

**“Identification of cultural relevant ways
to reduce family violence and other
harmful practices on a community
level”**

Research Afghanistan 2011



HealthNet TPO

List of abbreviations

AREU	Afghan Research and Evaluation Unit
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Centre
CHW	Community Health Worker
DH	District Hospital
EC	European Commission
EPHS	Essential Package of Hospital Services
EVAW	Elimination of Violence against Women
FGD	Focus Group Discussion
HCSP	Health Care Support Programmeme
HMIS	Health Management Information System
HN-TPO	HealthNet Transcultural Psychosocial Organization
HQ	Headquarters
IDP	Internally Displaced Person
IEC	Information, Education & Communication
KII	Key Informant interview
MCH	Mother and Child Health
MD	Medical Doctor
MFS	Mede Financierings Stelsel (Co Funding Scheme)
MOH	Ministry of Health
MoPH	Ministry of Public health
MOU	Memorandum of Understanding
MoWA	Ministry of Women Affairs
NGO	Non-governmental Organisation
PCC	Provincial Coordination Committee
PH	Provincial Hospital
PHC	Primary Health Care
PM	Project Manager
PSW	Psycho social worker
PTSD	Posttraumatic Stress Disorder
TA	Technical Advisor
TOR	Terms of Reference
TPO	Transcultural Psychosocial Organization
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNIFEM	United Nations Development Fund for Women
VHV	Village Health Volunteer
WHO	World Health Organisation

Executive summary

This report is the description of a research conducted in Nangahar and Kapisa province and three districts of Kabul city, implemented through UN Women Afghanistan¹ between May 2010 and May 2011. The main objective of the research was to explore the (social) embeddedness of gender based violence in Afghanistan and to identify cultural relevant ways to reduce family violence and other traditional harmful practices on a community level.

In Afghanistan, participation in local politics, community organizing and development projects are seen as key routes to empowerment for both women as individuals and as a group. Since 2001, Afghan women and girls have taken great personal risks to renegotiate the strict gender roles and identities that were imposed upon them by the Taliban. Since 2001, the state-building exercise within Afghanistan has mainly been driven by a practice of seeking to transplant Western institutional arrangements. This transformation process has failed, in large part, because Afghanistan is not adrift in complete disorder, as has been assumed, but operates based on its own logic. What governs political and economic relations in Afghanistan is not open competition, but deeply personalized relationships. Running through these factors are fundamental Islamic values linked to moral obligations, including the role division between men and women.

Despite the difficulty to categorize violent and harmful practices according to the reported frequency and severity, the data collected gave some valuable information about the most urgent and frequently reported problems that are related to these practices. Most reported harmful practices are related to violent behavior within and between families; in many cases the husband is the only perpetrator or among the perpetrators and often mothers-in-law and/or other in-laws are involved. But also other practices, taking place outside the direct realm of family life (drug abuse, limited access to education for girls) are frequently reported and are considered to be 'harmful'.

According to the many respondents of this research, personal opinions of individuals are often more egalitarian and forward-looking than the cultural norms and practices of the communities in which these individuals live², but alternatives to dominant practices or ways of breaking with harmful traditions are still rarely suggested or acted on.

This finding should be analyzed against the background of Afghan culture where people will not change customs or practices, if their neighbors continue their existing habits or changes are imposed upon them, especially by foreigners unfamiliar with Islamic traditions and customs. One of the major conclusions is that changes in practices towards a reduction of violence and harmful practice on a community level, resulting in the improvement of the living conditions of women is needed and possible but imposed changed by external agent will have a contradictory effect.

As Afghans are sensitive when it comes to the well-being of their families, they will be more willing to change customs and habits once they are aware of the negative impact certain practices can have on the (mental) health of their family members; improving the knowledge, including knowledge about the Islam, among people, especially those who are living in the more remote areas might contribute to this goal.

As family, religion, traditions and informal relationships play an important role in Afghan society, recognition must be given to the significance of family life, the Islam,

¹ In July 2010, the United Nations General Assembly created UN Women (former UNIFEM) , the United Nations Entity for Gender Equality and the Empowerment of Women.

² See for example' Internal evaluation 'Elimination of Violence against Women' HealthNetTPO March 2009 and AREU report: Decisions, Desires and diversity: Marriage Practises in Afghanistan' AREU, February 2009

community preconditions and local social orders. If the significance of social orders is fully recognized, it will require the recognition that the logic of community relations to the outside world and regional political elites is based on fostering and maintaining personal relationships rather than depersonalized ones. There are limits to the ability of programmes to transform social orders quickly. This argues for a more graduated and step-by-step approach and a willingness to work with existing structures where they function well and involving people at grassroots level; Influential figures like community leaders (Maliks and community elders) and local authorities should be informed about the purposes of programmes and although their 'agreement' is a precondition for success, it are the (religious) teachers, mullahs and Female Influential figures that seem to be the most adequate persons to initiate changes at grassroots level.

According to experiences and collected data, collaborating with especially CBOs proves to be effective. Linking up with relevant (sub) Ministries and programmes at national and provincial level in order to reduce the gap between existing policies and concrete action at grassroots level is an essential step that needs definitely more attention; besides the existing collaboration efforts with the MoH and the MOWA, the research demonstrated the importance to involve first of all the Ministry of Education in order to make modules about (family) violence related issues part of the existing curricula. Other relevant Ministries are the Ministries of religious Affairs and Rural Development.

Afghan society is changing. The implementation of activities aiming at a behavioral change among large groups of people should therefore be a 'flexible' process and respond to social and cultural changes and 'new' social phenomena.



1. Introduction

This report is the description of a research conducted in Nangahar and Kapisa province and three districts of Kabul city, implemented through UN Women Afghanistan³ (End Violence against Women; EVAW) between May 2010 and May 2011. The main objective of the research was to explore the (social) embeddedness of gender based violence in Afghanistan and to identify cultural relevant ways to reduce family violence and other traditional harmful practices on a community level. Earlier projects on this theme indicate that a systematic approach of the problem of family violence and other traditional harmful practices on a community level is essential. A start with this approach has been made during the EVAW (UNIFEM) programme between April 2008 and March 2009 but more in-depth research was needed:

- to explore the (local) definitions of family violence and traditional harmful practices
- to analyze the risk factors
- to identify belief systems and existing resources to protect its victims and prevent violent practices
- to identify guidelines regarding the prevention of and addressing family violence and other harmful practices
- to assess shared ideas about the effects of specific services in order to complete an effective package of services

The research as described in this document is part of a larger programme; in Khost and Paktia, psycho social workers conducted workshops for health staff and key figures about the causes and consequences of violent practices. Support groups have been organized for women in need of mutual support; for those in need of more specialized care and/or legal support, a referral system has been put in place. In Nangarhar, Kapisa and three districts of Kabul where the described research has been conducted and where services have been implemented for health staff, key figures and direct beneficiaries through previous programmes, psychosocial workers undertook efforts to build the capacity of staff members of different NGOs and (sub)ministries according to the findings and 'best practices' of the conducted research.

