Policy brief

The mental health crisis among Afghan women and girls

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Key messages

New data from DROPS research highlights the extent to which the Taliban's edicts have instilled profound fear and psychological distress among Afghan women.

The mental health emergency unfolding now is directly connected to decades of conflict. It is a significant aspect of the ongoing political and economic upheaval in Afghanistan. The impact of the crisis on future generations could be irreversible if left unaddressed.

The international community cannot be seen to be abandoning women in Afghanistan and must engage with the Taliban based on principles that uphold women's fundamental rights comprehensively. Restrictions on education, employment and freedom of movement are identified as leading causes of depression and anxiety among women, necessitating immediate action.

Urgent actions required from the Taliban include rescinding gender discriminatory edicts, restoring women's access to education and employment, and eliminating barriers like the mahram requirement.

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Acknowledgements

About this publication

This report is based on research conducted in Spring 2023 by BISHNAW-WAWRA ('listen' in Dari – Pashto), a digital platform that captures the voices of Afghan women in real-time and on a diversity of issues. The aim of the study was to gather perspectives on the impact of Taliban edicts on women's economic conditions and mental health. In March 2023, BISHNAW-WAWRA conducted a survey of 2,112 women in over 17 provinces, and in April 2023 conducted focus group discussions in 11 provinces with 159 women.[1]

About the authors

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[1] The full survey results are here: https://www.bishnaw.com/survey/31-mar-2023

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1 Introduction

It has been two years since the fall of the Islamic Republic of Afghanistan and the re-emergence of the Taliban and the Islamic Emirate. During that time the Taliban have issued over 100 edicts targeting women and girls, and aiming to seriously curtail women's rights, education, employment and mobility (Akbari and True, 2022).

The international actors including Western donors, aid agencies and think-tanks, that once expressed hope that the Taliban may have changed (Jackson and Amiri, 2019) encountered a group that was more politically and diplomatically savvy, but no more amenable to changing its core values. Many states, in the Global North and Global South, including some members of the UN Security Council, have called on the Taliban to reverse direction and respect basic human rights if they want international recognition. Yet instead of lifting their restrictions on women, the Taliban doubled down (UN, 2023).

In a recent report (UN-OHCHR and HCR, 2023) the Special Rapporteur on the Situation of Human Rights in Afghanistan and the Working Group on discrimination against women and girls suggested that the discrimination being faced by women and girls in Afghanistan is tantamount to 'gender persecution' and expressed concern at 'the normalisation of the systematic violation of the rights of women and girls' that has taken place since the fall of the Islamic Republic of Afghanistan on 15 August 2021 (pp 3-4). The rapid erosion of women's rights under the Taliban regime has created profound fear and psychological distress among Afghan women and girls; but to what extent and of what kind? In March 2023, we used BISHNAW-WAWRA (meaning 'listen' in Dari – Pashto), a digital platform that captures the voices of Afghan women in real-time and on a diversity of issues[2] to conduct a survey to gauge how these human rights violations were impacting Afghan women, and in particular women's mental health. In total, 2,112 female respondents were surveyed in over 17 provinces.[3] In April 2023, focus group discussions were conducted with 159 women in 11 provinces.[4] The purpose of the study was to gather data and women's own accounts that could illuminate the extent of this crisis and provide recommendations for regional and international stakeholders, and the Afghan diaspora, on addressing it.

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[2] https://www.bishnaw.com/survey/31-mar-2023

[3] Farah, Faryab, Badghis, Baghlan, Kunar, Paktia, Herat, Takhar, Nangarhar, Kandahar, Balkh, Bamyan, Helmand, Panjsher, Daikundi, Jawzjan, Kabul

[4] Baghlan, Balkh, Bamyan, Daikundi, Farah, Faryab, Herat, Jawzjan, Kandahar, Nangarhar and Paktia

1.1 **Overview of findings**

Based on the results of the survey, we note that two years after the Taliban takeover, and in the aftermath of Covid-19, Afghan women are facing a country on the brink of economic collapse, unprecedented drought, chronic food insecurity, hunger, and rising poverty. Uncertainty about their future, the chipping away of their fundamental freedoms, a health care system that has largely collapsed due to the withdrawal of international funding and the exodus of young professionals and population displacement all mean that Afghan women are suffering a burgeoning and dangerous mental health crisis.

