Abstract

Education is not only a right, but an essential condition for the health and well-being of individuals and the communities in which they live. Despite strong authority within Islamic law and traditions affirmatively promoting the education of both girls and boys, the Taliban regime has denied women this right in the name of religion and culture. Physicians for Human Rights (PHR) recently surveyed the health and human rights concerns of Afghan women. The case of Afghanistan dramatically illustrates that education is a health imperative. Taliban policies of systematic discrimination against women, including restrictions on education, undermine the physical, psychological and social well–being of Afghan women. Such discrimination and the suffering it causes constitute an affront to the dignity and worth of Afghan women, and humanity as a whole.

L'éducation n'est pas seulement un droit, c'est aussi une condition essentielle de la santé et du bien–être des personnes et des communautés dans lesquelles elles vivent. Malgré le fait que la loi et les traditions islamiques encouragent fortement l'éducation des filles et des garçons, le régime des Talibans refuse ce droit aux femmes au nom de la religion et de la culture. L'organisation Physicians for Human Rights (PHR, Médecins pour les Droits Humains) a récemment enquêté sur les problèmes de santé et de droits humains de femmes afghanes. Le cas de l'Afghanistan illustre de manière évidente que l'éducation est un impératif de santé. La politique de discrimination systématique des femmes appliquée par le Taliban, comprenant des restrictions en matière d'éducation, met en danger le bien–être physique, psychologique et social des femmes afghanes. Une telle discrimination et les souffrances qu'elle cause constituent un affront à la dignité et la valeur des femmes afghanes, et à toute l'Humanité.

La educación no es sólo un derecho, sino una condición esencial para la salud y el bienestar de las personas y de las comunidades en las que viven. A pesar de que la ley y las tradiciones islámicas promueven fuertemente la educación de niñas y niños, el régimen de los talibanes niega este derecho a las mujeres en nombre de la religión y de la cultura. La organización Physicians for Human Rights (PHR, Médicos/as por los Derechos Humanos) realizó recientemente una encuesta sobre la salud y los derechos humanos de mujeres afganas. El caso de Afganistán ilustra de manera evidente que la educación es una condition fundamental para la salud. La política de los talibanes de discriminar de manera sistemática a las mujeres, incluyendo la imposición de restricciones en materia de educación, pone en peligro el bienestar físico, psicológico y social de las mujeres afganas. Esta discriminación, junto con el sufrimiento que provoca, constituye una ofensa a la dignidad y al valor de las mujeres afganas, así como a toda la humanidad.

Education, a Health Imperative: The Case of Afghanistan

Vincent Iacopino and Zohra Rasekh

UDHR Article 26

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

3. Parents have a prior right to choose the kind of education that shall be given to their children.

Education is critical to the health and well–being of individuals and the communities in which they live. Education is not only a means by which humanity transfers knowledge and values from one generation to the next, but an end in itself. It has the potential to dignify our existence and to free us from fear and want.

In 1948, drafters of the Universal Declaration of Human Rights (UDHR) recognized the importance of education to the promotion of human dignity. Article 26 of the UDHR states that "everyone has the right to education," that it should be compulsory and free in the elementary levels, and that "higher education shall be equally accessible to all on the basis of merit."[1] It stipulates that one of the goals of edu-

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cation should be "the strengthening of respect for human rights and fundamental freedoms."[2]

Although there is vast potential for education to promote the conditions for health and well–being, more than 900 million adults are illiterate. Two–thirds of these are women. More than 300 million children are not in primary or secondary school.[3] This article examines the relationship between education and health using the case of Afghanistan where recent prohibitions on education for women and girls have had devastating health effects.

Education, a Health Imperative

Education is essential for health, as defined by the World Health Organization: "a state of complete physical, mental and social well–being and not merely the absence of disease or infirmity."[4] Education has been demonstrated to be among the strongest predictors of physical health status. Many studies have shown correlation between education level and both morbidity and mortality.[5,6,7,8,9,10] A number of factors account for this correlation. Education enables individuals to make informed choices regarding health practices, access to health care services, interaction with health personnel, and participation in treatment regimens.

Education is equally necessary to mental health and social well–being. Education enables individuals to make effective life choices, participate in society, and protect and actualize their interests. In addition, education that strengthens respect for human rights and fundamental freedoms helps to develop an understanding of one's own rights and those of others, as well as promoting an appreciation for diversity among people. The educational process has a formative effect on self–conceptualization. When self–conceptualizations devalue the worth of others, there is the risk of moral disengagement and the consequent willingness to subjugate others.[11] The educational process also provides role models for students and encourages questioning about the role of the individual in relation to the state, all of which can contribute to respect for civil society.

