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Afghanistan, Infant Mortality

### **Afghanistan: Islam, Women's Health, and Infant Mortality**

Afghanistan, with a population of over thirty-six million people, is a predominantly rural country. Its government is a presidential Islamic republic (Central Intelligence Agency). Despite this, it experienced instability after the controversial presidential election in 2014 when both candidates declared victory (International Crisis Group). The country is also experiencing conflict with various terrorist organizations, including the Taliban; this has contributed to political instability in the region (Central Intelligence Agency).

With more than thirty-two thousand square kilometers of irrigated land, Afghanistan is well-suited for agriculture. The country's agricultural industry is made up of mostly small farmers, and the major crops include opium and wheat. Afghanistan is the world's largest producer of opium; the drug trade has served as a source of revenue for the Taliban and other terrorist organizations (Central Intelligence Agency). The widespread cultivation of opium has also left a large section of the population vulnerable to opium addiction and economically dependent on the illegal industry. It is more profitable for small Afghan farmers to grow poppies (monocropping) as opposed to wheat and other crops: in 2003, farmers who grew both poppies and other crops had an average net income of USD \$2,520. In contrast, farmers who did not grow any poppies had an average net income of only USD \$670 (United Nations Office on Drugs and Crime and Afghan Transition Government, Counter Narcotics Directorate). In Afghanistan, farmers are economically incentivized to grow poppies, because the opium—despite being illegal—will generate a much more substantial income compared to other crops.

Farmers don't have much choice: 54.5% of the population of Afghanistan lies below the poverty line (Asian Development Bank). The average daily wages of an Afghan range from \$2.70 for unskilled labor to \$3.00 for wheat harvesting. In contrast, harvesting opium merited a much higher daily wage of \$6.80 (United Nations Office on Drugs and Crime and Afghan Transition Government, Counter Narcotics Directorate). The standard of living in Afghanistan is very low; almost nineteen million inhabitants still live without electricity. Access to drinking water and sanitation facilities is also limited; nearly half of the population lacks access to a sewer system-connected toilet or ventilated latrine (Central Intelligence Agency). The country has been ravaged by war and drought in recent years. The country's infrastructure was greatly weakened after the collapse of the Communist regime, which caused a severe lack of housing and resulted in many people fleeing to rural areas (Frank Raymond Allchin, et al.). These factors all contribute to the relatively low standard of living that is common to a majority of the Afghan population.

As Afghanistan is still a developing country, nuclear families are typically large: mothers give birth for the first time at an average age of 19.9 years old, and they give birth to 4.82 children on average. Afghanistan has one of the highest fertility rates in the world (Central Intelligence Agency). Diets are nutrient-poor due to the broken agricultural system—it is more lucrative to grow opium instead of food crops like wheat—and the recent wars and droughts. Typical diets in the country consist of *naan* (bread, a staple of the diet), roast meat pies, stewed vegetables, and rice pilaf. Most families live in rural areas and cook *naan* in earthen ovens (Frank Raymond Allchin et al.). Some nomadic peoples also live in yurts in northern Afghanistan, while Pashtun tribes live in tents to the south. Though the country is slowly industrializing, much of the population remains in abject poverty in rural areas.

Though farming is critical to Afghanistan's economy, many people (specifically mothers and young children) are commonly malnourished. As the country is still rebuilding its agricultural infrastructure

amid continuing wars, the available supply of food is often insufficient to sustain the population. Additionally, the country frequently experiences environmental disasters such as flooding and droughts, which lower the crop yield and further decrease people's access to food.

Malnutrition is a leading cause of infant mortality in Afghanistan. Infant mortality is defined as the death of an infant under one year old (Central Intelligence Agency). Though other sources may define or calculate infant mortality differently, this paper will focus on the aforementioned definition. In Afghanistan, for every 1,000 live births, there are 104.3 deaths: this is the highest infant mortality rate in the world. For context, in the United States, there are 5.30 deaths per every 1,000 live births. While data measuring infant mortality in Afghanistan appears to have been decreasing since 1960, only around 42% of children under the age of five are issued a birth certificate (UN Inter-agency Group for Child Mortality Estimation). This means that the infant mortality calculated by the Afghan government could actually be much higher.

