



**THE IMPACT OF GENDER BASED VIOLENCE ON
FEMALES REPRODUCTIVE HEALTH**



medica mondiale

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medica mondiale recognises that violence against women and its impact on reproductive health is a problem which is only being pushed to the forefront of worldwide policy. Until now, very little research exists on the topic and it is to this end, that medica mondiale has put together this report in the hope that more attention will be given to this important topic. As a desirable result maternal mortality and the fatalities caused by violence against women in Afghanistan will begin to reduce and women's rights will be put firmly on the agenda of all Afghan policy.

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medica mondiale works also in Bosnia, Kosova, Albania, Liberia and DR Congo and undertakes similar programs to support and empower female survivors of sexualized war violence.

Chapter 1 – Introduction – Impact of Gender Based Violence on Reproductive Health

Afghanistan, a nation living in conflict for the past three decades, appears to be on the path of rebuilding, but low status of women, heightened under Taliban rule from 1996 to 2001, continues to inhibit the nation's development¹ towards a peace orientated society. Since the ousting of the Taliban Regime, however, Afghanistan has undertaken various initiatives to improve the health and human rights conditions of women in the country. Under the newly ratified Afghan Constitution, female and male citizens are recognized as equal under the law, and there is now 27% female representation in the Afghan parliament. In relation to reproductive rights, Afghanistan has acknowledged both the Cairo and Beijing documents and is signatory to the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Culture Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the International Covenant on Civil and Political Rights. The rights of girls and mothers are further protected under the Convention on the Rights of the Child to which Afghanistan is also a signatory to. Additionally, Afghanistan established a Ministry of Women's Affairs, which in turn created a special task force on violence against women in Afghanistan.

Further commitment to ensuring gender equality and combating the dire health problems that many Afghan women are facing is demonstrated by Afghanistan's signature and pledge to the Millennium Development Goals. Recently, the Deputy Secretary General – Asha-Rose Migiro stated that international development goals must focus on empowering women. *“Empowering women is not just an end in itself; it is a prerequisite for reaching all of the Millennium Development Goals – our common vision to build a better world in the 21st century,”* she said of the targets, known as the Millennium Goals that aim to slash a host of global ills by 2015. Commitment to the human development of Afghans is further guaranteed by the Afghan Compact signed in 2006 and the establishment of the Interim Afghanistan National Development Strategy (I-ANDS) which involves a consultation process on which of the goals to prioritise in supporting the development process of the country. It is therefore hoped that emphasis will be put on the goals which are geared towards gender equality and women's empowerment which are deemed essential to secure the success of poverty reduction strategies and a development of a nation generally.

The relative success of projects and programmes which have been implemented over the last five years are now becoming overshadowed by misappropriation of funds, increased corruption, an animosity to international intervention and a degenerating security situation. If the government of Afghanistan coupled with the international community does not begin to analyse the situation on the ground in an honest and realistic manner, and work together to find a common predominantly civil strategy rather than a military oriented one - the few successful gains in the field of women's rights in the last five years will be lost and

¹ UNIFEM Afghanistan- Factsheet 2007. http://www.unama-afg.org/docs/_UN-Docs/_fact-sheets/07mayUNIFEM-fact-sheet.pdf UNDP. Accessed October 24, 2007.

Afghanistan will delve deeper into poverty and women will remain in the shadows of a regime which still does not support the true advancement of women's rights and their freedom from a life time of violence.

At the World Conference on Human Rights held in Vienna in 1993, the International Community acknowledged for the first time that violence against women (VAW) is a human rights issue, while VAW is also increasingly recognised as a global public health issue and a barrier to sustainable development². The effect on health and the low status of women has never been as evident as it is in Afghanistan. Despite the ground gained in recent years with regards to the recognition of women's rights as human rights, the status of Afghan women still remain in an unacceptable and often lethal state. Afghanistan has a fertility rate of 7.4 children per mother and simultaneously has the second highest maternal mortality rate in the world. 24,000 women die in child birth each year, which translates into a woman dying every 30 minutes or 1 out of every 9 women being expected to die during labour. This high maternal morbidity is in part believed to be linked to the high rates of child marriage and early childbirth in the country. Approximately 57% of females in Afghanistan marry prior to the age of 16 years. 70-80% of females as a whole are forced to marry. Alternative options to early marriage are limited due to low education and employment among Afghan females, and early marriage and childbirth inhibit continued education for Afghan girls.

The vast majority of adult women in Afghanistan (85%) are illiterate, and girls are half as likely as boys to attend primary school and one-sixth as likely to attend secondary school.³⁴ The problem is further exacerbated by a nation which tends to use tradition and religion as an excuse for violating women's human rights and believes that the violating of these fundamental rights is justified by the protection of the honour of their women, families and ultimately the society as a whole. Afghanistan, like many countries around the world continues to view women as the repositories of culture. A classic example of this is the practice of *bad and badal* whereby girls and women are given as commodities to re-compensate families for a crime normally committed by a male member of the family. Such traditional harmful practices are common and although the consequences are known, many governments and sometimes the international community do very little to actively hinder these practices, claiming that it is impossible to meddle in private affairs, the culture and tradition which are used to mask these gross violations of fundamental human rights.

² Poverty Reduction and Violence against women: exploring links assessing impact – Geraldine Terry – Development in Practice, Volume 14, Number 4, 2004

³ Afghanistan National Human Development Report, 2004 <http://www.undp.org/dpa/nhdr/af-files/afnhdr2004-Summary.pdf>. Accessed October 24, 2007.

⁴ CIA. The World Factbook. Afghanistan. <https://www.cia.gov/library/publications/the-world-factbook/geos/af.html>. Accessed October 24, 2007.

Late last year Khan reluctantly gave his 16-year-old daughter, Gul Ghoti, in marriage to the lender's 15-year-old son. Besides forgiving Khan's debt, the creditor gave him a \$1,500 cash dowry. Khan calls him an honourable man. "Until the end of my life I will feel shame because of what I did to my daughter," Khan says. "I still can't look her in the eye." But at least she was old enough to marry, he adds. He claims one local farmer recently had to promise the hand of his 2-month-old daughter to free his family from an opium debt. Khan is raising wheat this year. He doubts it will support his family, and he worries that eventually one of his two younger daughters will become a loan bride. Neither of them is yet in her teens.

The justification of harmful practices such as child marriage can indeed neither be found in the Quran nor in the Domestic Law of Afghanistan. Nevertheless, according to a survey conducted in the latter half of 2007 by medica mondiale, participants across provinces and interviewee type stated that forced and child marriage is a consequence of culture, poverty, literacy and insecurity and that many jirga leaders and wakils support or initiate the practice. Furthermore, rich and powerful men were believed to be the beneficiaries of the practice with elders and influential family members such as brothers and uncles allowing the practice to happen – normally with specific gains to themselves. Participants across type of interviewee noted that, poverty, drug use and gambling of fathers and other male family members results in the selling of girls into marriage to settle the male economic debts; these groups also described how *bad* and *badal* marriages (i.e., marital exchange of children to settle conflicts between families) are also occurring against girls' (and boys') will and sometimes at very young ages.

Furthermore, all interviewees were of the opinion that child and forced marriage is illegal and wrong, but some supported the idea that in many cases it could maintain or restore honour to a family and prevent young girls, especially those who are illiterate to turning to prostitution or getting into "bad ways". Despite legal remedies being available, the majority of interviewees stated that when a marriage had already occurred they would advise the girl to "adapt and adjust" to the marriage. As one teacher stated, "[You] can only ask them not to do it before marriage." A male NGO interviewee noted that he would "discourage divorce;" policemen stated that they would recommend that the girl "avoid violence" because they as police "can do nothing" in such situations when the marriage has already occurred.

It is therefore evident that enacted laws against this practice do not translate into the elimination of this practice, and much needed reforms have not yet trickled down to rural Afghanistan where women still suffer an innumerable amount of violations of their human and citizen's rights. Prevention and intervention efforts continue to be needed. Unfortunately, identification of vulnerable girls who may be or may become victims of child marriage is not easy. Recent research undertaken in Kabul by medica mondiale suggest that although child marriage is highly pervasive, a relatively low proportion of Kabul high school girls are

married or engaged (1-11%), and a very small proportion of Kabul obstetric patients are under age 16 years (<1%).⁵ However, NGOs maintain a number of such cases, and 60% of women in Kabul women's prison from September to December 2003 were married prior to age 16 years. Overall, such findings indicate that girl victims of child marriage are lost to or perhaps less likely to be connected with schools and may not be receiving formal obstetric care. Clearly, health facilities and schools, while important, are not alone an effective means of reaching vulnerable girls.

To this end, it is imperative that the Afghan government in cohorts with the international community emphasise the importance of achieving gender equality and prioritises the elimination of gender based violence across the board. The attainment of the MDGs, in Afghanistan, is one way this can be achieved, but is by far not the only method. Broader efforts via community stakeholders at multiple levels are likely needed to address issues such as forced and child marriage in Afghanistan. Such stakeholders possibly include non-governmental organizations (NGOs), government structures, police, teacher, religious leaders, men and women shuras in the villages and women's health providers, as each of these groups is either charged to address child marriage in Afghanistan or is in an influential position to advise girls or families vulnerable to child marriage. Nevertheless it is imperative that international organisations act as a role model for national stakeholders by developing policies which positively impact on gender equality and create proper benchmarks which contribute to sustainable development allowing women and men alike to be pegged on a level playing field.

In addition to the creation of this bench marks, it is perhaps worth mentioning that fresh air needs to be breathed into the static and colonialist view that Afghanistan's future lies in only embracing international norms and western ideals of democracy. Although necessary to lay a basis for the respect of human rights and to define benchmarks, the wheel does and should not be reinvented. Afghanistan has tradition at its pinnacle, and the informal justice sector is key in keeping with tradition and Islamic practices. If these would be interpreted and applied according to the foundations of an accepted doctrine of human rights they could further the struggle for gender equality and ensure a nationwide acceptance of women's rights. To the contrary, Afghanistan and its acceptance of a justice sector moulded by internationals and non traditionalists risks alienating the rest of the nation and will take decades, if not centuries to filter down to the provinces whereby the majority of human rights violations take place.

To this end, building on the previous work undertaken by medica mondiale in 2003, medica mondiale presents this current report which it hopes will provide an insight into the scope of the problem of child marriage and its devastating effect on reproductive and sexual health rights. Although women's rights and the violation of their fundamental human and legal

⁵ Bahgam S, Mukhatari W. (2004). Study on child marriage in Afghanistan.
http://www.medicamondiale.org/download/doku_report/mm_Child%20marriage%20report%202004_e.pdf.

rights is traditionally seen as a problem only for women in Afghanistan, should women's rights continue to be ignored both at the national and international level, the potential effect on the economy, development and security situation as a whole will be detrimental. Afghanistan will continue to be considered a failed nation, which in turn denies women their fundamental rights and rejects their potential and thus the possibility of Afghanistan developing as a lead nation.

The present report combines essential desk research with findings from two surveys on child marriage and reproductive health which were conducted from August – December 2007 by medica mondiale in three provinces and conclusions and recommendations from an international conference held in December 2007. Desk research was centred around the effects and causes of one of the highest maternal mortality rates in the world and analyses the parameters of the development of the law on the issue of violence against women and child marriage in Afghanistan. It further includes a very limited analysis of parts of the Quran which deal with these issues. Throughout the report essential stakeholder perspectives drawn from the two surveys on causes and pervasiveness of child marriage and the role of these stakeholder groups in preventing both forced and child marriage in Afghanistan are included. The report wraps up by drawing a parallel between the issue of VAW and its impact on reproductive and sexual health rights, the state of the laws and the interpretation and the important role that the Quran and Afghan tradition plays in the lives of each and every Afghan. It will be shown how these interlinkages can best be used to find a positive solution to the problem which risks being relegated to the backburner should the current situation of insecurity, corruption and adversity against the international community continue to persist.

Chapter 2 – Gender Based Violence – a Globalised Problem

Violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women's lives, on their families, and on society as a whole. Most societies prohibit such violence — yet the reality is that too often, it is covered up or tacitly condoned. — UN Secretary-General Ban Ki-Moon, 8 March 2007

2.1 A Globalised Problem

Of all the human rights violations, gender-based violence is perhaps the most widespread and socially tolerated.⁶ Any type of violence is traumatic for men or women, but gender-based violence is preponderantly inflicted by men on women and girls. The cost to the survivor, her family, society and a country as a whole is vast. Statistics indicate that one in five women will be a victim of rape or attempted rape in her lifetime. One in three will have been beaten, coerced into sex or otherwise abused, usually by a family member or an acquaintance. Gender based violence holds no frontiers but women in developing countries and nations in conflict are perhaps more prone to specific types of gender based violence heightened by national poverty, violence caused by armed conflicts, instability of the state, physical insecurity, gender, class and race inequities, belonging to an ethnic, religious or political group and inability to access fundamental human rights. Globally, gender-based violence kills and disables more women between the ages of 15-44 than does cancer. And its toll on women's health surpasses that of traffic accidents and malaria combined.⁷

Box 2.1.1. – Declaration on the Elimination of Violence against Women

The Declaration on the Elimination of Violence against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

This encompasses, inter alia, "physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state."

⁶ Gender –Based Violence: A Price Too High – <http://www.unfpa.org/swp/2005/english/>

⁷ UN Millennium Report 2005a pp15 and 110

The consequences of gender-based violence on a woman's health are manifold. Survivors often experience as a direct consequence of violence, life-long emotional distress, mental health problems and poor reproductive health. Abused women are also at higher risk of acquiring HIV⁸⁹ and being infected by sexually transmitted infections (STIs). Women who have been physically or sexually assaulted tend to be intensive long-term users of health services.¹⁰ The impact of violence may also extend to future generations: Children who have witnessed abuse of their mothers are more likely to also be child victims of family violence, often suffer lasting psychological damage, and are more likely to become victims and perpetrators of violence in adulthood¹¹

The health of mothers is a major determining factor in the health of their children, which indirectly affects the formation of human capital.¹² Children who are orphaned at birth, an uncommon consequence of gender-based violence against mothers, are three to ten times more likely to die than those with mothers who survive. Mothers are normally the ones responsible for the health, nutrition and education of their children. A mother who does not have access to good health, nutrition and education is more likely to pass bad habits and poor general well-being onto her children. Poverty and gender discrimination affect the reproductive health of future generations and weaken their chances of eking out a decent way of life. The underpinning of good health and a trouble free reproductive health for the future begins at birth and clearly is influenced by the general health, level of poverty and the extent of discrimination that a mother faces. For instance, stunted growth in underfed girls increases the risks of obstructed labour later in life. Malnourished mothers and their babies are vulnerable to premature death and chronic disability. Anaemia, which can lead to post-partum haemorrhage, afflicts 50-70 per cent of pregnant women in developing countries.¹³

It is evident that high levels of maternal mortality are associated with gender inequality.¹⁴ The lack of access to the majority of women in developing nations to their basic fundamental rights directly impinges on their reproductive health decision making power. Spacing of children can dramatically reduce maternal and infant mortality; however lack of information and the right to family planning, lack of access to services and traditional social norms exclude women from using proper contraceptive methods. Little or no education often leaves women with no understanding of childbearing risks, nutritional value and other health matters which could directly affect their own health or that of their children. This lack of information, together with their low social status extinguishes them from negotiating safe sex, exercising power over their own body in the face of control from both partners and in-laws and makes them vulnerable to sexual abuse and sexually transmitted diseases.

⁸ Heise, Ellsberg and Gottemoeller 1999

⁹ HIV/AIDS

¹⁰ Krug, E., et al (eds) 2002. World Report on Violence and Health. Geneva WHO

¹¹ Ibid

¹² The World Health Report 2005 – Make every mother and child count. WHO

¹³ UN Millennium Project 2005. Taking Action: Achieving Gender Equality and Empowering Women, p.6 Task Force on Education and Gender Equality. London and Sterling, Virginia. Earthscan

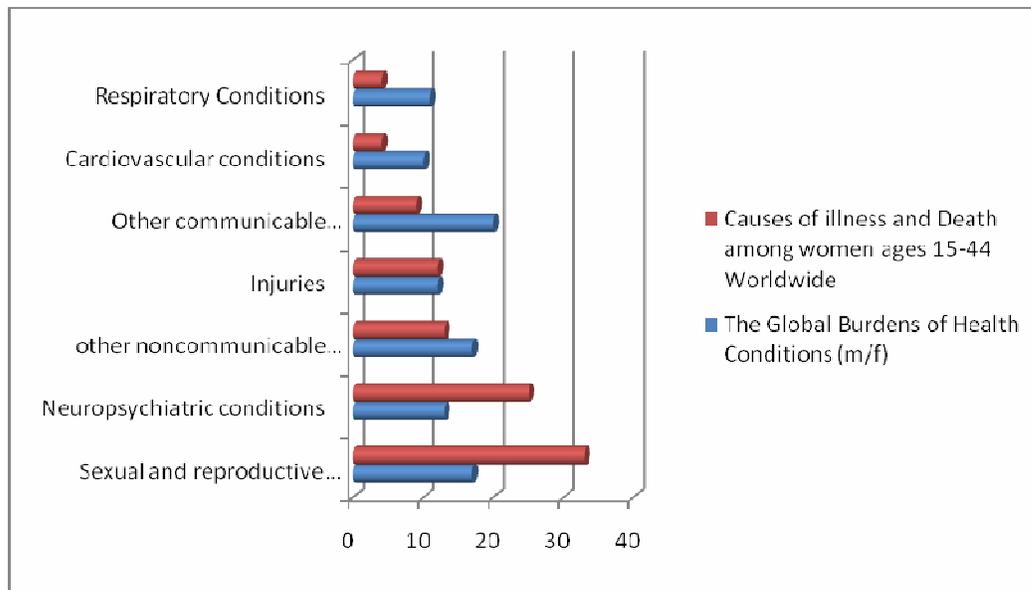
¹⁴ UN Millennium Project 2005c

In the face of such problems, a first port of call for many women would be their local health centre. Many countries offer free health care, and it is therefore imperative to inform women and their families of these services. High hospital fees can further impoverish an already poor family and of course deter women and their families from seeking professional health services in the first place, endangering their and their children’s health even further. Nevertheless, many developing countries and post conflict nations often cannot deliver a safe and efficient health service and it is for this reason that many women are forced to give birth at home and without a trained health provider. Furthermore, women who are victims of sexual abuse often find it difficult to approach health centres if a fee is involved and in many cases, women are at risk of further ostracism and contempt by untrained hospital staff that are too often unsympathetic to their immediate needs.

2.2. Reproductive and Sexual Health

Reproductive and sexual health problems are the principal cause of women’s ill health and death worldwide. When both women and men are taken into account, reproductive health conditions are the second-highest cause of ill health globally, after communicable diseases.

Figure 2.2.1: The Global Burden of Sexual and Reproductive Health Conditions



Source: WHO, 2002, cited in Alan Guttmacher Institute/UNFPA, 2003, *Adding it Up: The Benefits of Investing in Sexual and Reproductive Healthcare*.

The complications of pregnancy and childbirth, many of which are treatable, are more commonly found in developing countries; such complications contribute to high rates of

maternal and infant mortality globally. “*The differences in reproductive health between the rich and the poor-both between and within countries-are larger than in any other area of health care*” – (UN Millennium Project). The data in figure 2.2.1 mask huge disparities, both among and within countries. Because reproductive health status depends so heavily on income and gender, addressing these social issues becomes a matter of social justice, ethics and equity.¹⁵

Many years ago reproductive health status was a global problem, however at the beginning of the 19th century many European governments invested time and effort in developing public health care generally, and women and children’s health specifically, as a way of building up its human resources to satisfy its military and political aspirations.¹⁶ Prior to this such concerns were seen as a domestic matter, an attitude that still rings true today in many developing nations where the reproductive health of women is neither seen as important nor perceived as a factor, which if eliminated, could improve the economic potential of a country. The economic cost of violence against women is considerable — a 2003 report by the US Centers for Disease Control and Prevention (CDC) estimates that the costs of intimate partner violence in the United States alone exceed US\$5.8 billion per year: US\$4.1 billion are for direct medical and health care services, while productivity losses account for nearly US\$1.8 billion.¹⁷

*Each year **3.3 million** births babies – or even more – are stillborn, **4 million** die within 28 days of being born and a further **6.6 million** children die before their 5th birthday. Maternal deaths also continue unabated, - the annual total now stands at **529,000** often sudden, unpredicted deaths which occur during pregnancy itself (some **68,000** due to unsafe abortions) during childbirth, or after the baby has been born, leaving behind children who are more prone to dying due to being motherless. While the issue is a global health problem, national economic instability or deprivation exacerbate the situation; hence, 99% of maternal and infant mortality occurs in developing countries.*

2.3. International Law

Gender equality and indeed global reproductive and sexual health rights have been included on the international agenda almost since human rights were first recognised in the Universal Declaration of Human Rights in 1948. Support of these rights has been seen in various international human rights documents, particularly with the ratification of the Convention to End all Discrimination Against Women (CEDAW), and the adoption of the Cairo Programme

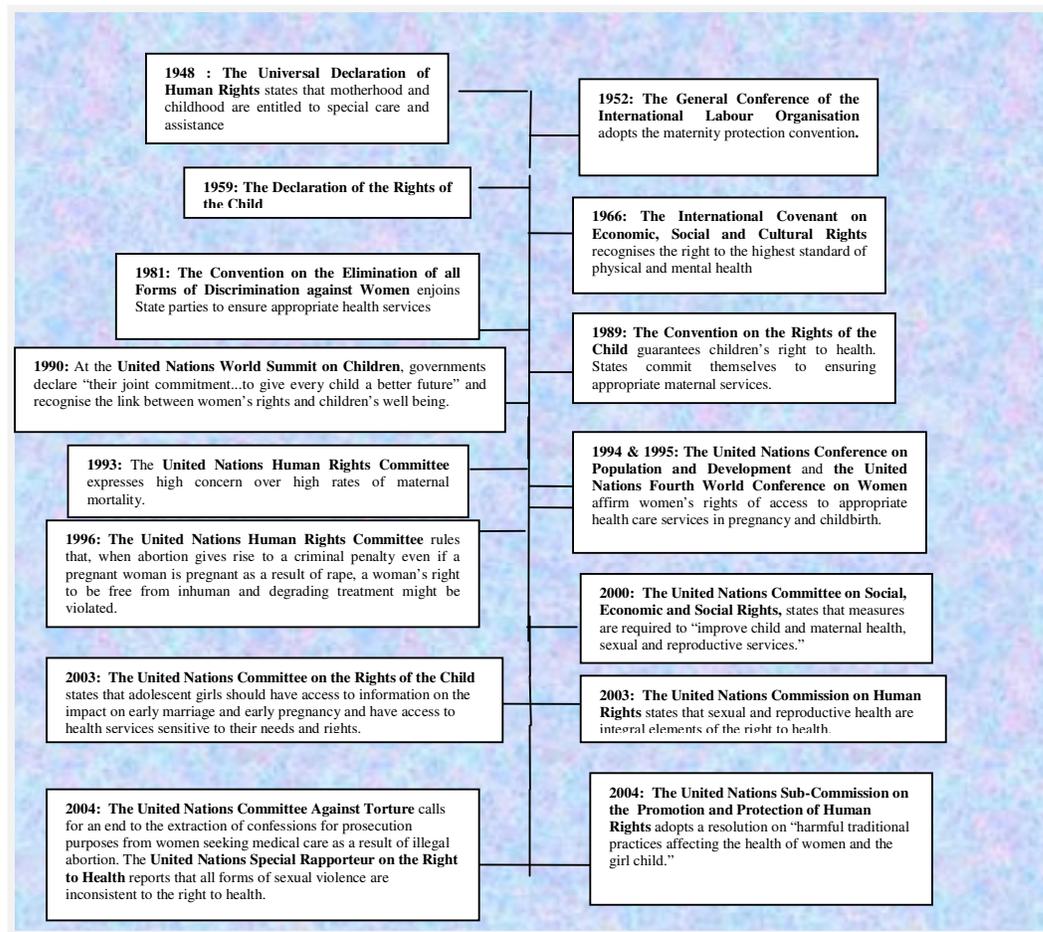
¹⁵ <http://www.unfpa.org/swp/2005/english/ch4/index.htm>

¹⁶ The World Health Report 2005 – *Make every mother and child count*. WHO

¹⁷ Centers for Disease Control and Prevention, 2003, *Costs of Intimate Partner Violence against Women in the United States*, Atlanta

(1994)¹⁸ and the Beijing Platform (1995)¹⁹. Over the last 50 years the importance and the influence of maternal and infant health have been incorporated into various conventions and documents as listed below in Figure 2.3.1

Figure 2.3.1 – Development of Conventions and Documents with regards to Women’s Rights and Reproductive Health



The importance of addressing this issue and its connection with gender equality finds itself at the epicentre of the millennium development goals with goals regarding reproductive health offering multiple rewards that can accelerate social and economic progress, with lasting impact on future generations.

