



VEIL OF TEARS

Afghans' stories of loss in childbirth

Cover Photo: Two teenage girls sewing burqas at home in Kabul, 30 September 2009
By Kate Holt/CARE International/IRIN

Other Photos by: Masoud Popalzai, Kate Holt, Salma Zulfiqar

Principal Reporter and Translator: Masoud Popalzai

Other Story Contributors: Parwin Faiz, Mohammad Raja,
Masooma Mohammadi, Sayed Mohammad Ali Minayar

Editor: Louise Tunbridge

Design and Layout: Jinita Shah/UNON

Printing: Publishing Services Section, Nairobi, ISO 14001:2004 - certified.

Copyright © IRIN 2009. All rights reserved

Reproduction of excerpts from the text is permissible, other than for commercial purposes, provided the Integrated Regional Information Networks (IRIN) is acknowledged as the author. IRIN provides humanitarian news and analysis through on-line articles, special reports, printed publications, film documentaries and radio.

IRIN is part of the UN Office for the Coordination of Humanitarian Affairs (OCHA) but its services are editorially independent. Its reports do not necessarily reflect the views of the United Nations and its agencies, nor its member states.

VEIL OF TEARS

Afghans' stories of loss in childbirth

My Mother

Your veil filled with tears
Your life gone with tears, your life gone with tears

Your eyes lost sleep and
Your smiles envied by evil eyes

Mother, hey mum, I want to die for you, I want to die for you
I want to die for the sorrows of your kind heart

Extract from song **Maadaram** by popular Afghan singer, Farhad Darya

Foreword

Dear Reader,

Shortly after 9/11 and the collapse of the Taliban regime in 2001, only nine percent of Afghans living in rural areas had access to basic health services. After five years of successful implementation of the newly adopted health strategy, called the Basic Package of Health Services, access to primary health care went up to 85 percent in the rural areas. The number of health facilities increased from around 400 in 2001, to 1,755 in 2008.

I state these positive achievements initially here because they show what we are capable of doing and what we have managed to do already; and yet, in parallel, they remind us of the huge challenges that remain for us to tackle, as we set about improving the lives and future for every Afghan citizen, man, woman and child.

Still, the figures tell us, 15 percent of the rural population has no access to basic health services. That percentage represents some five million people. Women and infants continue to die in large numbers during pregnancy and childbirth because of the inadequacy of our health facilities, the lack of professional health workers, and the poor road access in remote parts of the country.

This booklet, produced by IRIN, brings us up face-to-face with the suffering endured in the midst of ordinary Afghan families, especially in the villages. Reading these stories, I can almost hear the pain in the voices of the women and men who describe what they have suffered in losing their loved ones. I am proud to hear also the strong determination in the voices of those who have set out to change things for the better.

One of Afghanistan's Millennium Development Goals commits us to reducing maternal mortality by 25 percent by 2012. It is indeed a worthy goal to strive towards. We ourselves need to do our utmost to work towards bettering our health services for our people. At the same time, having lost most of its resources in the past three decades of war, Afghanistan will require continued generous and dedicated assistance from its international partners to enable us to succeed.

Dr. Sayed Mohammad Amin Fatemi
Minister of Public Health
Government of Afghanistan
October 2009

Introduction

The stories in this collection were gathered over a period of time by IRIN radio reporters in different provinces of Afghanistan. In each case, the reporter set out to investigate the circumstances affecting people's lives in a particular district or village - and in each case the deaths of women in pregnancy and childbirth came up as a leading concern. While the people featured in this booklet come from widely different parts of the country and represent Afghanistan's rich ethnic tapestry, their stories speak as if with a single voice.

Publishing a booklet was not planned from the start, but these selected stories lent themselves to a compilation that tells much about the state of today's Afghanistan in the words of some of its most ordinary citizens.

Many factors converge to make giving birth such a high-risk endeavour in Afghanistan. The interviewees in this booklet talk of the hardships they encounter in getting enough nutritious food to sustain a woman during pregnancy, let alone to feed their families on any normal day; they describe the often impossible distances and terrain, and the lack of roads and transport, that separate a woman in need of urgent medical help from a hospital; they explain the cultural and social mores that too often prevent a woman from getting help before it is too late for her and her baby; and some talk of the struggle facing any ordinary Afghan woman, who sets out to educate herself to be able to help other women.

One remarkable aspect of these compelling stories is the clear wish of the speakers to have their voices heard. Despite strong conservative traditions in some areas, which mean individuals - especially women - hesitate to speak out publicly, here they have done just that.

Many interviewees also allowed their photographs to be taken, and in some cases these have been used to illustrate their personal stories. Other photographs used in the booklet are generic and have been selected to represent perspectives, moods or emotions in support of the overall theme.

About IRIN

IRIN's principal role is to provide news and analysis on over 80 countries in sub-Saharan Africa, the Middle East and Asia for the humanitarian community. The IRIN networks target decision-makers in relief agencies, host and donor governments, human rights organizations, advocacy groups, academic institutions, and the media. At the same time, IRIN strives to ensure that affected communities can also access reliable information, so they can take informed decisions about their future. This is the role of the IRIN Radio service.

IRIN Radio has produced informative programmes that have reached millions of people in Africa and Asia. The service works with radio stations in conflict-affected countries to help improve their programming. IRIN supports these stations through the co-production of programmes, including news and information features and socially-aware soap operas, as well as in training radio journalists.

The IRIN Radio Project in Afghanistan operated from 2003 until late 2009. IRIN has worked with 20 local radio stations in all 18 provinces of the country, providing hands-on training and mentoring on making programming on humanitarian issues.

Through the project, IRIN has trained close to 100 individual journalists and set up a unique network comprising of 25 local correspondents (trained and equipped by IRIN) based in all the provinces.

On the programming side, IRIN's production team has produced more than 600 programmes in Dari and Pashto for national distribution via partners Radio Azadi, Salaam Watandar, and local FM radio stations. The programming has been widely praised by radio partners and local listeners for its consistent focus on issues of relevance to ordinary Afghans, its use of simple language, and sometimes for its ground-breaking approach to themes not typically broached by the Afghan media.

One of the defining characteristics of IRIN's reporting – in Afghanistan, as well as in other countries – is its focus on the voices and opinions of ordinary people. This booklet showcases some of the reporting conducted by the IRIN team in some of Afghanistan's most remote villages, where few families have been left unaffected by the trauma or tragedy too often associated with childbirth.

Acknowledgements

The stories in this booklet are transcriptions of audio interviews recorded on location by the IRIN Radio project team in Afghanistan, including staff and freelance correspondents.

The interviews were originally aired, in full or in part, by IRIN's radio broadcasting partners, including Radio Azadi; the Internews network's Salaam Watandar; and local FM stations across the country.