The research consisted of 4 sub studies:

- Major objective of sub-study 1 was to find out what kind of incidences are reported in targeted communities as formulated in 2.1. From August 2010 to February 2011 psychosocial workers monitored the incidences they 'happened to know of'⁴ in Nangarhar, Kapisa and some districts of Kabul where they are and have been active through different programmes⁵. Sub-study 1 has a qualitative and quantitative component (see 2.4.1).
- Sub-study 2 consisted of 11 Focus Group Discussions (FGDs) with both psychosocial workers (1 FGD per province) and the population (participants of the 3 male and 6 female groups, have been selected at random) living in the targeted areas and have been conducted by an expat consultant and senior staff members. Major question has been how family violence is perceived and explained within the targeted communities with a focus on the identification of (existing) practices and resources that might contribute to a behavioral change and a reduction of the prevalence of violent practices.
- Sub-study 3 took place through discussions with key informants (KIs), during informal conversations and through observations. The aim of this sub study was to

³ In July 2010, the United Nations General Assembly created UN Women (former UNIFEM), the United Nations Entity for Gender Equality and the Empowerment of Women.

⁴ The psychosocial workers did not undertake any extra efforts to 'find incidents'; they just described the incidents they happened to know of/encountered during their daily activities

⁵ Psychosocial workers implemented activities in the same areas through the MFS programme (2009/2010), a psychosocial programme funded by the Dutch Government, focusing on enabling the local population to cope with their daily problems and distress.

get more in-depth information about certain practices, customs and more sensitive issues.

- Sub-study 4 has been a review of relevant (grey) literature.

Findings have been analyzed and discussed in such a way that the obtained information can be used to adapt strategies and to formulate guidelines/'best practices' to prevent and address harmful practices as mentioned below.

2. Methodology

2.1 Problem Statement

Many problems in present day Afghanistan are related to the poor economic situation which is reinforced by the ongoing war and insecurity. The war and resultant economic breakdown are affecting populations both at-large and have specific negative consequences for the most vulnerable. Traditional beliefs and customs, high illiteracy rates which encompasses a poor knowledge of Human and Islamic Rights⁶, are other parts of an overall mechanism that create social environments where family violence⁷ and other harmful practices have a high prevalence to occur and continue to exist. But also the ongoing war during more than 30 years seems to affect the very social fabric of tribal life; traditional tribal leadership has diminished, domestic, family and tribal violence have increased, marriage practices are abused for monetary gain and the widespread use of drugs (opium, hashish) are reinforcing the precarious situation of many. According to a recent report of the UNAMA, some of the harmful practices as described in this survey, like 'selling girls' to settle debts, 'asking for high bride prices' or denying widows' inheritance rights, are acts that most Afghans do not view as an extension of their culture, but reflect a breakdown of customary trust and mutual support, and are a manifestation of hardship and lack of rule of law following decades of conflict⁸.

Nowhere is the need to address (family) violence more challenging than in the present context of Afghanistan. Violence is perceived as firmly imbedded in Afghan society with many societal interrelated factors that as different interwoven mechanisms evoke and reinforce violence in the family and in the community. The family is the total of relationships that give meaning to life and within which each individual has to define her or himself. When violence occurs, the family as such is involved and the family as such suffers.

Although women in Afghanistan share the problems of women in all developing countries, including poverty, lack of education, high fertility rates and little or no decision making power, many elements of the inequalities they experience are extreme in their nature and the context in which they live is considered to be exceptional as a result of the combination of traditional restrictions in women's behavior (purdah) with ongoing war-related problems and tensions.

Women are mostly suffering from violence in form of forced marriages where unfair cultural practices as early marriages and the exchange of girls for money or to resolve conflict are common. The loneliness experienced by a fair number of women is exacerbated while living with their husbands' families, being separated from their own family. The authority to punish a woman verbally, physically or emotionally may well extend to others than merely her husband; mothers-in-law are often the perpetrators of violence against their daughters-in-law. Having themselves been suppressed in their youth, they often encourage the repression of their son's wives.

But also other harmful practices both inside and outside the realm of families, such as a systematic denial of women's agency, reinforced segregation of the sexes, the limited

⁶ See also survey 'Community Based Psychosocial Services Nangarhar, Kapsia, Kabul' April 2010

⁷ Family violence: 'Any act or omission by a family member (daughter, son, sister, brother, sister in law, brother in law, wife husband, father, mother, father in law, mother in law, grandfather, grandmother, aunt, uncle, cousins), regardless of the physical location where the act takes place, which negatively affects the well-being, physical or psychological integrity, freedom or right to full development of another family member (In most cases the victim is a woman, but also children should be seriously considered)'.
⁸ See 'Harmful Traditional Practices and Implementation of the Law on Elimination of Violence against Women in Afghanistan', UNAMA report December 9th

access for girls to schools, the heavy workload for woman and young girls and non-medical (dangerous) interventions for medical problems⁹, are frequently reported.

In this document the different forms of violent practices as reported by the participants are described in order to get an overview of the existing harmful practices and to unravel the dynamics within families and between community members that might result in these harmful practices. Only when this knowledge is available, cultural relevant ways to reduce family violence and other traditional harmful practices on a community level can be generated.

2.2 Research question

The research question has been formulated as following:

What are cultural relevant ways to reduce family violence and other traditional harmful practices on a community level?

The research question has been made operational through 4 variables

- When is behavior considered to be 'violent and harmful'?
- What is the effect of these harmful practices on the physical and mental health of women?
- What can community members do to alleviate or prevent problems?
- What would be Best Practices to make behavioral changes possible and sustainable among large groups?

Different people participated in the different sub studies:

- Community members who attended awareness raising/psycho education sessions about family violence within the health facilities and communities
- Women who attended support groups within communities
- Individuals (women) who talked face to face with a health care provider or psychosocial worker.
- Community key figures like community leaders (maliks), mullahs, teachers, 'white hears' and 'white beards'¹⁰
- Health staff: doctors, nurses, midwives and health supervisors within the district hospitals, comprehensive health centers and basic health centers.
- Community health workers (CHW) within the health posts
- Health committee members
- Psychosocial workers who are responsible for the implementation of different activities of HealthNetTPO aiming at the alleviation of psychosocial problems like (family) violence

2.3. Research areas

The research took place in:

Nangahar province (total population: 1,3 million inhabitants)

Apart from Jalalabad city, Nangahar province is divided in three health clusters, e.g. Khogiani, Northern, Shinwar, including (sub)Shinwar health cluster. HealthNetTPO is implementing psychosocial activities in the rural areas of Nangahar province since 2004. The implementation of activities in Khogiani District is seriously hampered due to security reason. Northern Cluster has 5 districts. Interventions of HealthNetTPO are

⁹ for example: providing opium to treat cough, ii)non medical cutting of umbilical cord (infections), iii)deprivation of water to children with diarrhoea), and the bad treatment of children by parents or teachers (sever punishment, beating etc.)

¹⁰ These words refer to respected elder men and women in communities

taking place in 4 of these 5 Districts. Shinwar Cluster has 9 Districts. Interventions are taking place in 7 of the 9 Districts. The non-interventions areas are the more remote areas or areas that are considered not 'safe'. The majority of the population is Pashtun. In Northern Cluster 20 % are Tajek and 20% Pashai. In Nangarhar most people make a living through farming activities or by having professions as driver/mechanic, mason or carpenter. Besides a number of Comprehensive and Basic Health Centers (CHC and BHC)¹¹, Nangargar Province has some District Hospitals. There are 72 schools (Primary, Secondary, High schools).

Kapisa province (total population: 400.000 inhabitants)

Kapisa province is not divided into Clusters; there are 7 Districts. In 5 districts HealthNetTPO is implementing psychosocial activities in Kapisa since 2008; the other 2 Districts are considered to be 'unsafe' areas. The majority of the population is Tajek; 20% is Pashtun and 20% Pashai.