Collecting statistics on mental health has always been a challenge in Afghanistan due to the political, social, geographical and cultural context. Previous surveys have suggested anywhere between 30–50% of Afghans suffer from psychological distress (HealthNet TPO2021; Sheikh et al, 2021). Social restrictions, marginalisation and exposure to trauma mean that Afghan women and children experience higher levels of mental distress than Afghan men, while also having less access to resources and support (Rivas, 2011).

The impact of the recent Taliban edicts is reflected in the regression of women's rights in all sectors of Afghan society. The effects are starkly visible in the decline in women's economic independence, increases in domestic abuse, growing instances of forced and underage marriage of girls and increasing rates of depression and suicide among women and girls.The implementation of these edicts, across and within provinces, have been erratic and arbitrary. BISHNAW's data details the various ways in which the Taliban restrictions on education, work and mobility have impacted Afghan women, including increased vulnerability, and a sense of trapped with no future prospects. Study participants detailed the ways in which living under these conditions have created high levels of distress and led to an increase in depression and anxiety among women and girls across the country.

Table 1   Taliban edicts restricting women's rights

Taliban Edicts	Current Status
Education	Co-education is banned, university education closed to women, secondary schools closed to girls.
Employment	Women cannot teach in universities, work in offices, NGOs or for the UN, run women-operated bakeries & beauty salons. They may work in hospitals & treat female patients only. and have limited freedom to teach in primary schools.

Health	Unaccompanied women and girls may not access health centres.
Public Space	Women must be fully veiled outside the house, are discouraged from leaving home. Women will not be served in restaurants without a male family member, women banned from parks, cemeteries, shrines, gyms & public baths, and sports. Women may not use public transport, purchase tickets to travel abroad or travel distances or outside the country without a male family member.
Media	Women may not appear in radio & TV shows with male presenters and must be veiled if they appear on TV, women banned from TV dramas.
Access to Justice	Thousands of court-mandated divorces invalidated, re-examination of other cases to check for Sharia compliance, reinstated Hudood laws punishing sex outside of marriage with death.

Source: (Safi, Browne, Kamninga, Khan, 2024 Forthcoming)

The mental health struggles Afghan women face cannot be divorced from decades of conflict and the low status of women in Afghan society (Rivas, 2011). However, it is essential that the extent of the problem unfolding now is understood as a new phase of the crisis, resulting from the political and social changes since August 2021. The harm experienced in the last two years cannot be resolved quickly and if left unaddressed will threaten the wellbeing of future generations of Afghans and the ability of Afghan society to rebuild.

1.2 Methodology

The findings presented in this policy brief are based on the quantitative and qualitative data gathered during the BISHNAW research study conducted in March 2023 in Afghanistan. A structured questionnaire was used to collect quantitative data, while qualitative data was generated from focus group discussions.

Table 2 describes the research tools.

Table 2 Research tools

Research tool	Respondents	Sample size	Details
Telephonic survey: 4 multiple choice questions	Women >18	291	17 provinces: snowball sampling
In-person survey: 4 multiple choice questions	Women >18	1,821	17 provinces: purposive sampling
Online focus group discussions	8-10 women per FGD, ages 18-49	159	1 FGD x 11 provinces. Participants were members of

	BISHNAW's existing Women's Peace Circles.

Source: Mariam Safi, 2023

The research study was conducted across 17 provinces (See Figure 1). The telephonic survey, which revolved around 4 questions on the social, personal and economic situation of women in Afghanistan, was delivered to women in all 17 provinces

