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Reproductive Health for Afghan Women: Decreasing High Maternal Mortality Rates by Increasing Access to Reproductive Health and Education A Proposal for Advocacy and Change

Rosalia Abreu

ABSTRACT

This proposal examines the social, cultural, political and structural factors that contribute to high maternal mortality rates in Afghanistan and women's severe lack of access to adequate health services and education, particularly in the more rural areas of the country. Some of the factors contributing to high maternal mortality rates are distance, lack of trained female doctors and nurses, lack of access to medical supplies, and Afghan cultural norms that require women to remain in the home and stigmatize being treated by male doctors, who are overwhelmingly represented in the medical profession. High illiteracy rates due to lack of access to education are also related to women's ability to access proper health services. The violence and stigma surrounding female education in Afghanistan is a major contributing factor to the overall lack of access to education for women. Thus, my proposal seeks to address these issues by expanding upon existing work that the Revolutionary Association for the Women of Afghanistan (RAWA) has accomplished through the establishment of a Reproductive Health and Education Committee, which would operate under the auspices of RAWA and would have both state and local actors. The main goals of this committee are to improve the overall quality and accessibility of health services for women in rural provinces of Afghanistan and to increase female representation in the medical professions and female literacy rates, especially in rural areas where illiteracy rates are the highest. The committee would also work to re-brand RAWA as an organization, which has become radicalized in the eyes of many Afghans. It is my sincere belief that the goals of this proposal, if carried out effectively, will succeed in significantly reducing maternal mortality rates and increasing access to health services and education through the empowerment of the Afghan female population.

PROBLEM IDENTIFICATION

Although Afghanistan has one of the highest fertility rates in the world, every 28 minutes a woman dies during childbirth (Khodr 2007). According to

the UN, Afghanistan has the second highest maternal mortality rate in the world, with a rate of 1,600 deaths per 100,000 live births, in comparison to 13 deaths per 100,000 live births in the United States (PHR 2002:10). These high ratios of maternal deaths can be attributed to limited access to health resources, which cause women to die of easily preventable pregnancy complications at an astonishing rate. Currently only 11 out of 31 provinces have adequate obstetric care, and women who live in rural provinces of Afghanistan, such as Herat and Badakhshan, have the highest maternal mortality rates in the entire country (Khodr 2007). In a maternal mortality survey conducted in Afghanistan by the Physicians for Human Rights (PHR), the primary findings revealed that 92% of the 276 reported maternal deaths were from rural areas (PHR 2002:11). One factor that can explain this high percentage of maternal deaths is the lack of cars and decent roads in rural areas, which cause an increase in the number of mothers and children who die on their way to the hospital.

Distance also acts as a major impediment to the full realization of Afghan women's health rights. Most clinics are very far-removed from women who live in rural areas, and since there are few roads and no cars, most people tend to travel by donkey (Khodr 2007). These long and uncomfortable journeys to the nearest clinics leave women vulnerable to numerous health risks. For example, one pregnant woman cited in Al Jazeera's article on "The Perils of Pregnancy" in Afghanistan, attempted to make the three-day journey from her village to the nearest hospital in Badakhshan by donkey, but her uterus erupted before she could reach the hospital. When she finally did arrive at the hospital, she was gravely disappointed by the limited services that were available to her. These examples can help demonstrate why only three percent of women in Badakhshan give birth in a medical facility (Khodr 2007).

For those women who manage to make it to these health clinics, with such meager resources, they realize with dismay that distance is not the only factor that limits their access to health benefits – the quality of the health services that is provided to them is also a major cause for concern. Many of the hospitals in rural areas lack medication and equipment that can assist women in having a safe and positive childbirth experience. For example, the only hospital in Badakhshan has seven doctors and thirty beds for the 250,000 women of childbearing age in the entire province. This same hospital provides no anesthetics and has no operating room (Khodr 2007). In Herat, the conditions are similar, if not worse. There are hardly any doctors present in the hospitals –the majority are untrained traditional birth attendants, which are referred to as *dauyas* in Dari, the official language of Afghanistan (PHR 2002:12).

