

Broken Bodies, Broken Minds: The Untold Story of Afghan Women's Health Crisis

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ABSTRACT

This research paper investigates the physical and mental health and trauma faced by Afghan women for the past few decades. There has been an extensive history of the physical and mental trauma that Afghan women have been tolerating due to numerous reasons such as gender-based violence, socio-political instability, prolonged conflicts, restrictive cultural norms, patriarchal social structures, and systemic oppression. Focus on trauma is given by examining the roles of gender inequality, displacement, and limited access to healthcare facilities by emphasizing the significant impact of both direct and indirect violence on the physical and mental health of Afghan women. They have faced complicated long-term trauma effects which surround a complex interplay between their personal feelings, societal oppression, and systemic barriers to health and well-being. The findings highlight the need of urgent intervention of authorities to provide physical and mental health services to Afghan women.

Key words: Trauma, Violence, Physical health, Mental health, Afghan women

Introduction

Afghanistan has emerged as the most dangerous country for women. For the past decades, it is clearly known that Afghan women have been among the most affected, marginalized and often denied their basic rights due to social restrictions which has challenged their mental and physical well-being deeply. They have tolerated prolonged physical violence, forced displacement, cultural oppression, and societal norms that prioritize male authority leading to profound consequences for their physical and mental health and has also created a complex set of health issues for them. Afghan women have lived and are still living under conditions where access to healthcare is severely limited. In many countries and cultures, women are prayed and treated as goddesses; however, despite such pious and divine perceptions of women, they are subjected to extreme brutality and cruelty. In the name of their safety, atrocities are committed against women all over the world. The most painful and disheartening fact is that most of the violence on women is done inside their own houses within their walls. It not only deeply impacts their physical and mental health but also negatively affects the children who are seeing all this happening on daily basis by their own male family members and it specially creates a scariest feeling among the female children, thinking that this would their future too someday. Over the passage of years, it is evident that all the rights of women's are undermined but the real concern is that they are not even provided with health care rights as well which has led to various, risks and diseases and it has majorly impacted on their reproductive health. Afghan women have always been treated and considered as second-class citizens. Despite taking numerous initiatives, the fundamental goal of achieving

gender equality is still a very long journey for Afghan women. There have been many rights activists who claim that military groups and soldiers have gang-raped, raped with bayonets and have guns shot into their vaginas.

This paper explores the gaps in healthcare, social systems, the impact of socio-political and cultural factors on the physical and mental health of Afghan women and analyzes how these women navigate a world in relation to trauma, gender-based violence (GBV), and limited healthcare access. This paper provides a broader understanding of the complex trauma faced by Afghan women and outlines methodologies that can be employed to study their experiences. Using the qualitative research, an extensive documentation of the experiences of Afghan women has been done. There is a need for a realistic data for the better understanding of scope and severity of these health issues.

Problem Statement

Afghan women have faced multi-faceted and systematic challenges, especially in rural areas. This has not only impacted them physically but has also harmed their mental health deeply. There has been a lot of documentation work and analysis done on Afghan women's well-being, but still there is a huge scope of large-scale qualitative research on the specific nature and frequent occurrence of their physical and mental trauma.

Objectives

1. To evaluate the occurrence of physical trauma this includes injuries and acute and chronic illnesses among Afghan women.
2. To identify the factors resulting the severity of trauma.
3. To assess their mental health conditions such as depression, hypertension, and anxiety.
4. To investigate the associations between mental and physical trauma.

Literature Review

While physically not been able to capture all relevant studies, still a notable gap in the literature is identified based on publicly trauma based data and research available. This data has been assessed on Afghan women's physical and mental trauma studied primarily with female participants, who inhabit a separate sphere of social expectations and constraints within Afghan society.

According to a UN women report, "Afghan Women's Mental Health Deteriorates, mental health among the women of Afghanistan is rapidly deteriorating. In a survey of April 2024, it was reported that nearly 7 out of 10 women's level of anxiety, isolation and depression were either bad or very bad. It has been around four years since the Taliban's regime again and over 1200 days since girls and women have been allowed to go to school or university."