Figure 1   Map of provinces included in this policy brief
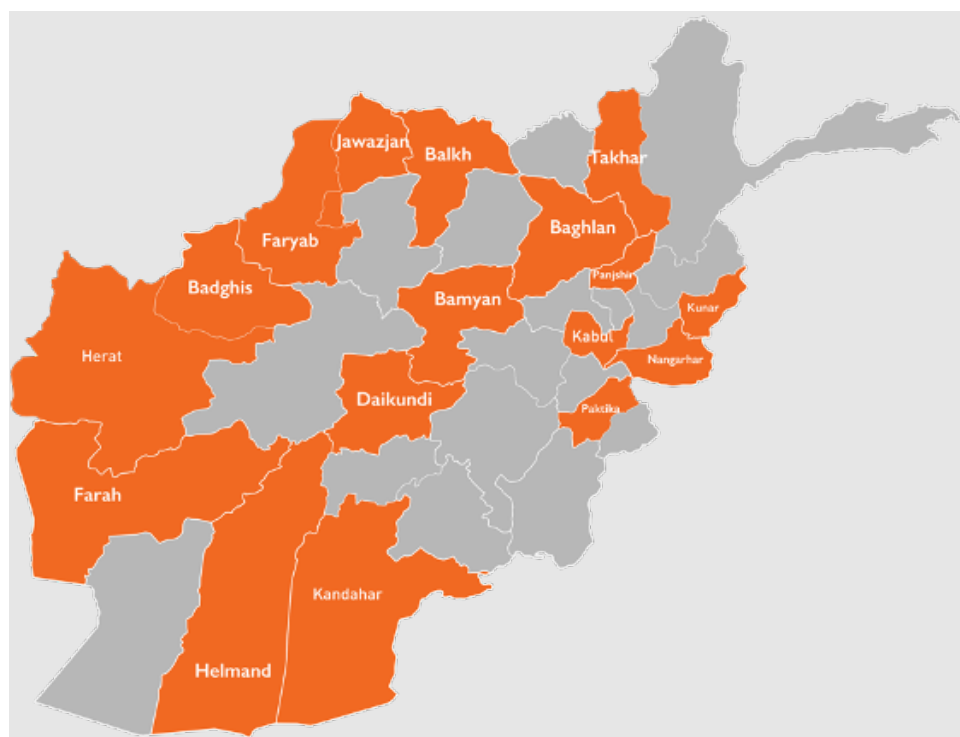
Source: BISHNAW, 2023

Focus Group Discussions (FGDs) were held in 11 provinces (one per province) through WhatsApp group voice calls. The FGDs focused on how Taliban restrictions are impacting women and girls, how participants foresee it impacting their medium and long-term future, and how these challenges can be mitigated by the women, their families, communities and other actors. Participants were approached using snowball technique and the FGD also included members of BISHNAW's 'women's peace circles'. [5]

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[5] The Women's Peace Circles established in 2020 by DROPS, brings together 10-15 prominent women based in the provincial who represent diverse professional backgrounds including civil society, private sector, bureaucrats, health care professionals, teachers, professors, and religious scholars.

2 Key findings

2.1 Taliban restrictions on Afghan women and girls

The eradication of hard-won rights for women under the Taliban is systematic and should be seen as an explicit attack on the rights of women and their personhood. The right to attend secondary school and university has been removed, specific dress codes have been reinstated regarding what women can wear outside of the house, travel without a male family member is prohibited, and access to employment and entrepreneurship and certain access to public facilities has been reduced. Many of the 2,112 women surveyed by BISHNAW-WAWRA, 42.99%, could not choose which ban was more oppressive and expressed concern about all of the recent edicts, including lack of access to contraception, education, work and mobility.
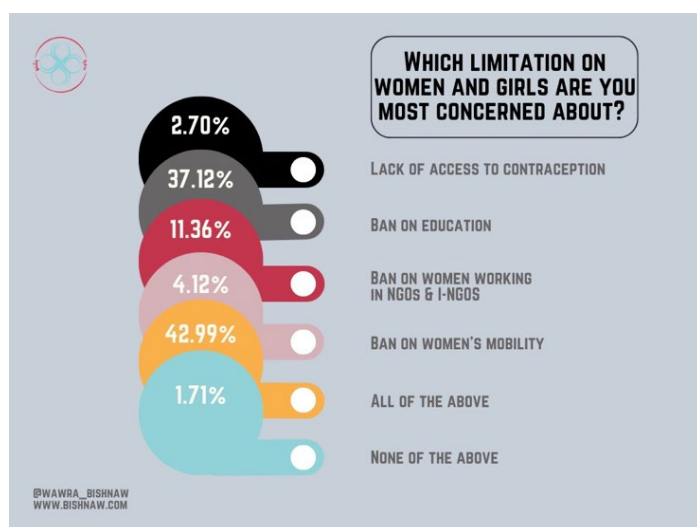
Source: BISHNAW, March 2023

Over a third of women – 37.12% – said they were most concerned about the ban on education. In Kandahar families that were previously encouraging their daughters to get an education to secure better opportunities now believe there is no future for educated women and are forcing their daughters into early marriage. Taliban policy has also created an enabling environment for those already seeking to curtail women's movement or who do not believe in women's education, reinforcing lack of respect for women's abilities.