The potential for education to empower people and to break the cycle of poverty and human misery while improving the health of communities is illustrated by the state of

Kerala. In Kerala, one of the poorest states in India, improved education for women, land reform and health care have resulted in dramatic increases in literacy and life expectancy, decreases in infant mortality, and lower birth rates as compared to the rest of India.[12] Just as education can contribute to the growth and development of humanity, it can also be used as an instrument of oppression, to enforce ignorance, and to disempower groups of people.

The Case of Afghanistan

For nearly 20 years, armed conflict and grave human rights violations have devastated the health and well–being of the Afghan people. Since 1994, the Taliban, a radical Islamic movement, has gained control of virtually all of Afghanistan. Immediately after taking Kabul in September 1996, the Taliban issued edicts forbidding women to work, attend school, or to go anywhere in public, including hospitals and clinics, without wearing a *burqa*, and without a close male relative chaperone.[13] These restrictions are literally life threatening to Afghan women and to their children.

Before the Taliban took control of Kabul, schools were coeducational and women accounted for 70 percent of teachers, 50 percent of civil servants, and 40 percent of medical doctors.[14] After the Taliban prohibited women and girls from attending school, humanitarian groups initiated projects to replace, through philanthropy, what prior governments had afforded as a right to both sexes.[15] Hundreds of schools for girls were established in private homes. Thousands of women and girls were taught basic education, sewing and weaving. On June 16, 1998, the Taliban ordered the closing of more than 100 privately funded schools in which thousands of young women and girls had been receiving training in skills that would have helped them to support their families. The Taliban issued new rules for schools operated by nongovernmental organizations: education must be available only to girls age eight or younger and restricted to studying the *Qur'an*.[16]

Physicians for Human Rights (PHR) recently surveyed the health and human rights concerns of 160 Afghan women and conducted in–depth interviews of 40 additional women.[17,18] The vast majority of study participants reported

a decline in their physical and mental health over the past two years under Taliban rule. Among those surveyed, 69 percent reported that they or a family member had been detained and abused by Taliban militia. Forty–two percent met diagnostic criteria for post–traumatic stress disorder, 97 percent demonstrated evidence of major depression and over 20 percent told PHR that they had seriously contemplated suicide.

Many of the women interviewed by PHR stated that their physical and mental suffering resulted from Taliban restrictions on their rights to work, education and access to health care. Women who previously had worked or attended school, now sell all that they own and beg on the street in order to survive. Although Taliban prohibitions on education for women and girls have been in effect only for the past two years, the effects on the mental health and social well–being of Afghan women and girls have been profound. Before the Taliban took control of Afghanistan, the society placed great value on educational advancement, and education for women symbolized the historical progress of equality for women in Afghanistan.

Educated and uneducated women alike spoke with particular urgency of their desire to obtain education for their children as a means of achieving a better future. A former teacher told PHR: "I am frightened and frustrated about the dark future for my 8 year–old daughter. Since the schools were closed, she cries nearly every day and has asked me 'please mother, shave my hair, dress me like a boy, and let me go to school with my brother.'"[20]

Many graduate students whose education in Kabul was cut short by Taliban policies have lost their hopes for the future. Sahra, a 24 year–old, fourth–year medical student was sent home from school a few months before her graduation. For Sahra, earning her medical degree and becoming a physician meant everything in life. She had lost both parents in a rocket attack in Kabul and her only hope for the future was to become a physician and care for her younger siblings. "Losing the closest people in my life was unbearable, but having no future ahead of me is driving me to insanity. Most of the time I think life has no meaning if you have no freedom, purpose and social status...." Sahra had attempted to take her

life twice. "I didn't die, but I don't feel alive either...It would have been better if they massacred all women and girls rather than driving them insane like this...."[21]

Sima, a 48 year–old widow and a former head nurse in Kabul had four daughters, two in college and two in high school. Like thousands of other families, Sima's family has suffered economic and other hardships under Taliban rule, yet her most pressing concern was the prohibition on education for her children. Sima sobbed, " I want education, I want education and I want education for my children and the children of my country...." She added, "I can't go to sleep at nights when I consider the dismal future my girls are facing...."[22]

Safeda, an illiterate mother of two boys and three girls was angry and frustrated to see her daughters missing the same opportunity that she herself had missed. "We live a very difficult life; the economy is bad, safety is not guaranteed, and access to health care is limited....I can tolerate all of these because, with time, things can change, but I cannot tolerate seeing my children grow up illiterate."[23]

A former professor of education at Kabul University expressed grave concern over the prospect of enforced ignorance of Afghanistan's entire population of women and girls. He said, "What will happen to a society where half of its population grows up illiterate and incapable of participating in the work force and other affairs of their country?"[24]

In a society where the vast majority of teachers were women, the termination of education for women and girls will have a disastrous effect for men and boys as well. While schools for boys have not been closed, there is a severe shortage of teachers. Furthermore, Taliban authorities appear to have extended their restrictions on education beyond the borders of Afghanistan. Recently, Afghan–run educational programs, including medical colleges and a computer training center for female Afghan refugees in Peshawar, Pakistan were shut down by the Pakistani government. This action was reportedly taken on the request of Taliban authorities.[19]