In Kapisa province nearly half of the households get income from farming activities and a quarter of the population in this same province earns a living by working as a civil servant (like teaching). In Kapisa province there are 5 Comprehensive Health Centers and 3 Basic Health Centers. In this same province there are 47 schools (7 Primary schools, 26 Secondary schools, 14 High schools).

Kabul city (446.200 inhabitants; population living in three districts)

In Kabul city HealthNetTPO is implementing activities in three Districts since 2009. The majority of the population in the relatively small District 6 is Tajek. In District 12 most of the population is Pashtun and in District 13 most inhabitants belong to the Hazara. In Kabul city there is a higher diversity in professions. It is worth mentioning that a considerable number of households have no regular job and are dependent of casual labor. In Kabul city there are 2 District Hospitals; one is located in District 13. In District 12 and 13 there are no other health facilities. In District 6 there is 1 CHC+¹², 2 CHCs and 1 BHC.

District 6 has 5 male High schools, 2 female High schools, 4 High schools with separate male and female departments. This District counts 2 female Secondary schools, 1 male Secondary school and 1 mixed Primary school (15 schools in total). District 12 has 3 male High schools, 5 female High schools, 6 High schools with separate male and female departments. There are two Secondary schools, one male and one female and one Primary school (17 schools in total). District 13 has 6 male High schools, 2 female High schools, 7 Secondary schools and 3 Primary schools (18 schools in total).

2.4 Methods

2.4.1. Research methodology; Incident reports, Focus Group Discussions, Key Informant Interviews and desk review

As a consequence of the objective of the research (identification of cultural relevant ways to reduce family violence and other traditional harmful practices on a community level), HealthNet TPO used a mainly qualitative research methodology. Data was collected by reporting (family) violence related 'incidents', by conducting Focus Group Discussions (FGD) and Key Informant Interviews and through a desk review.

This approach is sometimes depicted as biased by a lack of objectiveness of the obtained information. In this study we used triangulation of data to deal with this potential problem of subjective information; answers on specific questions were compared with the information obtained through the incidence reports and the information provided by

¹¹ In Afghanistan there is 1 BHC on every 15.000 people and 1 CHC on every 30.0000; a CHC has 2 beds for patients (Indoor Department)

¹² A CHC+ has some 10 beds for patients

key informants. The qualitative data were analyzed by the technical advisor Mental Health of HealthNetTPO HQ.

Only Sub study 1 had a quantitative component. All 120 incidents that have been reported between July 2010 and February 2011 have been categorized by the person who reported the incident (victim, family member, Community Health Worker or other person), the location of the incident (where in the house or where outside the family), the type of incident (mental, physical, sexual, family related, non-family related) and by precisising who was/were the perpetrator(s) (husband, direct family members, in-laws or others) (see annex 1).

Incident reports

Besides the quantitative categorization as mentioned in 2.4.1, every incident has been reported through a description/narrative of the incident. Respondents were asked to describe what had been the 'cause/provocation' that resulted in the reported incidence, what happened during the incident, how long the incidence lasted, what the reaction was of the perpetrator and how the victim(s) reacted during and after the incident. The respondents were also asked to give their opinion about eventual underlying factors (religion, traditional believes etc.).

Focus Group Discussions

Conducting FGDs is a participatory approach that provides vivid insight into the experience, perceptions and beliefs of programme beneficiaries and other relevant stakeholders. Focus Group discussions are especially helpful to encourage participants to express their thoughts and experiences, without being too obtrusive¹³.

Key Informant Interviews and informal conversations

Specific items were discussed in depth with some key informants and during informal conversations. Sexual violence related topics for example have been discussed in settings that require more privacy. But also to find out how interventions regarding the reduction and prevention of violent practices are actually implemented and what steps, techniques, processes and obstacles could be detected or perceived by the Psychosocial Workers themselves, more in-depth individual interviews were necessary.

Desk Review

An inventarisation of relevant (grey) literature took place and results obtained through the incident reports, FGDs and KIIs were compared and analyzed against the background of literature. A list of consulted documents can be found in Annex 3.

2.4.2. Data Collection

For the data collection standard guidelines were developed by Head Quarters (HQ) of HealthNetTPO (see Annexes). Two interview teams, one male, one female were instructed by the technical advisor Mental Health of HealthNetTPO HQ during a two-day workshop in October 2010 and a three-day follow-up workshop in December 2010 on how to collect incidents to conduct FGDs and KIIs. During the data collection period, supervision was provided by the expat consultant and the acting psychosocial Programme Manager Afghanistan. As the data collectors were also the implementers of the psychosocial programmes of HealthNetTPO, there may have been some bias in this study with respect to the objectivity of obtaining and recording answers given by the participants.

Despite this fallacy, thus the fact that the data collectors were familiar with the programmes of HealthNetTPO, we focus on some positive consequences. The experiences and familiarity of the facilitators with the subject could also facilitate and

13 See Unicef report 2007 UNICEF, Guide to the evaluation of psychosocial programming in emergencies, 2007

improve the discussions as (family) violence is a sensitive topic that urge for a confidential and safe relationship between data collectors and participants. Confidentiality and perceived safety were essential and needed to get free, open and 'safe' (group) discussions. The reporting of incidents and recording of the discussions were anonymous. Informants and participants were asked for their consent and informed about the aim of the research.

In the period from July 2010 to January 2011, 120 incident reports were collected. 11 Focus Group Discussions and 12 Key Informant interviews took place with, in total 119 respondents. Informal conversation took place with some 20-25 different persons, varying from the supporting staff in the offices of HealthNetTPO to people in the airport or elsewhere, having no direct relation with the topic.

According to the data collectors all participants and informants cooperated and actively described the incidents and discussed the different topics that were presented during the discussions and interviews; they were willing to share their information, knowledge and experiences despite the sensitive topics and often painful stories.

The willingness of the informants and participants suggest that our research method was accepted and in accordance with the local perceptions. We interpreted this as an indicator of contextual validity of the method.

2.4.3. Method of Analysis

The obtained data was analyzed, following the next steps:

- Systemizing gathered data
- Interpreting gathered data
- Reporting findings

Systemizing data:

First the data of the different sub studies have been analyzed separately in order to find out if there would be significant differences between the outcomes of the incidents reports, discussions and interviews.

Data of the particular sub studies were ordered in relation to the topics in the different guidelines. Subsequently all information has been ordered in relation to four sub questions (see 2.2) By looking at the data collected through the different methods of data collection, findings from different perspectives could be combined and checked on consistencies (triangulation)

Interpret gathered data:

The next step was to interpret the data; identifying variables and associations between variables. The data was reviewed several times to search for specific associations and differences; similar characteristics or patterns in the data were identified and reported. Representative quotes were marked and reported in italic. During the analysis of the data special attention was given to possible bias data by means of triangulation (e.g. combine interpretations and findings from different perspectives to check consistencies). The incident reports referred specifically to what happens exactly during a 'violent practice'. The discussions and individual interviews provided information on the history and causes of these practices, on what respondents thought of these practices and on what might be done to reduce these practices to occur. The desk review provided background information and served to reinforce findings or to broaden the context regarding the analysis of findings.

Finally the data collected through the different sub studies have been compared, with a focus on agreements and differences.