Worldwide, one of the most common causes of infant mortality is neonatal encephalopathy, which is typically caused by birth trauma or a lack of oxygen during birth. Other causes of infant mortality include infections, diarrheal diseases, and pre-term birth complications (National Institute of Child Health and Human Development). Pre-term birth complications can have many contributing factors, including poor nutrition or a mother having a chronic health condition. Access to proper prenatal care is a very significant factor in ensuring that the infants are delivered at a healthy weight (National Institute of Health and Human Development).

In Afghanistan, access to adequate medical care is extremely limited: there are 0.28 physicians and 0.4 hospital beds for every 1,000 people (Central Intelligence Agency). Rural populations have even more limited access to adequate prenatal care because there are even fewer physicians and hospitals that Afghans can reach in rural areas. Most of the medical services are provided by non-governmental organizations, and much of these services are concentrated in Kabul, the capital of Afghanistan (Frank Raymond Allchin, et al.). Kabul is home to 4.2 million people, and it is the major urban center in the country. The healthcare system in Afghanistan, much like the agricultural system, is broken: after the Taliban took power, women, who constituted a large proportion of the healthcare field, were prohibited from working in that sector (Frank Raymond Allchin et al.). The lack of available healthcare services is a significant factor in the alarmingly high rate of infant mortality in Afghanistan.

A mother's health affects the health of the developing infant, and underlying conditions can contribute to complications both during and after birth, which can result in the death of the infant. In Afghanistan, women especially lack access to healthcare due to patriarchal gender roles that have become even more entrenched in society with the presence of the Taliban. Common gender roles tend to subjugate women's healthcare needs, and wives must seek their husbands' permission to receive medical care (Gupta and Faizi). This is reflected in Afghanistan's maternal mortality rate of 638 mothers' deaths per every 100,000 live births, one of the highest in the world. Additionally, due to the aforementioned malnutrition problem, about 25% of children under the age of five are underweight (Central Intelligence Agency).

People who lack access to adequate healthcare are more likely to have their chronic health conditions go untreated by a physician or medical provider. In Afghanistan especially, people who live in poverty or experience religious persecution (such as Ba'hai Muslims, a sect of Islam that is deemed heretical by the Sunni and Shi'a sects) are frequently denied healthcare. Expecting mothers and babies from these population demographics are at an even greater risk for maternal mortality as well as infant mortality because they are likely to go untreated for chronic health conditions.

Currently, efforts are being made to improve access to healthcare services. Since 2001 (the fall of the Taliban), the average life expectancy in Afghanistan has increased dramatically from 45 to 62 years. Over

2,000 health facilities are now providing care to people who live in rural village areas. These clinics provide critical vaccines to young children, which reduces the number of infants and children who die each year due to preventable illnesses (Carberry).

While these clinics are making significant progress in reducing infant mortality in Afghanistan, most of the funding for these services is provided by non-governmental organizations, such as the World Bank, European Union, and U.S. Agency for International Development. Additionally, these health workers are few in number; in some areas of Afghanistan, less than 0.5% of women are literate, so training more health workers is difficult. There are also significant cultural barriers: in Afghanistan's patriarchal society, mothers-in-law and husbands serve as gatekeepers for wives who wish to access medical care at these clinics (Carberry). Even when health clinics are *physically* accessible in the area, they may not be *socially* accessible for the women who live there.