With only 7 years to go before we reach 2015, the probability of many countries reaching their targets and ensuring the required impact still seems remote. Nevertheless, with the Millennium Development Goals (MDGs), the recognition of the importance of reproductive

¹⁸ Adopted at the United Nations International Conference on Population and Development (ICPD) 5-13 September 1994 – Cairo-Egypt.

¹⁹ Adopted at the Fourth World Conference on Women in Beijing - 1995

rights and its potential impact on gender equality has been catapulted to the forefront of the international agenda, placing it at the core of the struggle against poverty and inequality and as a matter of human rights. The MDGs have galvanised countries and the international community in a global partnership that for the first time articulates a commitment by both rich and poor countries to tackle a whole range of dimensions of poverty and inequality in a concerted and integrated way. The link between health, poverty and gender inequality is explicit in the MDGs whereby the health agenda is present in 3 out of the 8 goals, 8 out of the 18 targets and 18 out of the 48 indicators (see annex I).

Sexual and Reproductive rights are classed as human rights and as can be seen in figure 2.3.1 have a firm basis in international law. Though intense opposition from several countries – including the US – has impeded the development of a resolution directly addressing sexual and some reproductive rights, these rights are nonetheless becoming an increasingly accepted component of human rights in the international arena.

Sexual rights relate to the guaranteeing of rights to personal freedom, including when to say yes and no to sexual acts and relations, the ability to negotiate safe sex, rights to health, non-discrimination, equal opportunity, and protection from violence. Reproductive rights include the right to a legal abortion, the right to control one's reproductive functions, the right to access quality reproductive healthcare, and the right to education and health care access in order to make reproductive choices free from coercion, discrimination and violence.²⁰

While many associate the term with a “pro-choice” position, whereby every woman should be able to have access to a legal abortion, reproductive rights encompass more than the issue of abortion. As was stated in Figure 2.3.1., reproductive rights were first put on the agenda and discussed as a subset of human rights at the UN 1968 International Conference on Human Rights. The sixteenth article of the Proclamation of Teheran states, “Parents have a basic human right to determine freely and responsibly the number and the spacing of their children.” Reproductive rights advocates work to secure affordable access to abortion, contraception, as well as education about contraception and sexually transmitted infections (STIs), and freedom from coerced sterilization and contraception, for both men and women. Additionally, reproductive and sexual rights encourage the protection of all women from harmful gender-based practices. Examples include cultural practices such as female genital cutting (FGC), as well as state, customary and religious laws, such as child or forced

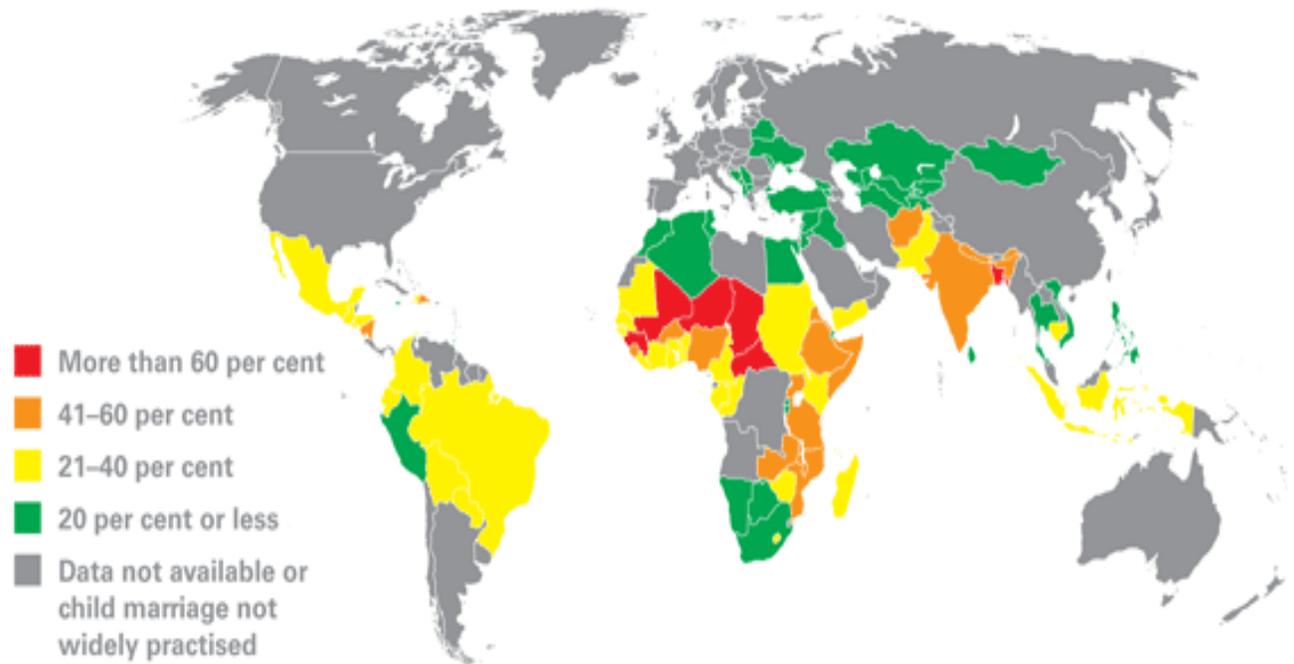
²⁰ Amnesty International USA (2007). Stop Violence Against Women: Reproductive Rights (HTML) (English). *SVAW*. Amnesty International USA. Retrieved on 2007-12-08 “Reproductive rights - access to sexual and reproductive healthcare and autonomy in sexual and reproductive decision-making - are human rights; they are universal, indivisible, and undeniable. These rights are founded upon principles of human dignity and equality, and have been enshrined in international human rights documents. Reproductive rights embrace core human rights, including the right to health, the right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one's children, and the right to be free from sexual violence.

“Reproductive rights include the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and the right to have the information and means to implement those decisions free from discrimination, coercion, and violence. Reproductive rights also include the right to the highest standards of sexual and reproductive healthcare. [...] In some areas where termination of pregnancy is illegal, marginalized women are sometimes charged with abortion-related offenses as a means of controlling them. [...] Amnesty International condemned these violations of civil rights and noted that international human rights documents which[sic] state that women should not be imprisoned for seeking to terminate their pregnancy.”

marriage, that contribute to women’s political, social, educational, cultural and economic disenfranchisement. Notably, such harmful gender practices (e.g., child and forced marriages) are linked with women and girls’ reproductive health and maternal and child health problems; in many countries those women who die or are injured from reproductive complications tend to be under-aged women forced into marriage as below the given country’s legal age for marriage. Nevertheless, many governments have overlooked the particular problems which young child bearing girls and women face. Some of these problems include obstetric fistulae, unwanted and enforced sexual intercourse, prematurity, childbirth mortality, sexually transmitted diseases, including cervical cancer and malaria.

The United Nations has commissioned reports which indicate that in many countries, especially in Sub-Saharan countries that there is a high incidence of marriage among girls aged less than 15 years. In parts of Ethiopia and Nigeria over 50% of girls are married before the age of 15 years. In parts of Mali 39% of girls are married before the age of 15 years. In Niger and Chad over 70% of girls are married before the age of 18 years. In South Africa, there are legal provisions made for respecting the marriage laws of traditional marriages, whereby a person might be married as young as 12 years for females and 14 years for males.

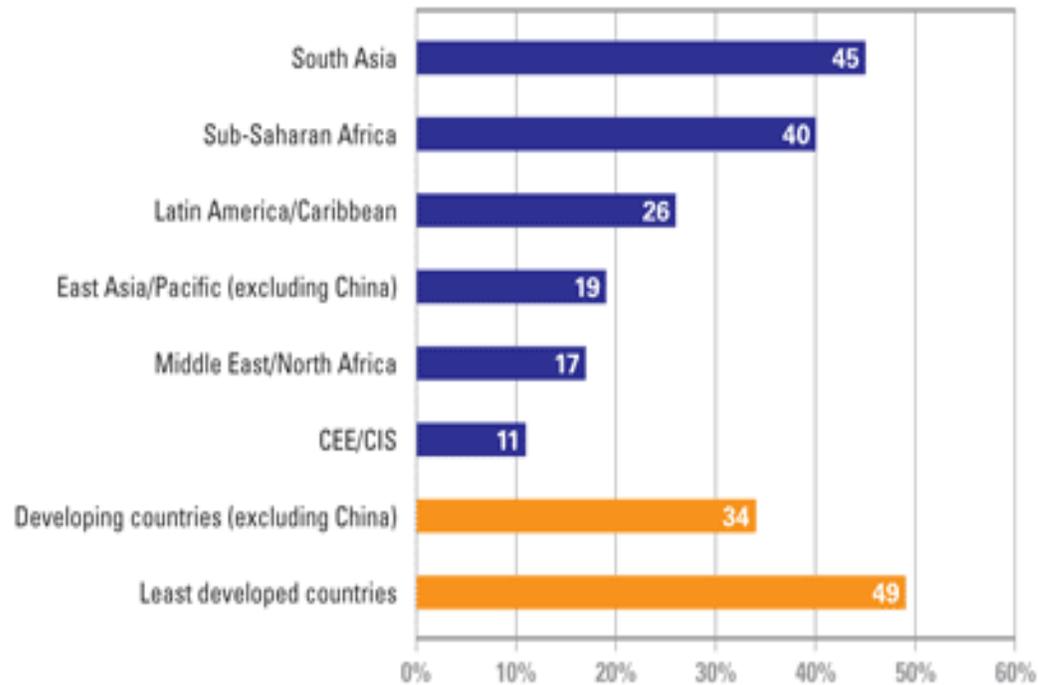
Figure 2.3.2. Percentage of women aged 20–24 who were married or in union before age 18 (1987–2006)



Source: UNICEF

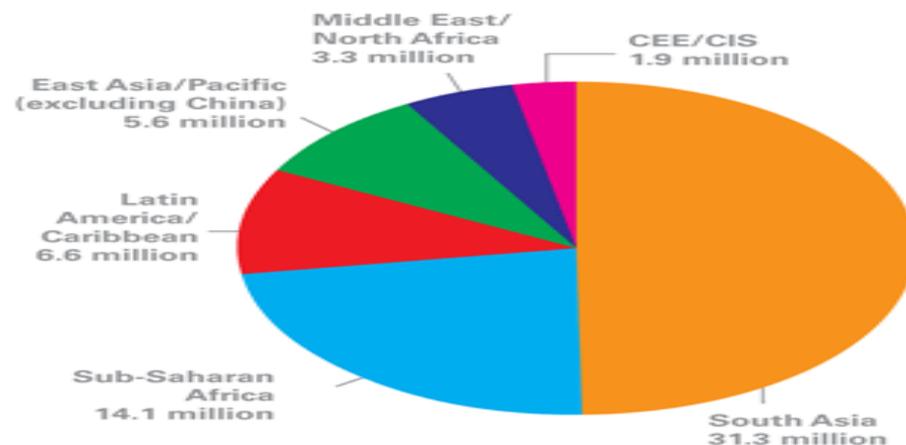
The legal minimum age for marriage is 18 years under a number of ratified international agreements and the laws of many countries. In spite of these legal provisions, child marriage is still widely practiced in some areas of the world, particularly South Asia. The vast majority of those married as children are girls, and if current patterns continue, more than 100 million girls in the developing world will be married during the next 10 years. (2)

Figure 2.3.3. Percentage of women aged 20–24 who were married or in union before age 18, by region (1987–2006)



Source: UNICEF

Figure 2.3.4. Number of women aged 20–24 who were married or in union before age 18, by region (2006)



Source: UNICEF

Child marriage is a violation of human rights. It forces children to assume responsibilities and handle situations for which they are often physically and psychologically unprepared and not protected. In places where child marriage is practiced, girls rarely have a say in when and to whom they marry. Once married, these young girls continue to have little power and limited autonomy. Girls are frequently much younger than their spouses, and the younger a girl's age at marriage, the greater the age difference between her and her husband. Most girls enter marriage with little or no information about reproductive health, sexuality including contraception, safe motherhood, and sexually transmitted diseases, including HIV/AIDS. They often face a greater risk of gender-based violence from both husbands and in-laws because they are considered the propriety of the spouses' family. In addition, many of the families have gained economically from the selling of the young daughters, and are reluctant to take her back should she suffer violence. Traditions further dictate that a girl should tolerate violence and divorce or rejection of a marriage partner is not held to be an alternative to the violence as this is deemed to bring shame on herself and her family.

This loss of honour signifies that a Child bride will face many potential consequences of her inability to make free choices. Child brides are often under pressure by their husbands and in-laws to have children as soon as possible. Even if different forms of contraceptives are available, they might be scared to use them and in very few cases are able to access them without the knowledge and permission of their husband or in-laws. One of the most common health issues which are related to having sexual intercourse at an early age is developing obstetric fistula which could be painful, humiliating for young girls and in some cases fatal, destroying their future. Also pregnancy at an early age could result in complications such as heavy bleeding and anaemia. For various reasons such as limited autonomy, being ashamed of their illness or just simply not having access to health services or somebody to protect her and share with, the above health complication can become life threatening. The fact that young mothers fall pregnant is normally as a result of forced sexual intercourse which is a form of gender based violence, the lasting psychological effects are devastating. These can come in the guise of post traumatic stress, a susceptibility to certain illnesses and/or a rejection of their new born and the responsibility that goes with raising a child. All these factors contribute to high mortality rates of both mother and child.

If the girl does survive child birth, such young girls do not have the necessary maturity of taking responsibility of becoming a wife and a mother. This can have a significant impact on their psychological welfare. They are very likely to suffer different forms of violence, physical, sexualized and psychological at the hand of their husbands and in-laws. Often they grow to believe that it is acceptable to be beaten by their husbands and or their in-laws. Also these girls are usually forced to marry much older men who are more likely to die much earlier than them, forcing them into widowhood at a relatively young age and adding yet more vulnerability and stigma to their already complicated lives.

The complexity of this type of destiny often means that girls' mental and emotional development is hindered or sometimes stopped all together. Many of the girls who marry at a young age have a very low level of education. They are either pulled out of school or have never had schooling before. Lack or low level of education mean that these children often lack adequate knowledge about sexual relationships, their health, their children's health and generally life skills. Their lack of socialisation with the outside world limits their capabilities and development rendering them solely reproductive bodies. Furthermore, the fact that these women are not able to participate in society, especially in the economic environment, not only hinders their overall development but limits the choices open to their offspring resulting in many countries such as Afghanistan unable to escape the effects of poverty and hardship which runs into generations. And inevitably allows history to repeat itself whereby girls are sold in return for economic compensation. The cycle is vicious and ever-lasting.

Chapter 3 – Child Marriage within Afghanistan – A Study conducted by medica mondiale

Child and forced marriage is seen to be pervasive in Afghanistan and as has been cited previously in this report is a crucial contributing factor to the high maternal mortality rate in Afghanistan. Given the high figures of maternal mortality and indeed the previous and current work engaged by medica mondiale on child and forced marriage, it was decided to obtain the opinions of different stake holders on child and forced marriage and the perception by said stakeholders why child marriage was indeed so pervasive and seems to be so inherent in Afghan society. A team of 11 researchers interviewed over 100 different stakeholders in the latter half of 2007 and the following results were obtained from the closed interviews conducted by medica mondiale researchers.

3.1 Limitations

While the following section offers important insight into forced and child marriage of girls in Afghanistan, it must be considered in light of certain limitations. The sample was recruited via women's and human rights NGO contacts; thus, these informants may be more likely to understand and oppose these practices than those who may not be affiliated with such NGOs. Interviewees knew that this project was being undertaken by an international women's NGO; hence, responses may have been affected by social desirability (i.e., stating what they believe the interviewer prefers rather than stating their honest opinion.) The study was designed to obtain insights on perspectives of stakeholders of the society and social norms related to the topic of forced and child marriage, rather than actual practices of forced and child marriage in the region. Hence, findings cannot be assumed to reflect actual practices across the country, although norms offered in the study are consistent with cases of forced and child marriage that have been highlighted in Afghanistan²¹ as well as child marriage case study analyses and international reports using data from other countries.

3.2 Findings of the surveys

The findings of the two surveys conducted by medica mondiale document a number of important considerations that can support development of stronger initiatives to address forced and child marriage of girls in Afghanistan. First and foremost the current findings demonstrate that forced and child marriage are largely believed to be pervasive in the regions of assessment, Kabul, Jalalabad and Mazar, and are a consequence of the economic and political insecurities within these regions combined with cultural traditions that support these

²¹ Bahgam S, Mukhatari W. (2004). Study on child marriage in Afghanistan. http://www.medicamondiale.org/download/doku_report/mm_Child%20marriage%20report%202004_e.pdf.

practices. Girls are being forced into marriages at young ages to settle economic and political debts primarily created by male family members; wealthy and powerful men are believed to be taking advantage of these contexts and procuring young girls for their wives. Although the interviewees of this study indicate that the practice disproportionately affects the poor, illiterate and rural in terms of girls forced into marriage, many reported that it was also occurring with more urban, educated and middle class girls, as well, in situations of conflict or political difficulty. Such findings are consistent with the perspectives reported by key national leaders in the areas of health and women's rights²².

Notably, despite the perceived pervasiveness of the issue, recognition of what constitutes child marriage or illegal marriage in Afghanistan, based on age, was not clearly understood by all participants. While the majority of non-governmental respondents (teachers, health providers, religious leaders, NGO staff, police) reported, accurately at the time of the interviews, that 16 years is the legal age for marriage of girls, none of the government staff interviewed, including those from MOWA/DOWA, knew this to be the case. Government staff assumed the legal age of marriage for girls to be 18 years, as did some NGO staff, police, and teachers. Such assumptions may have been predicated on the belief that age 18 years or older was a better legal age for marriage, as reported by most of our key informants. With recognition that the interviewees were a biased sample of key informants linked to women's and human rights' NGOs, the findings nonetheless demonstrate ideologies in the country that a more mature age for marriage would be better for girls in the region.. Notably, support for an increase in the legal age of marriage for girls was reported by Afghan leaders in the areas of women's health and human rights in 2003.

Participant ideologies supportive of an older age for marriage are likely indicative of study participants' level of awareness of the negative effects of early marriage and fertility for girls. Across region and type of interviewee, participants clearly and accurately^{23,24} identified problematic maternal and child health concerns faced in situations of too early motherhood, a consequence of too early marriage. Those concerns noted include maternal and infant mortality, problems or difficulties in pregnancy or childbirth, and infant low birth weight and related morbidities. Additionally, many key informants noted the difficulties child wives may have contending with domestic and child-rearing responsibilities and marital relationship issues, which in turn leave these girls vulnerable to violence from husbands and in-laws. A few key informants also noted that such early marriage can stunt girls' educational and career opportunities, as well as their connections with their own families.

While the majority of participants disapproved of early marriage and did not feel that there were benefits to the practice, a few of participants disagreed with this perspective. These

²² Idem

²³ International Center for Research on Women (ICRW, 2004). When Marriage is No Haven...Child Marriage in Developing Countries, Issue Brief, September 2004, www.icrw.org/docs/2004_info_childmarriage.pdf.

