women's history in Afghanistan

Most people today look at Afghanistan and see women as an oppressed and marginalized group without any autonomy or basic freedom. However, this was not always the case. Since the 1920s, Afghanistan's leaders have proclaimed women's rights and empowerment as one of the country's most important goals. After Amanullah Khan succeeded the throne in 1919, women's rights became a common topic of political discussion (Amnesty International UK, 2022). The 20th century was seen as a progressive time for Afghan women, where laws and constitutions were changing for the better. In fact, Afghan women were given voting rights in 1919, preceding women in Sweden about two years and women in the U.S one year (Amnesty International UK, 2022). This revelation challenges the common Western perception that Afghanistan has always been defined by a persistent culture of oppressing and discriminating women.

In the 1950s, Purdah (gendered separation) was removed, and ten years later a new constitution was formed which allowed women to participate in politics and government (Amnesty International UK, 2022). Before the 1979 Russian invasion, women in Afghanistan were allowed to wear whatever they wished, go to university, be involved in politics, and work a job. However, the progress for Afghan women's rights did not last long. For the next three decades, Afghanistan would face political conflict and instability, including the Soviet occupation in the late 1970s, the civil conflict between government forces and Mujahideen groups in the 1980s and 90s, and Taliban rule in the late 1990s (Amnesty International UK, 2022). The constant changes and disruptions of the political landscape in Afghanistan resulted in women being completely stripped of their rights.

The Taliban rule between 1996 and 2001 was devastating to women in Afghanistan, causing detrimental setbacks in the overall progression of women's rights. During these five years, women were discriminated against and oppressed in every aspect of their lives. With the Taliban enforcing their own version of Islamic Sharia law, girls and women were forbidden from going to school, working, leaving their homes without a relative male chaperone, being involved in politics, speaking publicly, and showing their skin in public (Amnesty International UK, 2022). Furthermore, women were also forbidden from receiving healthcare services from male providers. With only a handful of women permitted to work in the healthcare sector, Afghan

women were essentially deprived of accessible and proper healthcare for five years (Amnesty International UK, 2022).

The Taliban rulers wanted to make women invisible to public life. In Kabul, families were forced to cover the windows of their homes so the women inside could not be seen on the streets outside (Amnesty International UK, 2022). All the progress on Afghan women's rights was erased, leaving no trace of the previous times behind. This was perhaps the first time Afghanistan was gaining significant global attention, not because of anything progressive, but because of the oppressive laws that were inflicted upon women. If Taliban restrictions were disobeyed, deadly punishments were given. Beatings for studying, floggings for showing an inch of skin, and stoning to death for women who were accused or charged with adultery. Women had their fingers cut off for wearing nailpolish, and raped for going to school (Amnesty International UK, 2022). Survivors of these dark times often say that women were the ones who lost this war, not the previous government or militant groups (Amnesty International UK, 2022).

Once the Taliban lost power by the end of 2001, things were starting to slowly change again for the better. Schools opened their doors to young girls and women were finally allowed to go back to work (Amnesty International UK, 2022). However, because of the ongoing conflict and warfare between the Afghan government, Taliban, NATO, and U.S troops, the country remained too unstable for any significant progress in Afghan women's rights. In 2011, a poll that investigated countries on issues such as cultural discrimination, human trafficking, violence, general perception of danger, and access to healthcare, ranked Afghanistan as the most dangerous country in the world to be a woman (BBC News, 2011).

Once the Taliban took back control after 20 years in August 2021, oppression and violence against women continued and increased all over the country. The first year with the Taliban back in power, human rights violations against girls and women increased. Despite assuring that women would be able to exercise their rights within Sharia Law, like work or get an education, the Taliban completely oppressed women from societal participation (Amnesty International UK, 2022). The current law states that women are not allowed work outside of their homes, with a few exceptions, show their face in public, travel without a male escort, access vital services without male chaperone, or attend secondary education (Amnesty International UK, 2022).

2.3 Historical context of maternal healthcare in Afghanistan

Maternal healthcare in Afghanistan has faced many pressing challenges during the past few decades. The country has some of the highest maternal mortality rates in the world, and political conflict, warfare, women's oppression, and cultural norms has made the health sector of Afghanistan underfunded and unstable (Barr, 2021). After the fall of the Taliban government in 2001, NATO, NGOs (non governmental organizations), and other international donors put the healthcare system at the top of their list of priorities for the country. With support from international aid, the Ministry of Public Health introduced a healthcare package called “Basic Package of Health Services” (BPHS) which allowed access to basic healthcare for every citizen in Afghanistan. This package also had a focus on maternal care, providing aid for pregnancy complications and other maternal health issues (Newbrander, 2014). Additionally, more hospitals and clinics were built throughout Afghanistan, which helped prevent maternal deaths of women (Newbrander, 2014). During this transformative period, the country's healthcare system improved. This was especially evident in maternal care where there became increased prenatal care, skilled birth attendance, use of modern contraceptives, and a decrease in maternal mortality (Barr, 2021). Most of these advancements depended on international donor support and aid.

Nevertheless, there has been a notable decrease in donor support over the past 15 years, particularly following the U.S announcement of complete troop withdrawal by autumn 2021. The lack of funding led to several serious consequences for especially women's healthcare. Basic information about family planning and health became difficult to access, the demand for contraceptives was unmet, hospitals became understaffed, medical supplies and equipment stopped arriving, and transportation to health facilities became more expensive (Barr, 2021). As of May, 2021, an approximate 10% of Afghan women claimed they were unable to reach a health facility within two hours (Barr, 2021). This limited accessibility rendered pregnancy dangerous for women. As a result of limited funding and accessibility to healthcare services, prenatal care declined and fertility treatment became completely inaccessible (Barr, 2021). Routine medical procedures for pregnant women, like pap smears and mammograms, ceased as common practice. Additionally the majority of documented births were unattended by a medical professional (Barr, 2021).

A couple months later, the U.S military withdrew their troops, taking most of their funding with them. After the Taliban takeover, the healthcare system has been impacted and women are suffering the consequences. These recent political changes and their potential impact on healthcare services for women highlight the importance of this paper's research. This will be explored in sections 6. *Findings* and 7. *Discussion*.

3. Literature Review

This section will explore what previous research has shown about the research question of this paper, *To what extent has the Taliban takeover in Afghanistan impacted maternal healthcare, and how can The Social Determinants of Health Framework guide our understanding and provide insight into this change?*

Several research studies and reports have been published about the overall impact of political changes and conflict on healthcare access in Afghanistan. However, currently there is limited research on the Taliban takeovers effect on specifically maternal healthcare. Some studies have been conducted, but there is a gap in the literature regarding women's health and maternal health. Due to restricted access granted by the Taliban regime following the takeover in August 2021, there are limited studies available regarding the subject of maternal healthcare. However, there are a few studies that discuss similar subjects to those in my research question, including qualitative and quantitative studies. Most of the literature that is reviewed in this section dates back to before the Taliban takeover in 2021, except for one of the qualitative studies. The rest of the limited studies that have more recent information will be used as the secondary sources for this paper's research.