Unlike Afghanistan, the United States has a much lower infant mortality rate at about 5.30 deaths per 1,000 births (Central Intelligence Agency). The U.S. is currently working to decrease its infant mortality rate by addressing racial disparities in healthcare as well as providing more prenatal care. The "Back to Sleep" campaign promotes safe sleep practices and educates people about Sudden Infant Death Syndrome (SIDS), which is the third-leading cause of infant mortality in the U.S. (National Institute of Child Health and Human Development). Some state governments have increased taxes on cigarettes to reduce the number of women who continue smoking while pregnant. Smoking cessation reduces the risk of premature birth and SIDS, therefore reducing the infant mortality rate in America. This policy is especially impactful for African-American infants and infants from other minorities (de Beaumont Foundation). Additionally, bills advocating for Medicaid reform by increasing coverage for prenatal care can also improve birth outcomes by encouraging women to seek better prenatal care. By making prenatal care more accessible to women from lower socioeconomic statuses, the U.S. can reduce the risk of infant mortality because there is a larger time window for healthcare treatment and intervention.

While these policies are effective in America, they are not appropriate to implement in Afghanistan. Many of the policies in the U.S. aim to reduce the healthcare disparities faced by infants in minority races. The Afghanistan Ministry of Public Health does not appear to collect or publicly release data regarding the infant mortality of minority groups. The causes of infant mortality in the two countries are very different: a leading cause of infant mortality in Afghanistan is malnourished mothers, while in the U.S., a more prevalent cause is lack of access to healthcare (also prevalent in Afghanistan), smoking, and lack of education about safe sleep procedures (Carberry; National Institute of Child Health and Human Development).

In order to continue reducing infant mortality in Afghanistan, it is important to change the cultural view of healthcare. Mothers-in-law must be convinced to allow pregnant women to receive medical care in a health clinic so that the newborn infants can receive vaccinations and postnatal care. Additionally, women must have better access to education so that there are more female health workers available to help pregnant women feel comfortable in the clinics (Carberry).

Increasing women's access to education is the obvious solution, and it can have positive effects outside of the sphere of healthcare. However, the cultural norms and continuing influence of the Taliban on people's daily lives have made it increasingly difficult for women to receive a quality education. Educating women can help slow the population growth and improve the standard of living in Afghanistan, and it will also increase the number of women healthcare workers, providing much-needed support to Afghanistan's healthcare infrastructure (Frank Raymond Allchin, et al.). However, the effects of this measure are not instantaneous; it will likely take a long time before the results become clear. Since members of the Taliban highly oppose the education of women, reforms like this could be met with violence.

Another possible solution would be to disincentivize the cultivation of opium: like educating women, this would have multiple positive effects, including a worldwide impact on reducing the drug supply. Farmers would be more inclined to grow wheat, fruits, and vegetables, instead of opium; a greater supply of wheat and other crops would allow women to have access to more nutritious foods. Reducing malnutrition in Afghanistan would also reduce infant mortality.

One possible economic policy to address this issue would be government handouts to farmers; however, farmers may utilize the extra money to grow even more opium and make a larger profit. In addition, this program would require significant funding and a corruption-free government to dispense money equitably to all farmers. Another solution is to increase the availability of seeds for nutritious crops through government subsidies. Like the previous policy, this would require significant funding, but by making it cheaper for small farmers to grow nutritious foods, this policy has the potential to actually shift the economy away from opium cultivation. However, implementing this policy would require a strong, fully functioning government that has the power to enforce economic incentives and government regulations. Unfortunately, Afghanistan's government does not yet have this power. These regulations are also likely to be met with resistance from the few rich and powerful farmers who are profiting from the opium trade.

A third solution would be to create more health clinics and improve women's physical access to healthcare in their local area. Improving access to prenatal care would increase early intervention and help to lower infant mortality. Health clinics could also provide services to all people in Afghanistan, which would help increase the country's low life expectancy. However, despite having physical access to a health clinic, many women in Afghanistan lack social accessibility due to prevailing patriarchal practices, such as the need to seek their husbands' and mothers-in-laws' permission to give birth in a hospital.