The principal contributor to the booklet is **Masoud Popalzai**, who joined IRIN as a Radio Producer in 2004 and rose to become IRIN's Head of Radio for the project. Masoud proposed the thematic concept for the booklet, and conducted the majority of the interviews during his missions to various parts of Afghanistan. He also took charge of transcribing the original Dari and Pashto stories into English.

Other contributors to the booklet are:

Parwin Faiz IRIN Correspondent based in the northern province of Balkh

Mohammad Raja IRIN Correspondent and head of local Radio Daykundi

Masooma Mohammadi IRIN Radio Producer 2006-2009

Sayed Mohammad Ali Minayar IRIN Researcher and Translator 2006-2009

Table of Contents

"My tears mixed with the dust as we were driving" Sharifa's Story	9
"Our life has been a misery since my wife died" Mohammaddin's Story	11
"Somehow I trusted the old woman" Sangima's Story	13
"I hate the snow" Mehdi's Story	15
"I keep my daughter away from the other women and children" Tordi's Story	17
"I will sell my son to buy opium" Sadaf's Story	21
"Three times I went and got the nurse" Gul Uzra's Story	25
"Her skin was the colour of fresh snow" Ziba's Story	29
"Two deaths in my own family convinced them" Fatima's Story	31
"I could not bear to see another woman die in front of me" Masooma's Story	35
"Today I started a new phase of my life!" Najiba's Story	39
"Leave her to her fate" Nadia's Story	43
"We receive hundreds of threats against us" Nabila Osmani	47
"I was too young to have a baby" Taj-ul-Nessa's Story	51
Voice of the Islamic scholar Mawlavi Abdul Malik Hamidi	55
Facts and Figures	58
Map of Afghanistan	59

“My tears mixed with the dust as we were driving”



Sharifa's Story

Remote village in Argu district, Badakhshan
© Masoud Popalzai/IRIN

Sharifa, 23, lives in a remote village in Yamgan District of Badakhshan Province. When her pregnancy became an emergency, she was carried on a wooden ladder to the nearest clinic, where no one was able to help. She then endured the pain of an almost 200km journey to the nearest hospital - only to arrive too late to save her baby.

I had delivered my other three children at home and I was expecting to do the same for this one. But the pain was terrible this time and I saw that one of my baby's hands was protruding from my body. I was in extreme pain.

There is no doctor or clinic in our village, so my family decided to take me to a clinic in Jurm [about 100km away].

As we have no roads or cars in our area, they decided to take me by donkey. But I couldn't sit on the donkey because my baby's hand was hanging out of me. So they bound me tightly onto a wooden ladder and some men carried me on their shoulders to the clinic.

But doctors there said I should be taken to Faizabad hospital [capital of Badakhshan Province, about 200km away].

My husband rented a car to drive us there. I don't remember how long we travelled until we reached Faizabad, but I remember crying out in pain for hours all the way. My face was streaked with mud, because my tears mixed with the dust as we were driving.

I fainted before I was brought into hospital, and when I was brought round I was told my baby had died. It was a boy - a handsome boy - I was told.

Doctors told me that I'll never get pregnant again. If we had roads, cars and clinics in our village, I would not have suffered that pain and my baby would not have died.



Sharifa tells her story from her hospital bed

© Masoud Popalzai/IRIN

“Our life has been a misery since my wife died”



Mohammaddin's Story

Women in Kabul collect water
© Kate Holt/CARE International/IRIN

Mohammaddin is a widower struggling to care for his five children alone in a mountain village in Baharak District of Badakhshan Province. His wife died giving birth to their sixth child. Without any women in the family to help with the children and the housework, the elderly man finds it hard to cope.

My wife was 55 years old, and was bleeding badly. She was screaming a lot, but one of my neighbours advised me to keep her at home until morning so we could take her to the clinic in the daylight. But when the sun started rising, it was too late, she was dead.

Interviewer: What happened to the baby?

Mohammaddin: I was not able to look after the baby so I had to give it away to another villager.

Interviewer: As there is no other woman in your house, how do you cope with daily life?

Mohammaddin: Since my wife died I've had many problems. I beg for help from women in the village. I offer them 10, 20, 30 Afghanis [20-60 US cents] to persuade them to make me bread. They help me out and then go home. Whenever I come back home my youngest boy comes and says, Daddy, I'm hungry. If I have bread I'll give it to him. Otherwise he'll burst into tears. A child without a mother is a big problem.

Interviewer: How do you earn money to feed your children?

Mohammaddin: During the day I give my children small jobs, like shifting small stones to build a wall. I can't go out to work in the local flour mill every day because there's no one to look after the younger ones. I work two to three days a week to earn enough money to buy wheat flour. My loss shows the impact the death of a mother has, not just on a family, but on a small community governed by a strong belief in family unity.

When my wife died everyone was sad. But now that's in the past and no one cares any more. No one cares about other people in this world. The people in our village don't have enough sympathy to say look, there are no women in his house, so let's help. They don't make fun of me here, but they don't treat me as anything special either.



Mohammaddin with his children

© Masoud Popalzai/IRIN

“Somehow I trusted the old woman”



Sangima's Story

Elderly woman in Kabul
© Kate Holt/CARE International/IRIN

Sangima watched helplessly as her sister-in-law, Mastbegeen, died trying to give birth to her seventh child. The baby was premature and there was no one to call on but an old woman, an untrained local birth attendant.

Sangima: As you see, we live in this very remote mountain village in Wakhan District [Badakhshan Province], which is very far from all facilities, including a clinic. Mastbegeen [her sister-in-law] was eight months pregnant when she started feeling pain. I told my brother [Mastbegeen's husband] to find a birth attendant. He took the donkey and left the house. After an hour he came back with the old woman.

Interviewer: Was the woman a professional health worker?

Sangima: She was not from the clinic, but yes she was professional as she has been working as a midwife for years. She has a lot of experience, she is an old woman. There's no clinic near us and these old women are the only people who help pregnant women.

Interviewer: What I mean is, did she have any formal midwifery training?

Sangima: I don't think so, because she is very old and illiterate as well. She helped Mastbegeen give birth to the child. After the birth, Mastbegeen started bleeding. I asked the old woman what was happening and she said: "Don't worry, most women bleed for some time after giving birth."

Somehow I trusted the old woman, but then I thought to myself, when I gave birth to my own child I was not bleeding like Mastbegeen. I mentioned this to my brother and we thought we should take her to a clinic. But it was 11pm and the nearest clinic in Khandod [district capital] was six hours' walk away.

We didn't have any choice but to wait. At midnight, she stopped crying. I bent over her face and shouted Mastbegeen! Mastbegeen! But she

didn't reply. I saw her chest was moving so I knew she was alive.

I left the room to call my brother, who was helping the old woman to wash the newborn baby girl. We went back in and found she was dying. We shook her and kept calling out to her, but she didn't reply and we saw her passing away. It was a very sad scene; I hope no one else on earth has to witness such a calamity in their family.

We didn't know what happened to the baby, but she also died just an hour after her mother.