3.1 Qualitative studies

As mentioned, there are limited studies on the Taliban's takeovers effect on maternal healthcare. However, there are a few studies that analyze similar subjects that can be helpful towards gaining a comprehensive understanding of women's roles in Afghan society and healthcare systems. First, two qualitative studies will be analyzed and compared to find common themes and

differences. These include: “*Understanding Afghan healthcare providers: a qualitative study of the culture of care in a Kabul maternity hospital*” by R. Arnold, E. van Teijlingen, K. Ryan, and I. Holloway (2014), and “*Afghan Women After Talibanization*” by S. Sumitral, Mohammad Ramin Hakimy, and Basel Abou Rokba.

After reviewing the two studies, a few common themes and differences have been identified. First, let us examine the main commonalities. Both of the studies recognize the significant role social norms, cultural values, and family pressures play in the experiences of women in Afghanistan. They emphasize the “gendered nature” of Afghan society and the struggles women commonly face in everyday life and professional settings, such as not being able to move freely without a relative male chaperone (Arnold et al., 2014, Sumitra et al., 2023).

Another recurring theme found is the prevalence of abuse and discrimination against women within hospital contexts (Arnold et al., 2014, Sumitra et al., 2023). The study from 2014 reports several instances of women delivering without medical assistance in Kabul hospital corridors while also being physically and verbally abused (Arnold et al., 2014, p. 262). Abuse and poor treatment of women has seemingly persisted in the Taliban regime, where women are often denied medical treatment at hospitals with male doctors if they do not have a male accompanying them (Sumitra et al., 2023). This has resulted in many young girls dying of childbirth and other treatable conditions (Arnold et al., 2014, Sumitra et al., 2023). The commonalities in these studies emphasize the oppressive gender dynamics and systematic challenges women have faced in the recent past of Afghanistan, especially in the healthcare system.

Although these studies share common themes in their research and findings, they exhibit notable differences as well. As briefly mentioned, the studies have a different demographic focus and temporal context. The study conducted in 2014, investigates the experiences of healthcare providers and women prior to the Taliban regime takeover (Arnold et al., 2014). In contrast, the second study was published in 2023 and likely provides more recent insights into the impact of the Taliban regime on women in Afghanistan (Sumitra et al., 2023). This is important to consider when analyzing how impacts and effects of the takeover have manifested over time.

Despite these differences, I have found both the studies valuable in the sense that they have provided a clearer understanding of the ways women in Afghanistan have been treated in hospital contexts over time (Arnold et al., 2014, Sumitra et al., 2023). Although they focus on different demographics and have different political contexts, the studies can collectively contribute to a more comprehensive understanding of the complex realities Afghan women and healthcare providers have faced for the past ten years. Although not explicitly centered on maternal health, they provide valuable insights into the broader healthcare landscape in Afghanistan. Additionally, they can be helpful in the sense that they allow for a comparative approach from times before the Taliban takeover versus after.

3.2 Quantitative & Mixed-method studies

Other studies related to this research include a quantitative and a mixed method study. The quantitative study is called "*Impact of conflict on maternal and child health service delivery: a country case study of Afghanistan*" and is written by Shafiq Mirzazada, Zahra Ali Padhani, Sultana Jabeen, Malika Fatima, Arjumand Rizvi, Uzair Ansari, Jai K. Das, and Zulfiqar A. The mixed methods study is called "*Progress and inequities in maternal mortality in Afghanistan (RAMOS-II): a retrospective observational study*" and is written by Dr. Linda Bartlett, Amnesty LeFevre, Linnea Zimmerman, Sayed Ataullah Saeedzai, Sabera Turkmani, and Weeda Zabih. This part of the literature review aims to find common themes and differences in these two studies which investigate the impact of conflict on maternal and child healthcare in Afghanistan.

After reviewing the studies, it is evident that they both provide valuable information and insight into the impact political conflict can have on maternal and child health outcomes. They both put emphasis on addressing inequalities in access to healthcare for Afghan women living under Taliban rule. The quantitative study explains the consequences of the previous years of Taliban regime in 1996-2001, where the healthcare system was severely neglected due to poor governance and ensuing war (Mirzazada et al., 2020). This eventually led to a tremendous reduction in primary care services, and women faced more marginalization and oppression (Mirzazada et al., 2020). Similarly, the mixed method study examines the restrictive measures imposed by the Taliban regime that completely controlled women's mobility during these years. Women were not allowed to leave their homes without a relative male, get an education, or

secure employment (Bartlett et al., 2017). According to the study, these restrictions made it even more difficult for Afghan women to access healthcare services.

Another commonality found was that both the studies recognize the significance of tailoring interventions to specific healthcare challenges that Afghan women face. These often depend on their socioeconomic status and cultural contexts. For instance, the quantitative study highlights that the use of contraceptives among women can be linked to the cultural norms in which they live and the socioeconomic status they have (Mizazada et al., 2020). Similarly, the mixed method study emphasizes the role socioeconomic developments play in improving maternal health (Bartlett et al., 2017).

Furthermore, both studies identify factors that can impact service delivery and decision making in healthcare. These can include cultural norms, monitoring, funding, workforce availability, insecurity, and supply resources (Bartlett et al., 2017, Mizada et al., 2017). Overall, the common theme across these two studies is the advocacy context specific program strategies and interventions are necessary to reduce preventable maternal mortality and other maternal health issues efficiently. The data from these studies contribute to the ongoing research supporting the need for tailored interventions and comprehensive strategies that can address the complex challenges faced by Afghan women in the face of conflict.

While there are common themes among these studies, there are differences that must be addressed as well. The first notable difference in these is that the quantitative study analyzes various RMNCAH&N (Reproductive Maternal Newborn Child Adolescent Health + Nutrition) indicators, while the mixed-method study mainly examined maternal mortality ratio and rate (Mizazada et al., 2020, Bartlett et al., 2017). While these differences exist, both studies contribute in their own way with important insights into the complexity of maternal and child health in Afghanistan. Furthermore, the second difference noticed is that the studies use different approaches to geographical sampling in their research. While the quantitative study focuses on comparing provinces in Afghanistan based on the severity of conflict and war, the mixed-methods study explores differences between rural Ragh, Badakhshan, and Kabul City (Mizazada et al., 2020, Bartlett et al., 2017). One could argue that this is actually helpful for this study since it allows for a broader geographical understanding and perspective on the state of

maternal and child health in Afghanistan. The last significant difference is changes in different health indicators. Decreases in mortality indicators like infant mortality, maternal mortality, and under-5 mortality were reported in the quantitative study, while changes in fertility and birth rates and a population increase were reported in the mixed-method study (Mizazada et al., 2020, Bartlett et al., 2017). Although these studies seem to explore different health indicators, they both report changes in the health status of the country.

It is important to note that, like one of the qualitative studies, the quantitative and mixed-method studies were also published before the Taliban takeover in late 2021. As mentioned, most information and data on health indicators date back to pre-Talibanization. However, this information is still relevant to his study since it provides background and contextual understanding of the healthcare system before the recent regime changes. It is crucial to acknowledge that the situation in Afghanistan is constantly evolving and the repercussions on the maternal healthcare system is something that is currently being explored. There is a need for more recent and updated research that reflects the reality of present day Taliban-governed Afghanistan. This will be further examined in the next section.

3.3 Gaps in existing research

During the literature review, I noticed that there was limited research on the topic of my research question. This lack of comprehensive research did not come as a surprise, considering the recent occurrence of the Taliban takeover and the current limited access to Afghanistan.