The hospitals in both of these provinces are essentially ill-equipped for attending women with high-risk pregnancies. Since the quality of the health services in these hospitals is so poor, women who suffer from pregnancy-

related complications are essentially left to die – leaving their families to grapple with the consequences of the loss of a mother. In Afghan society, the woman is essentially the head of the household. The family is dependent on her to take care of the children and keep the family together, thus her loss can cause incredible emotional and physical hardship (PHR 2002:12). Given these circumstances, Afghan women tend to worry from the moment they become pregnant about how safe their childbirth experience will be, how they will get to the nearest hospital, and more importantly, once they are there, how they will pay for their health services (PHR 2002:12). The Al Jazeera article on “The Perils of Pregnancy” cites an Afghan woman named Begum, who raises similar concerns about her experience: “I am worried; since I got pregnant, I have been having problems. There is nothing in the clinic; it won’t be able to help me if something goes wrong” (Khodr 2007).

In addition to the lack of access to health services, Afghan women are also systematically denied of their right to an education. Despite the teachings of the Prophet Muhammad, who is said to have encouraged education for all Muslims, whether male or female, the illiteracy rates among the female population of Afghanistan are extremely high (Ellis 127). About 90 percent of women in rural areas cannot read or write and the overall literacy rate among women is 12.6 percent (IRIN 2009). Violence and cultural stigma surrounding female education are major contributing factors to these rates. General insecurity and violence targeted against education bar young girls from going to school. Other factors to consider are distance, since many children have to travel a long way to the nearest school or have no school available at all. There is also a shortage of qualified teachers, especially women teachers. These factors are influenced by a very conservative culture and ultimately have the greatest impact on girls and women, mainly because there are fewer girls’ schools than boys’ schools, particularly in more rural areas. (“Lessons in Terror” 2006).

According to the Afghanistan Independent Human Rights Commission Report, 51.6 per cent of parents claimed the main reasons why they kept their daughters at home was accessibility and security (UNGEI 2009). However, the right for women to receive an education is crucial for their ability to develop their own lives and to secure promising futures. One student named Waheeda, from the Afghan Women’s Medical University, is cited in Deborah Ellis’ book, *Women of the Afghan War*, emphasizing the importance of educating women: “Education is very important and badly needed in Afghanistan, especially for women. If you educate a man, you educate only one person, but if you educate a woman, you educate all of society, because she will educate her children” (Ellis 134). Her powerful statement addresses the urgent need for an increase in female literacy rates by highlighting the ways in which all of Afghan society can benefit from educating its female population.

Thus, the overall lack of safe and easy access to health services and education is considered to be an egregious violation of the basic human rights of Afghan women, particularly in rural areas. In terms of their ability to access their reproductive health rights, the 2002 findings from the study conducted by the Physicians for Human Rights suggests that in order for the high rates of maternal mortality to decrease, women's individual freedoms need to be protected. For example, "lack of adequate nutrition, shelter and clean water are important contributing factors to Afghanistan's high maternal mortality ratio" (PHR 2002:15). In addition, the government should take responsibility for the security of its young female citizens who seek to get an education, and should protect and support their right to do so safely and easily.

Afghan laws and public health policies fail to acknowledge the interrelation of women's health rights to their individual liberties, such as "freely entering into marriage, access to birth control methods, and control over the number and spacing of children" in order to decrease the rate of maternal deaths (PHR 2002:19). Drucilla Cornell's chapter on "Bodily Integrity" addresses similar concerns about a woman's right to safe and easily accessible reproductive health services, as well as a woman's right to plan the size and spacing of her own family. Cornell argues that in order for women to have access to bodily integrity and a meaningful concept of selfhood, the symbolic, social and legal conditions of individuation must be maintained (Cornell 1995:23). Cornell would consider the denial of access to competent health services to be a grave violation of a woman's ability to conceive of herself as a person with a right to individual freedoms, as it places her body "in the hands and imaginings of others who would deny her" of these basic human rights. Cornell refers to this as the "dismemberment of the self," which can actually be avoided through reformations of Afghan laws and government health policies, as well as through the enforcement of international human rights conventions (Cornell 1995:27).