²⁴ Save the Children. (2004). Ways to save the lives of young mothers and their children. http://www.savethechildren.org/publications/mothers/2004/Ways_to_Save_pp20_26.pdf.

individuals felt that early marriage for girls protected the girls from engaging in illegal practices such as pre-marital sex and prostitution, which thereby protects the girls' families from shame and the larger society from social problems. Such beliefs were particularly noted by religious leaders. Consistent with these ideologies, two health providers interviewed also reported beliefs that girls married prior to age 16 years are less vulnerable to sexual assault. Additionally, some key informants indicated that they believed that girls who marry early can better adapt to marriage and a new family, produce more children, and support a stronger society. Overall these findings speak to the need for greater clarity and awareness of myths and misconceptions reinforcing forced and child marriage in the region, given such ideologies exist even among this population of key informants who have existing relationships with women's and human rights' NGOs.

Although a number of religious leaders reported benefits to marriage of girls at age 16 years or younger, almost all of the key informants including religious leaders stated that both forced and child marriage is prohibited by the Quran. However, these are not necessarily conflicting beliefs. Under Afghan civil law, at the time of the interview, the legal age of marriage for girls was 16 years, but under Sharia law, also recognized by the Afghan government, the legal age of marriage for girls is subsequent to puberty. Hence, marriage at 16 or even younger would be legal under Sharia law. Religious leaders in particular noted that this definition of adulthood by puberty is the law of the Quran. Conflicting civil and religious laws, both of which are recognized by Afghanistan, may be inhibiting implementation of the law against child marriage in situations where a girl has reached puberty but has not yet reached the age of 16 years. More work is needed to bring together interpretation of Sharia law and Civil Law to ensure they are not conflicting but are both supporting the health and well-being of women and girls in the country.

In terms of what participants felt they or their organization can do in cases of forced or child marriage, responses across types of interviewees were strikingly similar. If a case was identified in which such marriage was imminent but had not yet occurred, participants' first step was to talk to the family of the girls and educate them on civil and religious law to sway them against the marriage; only if that did not work would efforts be made to bring in the police or courts. However, in cases of forced or child marriage which had already occurred, participants felt they would just advise the girl to adapt and adjust. The vast majority of participants did not feel that divorce or involvement of the courts was offered as a reasonable potential resolution for such cases, although many participants stated that they would advise all families involved and the married couple themselves not to be involved with such practices in future. These findings clearly demonstrate that there is little support for girls forced into marriage or married at a young age in Afghanistan once the marriage has occurred. However, a few participants, with recognition of the vulnerabilities of these married girls, stated that they would request ongoing involvement with the girls from NGOs and her family to support the girl and reduce her risk for domestic violence.

Respondents largely agreed that it was in the jurisdiction of their work to address this issue. MOWA/DOWA, NGOs, and teachers uniformly agreed that this was part of their responsibility, where district staff members, police and health providers were more mixed in whether they felt it was part of their jobs. (Note: Religious leaders were not asked this question.) However, when asked what their involvement would be and what they believed should be done about forced and child marriage in their regions as a whole, they again solely focused on prevention efforts. Awareness campaigns in schools, mosques, community venues, media campaigns as well as lectures and seminars were most commonly cited. Participants recommended that these awareness campaigns focus on the negative health and social consequences of child and forced marriage, as well as on the illegality of the practices based on civil and Sharia laws. Participants did not specifically recommend addressing the myths and misconceptions that maintain the practice nor did they comment on how to address potential conflicts between civil and Sharia law in terms of legal age for marriage; these likely must be addressed as well, and within the key informant organizations and groups, given key informants' perspectives on these issues, presented above. An additional more novel recommendation, cited by a small number of participants, was increasing legal marriage registration in the country; a cited way of achieving this goal was to involve mullahs and to have them commit to only performing marriages in which the legal marriage documents were procured. Finally, and despite the large number of participants who reported the larger issues of rampant poverty and insecurity in Afghanistan maintain these illegal marriage practices, one respondent stated that building the economy via factories, for example, could address the underlying structural issues that incite men to force girls' marriages as a means of alleviating their debts.

Chapter 4 – Reproductive Health in Afghanistan

4.1 Female Mortality

Security in Afghanistan is more precarious than ever, and in 2007 more than 1200 civilians died in security related incidents. Nevertheless despite the seriousness and the repercussions that an unstable security environment causes, the Afghan government also has other more immediate concerns and challenges. Failure to meet these challenges will result in Afghanistan not obtaining its vision of 2020 with regards to the MDGs and will inevitably plunder Afghanistan into a direr situation than it is suffering momentarily. This challenge is of course the issue of gender inequality. This inequality cannot be better demonstrated by the fact that Afghanistan is one of the very few, if not the only country whereby the female mortality rate is higher than that of men. “The ratio begins to decline above 24 years, which appears to be related to the cumulative effect of disadvantageous conditions for women. In contrast to its neighbours, Afghanistan presents a gender gap that favours male survivability. This situation prevails, even after years of war in which male mortality is typically higher than female mortality”

Figure 4.1.1 – Female – Male Population in Afghanistan 2001 -2006

Data for Denominators	Unit	2001	2002	2003	2004	2005	2006	Source/Comments
(UN WPP 2006) Total Population - All	Thousands	21,414	22,214	23,115	24,076	25,067	26,088	UN Pop Div, WPP 2006, medium variant published March 2007
Males	Thousands	11,094	11,507	11,974	12,472	12,985	13,512	UN Pop Div, WPP 2006, medium variant published March 2007
Females	Thousands	10,321	10,706	11,141	11,605	12,083	12,575	UN Pop Div, WPP 2006, medium variant published March 2007
Annual Growth Rate implied by figures above	%		3.7	4.0	4.1	4.0	4.0	

Estimated population aged 15 and above – all	Thousands	11,355	11,801	12,272	12,769	13,292	13,842	UN Pop Div, WPP 2006, medium variant published March 2007
Males	Thousands	5,904	6,136	6,380	6,637	6,907	7,191	UN Pop Div, WPP 2006, medium variant published March 2007
Females	Thousands	5,451	5,665	5,892	6,132	6,385	6,651	UN Pop Div, WPP 2006, medium variant published March 2007

Figure 4.1.2 – Life Expectancy - Afghanistan

Data for Denominators	Unit	2001	2002	2003	2004	2005	2006	Source/Comments
Life Expectancy	Years	41.9	42.0	42.4	42.7	43.0	43.3	Approximate Average of the two rows below
Males	Years	42.0	42.1	42.5	42.8	43.1	43.4	UN Pop Div, WPP 2006.
Females	Years	41.9	42.0	42.4	42.7	43.0	43.3	UN Pop Div, WPP 2006.

One of the contributing factors to this high female mortality rate is the fact that Afghanistan witnesses over 24,000 deaths as a direct result of child birth each year, this is 25 times the number of people dying in security related incidents.²⁵ Maternal mortality is the biggest killer of women in Afghanistan and translated into simple figures it means that one in nine women in Afghanistan will die during or shortly after pregnancy at some point in her lifetime. In Afghanistan, 1,600 out of every 100,000 women that give birth, die in the process. These figures are the highest in the world, being superseded only by Sierra Leone. Evidence suggests that lack of health facilities and practices, poor nutrition and frequency of marriages of girls under 15 years explain this gender gap. This is further compounded by women's high level of illiteracy and their inability to share in economic activities.

²⁵ Mr Penumaka – UNFPA – Country Representative in Kabul

Nonetheless, one must note that since the fall of the Taliban there has been some progress, whereby in 2007, 30 per cent of women received some kind of attention from a health professional, up from only 4 per cent in 2001. And while only 6 per cent of deliveries were conducted by a skilled attendant in 2001, it has been reported that number was 57 per cent in 2007. Despite this progress being significant it is not sufficient. 87 per cent of the maternal deaths are still preventable, and in a country such as Afghanistan, there are many other contributing factors to the deaths of these women. Despite many more women having access to a skilled birth attendant, the majority of women choose or are forced to have their deliveries at home and as a result 40 per cent of women still do not have access to an emergency obstetric care service. The lack of access to adequate health facilities and health care, is one of the reasons that so many women die in childbirth. Nonetheless, as was stated in section II, the general poor health of women can negatively contribute to the successful delivery of a child and the aftercare which a woman and her baby needs after birth. The general poor health of women in Afghanistan and their lack of access to health facilities highlight their poor status in society which is exacerbated by the low literacy rates of women and the lack of political will to further women's rights. Finally, the correlation between violence against women and poor reproductive health can not be under estimated. This section endeavours to highlight these contributing factors and will describe the solutions which need to be implemented in order to reverse this trend.

4.2 Maternal Mortality and its underlying consequences.

Maternal mortality in Afghanistan is one of the highest rates in the world. *Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration or site of the pregnancy, from any cause related or aggravated by the pregnancy or its management but not from accidental or incidental causes*²⁶. Evidence demonstrates that high maternal mortality ratios correlate with levels of education, access to a skilled birth attendant, poor reproductive health and the proportion of girls/women married before the age of 18. Although no current statistics are available, there have been numerous endeavours to collect accurate statistics on maternal health, with one of these being carried out by UNICEF which collected general statistics from each of the provinces. These indicators emanate from the best estimates of social indicators for children in Afghanistan which were published in 2006.²⁷

²⁶ Definition from International statistics Classification of diseases and Related Health Problems, Tenth Revision 1992.

²⁷ Although the data seems to actually emanate from 2002/2003

Figure 4.2.1 – Maternal Mortality in Provinces in Afghanistan

Province	Maternal Mortality Rate	Net Primary School girls Attendance	Female Literacy Rate	Births Attended by Skilled Attendant	Delivered at Home	Women 20-24 married before age of 18	Children 5-15 years involved in Child Labour
Badakshan	2200	70.7	11	1.5	100	57.3	5.4
Badghis	2300	1.5	2	11.6	100	62.7	39.2
Baghlan	2100	60.7	10	5.5	98	61.7	30.2
Balkh	1800	61.1	12	7.6	96	46.3	31.7
Bamyan	1900	31	6	7.6	98	65.9	39.5
Farah	1600	19.4	7	12	97	54.8	10.9
Faryab	2100	42.2	5	2.1	98	52	32.9
Ghazni	1700	27.5	9	7.2	94	35.2	28
Ghor	2300	21	3	9.3	97	63.5	9.5
Helmand	1800	10	4	1.6	98	29.6	29.7
Herat	900	67.6	27.5	24	88	40.6	25.4
Jawjan	1800	26.5	4	9.3	90	33.2	26.8
Kabul	700	66.9	35	45.5	53	36.1	18.3
Kandahar	1100	19.8	16	16	87	46.7	17.2
Kapisa	1600	48.6	11	12.2	97	43.3	25.2
Khost	1800	14	4	17.8	82	42.2	30
Kunar	2100	49	9	3.1	99	59.6	7.7
Kunduz	1800	37.4	15	5.8	97	50.2	17.8
Laghman	1200	55.1	9	2.6	86	26.4	29.5
Logar	1200	24.6	18	8.7	92	28.8	37.3
Nangahar	1100	39.8	18.2	22.2	78	34.6	15.8
Nimroz	1600	35.4	11	7.1	95	44.5	18.1
Nuristan	2100	33.1	8	1.4	100	45.5	24.5

Paktika	2000	5.7	15	4.6	99	44.2	39.5
Paktya	1800	16.7	3	8.9	97	27.4	11.5
Panjsher/Parwan	2000	30.1	9	3.7	98	47.3	17.2
Samangan	1900	44	5	28.9	98	49	30
Sari Pul	2100	24.9	5	0.4	100	50.7	33.7
Takhar	2300	41.1	5	0.7	99	44	33.6
Uruzgan/Daikundi	2000	10.8	6	5.7	100	41.5	37
Wardak	1800	26.2	9	10.8	94	51.2	24.6
Zabul	2100	1.4	5	0.9	100	35.1	28.9

Although the above figures emanate from approximately four years ago, to the authors knowledge no recent reliable statistics per province are available. As one will note from the figures, the general level of maternal mortality has substantially dropped – although it would be important to do an in-depth provincial study to see if any of the provinces have indeed got worse, not only with reference to the statistics but in relation to other provinces. Furthermore, although these statistics are not necessarily up to date, they clearly demonstrate the correlation of the level of literacy and the age at which one gets married as being an influencing factor in the level of maternal mortality. The figure 3.2.1 demonstrates that the higher the maternal mortality rate, the women tend to have a lower literacy rate. 100% of the maternal mortality rates which in 2002 were lower than 1299 all had literacy rates of over 16%. On the other end of the scale, those rates over 2000 typically demonstrated a literacy rate of under 10% with only 7% of these figures being included in the 10-15% grade.

In the second figure, 3.2,2 it clearly illustrates that the higher the frequency of marriages taking place before 18 years old, the more prone the women are to maternal mortality. This is further confirmed by the survey conducted by medica mondiale whereby all participants stated that the principal negative effect of child marriage was the damage to their reproductive health.

Figure 4.2.1 - Comparison of maternal mortality rates with literacy levels

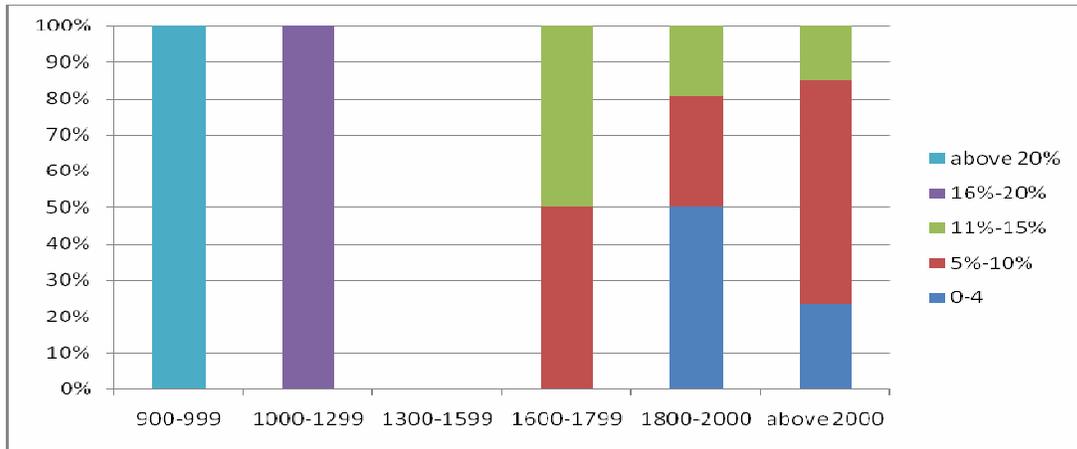
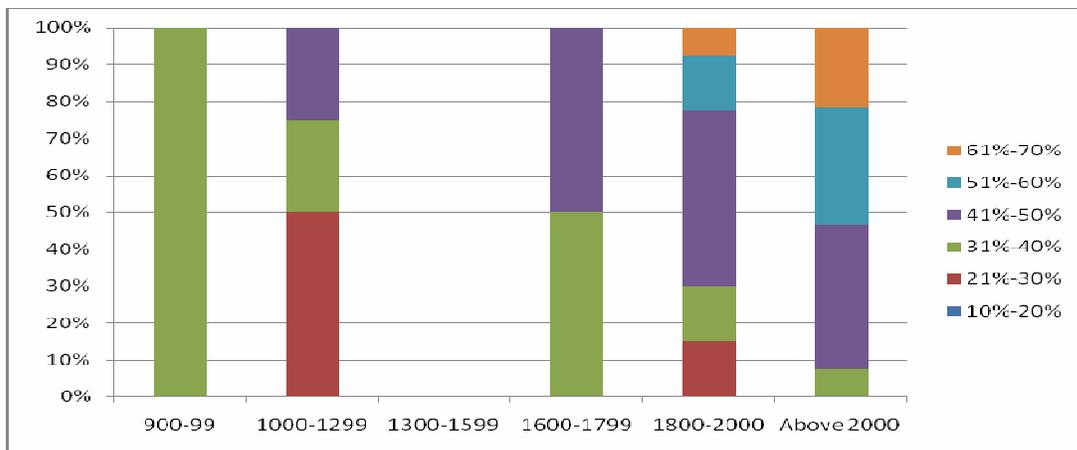
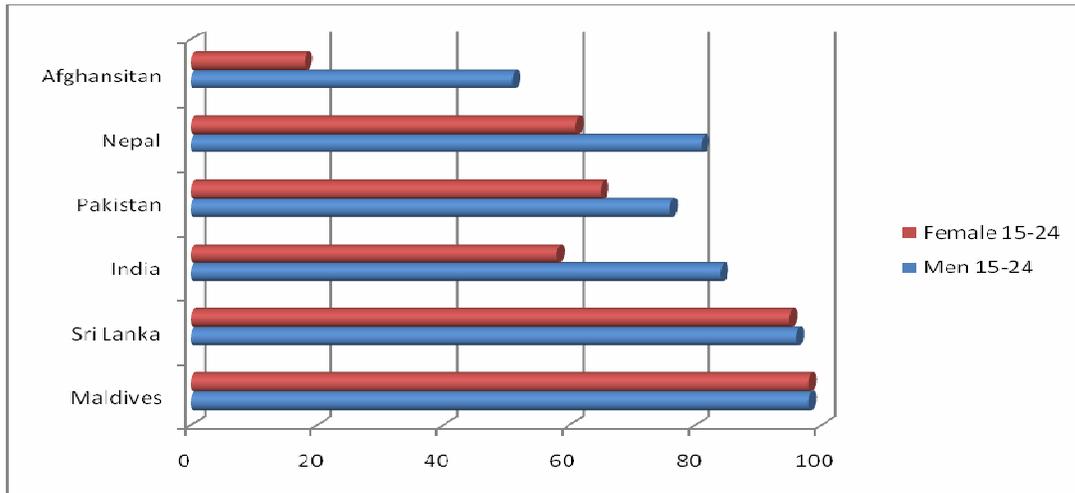


Figure 4.2.2-Comparison of maternal mortality rates in correlation to girls/women being married before 18.



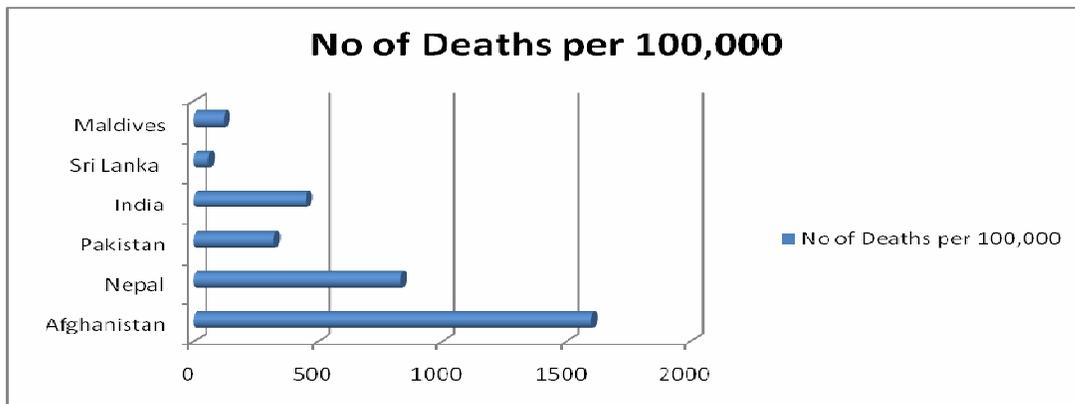
Furthermore, the correlation between literacy rates and a high maternal mortality rate is no coincidence. In Afghanistan, as well as having one of the highest mortality rates in the world, Afghanistan has also one of the highest illiteracy rates with girls and women being particularly disadvantaged. The fact that many girls and indeed families are illiterate limits their economic opportunities, therefore resulting in many families selling their young children into marriage in return for economic benefits. If girls were encouraged to read and write and eventually take on a job which could benefit their family, child marriage as well as maternal mortality would be substantially reduced, and the economic situation of thousands of families would improve for generations to come.

Figure 4.2.3 - Literacy among young men and women in Afghanistan compared to other South Asian Countries



If we further compare the rate of maternal mortality, we will see that Afghanistan is considerably lacking behind its neighbours. Afghanistan lags behind the region in not only maternal mortality and illiteracy but in economic power and its human development. All of which are indicators which cross cut across each other and without the improvement in education for example, Afghanistan stands little chance of improving dramatically its maternal mortality rate and consequently its economy.