According to Neyazi, Ahmad et al. (2023), "Anxiety is characterized by elevated blood pressure, anxious thoughts and feelings of tension". Excessive anxiety is considered a mental health illness, if there is any absence of threat. Its symptoms include poor memory, difficulty in speaking, confusion, and lack of concentration. However, physiological symptoms are nausea, shaking, increased heart rate, dizziness, and shaking. Due to the current situation of women in Afghanistan, 73% Afghan women were reported to be in depression. Only 1/10 women are in a normal mental state and rest 9/10 is associated with the symptoms of severe anxiety and depression.

Ramos. (2023) states, “Afghan women are disproportionately affected by violence, including domestic abuse, sexual violence, and public executions during the period of intense conflicts and wars. It is important to assess the risk and mitigating factors for mental illness, personal coping mechanisms, and the societal and individual elements influencing the physical and mental health of Afghan women”. It is important for Afghan women to be done as they have been historically been marginalized both in societal and clinical research.

Afghan women have experienced shootings, bombings, and other forms of violence during wars and conflicts. Maximum numbers of times, the injuries of these women were not treated due to the lack of healthcare infrastructure in the country. Afghan women have suffered lack of medical treatment due to their country’s low GDP, per capita income, insufficient funds and facilities. Low level of nutrition is commonly found among Afghan women. Gender-based violence which includes forced marriages, sexual violence, female genital mutilation, and domestic abuse have distressingly impacted them over the years. This violence is worsened by cultural norms and wartime chaos. Many women experience physical injuries through violence, which lead them to long-term health complications such as reproductive health issues, chronic pain, and sexually transmitted diseases which directly and severely impacts on their mental health too.

Methodology

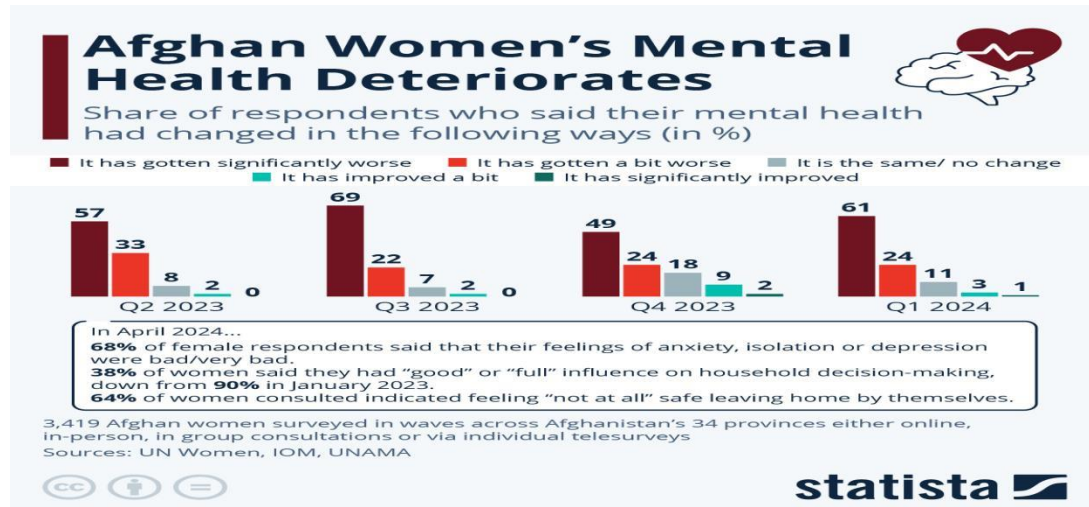
Given the lack of literature on clinical interventions of Afghan women health, the information synthesized is drawn primarily from English language peer reviewed journals and book chapters, and other scholarly works, such as dissertations and other published sources. Google and Google Scholar search engines were used to identify articles containing combinations of the following terms: “Afghan women”, “mental health”, “physical health”, “violence”, “Afghanistan”, “health system”, “medical facilities”, and related terms. In this paper, the methodological framework of the study is presented. This paper outlines the research design, Data Analysis, Case Study, Content Analysis, Narrative Analysis, and Textual Analysis.