3. Results

3.1 When is behaviour considered to be 'violent and harmful'?

The categorization of violent practices as described in 3.1.2, 3.1.3 and 3.1.4 has been the logical result of all data collected, ordered hierarchically by reported frequency per category (3.1.2, 3.1.3 and 3.1.4)

3.1.1. Violent behaviour as reported through the incidents

In total 120 incidents have been reported; in Kabul 42; in Nangarhar 46 and 32 in Kapisa province. All incident reports are first of all characterized by the desperate situation of the victims. Although most of the incidents have been reported by psychosocial workers who know these victims or their close relatives through their daily work, the reports clearly indicate that it too early to 'resolve' the problem of these cases individually as most incidents are the result of (traditional) beliefs and/or (cultural) customs that exist for many years.

In nearly all reported incidents, a family member was the perpetrator. The percentage of incidents where the husband was among or the only perpetrator is 67% in Kabul, 44% in Kapisa and 57% in Nangarhar; in Kabul and Kapisa direct family members of the victim came at a second place second (33% in Kabul and 26% in Kapisa compared to 11% in Nangarhar). In Nangarhar in some 54% of the cases reported, 'in-laws' were involved (compared to 29% in Kabul and 22% in Kapisa).

All reported incidents clearly indicate that gender inequity is deeply rooted within Afghanistan, resulting in all sort of practices, beliefs and behavioural patterns. Central to the discussion of gender inequity is the issue of women's agency, and how a gender-based lack of power and control affects women's ability to make decisions and choices which is closely linked to her physical and emotional well-being and her status in the family. In many incidents described, women and girls were not asked if and to whom they want to be married. In the few cases that there is a mutual consent, problems occur after marriage when the victim in question is treated badly by her in-laws, husband or her own family members. Although the incidents have been collected 'ad-hoc' and drawing conclusions based on only these incident reports should be avoided, some characteristic issues are worth mentioning per province

Kabul city

Contrary to what might be expected, many women and girls, living in Kabul city suffer from violent practices. The types of practices do not differ very much from those in the other Provinces (except from the number of 'sexual violence' cases that have been more frequently reported in Kapisa). Many incidents reported came from District 12. There might be a relation here with the fact that is District is located at the outskirts of the city where most people are very poor, resulting in stressful living conditions. It is not clear whether there is a relation between this high number of incidents from this District with the fact that the majority living in this District, is Pashtun.

The percentage of incidents where the husband was the only or among the perpetrators is the highest in Kabul which seems to be in line with the fact that in Kabul less people live within extended families.

Kapisa Province

People in Kapisa seem to live a less conservative life than in the Pashtun area's; literacy rates are relatively high in this Province, both among men and women and the environment for women is less traditional and more 'exposed and open' than in other

Provinces. In Kapisa Province, some 20% of the incidents reported were related to women or girls who escaped from home as a result of an imposed marriage or bad treatment by husband and in-laws. Sexual violence is also more reported in this Province than in Kabul and Nangarhar. Although sexual violence is and remains a 'complete taboo' within Islam, in 16% of the incidents reported in Kapisa, the perpetrator was a 'boy friend'; in Kabul and Nangarhar, this percentage was zero. According to the data collectors these specific outcomes might be affected by the fact that certain practices are more 'easily reported' in Kapisa than in Kabul and Nangarhar.

Nangarhar Province

In Nangarhar Provinces the marriage of young girls to older and/or rich men is more frequently reported than in the other Provinces. And the percentage of incidents where the perpetrator is an 'in-law' is high in Nangarhar (54% against 29% in Kabul and 22% in Kapisa); Both these findings might be explained by the fact that in Nangarhar most people live according to the 'tribal life style' where women are compelled to live in extended and overextended families and where 'selling women for money' and 'early marriages' are still more 'common'.

3.1.2. Forced marriages

Early marriages

During the conducted FGDs, women were asked to give more information about 'forced marriages'; the first example that came up were the so called 'early marriages'. The marriage of girls before the age of 16, or under limited circumstances at 15 years is prohibited under Afghan law. Yet the marriage of very young girls is common across all regions and among all ethnic groups. An 'early marriage' is necessarily an arranged marriage which in many cases turns out to be a 'forced marriage'. According to respondents participating in this survey from Kabul, some 30% of the families in the city marry their daughters when they are 13 years or even younger¹⁴.

In the provinces Nangarhar this percentage is much higher, especially among the poor families, where it is common practice to marry young girls to much older men for monetary gain. No official figures are available but studies cited by UNAMA show that half of all Afghan girls are married before the age of 15.

A very young victim of an early marriage reported through the incidents was 10 years old:

*"One month ago, our neighbour married to a girl of 10 years old; she was sold by her father for money. She was too young to get married and didn't know anything about 'marriage'. After the wedding ceremony, this young girl came to her husband's house; she was very afraid and didn't want to live with her husband in one room. The husband was very angry at her and told her things like: "Why don't you understand that I am your husband and that you are belong to me; your father sold you to me". The poor thing didn't know what to do; she just shouted and cried. One week ago, when the girl was asleep in the other room, her husband came to her and imposed himself on her. The victim cried for help and became sick. She is in the hospital now for treatment.
(Neighbour of the victim, Khogiani Cluster, Nangarhar Province)*

In Kapisa 'early marriage' is less common, except among the families living in the very remote areas of the province (some 15% of the population). During the Taliban, many people from Kapisa went to Iran or other countries where they got education. Other reasons for the relatively 'modern life style' in the populated areas of Kapisa province

¹⁴ This high percentage is probably also due to the fact that many people from other provinces (having their own traditions) are moving to the capital.

might be due to the fact that the province is easy to access, relatively safe and a fertile area with many fruits and vegetables, so less poor and isolated than many other regions of Afghanistan.

The female respondents reported that 'early marriages' are causing a lot of problems;

"girls at that age 'don't know what it means to be a wife for their husband"... "Girls are forced to get pregnant every year and this end ups with more and more children and bigger family size". (Female respondent Kabul)

In many cases there are physical complications as girls from that age are not yet physically mature. According to the literature worldwide, obstructed labour occurs in an estimated 5% of life births and accounts for 8% of maternal deaths. Adolescent girls are particularly susceptible to obstructed labour, because their pelvises are not fully developed¹⁵. If these girls can't have other children due to these complications, their husband might abandon them or take a second wife as these girls are not 'useful' anymore; 'they can't have babies and they can't work due to their injuries'. These girls will have no second chance to get a husband.

Badal

Other example is 'Badal': 'swap' between children to be married between families to i) avoid dowry costs or not splitting up land possession ii), for the settlement of a conflict iii) for the creation and strengthening of the relation between two families.

Although this practice is starting to become less common¹⁶, according to the psychosocial workers this practice is still existing in Kabul, especially in the Districts located at the outskirts of the city and among families living in the remote areas of Kapisa province; in almost every district of Nangarhar, this practice is still frequently reported.