Now Mastbegeen's six children are in a very bad state. Sometimes I come to cook for them or wash them, but still they are not as clean as other children. My brother cooks, but he can't cook as well as a woman. He is also poor and can't provide them with good clothing and food.

This is the reality not only in our village, but in many remote villages in the Wakhan corridor in Badakhshan, where we have little or no access to health care.



Sangima with her son

© Masoud Popalzai/IRIN

“I hate the snow”



Mehdi's Story

Remote mountain village in Salang district, Baghlan
© Masoud Popalzai/IRIN

Twelve-year-old Mehdi witnessed the death of his mother during childbirth in the winter of 2007. The family lives in Shahristan District in the central province of Daykundi. Their village, like most in the province, is many hours away from any health facility. With his arm around the shoulders of his younger sister, Zahra, Mehdi told his story.

It was the month of Dalwa [early January]. I was having dinner with my father, my sister and my mother in the evening. The weather was so cold; it was the worst period of the winter and it was snowing as well.

My mother suddenly said she was feeling pain. My sister and I didn't know she was expecting a baby. We started asking her questions about why she was feeling pain, but she wouldn't answer. I asked her if she needed a back massage, but she refused that as well.

My father went and fetched four women, some of our neighbours. They started asking her questions and my father told us to leave the room. We were so worried about her, and we felt so cold too, but we were just thinking about our mother really, nothing else.

After some time, my father came out of the room and said he was going to find a vehicle to take my mother to hospital. He went out and returned after a few minutes, telling the women he couldn't find a car as the roads were all blocked to our village because of the heavy snowfall.

There was nothing else he could do. When my mother started screaming, we went into the room and started crying. Why was no one helping her to get relief from the pain? My father said we had to wait until morning and then find a way to take her to a healthcare centre.

Minute by minute, her screaming became louder and louder. We were all sitting beside her. Her face was so red.

She carried on screaming until she died. No, she stopped screaming before she died, but she was breathing very loudly just before she died.

After she died, we cried a lot. We cried for five days because we had lost the dearest person in our life.

My mother died because we didn't have a doctor in our village and the bad roads had been blocked by snow. I hate the snow. If it was not blocking the road my father would have been able to take her to the doctor. Now whenever winter comes I feel cold and when I see the snow I remember my mother's death.

Interviewer: What happened to the baby, did she deliver it?

Mehdi: I don't know, but my father said the baby was already dead.

Interviewer: Who are you living with now?

Mehdi: Six months after my mother died, my father married another woman in our village. Now we are four people at home again, but we two children don't have our own mother. We always remember her, it's so difficult for me when I see other children, their mothers giving them money, sweets, or kissing them... I can't stop crying. We still remember our mother and love her.

“I keep my daughter away from the other women and children”



Tordi's Story

Women smoking opium
© Masoud Popalzai/IRIN

Tordi, 45, is from Shortepa District in the northern province of Balkh. The area is famous for its carpets and most families are structured around the cottage industry of carpet-weaving. Hunched over the loom for as many as 14 hours a day, the women take opium to ease pregnancy pain, and any other symptoms of sickness. Tordi tells how opium damaged her health and brought tragedy, nearly ruining her chance of raising a family.

Carpet-weaving is the occupation of my community and for years this has been the main source of income for us, as we do not have enough land for farming and few of us are skilled in anything else. For years opium has existed as our main source of medication. When I was in my mother's womb, she used to eat opium as a pain reliever and as soon as I was born she started giving it to me.

Interviewer: How did your mother take the opium and how did she feed it to you as a newborn baby?

Tordi: Well, in our place women take either the locally produced opium or buy it from a nearby village and chop it into small pieces. Then they mix the opium with sugar and animal fat and eat it or spoon-feed a child with it.

Interviewer: Why did she feed it to you?

Tordi: She used to say I cried a lot and disturbed her while she was weaving carpets and when she gave it to me I would go to sleep and would not cry for hours.

I don't quite remember, but my mother told me I was five when she showed me how to weave carpets and I started helping her. I ate opium and worked with my mother from then until I was 20 years old. I took

the drug because I was addicted and needed it to be able to concentrate on my work without feeling any pain in my body. If I didn't take it, I would get a headache, or aches in different parts of my body. You can't believe that when I was 20, people used to say I looked 12 or 13, as my body hadn't developed very much and I still looked like a child.

Interviewer: Even locally produced opium is not cheap, so how could you afford it?

Tordi: After each carpet was finished, my father used to give me some money for my work. I spent all the money on opium. I was not the only person doing that; all the women and girls in my village did the same.

I was 20 when my father married me to a 40-year-old man. I didn't mind about his age, but I was very happy and hoped my husband would not force me to weave carpets and eat opium. But I was wrong. In the second week of our marriage, he told me he needed money and I had to weave carpets. He married me to earn money.

My old friend [opium] didn't leave me, and I continued eating it. I became pregnant a few months after my marriage, but I had a miscarriage after six months. Miscarriages kept happening until on the sixth pregnancy I managed to keep the baby until the ninth month. When the baby was due, I had pain in my abdomen for three days. The birth attendant in the village tried her best to help me, but she couldn't do anything and I lost consciousness. My husband took me to the clinic in the district town but the doctors there couldn't help either and told us to go to the hospital in Mazar-e-Sharif [provincial capital].

They said they had to operate as I didn't have the strength to give birth naturally. After the operation, the doctors told me the child was stillborn.

My husband and I asked for the reason, and the doctor said years of opium addiction had damaged my health so badly that I wasn't able to become a mother. He said that if I gave up opium and started eating good food, it might be possible to give birth.

I think that was the happiest time of my life, when my husband understood how bad the opium was. When we returned home he told me he wanted a child, so I should stop consuming opium.

He took me back to Mazar-e-Sharif to a hospital that gives treatment for drug addiction. I was there for 40 days. After that, with a lot of difficulty, I managed to stay off the deadly drug. A year later, I became pregnant again and gave birth to a baby girl. She is so cute, I love her a lot. She is three years old now and I keep her away from the other women and children who still take drugs.

We are both healthy and happy. Now when I feel tired or sick while weaving carpets, I drink tea and go to sleep for an hour or two and then start work again without any problem. My husband also doesn't mind when I take a break from my job as he understands it now.

Whenever I sit with other women in the village, I tell them to quit this opium because it's destroying their lives and the lives of their small children. I am sure you would cry if you saw the dozens of malnourished and addicted

children in this village. I feed my daughter three to four times a day. We don't have good food, but still I give her flat bread with sugar and green tea. But other people make their children sleep for a whole day by giving them opium and only feed them once in the evening and once in the morning. I urge everyone to work hard, but to take care of their wives and children as well. If one of your family members gets badly ill, or even dies, from these drugs, the money you will have to spend will be more than you earn.