> "First, the restrictions imposed on women have created depression due to poverty and unemployment, there is an increase in family

restrictions too, and the imposition of forced marriages on Afghan women and girls is obvious" (Baghlan FGD participant).

Women and girls are taking risks to try to continue their education using what resources are available to them, such as online education programmes and makeshift home schools operated by community members. Online programmes allow women and girls to follow a course of instruction from their homes. In Balkh and Jawzjan online programmes are being accessed by many girls in urban areas, and distance learning is allowing girls to continue with aspects of their education despite high school and university closures. However, as pointed out in FGDs, online education cannot be an alternative to a formal education, and many families cannot afford internet access, smartphones or computers to access online classes. In some communities, home-schooling programmes are proving beneficial in providing a degree of education to girls, but FGD participants also spoke of such programmes being closed by local Taliban authorities.

Irregular access to internet connections and the isolation of independent study have made this a short-term solution. Women in Bamyan and Herat stressed that the restrictions on education must be addressed and cannot be sidelined due to the existence of online programmes. Increasing levels of depression and low mood have made it difficult for women and girls to complete online programmes.

Many women, 11.6%, said the ban on work was most troubling for them. Women have been prevented from working in most public sector offices, NGOs and public spaces. Some concessions have been made to the ban on women working in health and education. While the Taliban have offered an informal exemption allowing women to continue working in the health sector, this has not been applied uniformly across all provinces. In many cases, the return to work is dependent on meeting ever-changing criteria, such as being accompanied by a male member of the family (Maharam) or only working for certain hours of the day. In Farah, female healthcare workers are required to cover their faces and wear black scarves and gloves. These restrictions have led to many women not wanting to go to work. The lack of employment opportunities and increasing poverty was cited as a major reason for deteriorating mental health among women.
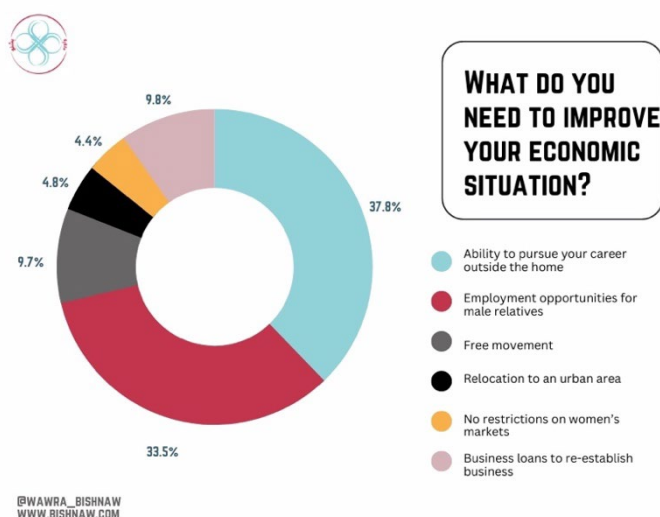
Source: BISHNAW, March 2023

With regard to employment, 37.8% of women surveyed said that pursuing a career outside the home was key to addressing poverty. The patriarchal nature of Afghan society, however, means that men are still supposed to be the main breadwinners, but economic collapse has increased unemployment among Afghan men. For 33.5% of women surveyed employment opportunities for male relatives were their greatest concern in relation to the economic situation of their families, and their ability to care for their children.

Increasing poverty and unemployment are forcing families to make hard decisions, for instance around early marriage. While in some instances marriages have been forced, in around half of the cases cited young women were opting to enter into early marriage because they saw no other future for themselves. Families in chronic poverty who cannot access credit are selling their assets and resorting to child labour and child marriage. In Bamyan and Paktia there are reports of children being sold for labour.