Figure 4.2.4 – No of Maternal Deaths in neighbouring countries



4.3 Education is key

In essence, education is cited as key to improving the maternal mortality rates in Afghanistan. Since the fall of the Taliban in 2001, when only 33 per cent of all primary school age children were enrolled in school, there has been a vast improvement in school attendance. Girls'

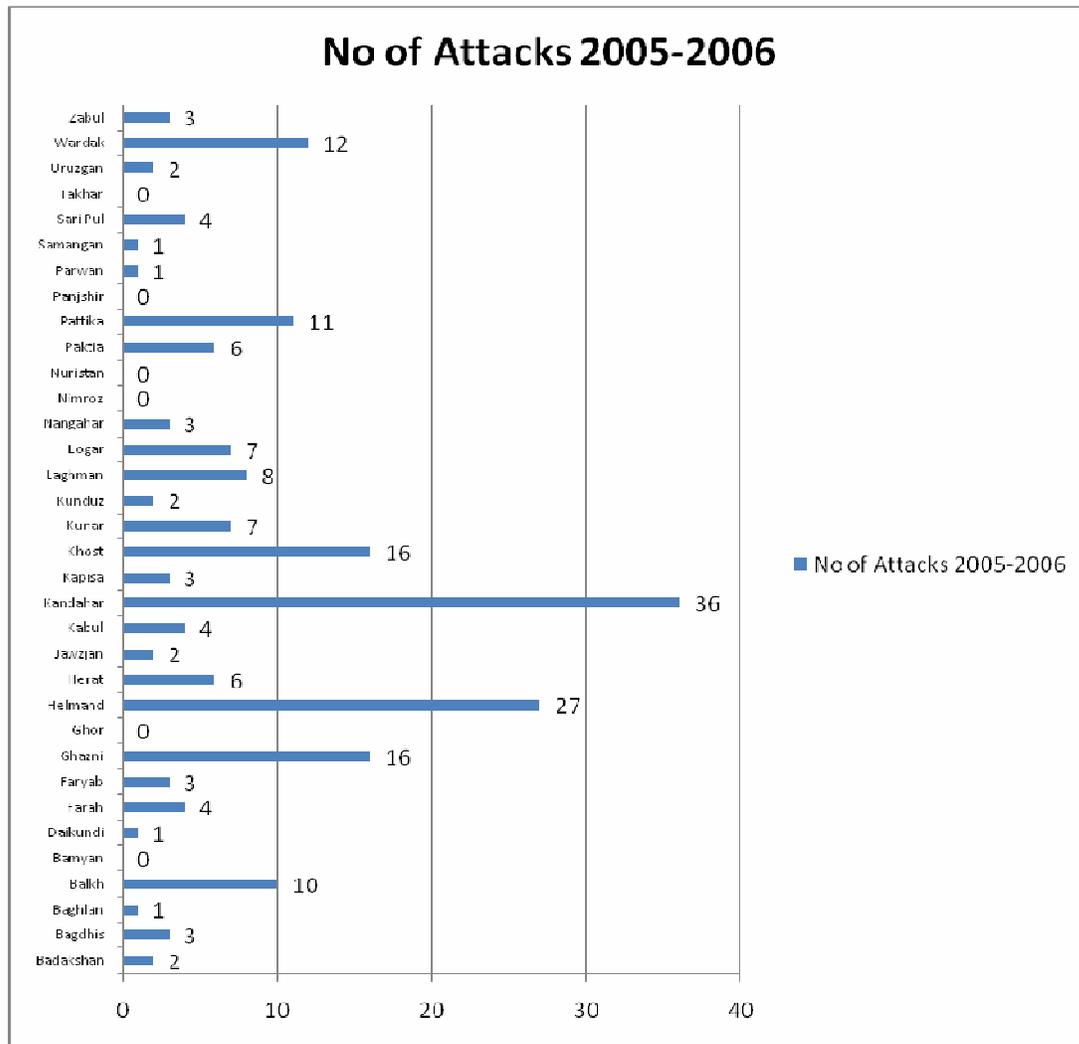
enrolment in schools went from 0 per cent in 2001 up till 42% in 2004. Nevertheless, while at primary level there is one girl student for every two boys, this ratio drops to one girl for every five to six boys at secondary level. In addition, in 9 provinces, only 11 per cent of girls are enrolled in primary education and in 2 provinces, only 1 per cent of primary school age girls are enrolled. Overall 46 per cent of all children between the ages of 7 and 12 are out of school, while 60 per cent of girls between ages 7 and 13 are out of school.

Figure 4.3.1. – School Attendance in Afghanistan

Data for Denominators	Unit	2001	2002	2003	2004	2005	2006	Source/ Comments
Primary School Enrolment (Gross)	Number	556,426	3,083,434	3,781,015	4,780,438	4,282,921	4,308,042	Afghanistan Statistical Yearbook
Males	Number	556,426	2,063,603	2,466,547	3,633,235	2,750,523	2,769,163	Afghanistan Statistical Yearbook
Females	Number	0	1,091,831	1,314,468	1,147,203	1,532,398	1,538,879	Afghanistan Statistical Yearbook
Secondary Enrolment (Gross)	Number	247,535	621,801	405,484	645,028	639,298		Afghanistan Statistical Yearbook
Males	Number	247,535	469,669	306,079	486,126	487,869		Afghanistan Statistical Yearbook
Females	Number	0	152,132	99,405	158,902	151,429		Afghanistan Statistical Yearbook
Enrolment of Higher Education (Gross)	Number	9,020	22,717	30,121	39,514	39,454		Afghanistan Statistical Yearbook
Males	Number	9,020	22,717	24,470	31,224	30,546		Afghanistan Statistical Yearbook
Females	Number	0	0	6,069	8,290	8,808		Afghanistan Statistical Yearbook

Despite the improvements in the enrolment of girls at school, there is still a long way to go. Only 60% of the schools are housed in proper buildings which ultimately deters many more girls from attending the schools. In addition, there is an acute lack of teachers, especially female teachers who only make up 28% of the teaching workforce. Furthermore, many provinces are witnessing a reverse trend due to growing insecurity and prominent attacks on schools, teachers and pupils.

Figure 4.3.2. – No of Attacks on Schools, Pupils and Teachers 2005-2006



Between August 2006 and July 2007, there were at least 133 documented incidents of school attacks. At least 100 attacks in the south were reported in the first six months of 2007. According to the Ministry of Education, 384 of the total 721 schools in the southern provinces of Helmand, Kandahar, Uruzgan and Zabul are currently closed. Attacks like this continue to exist and can only thwart the effort to increase female literacy throughout the country, creating another generation prone to more human rights abuses. If, as suspected, the female literacy rate is decreasing to what it was a few years ago in the south, girls and women alike

will only be more vulnerable to poor reproductive health and even more prone to domestic violence which is estimated at affecting currently over 85% of the women in Afghanistan. To this end, it is essential to provide a secure environment for girls to go to school and to monitor the effects of a suspected downfall in the attendance of girls going to school.

4.4. Child Marriage in Afghanistan

The correlation between maternal mortality and child marriage is conclusive. As well as data from organisations such as UNICEF and UNIFEM, the data collected by medica mondiale in late 2007 pinpointed similar trends. When participants were asked to report on the negative effects of early marriage, many of these were similar across interviewees. The most commonly reported concerns related to poor health for mothers and children. Participants cited difficult pregnancy and childbirth, maternal mortality, infertility due to pregnancy or childbirth complications, and infant/child disability and mortality as major health consequences of early marriage and, subsequently, early pregnancy and childbirth. They also stated that young girls cannot effectively handle the responsibilities of marriage and motherhood, including childcare, cooking, and maintaining the house. Such inadequacies can create family conflict, which can be used to justify domestic violence by husbands and in-laws against these girls. Negative social consequences to child marriage were also cited, including cessation of the girl's education and too early loss of parents in their lives. Police additionally noted that family difficulties resulting from such situations can result in divorce. NGOs and teachers stated that depression, suicidality and self-immolation can come from such cases.

Health providers participating in closed-ended surveys were asked whether domestic violence from husbands or in-laws was more or less likely among girls marrying prior to age 16 years compared with those marrying at age 16 years or older. Almost all of the providers (n/N=4/5) reported that such domestic violence would be more likely among girls married prior to age 16 years. They also reported that these girls would be more likely to be victims of domestic violence from their own family (e.g., parents, brothers), as well, although this may be a precursor or cause rather than an effect of early marriage.

4.5. Nutrition

Studies have shown that many maternal deaths are as a result of poor nutrition. In general the majority of Afghans households (61 per cent) have low dietary diversity and poor food consumption. 24 per cent of the households were classified as having a low dietary diversity and very poor food consumption; 37% have low dietary diversity and poor food consumption, 20% have better dietary diversity and slightly better food consumption while 19 per cent have

a better diet diversity with better food consumption. Food diversity and vitamin intake is even less amongst afghan women who sometimes survive on diets that consist mainly of bread and tea. “One of the important things which leads to maternal mortality is vitamin deficiency. Mothers are deprived of having nutritious food and good health due to the past fighting and so their body vitamin resources decreased.”

Women as well as girls are often deprived of food and as a result many afghan women are anaemic. Anaemia can cause iron deficiency and can contribute to excess bleeding during childbirth, endangering a woman even further during labour. Over 48 per cent of Afghan women suffer from iron deficiency.²⁸ Furthermore, poor nutrition not only affects the mothers to be but also directly affects on the health of their children, with 54 per cent of children being stunted in Afghanistan which inevitably affects their ability to have children in the future. The lack of an adequate caloric intake and good nutrition results in many of the children being malnourished and women too weak to look after their children – often resulting in infant mortality. A child who loses its mother at childbirth is 3 - 10 times as likely to die in its first year. Furthermore, Afghanistan has one of the worst infant and child mortality rates in the world, with 165, and 257 respectively per 1000 births

"Much of the violence against women occurs in the context of sexuality and reproduction. The health consequences of violence often occur in the context of reproductive health and seriously contribute to the burden of disease in women and young people."

Dr. Hiroshi Nakajima

Director General of the World Health Organization

4.6. Violence against women

Violence against women comes in many forms, but in essence constitutes a woman's lack of bargaining power to access her fundamental rights. The inequality of women is well demonstrated by the figures of female and maternal mortality in Afghanistan. Inequality and the lack of access to women's rights is also reflected in the high number of forced and child marriages which take place in the country. On March 8th 2008 President Karzai reiterated the importance of reducing child and forced marriages and encouraging girls to become educated. Nevertheless despite these pledges, once again rhetoric needs to be translated into reality. It is estimated that over half of girls under the age of 18 are married and compelled to give births as soon as possible in order to assume their responsibility as child bearers. The fact that mere children are giving birth, does not only lead to potential health risks but allows girls and women alike to endure a life time of child birth whereby women give birth to an average 7.4

²⁸ UNIFEM Fact Sheet –
<http://www.unama-afg.org/news/publications/fact%20sheets/2008/UNIFEM%20Fact%20Sheet2008%20-%20%20updated.pdf>

children in their lifetime. Given the statistics that a woman has a 1 in 9 chance of dying in childbirth this does not augur well for the grand majority of girls and women in Afghanistan.

These statistics are further fuelled by the difficult terrain of Afghanistan - many women have to endure hours of riding on horseback, walking over mountains to get to their nearest health facility, and often arrive too late in order to receive appropriate treatment for their condition. Many women do not have access to emergency obstetric care and very few have access to a proper health facility. In addition, due to the non education of birth control, many women find themselves having baby after baby which affects their reproductive and sexual health and can result in death.

In some cases, women are compelled to endure the suffering of pain during pregnancy and child birth due to the non availability of information not only to them but also to their families. The risks of pregnancy are not highlighted and many women are forced to continue to work with heavy household chores throughout their pregnancy and are immediately expected to carry on with these tasks once they have had the baby. Furthermore, due to the low status of women and girls in Afghan society, many women are denied access to food which in turn makes them even weaker and if they are breastfeeding can also result in malnourishment of their children and themselves.

The fact that so many girls are experiencing child birth at such a young age is in part due to the economic situation. Many girls are sold into marriage in exchange to settle family disputes, but also as our survey suggests child marriage is also seen as a form “to save young girls from falling into bad ways”, many girls are married before their 18th birthday and even some as young as 9 are married to men four or five decades their senior. Indicators from the survey suggested that many were of the opinion that marrying before the age of 16 had positive effects and could help reduce the risk for the girl’s family and the community as a whole. These views illustrate the acceptance of child marriage as a justification to maintain “culture and tradition” and denote an adversity to the problem due to the weakness of the rule of law and the economic ills that affect the majority of the population.

“Girls increase economic status via marriage. If no school [i.e., if they have received no education] and no marry, they may turn to prostitution.”

“It will have positive effect... She [a girl married prior to age 16 years] will be prevented from illegal activities [e.g. premarital sex, prostitution] and her family will not face any problem.

“[If girls marry before the age of 16 years,] the community will be free of illegal activities and she will make a better future for her family.]

While less commonly reported by other respondent groups, among those that did report beliefs that early marriage can have positive effects, similar protective justifications were revealed.

“It may have positive effect. She will be protected from deadly sin and delict [i.e., premarital sex and prostitution]. --NGO staff

“[Marriage of girls before age 16 years is] good because girls become restricted from unnecessary movement around the city and streets. --Police Officer

“[Marriage of girls before age 16 years will] Eliminate the corruptibility of the community. --MOWA/DOWA staff

Additionally, a few NGO staff, MOWA/DOWA staff, police, and religious leaders noted that early marriage of girls benefits development of society and positive behaviours of wives within the family:

“[Marriage of girls before age 16 years will support] high fertility.” --MOWA/DOWA staff

“She [a girl married before age 16 years] will adopt good behaviour.” --District Staff

“In this age, she [a girl married before age 16 years] doesn’t know about everything and can adjust herself well. Also, she can have children younger so she can be happier with her children. --NGO Staff

“She can have family, children, and this family can make a society.” --Religious Leader

Related to the findings cited above, health provider participants of the closed ended survey were asked whether girls married prior to age 16 years were more or less vulnerable to sexual assault or rape compared to those married at age 16 years or older. Only 2 of the 5 clinical provider participants responded to this question, but both felt that girls married early were less vulnerable to sexual assault.

False assumptions that girls are likely to benefit from child marriage does not only auger badly for the girls themselves, but leads to a nation of children who are left motherless or are brought up in an environment which does not prioritise women’s rights. To grow up in such a patriarchal society inevitably results in children, both boys and girls not reaping the benefits of development due to a lack of access to further possibilities which an educated woman whose life was not threatened by poor health and nutrition would face.

Finally, although there are no recorded statistics, it is known that over 80 per cent of afghan women suffer from some type of domestic abuse, and it would not be surprising if women are also physically abused during their pregnancy. Unfortunately no proper study has been carried out about violence during pregnancy and in fact there has been no professional study

on domestic violence – such a study is discouraged by the authorities. It is evident that the cultural and indeed the psychological repercussions would very much need to be taken account of. Such surveys need to be carried out by women with a medical background and given training in order to not re-traumatise any of the survivors of domestic and sexualized violence and just as importantly not place them in any further danger from their family or the perpetrator of the violence. This is particularly pertinent in Afghanistan due to the cultural taboo surrounding violence against women and talking about such incidences in public as well as the private sphere. Women seen talking to others outside their immediate family circle are seen as breaking tradition and bringing shame onto themselves and their family.

Nevertheless such studies to gauge the effects and indeed the prevalence of violence against women have taken place in many Muslim countries with no adverse effects. In the case of Afghanistan the discouragement by the authorities could of course be due to the reasons cited above, however it could also be due to ignoring the priority of such issues. In many respects if violence against women was to get more publicity, whereby women would feel more comfortable to report such violence and seek professional help, albeit, legal, medical or governmental, the repercussions on the authorities would be costly. A society open to talk about women's problems would forge the way for the empowerment of women at all levels and knock many ailing traditional practices on the head. This in turn, would mean that many men, including war lords and local commanders would no longer be able to exercise local power over families and women and would inevitably cost millions of dollars to build up the health service and the legal structure to better able to deal with the surge of reports and solutions which would be sought. Failure to deal with this reality will however continue the detriment of thousands of Afghan women and plunder the country into further instability and poverty which needs the equality of women and men to pull them out of this quagmire of ills. Therefore, if such a survey does not take place, the true extent of violence inflicted on Afghan women will not be known and appropriate measures will not be able to be taken and women will continue as they do now, to suffer in silence at the behest of their fundamental rights.

Chapter 5 -Rule of Law - Legal analysis on the laws in Afghanistan with regards to women's rights and violence against women

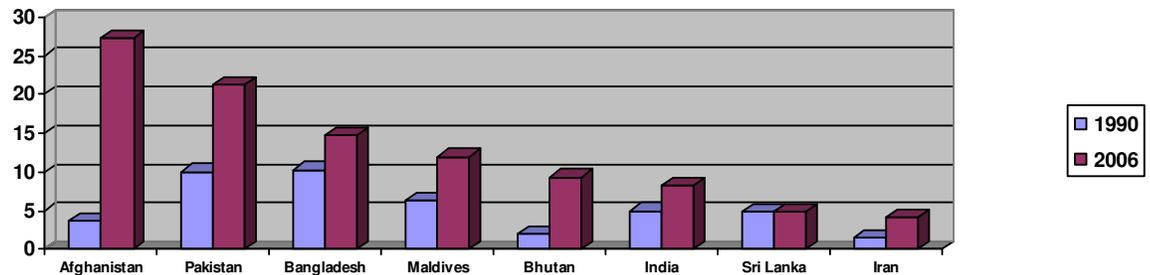
There is an array of challenges to uphold the rule of law in Afghanistan: the ability to adhere to international commitments, to maintain the momentum of the Afghanistan Compact, to consolidate the reform of the justice sector, and to improve the capacity of the Afghanistan National Police (ANP) are to mention only a few. Strengthening the rule of law and justice in Afghanistan is critical to creating an enabling environment for progress in key areas such as gender equality, to enforce punishment for perpetrators which commit violence against women and to ultimately protect women in the future from enduring violence in general. Nevertheless, it is also essential to comprehend the traditions of Islam and Afghanistan and the part that these play in the modern Afghanistan of today. The culture needs to be understood and adequately and legally be incorporated into the law in order to continue the sustainable development of Afghanistan – failure to do so risks alienating Kabul from the rest of the country and creating a fragmented nation where the rule of law will not only fail the state but also the women who are confronted by violence in their everyday lives.

The failing for these women is all too evident. In the survey conducted by medica mondiale, the majority of the participants suggested that if a girl or young woman was forced into a marriage, they would advise her to “adapt and adjust”. As one teacher stated, “[You] can only ask them not to do it before marriage.” A male NGO interviewee noted that he would “discourage divorce;” policemen stated that they would recommend that the girl “avoid violence” because they as police “can do nothing” in such situations when the marriage has already occurred. To this end, this chapter will endeavour to ascertain why such views are held. It will highlight the progress in the field of equality for women and demonstrate that the foundations are indeed laid to achieving this goal, but more sustainable support is needed to be afforded by the international community for realising these aims and further thought needs to be made with regards to the system which is currently envisaged to achieve these rights..

5.1 Laying the Foundations

2001 was witness to renewed hope and commitment to re-building Afghanistan and finally releasing women from the blanket of oppression they had lived under the Taliban regime. The Bonn Agreement in 2001 determined to end the tragic conflict in Afghanistan and promote national reconciliation, lasting peace, stability and respect for human rights in the country. Two years later a Constitutional Loya Jirga whereby 102 female delegates convened with their male colleagues to debate over a new Constitution culminated in a Constitution which granted afghan women equality with men (article 22) in 2003. In 2005, Afghanistan's new parliament was formed with a 25 per cent quota for women, putting the female participation in the afghan parliament way ahead of its neighbours and many industrialised countries and the EU parliament.

Figure 5.1.1 XIII Female Parliamentarians as a Percentage of all Parliamentarians for all South Asian Countries



Box 5.1 – Article 22 –Afghanistan Constitution

The principle of non discrimination and equality before the law are enshrined in the 2004 Constitution of Afghanistan in Article 6 which states that

The state shall create a prosperous and progressive society based on social justice, preservation of human dignity, protection of human rights, realisation of democracy to ensure national unity as well as equality among all ethnic groups and tribes and to provide for balanced development in all areas of the country.

Also in Article 22

Any kind of discrimination and distinction between the citizens of Afghanistan are prohibited. The citizens of Afghanistan – whether man or woman – have equal rights and duties before the law.

In 2006 the Afghan Compact and the I-ANDS was presented at the London Conference. The Afghanistan National Development Strategy (ANDS) lays out the strategic priorities and mechanisms for achieving the Government's vision as outlined in the Compact. The Afghanistan Compact is a political agreement between the Government and the International Community to work together towards five year benchmarks of progress across the three pillars of the ANDS (1) security, (2) governance, rule of law and human rights, and (3) economic and social development.

Box 5.1.2.– Gender Benchmarks under the Afghanistan Compact

- Fully implement the NAPWA (National Action Plan for Women of Afghanistan)
- Strengthen female participation in all governance institutions, including elected and appointed bodies and the civil service.
- Prisons will have separate facilities for women and juveniles
- Net primary enrolment for girls will be at least 60 per cent, for boys 75 per cent
- 150,000 men and women will be trained in marketable skills
- Female teachers will be increased by 50 per cent
- University enrolments will be 100,000, with at least 35 per cent female students
- Basic package of health services will cover at least 90 per cent of the population
- The number of chronically poor female-headed households will be reduced by 20 per cent and their employment rates will be increased by 20 per cent.

The ANDS is expected to reflect an overwhelming national consensus on the country's core development priorities for the next five years, as well as to promote all dimensions of human development and progress toward the MDGs. Mid 2008 marks this important consultation process, yet as the essential elements and their relevant progress are being scrutinised – there is little hope for Afghanistan and its development if there is no priority to achieve fully fledged equality across the board and to develop and implement policies which guarantee a level playing field for men and women alike. Without the equality of women being recognised and implemented across all spheres, there is little chance of the hope of a country like Afghanistan achieving its millennium goals or indeed sustaining peace and the economic stability that it strives for.

The sustainable reconstruction and development of Afghanistan definitely requires the full participation of women in political, social, cultural and economic life. Yet Afghanistan, despite its achievement of having over a quarter of its parliament represented by women has one of the worst indicators of the GDI²⁹ in the world with appalling figures for health, poverty, deprivation of rights, protection of violence, education, literacy and public participation. Afghanistan must build on its seemingly progressive attitudes and translate its pledges into actions whereby they eliminate the gross discrimination against women that exists, develop their human capital and ensure their leadership in order to guarantee their full and equal participation in all spheres of life.

²⁹ The Development Index combines life expectancy, education achievements and standard of living.

5.2. Gender Mainstreaming

The Government of Afghanistan has developed a five years strategic benchmark. By end 2010: the National Action Plan for Women in Afghanistan should be fully implemented in line with Afghanistan's MDGs, female participation in all Afghan governance institutions, including elected and appointed bodies and civil services will also be strengthened. At present there are very few governmental agencies which have more than 10 per cent of women in the offices. The key institution which has more men than women is the Ministry of Women's Affairs. Furthermore, the number of women has gone down in recent years instead of increasing across the spectrum. Furthermore, it is the norm that the majority of these females are not in key decision making positions and therefore the government really needs to encourage women through a campaign to further participate at a higher level and to take the lead in order to champion women's rights in all aspects of government.