1. Research Design – I chose a qualitative research design as it enables me to examine the existing documents based on Afghan feminism. This research method was adopted to understand the physical and mental trauma of Afghan women.
2. Data Analysis – The analysis of data was done using thematic analysis. Key themes were identified for deeper understanding of the shared experiences and individual narratives.
3. Case Study – The focus on in-depth investigation of challenges, health outcomes, and experiences of different groups of Afghan women is given using this methodology.
4. Content Analysis – While applying this method, the goal was to examine how the issues are portrayed in various literature, reports, media, and other relevant sources. The focus is given on the intersection of gender and feminism, as well as the impact of these narratives on Afghan women’s physical and mental well-being.
5. Textual Analysis – This research method is used to focus on understanding how personal accounts and stories shape our understanding of identities and experiences. Narrative analysis provides deep insights into the lived experiences of women in relation to their mental and physical health. It showcases, how they identify and navigate their health challenges, and how feminist activists, writers and ideologies influence their lives.

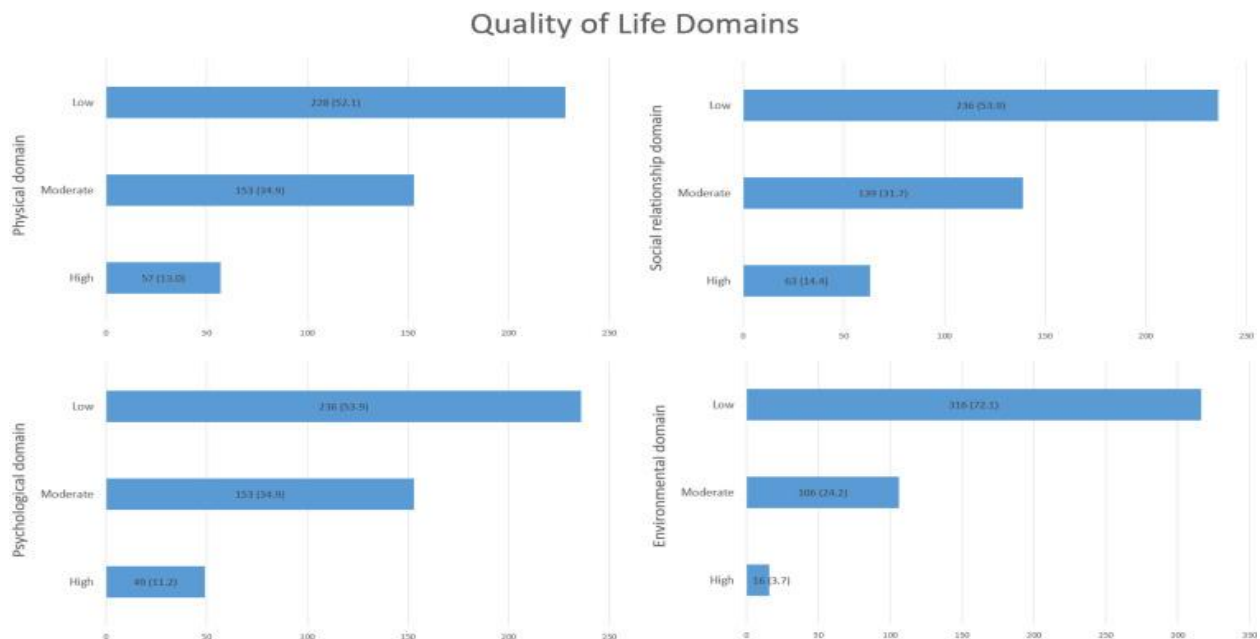
Results

1. According to the UN women report by Fleck (2024), mental health of Afghan women is severely deteriorating day by day. In these four surveys given below, 73-91 percent of women said that their mental health has worsened. 64 percent of the women said that they

do not feel safe. According to the chart given below, in January 2023, 90 percent of the women said that they have good influence over decision making but this figure dropped at 38 percent by April 2024. In another survey, it was noted that 42 percent of women had good relations with their male family members, which dropped to 22 percent later on.