© Kate Holt/CARE International/IRIN

Woman making bread in Kabul

“I will sell my son to buy opium”



Sadaf's Story

Walking to fetch water in Bamyan
© Masoud Popalzai/IRIN

Where clinics are non-existent or unreachable, and where money is tight, opium has often become a fallback. Women suffering problems during pregnancy and after giving birth frequently rely on it as a substitute for medicines and painkillers, usually because they cannot get proper medical care. Sadaf, 32, comes from Jokhan village in Yamgan District, Badakhshan Province. She started smoking opium after her second baby died shortly after birth. She and her two children are now all addicted to the drug.

I started consuming opium seven years ago. You see, we live in a very remote part of the world. There is no clinic or transport here. Well, seven years ago I gave birth to my second child. After giving birth I became very ill and had terrible headaches. My baby son died at just 10 days. My husband brought medicine from the city for me, but as the city is far and it is expensive, he couldn't commute every week to keep buying medicine, so I started consuming opium.



Children living in caves in Bamyan

You know, it takes five hours to walk to a place where maybe by chance you can catch a bus or beg a lift with a private car to take you to the nearest town. Then it costs around 300 Afghanis [US\$6] to get to Faizabad [200km away].

When I first smoked opium, I felt dizzy for a while, but my headache went - so I continued. There are lots of women in my village who are used to smoking or eating opium.

About two years later I wanted to have another child and I got pregnant. During the first and second months of my pregnancy I didn't have pain. It was amazing, I felt so different from the earlier pregnancy, because this time I was consuming opium every day.

I decided to keep taking opium until the birth so I wouldn't feel the pain. I did that, but I gave birth to a stillborn baby boy.

Last year I gave birth to another child, a girl. Now she is suffering from pneumonia.

Interviewer: Did you take her to the health clinic?

Sadaf: No, I didn't.

Interviewer: Then how do you treat her?

Sadaf: When she starts coughing, I give a blowback of opium smoke into her mouth and on her face. She is very good, she breathes the smoke in, and after a few minutes she stops coughing.

Interviewer: Don't you think it is bad for her health as she is only 10 months old?

Sadaf: I know it is bad, but already she and my older son, who is nine years old, are addicted to opium. Every day when I start smoking, my son comes to me for a blowback. If I don't do it, both my son and my daughter start crying.

Interviewer: You said you smoke every day, how do you get the opium?

Sadaf: Well, nothing is as easily available as opium in our village. I smoke locally produced opium with a tiny hookah three times a day. I buy one 'toli' [a local measure, enough for one day's smoking] for 200 Afghanis [\$4] every day. See! Right now my children look dazed and silent.

Interviewer: How do you find the money to buy this?

Sadaf: Don't ask me! It hurts me a lot when I hear this question. I sold everything I had in my life. We had an acre of land, which I sold to buy opium; we had a small garden - I sold that as well. I sometimes even sell our wheat flour to my neighbours to buy opium. My husband also used to consume opium, but he went to Faizabad and had himself treated and now he works as a farmer for the 'zamindar' [landowner]. See, our life is so bad. Even I don't have a carpet to sit on. We are living in this mud hut, always full of opium smoke. It is smelly, but it is the only place we have to cook, eat and sleep.

I have got very few things left to sell. I am very badly addicted... If I don't have money, I will sell my son to buy opium. What to do - this is my habit and my medicine... If I don't smoke, the pain in my body kills me. I feel pain in my arms, shoulders and legs. We are so unlucky. If we had access to doctors and medicine, I wouldn't be smoking today.



© Masoud Popalzai/IRIN

Children in Badakhshan

“Three times I went and got the nurse”



Gul Uzra's Story

Women wait for child vaccinations in Faizabad, Badakhshan
© Salma Zulfiqar/IRIN

Gul Uzra, 55, is from Miramour District, Daykundi Province. She tells the story of her 22-year-old daughter, Zainab, who died after being at the local clinic for almost two days to deliver her child.

It was midday when my 12-year-old son came and said Zainab was ill. I realized she was about to give birth. Zainab's husband had gone to Nili [provincial capital of Daykundi] to work, so my husband and I were her guardians. This was Zainab's second child.

I rushed to her room and found her screaming, both hands clutching her abdomen. I went to ask my husband to find a car to take her to the nearest clinic in the [district] town [Miramour], an hour's drive away.

At last he brought a car and we both helped her get inside the vehicle. On the way, she was complaining a lot, as the road was so bad and the bumping of the car was hurting her.

When we arrived at the clinic the nurse told me to take her to one of the beds. I asked the nurse to examine her and see when she would deliver. The nurse said she would, but left the room. I sat beside my daughter, calming her. She was in agony until the next morning. Three times I went and got the nurse and the midwife, but they said it wasn't yet time.

In the morning, her pain had become intolerable. I went back to the nurse and she told me to go and find the midwife whose family name was Khair Khwa.

I found Khair Khwa; she looked at my daughter and told the women assistants to take her to the delivery room.

After almost 20 minutes she came out with a red face, looking afraid as well. She ran towards the nurses' room. I was so worried, I wanted to go in to see what was happening to my daughter, but the assistants wouldn't let me in.

Two nurses went with her back into the delivery room. After half an hour they came out. One of the nurses told me: "Your daughter needs an operation and you need to take her to hospital in Nili." When I heard that, I was shocked, as it takes at least 10 hours by car to get to Nili. I asked her what had happened. She didn't explain, but said there was a delivery complication.

I went into the delivery room and saw gloves covered in blood. I looked at my daughter. She was still. I think they had given her a pain killer injection... but then I saw the baby's leg was sticking out of her body.



Midwife tends to a woman and her newborn baby in Bamyan

© Masoud Popalzai/IRIN

Then I understood that the baby was not in the right position, but the health workers had been trying to pull the baby out... they hadn't managed and had left her like that. She was bleeding as well.

I went out shouting and crying and asking them to help, but they said they could just give her one more pain killer injection so she wouldn't feel the pain on the way to the hospital.

My husband went to find the car and the nurse gave my daughter an injection. After an hour she went still and I called the nurses and the

midwife to come and help. They started a medical check - I don't know exactly what they were doing, I am an illiterate woman - but again they couldn't help her. My daughter died in the clinic.

My husband brought the car and told me to get her in. I said we were going to take her back home now as she was dead. The nurse pulled the white sheet over her face. I understood how poor and untrained the health workers were. The way they acted was so bad. I lost my daughter because they couldn't help.

“Her skin was the colour of fresh snow”



Ziba's Story

Handwoven carpet depicting Ziba's story
© Masoud Popalzai/IRIN

Ziba's husband, Qurban, first related his experiences to a midwife recently graduated from Bamyan midwifery school. The midwife, who felt it could be instructive, shared it with students and teachers at the school. They in turn produced a handwoven carpet depicting the essence of the story: Qurban holding his wife in his arms with the mullah reading prayers, the long journey in a donkey cart, and the final scene of husband and children weeping at Ziba's graveside. Head of Bamyan midwifery school Saleha Hamnawa Zada re-told the story.