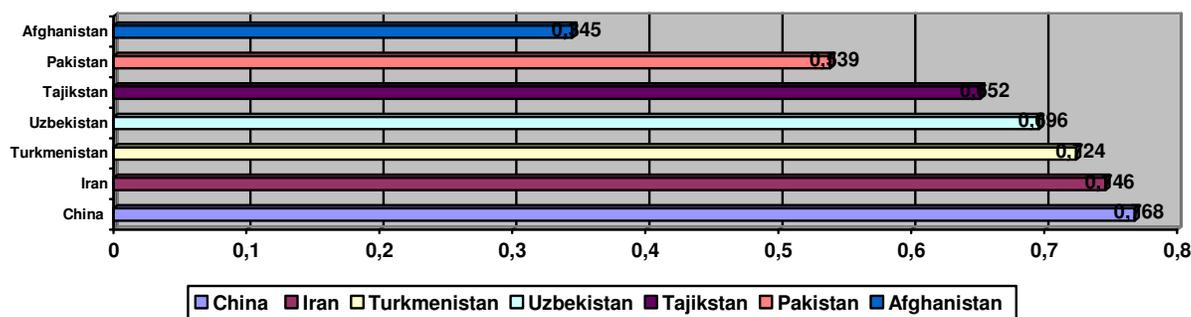
In spite of the commitment by the Government to aim to have 30 per cent of female workers in the ministries and other governmental offices by 2010, the government needs to look at its own ministries and representatives to encourage this change. At present there is only 1 female minister and 1 governor out of 34 provinces. Gender mainstreaming must emanate from within, and the government needs to take a first hand stance in this regard.

Additionally, it is well known that the mandate of the Ministry of Women's Affairs is still weak, and represents mere rhetoric in many circles. It is also clear that in some instances representatives of the MOWA are not fully conversant in human and women's rights. Furthermore, the mandate of helping women directly who are subject to gross violations such as child and forced marriage, is not considered by many in the ministries. This was further illustrated by the survey whereby many members of the DOWA did not seem aware of the laws relating to VAW and indeed child marriage and forced marriage. Furthermore, they are somewhat unclear what they could do in such circumstances and tend to follow the status quo and accept tradition and culture over a mandate to champion women's rights in Afghanistan. Its role of leading and coordinating Government efforts to advance the role of women needs to be more pivotal and supported at all levels of government and it should ensure that policies and programs are reviewed from a gender perspective. The gender focal points which have been appointed to direct and assist mainstreaming efforts within the other ministries should be given full support and provided a mechanism which will ensure the realisation of their goals.

5.3. Millennium Development Goals

The Millennium development goals are key to achieving human development in Afghanistan which lags well behind its neighbours and find itself near the bottom of the chart.

Figure 5.3.1: Afghanistan’s HDI compared to its neighbouring countries



Source: China, Iran, Turkmenistan, Uzbekistan, Tajikistan, Pakistan, UNDP 2006, CPHD calculations.

Traditionally the MDGs target 2015, but due to the specific circumstances of Afghanistan, it was held to be important that the MDGs should depict what the Afghan people sought to achieve and to adjust the benchmarks to the country’s specific context. Three sets of actions were taken to “Afghanise” the MDGs. This involved extending the time period for attaining the targets to 2020, revising the global targets to make them more relevant to Afghanistan, and adding a ninth goal on enhancing security (see Annex I).

Figure 5.3.2: Some indicators of progress of AMDGs

MDG	Indicator	Kuchi	Rural	Urban	Natl Average
1. Eradicate extreme poverty and hunger	Proportion of population below minimum level of dietary energy consumption (%)	24	30	31	30
2. achieve universal primary education	New enrolment rate in primary education	9	36	53	37
	Literacy rate of 15-24 year olds (%)	5	25	63	31
3. promote gender equality and empower women	Ratio of girls to boys in primary education	0.5	0.6	0.9	0.7
	Ratio of literate women to men 15-24 years old	0.9	0.3	0.8	0.5
4. reduce child	Proportion of 1 year old children immunised against	35	51	63	53

mortality	measles (%)				
5. improve maternal health	Proportion of births attended by skilled health personnel	7	9	52	53
6. combat HIV/AIDS malaria and other diseases	Use of condoms (%)	17	8	9	8
7. Ensure environmental sustainability	Proportion of population using solid fuels (%)	98	98	75	94
	Proportion of population with sustainable access to an improved water source, urban and rural (%)	16	26	63	31
	Proportion of population with access to improved sanitation, urban and rural (%)	0	3	28	7
	Prop. HHs with secure housing tenure (%)	28	44	83	49
8. Develop a global partnership for development	Telephone lines and cellular subscribers per 100 population	0.1	0.3	8.3	1.5
	Personal computers in use per 100 people	0.00	0.01	0.52	0.09
	Internet users per 100 people	0	0.01	0.18	0.03

There is much scepticism surrounding the attainment of the MDGs in the majority of the countries in time for 2015, with Afghanistan, the scepticism is just as real. As has been discussed throughout this report, the promotion of gender equality and the empowerment of women is key to the future sustainable development of Afghanistan and its ability to afford protection to women against gender based violence in all its forms. Achieving goal 3 of the MDGs seems a distant hope. One of the major barriers for women to contribute to society is their inability to access economic opportunities. This is aggravated by the fact that many girls and women are denied access to education due to traditionalist views and the practice of

marrying girls and women early which further limits their level of education. Furthermore, the fact that many afghan women are subject to childbirth at an early age and are not encouraged to delay getting pregnant inhibits their ability to practice a profession which many women are increasingly being trained for.

5.4. Judicial System

One of the main aspects of the Bonn Agreement was to rehabilitate and reform the justice sector. Under the Agreement a new Constitution was written and laws which apparently seemed inconsistent with International Standards and the rule of law were scrutinised. Various Commissions were set up to ensure that laws were in line with international law but at the same time maintained accordance with Islamic principles and afghan legal traditions. Various attempts to monitor and rebuild the sector were enthusiastic at best but were mostly dissolved. In 2005 the permanent justice institutions in cooperation with UNAMA and UNDP developed a general framework for Afghanistan justice sector entitled "Justice for All". This was approved in October 2005 and feeds directly into the Afghanistan Compact and the Interim Afghanistan National Development Strategy (I-ANDS).

This strategy was further refined to include benchmarks for human rights and tailored especially for the I-ANDS. These lay out various time bound benchmarks to be achieved in order to strengthen the rule of law. These are listed below:

Box 5.4.1 – Afghanistan Compact Rule of Law Benchmarks

- By end of 2010, the legal framework required under the constitution, including civil, criminal and commercial law, will be put in place, distributed to all judicial and legislative institutions and made available to the public.
- By end of 2010, functioning institutions of justice will be fully operational in each province of Afghanistan, and the average time to resolve contract disputes will be reduced as much as possible. A review and reform of oversight procedures relating to corruption lack of due process and miscarriage of justice will be initiated by end 2006 and fully implemented by end 2010.
- By end 2010, reforms will strengthen the professionalism, credibility and integrity of key institutions of the justice system (the Ministry of Justice, the Judiciary, the Attorney-General's office, the Ministry of the Interior and National Directorate of Security).
- By end 2010, justice infrastructure will be rehabilitated, and prisons will have separate facilities for women and juveniles.

The success of this framework has seen many gains, especially with regards to providing mechanisms for the establishment of collaborative relationships among the Afghan Government and its international partners. Furthermore, some laws have been reformed, further ones have been drafted and published along with the training of a few hundred judges and prosecutors and the building and rehabilitation of court facilities in key locations.

In the light of this progress, women are more than ever reporting violence - whether this is an indication of a growing trend in reporting or illustrates an increase in gender based violence - remains to be seen. Nevertheless, the reality is that even for women reporting violence, amidst the condemnation by leaders such as Karzai, women are still denied attaining their fundamental human and legal rights – the right to be free from a life of violence.

The modern Constitution passed on January 3rd 2004 states in the preamble that the people of Afghanistan “will observe the United Nations Charter as well as the Universal Declaration of Human Rights”. Furthermore, the Constitution clearly stipulates that it is dedicated to creating “a civil society void of oppression, atrocity and discrimination.”

Chapter Two of the Constitution seeks to implement the Preamble's declaration into practice. Article 22 hold that the “citizens of Afghanistan, man and woman, have equal rights and duties before the law.” Article 43 guarantees education to all Afghans and Article 44 imposes a positive duty on the government to “devise and implement effective programs to create and foster balanced education for women.” Article 52 states that the “state is obliged to promote free means of preventive health care and medical treatment, and proper health facilities to all citizens of Afghanistan in accordance with the law.” Article 54 recognises the family as the “fundamental pillar of the society” and requires the government to adopt “necessary measures to attain the physical and spiritual health of the family, especially of the child and mother, upbringing of children, as well as the elimination of related traditions contrary to the principles of the sacred religion of Islam.”³⁰

Despite these positive advances in recognising women before the law, there are components of the law which have the potential to lead to contradictory interpretations. Specifically, Article 3 states that “No law shall contravene the tenets and provisions of the holy religion of Islam in Afghanistan.” This has been demonstrated in the recent case in Mazar, whereby the freedom of expression as expressed in various international laws was superseded by article 3 whereby this particular freedom of expression could have been deemed to contravene the tenets and provisions of the holy religion of Islam.

Furthermore, articles such as these can be further used in conjunction with article 21 which requires that “at the request of the Government, or courts, the Supreme Court shall review laws...for their compliance with the Constitution”. This is somewhat ambiguous as it is not known whether the Supreme Court can declare an article of the Constitution, unconstitutional

³⁰ www.stopvaw.org/afghansitan.html

because it is contrary to Sharia Law. In essence, the Sharia law is deemed by many scholars (see section 5) as not derogatory to women and is in fact largely misinterpreted or simply not known.

In addition, many reports have revealed that Judges at the city level are unfamiliar with the law and sometimes use their own personal interpretation of Sharia Law. This is particularly pertinent given the fact that less than 3% of women are in fact judges, and therefore male judges tend to be biased due to tradition. Furthermore it is stated that the Afghan judiciary faces a severe shortage of essential legal and professional resources. In general the level of qualifications which judges possess is very low, coupled with their lack of training and access to relevant texts, many judges are deemed to be unfamiliar with the law and make decisions without reference to the law. In many areas, judges’ decisions are largely based on personal opinion.

Figure 5.4.1 Judges Access to Legal Resources

Access:	Yes	No
Statutes or other governmental regulations	63.7%	36.3%
Text books on the law	45.2%	54.8%
Written decisions of the Supreme Court	17.2%	82.8%
Professional support from experienced mentor	19.1%	80.9%

Source: Judges Survey of Training Needs (4 May 2006), the Supreme Court

Furthermore, apart from the constraints facing the judiciary, including lack of qualified judges, lack of access to resources necessary to hold proper trials in accordance with the law, they also lack essential physical resources and court facilities. Out of 437 courts assessed across Afghanistan, 132 (57.4 per cent) were in need of construction, whereas 93 (40.4 per cent) were in need of rehabilitation. This implies a staggering 97.8 per cent of Afghanistan courts houses are in need of reconstruction or rehabilitation. This paucity is detrimental to an efficient justice system and does not augur well for any citizen of Afghanistan seeking justice let alone women who tend to have even less capacity to access the justice system due to the right to free movement, and the right to access the legal system as a legal person that they face in their every day lives.

This lack of access to the justice system is further exacerbated by the inefficiency of the Afghanistan National Police (ANP) to act against Gender Based Violence, especially with regards to child marriage and forced marriage. The ANP are part of the Ministry of Interior and was created by Presidential Decree in April 2003. Currently there are approximately 62,000 police of which less than one third of 1 per cent are female. In addition policewomen

do not have the same duties as their male counterparts, and in the main are limited to searches and daily administrative duties. As a result, many policemen believe that child marriage and violence against women is not in their remit, with many being insensitive to the needs of those reporting violence. Many women who have reported rape are faced with humiliation and sometimes violence when retelling their story to a male policeman. Rape and sexual harassment are not explicitly enlisted in any of the legal codes, and women who report such incidences are normally looked upon with disdain and having brought dishonour onto their families despite having suffered the violence due to no fault of their own. In some instances, women who are raped are in turn accused of having sexual intercourse outside of marriages and are put in prison for these alleged zina crimes.

Nevertheless, women are being encouraged to join the police force and there have been various initiatives around the country to promote the training of women under the training of the European Police (EUPOL) which initiated its work in June 2007. There has also been some progress with the introduction of family response units whereby women can go to these units to talk about and report family violence. They have had limited success in some of the provinces due to a non political will behind some of the provincial governors and in some instances the ministry of women's affairs. However, they are on the way forward, and the units need to be supported and further policewoman and men need to be trained on how to deal with family violence sensitively and according to the law.

Figure 5.4.2. Numbers of women in the police May 2005 – Feb 2007

Category	2005	2007	Difference
Officers	80	93	13
Sergeants	84	118	34
Patrol	0	22	22
Total	164	233	69

Source: Personnel Department, Afghan Ministry of Interior, Kabul 2007

5.5. International Law and its Implementation

As well as the MDGs, Afghanistan has signed up to various important international conventions and has incorporated them into its obligations. Nevertheless, as with many countries, international law takes time to take effect and Afghanistan is by no means an exception. In essence, Afghanistan has signed up to its treaty obligations barely without reservations, yet little is being done to ensure adherence to its obligations and a proper and effective reporting system is rendered practically useless until an established rule of law is established throughout the whole of the country.

Nevertheless, that is not to say that the government does not throw its weight behind its commitments, but as recent events have demonstrated, where there is a clash between more traditionalist views and international law, the government and indeed the international community prefer to remain silent rather than publicly condemn an act which is pertinently contrary to international law, and in many cases domestic law. This reluctance is manifested in keeping with the status quo of a traditional society which does not take kindly to international interference and is indisposed to embracing laws which seemingly contradict sometimes ill informed customary law or an antiquated interpretation of the Quran.

Whether this behaviour should be condemned or encouraged both at a national and an international level in order to maintain the status quo is of little importance, the fact of the matter is that Afghanistan is ruled by traditionalist views and an illiterate society whose prime concern is to have access to electricity and to be able to have decent roads and access to a better economic future. The achievement of women's rights for many Afghans is secondary as are the acceptance of a justice system and an attitude towards human rights largely indoctrinated by western ideals.

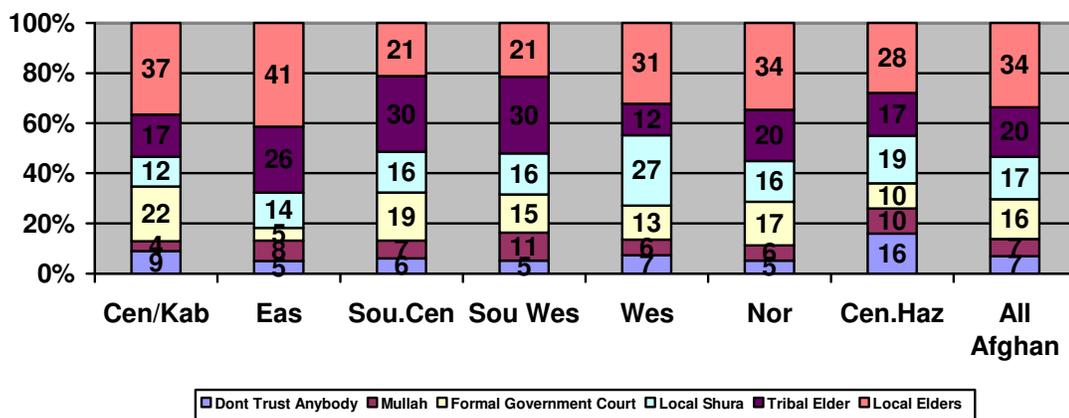
Having said this, it is imperative that Afghanistan does follow its legal obligations under international law, as these are the foundations for basic human rights in a country which still treat women as personal propriety, mere commodities and to be the repositories of culture and honour. In order to meet these obligations, the Afghan government needs to be supported by the international community. UNAMA has committed to building its mandate in the field of human rights, yet many human rights officer posts still remain vacant because of missing security. A project initiative to capacity build the Afghan Government in reporting its obligations to the human rights treaty seems to hold little water, and it is rumoured that this particular project will be closed due to difficulties in finding an appropriate implementing party. It is hoped that with the new appointment of the Special Representative for the Secretary General, Kai Eide, will bring fresh ideas and live up to his mandate of uniting the Afghan government with the international community.

5.6. The Informal Justice Sector

While civil law and international law allegedly exist at the state level, much of the new laws formulated in recent years along with the legal reform have not filtered down to the provinces. Further example of this is the family courts - they were to be set up throughout Afghanistan yet to date only one Family Court exists in Kabul. Constant reports suggest that the President and his Government's reach do not extend beyond the walls of Kabul and the rule of law, as inexistent as it is in Kabul, certainly does not prevail in any of the provinces. Whether actual governmental control reaches beyond Kabul is debateable. Nevertheless, as our survey demonstrates the laws against VAW and more specifically forced and child marriage are not implemented in the majority of the provinces. Tradition and ingrained customs dictate the

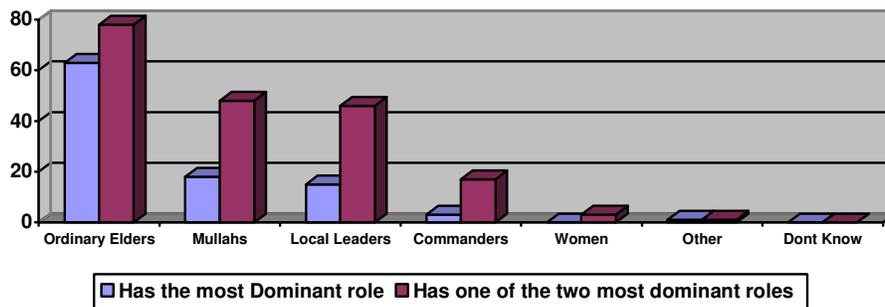
way the VAW is dealt with, and as the figure below demonstrates people are far more inclined to go to a local *shura* or mullah for legal advice and justice matters. Traditional and customary practices are followed rather than any new laws enshrined in an establishment which is seen to be too internationalised to be in conformity with a country as traditional and religious as that of Afghanistan. The application of this type of justice is mostly detrimental to women’s rights and results in many of the issues behind VAW and child and forced marriage being pushed under the carpet. As on some occasions, the sentence applied to resolve certain cases, actually fuels this practice instead of hindering it.

Figure 5.6.1. “Whom do you trust the most to resolve any dispute that you may have?”



Source: Asia Foundation 2006

Figure 5.6.2. Influence and Decision-making in Jirgas and Shuras



Question: Of these groups that could be present at a village or neighbourhood based jirga or shura – ordinary elders (rishsafidan) mullahs, local leaders (Khan or Mallik), commanders, women and others – who in your opinion: (a) has the most dominant role in the final decision of the local jirga or shura? (b) has the next most dominant role in the final decision?

Source: CPHD Perceptions Survey, Feb 2007

Both these figures demonstrate that the majority of people still refer to the informal justice system, and new laws and courts established in Kabul are a long cry from the reality that the majority of people live with. It is sometimes forgotten that outside of Kabul, little of the new laws and reconstruction efforts have filtered into the provinces. There is no better example of this when we consider how many women are committing self immolation in the provinces as a protest to the multi level violence that 80 per cent of Afghan women are suffering. Despite an increase in girls being educated, it would seem as this report illustrated that in many of the southern provinces, these figures are declining and furthermore the amount of girls reaching secondary school is nowhere in line with the benchmarks outlined in the MDGs. It is perhaps pertinent to mention that the non reform in the area of women's rights and sometimes the outright denial to further their rights illustrates a desire to hang on to long worn traditions and to keep out alien concepts such as international law and international regarded human rights.

Furthermore, this concept is sometimes supported by certain members of the international community whereby they fail to take into account the gender balance when implementing projects with Afghan project partners - this inevitably deepens and confirms the power imbalance between the sexes. The reluctance to address this conflictive issue is deemed necessary in order to ensure the alleged success of implementation of the humanitarian and development projects and to protect the cultural norms of the society. This may be a quick fix in the short term, but alienating women's rights in order to preserve the cultural status quo will inevitably have a profound effect on women's rights and furthermore will not ensure the sustainability of the projects if they do not take into account fundamental human rights principles from the incept.

Despite the signing of international declarations on fundamental human rights and the commitment to adhere to these, these declarations are still regarded as westernised ideals not desired by a nation which is proud of its long standing traditions and culture. Furthermore, in reality, little is done by the international community to ensure that the laws are indeed adhered to and that international as well as domestic law is implemented throughout the country. International organisations and the international community have sometimes softly expressed their concern in Afghanistan not following their commitments and have encouraged the government to adhere to its duties under the international and domestic doctrine. Nevertheless, as can be seen represented by these figures, there is a strong resistance to the embracing of what are considered alien concepts to many traditionalists in Afghanistan and as some say the impact of *jirgas* and *shuras* has never been so relevant, whereby many "warlords and commanders have left the areas – they got very good jobs in the government – some have become *Wolaswals* (district governors), and others have become members of the *Wolesi Jirga* and *Meshrano Jirga*. Many decent people live in our area now and our disputes are resolved by respected elders."

These *jirgas* and *shuras* have always played an important role in the informal justice sector, and now with an ever growing animosity towards alien concepts and laws, the power of these institutions has never been so pertinent. Nevertheless, as was suggested above, many of these more traditional systems tend to deny the implementation of women's rights rather than promote them. In the formal justice sector only 3 per cent of women are sitting judges and 6.4 per cent are female prosecutors. In the informal justice sector women are just as under represented. Furthermore, tradition dictates sentences which do not normally favour jail or punishment as in traditional justice systems but involve the exchange of goods and awarding of compensation for crimes. Women normally end up being on the end of this punishment whereby they are seen as mere commodities and are normally handed over to men as compensation for a crime which normally did not have anything to do with them. The same is true to settle debts whereby women or more likely young girls are handed over for marriage in order to clear a debt incurred by a man. The fact that very few women participate in these *shuras*, further alienates them from the informal justice sector which not only uses them as cannon fodder for crimes but also isolates women from accessing justice from these *shuras* in the first place due to the evident discrimination displayed against women in general.