There are a few studies that specifically examine parts of Afghanistan's healthcare system, gender norms, maternal mortality, and cultural aspects of healthcare access. However, many of these are not up to date, and more importantly, not comprehensive enough. Today, there is a gap in research that considers the interconnected socioeconomic and cultural factors during regime changes and their implications for healthcare systems. The studies that have been published do not fully examine and compare previously conducted studies on the Taliban regime and its effect on the maternal healthcare system *over time*. Comprehensive studies are important when understanding maternal healthcare in Afghanistan since they allow for a more inclusive perspective that considers data from multiple sources and frameworks.

This leads me to the Social Determinants of Health Framework. The theoretical framework of this study is extremely unresearched in the context of maternal healthcare in Afghanistan. Currently, I could only find one research journal which considers social determinants of health as an important aspect to understanding the Afghanistan maternal healthcare system. However, this article was published in 2017, four years before the Taliban takeover. Even though this information is not up to date, it can be used as a background understanding of what social determinants may have looked like pre-Talibanization. I believe that this framework can be helpful in understanding what factors are the most influential for the maternal health of Afghan women living under the Taliban regime. This will be further examined in the research, findings, and discussion.

4. Theoretical Framework

To understand the complex web of factors that can affect maternal healthcare, The Social Determinants of Health (SDOH) Framework will be applied to this study.

4.1 The Social Determinants of Health Framework

The Social determinants of health framework is based on the premise that health outcomes heavily depend on one's socioeconomic position in society, which in turn is shaped by the specific political, economical, cultural, and social contexts which individuals are born, live, and age in (WHO, 2023). These contexts encompass multiple different social factors or determinants which have the potential to significantly impact health outcomes. Some of the most common examples of these are education level, income, social protection, employment and job security, working conditions, structural and political stability or conflict, food security, non-discrimination, access to housing and basic amenities, access to affordable healthcare services, and social inclusion (WHO, 2023). The framework suggests that the more favorable a position one has in these determinants, like having a high income or strong social inclusion, the more likely they are to experience better health outcomes (WHO, 2023). Moreover, the SDOH (social determinants of health) framework addresses certain factors that are commonly found in warzones and politically

unstable areas as “upstream” factors, such as social inequity, social disadvantage, and risk exposure (Bharmal, 2015). These play a fundamental role in the health outcomes of people living in unstable, poor environments.

Furthermore, the SDOH framework can sometimes be divided into two broad categories that simultaneously impact health outcomes. The first is called “structural determinants” which includes factors within societal context and socioeconomic status (RHHub Toolkit, 2020). The second category is called “intermediary determinants” which accounts for the working and living conditions people experience (RHHub Toolkit, 2020). According to the World Health Organization, recent research has indicated that both categories of social determinants can impact health more than lifestyle choices or biological factors (RHHub Toolkit, 2020, WHO, 2023). Several of the studies revealed that SDOH accounts for 30 to 55% of health outcomes (WHO, 2023). Thus, one could argue that if these determinants are not seriously addressed, people can get stuck in self-perpetuating cycles of poor health outcomes. For example, if we look at this from a socioeconomic perspective, imagine you are working multiple jobs with minimum wage, almost everyday of the week, ten hours per day. You rarely have time to see your friends or relax, you cannot afford health check-ups, you never have time to physically exercise, you cannot afford nutritious food, and rarely have time to eat three meals per day. Consequently, you might become sick more and more often and end up not being able to go to work. This could lead to you getting fired and all of a sudden you are unemployed, unhealthy, and stuck in a vicious cycle. This cycle can be seen in figure 1.

While this is the reality many people live, it is important to acknowledge that this cycle is not inevitable or impossible to break out of. Interventions that consider social determinants like employment security, social inclusion, healthcare, and food security can help people break out of these self-perpetuating cycles and improve their overall health and well-being. In this sense, the SDOH framework is not only a theory that helps us understand the complexity of health disparities, but also a potential guide for developing policies for improving health indexes.

In the discussion section, The Social Determinants of Health framework will be applied to analyze how changes in women's socioeconomic status during the Taliban takeover have impacted maternal healthcare. This will offer comprehensive insights into how changes in social,

environmental, economic, political, and cultural conditions since the Taliban takeover have impacted maternal healthcare.

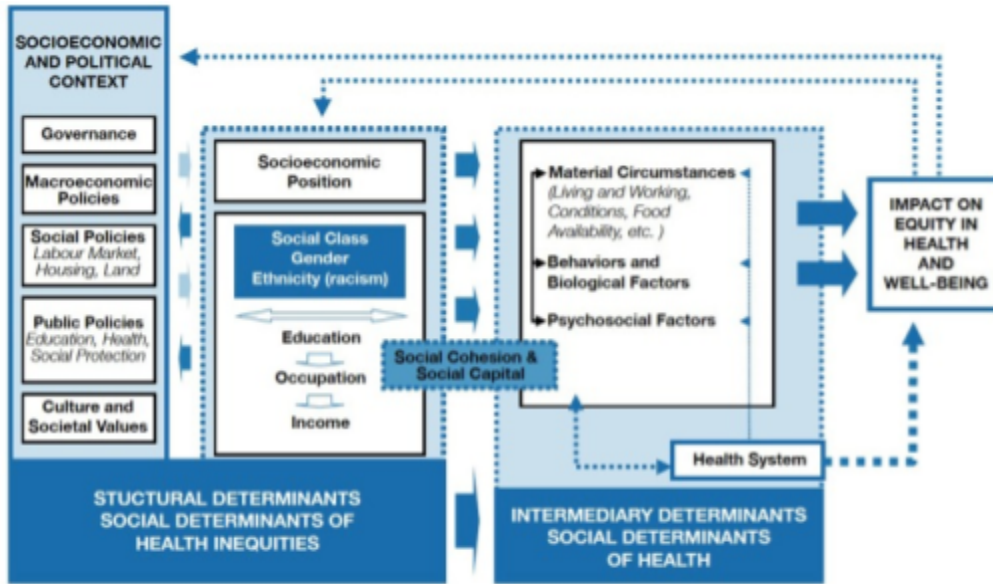


Figure 1. WHO's framework of Social Determinants of Health (The World Health Organization, 2010).

5. Methodology

5.1 Research design

This study will be conducted using a comprehensive desk-top research overview, utilizing secondary sources. The sources of information include health reports, academic journals, news articles, and documentary footage. To analyze the findings, the Social Determinants of Health framework will be applied in the discussion section. This will allow for a deeper analysis into what specific elements of the Taliban takeover may have had an impact on the maternal healthcare system. This methodology is suitable for the research question since it allows the researcher to gather information from existing sources, thereby avoiding the need to use primary data. Given the Taliban regime and current political climate in Afghanistan, access to primary data is not feasible, which is why this approach was chosen.

5.2 Sampling strategy

The sampling strategy for this study is purposive sampling. This sampling method is used when researchers use their own judgment to select participants, or in this case documents and films, that are most relevant to the research question (Palinkas et al., 2013). For this study, purposive sampling can be helpful due to the specific nature of the research question and context in which the study is focused on. As mentioned earlier, the political climate in Afghanistan makes it difficult to obtain primary data, which is why selecting relevant and information-rich secondary sources that directly address the research question is the most effective approach. With purposive sampling, there is an intentional selection of sources that offer valuable information, such as health reports, journals, articles, and even a documentary.