> "The first immediate impact of girls' education ban in Afghanistan has resulted the number of marriages including forced and underage marriages have gone high. I have witnessed myself that six or seven girls at the age of thirteen or fourteen were forced to get married, which is very sad" (Bamyan FGD participant).

In many areas, both men and women have joined together to protest against Taliban restrictions. Advocacy is taking place in person and on social media. Dissent has, however, been quickly suppressed. In Patkia and Nangarhar, there have been reports of severe beatings, imprisonment, disappearances and death threats. In families where women and girls have protested, Taliban officials have targeted and beaten male members. As a result, families are physically disciplining their daughters and people are afraid to voice concerns or opposition in public.

"Women have tried to negotiate with the Taliban and have not been successful. The only option now is to motivate local Mullahs and influential community leaders to approach the Taliban and discuss reopening of schools and universities for girls" (Daikundi FGD participant).

2.2   The impact of Taliban policies on women's mental health

Taliban edicts have created an overwhelming sense of fear and psychological distress among Afghan women. The mental health crisis affecting Afghan women has reached unprecedented levels and the impact on future generations could be irreversible. Approximately 68% of BISHNAW's survey respondents knew a woman or girl suffering from mental illness.
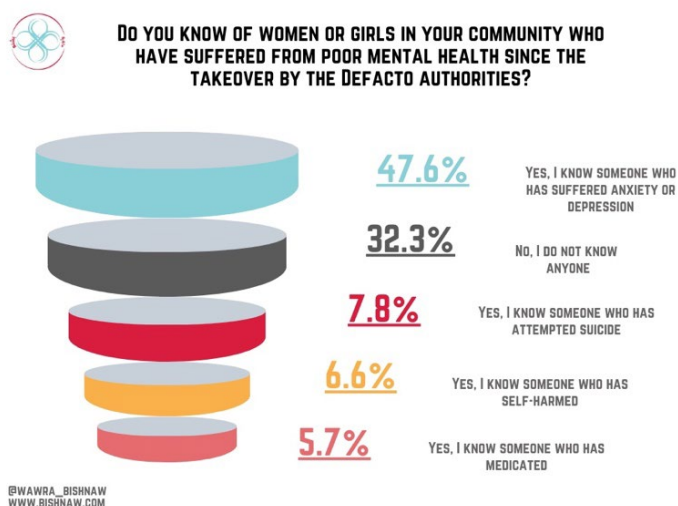
Source: BISHNAW, March 2023

Depression and anxiety were the most commonly cited mental health conditions, with over 1,000 women saying that they suffer from depression and anxiety. Suicide and attempts at self-harm are increasingly prevalent: 164 women surveyed said they knew another woman who had attempted suicide in the last two years and 261 respondents knew someone who self-harms or is self-medicating in an effort to address their mental health struggles.

"In this current situation of poverty, how much money could we afford to bribe, till when and why to bribe and for which school or educational centre to bribe first? My daughter is suffering from mental depression and I cannot dare to ask any of them to lift up education ban because my daughter is suffering from mental depression" (Balkh FGD participant).

Women are facing increased levels of violence within the home. In some cases, this is attributed to the distress and mental health issues affecting men, but ultimately this is a consequence of women's vulnerability under the Taliban authorities. Taliban edicts affecting women have fuelled conservative attitudes among men, particularly in the east and south of the country, and the patriarchal nature of Afghan culture. The current justice system is based on an ultra-conservative version of Sharia implemented by the Taliban and dominated by men. Furthermore, the closure of Gender-Based Violence (GBV) courts and women-led civil society organisations by the Taliban has meant that women now have no recourse outside of the family to address domestic, sexual and gender-based violence.

> "Domestic violence also creates mental health issues since usually due to lack of adequate knowledge on mental health issues, male members of family use domestic violence on women while women are already suffering through mental issues" (Nangarhar FGD participant).

The culture of terror and fear instilled by the Taliban is also fuelling intergenerational violence. In Herat reports of increased family violence were widespread. Children are adversely impacted by the instability of the education system, but also by their experiences of witnessing violence inflicted on their parents and domestic violence in the home. Afghan women regularly express concern for their children, who are struggling with their emotions and with everyday life.