Furthermore, many of the local *jirgas* and *shuras*, although respected members of the society are often illiterate and do not understand local customs and indeed sharia law. The misunderstanding and misinterpretation of local laws and customs often leads to harsh sentences being passed and many women being mistreated by the informal justice sector without any legal or moral recourse to protest against the sentences. Little has been done to encourage this informal structure by the international community, and many have rejected the advancement of these institutions in favour of implementing recognised western ideals of justice which in a country as traditionalist as Afghanistan risks alienating the rest of the country. Progress and development of a country does not necessarily have to follow the path of set forms of democracy as laid out by western nations which do not take tradition and culture into account. Following a traditional establishment does not necessarily lead to a backward society and disrespect for women's rights, however this can only happen if tradition is based on principles of non-violence and free-choice and if the respect of women's rights and empowerment are prioritised and more importantly understood in such an establishment. Education and learned resources need to be nurtured and local traditional methods of justice should be modernised and be in tune with the needs of the Afghan people. This should be coupled with the inclusion of women and religious leaders who are conversant in the laws. Encouragement of this type of system which is already embraced and more importantly respected by society will make a more equitable justice system possible instead of relying on a system with alien concepts and in the current state of matters, will take decades to implement throughout the whole of Afghanistan.

Chapter 6 – Can violence against women be justified – the role of the Quran

6.1 The role of the Quran

There is much controversy as to whether the Quran advocates for violence against women or not. In the survey, all but two of the participants believed that child and forced marriage is against the Quran and that it specifically denotes the practice as wrong. Nevertheless, many Muslim societies suffer from this problem and therefore it is imperative to examine the relationship between domestic violence, child marriage, reproductive health and the Shari' a law. This relationship is important because the Shari' a law forms the basis of laws and policies that are used to administer family relations in Afghanistan.

An important issue of global concern is safeguarding the rights of women. There is widespread feeling that certain existing social customs, traditions, beliefs and laws have provided fertile ground for depriving women of their human rights. There are some policies in the Middle East that are based on gender discrimination, and that treat men and women differently. Such policies prevail in many countries, but the challenges of altering such views are compounded in societies where family relations are governed by religious laws (Mehrpoor, 2000). Mackinnon (1998) entitled her article “Are women human beings?” to demonstrate how women’s rights are being violated.

One success story of altering views can be found in the family law in Morocco which is designed “to end the inequity weighing on women”. The Moroccan family law or “moudouana” had been debated for many years, whereby husbands were able to divorce their wives easily, turn them out of the home and take the children. Women as under many laws, not only Sharia, find it very difficult to get out of abusive relationships. In 2003, many aspects of this law changed and women gained property rights within the marriage, and both spouses were given equal authority within the family. Divorce, which in Afghanistan is often not an alternative to abuse, was made easier for women to obtain and the marriage for girls was raised from 15 to 18. As a direct consequence more women were more open to the idea of marriage because they were assured of their rights. Since the passing of the law, the actual rate of marriages has increased!

In Afghanistan, despite the signing of the Convention for the Rights of the Child, girls are still able to get married at 16 or 15 with the permission of a family member. As can be seen in Section four, the Islamic Republic of Afghanistan, having unconditionally ratified many of the international human rights conventions including the Covenant on the Civil and Political Rights and the Universal Declaration of Human Rights, and the Convention of the Elimination of Discrimination against women and therefore has an international duty to abide by its obligations. The Cairo Declaration of Human Rights in Islam has also been signed. It is therefore up to the government to fulfil its obligations in this regard, and remove any possible obstacles which may not grant women equal rights, if such rules or obstacles exist. However, it seems that there is no clear understanding of what is meant by safeguarding and maintaining

women's and children's rights when it comes to some cultural and traditional practices amongst Afghans.

This misunderstanding can perhaps be found in the fact that so many of those implementing the Sharia are not necessarily knowledgeable in the law and many are illiterate and as stated in Section four, are implementing their personal interpretations instead of those according to Sharia law. In the survey, many religious leaders noted that lack of understanding of Islamic and Sharia law contribute to the problem; they felt that if people understood these laws better, they would understand that the practices are wrong and cease such practices in future.

There have been recent examples of countries which follow Sharia law pardoning women for crimes which according to the misinterpretation of the Sharia law are illegal. One such example is the recent case in Saudi Arabia whereby a woman who was raped was pardoned because she was deemed to have been responsible for the crime as she was not accompanied by a Mahram. This pardon was declared probably only because of the international outcry surrounding the case. Nevertheless, a mere pardon does not demonstrate a misinterpretation of the crime according to Sharia but only demeans women's rights as a whole. In an interview with Ayesha Imam (*Human Rights Dialogue* 2.10 (Fall 2003): "Violence Against Women") working with Nigeria's Sharia Courts she suggests that such pardons are ineffective. A pardon says, "Yes, you committed the offence but we are very kindly not punishing you." Furthermore, if a pardon seems to be the result of external pressure, it may produce a backlash against the local culture of respect for human rights".

6.2. Interpretation of the Sacred Texts

The perspective of many clerics, who are responsible for interpreting sacred texts, is that there is no contradiction between Islam and women's rights. However, there are varied interpretations and reinterpretations of the sacred texts, which are treated as sources of authority and legitimacy for standpoints on women's rights (Hoodfar, 1999). For example, different clerics have interpreted one of the verses of the Quran, Nesa 34, differently. Some say that this verse gives husbands permission to hit their wives if they do not obey and perceive male kin as superior. This sort of interpretation has an impact on the increase of domestic violence and child marriages. However, others have interpreted it differently and have said that there are various sources that declare the Prophet's view, (Muhammad), against hitting women (Kar, 2002). These seeming contradictions lend themselves to varied interpretations about what Islam and consequently law and policy and traditions prescribe for women and children.

In such a short report, it is not possible to analyse the Quran or the *hadith*, (sayings by stories about the Prophet Muhammad). What is important, nevertheless, is that there are a lot of vague topics when it comes to women's rights, domestic violence and child marriage in

Afghanistan. Therefore, there are a wide range of perspectives which some are discriminatory against women.

Therefore, the core of this section will concern itself with the relationship between gender-based violence such as domestic violence, child marriage and the Shari' a law in Afghanistan. This relationship is important because the Shari' a law partly forms the basis of laws and policies that are used to administer family relations in Afghanistan.

Although there is a strong inter-connectivity between Islam, women's rights and gender-based violence, few studies have been generated on this topic. This could be because religious laws govern family relations and therefore the resultant hierarchies can be defended as divinely sanctioned (Najmabadi, 1998). Policy has a significant role in the discussion of gender-based violence because of its potential and capacity to prohibit or punish such behaviour. It also raises questions about the willingness or more accurately the ability of the state to prohibit gender-based violence. In this study the following factor must be taken into consideration: The varied interpretations of the Shari' a law in relation to domestic violence, child marriage and reproductive health. According to the customary and unwritten law in Afghanistan women are obliged to obey their husband. This is based on misinterpretation of Shari' a principle which is derived from the controversial Quranic Verse 34 of the Nisa (4). The verse states:

“Men have the authority over women because Allah has made the one superior to other and because men spend their wealth to maintain them. Good women are obedient. They guard their unseen parts because Allah has guarded them. As those for those women from whom you fear disobedient, admonish them and send them to beds apart and beat them. Then if they obey you, take no further action against them. Allah is high supreme.” (Quran, Verse34, Nisa)³¹

This verse has been interpreted by many scholars as giving the husband the right to discipline his wife for disobedience and perceiving the male kin as superior. Others look on it as a symbolic beating of a wife if she disobeys. Ammar (2000) believes that it is nearly impossible to talk about Islamic verse as an ideology which has the same meaning for all the Muslim people in the world as there are 1 billion Muslim in 85 countries who speak more than 200 dialects. However, the majority of this population agree with the principle that the sources of Islam are The Holy Quran, the prophet saying and tradition (hadith and sunnah) and Shari' a (jurists' legal derivations and decisions). These sources are used in a hierarchal manner. Therefore, first they look for direction in the Quran, then in haddith and sunnah and the last resource would be the Shari' a (Juridical corpus). Ammar (2000) has divided the interpretation of the above Quranic verse into four schools of thought. The first school believe that this verse is a clear saying which permits wife beating. They believe there are other verses which support the Nisa, 34 such as: verse 228 in the Albagharah. This verse states:

³¹ All the Quranic references are from: The Encyclopaedia of Islam, Vol. 7 & 10, Leiden E.J. Brill.

"Men are protectors of women because of what God have favoured some with over the others and because of what they spend from their money".

(Quran, Verse 228, Baghareh)

This school believes that verses such as this indicate that the superiority of men over women is natural. A survey was carried out in Egypt which involved 7000 women. 86.4% of these women expressed a belief that a husband should beat his wife if she disobeys (Ammar, 2000a)

Therefore, the preferential selection of one verse from the Quran has created space for some to tolerate and condone domestic violence.

The second school of thought interprets Verse 34 of the Al Nisa as Islam permitting wife beating in certain conditions, using it as a last resort. This interpretation seems to be the most common form in Muslim communities today. Those who follow this belief are adamant that the husband should follow the verse. He should first warn the wife of her wrong doing, then separate his bed from hers and then as the last resort beat her. The beating should be carried out lightly so that it does not leave any injury (Ammar, 2000). This form of interpretation is extracted from a hadith, which indicates that the prophet Mohammad said:

"Believe in God when treating women. You owe them that they do not share your bed if there is disliking; if they do something you dislike then hit them but not too hard". (Abu Shaqah, 1994, p. 243).

These sorts of sayings do not necessarily belong to centuries ago. Recently an Imam in Spain wrote a book entitled: "Women in Islam". He suggested that according to the Verse 34 in Al Nisa and various other *hadith* wife beating is permissible but only in certain conditions as the last resort. The Imam, Muhammad Kamal Mustafa, wrote in his book:

"The wife beating must never be exaggerated, blind anger, in order to avoid serious harm (to the women)...it is forbidden to beat her on the sensitive parts of her body, such as the face, breast, abdomen and head. Instead, she should be beaten on the arms and legs, using a rod that must not be stiff, but slim and lightweight so that no wounds, scars or bruises are caused". (Quoted in Stalinsky & Y. Yehoshua 2004, p.1)

However, this sort of interpretation has been criticised by some Muslim scholars suggesting a third school of thoughts interpretation. According to this view point wife beating is permissible but not desirable. As with the previous school of thought they quote a variety of hadith that suggest that the Prophet Muhammad discouraged wife beating (Ammar, 2000). For example:

"The best men among you are those who do not insult their families, are compassionate with them and do not oppress them." (Alqurashi, 1972, pp. 87-88)

The followers of this school use verses of the Quran that explain family values and regard men and women as equal. For example:

“Oh humankind! We created you from a single sole, male and female and made you into nations and tribes...truly the most honoured of you in God’s sight is the greatest of you in Piety.” (Quran, Al Hujurat: 13)

Their response to the question as to why the Quran has suggested a specific method of striking women is that:

*“... the call for the single strike is a restriction and not a recommendation.”
(Sisters in Islam, 1991, p.3)*

On the other hand there are others who believe that the Islamic texts condemned ill-treating women. This represents the fourth school of thought by interpreting Verse 34 of Al Nisa in a way which suggests that the whole purpose of this verse is to bring harmony to marriage and therefore the word *idribuhunna* could not mean hit, beat or strike. If the interpretation of the word *idribuhunna* is used as hit, Verse 34 loses its meaning as progressive religious scholars believe Verse 34 is to be used to bring harmony to the marriage. In the Arabic dictionary the origin of the word *idribuhunna* is darab. Only one of its various meanings means hit. The rest refer to words such as condone, seal, cover and explain hence the belief in the "harmonious" interpretation of the Verse (Mernissi, 1991 & Suliman, 2001, p. 132).

In the current era, a lot of progressive Muslims refer to this interpretation of the Verse 34 of Al Nisa and believe that this verse has been misunderstood or has been taken advantage of for variety of reasons such as orthodox interpretation. They quote examples where the Quran has used other words for direct punishment such as “al jald” which means lashing or flogging. For example in Al-Nur:2 the word Al-jald is used for true punishment: *“The woman and man guilty of adultery or fornication flog each of them”*. For a more elaborate analysis of this verse, refer to Ammar (2000) the first English article to contain a coherent discussion of all the viewpoints regarding wife beating. This paper illustrates the multiple meanings of the word "darab" in the Quran which is not in the scope of this paper.

It is believed that it is the traditional outlook towards women in society that puts women at a disadvantage compared to men when it comes to women’s and children’s rights. For a variety of reasons, which go back in history there is a certain perspective in society which influences people whether religious or secular. Some people justify this outlook by using religion and interpret it in the way they favour (Alavitabar, 2003). Progressive Muslims suggest reading the Quran from a female viewpoint and reinterpreting the verses according to the needs of the time. For example the ideology of accepting men as women’s guardians is a traditional outlook that has sometimes legitimised some of the traditional and cultural practices such as child marriage. The progressive Muslims believe that the issue of male kin superiority and their guardianship over women and children is partly resulted from wrong interpretation of the sacred texts. For example, they argue that the interpreters have looked at the incorrect root of

the Arabic word, "q-y-m", meaning guardianship, but its root word is "q-w-m", which can mean being supportive of someone (Shukri & Labriz 1992). This sort of interpretation is more in tune with the capabilities of women today where they are present in all spheres of life. Therefore, it can be said that traditional outlook continue to put women's fates in the hands of the personal viewpoints of male kin of families.

This traditional outlook combined with factors such as poverty and economic transactions have contributed to issues such as forced and child marriage. A forced marriage is defined as a marriage "conducted without the valid consent of one or both parties and is a marriage in which duress-whether physical or emotional- is a factor". We can argue that any child marriage is a forced marriage as children are not mature enough to give their full consent. For example, in Afghanistan any person under the age of 18 is not allowed to vote. This law is based on the fact that any person under the age of 18 does not have the required ability to make an informed decision. Therefore child marriage must be viewed within a context of force and coercion which in many cases involve pressure, violence and emotional blackmail.

Consider the following Quranic verse:

[4.19] *"O you who believe! it is not lawful for you that you should take women as heritage against (their) will, and do not straiten them order that you may take part of what you have given them, unless they are guilty of manifest indecency, and treat them kindly; then if you hate them, it may be that you dislike a thing while Allah has placed abundant good in it."*

This verse talks about full consent by both parties and condemns forced marriage. Now mutual agreement requires that both parties are mature enough to realize what they are consenting to. Can a child possess this maturity to be able to consent to an important issue such as marriage? Marriage denotes taking crucial decisions which are indispensable for a long marital life such as agreeing to the dowry, determining whether the opposite person is an idol worshipper or not, being able to take serious responsibilities in particular upbringing of the family.

Although there has been no mention of a particular age in Quran but it clearly indicates that both parties should be mature. It is clear that maturity varies from one person to the other and from one country to another. For example, the hotness and coldness of a country have an effect on the attaining of perceived physical maturity. The Quran describes a broad outline which in this case is maturity, and then the details are left to religious scholars of the time to decide what is suitable for that particular time and place. It is also true that they are certain aspects of Quran that cannot be changed under any circumstances. Henry Bayman (2003) states that: *"if we compare religious laws to a tree, the verses of Quran are its roots, authentic traditions of the Prophet are its trunk, the four schools of law are its main branches and sundry regulations are its leaves. This tree can always sprout new branches and leaves,*

but to attach its roots and its trunk is tantamount to slaughtering it. Otherwise permission has always been given in the Quran for deriving new rules (4:83)”.

In this case deciding about the age of marriage is tree’s leaves that can be determined by present time and situation.

Shokri & Labriz (1992), two Muslim feminists argue that Islam holds an egalitarian view with regard to men and women and does not perceive one as superior to the other due to their biology. What makes the distinction is who is the most pious. They emphasise that the Shari ‘a law should take into account the demands of the current era where women are educated and work in all spheres of life and interpret the Quran accordingly. Therefore, child marriage which exists mostly in Muslim countries is the result of wrong interpretation of the Quran rather than a prescribed practice and in most cases it derives from out of date cultural, traditional practices and poverty. In the context of poverty, the practice of child marriage provides extra resource for parents. Therefore, sometimes children are married off at a young age regardless of their maturity. It is a way for some parents to reduce their economic burdens. Now there are some who truly believe that child marriage is a practice which is in line with religious mandates and others who are aware of its inappropriateness but due to their circumstances try to justify it through religion.

There are numerous harmful consequences linked with Child marriage such as physical, developmental, psychological and social implications.

6.3. Quran and reproductive health

The majority of Muslims are aware of major sins such as murder, suicide, adultery, alcohol, gambling, etc. Islam has forbidden its followers to harm themselves. Yet a lot of Muslims are doing that. For example, there has been new ruling on tobacco and smoking cigarettes. Because smoking is a relatively new habit, there is no verse in Quran that deals with this issue. But as it was mentioned before there are broad outlines in Quran that can deal with new circumstances. For example religious scholars have used the following verse to forbid or discourage smoking:

*“...he [the Prophet] commands them what is just, and forbids them what is evil; he allows them as lawful what is good, and prohibits them from what is bad...”
(Surah al-Ar’af 7:157).*

So what are the evils of tobacco use, for your health and for your *deen* (religion). This can be extended to child marriage which can harm your body and soul far more significantly than smoking. Allah says, *“...make not your own hands contribute to your destruction...”* (Surah al-Baqarah 2:195); *“...nor kill yourselves...”* (Surah al-Nisaa 4:29).

A hadith from Prophet Muhammad (peace be upon him) stated: *“Whomsoever drinks poison, thereby killing himself, will sip this poison forever and ever in the fire of Jahannum (Hell).”*

The maternal mortality rate is very high in Afghanistan, according to data from the United Nations Population Fund in Afghanistan (UNFPA). Every hour, two women die while giving birth - the highest maternal mortality rate in Asia. This rate is partly related to girls who give birth to children at a very young age.

Also in the Quran, it says: *"Those who annoy believing men and women undeservedly bear on themselves a glaring sin"* (Surat al-Ahzaab 33:58). And the Prophet (peace be upon him) said that *"there should be neither harming, nor reciprocating harm."* In another hadith, the Prophet (peace be upon him) said: *"Anyone who believes in Allah and the Last Day should not hurt his neighbour."* The above verse and hadiths have been used by some religious scholars to discourage or forbid smoking as a sin. Surely, child marriage has far more significant risks on bodies and minds of young girls and boys than smoking.

In conclusion it can be said that the Quran gives us general guidelines and has empowered us with intelligence to seek the right answer. Therefore, it would be wrong to legitimise child marriage through misinterpretation of the Quran and hadith and try to justify a sinful tradition. It is our duty as Followers of the prophet Mohammed and idol worshippers not to take any actions that can endanger our lives and others around us. Times have changed now and it has been well-established through various studies that domestic violence and child marriage have adverse health effects on women and children. It is the duty of religious scholars to advocate good practice in which men and women are each other's protectors and supporters. This is in tune with the Quranic verse: *"God created from a single life-cell and from it created its mate and from them twain spread abroad a multitude of men and women"* (4:1). And also the prophet stated that *"Whosoever has a daughter and does not favour his sons over her, God will cause him to enter into paradise"*. Therefore, opposing wrong traditions and customs do not constitute opposition to the holy God. Progressive societies would continue to engage in reinterpretation of the Quran in a way that it would benefit people. Ending domestic violence and child marriage which are different forms of gender-based violence require a multifaceted approach embracing girls, their families, religious scholars and the government. The government and religious scholars should work hand in hand to reform the traditional social structures of Afghanistan community relating to women's issues. This can happen through culturally appropriate programmes that raise educational level of communities concerning adverse health effects of domestic violence, child marriage and early pregnancy.

Chapter 7 - Conclusions and Recommendations

This study has endeavoured to combine medica mundiales survey which was conducted in three different provinces in Afghanistan, namely, Kabul, Mazar and Jalalabad (see full report – Afghan Perspectives on Child Marriage: Causes, Consequences and Solutions) with important desk research on reproductive health. Overall, findings from the survey demonstrate that the issues of forced and child marriage are being viewed as pervasive among key groups that interface with survivors of this practice, including MOWA/DOWA, NGOs, teachers, police, and religious leaders. Among those from these groups that are affiliated with women’s rights and human rights NGOs, individuals largely believe that such practices are against the law and have numerous negative social and health consequences for girls and no positive consequences. Despite the fact that child marriage is against the law and does have negative social and health consequences, the harmful practice continues to persist. Therefore it would seem that no concerted effort is being made to genuinely eradicate this practice. As a direct result of child marriage and the relegation of women’s empowerment and equality to the back burner, Afghanistan has one of the highest rates of maternal mortality in the world. Afghanistan will remain to be stunted in its development if gender equality and empowerment is not pushed forward to the forefront of its policies.

Afghanistan is one of the few countries in the world whereby female mortality is higher than that of men which is directly related to the cumulative effect of disadvantageous conditions for women. One of these contributing conditions is maternal mortality whereby 24,000 women die every year. Translated into simple figures every Afghan woman has a 1 in 9 chance of dying due to pregnancy related complications. The high maternal mortality rate is exacerbated by one of the highest illiteracy rates in the world. Progress has been made in the last 5 years when only 33 per cent of primary school children were enrolled at school. In 2004 the number of girls enrolled in primary school went from 0 per cent in 2001 to 42 per cent in 2004. Nevertheless, while at primary school there is one girl student for every two boys, this ratio drops to one girl for every five to six boys at secondary level. These figures are further affected by the poor quality of the schools with only 60 per cent of schools housed in proper buildings and only 28 per cent of female teachers making up the work force.

High female drop out rate is further fuelled by the spate of attacks in the south against schools and female students and teachers. According to the Ministry of Education over half of the 721 schools in the southern provinces of Helmand, Kandahar, Uruzgan and Zabul are currently closed. There are indications that as a result female illiteracy rates are increasing.

Furthermore, due to the poor state of the country on an economic level, the majority of Afghans are malnourished. As a result 48 per cent of women are anaemic and are prone to pass on ailments to their children who are as a result malnourished and stunted. Such ailments only contribute to a new generation of girls further disadvantaged with regards to their reproductive health.