'Badal' is a very traditional practice and not necessarily problematic as long the decision can be seen as positive by all parties, including the girl herself. But in many cases the girl does not agree or like her new husband once she is supposed to marry him, resulting in lot of tensions from the moment they are together; the decision to exchange the children between two families is often made when these children are still young, at the age of 12 or 13 or even immediately after birth as is reported in several incident reports. At that age, children will not be asked (or able) to make choices;

"a good girl should never ask about her future husband, because all her life belongs to her predestination" (female respondent Nangarhar, Shinwar cluster)

Sometimes children are even promised to other families immediately after birth, as is illustrated in the following incident report from Nangarhar province:

"32 years ago when my mother was pregnant, her cousin told my father: 'If your wife gives birth to a daughter, my son will marry your daughter'. So from the moment I was born, all people in the village called me 'wife of I didn't like him as he always told me 'you will be my wife, and I can hit you when I want because your life belongs to me' At the age of 15 I was married to him, despite my tears of protest. During the first 10 years of marriage, we had many conflicts. Five years ago, my husband took a second wife and he left with her to another country. I have no children and I still live with my in-laws. I have to do all the work and when I become sick, nobody will take care of me. I

¹⁵ See Mental health aspects of women's reproductive health, a global review of the literature, WHO 2009

¹⁶ According to respondents the reason for a decrease of this practice in especially Kabul and Kapisa but also in other areas where NGOs are present is due to the fact that more and more people *hear about the examples* and are informed about the negative consequences of this practice

want to get a divorce but both my family and my family in law do not agree” (Female respondent of 31 years old, Batikoot District, Nangarhar province)

A good example of the complexity and interrelated factors (poverty, traditional gender inequity, bad health etc.) that can result in 'Badal' is illustrated by the following story:

“My son was in love with a women that was older than him; he wanted to marry her but because my husband is very sick since a long time and I am the only one who works, we are very poor; we had no money to pay for the dowry. The family finally accepted that my son would marry their daughter on the condition that my daughter would marry their son. My son is very happy now but my daughter has a very bad life; she does not like her husband and her brothers in law are very hard with her; she is poor and their wives are rich, so she has to all the work in the house” (female respondent Kabul)

The mother in law has a lot of power; she is often the one who make the necessary arrangements regarding 'Badal'. If the mother in law does not treat the daughter in law properly or talks badly about her, the husband often follows the behaviour of his mother. Daughters in law are often facing a lot of problems and compelled to heavy workloads in the house or in the field.

Selling women for money (Kharsawal)

Selling women (by husband) for monetary gain is not as 'common' as years ago but is still frequently reported in Shinwar cluster of Nangarhar province, close to Torkam border. As most women are compelled to wear the burqa, especially in this area, the following remark is characteristic for what can happen when women are sold:

“...they look at hands and feet of the women and based on that they make their judgement whether she is young, old, beautiful or not” (Female Key Informant Nangarhar province)

In most cases that women are sold, the negotiations to sell a women are taking place between the families in question; the woman or girl in question and an eventual first wife, will only be informed when the deal has been made. A woman of 28 years old told her own story during a support group:

“I was married to my husband 8 years ago against my will when I was 20 years old. My husband who was 45 at that time had already a first wife of 40 years old and 4 sons and 4 daughters. I have a lot of problems with the first wife of my husband. Every day she blames me for the fact that I got married to her husband, although I keep on telling that it was not my decision; my father sold me for money! Every day, after my husband leaves the house, his first wife starts to fight with me and even during my prayers, she hits me. My husband is also showing bad behaviour with me; I have only 3 children and my husband listens to his first wife who has more children and more power” (Female member of s support group, Shinwar Cluster, Mohmandara District)

Coercion of widows to marry a relative of a deceased husband

When the husband is 'missing', the live of a woman, living within the family of her in-laws can become very difficult as she is considered to be the possession of her 'in-laws'. Good examples of cases like this are illustrated by the following incident reports:

“Some 20 years ago a girl got married with a boy; the wife was illiterate and the husband was educated. They lived 5 years without any problems and they got two boys and one daughter. After these 5 happy years, the husband died, When the wife wanted to move into her parents house some two years later, her father in law decided that she should remain in her in-laws house and that she should marry with the brother of her husband The second husband was illiterate and jobless. When the father died, her new husband told her that he didn't want to live with her children, as they didn't 'belong' to

them and he started to treat his wife and children very badly; he even broke one of the legs of his wife when he heard from her that she had started a relation with another man. One day the woman decided to escape from home. The people of the village blamed the husband for the fact that he had behaved so badly and that he had not been able to take care of his wife and children. The woman has disappeared with her children". (Kapisa incident report October 2010)

"Four years ago a woman of 15 years old was married to a man of 48 years old who was already married. The first wife of the husband didn't like the second wife and tried to burn her during the first month of their marriage. Her husband at that time defended her and punished his first wife for it. This husband died a year ago. The first wife told the second wife to return to her own family, blaming her that she was the reason of all problems in the family and that it was because of her that the children had lost their father. The victim went to her parents, but after few months the brother in law came to her and asked to live with him. When she discovered that he wanted to use her for his drugs business, she managed to get him arrested. She now lives with her own family but still fears her in-laws" (Nangarhar incident report August 2010)

Baad

The practice of 'Baad', where a murder (or even an accidental killing) is compensated by giving either one or two never-married girls in marriage to the victim's family, is not as common as it was years ago, but it still happens especially in Shinwar and Khogiani Cluster and in some Districts of the Northern Cluster of Nangarhar province. In the case of 'Baad', violence is nearly always present. The girl that is given away to settle the dispute will be considered as an 'enemy' from the moment she enters the house of her family in law and treated accordingly.

Giving away girls to settle disputes, under 'Baad' is one of the most severe forms of violence against women in Afghanistan and is illegal both under the Constitutional and Sharia law. Many respondents that took part in this survey expressed strong opposition to the practice.

"A girl married through 'Baad' is never respected by her new family as they associate her with her male relative who committed the crime and accuse her equally of being a criminal. The girl is treated like a servant as a means of revenge. Sometimes she is forced to sleep with the animals in the barn."¹⁷

An example of this practice is reported during the collection of incidents as is illustrated in the following story:

"In Beshood District of Nangarhar province, two families lived peacefully together. Two months ago, the boy of one family killed a young boy of the other family (reason unknown!). The family elders organized a Jirga¹⁸ and decided that the case should be solved through 'bad'; the family of the boy who was responsible for the killing should give their daughter for marriage to the son of the second family. The community leaders involved insisted that this was the only solution to solve the conflict. The daughter who was 18 years old and her 'promised husband' of 19 did not agree but married against their will. All her in-laws, including her husband hate her as they blame her for the death of their son and brother. She has to do a lot of work, is compelled to eat alone and to sleep with the cows and sheep among the dirt and bad smells. Even the children of the family are treating her like an animal." (incident reported by mother of the victim in Beshood District, Nangarhar province)

¹⁷ See 'Harmful Traditional Practices and Implementation of the Law on Elimination of Violence against Women in Afghanistan', UNAMA report December 9th

¹⁸ meetings at community level held to resolve disputes which have an ad-hoc membership

3.1.3 Other gender based violent practices

Domestic violence in general

Most examples of harmful practices are related to *gender inequity within families* as revealed in the many 'incident reports' collected: emotional neglect, isolation, stigmatization of women and girls, physical and 'verbal' violence by husbands, mothers-in-law, other in-laws or brothers, the denial of widows' inheritance rights and heavy workload, are frequently reported, especially in the rural areas of Nangarhar province but also in Kapisa and Kabul there are many examples of the unequal treatment of women and girls within the realm of the family. For many people these practices are cultural appropriate ways of treating women:

"If a woman gives birth to a daughter than her husband and family in law will become sad..... the family will never think about the health of mother in terms of good high nutrient food and she should start working at home very soon..... if this is repeated for 3-4 times and she doesn't give birth to a son then the family of husband will decide to have a second marriage. She will get a lower status in the family and have a miserable life.....but if she gives birth to a son, the family in law will become happy and give her good food for 2-3 weeks". (female respondents Nangarhar, Shinwar).

Respondents of the FGDs in Nangarhar province reported examples of girls who are expected to start to work at the age of 6-7 years old, doing the cleaning, washing cloths and taking care of their siblings. In this province girls are sometimes taken to Torkham border or to another district to beg for money or food, with the risk of being injured or killed as a result of accidents or other violent practices.