While purposive sampling serves as an effective strategy for this study, it is important to acknowledge its limitations. Specifically, the selective and judgemental nature of this approach. Since the sampling is not chosen randomly, but tailored to the elements of the research question, bias can appear in the findings and conclusions. This means that the process of purposely choosing sources that directly concern the research question, could mean that other perspectives with alternative explanations are excluded. Consequently, the study can become narrow and misrepresentative. This puts emphasis on the researcher's responsibility in choosing sources that have inclusive and comprehensive perspectives. This will be considered throughout the data collection and recording process.

5.3 Data collection methods & tools

The process of selecting the main secondary sources for this study was an extensive exercise that involved examining historical newspaper articles from pre-Taliban Afghanistan, reviewing medical and academic journals across various university databases, and a comprehensive exploration of WHO, UN, UNDP, and UNICEF databases for material pertaining to Afghanistan over the last two decades. Next, an investigative documentary on life in Taliban Afghanistan by Vice News was reviewed. Once this extensive body of resources was gathered, purposive sampling was used to narrow down the sources that provide most information to the key elements of the research question: background information on maternal healthcare in

Afghanistan, information on maternal healthcare in Taliban-ruled Afghanistan, and information illustrating the various effects the Taliban-takeover has had on Afghanistan: economically, politically, socially, and culturally.

The final assortment of secondary data that was chosen for this study incorporates journals, reports, and documentary footage from the pivotal months after the Taliban takeover: September 2021, January, February, March, April, June, July, and August of 2022, followed by January and March of 2023. The sources corresponding to each of these periods will be detailed below.

September 2021: *“Afghanistan: Health Sector Gains in Peril”* by Samad Diwa, Afhmad Jan Naem, and Ferozuddin Feroz, & *“The World Bank’s Health Funding in Afghanistan”* by Gijs Walraven, Yasamin Yousofzai, and Shafiq Mirzazada.

January 2022: *“Women in Afghanistan: Developments over the Last 20 Years and the Return of the Taliban”* by Clara Albrecht, Britta Rude, and Tanya Stitteneder.

February 2022: *“Life in the Taliban’s Afghanistan”* by Vice News (documentary).

March 2022: *“To Sustain Maternal and Newborn Health in Afghanistan under the Taliban Regime, Midwifery Must Be Prioritised”* by Esther Sharma, Sebera Turkmani, Diane Duclos, and Natasha Howard.

April 2022: *“Maternal mortality in Afghanistan: Challenges, efforts, and recommendations”* by Zoaib Habib Tharwani, Prince Kumar, Sean Kaisser Shaeen, Zarmina Islam, Mohammad Yasir Essar, Shoaib Ahmad.

June 2022: *“Afghanistan: A ‘Hospital of Women, for Women”* by MSF UK.

July 2022: *“Taliban Impose New Gender Segregation Regulations on Hospitals in Kabul”* by Raha (pseudonym).

August 2022: *“Gender Alert No. 2: Women’s Rights in Afghanistan One Year after the Taliban Take-Over”* by UN WOMEN.

January 2023: “*Maternal and Child Health Health Crisis in Afghanistan*” by Leonard Rubenstein, Rabia Jalazai, and Nancy Glass.

March 2023: “*Girls’ Education and the Future of Healthcare in Afghanistan*” by Ahman Neyazi, Bijaya Padhi, and Ranjit Sah.

5.4 Data analysis techniques

The data analysis will be conducted using a theoretical analysis approach, specifically by adopting the Social Determinants of Health Framework. This will allow for a comprehensive understanding of potential shifts in maternal healthcare in Afghanistan after the Taliban-takeover. A few sources, including a journal by The Central Asian Journal of Global Health, will be utilized as tools for interpreting the connection between the theoretical framework and maternal healthcare in Afghanistan, as well as The World Health organization.

5.5 Limitations & Ethical considerations

The methodology of this research study has certain limitations that must be addressed. Firstly, as mentioned in the literature review, this study relies on secondary data. The absence of primary sources from people who have directly experienced the Taliban regime may affect the validity and comprehensiveness of the findings. While these sources are derived from reputable organizations and institutions, it is important to acknowledge that the reports and journals are not written by someone who is currently living and experiencing the healthcare system in present-day Afghanistan. This could potentially result in an inaccurate or misconstrued picture of the realities faced by women living in Afghanistan.

Similarly, another limitation of the methodological approach is the current political instability of Afghanistan. This poses a significant challenge in obtaining diverse, comprehensive, and up-to-date sources of information. Consequently, this study may over-rely on historical information and data, which could lead to potentially neglecting the dynamic changes currently transpiring under the Taliban regime.

Furthermore, it is important to consider the limitations with the methodology's purposive sampling strategy. As mentioned previously, by purposely choosing data that directly addresses the research question, this study can potentially end up excluding alternative explanations or overlooked perspectives to the current maternal healthcare system in Afghanistan. Once again, this can result in a simplified or narrow understanding of the complex issues discussed in this study. It is crucial to recognize that purposive sampling can, at times, introduce an element of unconscious bias, which has the potential to skew the study's narrative towards a more subjective perspective. In order to reduce the risk and strengthen the credibility of the findings, it is important to be critically aware of one's own bias when writing a study like this one.

Lastly, one must also acknowledge the study's heavy reliance on the Social Determinants of Health framework for the data analysis. While this framework is comprehensive by considering a wide range of factors, it is possible that it may not encompass every single political, cultural, or societal factor that is unique to the Taliban regime in Afghanistan. This theory has only existed for about two decades and has perhaps not been updated to accommodate present-day determinants or factors. This will be further explored upon analysis in the discussion section.

6. Findings

6.1 Data timeline

The impact of the Taliban takeover on maternal healthcare has become increasingly evident since the regime seized power on August 15th, 2021. To understand the context and extent of its impact, findings will be presented in a chronological order. The data compiled for this study consists of reports, journals, and video footage from the key months following the Taliban regime takeover: September 2021, January, February, March, April, June, July, and August of 2022, and lastly January and March of 2023. The sources that were used to find information on each time period are presented in section *5.3 Data collection methods & tools*. This section will provide a clear view of the progression and impact of the Taliban regime on maternal healthcare overtime.

6.2 September 2021

About two weeks after the Taliban takeover, the healthcare system of Afghanistan experienced negative repercussions. As explained earlier, most of public healthcare in Afghanistan used to be funded through international donors and NGOs, which was essentially completely cut off when the Taliban assumed control (Samad et al., 2021, Walraven, et al., 2021). On September 2nd, healthcare workers and members of medical associations gathered in Kabul to protest the World Bank's decision to cut funding and requested that major international donors should reconsider their withdrawal (Samad et al., 2021). These groups argued that without the support of the World Bank funding, women's and maternal healthcare would suffer immensely. They warned that this could lead to women not having access to contraceptives, medically assisted birth delivery, or prenatal care, and that healthcare workers like nurses and midwives would lose their jobs (Samad et al., 2021). Nonetheless, The Afghan national treasure assets were frozen and donor financing for basic amenities and health services was suspended by major international donors, including the World Bank (Samad et al., 2021). Without funding, numerous NGOs responsible for the majority share of public healthcare announced the closure of several of their health facilities in Afghanistan a few weeks after the Taliban takeover (Samad et al., 2021, Walraven, et al., 2021). For the next few months, the Taliban enforced increasingly restricted access to the country and insight into population health (Samad et al., 2021, Walraven, et al., 2021). As a result, there is little to no public information or documentation of these times.