Ziba, 26, was living in a very remote village in the central province of Bamyan. The nearest health centre was two days' walk away.

Ziba had been pregnant six times, and had given birth to three children. She looked after her children and herded the family's few sheep.

When she became pregnant for the seventh time, she suffered heavy bleeding and felt increasingly fatigued. She had labour pains for a week before giving birth to a healthy baby girl, but the placenta was retained and Ziba went on bleeding.

Women in the village tried traditional methods to help Ziba, by making her very warm and swaddling her with three heavy blankets - but that did not work. Then the local mullah was brought to recite prayers over her, but still nothing happened.

So her husband strapped her into a donkey cart and set off for the nearest clinic. It took them two days and two nights to get there.

When they finally arrived, the midwife at the clinic said she could not help as Ziba's red blood cell count had fallen so low, because of the loss of blood. The midwife radio-called ahead [most local clinics have a high frequency radio system] to the district hospital and told Qurban to take his wife a further 50km on the donkey cart to the paved road, where they would meet the hospital ambulance.

By this time, Ziba had lost consciousness. Qurban described her skin as the colour of the fresh snow covering the ground.

Qurban said: "It was the most terrible time of my life. I was feeling so cold, as it was the worst part of the winter and I had put my big winter coat on Ziba. I was crying and screaming at her, trying to get a single word from her, and at the same time I was rushing to reach the ambulance."

After countless hours, they reached the paved road and saw the ambulance was there to meet them. But Ziba's chest was barely rising with her shallow breathing.

Inside the ambulance, they put an oxygen mask on her face and inserted a drip. They drove for more than an hour towards the hospital.

Qurban and the two nurses watched as Ziba shivered twice and then stopped breathing. "Ziba's fate didn't let her reach the hospital, but turned her to the grave," said Qurban.

Seeing that his wife was dead, Qurban told the driver to stop the ambulance. He followed the same tortuous route they had trekked, back to the village, and buried her there.

“Two deaths in my own family convinced them”



Fatima's Story

Internally displaced women and children in Ghor
© Masoud Popalzai/IRIN

Daykundi Province has only 14 professional midwives serving a population of around 600,000 people, and has one of the highest ratios of maternal mortality in the country. It is also, by and large, an extremely conservative society, where men do not let their women go out alone and forbid girls from going on to higher education. Fatima, 21, comes from a remote village in Daykundi's Khedir District. Personal family tragedy convinced the highly conservative menfolk in her family, as well as the village elders and community, to agree to send her to the midwifery school in neighbouring Bamyán Province.

I live in a very remote part of Khedir District. In my village, the only source of income for people is selling almonds. There is no school or clinic and people are deprived of most of life's basic facilities. Most people in my village and the surrounding villages are women, children and the elderly, as most of the younger men have gone to find work in the capital, Kabul, or in Iran.



© Masoud Popalzai/IRIN

Teenage girl waits to see a doctor in Daykundi

I think I am one of the few girls here to have some basic education. I did my secondary education in Iran. When I returned from Iran in 2004, I thought I would have a better life here in Afghanistan, but when we went to our village I found everything very difficult.

Women, especially pregnant mothers, suffer the most as they don't have access to health services and also lack education on maternal health care. I tried hard to persuade the elders in my village to send the literate girls like me to Bamyán or Kabul to study midwifery, but for more than three years nobody would listen to me. They ignored me and viewed me as trying to oppose the tradition and customs of the people in the village.

Our area is mountainous and it takes more than six hours to get to the nearest clinic during the summer time. In the winter, snow blocks the road for about two months and there is no access at all to the district centre.

Interviewer: How did you manage to get into this midwifery school?

Fatima: I have three brothers. The second oldest brother got married in 2006 and right after the marriage his wife got pregnant. She had many problems during her pregnancy. It was winter when her delivery time came. She didn't have any other option but to give birth at home. She gave birth, but she was bleeding for days. No one knew at the time what the matter was, but she bled to death. Now I know that her placenta was retained.

A year later, my brother married for the second time. His second wife also got pregnant very soon after her marriage, like the first wife. The problem with her was that she was not eating properly during her pregnancy. We tried to tell her that she must eat well but she didn't take it seriously.

As the months went by she complained of breathing problems and her skin got paler. We didn't know why.

She gave birth, but very soon after the delivery she died. Now I know that her death was because of not having enough blood inside her body [she was anaemic].

Then I decided that I had to cause a revolution against the tradition of this village. I told my father and mother about this midwifery school and gave them the examples of the two mothers who had died right in our house. Finally, they said yes. Then I started talking to other elders in my village to get them to agree as well.

Interviewer: Why did you care what others in the village thought?

Fatima: You may not realize that the decision of the village elders is more important than my family's. If I hadn't talked to them before coming here, I am sure they would have forced my family to leave the village. It is a shame for a family to send a young daughter far from the house without being escorted by a male member of the family.

I struggled hard until I got permission from the majority of people in the village and then last year I came to this school.

Interviewer: How long do you need to train here before you become a midwife?

Fatima: I came here in March 2008 and I have two more months. This programme lasts 18 months.

Interviewer: What about your achievements here and what will you do when you graduate?

Fatima: I am very happy as I have achieved so much. Over the past year I have been given free accommodation and food, as well as the training. I have learned a lot and have had good practical training and experience at Bamyán provincial hospital.

When I finish I will return to my village to work as a midwife. I am so excited, because I will be the first ever professional midwife in that area. I am so looking forward to helping those innocent women living with the kind of problems they shouldn't have, that are treatable.

I am sure at least I will be able to diagnose the problems and show the women what to do, instead of making things worse like the untrained birth attendants usually do in the villages.

I will try my best to ensure that no more men lose their beloved wives, as my brother did.

“I could not bear to see another woman die in front of me”



Young women carrying dough to the bakery in Bamyan
© Masoud Popalzai/IRIN

Masooma's Story

Masooma is a student at Bamyan midwifery school. She comes from Pajandor, a remote and mountainous part of Waras District, Bamyan Province. In Pajandor, she worked as a vaccinator at the only clinic serving an extensive area in which over 1,000 families lived. There are few roads, and those that are passable in the summer may not be useable at all in the winter. For most people, donkey carts are the only means of transport. Masooma, 26, explained what motivated her to train as a midwife.

I worked as a vaccinator in Pajandor health centre for one and a half years. It's a very isolated village in Bamyan. If a pregnant woman wants to get to the clinic from one of the remote hamlets, it might take her days because there are no roads. Maternal mortality ratio is very high in my place because of the lack of roads, and also because there are no trained midwives and awareness is poor among the people.

At the clinic, I often witnessed women dying, and heard stories of people dying on the way to the clinic.

I was fed up with hearing this news every day. I felt lost and I was afraid that one day there might not be any women left in our area.

My job was vaccinating women and children, but in my free time I used to give a hand to the midwife, hoping to save the pregnant mothers.