Among the Tajek, living in Beshood District of Nangarhar province, in Kapisa and Kabul, there seems to be more respect for women and men are more used to 'listen' to their wives, probably as a result of the higher educational level and the more 'modern' life style'.

Heavy workload of women 'in the field' is reported among the Pashai living in the mountain areas of the Northern Cluster of Nangarhar province. In all three provinces, 'heavy workload' is reported among young boys. In the provinces boys are expected to help out 'in the field'. In Kabul, boys are active in (cleaning) shops or restaurants. In Kabul city, there are many street children, begging for money, washing cars or trying to get money in other less transparent ways. But women are also begging for money. These boys and women are more vulnerable to be sexually abused

Limited access of women and girls to health services and education

Although Afghanistan has a relatively well decentralized health care system in place, the access to qualitative health care for women is still considered to be one of the most important causes of the high maternal (1600 per 100,000 live births) mortality rates. The following incident report clearly illustrates how the mobility of women to access health services is depending of the authorization of others than her:

"My sister married three years ago, when she was 11 years old. She was sold by my brother to a blind man of 54 years old. My sister was always afraid of her husband. The day of their marriage, he forced her to have sex with him and she was sick for many days after. She had to do a lot of work at home and her husband always hit her and telling her bad words. Three months my sister became pregnant and she was very sad, because she was very weak and had a lot of problems. Twenty days ago my sister was sleeping, when her husband woke her up, shouting "why are you asleep, I want my breakfast, you should help the wife of my brother now, she is sick ". My sister told him: "I am also sick and I have problems but you never listen to me ". The husband of the victim became very angry and hit my sister. My sister arrived in the hospital only many hours later and lost her baby. The doctors told that she will never become pregnant

again". (Female respondent, sister of the victim, during a support group, Khogiani District, Nangarhar)

The limited access of girls to get education is a frequently reported problem. Illiteracy rates are high among women (70-90%)¹⁹. And a limited number of girls get school-education beyond grade 6 (11/12 years old) as they are supposed to prepare for marriage and stay at home. According to an internal evaluation, conducted under UNIFEM in 2009, the high illiteracy rates among girls are explained by the fact that girls are not encouraged to go to school and are kept at home for domestic work. The low level of education is strongly associated with a lack of knowledge about human rights and 'illiteracy' is more than once translated by having no true awareness and knowledge of the Islam²⁰. As a result of these high illiteracy rates, which include a proper understanding of the Koran and Islam, violent practices due to traditional beliefs/customs and a lack of knowledge are frequently reported and likely to continue to exist, especially in the more remote areas.

Divorce (required by the woman)

Getting or asking for a divorce is no common practice in Afghanistan. According to the law both men and women have the right to go to court and ask for a divorce. In practical life *getting a divorce* is more difficult for women than for men. 'Officially', if a man has a 'bad' character, which means he has other relationships with women or he uses drugs, then a woman has the right to divorce. But as divorce *"has a bad reputation and is a shameful practice"* according to Afghan culture, nor men nor women will ask for a divorce very easily and as women are highly dependent of their relatives (economically and socially), *"a women will not ask for a divorce when her husband "just beats or insults her"*. They might want to have separate bedrooms for example but to get a divorce, violent behaviour of the husband in itself is not enough. According to the Sharia, a man can have maximum 4 wives, but *"he should do justice to them, marry the wives he wants to have a relationship with and treat all of them well"*. There are many examples of the 'impossibility' for women to get a divorce, as collected through the incident reports.

"Eleven years ago during the Taliban, a 19 year old educated girl married a 37 years old illiterate man. The father of the girl had just died and the mother had to sell the daughter for money. From the start the husband showed bad behaviour': he used drugs and invited friends at night to gamble. The husband told his wife several times that he hated her because she only gave birth to (3) daughters while he wanted a son. When the woman after 4 years found a job in an office, he also took her money to buy drugs. The conflicts between husband and wife intensified and the husband hit his wife and his three daughters regularly. The woman asked several times for a divorce but each time he threatened her that she would never see her daughters again in case she would leave the house. Some 20 days ago, the woman raised the issue again. Her husband became very nervous and started to beat and insult his wife and three daughters of 10, 8 and 5 during two hours. At the end he sent his wife to the kitchen, ordering her to prepare food for him and his friends. The women in question doesn't see a way out". (Incident reported on 11 Oktober 2010 by close friend of the victim; Kabul)

"Ten years ago a 23 years old man married an 18 years old girl. After 3 nights of marriage the husband wanted to kill his wife, without any reason. She shouted for help and her in-laws managed to help her. The couple got four sons during the last ten years. Two years ago the husband killed his oldest son and two months ago he killed his one year son. The mother became desperate and asked her in-laws to help her again. A week before the incident was reported, the brothers of the husband came to their

¹⁹ See Survey MFS April 2010

²⁰ See 'survey report HealthNetTPO April 2010'

house and tried to persuade the husband that he should be treated for his 'mental problem'. The husband refused any help. The mother wants to have a divorce but nor the parents, nor the family of her husband agree; 'for them it is a big shame, and she should live with her husband'. The husband still lives with his wife and their two children of 6 and 3". (Incident reported on October 25th by victim during a support group in Sinwar Cluster, Nangahar province)

Sexual violence

Sexual violence is frequently occurring but not frequently reported; important to mention here is that *most* Afghans will not consider 'forced sexual intercourse' sexual violence or even 'violent behaviour' as long as it happens between husband and wife, although there are also other opinions as became clear during informal conversations, demonstrating that the expression of opinions requires a 'safe and confidential' setting:

"If a woman does want to have sex with her husband because she is in pain or has her period, a man should never force her" (informal conversation)

Sexual violence was mostly reported in Kapisa province. According to respondents this might be explained by the fact that Kapisa is a more or less 'modern' province. The majority living in this area is Tajek; families are living in compounds with their extended families like in other provinces but the overall life style is less traditional and the segregation between men and women is less severe than in Nangarhar province for example, resulting in more 'free and open' relationships between men and women. What remains somewhat unclear however is whether the fact that sexual violence is more frequently reported in Kapisa, is the result of

- these 'more free and open relationships'
- the used of the concept 'sexual violence'; do people in Kapisa consider 'forced sexual intercourse' between husband and wife also as sexual violence?
- the fact that people in this province are less reluctant to report 'sexual violence'

The Penal Code (1976), article 427, criminalizes adultery and pederasty. The Law on the Elimination of Violence against Women (2009) criminalizes sexual violence, including rape, forced and underage marriage, forced labour and prostitution, and significantly enhances protection and the promotion of women's rights. However, implementation of the law remains a huge challenge, as does for example, the need to define what constitutes an act of rape²¹.

'Zina' is the 'official' word for rape; sexual violence is not called 'rape' when the forced sexual intercourse takes place between husband and wife. The word 'rape' is used when a woman has sexual intercourse with *another member of the same family or with someone outside the family*. Most people do make a distinction between 'forced zina' and 'consensual zina'²² but both forms are considered to be a crime under Islamic law and all respondents and participants condemned these practices. According to the Islamic law, a woman should not be punished in case of 'forced zina'; in case of 'consensual zina' both actors are considered to be 'criminals'. In practical life the 'issue' can be 'solved' by 'arranging a marriage' or by 'exchanging' the raped woman against a woman or girl of the perpetrators family. In case of 'zina' the honour of the family is at stake.