6.3 January & February 2022

By the beginning of 2022, roughly four months into the Taliban regime, the healthcare system of Afghanistan had seriously worsened. It was reported that in some cases, girls and women, including pregnant women, were prohibited from leaving their homes to seek medical treatment (Albrecht et al., 2022). By February, the Taliban courts abolished The Violence Against Women's Act which was one of the few protective measures against domestic, workplace, and educational abuse against girls and women (Albrecht et al., 2022). This development, along with the uncertain future of the healthcare system under the new government, became a growing source of safety-concerns and fear for Afghan women (Vice News, 2022).

Amid these transformations, Vice News released a documentary investigating life in Taliban-ruled Afghanistan. The documentary follows journalist correspondent Isobel Yeung on the ground in Afghanistan, where she got the chance to interview healthcare workers in pediatric centers and maternity wards (Vice News, 2022). This is one of the first times, first-hand video documentation from the inside of Taliban-controlled Afghanistan is published. One of the doctors that are interviewed works at a pediatric ward in Kabul. He explains to Yeung that the numbers of admitted patients have increased significantly for the past couple of months and that he has never seen this many patients before. He believes this is a result of the increasing unemployment and poverty that came from the Taliban takeover (Vice News, 2022, 33:17-33:44). More and more infant children are admitted to this hospital because of severe malnutrition (Vice News, 33:25-33:30). For most, this is because the mothers are malnourished as well and cannot produce breast milk for their children (Vice News, 2022, 35:58-36:07).

Next, Yeung interviews a mother in the hospital whose child, due to severe malnutrition, is expected to survive only a few more days (Vice News, 2022, 35:50-35:57). Yeung asks whether the mother is able to get enough food for herself and her family. The mother responds negatively and explains that her husband is sick and that neither of them are able to get a job, and that they have no financial security (Vice News, 2022, 35:28-35:51). She goes on to reveal that her own health is so poor that she is not able to produce breast milk to feed her baby (Vice News, 2022, 35:58-36:07). It becomes evident here that the mother was not medically advised or assisted during her pregnancy. She was not given vitamins, nutritional supplements, or prenatal care, like pap smears..

Later in the documentary, Yeung visits a small maternity ward where she meets a female doctor and two mothers who are about to give birth. The female doctor is the only one with medical expertise in childbirth, and she is also the one who manages the entire maternity ward, from performing surgeries, to booking appointments, to cleaning the rooms (Vice News, 2022, 42:18-42:30). The doctor says that both of the women have complicated pregnancies and are both anemic, which is when the body does not produce enough red blood cells. This is often an indicator of poor health and malnutrition, and can sometimes result in the death of the infant during pregnancy (Vice News, 2022, 39:58-40:14). After she delivers both baby girls, Yeung asks her what kind of future she thinks the girls will have in Afghanistan. The doctor responds

that she feels sorry for the newborn girls: “I feel sad whenever a girl is born in Afghanistan. A girl is just existing. She doesn't have a proper life. In my 24 years of life, I haven't seen a single girl happy. I'll never have any hope“ (Vice news, 2022, 42:59-43:17). Evidently, the doctors' sentiments show a profound concern regarding the futures of girls born in Afghanistan under Taliban rule. The doctor continues to paint a picture of women's lives in Afghanistan. She says “I can only say she'll grow up blindly at home. She can't go to school or learn anything. She cannot live with her husband how she wants or go anywhere she pleases. She'll be married by the time she's 15 or 16 years old and then deliver a child. That's her life” (Vice News, 2022, 43:24-43:45). This, as the doctor suggests, is the dark reality for women living in Taliban controlled Afghanistan.

6.4 March & April 2022

The new Taliban government enforces more restrictions on the public life of girls and women. Laws are put in place to make it illegal for women to work alongside men, segregating hospital and healthcare facilities into male and female-only (Sharma et al., 2022). Additionally, schools are completely segregated into male and female-only as well (Sharma et al., 2022). Even though the Taliban has not yet banned university education for women, restrictions are put on the number of girls allowed to continue education beyond sixth grade (Sharma et al., 2022). For those girls who are still allowed to attend school, they can only leave their homes with a related male chaperone (Sharma et al., 2022). With fewer women attending secondary school to become doctors, nurses, or midwives, less health providers become available for pregnant women, since men are not allowed to have women patients. This has led to a significant shortage of healthcare professionals, with around 4.6 doctors, nurses, and midwives per 10,000 people (Tharwani et al., 2022). Estimates show that with this shortage and lack of funding in the healthcare system, approximately 51,000 maternal deaths and 4.8 million unintended pregnancies are expected by 2025 (Tharwani et al., 2022). Humanitarian groups continue to warn international donors, like the World Bank, that if Afghanistan is not provided with funding, it is possible that 31 out of 34 provinces will close down their healthcare services by the end of 2022 (Tharwani et al., 2022). Furthermore, the UNFPA (United Nations Population Fund) reports that most of the limited pre and post-natal care of women are attended by a midwife rather than an obstetrician, and that only

14% births in Afghanistan are attended by a professional healthcare worker (Tharwani et al., 2022).

It is important to acknowledge that record keeping and documentation of maternal mortality and statistics of maternal health from these times are often skewed or false (Tharwani et al., 2022). Estimates show that nearly half of maternal deaths are not recorded. Additionally, the research that is being conducted rarely reaches the rural population of Afghanistan, which comprises about 74% of all people (Tharwani et al., 2022). Consequently, statistics become unrepresentative and exclusive to women living in big cities. This makes the information from this time period uncertain and questionable since it is possible that the state of maternal healthcare was much worse than documentation shows.

6.5 June & July 2022

Women in rural areas do not have adequate access to obstetric care, and the shortage of female doctors and midwives have increased. Public facilities provide fewer drugs since the supply chain from funding was broken, which has also made it difficult for healthcare centers to pay their staff (MSF UK, 2022). This has resulted in many midwives and female doctors to quit their jobs, leaving women in need of medical assistance to fend for themselves (MSF UK, 2022). Additionally, patient numbers have increased, where one Doctors-Without-Borders doctor reports one of the small healthcare facilities in Khost, Afghanistan delivered 73 babies during only one shift (MSF UK, 2022). The doctor also reveals that, in situations where women require a cesarean section birth, the healthcare providers must contribute money from their own pockets to ensure the generator and electricity function throughout the entire procedure. This occurs even though these healthcare workers have not been paid with a salary for months, she adds (MSF UK, 2022).

Gendered-segregation has increased in hospitals, and female and male healthcare workers are no longer allowed to speak to one another (Raha, 2022). Reports have shown that the Taliban warned hospitals that if a male and female healthcare worker are found in the same room, their nikah will be officiated immediately (Raha, 2022). Nikah is Islam's religious term for marriage. Additionally, women are now forced to wear long hijabs underneath their hospital coats. A

female doctor in Kabul reported that agents from the Taliban Ministry of Propagation of Virtue and Propagation of Vice visited the hospital she worked at and took photos of all the female doctors and midwives' surgical attire (Raha, 2022). Afterwards, the agents approached the head of the hospital and insisted that all these female doctors should be immediately fired for not wearing proper hijab attire (Raha, 2022). Female doctors are sometimes fired for reasons like this, and since women are only allowed medical treatment from people of the same sex, more women are left without medical assistance and maternal healthcare.