In addition to limited access to health services and education, Afghan cultural norms also play a role in deterring women from obtaining their health rights. The remnants of life under the repressive Taliban regime, which enforced a strict adherence to a conservative understanding of Islamic law and practice, are especially evident for women. Under the Taliban, several edicts were passed which required women to remain at home. In the event of an emergency, they had to seek explicit permission from male relatives to leave their homes. This permission from male relatives protected women from enduring extensive verbal and physical violence at the hands of the Taliban, who policed the streets of Afghanistan (Armstrong 2002:12-13). However, it also robbed women of their agency by making them increasingly dependent on men. The fact that many Afghan women to this day are still expected to remain at home, and must seek permission if they have to leave, is only one

example of how the remnants of these edicts are still affecting women's ability to exercise their right to health today.

For example, women are expected to ask permission from a husband or male relative in order to seek medical attention (PHR 2002:12). In addition, one of the edicts issued by the Taliban specifically stated: "Female patients should go to see female physicians" (Armstrong 2002:13). This edict has translated into a very real cultural stigma that is now attached to Afghan women being attended by male doctors, even if it is just to receive simple medicine. Many of their husbands strictly forbid them from being examined by male doctors. Unfortunately, this prohibition creates significant problems for women, especially in the rural areas of Afghanistan, because on the rare occasions in which there are doctors present at these clinics, they are hardly ever female (Foster 2007). Furthermore, Afghan society requires women to give birth at home – which would explain why there are such high percentages of women who have unattended births, outside of an institutionalized setting (PHR 2002:12). These cultural stigmas serve to explain why many Afghan women choose not to make these long and difficult journeys to the nearest hospitals, and instead die from easily treatable health complications, without ever receiving any form of medical attention.

SPECIFIC POPULATION AND INTENDED AUDIENCE

This proposal will focus on the female population of Afghanistan, with a specific emphasis on the women and girls living in rural provinces, where the health risks are the highest. The intended audiences for this proposal are the members of RAWA, the Ministry of Health, the Ministry of Education and distinguished community leaders, such as the Imams of local mosques. I have carefully selected these state and local actors because the idea behind my proposal is to encourage a joint effort between community leaders and the government to facilitate Afghan women's access to reproductive health and education.

BRIEF STATEMENT ABOUT HOW THESE ISSUES WILL BE ADDRESSED

In order to address the issues highlighted above, my proposal will expand upon existing work that the Revolutionary Association for the Women of Afghanistan (RAWA) has accomplished through the establishment of a Reproductive Health and Education Committee, which would operate under the auspices of RAWA. This committee would tackle the lack of female representation in the medical professions of Afghanistan by creating a sponsorship program with first-world medical schools and hospitals. Afghan women interested in the program would be enrolled directly after high school, and would then go to first-world countries for a certain amount of time to be trained. Upon their return to Afghanistan, the idea is that they will be able to

implement what they learned in the rural provinces, where their services are most needed. In terms of education, the RAWA Reproductive Health and Education Committee would foster strong connections with the Ministry of Education, promote books and other media sources with women in the public and professional spheres of society, and demand the institutionalization of adequate sexual education for both girls and boys. In an attempt to increase the number of girls enrolled in school, the Committee will collaborate with the state to ensure that adequate transportation is provided, such as a public bus with an established route, to ensure that girls who are too far away to walk to school can still attend. For those girls who were previously kept at home due to safety reasons, the Committee will also ensure that the government-operated bus route would serve communities in which young girls are at risk of experiencing violence on their walks to school.

CONTEXT OF IMPLEMENTATION

Review of Literature

In terms of the literature reviewed that addresses what one should consider when addressing challenges to gender rights, I have focused on the work of both Celina Romany and Ayelet Shacher. In Romany's work, "State Responsibility Goes Private," she denounces the fact that state complicity in women's human rights violations is often ignored and hidden within the private spheres of society. In an attempt to redress this, Romany argues: "Thus critical questions regarding the role of the state in embodying and serving male interests 'in its form, dynamics, relation to society and specific policies,' regarding its construction 'upon the subordination of women' and the ways through which 'male power becomes state power, need to be explicitly formulated'" (Romany 93). Romany also stresses the importance of considering women's role within the family in a way that does not sacrifice their basic human rights. Encouraging a more complex understanding of women's position within both the private and public spheres, she claims that "Women lose their individuality" when they are "represented in society through the male-headed family unit" (Romany 95). In addition, Romany emphasizes the need to understand women's rights as something that all human beings are entitled to: "This freedom need not be earned – it is an entitlement of all human beings, male and female" (Romany 99). Romany also focuses on state complicity in denying women of their basic human freedoms: "states are responsible for the failure to respect, whether through acts, or omission women's human rights to life, liberty and the security of lives" (Romany 99).