But in case the perpetrator is non-family member, the problem becomes more complicated as it will be more difficult to keep the affair 'secret'. In all cases of sexual violence, people will first try to solve the issue within and between families by involving elders within the families who can act as mediators. If the problem is not solvable, people will go to the 'white beards' or community leader in the community and in some case also the 'white hairs' (elder influential women) are consulted. If necessary, a jirga

²¹ Report of the Secretary-General on children and armed conflict in Afghanistan (United nations; Security council, February 2011)

²² 'Consensual zina' seems to be a contradiction in terminus if 'zina' is the word for rape which indicates the difficulty of translating words or concepts from one language and culture into another.

will be organized; *“Islamic law has different punishments for those (accused of ‘zina’) who are married and for those who are not married”*. And in more complicated cases, people will seek the help of the ‘Woliswal (= District governor)²³ (see 3.3.3)

Although women are the primary victims of sexual violence, sexual violence is not exclusively directed against women; men and boys can also be victims of sexual violence and sexual torture²⁴. Boys are misused, sometimes in return for some money or toys. Teenagers or younger boys living in the street or working in shops (outside their families) are especially vulnerable for this kind of practices, executed by other teenagers or ‘older man’. In Kabul city, respondents acknowledged this problem, but only after an ‘in depth exploration’ by researchers. In the provinces, respondents were less responsive, due the enormous taboo (‘Haram’) that is related to this ‘harmful practice’.

3.1.4. Non specific gender related harmful practices

High expenses in religious and cultural ceremonies (wedding and mourning ceremonies)

A ‘practice’ that is reported in all three provinces both among the educated and less educated families, and which is seriously increasing during the last years, is the issue of asking *high dowries (Walwar)*, most probably as the result of the worsening economic situation. The high bride price is considered as a harmful traditional practice as it can lead to forced and underage marriages, the selling of girls and a high level of domestic violence; men sometimes take ‘revenge’ for the fact they are in debt or have to work for years to repay loans on their wives; so not only women are the victim of this practice.

“This practice is becoming so common nowadays that people who refuse to ask these high dowries are being criticized or laughed at” (male respondent Kapisa).

The family of the bride will only allow their daughter to be married if the boy’s family is prepared to pay a high price. In the ancient days the dowry was given to ensure that the daughter in question would have some possessions when leaving the house, but nowadays this money is spend by the family of the daughter in order to meet basic needs. If the boy’s family is rich enough, they will be able to fulfil all expectations of the girls family. But many families can’t afford to pay these high amounts. These families will have to sell land or other possessions. Often there might be some (borrowed) money for one son, but other children will not be married (which can increase the risk of sexual violent behaviour if marriage is postponed too long) or are unable to continue their education. And the poorest families will never get a change to marry their sons or they have to borrow big sums of money that they can’t pay back later on. Although many people acknowledge the fact this practice is creating a vicious circle of poverty but also of violence, as the husband’s family might want to take revenge for the fact that the dowry was so high or the girl in question doesn’t agree with the decision taken, people seem to be very reluctant to give up this practice.

According to many respondents the competition among females during the wedding ceremony is worsening the problem;

“women all want to look special and wear new and precious clothes and jewellery” (male respondent Nangahar, Shinwar).....“they even sell dry fruits and vegetables to find the money, they don’t think about the family economy and health of their children, just they want to have gold, nice and expensive dresses. If they don’t have these things, it is a big

²³ See the role of ‘white beards, jirga and Woliswal’???

²⁴ See Rights, Culture, and Crime: The Role of Rule of Law for the Women of Afghanistan; Mark A. Drumbi; January 2004

shame for them and sometimes because of this reason they becoming sick" (female respondent Kapisa)

Besides these high expenses during wedding ceremonies, mourning ceremonies are also causing problems nowadays. Originally the practice of distributing a certain amount of property that belonged to the deceased among the poor (*Skhat*), is a cultural appropriate practice according to the Islam. But it has become more and more of a competition; the family of the late person is expected to distribute money among as many persons and tries to do a better job than his neighbour, even if the family is poor and has economical problems. And people are also providing food for all guest and the villagers of the deceased (*Badragah*), which officially is forbidden in Islam.

These practices might be seen as a result of increased solidarity in times of crisis but should also be analyzed against the background of Afghan culture where one of the fundamental paradigms is 'honour and shame'; how one is seen and perceived by others matters a lot and people's lives are ruled by what the surroundings think is honourable.

Substance abuse

Frequently reported harmful practice where both men and women are direct victims, is substance abuse. Although the use of substances as opium, hajjis and benzodiazepine is no new phenomenon in Afghanistan, the ongoing war, bad economic circumstances and high level of unemployment of families, both in the cities and in the rural areas, seems to reinforce this kind of negative practices.

"According to the recent studies, some 1.200.000 are addicted overall in the country; they inject and sniff heroine and they smoke hajjis. Everywhere in Kabul there are place where drug addicted people use to gather" (male respondent Kabul).

In Nangahar province this problem is the most severe in Shinwar cluster as a result of the many heroin producing factories in that area; poppies are cultivated in the more remote and insecure areas. The Government and International organizations know about this but the scope of the problem seems to be hardly acknowledged.

According to the psychosocial workers and the participants of Focus Group Discussion in Kabul, there are also women and children from 12 or 13 years old that use drugs. They do not use drugs in the street but they sniff and smoke at home or within their communities. There are no Governmental programmes or campaigns in schools for example that educate these children about the negative consequences of drug use and prevent them from copying bad behaviour of others.

Physical and emotional problems of children

Besides the examples as given above (early marriages, sexual violence, heavy workloads etc), the physical and emotional neglect of children deserves due attention. Like everywhere else, children are often the (hidden) victims of violence.

The focus in this survey was not specifically on the situation of children but several reports are available, describing the negative effect of violence on children. A psychosocial and Mental health assessment carried out between July and September 2008 in Kapisa, Parwan, Kunduz and Baghlan for example, demonstrated that that gender discrimination and social injustice, unmet basic needs and poverty more generally, ongoing insecurity and violence and marriage related issues were perceived as causing children's psychosocial and mental health problems. The most commonly reported manifestations are behavioral problems (aggression, disrespect), substance abuse, somatic complaints and more generic distress (fear, sense hopelessness, social withdrawal, sleeping problems, nervousness) among children, as well as disturbed peer relations. Additionally, high incidences of suicidal attacks were reported, consequently

resulting in increased levels of fears among children. Furthermore, family violence was reported as a frequent problem. Expectedly, the respondents overwhelmingly reported the stigma attached to the presented problems and the maltreatment often accompanying such stigmatization. In summary this assessment stated that'while violence and related traumatic events were a commonly mentioned cause of psychosocial and mental health problems, it appeared that structural socio-economic problems and current stressors (maltreatment of children by adults, family violence and traffic accidents) were contributing to much of the perceived distress of children²⁵.