2.3 Mental health services and support

The Taliban takeover has wiped out what mental health provision remained after decades of armed conflict. While accurate data has never been available on depression and mental health disorders in Afghanistan, according to rough estimates by the WHO (2017), more than two million Afghans suffered from depressive disorders or anxiety. In August 2023, the WHO estimated that 1.6 million people with mental health conditions have no access to any form of psychosocial support (WHO, 2023). Hospitals and healthcare centres have no medicines or medical supplies and operate on a sporadic schedule when they are open; staff are not being paid and leave to find work that allows them to support their families. In a context where even basic health care is being threatened, mental health services are not viewed as essential and are quickly becoming a casualty of the political circumstances.

Even in areas where some expertise exists, women are often unable to access female health professionals. The restrictions on women's freedom to move and work have limited their ability to practice medicine and access healthcare. In Kandahar, participants reported infant deaths and disability due to lack of access to quality health care and qualified medical staff. Restrictions on socialisation have made it difficult or in some cases impossible for women with mental

health needs to be treated by a male doctor, at a time when the availability of female healthcare staff is decreasing.

Notification of when clinics will be open, and when female patients and staff are able to go to clinics, is irregular. In Baghlan, women have been banned from going to work and clinics have been closed for between two days and two months. Sporadic communication and inconsistency make both access and service provision extremely difficult for Afghan women in the community and healthcare workers.

Training on mental health illness and care is not readily available in Afghanistan, and staff attending to mental health needs in the community often only have basic healthcare skills or received specialist training from programmes funded by the previous administration or international agencies or INGOs. Tele-health support has previously been an important factor in filling the gaps, but few online or telephone support programmes are operational now, removing a vital source of information, expertise and training for Afghan health professionals. Health professionals are either no longer working or have to cover multiple communities spread across different areas, including remote communities that have no permanent services. In many of the provinces surveyed women said that clinics have either been closed or that few staff remain with training in mental health. In some cases, where female maternal health workers have been allowed to go to work they were detained by officials and sent back if they do not have a Mahram, or asked for bribes,

Women in several provinces spoke of the mental, emotional and physical difficulties they experienced because of inconsistent access to medication and advice. They are often unable to receive a diagnosis or regular treatment. The desire to ease their symptoms so they can manage their family responsibilities and care for themselves is leading women to accept any available medication, different medications or medicine without proper instructions.
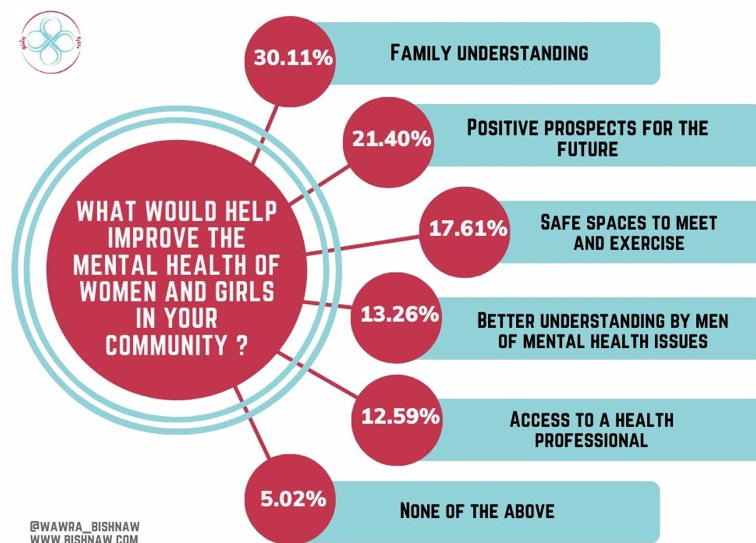
Source: BISHNAW, March 2023

Awareness around mental health is low and the social stigma around mental illness is another obstacle to accessing social, family and psychological support. Afghan culture is centred around the collective, meaning the family and community. Despite decades of war, violence and social strife, and in the absence of state-led social welfare, these structures have provided life-sustaining support and protection. Mental health issues, however, are often misinterpreted by families and communities as other illnesses, behavioural problems or a spiritual intervention or possession.