In her work, entitled "Sharing the pieces of jurisdictional authority," Shacher proposes four different models of joint governance, in which the state would share power at different levels with specific *nomoi* groups. The model that was most appealing for the purposes of my proposal for advocacy

and change was the contingent accommodation model. This model requires that the state “yield jurisdictional autonomy to nomoi groups in certain well-defined legal arenas, but only so long as their exercise of this autonomy meets certain minimal state-defined standards” (Shachar 109). As my proposal seeks to work with both state and local actors in an attempt to resolve a public issue, the contingent accommodation model for joint governance would allow community leaders, such as Imams, to work with government authorities to ensure that everyone’s rights are being respected, and that Afghan women’s interests are being served.

In terms of promoting advocacy and change around gendered rights, I reviewed the literature of Margaret E. Keck and Kathryn Sikkink, “Transnational Networks on Violence against Women,” in which they discuss the five stages of effectiveness regarding transnational network activity. For the purposes of my proposal, I would like to focus on the first of the five stages of effectiveness, which is: “issue attention, agenda setting and information generation” (Keck et al 1998). This stage summarizes the goals of my proposal to draw attention to a public issue, set the agenda on how to best deal with the issue, and generate information about reproductive health statistics and the benefits of educating the female population of Afghanistan.

Group, Cultural and State Claims Limiting Rights

In addition to the remnants of the post-Taliban regime acting as a repressive force on women’s rights, family can claim certain rights over women that impinge upon their access to basic human freedoms. It is important to first note the unique way in which Afghan women conceive of themselves within their family. The structure of traditional Afghan families makes it almost impossible for a woman to live alone. She usually has to live with her parents, or is forced to get married and live with in-laws (Brodsky 2003:235). The family exercises real power and pressure over Afghan women – pressure that women must respond to in appropriate ways, lest they suffer the shame and overall negative consequences of being denied the financial and emotional support of their families. Although Afghan women exert some agency within their families, they do not seem to understand themselves as independent actors, but rather they see their actions as being interconnected with the family. Afghan women know that they are expected to represent themselves in a pious, dignified manner. But they must also bear the additional burden of representing their family, their culture, and to a certain extent – the nation, in quite the same way (Brodsky 2003:235).

In Afghan culture, the honor of the family is dependant on a woman’s behavior. The male relatives, as heads of the household, are charged with protecting the women and ensuring that she behaves appropriately. One of the ways in which women can best protect their family’s honor is by practicing *purdah*. In Afghanistan, the practice of *purdah*, which refers to the physical

seclusion of women from all men (with the exception of close male relatives), is used to maintain family honor. These close male relatives control the most basic aspects of Afghan women's lives – a control which is “shaped and supported by two intertwined forces: conservative interpretations of Islam and various Afghan tribal customs” (Brodsky 2003:37-8).

Islamic law has also made certain claims on the rights of women. It is often used to influence Afghan law, which then impinges on Afghan women's rights. Malaila Joya, a former member of the Afghan parliament, exemplifies this point when she critiques a recent law that was signed by Karzai, which effectively condones marital rape and child marriage. Reflecting on a country still heavily at war, Joya says, “These fundamentalists during the so-called free elections made a misogynist law against Shia women in Afghanistan. This law has even been signed by President Hamid Karzai...when we do not have security how can we even talk about human rights or women's rights?” (Hedges 2009:2).

In addition to President Karzai's support of a law that would condone a gross violation of Shia women's rights, misrepresentations of Islam and misinterpretations of what is specifically mandated by the Qur'an also act as regressive forces on women's social progress. They make a mockery of the Shari'ah rather than accurately representing it. For example, although the Qur'an espouses equality between the sexes, conservative interpretations of certain passages and of the hadith of the Prophet Muhammad have been used to validate severe forms of gender subordination. This exemplifies why it can be problematic to base Afghan law on texts that are subject to various interpretations. Inside Afghan courtrooms, one can see yet another way in which Shari'ah law has been applied to Afghan law in ways that negatively affect women, being that “it takes two women's testimony to equal that of one man” (Brodsky 2003:37). However, there are no passages in the Quran relating to testimony that can substantiate this claim (Armstrong 2002: 65). These false readings and misinterpretations of Qur'anic verses, which are then instituted into the Afghan legal system, have placed significant restrictions on the rights of women. In fact, one can argue that it has left them in even worse conditions than the women who lived in the time of the Prophet Muhammad, in which cultural practices such as female infanticide and forced marriage were explicitly banned, and purdah was encouraged, rather than required (Brodsky 2003:39).