One day, a man came to the clinic, out of breath and looking very afraid, and told the midwife his brother's wife was in a very critical condition.

The midwife and I went to their house, as it happened to be near the clinic. The midwife checked her pulse and blood pressure, and found both were poor. The only thing the midwife could do was to give her serum.

We sat at the bedside of that woman, who was carrying an eight-month-old baby inside her, for more than 20 minutes, but she died. Her family members all started crying and wailing. I saw her children, screaming, and asking "Mum, why have you left us alone?"

After that, I decided I could not bear to see another woman die in front of me.

I came to Bamyan to see if I could complain to the authorities and get a professional doctor or midwife posted to our village. I heard about the midwifery school and came here to get more information.

I filled in my application for the midwife's course and went back home. I spoke to my parents and they agreed, as they had seen the deaths of many women, and there was no way they or the community could say no.



Masooma (right) in the classroom

© Masoud Popalzai/IRIN

My father came with me to see the hostel and to find out about conditions at the school and agreed to let me study here.

In the early days of the course, I was always thinking back to that woman who died in front of us, trying to work out exactly what her problem was, but it seemed too complicated for me.

But a couple of months later, I understood that she had gone into shock, and the midwife hadn't realized. Now I know how easy it is to manage shock from blood loss. I feel very sorry that I wasn't able to help her back then.

From my training, I think I can help 80 percent of pregnant women suffering basic maternity complications.

When I go back to my village, I will start a public awareness programme among women and even men in the area. As I said earlier, one reason for the many deaths of these women is the lack of awareness about family planning, and ante-natal and post-natal care.

I am so excited about my new responsibility and the job I will start after completing my 18-month training, in just two months from now.

“Today I started a new phase of my life!”



Najiba's Story

Trekking to find animal pasture in Badakhshan
© Masoud Popalzai/IRIN

Deeply held conservative traditions and a lack of awareness about women's health often mean Afghan women are not able to get information about contraceptives and spacing their births. Planned pregnancy is recommended by health experts as one way of curbing preventable deaths in childbirth. Najiba, 23, from Aqcha District in Jowzjan Province, has three children after just four years of marriage, but has now managed to persuade her husband to use contraceptives so they can plan any further additions to their family.

I got married four years ago and for three of those years I have been pregnant.

I knew about contraception and family planning, as a friend of mine is a midwife and the health clinic is also very close to our home. After having my first baby, I started telling my husband we had to leave a gap of two

to three years before the next one, but he wouldn't accept that. I got pregnant again and delivered a second child in the second year of my marriage - and then the same thing happened in the third year of my marriage.

My husband wasn't ready to accept any form of contraception. I kept telling him that planning our family would help us and was good for my own health and for my children, but he used to say that it was 'haram' [prohibited by Islam] and was a big sin.

He used to tell me, when we are able to have children, why do you want to reject the gift of God? I didn't know what to do with him; I was suffering a lot.

Giving birth to three children in three years is so difficult; it almost destroyed my body and has even damaged my mind.

It has weakened me a lot and my children are weak as well. The youngest one is malnourished, and the others are also very vulnerable to pneumonia and diarrhoea. We don't have enough money to feed them well, and I have not been able to get enough decent food to regain the energy I lost over the last three years.

Every summer, my two older children suffer from diarrhoea, and every winter since their birth they suffer from colds and fevers and sometimes even pneumonia.

I am a housewife, but I can't do my work properly at home. When I go to the kitchen to cook, I have to hold one of them on my lap otherwise he starts crying; then the older one comes to me crying because I've got



Women and children on log pile in Badakhshan

his brother on my lap and not him. Then the youngest one wakes up and starts crying.

You know, sometimes when they all start crying, and I am trying to wash or cook, I just start crying too, because my patience runs out.

Sometimes I regret getting married. Now I am sick, I have such bad pains in my legs that I can't sleep at night.

But now, I think I might be getting some relief - my God is kind.

Last week, the mullah told people after afternoon prayers at the mosque that contraceptives are not 'haram' and women who have continuously been having babies can use them to protect the health of themselves and their children, and to reduce maternal mortality.

My husband was present at that session and when he arrived home he told me if I wanted I could go to the clinic to get family planning advice on how to avoid getting pregnant again.

I was surprised and for a minute I didn't believe him. I asked him, "How come you suddenly changed your mind?" He replied that the village

mullah had explained about it to all the men who attended the mosque. I really should thank the mullah who has helped me out.

So I decided to come to the clinic. Now I am here, and you know, the good thing is that all kinds of contraception and family planning are free here.

I explained everything to the nurse and she gave me different options, including condoms, injections and pills. I decided the right option for me was the injections.

I had one injection today and the doctor told me I shouldn't be worried [about getting pregnant] for three months; after three months I will need to have another injection.

Today, I began a new phase of my life! I won't be pregnant again very soon!

I hope the mullah continues this [teaching] and changes the minds of many other men so they will drop their old and unacceptable traditional beliefs, and let their wives have the benefit of this [contraception], so we won't have malnourished mothers and children again, like me and my children.

“Leave her to her fate”



Nadia's Story

Girl in Bamyan province
© Masoud Popalzai/IRIN

Paktika Province in southeastern Afghanistan does not have a single female doctor. This has huge implications for the 180,000 women living there, as conservative traditions prevent women from being seen by male doctors. Nadia, 28, is the only woman with an education in her village, 30km south of Paktika's main town, Sharena.

I got married 11 years ago when I was in Peshawar, Pakistan. We lived there for more than a year after our marriage, but then my husband said we had to move to Paktika where we both came from, because of economic hardship.

After our return, I discovered how different our village was to where we had lived in Pakistan. I found we had no roads, no school, no clean drinking water and no health clinic.

The women and children were all illiterate. For a fairly well educated woman like me it was very hard to adapt, but I had to.

I realized that I would have no access to medical care if I got pregnant, so I asked my husband to wait before we started a family.

After a couple of years, I became pregnant and gave birth in the neighbouring province of Ghazni, which is more than 200km away. In those days it used to take two days by car to get to Ghazni.

After the fall of the Taliban, I thought there would be some major changes, but unfortunately we didn't see any changes in Paktika.

The problems the women in this province face are huge. The lack of health facilities and education is stimulating the spread of preventable illnesses among women. There is no female medical doctor in the whole



© Masoud Popalza/FRIN

Wild berries: food for hard times

province and there are not enough midwives. In the provincial capital there are a few female nurses and midwives, but there are none in the districts and villages. I myself have seen many women die during or before childbirth.

My son is sick and I know he is malnourished and he will get worse if I don't take him to hospital. We don't have proper doctors or medicine to treat him here. Patients have to go to Ghazni hospital.

We do not have female health workers, and our men will never take their wives to male doctors. So they leave their wives at home to either get well by themselves - or die.

For generations the attitude has been: "leave her to her fate." I know many pregnancy-related conditions could be easily treated in a clinic, but

men in the family just say “what will be, will be.” This means the woman will either die or recover alone.