Because Taliban prohibitions on education for women and girls have been in effect for only two years, it is difficult to assess the physical health consequences of these prohibitions. If these prohibitions are maintained, however, it is a virtual certainty that policies of enforced ignorance will af-

fect a woman's ability to make informed choices regarding health practices, accessing health care services, interacting with health personnel and participating in treatment regimens. Lack of education will limit women's capacity to effectively use maternal and child health services; provide adequate nutrition for themselves and their families; obtain immunizations for their children; understand the benefits of breastfeeding; control the number and spacing of their children; improve hygiene and sanitation in their homes; limit the spread of infectious diseases; and use effective home remedies such as oral rehydration solution.

Under Taliban rule, Afghan women are compelled to seek care only from female providers. Since the Taliban prohibit women from receiving education, this policy will ensure a dwindling supply of health care providers and consequently will have extraordinarily adverse physical health effects for Afghan women. As one physician noted, "Under current policies, this situation will only get worse. Already there is a limited number of female obstetricians that women are supposed to see exclusively. And now the training of more women health professionals has been halted completely, so there is no way there will be women doctors for future generations."[25]

One of the most immediate and devastating physical health effects of the ban on education for women and girls has been a marked increase in incidents of landmine injuries and fatalities among women and female children. With an estimated 10 million landmines, Afghanistan is the most heavily mined nation in the world.[26] Despite international mine clearance and awareness programs, dozens of Afghan women and children are maimed or killed by landmines and unexploded ordinance every day.[27] It has been extremely difficult to reach women with mine–awareness messages in Taliban controlled areas of Afghanistan. The Taliban authorities prohibit mine–awareness training for women.[28] According to United Nations Under Secretary–General Akashi, "[t]he suspension of mine–awareness training programs for women and girls which [the United Nations had] conducted may be one explanation for the extraordinary increase in landmine casualties — estimated at 300 percent — between September and October of this year (1996)."[29] In the PHR survey, only 48 percent of respondents had received landmine–awareness

education or training. Among the 113 women with children, 62 percent reported that their children, both boys and girls, had received landmine–awareness education or training.

Although the Taliban maintains that its gender–based restrictions are rooted in Afghan history and culture, this claim is clearly contradicted by the views of Afghan women themselves. Over 95 percent of the women PHR surveyed agreed with the statement that women should have equal access to education, work opportunities, freedom of expression, freedom of association, freedom of movement, control over the number and spacing of children, legal protection for their human rights, and the right to participate in government. Furthermore, there is strong authority within Islamic law and traditions for affirmatively promoting the education of both girls and boys; for the rights of women to work, own property, earn a living, and participate in public life; and for enabling women to take the steps necessary to protect and promote their own health and that of their families.[30]

Conclusion

The case of Afghanistan dramatically illustrates that education is a health imperative. Taliban policies that systematically discriminate against women, including restrictions on education, undermine the health and well–being of Afghan women. Such discrimination and the suffering it causes constitute an affront to the dignity and worth of Afghan women and humanity as a whole. The link between education and health reinforces recent conceptualizations of health: specifically that the promotion and protection of health depends on the protection and promotion of human rights.[31,32,33,34,35]

Education, guaranteed 50 years ago in the Universal Declaration of Human Rights, remains a proactive means of promoting the health and well–being of a global civil society now, and into the twenty–first century.