In terms of legal documentation that can be accessed to protect the rights of women, the Afghan constitution, first formed in 1964, theoretically gives men and women equal rights. Article 25 of the Constitution states: “The people of Afghanistan without any discrimination or preference, have equal rights and obligations before the law” (Foster 2007). However, Afghan society does not grant women these rights. One example of local legislation that does specifically support the protection of women's individual rights in Afghanistan

is the Afghan Women's Bill of Rights. Its focus is on equal rights in education and health services for women – with special attention to reproductive rights, economic opportunities for women, equal pay for equal work and the prevention of sexual harassment, both in the public and private spheres of the society (Foster 2007).

An example of an international human rights convention that can be accessed is the Convention to End All forms of Discrimination Against Women (CEDAW). However, although CEDAW has been ratified by Afghanistan, it has yet to be enforced due to certain reservations that privilege the preservation of a sexist culture over the protection of basic human freedoms. CEDAW can be used to support the individual rights claims of Afghan women in that it specifically calls for the reduction of maternal mortality rates, requiring the provision of “Emergency Obstetric Care” to be made accessible to women (PHR 2002:24). Ironically, Afghanistan has also ratified the Convention on the Political Rights of Women, “which provides for universal suffrage for women, their eligibility for election to all publicly elected bodies and their right to hold public office” (PHR 2002:23). Yet these rights are almost entirely denied in the public sphere of Afghanistan, through a lack of female representation in parliament and through intimidation methods that were implemented during the recent elections.

A grassroots organization that has worked to change the current situation for Afghan women is the Revolutionary Association of the Women of Afghanistan (RAWA). This organization has dedicated itself to resisting gender oppression at the hands of the state and family. Its dedicated and fearless members risk their lives on a daily basis to organize around women's social, political and cultural rights for the past 32 years. RAWA members believe that the interests of the state are in direct conflict with women's rights, acting as a regressive force on women's rights as a whole. They strongly oppose their fundamentalist government and have condemned the U.S. occupation of Afghanistan, arguing that it has only served to worsen the condition of women in their society. RAWA also believes that the politicization of fundamentalism has caused the current social ailments that plague Afghanistan. Brodsky writes, “when religion is applied for state purposes not only are women's rights the inevitable victim, but all human rights, including religious rights, suffer” (Brodsky 2003:40).

In their attempts to organize around and improve Afghan women's access to their reproductive health rights, RAWA has made significant attempts to combat the high rates of maternal mortality, in both Afghanistan and in refugee camps in neighboring Pakistan. RAWA has mobilized health teams in eight provinces of Afghanistan. These health teams treat women who cannot afford to go to the doctor, and they deliver about 1 – 3 children per day. The teams run first aide courses for young girls and literate women, and they also

help to run a midwife training program at a refugee camp in Pakistan to help serve the Afghan women in Peshawar (RAWA 2009).

Although RAWA has strong advocacy techniques, especially through its constant use of the media to spread information to the general public about women's services, it does not involve local actors as much as it should, due to its secularist tendencies. Also, RAWA should gear a significant amount of the services they provide specifically to rural areas of Afghanistan, where the health risks and human rights violations of women are the highest and most egregious.

DESCRIPTION OF PLAN OF ACTION

The main goal of the Reproductive Health and Education Committee (RHEC) would be to increase female representation in the medical field by fostering relationships with first-world hospitals in Iran willing to sponsor a 6-month training program in obstetrics for female Afghan students. The minimum requirement for women applying for this sponsorship program would be a high school diploma. Recruitment would focus primarily around rural communities, but would also seek women from Kabul who are interested in doing nursing work in rural areas. Included in the criteria for recruitment would be an explicit understanding that upon completion of the program in Iran, they would be willing to commit to serving in the rural provinces of Afghanistan. After five years of the sponsorship program, the government should create its own training institute located in Kabul, which would be staffed by graduates of the program in Iran.