Whenever I go to Kabul or Ghazni, I make a point of talking to doctors and midwives to ask some questions and get some information, so I can at least give some advice to women in the village.

I know how bad it is for the health of a pregnant woman to perform heavy tasks at home. For example, lack of drinking water means women have to carry water from natural springs very far from their houses. You can't imagine how difficult it is for a pregnant woman to carry two jerry cans full of water over a long distance.

I have seen many pregnant women doing that and I have also seen them having a miscarriage because of it.

Ultimately it's a combination of three things that are killing the innocent women of my province: lack of female doctors and midwives, ignorance, and conservative beliefs of men who will not take their wives to hospital or to a male doctor.

The answer is for the government to send us female health workers. I am sure men won't have any reason to say no if we have a female doctor.

I know the security situation is not as good in my province as it is in Bamyan or in the northern provinces, but this doesn't mean that we should be denied access to good health care.

I have heard there are midwifery schools in other provinces and that the government offers good salaries to midwives from Kabul to go and work in the rural areas.

But most girls are uneducated in this province, and also the men never allow them to go out without a male family member. That means we cannot send them to midwifery schools in other provinces or in Kabul.

I want the government and the international community to focus on volatile provinces like Paktika, too. Security is being disrupted by others, but it's we civilians who pay the price.

I've been to Kabul many times with my husband and I've asked government officials to send doctors to our place, but they always say nobody is willing to work in an insecure province.

The news of women dying in pregnancy, childbirth and after delivery is so common here. I fear one day most of my beloved relatives and other women in the village will all have died! We really need an answer to this.

“We receive hundreds of threats against us”



Nabila Osmani

Children playing in a camp for displaced people outside Kabul
© Masoud Popalzai/IRIN

Family planning services are available in over 90 percent of health facilities across Afghanistan, but the number of women using them in rural areas is very low. Health Ministry figures suggest only 14-15 percent of women in rural and remote regions use the services on offer, which include distribution of free contraceptives and advice on spacing pregnancies. Nabila Osmani is head of the Health Ministry's family planning programme in Kandahar and Uruzgan provinces in the south of the country. She described the challenges of working in these highly conservative and insecure areas, where traditions are more deeply ingrained than in any other part of the country. Insecurity has also been a barrier to every humanitarian and developmental activity initiated.

We started from zero almost seven years ago. Then, none of the women we met knew what we meant by contraceptives and birth spacing. Despite huge problems, we have made some progress. For instance, while our target for Kandahar was to pass on family planning education to 35 percent of women, we managed to reach 19 percent. In Uruzgan, the target was 18 percent and we reached eight per cent of women.

We have 350 female health workers and 25 midwives in Kandahar and 67 volunteer health workers and 10 midwives in Uruzgan. There are a similar number of male colleagues working alongside them.

Our female colleagues make home visits, especially if they hear of a home where a woman is pregnant or has just had a baby. Inside the house, they sit with the women and explain everything in a way the uneducated women can understand. They offer them different contraceptive choices. Usually what we find is that the women prefer pills or injections, rather than condoms.

Our male colleagues also visit local communities to talk to groups of men about the same topic. The important thing they try to get across to the men is that contraception is not against our tradition or religion, and it is not harmful to anyone's health.

At the beginning, most people didn't know what we were talking about, but now they understand, although tradition makes them not want to speak openly. Sex and contraceptives are strong taboos here.

Interviewer: What are the main barriers to progress in your programme?

Nabila: Well, if you come and work in these areas, especially in the rural areas where women are not even allowed out of their house without a male escort, then you will understand how difficult it is.



Going home by donkey after visiting hospital in Daykundi

© Masoud Popalzai/IRIN

Traditions and insecurity together pose the major challenges for us. Last year, one of our health workers, Zarghona, was killed in a healthcare centre. Later on we heard that she was killed because she was encouraging women to use contraceptives.

We receive hundreds of threats against us, telling us to stop talking about family planning and offering people contraceptives. Sometimes this causes fear among our workers and they even quit their job.

It is difficult finding educated men and women in these areas. Often we have to bring people in from Kabul - but because of the poor basic living standards and the insecurity, people from the city often refuse to come here.

Another problem is negative cultural perceptions. Men do not allow their wives to go to the clinic or doctor for treatment or childbirth. Men feel ashamed if their wives get contraceptives. One of the negative beliefs is that contraceptives are a Western tool that will make you unable to bear children in the future.

People talk a lot about these things. They don't realize that maternal and infant mortality is a huge problem in their villages, even inside their homes.

“I was too young to have a baby”



Taj-ul-Nessa's Story

Teenage girl in a camp for displaced people in Kabul
© Masoud Popalzai/IRIN

More than half of all marriages in Afghanistan involve girls below the legal age of 16. Some of these child brides are as young as nine. Child brides are subjected to repeated pregnancies often before they reach physical maturity. The effects on these girls can be catastrophic - severe physical and emotional trauma, and sometimes even death. Taj-ul-Nessa, now 23, comes from a remote rural village in Qisar District, Faryab Province. She was married off when she was nine years old. Her mother had died while giving birth to her, and her father wanted money to marry a second wife.

I want to start from the beginning. When I was born only an untrained and illiterate woman was there to assist my mother, who died just after giving birth to me.

From the very first minute of my life, a series of calamities started. As I had lost my mother, my grandmother took care of me. But she was old and not strong enough to do all the things other mothers in my village did for their children.

Anyway, years passed and I turned nine. I used to help my aging grandma with washing dishes and cleaning the house. I was happy as I used to have fun with other children outside and I liked helping my grandma at home.

But my childhood didn't last long. One day, I remember my father came home earlier than usual. He was a farmer and a gardener. He began whispering with my aunt who lived with us. I will never forget what they told me next.

They told me my father had decided to marry me off to the son of a rich man. When I heard it from my aunt I thought they were teasing me, but soon I discovered they really were serious.

It didn't take my father more than a month to finalize my marriage. I cried a lot, but no one heard me.

Interviewer: How old was your husband at that time?

Taj-ul-Nessa: He was 25 years old, as he told me later.

Interviewer: How much did your father get from your in-laws in return for you?

Taj: I don't know how much exactly, but it was enough for my father to marry for a second time.

When I went to my in-laws' house I had a terrible time. I was a child; I didn't know anything at all. It was terrible having to fulfil the sexual expectations of my husband.

You know, during the day I played with the kids in the courtyard, but as it got dark I started thinking how I could say no to my husband. I was so afraid of his sexual expectations.



Woman and sick baby in Ghor

© Masoud Popaiza/IRIN

I can't tell you how the nights were like hell for me.

Four years later I got pregnant, but couldn't make it to the end. I lost the baby when it was three months old in my womb. Six months later I got pregnant again, and the same story repeated itself for my second baby. I miscarried when it was five months old.

This went on for another six years and I had three stillborn children.