6.6 August 2022

About one year after the Taliban takeover, maternal healthcare in Afghanistan has become significantly impaired. This includes shortages of female medical staff, supplies and equipment, limited access to healthcare in rural areas, and restricted maternal and reproductive care (UN WOMEN, 2022). According to a study done by the UN, approximately only 10% of women reported that they were able to cover basic health needs (UN WOMEN, 2022). Newly enforced restrictions are expected to contribute to a rise in maternal mortality rates, an increase in child marriage, limited mobility for midwives and pregnant women, and early pregnancies (UN WOMEN, 2022).

Additionally, employment opportunities for women have declined dramatically, partially due to the restrictions on mobility. This has resulted in a significant decrease in female labor force participation (UN WOMEN, 2022). Meanwhile, mental health outcomes for women have become increasingly negative as well. A reported 72% of households reported negative behavioral changes in at least one family member (UN WOMEN, 2022). This is a strong indicator of the drastic deterioration in the lives of Afghan girls and women under Taliban rule. Without being able to move freely and safely, most women are too scared to access healthcare assistance.

In short, a decline in women's rights and mobility have been one of the most notable characteristics of the Taliban regime's impact thus far. Information on this period and the months after is extremely limited, making it difficult to fully understand the current state of maternal health in the country. However, evidence has undoubtedly shown a concerning decline in the

quality of the healthcare and access, with less medical supplies and equipment, and less female midwives and doctors, who are the only ones allowed to attend pregnant women (UN WOMEN, 2022).

Throughout the last few months of 2022, there was a noticeable lack of published documentation concerning the maternal healthcare system in Afghanistan. Meanwhile, the UN report predicts conditions are only getting worse, and maternal health is drastically declining (UN WOMEN, 2022).

6.7 January & March 2023

In January 2023, Johns Hopkins published a report that exposed the most recent changes in the healthcare system, women's rights, and maternal health of Afghanistan since the Taliban takeover in 2021. This section will present the main findings of this report, while also including the findings of an article published in March 2023.

The first of these transformations is the severe deterioration of working conditions for female maternal health workers in Afghanistan. This decline can be seen in the accessibility to medical resources as well (Rubenstein et al., 2023). NGO staff in urban medical centers reported that about 29% of healthcare workers have noted a decline in functional medical equipment and 43% claimed that there was a decrease in essential supplies and medicines (Rubenstein et al., 2023). Additionally, 81% of female healthcare workers, like nurses and midwives at maternity wards, have experienced safety issues when traveling to work without a male chaperone. This includes threats of violence and physical harassment (Rubenstein et al., 2023). For women, this has become increasingly worse since taxi drivers often refuse transportation of unaccompanied women due to fear of police intervention, leaving female healthcare workers to walk long distances to work, risking harassment or arrest (Rubenstein et al., 2023). Consequently, 81% of public health staff and over half of urban health center staff have reported a decline in work attendance, majority being women (Rubenstein et al., 2023).

It is important here to acknowledge that given that Afghan women are banned from participating in policy making (Neyazi et al., 2023). Consequently, they are unable to influence the allocation of the limited funding that is being provided by the EU and UN. Women are left in a helpless

state, unable to advocate for more funding going towards these issues in the healthcare sector, especially maternal healthcare (Neyazi et al., 2023).

The second evident transformation is the severe decline in quality and availability of healthcare, particularly in child and maternal healthcare. In a study, 40% of participants in a survey reported a moderate to substantial decrease in these services in their community (Rubenstein et al., 2023). Nearly a quarter of participants reported that their ability to provide child and maternal healthcare has decreased due to the deteriorating conditions of healthcare facilities (Rubenstein et al., 2023). The poor working conditions, combined with limited funding, lack of educated female healthcare workers, minimal resources, costs of transportation, medical expenses, and safety issues, have resulted in pregnant women to withdraw from seeking medical care and resort to home births (Rubenstein et al., 2023).

The third shift is that Healthcare professionals in active service are currently observing increased infant, child, and maternal mortality rates. The studies reveal that about 31% of the respondents have seen an increased maternal mortality rate in their communities since the Taliban takeover in August, 2021 (Rubenstein et al., 2023). Additionally, at five urban healthcare centers, about 64% of staff reported the death of at least one mother and/or child in the last month of working in a healthcare facility (Rubenstein et al., 2023).

The last transformation that these sources presented is that health workers have become increasingly concerned about the future of healthcare in Afghanistan. The healthcare professionals that were interviewed in the Johns Hopkins study expressed that if the current issues in the healthcare system are not addressed, Afghanistan is going to experience a significant increase in maternal mortality (Rubenstein et al., 2023). With half of Afghanistan's population living below the poverty line and women deprived of their right to education, the situation threatens to feed a destructive cycle of poverty and poor maternal health (Neyazi et al., 2023).

Overall the studies from January and March 2023 highlights the severe repercussions of the Taliban takeover and the new restrictions on women's rights in Afghanistan, particularly in maternal healthcare. Despite initial assurances of respecting women's rights and allowing them to continue their education, the Taliban has effectively eliminated secondary education for girls and

women (Rubenstein et al., 2023). With the country's high maternal mortality rates, escalating food insecurity, and increasing malnutrition amongst pregnant women, this suggests worsening conditions for safe childbirth and maternal health in Afghanistan (Rubenstein et al., 2023).

7. Discussion

Upon reflection it is evident that the Taliban takeover has significantly impacted multiple dimensions of Afghan society, including the political landscape, economic policies, societal norms, and social welfare policies. These dimensions encompass various determinants that have consequently undergone significant transformations as well. These include aspects such as social inclusion and non-discrimination, access to education, unemployment and job insecurity, working life conditions, income and social protection, food security, and access to affordable health services of decent quality (WHO, 2023).

To understand the extent in which these determinants have influenced maternal healthcare in Afghanistan, the Social Determinants of Health Framework will be applied for the discussion. It is important to acknowledge that this analysis is complex in the sense that most of these social determinants are intertwined and can influence one another, which makes it difficult to pinpoint which one has led to the other. This section will attempt to illustrate if and how each of the mentioned social determinants has impacted maternal healthcare in Afghanistan.

7.1 Social inclusion and non discrimination

As one can see in the findings, women's roles in Afghanistan have changed since the Taliban regime. The Taliban regime has been widely recognized for its conservative, strict, and discriminatory interpretation of Islamic law. The law emphasizes the Taliban's belief that women are inferior to men, and by enforcing this upon Afghan society, maternal healthcare has suffered. Within the context of maternal healthcare, social inclusion guarantees that all women, no matter their ethnicity, socioeconomic status, or any other factors, have equal access to healthcare services. Similarly, the practice of non discrimination ensures that all people of Afghan society will have equitable treatment and access to maternal healthcare services, no matter gender.

However, the Taliban regime's new laws and practices have further marginalized Afghan women and limited their participation in most aspects of society, including healthcare.

Recent reports have highlighted the ongoing oppression faced by Afghan women under the Taliban regime. For instance, if a man is not able to accompany a woman for whatever reason, they are unable to go safely to maternal healthcare services (Arnold et al., 2014, Sumitra et al., 2023). This can result in women giving birth without medical assistance, which increases risk of maternal and infant mortality (UN WOMEN, 2022, Rubenstein et al., 2023). The following sections will delve deeper into the specific ways in which Afghan society experiences social exclusion and discrimination, particularly through the lens of the Social Determinants of Health framework. The focus will be on understanding the implications of the Taliban takeover on the education and employment of women, and its following effects on the access to, and the quality of, maternal healthcare.

