

# SUSTAINING THE MOMENTUM

## A STOCKTAKING EXERCISE OF THE STATUS OF WOMEN IN AFGHANISTAN



After initial troop deployment in Afghanistan in 2001, policy makers turned their attention to humanitarian rights – particularly women’s rights. With some of the worst health and mortality figures in the world, low levels of literacy and continuing insecurity, men and women in Afghanistan face tough challenges. This report finds that progress has been made in many areas to address gender inequality since 2005. However, the positive rate of change appears to have slowed down, notably in health (building new medical facilities) and education (closing the gap between male and female students).

The information presented in this report highlights areas in which improvements have been made, areas in which significant improvement has been lacking and areas for focus in the years ahead. The report takes stock of changes in gender mainstreaming since the 2005 WB report.

### Samuel Hall Research

In 2012, Samuel Hall was commissioned by the World Bank to collect information about gender in Afghanistan in four important areas: education, health, employment, and legal and voice. The aim of the study was to collect, analyse and assess all available information about the situation of women in Afghanistan, and to highlight outstanding challenges for the Government and policy-makers. Data was mined from Government Ministries, published literature, online resources and key informant interviews with stakeholders across the policy-making landscape.

### Gender at a Glance

#### *Education*

There were notable increases in the number of girls and women in education in Afghanistan in 2012. They now represent:

- 40% of primary school students;
- 35% of secondary school students;
- 34% of secondary higher school students;
- 19% of university students; and
- 31% of teachers.

Despite these gains, there are a number of outstanding challenges, such as a basic lack of school infrastructure and equipment, a lack of female teachers and a general cultural perception that education for women has no value.

#### *Health*

There has been a marked improvement in life expectancy, fertility has dropped, infant mortality has dropped and the maternal mortality ratio has decreased. The key indicator statistics in 2012 are:

- Maternal Mortality Ratio is 460 in every 100,000;
- Life expectancy at birth is 64.2 years for women;
- The fertility rate has dropped from 6.3 in 2005 to 5.1;
- Almost half (47.9%) of pregnant women have at least one antenatal visit;
- 38.6% of women give birth with a skilled birth attendant present.

However, there are significant health gains to be made. Contraceptive use is low, access to healthcare facilities is difficult in rural areas, and mental health issues are largely unreported.

## Employment

Despite gains in health and education, women's employment opportunities are bleak. In rural areas, many women work in unskilled agricultural activities, and in urban areas they are generally paid less than men and have fewer managerial opportunities.

- 96% of women are in vulnerable employment;
- Only 39% of women say that they are able to make autonomous financial decisions;
- Women work on average 30 hours a week, compared to men who work 39 hours a week.

These facts largely have their roots in social customs and practices, which make work outside of the household difficult, especially in rural areas.

## Legal and Voice

The last few years have seen progress in a number of areas with regards to women's legal rights and political voice, yet women are still greatly underrepresented in the legal sector:

- Only 4.7% of judges are female;
- Only 6.1% of attorneys are female;
- 6.4% of prosecutors are female;
- The average age of marriage is 16.

Multiple legal frameworks mean that women are often caught between Civil and Sharia Law and customary practices. Interpretation of these systems can cause confusion and, as a result, women's legal rights may be compromised.

Samuel Hall specialises in public sector consulting, socio-economic research and aid and development analysis. We work primarily with humanitarian and development partners, donors, private sector partners and academic institutions.

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## Recommendations

The findings lead to a number of strategic recommendations. Principal among these are:

**Health:** Support infrastructure growth and invest in training and capacity building – There is a serious lack of specialist medical consultants like gynaecologists and obstetricians. Many specialists tend to cluster in large urban areas and rural communities are often underserved. The focus should be on providing healthcare in remote areas; therefore incentivising health workers to work in rural districts through salary, childcare facilities (if they are parents) or other benefits should be considered.

**Employment:** Foster private entrepreneurship. Microfinance initiatives have played an important role in helping many women make the transition from subsistence income generation to self-sufficient small business operations. Skills training and microfinance provide women with the knowledge and capital to set up their own businesses.

**Justice:** Conduct a detailed assessment of the state legislative framework, traditional dispute resolution techniques and sharia law in order to establish the levels of influence and impact of the different legal systems.

**Education:** Capitalise on early gains in female education. Female education in particular was one of the flagship promises of the nascent Afghan democracy. It is crucial that stakeholders maintain the limelight for this issue over the coming years in order to avoid stasis.

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