Being shunned by relatives or the community could have fatal consequences. In Herat and Balkh, women experiencing mental health problems reported being beaten by male family members because of their condition. Women are attempting to hide their symptoms and are reluctant to discuss their problems with those around them. For many this is not a risk worth taking, so they are forced to manage their symptoms or illness on their own and suffer in silence.

In Balkh province, one FGD participant explained "Depression has increased, suicides have increased, physical violence, self-harm and aggression, rape have increased, and the main reason for all this is the ignorance of families."

3 Recommendations

Taliban de facto authorities

- The de facto authorities must immediately rescind discriminatory edicts and urgently restore women's and girls' rights to education, employment and mobility, including removing barriers such as compulsory dress codes and the mahram requirement.

- The de facto authorities must improve women and girls access to healthcare by reverse restrictions on their mobility and male healthcare professionals from treating women and girls.

International stakeholders

- The international community must base its engagement with the Taliban on principles that underscore respect for the full spectrum of women's rights, Taliban compliance with Afghanistan's international human rights obligations and the restoration of legal protections, especially those focused on ending violence against women and girls.

- Support in-country healthcare professionals through the development of telephone-based mechanisms and digital systems to provide case support, consultation advice and mental health first aid training run by local civil society organisations, INGOs and regional specialists in local languages and context.

- Work with and support local and diaspora healthcare professionals to develop culturally acceptable therapeutic interventions for women and girls in Afghanistan.

International and Regional Stakeholders and Local and Diaspora Communities

- Appoint a committee of experts in women's health and mental health including Afghan and international specialists to advise donor governments, regional bodies and INGOs on the appropriate interventions to assist women and girls suffering from mental health issues, and to act as an international monitoring body.

- Provide training to local clerics on mental health issues so that they can better convey messages around mental health in their speeches in mosques.

- Maximise online, television and radio support and advice resources promoting mental health targeted at women, families and communities.

- Use social media platforms like Facebook to raise awareness on mental health issues.

References

Akbari, F. and True, J. (2022) 'One year on from the Taliban takeover of Afghanistan: re-instituting gender apartheid', Australian Journal of International Affairs, 76(6), pp. 624–633. Available at: https://doi.org/10.1080/10357718.2022.2107172.

BISHNAW (2023) 'Impact of Taliban Edicts on Afghan Women's Economic Conditions and Mental Health'. DROPS 31 March (https://www.bishnaw.com/survey/31-mar-2023).

HealthNet TPO. (2021). Supporting Mental Health in Afghanistan. ReliefWeb. October 6

Human Rights Council and the Office of the High Commissioner for Human Rights (2023) Situation of human rights in Afghanistan. UN A/HRC/52/84. New York: United Nations (https://www.ohchr.org/en/documents/country-reports/ahrc5284-situation-human-rights-afghanistan-report-special-rapporteur).

Jackson, A. and Amiri, R. (2019) Insurgent Bureaucracy: How the Taliban makes policy. Report no. 153. Washington DC: United States Institute of Peace (https://www.usip.org/sites/default/files/2021-08/pw_153-insurgent_bureaucracy_how_the_taliban_makes_policy.pdf).

Rivas, A. (2011), Health and Education in Afghanistan: Ten Years Later – Quantity Not Quality, Afghan Coordinating Body for Afghan Relief (ACBAR).

Sheikh et al (2021) Afghanistan: Decades of collective trauma, ongoing humanitarian crises, Asian Journal of Psychiatry, Volume 65.

World Health Organisation (WHO). (2017) 'Depression a leading cause of ill health and disability among Afghans – fighting stigma is key to recovery'. WHO, 9 April (https://www.emro.who.int/afg/afghanistan-news/world-health-day-2017.html).

WHO. (2023) 'Afghanistan's health system suffers critical underfunding, calls for donor support'. WHO 18 August (https://www.who.int/news/item/18-08-2023-afghanistan-s-health-system-suffers-critical-underfunding--calls-for-donor-support).

Safi, M., Browne, E., Kamninga, T., and Khan, A. (Forthcoming) 'Social norms around age at marriage in Afghanistan', ODI.