RAOUL WALLENBERG INSTITUTE
OF HUMAN RIGHTS AND HUMANITARIAN LAW

Policy Brief

Breaking Barriers: Tackling Intersectional Discrimination in Maternal Healthcare in Afghanistan

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"In Afghanistan, maternal healthcare is in total crisis. A woman's survival in childbirth is decided not by her medical needs, but by her identity. If the world fails to act, we abandon an entire generation of Afghan women to preventable suffering and death."

Executive Summary

Maternal healthcare in Afghanistan is facing a catastrophic breakdown. A woman's chance of surviving pregnancy depends on who she is, her ethnicity, class, disability status, age, sexual orientation, or gender identity, rather than on her medical needs. Marginalised groups, including ethnic minority women, women with disabilities, adolescent girls, and LGBTQ+ individuals requiring maternal care (such as lesbian women or trans men), face extreme, intersecting barriers rooted in systemic discrimination, patriarchal control, and the collapse of health services under Taliban rule.
Since August 2021, Taliban restrictions on women's mobility, education, and work have shattered essential maternal health systems.

Female health workers have been excluded, public facilities have crumbled, and humanitarian funding has shrunk. Rural areas and minority communities have been hit hardest, leaving thousands of women without lifesaving care.
This brief draws on qualitative research across 14 provinces, including interviews with affected women, midwives, nurses, and civil society actors. It reveals how structural collapse, discriminatory laws, and social norms converge to create a gender justice and human rights emergency.

"Unless inclusive, rights-based, and intersectional interventions are prioritised immediately, Afghanistan faces a generational setback in women's survival and equality."

About the RWI Afghanistan Programme

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MINISTRY OF FOREIGN AFFAIRS OF DENMARK

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Introduction

Afghanistan's maternal health system is on the verge of total collapse. Since 2021, Taliban-imposed restrictions have dismantled pathways to safe pregnancy and childbirth. The banning of women from public-facing roles, the loss of female health professionals, and a dramatic drop in humanitarian funding have shut women out of lifesaving care.

Beyond medical need, maternal survival is dictated by a woman's social identity. Ethnic minorities — Hazara, Kochi, Uzbek, Turkmen, others — as well as women with disabilities, LGBTQ+ individuals who may need maternal care, adolescent girls, and those from low-income households face stacked, intersecting barriers that cut them off from support. In rural provinces, where health systems were already fragile, these compounded inequalities are particularly severe.

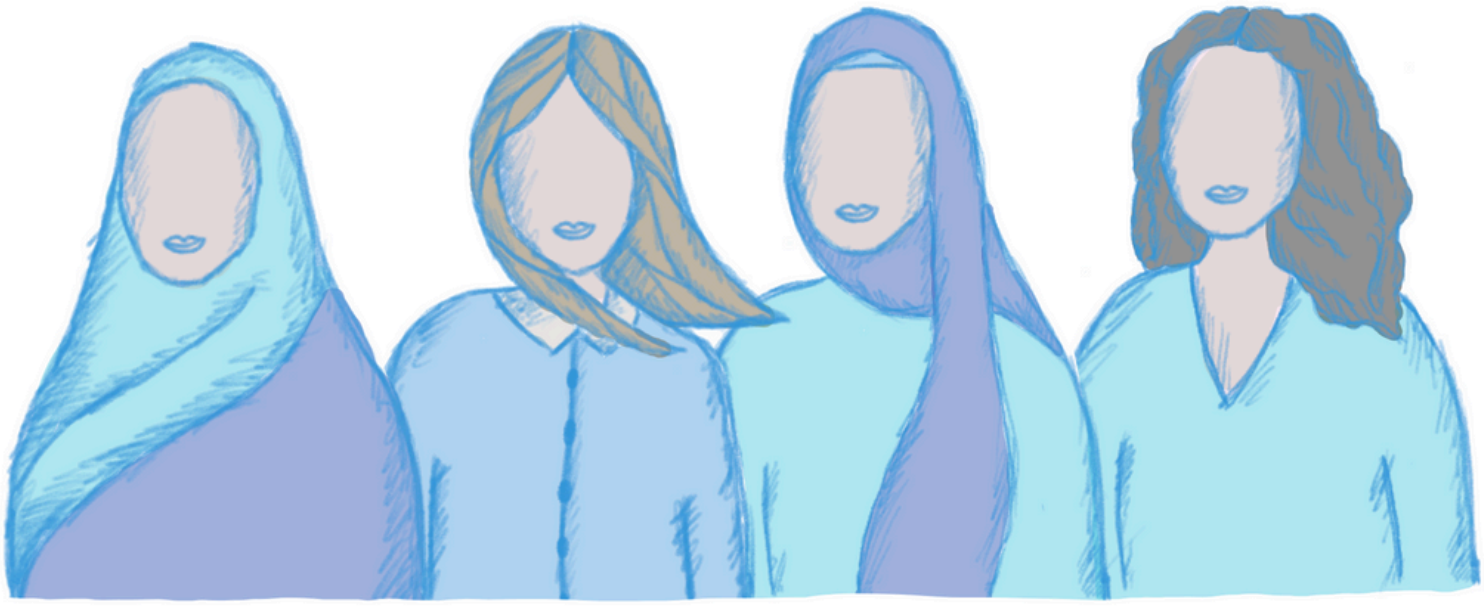

Illustration by Sofia Bartolini

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Analysis and Discussion

Afghanistan is now among the most dangerous places in the world to give birth.