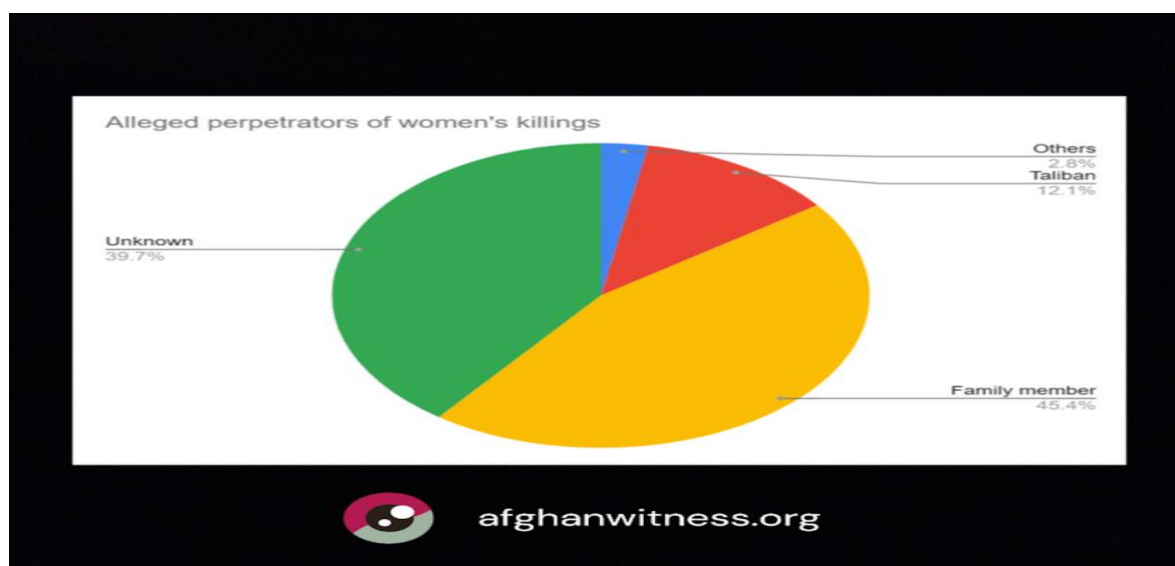


2. According to a journal article by Neyazi, Ahmad et al. (2023), the high quality of life proportions in the four domains were as follows: physical health domain (13.0%), psychological health domain (11.2%), social relationship domain (14.4%), and environment domain (3.7%). Below given is the figure for this data:

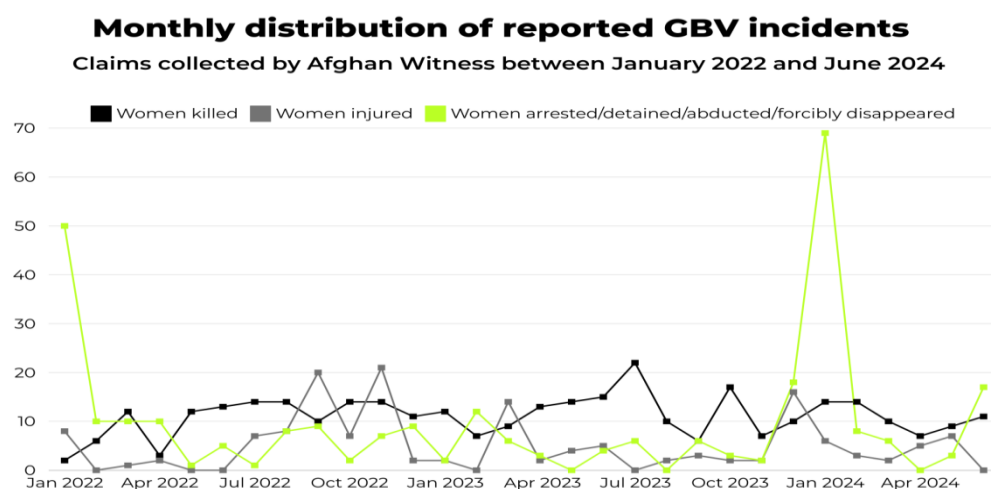


3. In a report by Centre for Information Resilience (2024), 143 Afghan women were killed within the last year itself in the Afghanistan, which excludes the casualties due to bombings and explosions. The figure given below is based on claims collected from social media and analysis is suspected to many incidents they were unreported due to Taliban's restrictions on the journalists. The reports and claims of the killings identified the incidents mainly to