Interviewer: Why do you think you lost those babies?

Taj: What I think now is that I was too young and my body didn't have the strength for pregnancy. But for the last three [stillborn], I think the uneducated village birth attendants were the cause of their deaths and all my suffering.

As you may know, in my village and the villages around, there is no health facility and people rely on the old women who work as birth attendants.

Interviewer: Now I see a baby with you, is it your child?

Taj: Yes, this is my sixth child. Luckily I gave birth to him alive. He was born three months ago.

Interviewer: How were you able to deliver this child normally, having had so many problems in the past and, as you said, lost many babies?

Taj: Well, when I lost the last one it was, I think, almost four years ago. I was so weak and ill, and also I knew I must not get pregnant again. I begged my husband not to force me to get pregnant for at least a couple of years. Fortunately, that was the only demand of mine that he accepted.

I got pregnant two and half years after losing my last child. This time, I was able to carry it on to the end. During the very last days before I gave birth, I started bleeding, but I didn't have any contractions. My husband brought three local birth attendants, but none could help. Two days passed and parts of my body stopped working.

First my hands and legs lost the power to move, and then my ears - I wasn't able to hear anything - and then my eyes.

When my husband realized I was about to die, he took me to the clinic in the district town. They couldn't help me and referred me to the hospital in Maimana, the provincial capital of Faryab. There I had an operation and now I have my child alive - even though he is malnourished.

Interviewer: What are you doing in the clinic now?

Taj: I am here to get some advice from the doctor on how to feed my child so he gains weight and becomes healthy.

I would like to tell other girls and families they should avoid child marriages and also not use illiterate birth attendants. I would like to thank the government for opening more clinics and hospitals in my province, as now we can benefit from them.

“Voice of the Islamic scholar”



Mawlavi Abdul Malik Hamidi

Women bringing water to workmen in Kabul
© Kate Holt/CARE International/IRIN

Religious scholars wield a strong influence, especially in rural communities. The government and aid agencies have been working to harness the power of religious leaders in a national strategy to reduce maternal mortality. Dozens of imams have participated in training workshops in Kabul to learn about the positive benefits of birth spacing, contraceptives and legal-age marriage. It is hoped they will go out and spread the word among their followers and use the lessons they have learned in their own teachings. Mawlavi Abdul Malik Hamidi is deputy director of mosque affairs in the Ministry of Haj and Religious Affairs. Himself an imam, he explained how family planning is permitted in Islamic scriptures.

Islam gives special focus to the health of mothers and children. It is written in one verse of the holy Koran that “lactating mothers should breastfeed each child for two years.” If this verse is wisely interpreted, one can clearly understand that every single child has the right to be breastfed for two years; therefore, this period should not be disturbed by the birth of another child, so as to ensure that the mother regains her lost energy and the child is fed adequately from the mother’s milk.

Therefore, the use of contraceptives, like pills, that have no harmful effects on the health of the mothers and are prescribed by an expert and Muslim physician, is not forbidden from the point of view of Islam.

Nowadays, however, some religious scholars are against the use of condoms as they see them as something that may spread prostitution in communities. Men use condoms as a contraceptive when having sex with women to whom they are not married, so the scholars ban the use of condoms.

With the cooperation of the Ministry of Public Health and other stakeholders, the Ministry of Haj and Religious Affairs has initiated several public awareness campaigns on mother-and-child health, hygiene, and a number of other related topics. In the campaigns, imams urge their congregations to allow women to use contraceptives when needed. These public awareness initiatives are ongoing and will continue in the future.

As Afghanistan is an Islamic country, we believe that these sermons will have a great impact. People understand that what the imams preach in the mosques is not contrary to religious values. During the sermons, we imams urge the congregation to give special care to the health of their family members, including women and children, and to take them to clinics or hospitals when they fall ill and to ensure their treatment is completed.

Unfortunately, some unfair traditional customs are widespread in some parts of the country, whereby the male members of the families do not let their wives give birth in clinics or hospitals. This behaviour goes against Islam and its values and as such, we are trying our best to convince the men to let their children be born with the help of specialized birth attendants.

We also tell people in the mosque that preventing their women from receiving specialized healthcare at clinics is not justified and that doctors are ‘mahram’ [allowed] for female patients. We tell them if they do not want to send their women to a male doctor, female doctors are available at most healthcare centres and they can provide the same service to patients. The number of people in our congregations learning about Islamic teachings is growing and now they let their women visit clinics and hospitals for treatment.

On abortion, religious scholars have different views. Some believe abortion should not take place at all, as it is counted as killing a foetus. But Islam gives precedence to the mother above the child, because the mother is the main source of generation and she needs to look after her other children. In such circumstances, where abortion is recommended to save the mother's life, it may be done on the recommendation of a Muslim and expert physician.

My message to the people is: be extra careful about the health of your wives and children and avoid frequent births, as it endangers the lives of both mother and child.

People should no longer be influenced by unfair traditional customs. I ask them to drop the unjustifiable restrictions posed on female members of their families, particularly on mothers, and let them receive timely and proper health services at clinics and hospitals, where skilled birth attendants are provided, so the lives of their wives and children may be ensured and a prosperous and sound Muslim community maintained.

Facts and Figures

- One in every eight Afghan women will probably die in childbirth
- A woman in Afghanistan is 225 times more likely to die in pregnancy or childbirth than a woman in the UK
- Only 24 percent of births in Afghanistan are assisted by a skilled birth attendant
- Almost a quarter of Afghan children die before they reach the age of five

Most maternal deaths in Afghanistan are preventable:

- Bleeding after delivery accounts for 37 percent of maternal deaths
- Obstructed labour accounts for 25 percent of maternal deaths
- Hypertensive disorders (eclampsia and pre-eclampsia) lead to 10 percent of maternal deaths

Three primary reasons prevent Afghan women from getting the help they need in childbirth:

- Slow decision-making, monopolised by men
- Absence of roads and efficient transport
- Poor service provision in health facilities

Afghanistan has only:

- 12,976 active health workers for a population of 28 million
- 344 registered female doctors
- 2,167 trained midwives (less than half the number needed)
- 26 percent literacy rate (12 percent female, 39 percent male)

(Information sourced from UNFPA, WHO, UNDP, and Afghan government ministries).

Map of Afghanistan



© OCHA Advocacy and Visual Media Unit

“Veil of Tears” is a collection of transcribed audio testimonies from women, men and children, interviewed by members of the IRIN Radio production team in 2005-2009. Their stories share the pain of the loss of a child, a wife, or a mother, in childbirth. Few families in Afghanistan have not been touched by this kind of experience. The stories transcribed in this booklet were first broadcast as part of IRIN Radio's Dari and Pashto programming in Afghanistan.

Copyright © IRIN 2009. All rights reserved.

IRIN contact details

IRIN Nairobi HQ: +254-20-7622147

email: feedback@irinnews.org

www.irinnews.org