Due to the poor status of women in general, and the lack of priority by the government and indeed the international community to ensure gender empowerment, many women are further disadvantaged. Afghanistan has very poor health facilities and 30 per cent to 90 per cent of women (depending on location) do not have access to adequate health care facilities. This access to health facilities is in the main geographic but in many cases men still do not allow their women to see male doctors or due to ignorance or subordination do not allow the women to visit hospitals and health clinics under the false assumption that women should remain at home at all costs.

Remaining at home during child birth puts women's lives in danger and further masks the problem. Many women suffering from domestic abuse, which according to statistics is somewhere in the realm of 80 per cent are unable to seek refuge in the arms of a health clinic, in law or indeed with their own family. Afghan tradition states that women are practically the property of their men folk and in-laws. Divorce, separation and indeed talking about abuse is seen as taboo and as bringing shame onto the woman, family and sometimes the society as a whole.

Seeking some type of recourse, especially legal is still difficult if not in many circumstances impossible. The stigma attached to women reporting violence is further superseded by the fact that seeking legal advice often results in further ostracism by the authorities. In many cases despite the law acknowledging that for example child marriage is illegal, little is done to alleviate the practice or punish those responsible for engaging in the practice in the first place. Women are advised to "adjust" and "endeavour to avoid violence" rather than seek any legal recourse.

When women do seek legal advice, many judges are ill –equipped or are reluctant to dish out harsh sentences to men engaging in this practice and are often ill aware of the domestic law, international law and indeed Sharia Law. Many judges tend to adopt their own personal interpretations leaving many women in a more precarious situation before they even reported the abuse. Furthermore, despite the adoption of international and human rights law, the government and indeed the international community are sometimes reluctant to encourage its adoption if it is seen to contradict Afghan customary law or tradition or contravenes what many interpret to be against the Quran. The reluctance by the international community to condone these practices is understandable but perhaps not condonable.

The reach of the international community and indeed the government in the provinces is somewhat debateable given the current security situation and Afghanistan's long tribal history. Despite concerted efforts by the international community to build the justice sector, democratic principles and the rule of law have not filtered down into the provinces, and the informal justice sector prevails. Should the international community insist on promoting a formal justice sector throughout the country, it risks alienating the rest of the country and will almost certainly take decades to implement. Jirgas and Shuras are the way forward and is

what is respected by the communities. Nevertheless, just as the formal justice sector is lacking women's participation, this can also be said of the informal justice sector. Furthermore, due to this alienation and the non empowerment of women throughout the country women are not only alienated by the informal justice sector but are used as commodities to settle disputes.

More effort needs to be made to encourage the informal justice sector. Nevertheless static ideas of women as commodities need to be eradicated and the informal justice sector needs to be reformed, modernised and supported. On the basis of medica mundiales survey, it is not that the different institutions are adverse to women's rights, but it is more the fact that many heads of jirgas and shuras are illiterate and lacking the required knowledge to properly implement punishments that would be fair to all. The majority of religious leaders and Jirgas and Shuras were of the opinion that child marriage was wrong and indeed against the Quran, but needed better awareness and support in order to better implement an adequate legal recourse.

If the majority of jirgas and shuras were educated, and were aware that it was illegal to enforce child marriage, many of the sentences to settle blood feuds and debts would not result in young girls being handed over as compensation. It is due to these types of "compensations" that the majority of child and forced marriage takes place.

Furthermore, if religious leaders were more aware of the law and the necessity to have a marriage certificate, many of these marriages would not take place in the first place.

To this end, medica mondiale advocates for the following:

1. Further education on the interpretation of Sharia Law and the importance of consent. Furthermore, interpretations of Sharia law cannot be seen in direct conflict with civil law if both types of law are going to be in effect in Afghanistan. Recognition that there is continued development of girls reproductive tracts and organs subsequent to first menstruation demonstrates that these girls are not yet sufficiently physically mature to safely have children, a finding reinforced by data demonstrating higher rates of maternal and child morbidity and mortality among adolescents versus young adults.
2. Increase awareness of these issues among vulnerable populations as well as those likely to interface with survivors or potential survivors of these practices. Awareness campaigns must include information on the laws, human and legal rights for women and girls and the negative consequences of child marriage. But they also must address the myths and misconceptions regarding alleged positive consequences of child marriage (e.g., elimination of prostitution, girls more adaptive to marriage, more fertility).
3. Establishment of an office dealing with research and collecting data about child and forced marriage, elaborating prevention methods and policies together with health,

education, government, religion, justice and security sector actors, giving information to women and girls at risk about possible support mechanisms. This office must be supported by the government. .

4. Increase marriage registration via creation of policies and awareness efforts with religious leaders. Support religious leaders understanding of myths and misconceptions of positive consequences of child marriage in ways that are consistent with the teachings of the Quran, as these ideologies need not be in conflict with one another.
5. Increase education and development of shuras (both male and female) on the effects of child marriage and train them on alternative legal compensation for blood feuds and to settle debts.
6. Increase the development of alternatives for women and girls who are already in child marriage or in a forced marriage. Implement laws which state already that child marriage is illegal by giving more training to police and other interested stakeholders.
7. Increase the use of community projects which teach about the adverse effects of child marriage on the girl, family and the society as a whole.
8. Undertake a research about the effects on boys who are coerced into child and forced marriages in order to elaborate prevention methods for them.
9. Support for the larger economy and security of the region and support for structures in which educated women can contribute to the economy and security of the region can offer the necessary stability and opportunity to reduce families' reliance on such practices as a means of economic and physical survival.
10. Undertake a study to find out how the multi faceted violence against women and girls negatively influences the reconstruction and economic development in the country.
11. Develop a school curricula which talks of the adverse effects of child marriage, its effects on reproductive health and the economy of the nation.
12. Train teachers about the negative effects of child and forced marriage.
13. Provide better health facilities whereby women have better access to information about reproductive and sexual health.
14. Launch a campaign for the increase of the amount of female doctors, policewomen and judges.
15. Allow doctors trained abroad to easily become doctors in Afghanistan.
16. Launch a nationwide campaign on reproductive health, its effects and consequences for the nation and its reconstruction.

17. Create TV and radio spots about different types of violence against women and girls and its negative consequences.

Annex I

Vision 2020 – Millennium Development Goals – Afghanistan

Goals	Targets	Will the target be met?	State of policy environment?
Goal 1: Eradicate extreme poverty and hunger	Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than US \$1 a day	Lack of data	Fair
	Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Lack of data	Fair
Goal 2: Achieve universal primary education	Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Unlikely	Fair
Goal 3: Promote gender equality and empower women	Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Unlikely	Weak but improving
Goal 4: Reduce child mortality	Target 5: Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate	Lack of data	Fair
Goal 5: Improve maternal health	Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Lack of data	Fair
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Lack of data	Fair
	Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Potentially	Fair
Goal 7: Ensure environmental sustainability	Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Lack of data	Weak but improving
	Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation	Potentially	Fair
	Target 11: By 2020 to have achieved a significant improvement in the lives of 100 million slum dwellers	Lack of data	Fair
Goal 8: Develop a global partnership for development	Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	Not applicable	Not applicable
	Target 13: Address the special needs of the Least Developed Countries	Not applicable	Not applicable
	Target 14: Address the special needs of landlocked developing countries and Small Island Developing States	Not applicable	Not applicable
	Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Not applicable	Not applicable
	Target 16: Develop and implement strategies for decent and productive work for youth	Lack of data	Weak but improving
	Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Lack of data	Weak but improving
	Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication	Potentially	Fair
<i>Assessment scale</i>		<i>Probably Potentially Unlikely Lack of data</i>	<i>Strong Fair Weak but improving Weak</i>

Note: assessment against the global MDG targets is faced with the difficulty of a lack of data for 1990 against which to measure achievements. Afghanistan, therefore, decided to "afghanise" the targets and the end date for their achievement to make them more meaningful for the country and be a vision for 2020.

Annex II

**AFGHAN PERSPECTIVES ON CHILD MARRIAGE: CAUSES,
CONSEQUENCES AND SOLUTIONS**

BACKGROUND

Afghanistan, a nation living in conflict for the past three decades, appears to be on the path of rebuilding, but low status of women, heightened under Taliban rule from 1996 to 2001, continues to inhibit the nation's development.¹ Since the ousting of the Taliban Regime, however, Afghanistan has undertaken various initiatives to improve the health and human rights of women in the country. Under the newly ratified Afghan Constitution, female and male citizens are recognized as equal under the law, and there is now 27% female representation in the Afghan parliament. Afghanistan has signed the international Convention for Elimination of Discrimination against Women (CEDAW) and the Protocol on the Elimination of Forced and Child Marriage, as well as the Millennium Declaration which seeks universal primary education and gender-quality, as well as reduction in maternal mortality.¹ Additionally, Afghanistan established a Ministry of Women's Affairs, which in turn created a special task force on violence against women in Afghanistan. Overall, these efforts mark a clear commitment to women's health and human rights in Afghanistan, and the country has never been better poised to contend with the issues of women's status, gender-based violence, and women's health.

Despite these gains, Afghan women's status, health and well-being remain inadequate. Afghanistan has a fertility rate of 6.6 children per mother and simultaneously has the second highest maternal mortality rate in the world.¹ This high maternal morbidity is in part believed to be linked to the high rates of child marriage and early childbirth in the country. Approximately 57% of females in Afghanistan marry prior to the age of 16 years, which until recently was the legal age of marriage in the country; 70-80% of females as a whole are forced to marry.¹ Alternative options to early marriage are limited due to low education and employment among Afghan females, and early marriage and childbirth inhibit continued education for Afghan girls.¹ The vast majority of adult women in Afghanistan (85%) are illiterate, and girls are half as likely as boys to attend primary school and one-sixth as likely to attend secondary school.¹⁻³

The development and stabilization of Afghanistan requires more investment in the development and support of Afghan women and girls. As described above, enacted laws against child marriage are not translating into the elimination of this practice. Broader efforts via community stakeholders at multiple levels are likely needed to address this issue. These stakeholders may include non-governmental organizations (NGOs), government structures, police, teachers, religious leaders, and women's health providers, as each of these groups is either charged to address child marriage in Afghanistan or is in an influential position to advise girls or families vulnerable to child marriage. The current research offers stakeholder perspectives on causes and pervasiveness of child marriage and the role of these stakeholder groups in preventing both child and forced marriage in Afghanistan.

METHODS

From September to December 2007, medica mondiale, a German NGO dedicated to support women and girls in conflict areas, undertook key informant interviews with non-governmental organizations (NGOs, including human rights groups and UN offices), government structures (including women's affairs offices), police, teachers, religious leaders, and women's health providers within 3 major urban centers within Afghanistan: Kabul, Jalalabad, and Mazar. Locally trained research staff identified key informants from each of these categories based on recommendations from NGOs serving women and girls. Key informants were recruited from more than sixty separate organizations, government offices, police stations, schools, mosques and clinics/hospitals. Across these sites, 107 interviews were conducted. Participation data were only maintained in Kabul, but these indicate high rates of participation with 96% of individuals approached agreeing to interviews.

Procedure. Key informants were approached at their worksites, informed of the study, and asked to participate in the confidential interviews, all of which were conducted in either Dari or Pashto. Open-ended interviews were conducted with NGO and UN staff, government staff, police, teachers, and religious leaders. These open-ended interviews were approximately 90-120 minutes in length and assessed participants' knowledge and attitudes related to child and forced marriage, their perceptions of the positive and negative effects of child marriage, their organization or group's response to child and forced marriage, and their ideas regarding how to eliminate these practices. Closed-ended questions were used for clinic/hospital staff interviews, all of whom were female obstetrician/gynaecologists (OB/GYNs); these closed-ended interviews also included questions on their clinic/hospital's OB/GYN services, participants' perceptions of the positive and negative effects of child marriage, and the clinic/hospital's past year OB/GYN cases involving minor girls. No questions were asked about participants' personal experiences with forced or child marriage. Participants provided verbal informed consent immediately prior to the interviews. One-on-one interviews were conducted in the majority of interview conducted (93%, n/N=99/107); however, due to logistical constraints in obtaining one-on-one interviews with some non-clinical interviewees in Kabul, 22 of the 122 interviewees included in this study engaged in group interviews with 2-4 participants present (i.e., 8 group interviews were conducted). Only Kabul teachers and police participated in group interviews. This procedure was approved by the Afghan Ministry of Public Health's human subjects review board.

Anonymous data from the open-ended one-on-one and group interviews with NGO and UN staff, government staff, police, teachers, and religious leaders were collected via notes taken by the interviewers during interviews. Brief notes taken during interviews were then detailed and expanded immediately subsequent to interviews. (Note: Audiotapes, while ideal, are not well received in the Afghan context; hence, the proposed approach is used as it is the standard means of qualitative data collection in Afghanistan.) These notes were then professionally translated and typed into English and back-translated to check the translation. Translated typed Word files were reviewed by the project director for accuracy, quality and de-identification, to maintain quality control. These files were used for qualitative data analysis. Data from closed ended interviews conducted with clinic/hospital staff were entered into an excel database for analysis; only 5 of these surveys were conducted, all from Kabul.

Data Analysis. Key informant interviews involving open-ended questions were analyzed via a grounded theory approach.⁴⁻⁷ This approach involves generation of codes (i.e., common

themes or perceptions) and linkages across codes to provide insight into key stakeholders' understanding and perceptions related to child and forced marriage and how it can be reduced or eliminated within the context of Afghanistan. Two research team members (coders) coded all data, independently reviewing the data for codes and coding and then reaching agreement upon all codes and coding identified; disagreements in coding were resolved by the lead researcher on the study to maintain high inter-coder reliability. The coders also identified new codes iteratively, and they were used for coding once agreed upon by the full research team. Codes were used to describe study findings; case specific notes were used when possible to illustrate these findings. Direct quotes were not used as data from this study involved translations of detailed notes rather than transcribed non-translated data. All closed ended questions were analyzed via basic descriptive analyses using SPSS 15.0.1.

RESULTS

Participant Characteristics. Individual or group key informant interviews (N=107) were conducted with 122 individuals for this study. Half (53%) of interviews were conducted in Kabul (n=56 interviews), 27% in Jalalabad (n=29 interviews) and 21% in Mazar (n=22 interviews).

Figure 1. Location of Interviews

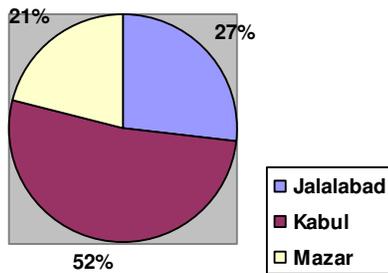
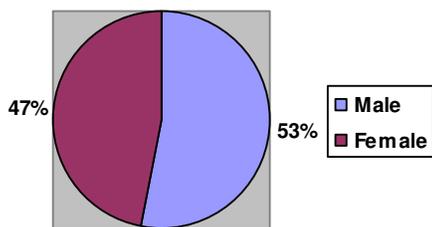


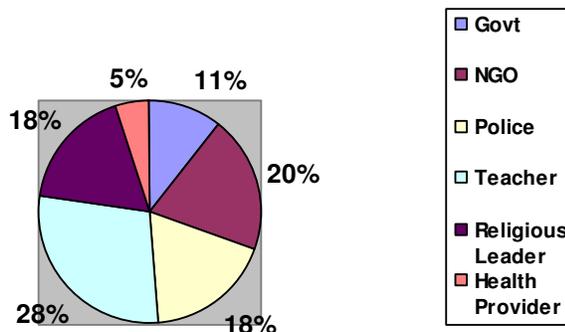
Figure 2. Gender of Interviewees



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Interviews were conducted with government staff (n=10 female Ministry or Department of Women’s Affairs staff and 2 male District Staff), NGO staff (n=19 female and 2 male), Police (n=3 female and 25 male), teachers (n=27 female and 5 male), religious leaders (n=19 male), and clinical staff (n=5 female obstetrician/gynaecologists).

Figure 3. Type of Interviewees



Health providers participating in closed ended surveys (N=5) were all recruited in Kabul from hospitals and clinics providing obstetric and gynaecologic care. All provider participants were female obstetrician/gynaecologists (OB/GYNs), aged 35-43 years. Two of the providers were Hospital Deputies and one provider was Chief of the OB/GYN Department at their hospital.

PARTICIPANT RESPONSES TO OPEN-ENDED INTERVIEWS³²

What constitutes illegal marriage in Afghanistan?

Participants across province and interviewee type defined illegal marriage as forced marriage with many noting child marriage and engagement, as well. Notably, many participants reported that forced marriage can be an issue for boys as well as girls.

Why does illegal marriage (i.e., forced and child marriage) occur in Afghanistan?

Participants across provinces and interviewee type stated that forced and child marriage is a consequence of culture, poverty, literacy and insecurity. All participants stated that in the context of national economic difficulties and security concerns, poor and uneducated families feel compelled to marry off their young daughters to maintain the economic and physical security of their own family, as well as to provide safety for their daughters. Such ideologies and practices were reported to be rooted in culture and maintained by the lack of knowledge

³² Note: The following data are comprised of responses from open-ended interviews with government staff (Ministry or Department of Women’s Affairs staff and District Staff), NGO staff, Police, teachers, and religious leaders. Responses from clinical interviews obstetrician/gynaecologists), which included closed-ended content, are included when specifically noted in sections below.

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of the legal age of marriage in Afghanistan; migration was also cited as a contributor to this problem. Participants across type of interviewee noted that, poverty, drug use and gambling of fathers and other male family members results in the selling of girls into marriage to settle the male economic debts; these groups also described how *bad* and *badal* marriages (i.e., marital exchange of children to settle conflicts between families) are also occurring against girls' (and boys') will and sometimes at very young ages. (Note: Not assessed for clinic respondents.)

Some NGO and DOWA staff additionally discussed the intersection of child and forced marriage with other forms of gender-based violence against women. As described above, they noted that young girls are being sold into marriage for economic reasons. However, girls are also being kidnapped and forced into marriage in the region. Many are experiencing domestic violence from their husband and in-laws but feel they have no recourse to leave the marriage. One DOWA staff member additionally noted that policies to support female education maintain girls' vulnerability to these illegal practices. Notably, such perspectives were only offered by NGO and DOWA interviewees.

One police officer additionally provided some insight into the cultural ideologies supporting this practice. He stated that forced and early marriage can occur when families want to have more children, presumably because of their beliefs of greater fertility among younger mothers. He also stated that early marriage occurs because girls over the age of 18 years "cannot be controlled;" by marrying girls young they can be better protected from mistakes they may make. Finally, he said it occurs when a boy is too shy to ask for the girl's consent.

How common are forced and child marriages in Afghanistan?

Across province and interviewee type, respondents largely indicated that forced and child marriage were common in the region (i.e., reported as "common" or reported as occurring for more than 20% of women and girls in the region). More than 3 in 4 interviews from Jalalabad (79%, n/N=23/29 interviews) and Mazar (77%, n/N=17/22 interviews), and almost 1 in 2 interviews from Kabul (47%, n/N=24/51 interviews) indicated that forced and child marriage are common in their respective regions. These findings notably suggest that the pervasiveness of these practices while still high, are believed to be less in Kabul. Similarly, interviewees differed in perspective by type. More than 2 in 3 government staff (including District and MOWA/DOWA staff; 67%, n/N=8/12 interviews), police (68%, n/N=13/28 interviews), and teachers (66%, n/N=21/31 interviews) indicated that forced and child marriage are common in their regions, where 1 in 2 NGO staff (48%, n/N=10/21 interviews) and religious leaders (47%, n/N=9/19 interviews) reported such perspectives.

What is the legal age of marriage in Afghanistan?

[NOTE: At the time of the interviews, the legal age for marriage of girls in Afghanistan was 16 years; in January 2008, it was elevated to 17 years.]

The majority of NGO staff, police, religious leaders and teachers (54%, n/N=49/90 interviews) stated that the legal age for marriage in Afghanistan is 16 years, which was accurate at the time of the interviews; an additional 26% of these (n/N=23/90 interviews) believed the legal age to be 18 years. The majority of government officials from the District

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Office and MOWA/DOWA (58%, n/N=7/12 interviews) thought the legal age for marriage in Afghanistan was 18 years; the 5 remaining MOWA/DOWA staff indicated that they either did not know the legal age (n=3), believed there was no legal age for marriage in the country (n=1), or believed the legal age to be 14 years (n=1). No differences in responses were observed by region.

Findings from closed-ended surveys with health care providers also revealed inconsistencies in knowledge of legal age for marriage. Two of the 5 respondents accurately stated it as 16 years; one clinic respondent believed the legal age for marriage to be 18 years, and one individual did not respond to this question.

What should be the legal age for the country?

Among those who responded to the question on what they felt was an appropriate legal age for marriage (n=76 interviews), 53% (n/N=40/76 interviews) indicated age 18 years or older and 32% (n/N=24/76 interviews) indicated age 16 or younger. NGO staff members, teachers, police and religious leaders were all included among the 24 interviews in which respondents reported that 14-16 years was an appropriate legal age for marriage; however, religious leaders comprised the majority of this group. Almost half of the religious leaders (47% or n/N=9/19 religious leader interviews) held this opinion as consistent with religious doctrine, as seen in the following quotes:

As one religious leader noted: “Islamic and Sharia law states that a girl should reach puberty before marriage, so 16 years is appropriate provided the girl’s puberty has begun.”

The sole individual reporting that a legal marital age should be under age 16 years, a religious leader, stated. “Yes, 14-15 year girls are then adults.”

Smaller numbers of participants (n/N=8/102 interviews) reported that the legal age for marriage should be 20 years or older. Notably, all of these interviews were from Kabul, from 3 teachers, 3 police officers, 2 NGO staff members, and an MOWA staff member.

Findings from the closed-ended surveys with clinical providers, all of whom were OB/GYNS recruited in Kabul, also revealed that most of these providers (n/N=4/5 providers) believed the legal age should be 20 years or older; one provider felt 18 years was an appropriate legal age for marriage.

Who engages in forced and child marriage in Afghanistan?