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References

1. Universal Declaration on Human Rights, G.A. Res. 217A (III), U.N. GAOR Res.71, U.N. Doc.A/810 (1948).
2. Ibid.
3. R.L. Sivard, *World Military and Social Expenditures, 1996* (Washington, D.C.: World Priorities, 1996), pp. 36–38.
4. Constitution of the World Health Organization, in: *Basic Documents*, 39th ed. (Geneva: WHO, 1992) .
5. M. Grossman, "The Correlation Between Health and Schooling," in: (ed.) N.E. Terleckyj, *Household Production and Consumption, NBER Studies in Income and Wealth, No. 40* (NY: National Bureau of Economic Research and Columbia University, 1995).
6. R. Auster, I. Levenson, and D. Sarachek, "The Production of Health: An Explanatory Study," *Journal of Human Resources* 4(Fall, 1969):412–436.
7. J. Reldman, D. Makuc, J. Kleinman, et al., "National Trends in Educational Differentials in Mortality," *American Journal of Epidemiology* 129 (1989):919–933.
8. T. Pincus and L.F. Callahan, "Formal Education as a Marker for Increased Mortality and Morbidity in Rheumatoid Arthritis," *Journal of Chronic Diseases* 38(1985):973–984.
9. T. Pincus, L.F. Callahan, and R.V. Burkhauser, "Most Chronic Diseases Are Reported More Frequently by Individuals with Fewer than 12 Years of Formal Education in the Age 18–64 U.S. Population," *Journal of Chronic Diseases* 40(1987):865–874.
10. K. Matthews, S. Kelsey, E. Meilahn, et al., "Educational Attainment And Behavioral And Biologic Risk Factors For Coronary Heart Disease In Middle–Aged Women," *American Journal of Epidemiology* 129(6)(1989):1132-44.w
11. A. Bandura, "Mechanisms of Moral Disengagement," in: (ed.) W. Reich, *Origins of Terrorism: Psychologies, Ideologies, Theologies, States of Mind* (NY: Cambridge University Press, 1990), pp. 161–191.
12. R.W. Franke and B.H. Chasin, *Kerala,Development Through Radical Reform, 2nd Edition* (New Dehli: Promilla, in collaboration with Oakland: The Institute for Food and Development Policy, 1994), pp. 1–133.
13. United Nations Commission on Human Rights, *Report of Special Rapporteur on the Situation of Human Rights in Afghanistan: Question of the Violation of Human Rights and Fundamental Freedoms in any Part of the World, with Particular Reference to Colonial and Other Dependent Countries and Territories*, U.N. Doc. E/CN.4/1997/59.
14. Historically, Afghan women had an illiteracy rate of over 80 percent, but it was not based on legal prohibitions on their attendance in school. Afghanistan had free public education for all before the Taliban, but facilities for schooling of both boys and girls were inadequate and scarce in

rural areas. In addition, conservative families often restricted girls' access to public education.

15. Ibid.

16. Associated Press, "100 Girls' School in Afghan Capital Are Ordered Shut," *The New York Times*, June 17, 1998 (Associated Press, June 16, 1998).

17. Z. Rasekh, H. Bauer, M. Manos, et al, "Women's Health and Human Rights in Afghanistan" *Journal of the American Medical Association* 280(5):449–455.

18. V. Iacopino, Z. Rasekh, A.E. Yamin, et al., *The Taliban's War on Women: A Health and Human Rights Crisis in Afghanistan* (Physicians for Human Rights: Boston, 1998).

19. Frontier Post, "Pakistan Closes Down Educational Academies near Afghan Border," Frontier Post, August 28, 1998.

20. Physicians for Human Rights interview, Spring 1996.

21. Ibid.

22. Ibid.

23. Ibid.

24. Ibid.

25. Ibid.

26. United Nations Commission on Human Rights, *Report of Special Rapporteur on the Situation of Human Rights in Afghanistan: Question of the Violation of Human Rights and Fundamental Freedoms in any Part of the World, with Particular Reference to Colonial and Other Dependent Countries and Territories*, U. N. Doc. E/CN.4/1996/64.

27. United Nations Office for Coordination of Humanitarian Affairs (UNOCHA), Consolidated Appeal for Afghanistan, January 1998.

28. Médecins Sans Frontières (MSF), *Living in a Mine Field: MSF Report on the Mine Problem in Afghanistan* (France: MSF, May 1997).

29. Statement by Under Secretary–General Akashi to the Secretary–General's meeting on Afghanistan, Nov. 1996.

30. These principles are widely accepted and practiced in Muslim countries following a range of traditions and schools of Islamic law, including the Sunni Hanafi school which the Taliban assert they followed. In recent years, Islamic scholars have convened meetings and issued statements and declarations upholding these principles. For example, *The Cairo Declaration*; *Final Report of the International Conference on Population and Reproductive Health in the Muslim World* (February 21–24, 1998, Al–Azhar University, Cairo); *Health Promotion through Islamic Lifestyles: The Amman Declaration* (WHO, 1996).

31. V. Iacopino, "Human Rights: Health Concerns for the Twenty–First Century," in: (eds.) S.K. Majumdar, L.M. Rosenfeld, D.B. Nash, A.M. Audet, *Medicine and Health Care Into the Twenty–First Century* (Philadelphia: Pennsylvania Academy of Science, 1995), pp. 376–392.

32. J. Mann, L. Gostin, S. Gruskin, et al, "Health and Human Rights" *Health and Human Rights*1(1)(1994):7–23.

33. The Consortium for Health and Human Rights, "Health And Human Rights, A Call To Action: The 50th Anniversary of the Universal Declaration of Human Rights," *Journal of the American Medical Association* 280(5)(1998):462–4.

34. A.E. Yamin, "Defining Questions: Situating Issues of Power in the Formulation of a Right to Health Under International Law," *Human Rights Quarterly* 18(2)(1996):398–438.
35. S.R. Benatar, "Global Disparities in Health and Human Rights: A Critical Commentary," *American Journal of Public Health* 88 (1998):295–300.