7.2 Education

The Taliban takeover in Afghanistan has had profound consequences on women's education, affecting not only the women directly involved, but also the wider healthcare system, particularly maternal healthcare. Many young girls have been forced to abandon their primary education due to societal norms and fear of harassment. Furthermore, secondary education has been completely prohibited for women (Sharma et al., 2022). This significant setback in education has resulted in two-pronged impacts on maternal healthcare: a shortage of female healthcare workers and widespread illiteracy amongst girls and women. Both of which have contributed to poorer maternal health outcomes (Sharma et al., 2022).

Under the Taliban regime, women who were studying to become nurses, midwives, or doctors were abruptly banned from finishing their education (Sharma et al., 2022). This has triggered a significant decline in the number of female healthcare professionals. It is important to acknowledge that under the Taliban regime, women are only permitted to receive healthcare from other women. With fewer women educated in maternal health, the availability of necessary medical assistance for women has become severely limited.

The second aspect concerns the link between illiteracy and poor health outcomes. Research, including a study by the Central Asian Journal of Global Health from 2017, found that higher levels of education amongst women were associated with lower rate of hemorrhagic complication during pregnancy (Najafizada, Bourgeault, and Labonté, 2017). The journal also mentions a study which investigated the relationship between illiteracy and maternal mortality. The study revealed a striking statistic: in approximately 93% of the cases investigated, women who died from maternity related causes were found to be illiterate (Najafizada, Bourgeault, and Labonté, 2017).

The interconnectedness between various societal elements become evident in this context, where the collapse of one social determinant, like education, can lead to the deterioration of an entire system, including maternal healthcare. The SDOH framework puts emphasis on this dependency, highlighting education as a key detriment of health due to its ripple effect on other social determinants. Lower educational levels can be linked to decreased employment, low-income, financial insecurity, and food insecurity, all of which can negatively impact health outcomes (Najafizada, Bourgeault, and Labonté, 2017). Therefore, the Taliban's restrictions on women's education have become one of the most impactful social determinants affecting maternal healthcare.

7.3 Unemployment and job insecurity & Income and social protection

After analyzing the impact of the Taliban takeover on maternal healthcare from the SDOH framework, it becomes evident that socio economic factors such as unemployment, job insecurity, income, and social protection play a significant role as well.

Following the Taliban takeover, unemployment and job insecurity among Afghan women have increased, severely restricting their participation in the labor market. Despite assurances of maintaining women's right to education and work within the confines of sharia law, the government has not kept their promises (Rubenstein et al., 2023). Many women, especially those living in Kabul, have been forced to stay at home, and only those in positions which cannot be replaced by men are allowed to work (Rubenstein et al., 2023). This has resulted in many women turning to home-based or low paid self-employment, which often do not provide health

insurance. These restrictions have led to a significant decrease in women's employment, which is expected to cost the country around one billion dollars (Kumar and Noori, 2022). It is important to note that there is limited data on the current number of women who left or been dismissed from healthcare roles. This is concerning in the sense that women have previously made up nearly half of Afghanistan's community health worker programs, an essential part of the maternal healthcare program.

These changes in social determinants of health, including employment, job security, income, and social protection, are significantly impacting maternal healthcare in Afghanistan. Unemployment and job insecurity are commonly known to cause high levels of anxiety and stress (Menéndez-Espina et al., 2019). Prolonged high levels of stress have been linked to poorer health outcomes, including complications during pregnancy and birth (Traylor et al., 2020). Moreover, lower income levels have the potential to impact maternal health outcomes as well. As depicted in the documentary, many families in Afghanistan lack the means to afford essential needs like nutritious food, which is crucial for infant and maternal health (Vice News, 2022). Additionally, women with low income may struggle to afford transportation costs to and from healthcare services, which means they may not have access to routine checkups and prenatal and postpartum care (Barr, 2021, Rubenstein et al., 2023). This can lead to an increased risk of complications during pregnancy and childbirth (Barr, 2021). Furthermore, there is very little information on Afghanistan's social protection systems for women, such as healthcare subsidies and maternity leave. Without these, women who are still employed, may not be able to time off work for prenatal appointments or to recover from childbirth. Evidently, the social determinants of health framework allows for a greater understanding of the different factors which are influencing maternal healthcare services and outcomes in Taliban-ruled Afghanistan.

By examining the interconnectedness of employment, job security, income, and social protection, The Social Determinants of Health framework has revealed the significant influence socioeconomic factors hold over the wellbeing of women.

7.4 Working life conditions

The next social determinant that will be explored in the context of maternal healthcare in Taliban-controlled Afghanistan, is working life conditions. This determinant is similar to those discussed in the previous section as it also considers the potential impact one's employment circumstances can have on health outcomes.

As mentioned in the findings, the working conditions for female healthcare workers have been severely impacted by the Taliban's regimes restrictions and control. The Ministry of Propagation of Virtue and Propagation of Vice closely monitors these workers, imposing strict dress codes that require them to wear hijabs over their doctors uniforms. Any objections to these clothing restrictions can result in being fired or even arrested (Raha, 2022). Additionally, women who do not bring their tazkiras (national identity cards) to the hospitals they work at, can be arrested by the Taliban police (Rahan, 2022, Times 2023). These restrictions can arguably make it harder for doctors, nurses, and midwives to do their jobs effectively and comfortably.

Additionally, female healthcare workers have reported other serious occupational hazards such as physical and psychological abuse (Arnold et al., 2014, p 262, Sumitra et al., 2023). Under the restrictions imposed by the Taliban regime, female health workers constantly live under fear and worry that they may be harassed, fired, or arrested during their workshifts (Rubenstein et al., 2023). As mentioned in the previous section, high levels of worry and stress can result in poorer health outcomes (Menéndez-Espina et al., 2019). Female workers can consequently become too afraid to continue working, ultimately leading to further shortages in maternal healthcare staff. This has been seen in healthcare facilities in Afghanistan and it resulted in a reduced availability of maternal care for women, and an increased risk of pregnancy and birth complications (Rubenstein et al., 2023).

It is evident that the Taliban's new restrictions have impacted working conditions for female healthcare workers, ultimately leading to poorer maternal healthcare outcomes. This social determinant is important to consider when analyzing the shortage of female healthcare workers in Afghanistan and the consequent lack of medical assistance available to pregnant Afghan women. The combination of poor working conditions and increased insecurity creates a

challenging environment for healthcare workers, ultimately hindering access to maternal healthcare for women in need.

7.5 Food security

In the findings, one of the sources revealed that many pregnant women in Afghanistan are suffering from malnutrition which is impacting their maternal health outcomes (Vice News, 2022). One of the doctors that is interviewed in the documentary helps two women give birth who are both suffering serious maternal health complications. The women are both anemic, which means that they are not able to produce enough red blood cells for themselves or their baby. The doctors explain that this is most of the time a result of poor health and malnutrition, which they commonly see in pregnant Afghan women (Vice News, 2022). Many women are not able to work under the Taliban regime, and many of their husbands are unable to find jobs with decent income if any, thus making their household income low to non existing. This makes it harder for women to access nutritional food that is crucial during pregnancy (Vice News, 2022). Evidently, food insecurity can have a significant impact on maternal health, and since food insecurity has increased since the Taliban takeover, so has maternal health complications (Vice News, 2022, Rubenstein et al., 2023).