Across interviewees, participants agreed that largely parents and particularly fathers give their daughters over for forced or child marriage. Other family members were also reported to be involved, particularly elders and influential male family members such as brothers or uncles. Additionally, people reported the involvement of tribal and Jirga leaders and Wakils supporting or initiating the practice. Poor, illiterate and rural families were reported to be most vulnerable to child and forced marriage due to their economic vulnerability. However, issues of drugs and gambling were also believed to play a role; specifically, men would sell or give the girls for marriage as payment for gambling or drug debts. Rich and powerful men

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were believed to be the beneficiaries of the practice, and thus, they too were believed to be instigators of child and forced marriage; this was especially reported by the police. In contrast, some religious leaders reported the perspective that forced and child marriage occurs across class and regions, affecting all in Afghanistan. No differences in responses were observed by region.

What does the Quran say about forced and child marriage?

Almost all respondents stated that the Quran opposes such practices, with many participants calling the practices *haram*. Particular focus was given on the Quran teachings that require consent from both the girl and the boy for marriage. Only the religious leaders added focus also on the need for the girl to have reached puberty before marriage. These religious leaders also noted that lack of understanding of Islamic and Sharia law contribute to the problem; they felt that if people understood these laws better, they would understand that the practices are wrong and cease such practices in future.

Two respondents did not indicate Quran disapproval of forced and child marriage—

A male police officer stated: “The Quran says: ‘Marry your daughter to a man who can provide halal food and has a good attitude.’”

A male religious leader stated: “There is no age limitation (for marriage) because some girls become adults in 14 years age and some in 12 years age.”

What are the positive effects of marriage before age 16 years for girls?

The vast majority of participants who responded to this question (81%, n/N=79/97 interviews) reported that there were no positive effects of child marriage. Among those that felt that there were positive benefits to child marriage (9%, n/N=18/97 interviews), 7 interviews were from Jalalabad (25% of the 28 interviews from Jalalabad) and 11 were from Kabul (23% of the 48 interviews from Kabul). All Mazar interviews which included a response to this question (n/N=21/21 interviews) indicated that there were no positive effects of child marriage. More than half of those reporting beliefs of positive benefits to child marriage were male (78%, n/N=14/18 interviews).

Participant beliefs regarding the positive benefits of child marriage did vary by interviewee type. No teachers reported such beliefs, where more than one-third of religious leaders who responded to this question (38%, 7/18 religious leader interviews) indicated these beliefs.

Religious leaders reported that such early marriage can protect the girls from illegal behaviours and, thus, can reduce risk for the girl’s family and the community as a whole.

“Girls increase economic status via marriage. If no school [i.e., if they have received no education] and no marry, they may turn to prostitution.”

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“It will have positive effect... She [a girl married prior to age 16 years] will be prevented from illegal activities [e.g., premarital sex, prostitution] and her family will not face any problem.

“[If girls marry before the age of 16 years,] the community will be free of illegal activities and she will make a better future for her family.]

While less commonly reported by other respondent groups, among those that did report beliefs that early marriage can have positive effects, similar protective justifications were revealed.

“It may have positive effect. She will be protected from deadly sin and delict [i.e., premarital sex and prostitution]. --NGO staff

“[Marriage of girls before age 16 years is] good because girls become restricted from unnecessary movement around the city and streets. --Police Officer

“[Marriage of girls before age 16 years will] Eliminate the corruptibility of the community. --MOWA/DOWA staff

Additionally, a few NGO staff, MOWA/DOWA staff, police, and religious leaders noted that early marriage of girls benefits development of society and positive behaviours of wives within the family:

“[Marriage of girls before age 16 years will support] high fertility.” --MOWA/DOWA staff

“She [a girl married before age 16 years] will adopt good behaviour.” --District Staff

“In this age, she [a girl married before age 16 years] doesn’t know about everything and can adjust herself well. Also, she can have children younger so she can be happier with her children. --NGO Staff

“She can have family, children, and this family can make a society.” --Religious Leader

Related to the findings cited above, health provider participants of the closed ended survey were asked whether girls married prior to age 16 years were more or less vulnerable to sexual assault or rape compared to those married at age 16 years or older. Only 2 of the 5 clinical provider participants responded to this question, but both felt that girls married early were less vulnerable to sexual assault.

What are the negative effects of marriage before age 16 years for girls?

All participants reported negative effects of early marriage, and many of these were similar across interviewees. The most commonly reported concerns related to poor health for mothers and children. Participants cited difficult pregnancy and childbirth, maternal mortality, infertility due to pregnancy or childbirth complications, and infant/child disability and mortality as major health consequences of early marriage and, subsequently, early pregnancy and childbirth. They also stated that young girls cannot effectively handle the responsibilities

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of marriage and motherhood, including childcare, cooking, and maintaining the house. Such inadequacies can create family conflict, which can be used to justify domestic violence by husbands and in-laws against these girls. Negative social consequences to child marriage were also cited, including cessation of the girl's education and too early loss of parents in their lives. Police additionally noted that family difficulties resulting from such situations can result in divorce. NGOs and teachers stated that depression, suicidality and self-immolation can come from such cases.

Health providers participating in closed-ended surveys were asked whether domestic violence from husbands or in-laws was more or less likely among girls marrying prior to age 16 years compared with those marrying at age 16 years or older. Almost all of the providers (n/N=4/5) reported that such domestic violence would be more likely among girls married prior to age 16 years. They also reported that these girls would be more likely to be victims of domestic violence from their own family (e.g., parents, brothers), as well, although this may be a precursor or cause rather than an effect of early marriage.

How many cases of child or forced marriage have they or their unit or organization ever personally helped?

The majority of participants (61%, n/N=62/102 interviews) indicated that they or their organization had never been involved with a child or forced marriage case directly; however, those in Mazar were more likely to report such case involvement (82%, n/N=18/22 interviews) versus those in Kabul (31%, 16/51 interviews) or Jalalabad (38%, 11/29 interviews). NGO staff and MOWA/DOWA staff were predominantly those reporting their or their office's more direct involvement in such cases (n/N=20/45 interviews reporting child or forced marriage case involvement). Notably, NGO staff often reported their agency's involvement in 100 cases or more, where MOWA/DOWA staff reported their office's involvement in 30 cases or fewer. Details on cases they had seen were not provided by either NGO or MOWA/DOWA staff.

While not the majority, some teachers (n=12 interviews), police officers (n=8 interviews), and religious leaders (n=5 interviews) did report a history of forced or child marriage case involvement. Although police officers and religious leaders provided some information on cases they had seen, including cases with the marriage of 3 and 4 years old girls and cases involving *bad* and *badal*, only the teachers provided detail description on cases they had seen:

“Yes, three months ago I have faced a case of a 13 year old married girl (a student). She had spent three years of her life with her husband (married at age 10 years). Her husband was not a good man (i.e., was abusive) and also had some medical problems. So we investigated the case and finally decided to separate them from each other and thus the girl got a divorce.”

“A brother agreed with 71 year old man to exchange his 21 year young sister for the truck of the old man. When she (the sister) found out about this, she drunk some poison and wanted to do suicide. But immediately her family took her to the hospital, and the medical professionals saved her life through different resuscitation processes. Now the problem with the young girl is that she can not speak. She became disabled, and the reason of not speaking is still unknown.”

“I saw one case of a girl married at 12 year old and [she] died in hospital at delivery.”

In situations of forced or child marriage, what kinds of help would they or their organization provide to victims or their families?

In cases where child or forced marriage was planned but had not yet occurred, participants uniformly discussed that their first step would be to talk to the parents and family to stop the marriage. Specifically, interviewees stated that they would tell the families that such marriage is against constitutional law or against Islamic or Sharia law and, hence, should not occur. They would additionally obtain support from local Mullah’s, Wakils, and community elders to support their appeals to the family. If such appeals did not work, most then stated they would refer the case to the Ministry of Women’s Affairs/Department of Women’s Affairs or, alternatively, to NGOs serving women and girls. However, MOWA/DOWA and NGOs either did not speak of referral options, or they spoke of referrals to one another, human rights organizations, or UNAMA (the United National Assistance Mission in Afghanistan). Referral to religious leaders and tribal Jirgas was also recommended by some MOWA/DOWA staff. Few participants recommended referral to legal systems such as the family courts; those that did were predominantly male and frequently police officers.

In cases where the child or forced marriage had already occurred, with the exception of the religious leaders, all interviewees stated that they would advise the girl to “adapt and adjust” to the marriage. As one teacher stated, “[You] can only ask them not to do it before marriage.” A male NGO interviewee noted that he would “discourage divorce;” policemen stated that they would recommend that the girl “avoid violence” because they as police “can do nothing” in such situations when the marriage has already occurred. Many government staff, police, NGOs and religious leader additionally stated that they would speak to the families and recommend that they not engage in such practices in future, hopefully affecting the vulnerability of their other daughters. Few mentioned divorce as an option, and fewer still recommended prosecution of perpetrators via the courts. Religious leaders stated that they would review the case for violation of Sharia law; if such violation was found, they, too, would take the matter into the courts. Again, primarily male respondents offered court as an option to handle the issue.

Whose responsibility is it to address the issue of forced and child marriage?

Participants were asked if it was the responsibility of their organization, in their opinion, to address the issue of forced and child marriage. (Note: Religious leaders were not asked this question.) Uniformly, government staff (District and MOWA), NGOs, and Teachers reported that this was their responsibility. Police were divided on the issue. Of the 19 interviews with police officers, 6 interviews, all with male officers, indicated that it was not the police department’s responsibility to address the issues of forced and child marriage.

Closed-ended surveys with health providers also indicated a mixed response regarding their responsibility in such cases. Three of the 5 respondents said it was not the hospital/clinic’s responsibility to become involved in cases of child or forced marriage, where 2 felt it was the responsibility of health providers. Notably, cases identified in clinical settings may be less likely. Although the clinic survey participants reported that their hospitals/clinics had large

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patient case loads, serving 30-150 married women per day, married children were not commonly seen, with participants reporting that their hospital/clinic typically serves 0-10 married girls under the age of 16 per day. Only for one site did this indicate 10% of their married female patient population.

What can be done to reduce forced and child marriage in Afghanistan?

In terms of what can be done, participants primarily responded based on their affiliation, but all groups stressed the importance of media campaigns and community awareness building, particularly in rural areas and villages. Teachers stated that they can educate students on the laws and consequences related to child and forced marriage; students can then take that information home to share with their families. Some teachers additionally felt that they could educate families via parent committees and community connections; they also advised involvement of mosques and tribal jirgas as well as mass media campaigns to increase awareness of the issue.

Religious leaders similarly felt the importance of their involvement; they felt they could explain the Quran and Sharia law more effectively so individuals can see that forced and child marriage were against these laws. The religious leaders thought that Friday preaching would be an effective means of sharing this information. One Mullah offered a particularly innovative intervention; he stated that Mullahs can refuse to support “Nikah” (religious but not legal marriage) and only marry people when they have registered their marriage. Many police indicated that they would like to address this issue but could do more with better training, better reporting from victims, and better collection of evidence to support claims of victimization. Nonetheless, one policeman’s response to this question was to say that the police can do “nothing” about this issue. Government staff offered nothing beyond awareness programs as a solution; one district staff member said nothing can be done because “we need a special section (office) for this.”

NGOs offered the most diverse and multilevel solutions to the issue. They recommended policy changes to Articles 476 and 577 of the constitution and demanded that the government implement the laws against forced and child marriage; increasing legal registration of marriage was identified as an important strategy supportive of implementation of the laws. NGOs also recommended increasing awareness and problem-solving agencies for girls and families, particularly in rural areas, so that they can reach broader segments of the population. They also stated that support for the broader national economy can do much to address the issue. One NGO interviewee recommended that the UN provide funds for factory development in Afghanistan so that there is greater employment opportunity for men and less vulnerability for these men to use their girls to pay off debts.

DISCUSSION

Findings of the current study document a number of important considerations that can support development of stronger initiatives to address forced and child marriage of girls in Afghanistan. First and foremost the current findings demonstrate that forced and child marriage are largely believed to be pervasive in the regions of assessment, Kabul, Jalalabad, and Mazar, and are a consequence of the economic and political insecurities within these

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regions combined with cultural traditions that support these practices. Girls are being forced into marriages at young ages to settle economic and political debts primarily created by male family members; wealthy and powerful men are believed to be taking advantage of these contexts and procuring young girls for their wives. Although the interviewees of this study indicate that the practice disproportionately affects the poor, illiterate and rural in terms of girls forced into marriage, many reported that it was also occurring with more urban, educated and middle class girls, as well, in situations of conflict or political difficulty.

Notably, despite the perceived pervasiveness of the issue, recognition of what constitutes child marriage or illegal marriage in Afghanistan, based on age, was not clearly understood by all participants. While the majority of respondents reported, accurately at the time of the interviews, that 16 years is the legal age for marriage of girls, none of the government staff interviewed, including those from MOWA/DOWA, knew this to be the case. Government staff largely assumed the legal age of marriage for girls to be 18 years, as did a number of NGO staff, police, and teachers. Such assumptions may have been predicated on the belief that age 18 years or older was a better legal age for marriage, as reported by most of our key informants. With recognition that the interviewees were a biased sample of key informants linked to women's and human rights' NGOs, the findings nonetheless demonstrate ideologies in the country that a more mature age for marriage would be better for girls in the region. Shortly after collection of these data, the legal age for marriage among Afghan girls became 17 years.

Participant ideologies supportive of an older age for marriage are likely indicative of these participants' level of awareness of the negative effects of early marriage and fertility for girls. Across region and type of interviewee, participants clearly and accurately identified problematic maternal and child health concerns faced in situations of too early motherhood, a consequence of too early marriage. Those concerns noted include maternal and infant mortality, problems or difficulties in pregnancy or childbirth, and infant low birth weight and related morbidities. Additionally, many key informants noted the difficulties child wives may have contending with domestic and child-rearing responsibilities and marital relationship issues, which can in turn leave these girls vulnerable to violence from husbands and in-laws. A few key informants also noted that such early marriage can stunt girls' educational and career opportunities, as well as their connections with their own families.

While the majority of participants disapproved of early marriage and did not feel that there were benefits to the practice, a few of participants disagreed with this perspective. These individuals felt that early marriage for girls protected the girls from engaging in illegal practices such as pre-marital sex and prostitution, which thereby protects the girls' families from shame and the larger society from social problems. Such beliefs were particularly noted by religious leaders. Consistent with these ideologies, two health providers interviewed also reported beliefs that girls married prior to age 16 years are less vulnerable to sexual assault. Additionally, some key informants indicated that they believed that girls who marry early can better adapt to marriage and a new family, produce more children, and support a stronger society. Overall these findings speak to the need for greater clarity and awareness of myths and misconceptions reinforcing forced and child marriage in the region, given such ideologies exist even among this population of key informants who have existing relationships with women's and human rights' NGOs.

Although a number of religious leaders reported benefits to marriage of girls at age 16 years or younger, almost all of the key informants including religious leaders stated that both forced and child marriage is prohibited by the Quran. However, these are not necessarily conflicting

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beliefs. Under Afghan civil law, at the time of the interview, the legal age of marriage for girls was 16 years, but under Sharia law, also recognized by the Afghan government, the legal age of marriage for girls is subsequent to puberty. Hence, marriage at 16 or even younger would be legal under Sharia law. Religious leaders in particular noted that this definition of adulthood by puberty is the law of the Quran. Conflicting civil and religious laws, both of which are recognized by Afghanistan, may be inhibiting implementation of the law against child marriage in situations where a girl has reached puberty but has not yet reached the age of 16 years. More work is needed to bring together interpretation of Sharia law and Civil Law to ensure they are not conflicting but are both supporting the health and well-being of women and girls in the country.

In terms of what participants felt they or their organization can do in cases of forced or child marriage, responses across types of interviewees were strikingly similar. If a case was identified in which such marriage was imminent but had not yet occurred, participants' first step was to talk to the family of the girls and educate them on civil and religious law to sway them against the marriage; only if that did not work would efforts be made to bring in the police or courts. However, in cases of forced or child marriage which had already occurred, participants felt they would just advise the girl to adapt and adjust. The vast majority of participants did not feel that divorce or involvement of the courts was offered as a reasonable potential resolution for such cases, although many participants stated that they would advise all families involved and the married couple themselves not to be involved with such practices in future. These findings clearly demonstrate that there is little support for girls forced into marriage or married at a young age in Afghanistan once the marriage has occurred. However, a few participants, with recognition of the vulnerabilities of these married girls, stated that they would request ongoing involvement with the girls from NGOs or her family to support the girl and reduce her risk for domestic violence.

Respondents largely agreed that it was in the jurisdiction of their work to address this issue. MOWA/DOWA, NGOs, and teachers uniformly agreed that this was part of their responsibility, where district staff members, police and health providers were more mixed in whether they felt it was part of their jobs. (Note: Religious leaders were not asked this question.) However, when asked what their involvement would be and what they believed should be done about forced and child marriage in their regions as a whole, they again solely focused on prevention efforts. Awareness campaigns in schools, mosques, and community venues and via media campaigns as well as lectures and seminars were most commonly cited. Participants recommended that these awareness campaigns focus on the negative health and social consequences of child and forced marriage, as well as on the illegality of the practices based on civil and Sharia laws. Participants did not specifically recommend addressing the myths and misconceptions that maintain the practice nor did they comment on how to address potential conflicts between civil and Sharia law in terms of legal age for marriage; these likely must be addressed as well, and within the key informant organizations and groups, given key informants' perspectives on these issues, presented above. An additional more novel recommendation, cited by a small number of participants, was increasing legal marriage registration in the country; a cited way of achieving this goal was to involve mullahs and to have them commit to only performing marriages in which the legal marriage documents were procured. Finally, and despite the large number of participants who reported the larger issues of rampant poverty and insecurity in Afghanistan maintains these illegal marriage practices, one respondent stated that building the economy via factories, for example, could address the underlying structural issues that incite men to force girls' marriages as a means of alleviating their debts.

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Limitations. While the current study offers important insight into forced and child marriage of girls in Afghanistan, it must be considered in light of certain limitations. The sample was recruited via women's and human rights NGO contacts; thus, these informants may be more likely to understand and oppose these practices than those who may not be affiliated with such NGOs. Interviewees knew that this project was being undertaken by an international women's NGO; hence, responses may have been affected by social desirability (i.e., stating what they believe the interviewer prefers rather than stating their honest opinion.) The study was designed to obtain insights on perspectives and social norms related to the topic of forced and child marriage, rather than actual practices of forced and child marriage in the region. Hence, findings cannot be assumed to reflect actual practices in the region, although norms offered in the study are consistent with cases of forced and child marriage that have been highlighted in child marriage case study analyses presented in UN reports (cite).

Conclusion and Implications. Overall, findings from this project demonstrate that the issues of forced and child marriage are being viewed as pervasive among key groups that interface with victims of this practice, including MOWA/DWA, NGOs, teachers, police, and religious leaders. Among those from these groups that are affiliated with women's rights and human rights NGOs, individuals largely believe that such practices are against the law and have numerous negative social and health consequences for girls and no positive consequences. Such perspectives offer an effective foundation to address these issues in the country. An effective first step which recently occurred is to elevate the legal age of marriage for girls, recommended by most of our study participants. However, given the lack of clarity of legal age at marriage among study participants, and the conflicting messages of appropriate age based on civil versus Sharia law, the following additional efforts may further support cessation of these practices:

1. Interpretations of Sharia law cannot be in direct conflict with civil law if both types of law are going to be in effect in Afghanistan. Recognition that there is continued development of girls reproductive tracts and organs subsequent to first menstruation demonstrates that these girls are not yet sufficiently physically mature to safely have children, a finding reinforced by data demonstrating higher rates of maternal and child morbidity and mortality among adolescents versus young adults (cite).
2. Increase awareness of these issues among vulnerable populations as well as those likely to interface with victims or potential victims of these practices. Awareness campaigns must include information on the laws and the negative consequences of child marriage, but they also must address the myths and misconceptions regarding positive consequences of child marriage (e.g., elimination of prostitution, girls more adaptive to marriage).
3. Increase marriage registration via creation of policies and awareness efforts with religious leaders. Support religious leaders understanding of myths and misconceptions of positive consequences of child marriage in ways that are consistent with the teachings of the Quran, as these ideologies need not be in conflict with one another.
4. Develop concrete strategies and support for young girls that are already married. If divorce is not possible, separation from the husband and re-establishment of residence with the family of origin until the girl reaches legal martial age could be a policy requirement. Linkage to health care specifically for married girls could also support safer pregnancy and birth outcomes for this population.
5. Support for the larger economy and security of the region and support for structures in which educated women can contribute to the economy and security of the region can

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offer the necessary stability and opportunity to reduce families' reliance on such practices as a means of economic and physical survival.

ADDITIONAL NOTES AND CONSIDERATIONS

Interviewers were asked a series of question regarding their experiences undertaking the above described work. Responses were only able to be procured from Kabul. The Kabul interviewers stated that they found NGOs, AIHRC, schools and mosques very open and comfortable participating in the interviews. Mostly, government and police were also open and accommodating, mostly, but some police and MOWA/DOWA staff members were less comfortable and either did not participate or provided very vague and non-committal responses. Nonetheless, overall, interviewers felt all participants gave honest responses, and both men and women were equally willing to respond to all questions, though women were more interested and engaged in the content of the interviews than were men. Many respondents both male and female wanted more information on how to address forced and child marriage, particularly related to cases of *bad* or *badal*.

Interviewers were also asked about security issues. They noted that there were three suicide attacks in Kabul during their interview period, and these suicide attacks killed around 75 and injured around 85. However, the incidences did not stop or greatly affect their activities.

Finally, interviewers were asked where women and girls facing forced or child marriage or gender-based violence can go in the region. The interviewers felt that most of the women still feel they have no option to leave. They believe if they complain, they will face societal stigmatization. Nonetheless, they were aware that a few women do go directly to DOWA offices, AIHRC, or NGOs that can help them. Rarely, will these women go to the police for support. Use of attorneys and courts was likely rare, but the interviewers felt they had no real information to determine use of these options and thought it might be the case that women and girls would like such services. Religious leaders in particular were more likely to hold such ideologies.

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