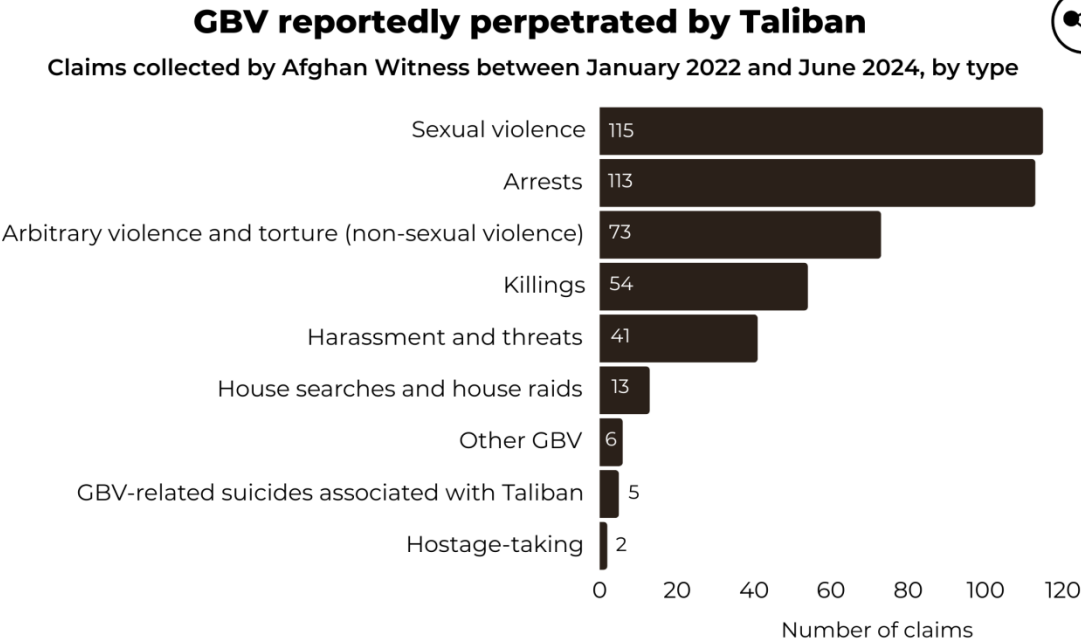
the victims' family members (45.4%), unknown actors (39.7%), and Taliban members (12.1%). These were those incidents in which the killers of women were their own brothers, fathers, husbands, sons and male-in-laws.



- In a report by Centre for Information Resilience (2024), after the Taliban's takeover from 2021, new analysis was revealed in a report which showed the extent of gender-based violence (GBV) in the country. They recorded 332 cases of femicide. In the period of two and half years, from 1 January 2022 to 30 June 2024, 840 women and girls were subjected to GBV.



A report claims 115 incidents of sexual violence, 73 incidents of violence and torture of a non-sexual nature and 113 arrests of women for protesting the regime policies on women and girls. The figure for this report is given below:



These reports and claims clearly show the impact of prevalence of injuries, impact of violence; depression, anxiety, and displacement have severely impacted the mental and physical health of Afghan women.

Discussions

The above claims and reports clearly state and reveal the widespread and profound physical and mental trauma faced by Afghan women. The prevalence of injuries, impact of violence; depression, anxiety, and displacement have the long-term psychological impact on them. The higher rates of physical injury, especially sexual violence has highlighted the devastating consequences on the mental and physical health of Afghan women.

Displacement and severe trauma has made Afghan women highly vulnerable both physically and mentally. This condition also worsened due to the lack of healthcare and social support. It has become extremely and urgently important to intervene in improvising the mental and physical health of these women and to set up the refugee settings for them as well. It is also important to address the significant barriers to healthcare access, particularly in rural areas and the root cause of violence, abuse, and discrimination for the long-term healing of Afghan women.

Conclusion

This paper provides an analysis of the physical and mental trauma faced by Afghan women due to prolonged exposure to conflict and societal oppression. These claims call for necessary and relevant actions in terms of healthcare services, policy reforms, and humanitarian aid to minimize the sufferings of Afghan women. The impact of the trauma faced by Afghan women is also affecting their next generations as well and are especially impacting the mental health of female child from the beginning itself.

The future studies must focus on the better understanding of the long-term effects of trauma and the important interventions required by the national and international organizations. Major healthcare reforms, mental health support and change in the attitude of society are very necessary

to improve the physical and mental health of Afghan women. Local communities can also create a supportive, healthy, and safe environment which will gradually start bringing a positive change the health of these women. Improvement and necessary amendments in the policies must be done at earliest. The trauma-sensitive approaches are in need to healthcare as a priority to resolve the problems of Afghan women.

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