"This is not merely a medical crisis. It is the result of deliberate discriminatory policies, patriarchal power structures, and chronic neglect of inclusive public health. If left unaddressed, it will entrench cycles of intersectional harm and injustice."

Picture by Elyas Alavi

Structural Discrimination and Service Collapse:

- Taliban edicts restricting female education, mobility, and employment have decimated the female healthcare workforce.
- The collapse of public health facilities, many of which now charge unaffordable fees, despite declining quality and safety.
- Rural clinics are being abandoned due to shortages of staff, medicines, and even basic equipment.
- Overcrowded maternity wards with too few beds, no paediatricians, burned-out staff, and dangerously poor hygiene.
- Private clinics charge fees far beyond what most Afghan families can pay, while lacking the capacity for emergency obstetric complications.

"Almost all the women we interviewed who gave birth at home said they wanted professional care but were denied permission or could not afford the costs."

Gendered & Ethnic Discrimination:

- Women from religious and ethnic minority groups such as Hazara, Kochi, Uzbek, Turkmen, and other ethnic and religious minorities report being denied care or receiving substandard treatment, especially if they cannot pay informal "fees."
- Taliban gender regulations enforcing a male guardian (mahram) severely delay or block maternal health access.
- Early and forced child marriages, widespread in low-income and rural households, cause early pregnancies and higher risks of birth complications.
- Heavy agricultural and domestic work before, during, and after pregnancy leaves women exhausted and severely malnourished.

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Invisibility and Denial of Care for the Most Marginalised

- Women with disabilities, LGBTQ+ individuals who may need maternal care (including trans men or lesbian women), and adolescent girls are often entirely excluded from maternal health services. Abortion restrictions force many into unsafe, clandestine procedures with life-threatening consequences.
- Meanwhile, inflation, climate-driven drought, and widespread poverty have left mothers and children dangerously malnourished. These structural drivers fuel a deadly cycle of maternal and child mortality.

Picture by Elyas Alavi

Conclusion

Maternal health in Afghanistan is not simply in crisis — it is a gender justice and human rights emergency. Women's access to safe pregnancy and childbirth is dictated by their ethnicity, class, disability status, age, and even sexual orientation. These intersecting oppressions are deepened by a failing, discriminatory health system.

"Unless immediate, inclusive, rights-based action is prioritised, Afghanistan will face countless preventable deaths and long-lasting harm to women and girls, with devastating consequences for future generations."

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Policy Recommendations

Short-Term (Immediately Actionable)

For International Stakeholders and Donors:

- Deploy women-led and community-led mobile clinics, prioritising provinces with high intersectional vulnerability, such as ethnic minorities (e.g., Bamyan, Ghor, Daikundi, Ghazni, Badakhshan, Faryab).
- Fund secure, encrypted telemedicine platforms to protect patient and provider confidentiality.
- Expand emergency nutrition programs for mothers and children in food-insecure provinces like Nimruz and Hazarajat, focusing on marginalised groups.
- Sustain funding for culturally appropriate, intersectional maternal health services that address barriers linked to ethnicity, class, disability, age, and gender identity.

For National and Local Health Authorities:

- Assign at least one qualified doctor per Basic Health Centre, and expand tele-consultation networks to reach marginalised women across regions.
- Integrate trauma-informed psychological support in maternity wards and virtual mental health support.

For Civil Society and Human Rights Advocates:

- Document and report maternal health violations using an intersectional, survivor-centred lens.
- Amplify the testimonies of ethnic minorities, women with disabilities, adolescent girls, and LGBTQ+ communities through public campaigns.
- Promote inclusive, culturally sensitive health education to encourage safe pregnancy and childbirth.

For the Private Sector:

- Partner with NGOs to subsidise maternal health services for low-income, ethnic minority, and other marginalised women.
- Expand affordable, high-quality maternal services into underserved rural areas, with explicit diversity and inclusion strategies for staff.

Medium-Term actions

For International Stakeholders and Donors:

- Apply diplomatic and legal pressure on Taliban authorities to prevent maternal deaths, systemic gender discrimination, and human rights violations.
- Reflecting Afghanistan's maternal health emergency, including intersectional discrimination, in official reports (e.g., UN Special Rapporteur).

For National and Local Health Authorities:

- Guarantee access to education and medical training for girls and women in every province, including women from ethnic minorities, those with disabilities, to rebuild an inclusive female health workforce.
- Strengthen collaboration with women-led, minority-led, disability-led, and led community health initiatives to address local needs and build trust.

For Academic and Research Institutions:

- Expand rigorous, intersectional research on maternal health, examining links between forced marriage, disability, poverty, climate impacts, and sexual orientation/gender identity.

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