7.6 Access to affordable health services of decent quality & Overview analysis

Access to affordable health services of decent quality may be the most immediate determinant of maternal health, but it is influenced by the other mentioned determinants. The interconnectedness of various social determinants of health makes it challenging to separate cause and effect in this analysis. This is because all of the social determinants I have written about are all interlinked with one another. To illustrate this I will present an example based on what many Afghan women are currently experiencing in their real lives: Social exclusion and discrimination can lead to women being banned from pursuing secondary education and gaining the educational achievements necessary for certain job positions. This can then lead to unemployment and job insecurity, which can lead to a low household income. Next this can make it difficult for pregnant women to afford nutritious food, which can lead to maternal health complications. However, one can look at this from the reversed perspective as well. If a pregnant woman

experiences maternal health complications that prevent her from working, she may struggle to afford nutritious food. This further deterioration in maternal health can then exacerbate her job loss and increase social exclusion.

This example clearly demonstrates how the examined social determinants can operate as both influencing factors and outcomes, depending on the specific context under investigation. Evidently, this topic is inherently multidimensional and complex where the factors involved constantly interact and influence one another. The interplay between unemployment, low income, job insecurity, food insecurity, and maternal health creates an intricate web of causality, where each factor contributes to and is impacted by the others.

Nevertheless, there is no denying the significant constraints that women seeking maternal healthcare now face when it comes to accessing affordable health services of decent quality. One can argue that these obstacles are a result of the mentioned social determinants such as social exclusion, discrimination, lack of education, low income, increased unemployment, job insecurity, and escalating food insecurity.

8. Conclusion

After investigating the research question “*To what extent has the Taliban takeover in Afghanistan impacted maternal healthcare, and how can The Social Determinants of Health Framework guide our understanding and provide insight into this change?*” a few conclusions can be drawn. Upon researching secondary reports, articles, and video footage it has become evident that the Taliban takeover in Afghanistan has impacted maternal healthcare negatively. The evidence clearly points to substantial changes within the social fabric of Afghanistan, particularly in the domains of social inclusion, non-discrimination, education, unemployment, job insecurity, working life conditions, income, social protection, food security, and access to affordable, decent quality healthcare services. Each one of these social determinants of health plays a significant role in influencing health outcomes, especially maternal health. The systematic marginalization of Afghan women under Taliban rule has violated their rights to education, employment, and

access to healthcare services. This has resulted in multifaceted complications for maternal healthcare.

The restriction on women's mobility and participation in various aspects of society has limited their access to essential healthcare services. The ban on women's secondary education has triggered a detrimental shortage of female healthcare professionals, a decline in women's literacy, and consequently, poorer maternal health outcomes. This has led to a rise in female unemployment and job insecurity, as well as lack of income and social protection, which has further exacerbated the maternal health crisis. Limited income and increased job insecurity have not only caused immense stress and anxiety for women, which are associated with poor maternal health outcomes, but also made it difficult for them to afford nutritious food and transportation to healthcare services. Furthermore, working conditions for female healthcare workers have worsened to the point that many are too afraid of going to work and end up quitting their jobs. This has led to a decline in the workforce, thereby limiting the availability of maternal healthcare services.

Given these findings, it can be concluded that the Taliban takeover in Afghanistan has impacted maternal healthcare in devastating ways, largely due to the disruption of key social determinants of health. The interdependent nature of these determinants has resulted in a complex web of causality, where changes in one determinant inadvertently affect others, further exacerbating the situation. Furthermore, it is important to acknowledge that the sources used for data in this study, are secondary and perhaps not completely representative of the true reality women are facing in present day Afghanistan. Due to the Taliban's strict restricted access to the country, there is little first-hand information available currently. While all of the collected data strongly points to a decline in maternal healthcare, it is possible that the data does not fully comprehend the experiences of Afghan women working in maternal healthcare or navigating pregnancy during such tumultuous times. As a young woman living in Sweden, I recognize that I will never be able to put myself in the shoes of Afghan women living under the Taliban regime. The societal freedoms and protections I experience in Sweden are vastly different from those of women in present day Afghanistan.

Furthermore, the often unimaginable barriers these women face daily, like restricted mobility, inability to attend school or work, and limited access to healthcare services, are meaningful reminders of the profound contrast between our lives. However, what I want to emphasize is this: it would be a misinterpretation to perceive my words as suggesting gratitude or a sense of relief, simply because we as women in the Western world enjoy freedoms that seem to be a rare luxury for women a few nations away. This is indeed far from my sentiment. What I mean is that I strongly believe that rights such as the freedom to leave your home without a male chaperone, or the privilege to pursue education, or the right to maintain your job, should not be factors of gratitude: they should be universal and inherent, applicable to every country on the planet. Women should not be made to feel “indebted” or “grateful” for liberties that men have had for centuries. This may sound like I possess an unrealistic picture of reality, I do not. I simply think that it is extremely important that when discussing women's rights and oppression, we do not put too much emphasis on how “thankful” we should be in the western world for the reality we live in. No, the freedoms I possess need to be addressed as an absolutely natural right for women living in a different country as well. The social determinants of health framework has helped me understand that it is not simply biology or genetics that determines women's health outcomes, but the restrictions that are externally forced upon them.

When we read or hear about situations like Taliban-controlled Afghanistan, we need to exercise caution regarding how we frame or internalize “us in the Western world” versus “them in the Middle East”. I think it is extremely important to avoid establishing an “us versus them” mentality since it can breed ignorance and perpetuate an unhealthy distance between us and the women of Afghanistan. This perspective risks painting them as “vastly different” from us, which is simply not true. At the end of the day, we are all women with similar feelings, thoughts, goals, and dreams. The only difference is that we are subjected to different governmental systems and varying degrees of discrimination and oppression. I believe it is important to embrace the unity of global womanhood, rather than allow geographical, political, or cultural disparities blind us to the inherent rights we all want and deserve.

Nevertheless, this realization does not deter the importance of continuing to raise awareness about women's oppression in Afghanistan, advocate for their rights, and contribute to more research on the subject. Looking forward, I recommend a sustained focus on the crucial role of

social determinants in shaping health outcomes, especially maternal healthcare. Deeper understanding of how factors like non discrimination, education, employment, income, social protection, food security, and healthcare accessibility influence health outcomes can guide interventions to become contextually considerate and more effective. Furthermore, I think it is important to invest in current research specific to the conditions in Taliban controlled Afghanistan to grasp the current state of the country. The complex dynamics within Afghanistan underscore the pressing need for a continual stream of timely and contextual information. Additionally, collective global engagement and commitment is also necessary when addressing this matter. It is absolutely crucial that NGOs (non governmental organizations), international organizations, and humanitarian groups unite their efforts to apply diplomatic influence, form long-term plans, and deliver critical aid in the pursuit of equitable access to healthcare services. Funding from these organizations can allow for more research on improving maternal healthcare tailored to the unique context and challenges of Afghanistan.

To conclude, I firmly believe that a meaningful stride towards improvement starts with more research on the topics discussed in this paper. By deepening our understanding, we nurture the hope of gaining more access to Afghanistan, and most importantly, the chance to hear firsthand from the women who are directly experiencing these issues. This can allow for specifically designed interventions to be formed that can help improve the current state of maternal healthcare in Afghanistan.

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