To improve women's social accessibility to healthcare, important cultural institutions in Afghanistan must support this change. In Afghanistan, Islam plays a major role in political and social life. It is a key uniting factor among many of the tribal groups in the country (Program on Humanitarian Policy and Conflict Research at Harvard University). Islamic courts have largely replaced the tribal laws and community councils that previously held most of the functional governing power (Frank Raymond Allchin, et al.). Gaining the support of Islamic clerics and scholars in Afghanistan can have a profound impact on the way that many Muslims view women's health. Of course, *imams* (leaders of the Islamic faith) would naturally be very reluctant to modify their interpretation of the Qu'ran. Changing a religious interpretation will no doubt take many years, and even the clerics who do agree to emphasize the importance of women's health may fear to speak out due to the continued presence of the Taliban. However, the words of these religious leaders can change the cultural norms of Afghanistan, as the country is heavily influenced by the Islamic faith (Program on Humanitarian Policy and Conflict Research at Harvard University). If Islamic teachings are clarified to encourage husbands to allow their wives to seek medical care, this will improve women's social accessibility to treatment at health clinics, thus reducing infant mortality by providing women with access to prenatal care.

A plan of action to obtain support from the *imams* could begin by holding a series of meetings between the Afghan clergy and Islamic scholars outside of Afghanistan. These scholars could collaborate with the clergy by identifying specific verses from the Qu'ran that emphasize the importance of caring for the wife and family. By encouraging the clergy to promote these interpretations among their religious followers, we can change the cultural norms in Afghanistan and improve the effectiveness of the few existing health clinics in rural parts of the country. This project would likely be managed and led by the World Health Organization as well as a collaboration between non-governmental organizations and religious groups. The project could be funded using religious donations from Muslims around the world; on Eid and other holidays, Muslims conduct acts of service and give to less fortunate communities through their mosques. This money could be used to fund a public campaign to educate Afghan families on the importance of allowing women to receive medical care.

The central government of Afghanistan largely does not have the power to truly regulate or enforce any legislation in the country; thus it would not have a large role in implementing this plan. Conservative religious organizations and terrorist groups like the Taliban may also play a role in trying to reduce the effectiveness of this plan because they do not agree with changing the interpretation of Islam. Additionally, powerful members of the household (namely the mother-in-law and husband) are the gatekeepers to prenatal care, so they would have the most direct influence on the degree of access to medical care for pregnant women. *Imams* and other religious leaders would play a major role in changing the cultural norms of society.

One critical example of people speaking out in the face of terrorism using religious verses is the global Islam community's response to the events of September 11th, 2001. Religious and political leaders from countries in Turkey, Saudi Arabia, Iran, and Qatar spoke out against the horrific acts that day. Notably, a coalition of over forty Muslim scholars and politicians condemned the attacks, writing "God Almighty says in the Holy Qur'an: 'No bearer of burdens can bear the burden of another' (Surah al-Isra 17:15)" (Kurzman). This is one example of how Islam can be used to speak out against atrocities like terrorism. Notably, many of these scholars were living in places where the Taliban and other terrorist organizations did not have a stronghold in the region; they were essentially shielded from the dangerous consequences that religious leaders in Afghanistan face for speaking out against the Taliban.

In Afghanistan, guaranteed protection policies would need to be put in place to prevent the Taliban and other terrorist organizations from punishing religious leaders who speak out and promote women's health. These protection agreements seem unlikely, and they would depend heavily upon the state of international relations for other countries to impose sanctions if the agreement is not being honored. This plan must also consider the cultural norms of people in Afghanistan: the force for change needs to come from within the community, rather than foreign countries, because that could further alienate the Taliban and result in continued violence in the region. This project is sustainable because it does not utilize many natural resources from Afghanistan; it is more focused on changing the cultural and patriarchal nature of Afghan society to improve the effectiveness of public health measures that raise the standard of living in Afghanistan.

Afghanistan has been ravaged by war, drought, and famine for years; as the country slowly begins to rebuild itself, it is important to recognize the cultural perspectives of Afghan citizens. Social and political life in Afghanistan is heavily influenced by Islam, but there are other concerns including malnutrition, terrorism, the opium trade, and a lack of healthcare. To reduce infant mortality in the country, non-governmental organizations and religious leaders must collaborate to change cultural norms and help lead Afghanistan in a better direction.

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