The responsibilities of the alumni of the sponsorship program, upon returning to rural areas in Afghanistan, would be twofold: to operate and maintain health clinics, and to provide training courses for traditional birth attendants. The curriculum for the training program would follow a similar format to that of the midwifery training courses that RAWA's mobile health teams operate in both Afghanistan and Peshawar, Pakistan. The Ministry of Health would fund both the clinics and the courses, and any other countries that would be willing to participate can also help fund these services.

In terms of educating the general public and involving local community leaders, the RHEC would organize a mass media campaign that would entail the distribution of literature relevant to women's health. The literature would provide basic information on how to recognize birthing complications in their earliest phases, and would empower women to seek medical attention, despite cultural stigma around leaving the home. Children's literature should also be taken into consideration, and there will be advertisements that target this specific population, showing women in various professional spheres of society, particularly in the medical field.

It is important to also consider a way in which the female youth of the rural provinces will be able to access the variety of services that the RHEC is working to provide their communities. For example, in order to ensure that

the young girls can access education easily, the Ministry of Education would operate and maintain a bus system. This bus system would have different routes throughout the country, transporting girls in rural areas to and from primary and secondary schools throughout the country during regular school hours. At least one police officer should be present on the bus for the duration of its operating hours, in order to protect the safety of the girls and to ensure security on their way to and from school.

The overall goals of this proposal's plan of action are to focus on the investment of reproductive health in rural areas and to promote easier, safer access to education. Through its sponsorship program, the Committee would seek to increase both the quality and accessibility of health services for women, as well as to increase female literacy rates. The midwifery courses taught by the alums in rural areas would serve to expand upon the work that the mobile health teams already do under the auspices of RAWA, and the bus route would ensure that young girls are getting to and from school in a way that is safe and dignified.

I strongly believe that the approaches used in my proposal will succeed where others have failed because they seek to involve people who have a legitimate, vested interest in the community they are serving, such as the village Imams and young women who want to improve the quality of health services in their communities. Therefore, they will have a stronger, more personal commitment to ensuring the success of the goals of this proposal. Furthermore, the proposal will not need to take into consideration whether or not its implementation is culturally relative, since the main actors involved in the completion of these goals will be Afghans who are heavily invested in the culture and are well aware of the social and political context of their work.

PLANS FOR IMPLEMENTATION AND ASSESSMENT

The target population for my proposal is Afghan women living in rural provinces and will address the parents who keep their daughters home due to security issues surrounding sending them to school. The specific goals of the project are to decrease maternal mortality rates and increase literacy rates. The proposal also seeks to advocate, on a local level, the promotion of literature and advertisements on women's sexual health education. I have chosen Iran as the country that will sponsor the training program because the country has more developed hospitals than Afghanistan and also shares language similarities: most Afghans speak either Pashto or Dari, which is an Afghan form of Persian and Farsi, the languages spoken in Iran. The majority of the funds for this proposal should be provided by the Ministry of Health and Education; however, outside funds will be gladly accepted.

Some of the main difficulties I foresee with this proposal are the Imams' initial rejection of the idea of working with a radical organization such as RAWA in order to help solve a public issue. I also foresee difficulty in getting

the Imams to accept and promote advocacy around sexual health education. However, the RHEC can emphasize that sharing information about women's reproductive health can and will help to save women's lives. The idea behind targeting the Imams in the villages is that if they are the ones encouraging the importance of female education by endorsing the benefits of the RHEC's services, and if they are emphasizing the explicit benefits of sending women to school, it will become more palatable to the general public than if this message were coming from a foreign activist.

Thus, it would simply be a matter of convincing the Imams that education is a very important tool of empowerment for women, and that having more female doctors available will reduce the stigma surrounding receiving medical attention from male doctors, which would help to decrease high maternal mortality rates. Other benefits of providing female education that the RHEC could emphasize are the economic contributions that women can make to the family once they are empowered. The fact that female independence does not necessarily mean anything harmful for the future of Afghanistan can also be highlighted. More importantly, the Imams should know that providing access to education is proven to delay marriage, which is proven to enhance women's health, thus improving the overall health and wellbeing of Afghan families. If the Committee is successful in getting the Imams to promote the benefits of female education, it would make the idea more palatable to reluctant parents who are concerned with the safety of their daughters and the future of their families. Then the RHEC would work to build a public relations campaign around other influential individuals in the community, as well.

In order to assess whether or not the RHEC has succeeded in its ambitious goals to promote advocacy and change around women's access to health services and education, the following methods should be implemented:

- After five years of having the training institute, the RHEC must count how many graduates of the program there are and how many of those graduates actually pursued medical careers in Afghanistan, particularly in rural areas.
- The RHEC must track any and all changes in school attendance, and after three years, utilize a census to assess how many girls are enrolled in schools.
- The RHEC must also have the Ministry of Health send out monthly reports on how many girls are riding the buses to school and correlate these rates to the overall female attendance rates at school.

AFTERWORD

I would like to acknowledge that one project such as this is not enough to generate long-lasting change. It was extremely difficult to narrow the focus of the proposal down to a few single factors that contribute to maternal mortality rates, as I am aware that there are other factors that play a role in barring women's access to health and education, such as access to clean water, lack of female representation in Afghan parliament, poverty levels, and child marriage. In addition, it is also important to consider the role of political leadership and how conducive it is to women's ability to organize effectively around their rights to reproductive health and education. More proposals that target these issues are needed that will further complicate the study of human rights violations in Afghanistan and provide a more in-depth analysis than I have here of the various ways in which to best approach the reduction of maternal mortality rates, illiteracy rates, poverty levels and child marriage.

BIBLIOGRAPHY OF SOURCE MATERIALS

- Afghan Women: A History of Struggle*. Dir. Kathleen Foster. 2007. The Cinema Guild, Inc: 2008. DVD.
- “Afghanistan: Public space ‘shrinking’ for women.” *IRIN News*. Web. 23 November 2009. <<http://www.irinnews.org/PrintReport.aspx?ReportId=87275>>.
- Armstrong, Sally. *Veiled Threat: The Hidden Power of the Women of Afghanistan*. Four Walls Eight Windows, New York & London: 2002.
- Brodsky, Anne E. *With All Our Strength: The Revolutionary Association of the Women of Afghanistan*. Routledge, New York & London: 2003.
- Cornell, Drucilla. “Bodily Integrity and the Right to Abortion.” *Identities, Politics and Rights*. Ed. Austin Sarat and Thomas R. Kearns. Ann Arbor: The University of Michigan Press, 1995. 22-31. Print.
- Ellis, Deborah. *Women of the Afghan War*. Praeger, Connecticut: 2000.
- Keck, Margaret E. and Kathryn Sikkink. *Activists beyond Borders: “Transnational Networks on Violence against Women.”* Ithaca: Cornell University Press, 1998.
- Khodr, Zeina. “The Perils of Pregnancy.” *Al Jazeera*. Al Jazeera, 21 May 2007. Web. 12 October 2009. <<http://english.aljazeera.net/programmes/afghanistan-thetoughestbattle/2007/05/2008525184134651626.html>>.
- “Lessons in Terror: Attacks on Education in Afghanistan.” *Human Rights Watch*. July 2006. Web. 7 December 2009. <<http://www.hrw.org/reports/2006/afghanistan0706/2.htm>>.
- “Maternal Mortality in Herat Province, Afghanistan.” *Physicians for Human Rights Library*, September, 2002. Web. 15 October 2009. <<http://physiciansforhumanrights.org/library/report-maternalmortality-2002.html>>.
- Romany, Celina. “State Responsibility Goes Private: A Feminist Critique of the Public/Private Distinction in International Human Rights Law.” Rebecca J. Cook ed. Philadelphia: University of Pennsylvania Press, 1994. 634 pp.
- Shachar, Ayelet. “The Puzzle of Interlocking Power Hierarchies: Sharing the Pieces of Jurisdictional Authority.” *Harvard Civil Rights-Civil Liberties Law Review*, Vol. 35, No. 2, Summer 2000. Available at SSRN: <<http://ssrn.com/abstract=228196>>.
- United Nations Girls’ Education Initiative. Web. 7 December 2009. <http://www.ungei.org/infobycountry/afghanistan_68.html?q=printme>.