3.2 What is the effect of these harmful practices on the physical and mental health of women?

The problems as mentioned above are affecting the population in its totality and women and children in particular. Although nearly all victims reported through the incidents are women and girls, this doesn't mean that other family members are not suffering; when violence occurs, the family as such is involved and the family as such suffers. Several incident reports describe how the husband for example feels compelled to change his attitude towards his wife as imposed by his in-laws, in most cases by his own mother as is illustrated by the following incident:

"Two years ago, a young boy and girl got married after they graduated from the medical university against the will of the young boy's family as he was promised to a daughter of his uncle. From the first day after their marriage the girl faced many problems. Every day her mother and father in law complained to the son, by saying: 'your wife is not a good woman, she is always on night duty in the hospital and she works together with other men. You need a good wife, not a doctor, so we advise you to marry with your uncle's daughter. She is illiterate, but she can help with your mother at home and she will be a good wife for you'. Six months ago the behavior of the husband changed suddenly and he started to hit her. The wife didn't understand why her husband changed his behavior. One week ago the mother in law came to the woman and told her: 'We decided for a second marriage of your husband; you are no good wife for our son and a good daughter in law for us. Your job is more important for you, then the house work.' Up till now the husband doesn't talk to his wife and they are living in separate rooms. The daughter of the uncle is visiting them regularly in the meantime "(female respondent, Kabul city September 2010)

According to the respondents, the consequences of family violence can be found on a i) physical health ii) mental health and iii) social level²⁶.

3.2.1 Physical health consequences

(Family) violence often results in physical complaints; most reported physical complaints are translated by 'body pain' (zan derdi), 'bone pain' (haduku dard) or 'joint pain' (banduno dard). Other physical complaints are related to headaches; people suffer from 'half head ache' (nimseri) or 'turning of the head' (sargarzidal (dizziness)). For pains in the chest or stomach, people use the word 'heart tightness' (zrrakhafgan).

Besides these somatic complaints, harmful practices often result in injuries, sometimes directly as a result of the bad physical treatment undergone and sometimes also more

25 See Psychosocial and Mental Health Assessment of Children in Afghanistan; September 2008, HealthNetTPO

26 Addressing the social determinants of health: Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

indirectly as a result of the heavy workload or lack of proper food or other forms of 'chronic neglect'. A specific category that deserves attention are the gynecological and reproductive health complaints; young (immature) women have a high risk to become infertile, bare disabled children and marriages of under aged girls cause a high rate of mother- and child mortality due to problems during labour, miscarriages or unsafe abortion.

Stressful situations often result in risky behavior; the wide spread use of substance abuse for example affects the health of people directly but can also be an important cause of extreme violent behavior between family members. And last but not least there are many examples of women or young girls that commit suicide as a result of the rejection, isolation and stigmatization after the violent act(s):

"Women attempt to commit suicide by using insecticides or by taking an overdoses of (anti malaria) drugs; in some cases they use sharp things and guns. But we also have seen cases of women having taken opium which they mix with water before drinking it; they become dizzy, start to vomit, become unconscious and finally die, if not taken to a health facility in time" (male and female Key Informants Nangarhar province)

3.2.2 Mental health consequences

Women's major complaint when suffering from violence is 'mental pressure' (rohi feshaar) accompanied by 'numbness' or 'tightness' in the muscles. (Family) violence often results in 'sadness' (Khafgan) and fear (weera) related complaints; many people complain of 'heart sadness' (zra khafgan). People in the villages do not use the word depression. And most people don't know the word 'ehsas', the translation of the word 'feeling'; they are not used to talk in terms of 'feelings'; they will say: "I am sadness", 'I think I am alone', or 'I fear'.

"So if you want to know how someone feels you can ask; 'how do you see yourself', 'what do you do'; and the best 'translation' would be 'what happened to you?'"(female Key Informant Shinwar).

Women suffering from (family) violence often say they are alone, 'yawazitob' or 'yawaziwali'. Family related problems are highly stigmatizing within Afghan society, especially when injuries are related to gynecological problems; shame about problems as obstetric fistula²⁷, fibroms, urine incontinency and being blamed for the occurrence of these problems, can easily lead to 'depressive complaints' and increased violence within the family. There are different words in Afghanistan for what we would call 'shame'; people will distinguish:

- 'I am ashamed'; they feel shame but they have talked or are willing to talk about it
- 'I can't talk to you about it; it is private', 'I want to keep it for myself, but often people will talk about it when they are invited to tell more about it within a trustful environment
- 'It is very bad to talk about it': issues (mostly sexual related) that are so shameful that they can't be discussed during a group session for example.

Besides complaints related to sadness, fear, loneliness and shame, a specific 'mental disorder' deserves attention. In handouts for doctors, nurses, midwives and psychosocial workers, one of the mental health consequences of violent behavior is described as: 'attacks with loss of consciousness' ('peeryan'). A mental health doctor, during an informal conversation, explained that these 'attacks' can be relatively easy distinguished from epileptic attacks ('mergi'). Victims of this so called 'conversion disorder' (hysteria)

²⁷ An OF is an abnormal opening between a woman's vagina and bladder and/or rectum, through which her urine and/or faeces continually leak.

are nearly always young women (16-17 years old). Further elaboration of their living conditions reveals that these women are:

".....exposed to repeated stressful situations; people at a rural level do not take their symptoms seriously, thinking they simulate 'epileptic attacks'; and health staff, having not enough knowledge, refer them to the Internal medicine Ward" (Key Informant Nangarhar)

The effect of violent behavior on children, both boys and girls, is recognized by almost all respondents. Besides the direct physical consequences as a result of the physical and/or sexual abuse of children and psychological distress for children who live within a hostile environment, respondents also seemed to be aware that the 'negative examples' of parents are creating a vicious circle of violence as '*children copy the behavior of their parents*'.

3.2.3 Consequences on a social level

The worries, stress, humiliation and feelings of (family) shame have a direct impact on the social cohesion within families and the community.

As a result of (family) violence, especially women live an isolated life; they are often unable to accomplish their daily tasks, taking care of their children or go to work which can reinforce the conflict or result in financial problems. Violence within a household or 'extended' may easily result in conflicts between families and/or tribes. If solutions can't be solved by mediators (mostly elders that belong to the different families), the conflict will be brought under the attention of a community leader or 'white beard' (community elder) who might decide to arrange a 'jirga', bringing the problem under the attention of the community (see also 3.3.3). So when violence occurs, the 'extended' family and even whole community can be involved.

As a result of the high dowry prices and expenses for wedding and mourning ceremonies, people sell their property and borrow from others which can create a lot of tension within families and/or between community members; people feel 'compelled' to spend huge amounts, people can't afford to marry their children and people escape from home (with or without fiancé) destroying the family and community unity. In Kabul city and Kapisa province 'running away from home' is more 'easy' and more frequently reported than in Nangarhar province. But if a woman 'escapes' from home with or without her fiancé, a lot of problems will arise within the families and/or between the families in question. Women will go to 'shelters' or the couple can seek refuge with other family members but according to respondents, 'running away from home' is far from a satisfactory solution; escaping from home is still a 'taboo' and the honour of the family is affected; not only the women in question will be stigmatized but also the family or husband of the women of the women in question is easily blamed for not having taken good 'care' of her.

The consequences of violence on social life must be analyzed against Islamic tradition. Although violence such as rape and sexual terror practiced by the Taliban fall outside the sphere of legitimization through Islamic law, certain aspects of the segregation of the sexes and gender based violence prevalent in Afghanistan fall within the Islamic tradition: "law, religious ethics, and morality form an integral part of the same normative process"²⁸ and the Western separation of church and state is alien to the jurisprudence and political thought of the Islamic tradition. Non-religious law for example dominates the regulatory framework in most commercial affairs but religious law has considerable influence in the areas of family law; the right to seek justice lies first of all with the family of the victim and justice for a wrong for example can be pursued through local practices as the exchange or selling of women. (See also 3.3.3)

²⁸ See See Rights, Culture, and Crime: The Role of Rule of Law for the Women of Afghanistan; Mark A. Drumbl; January 2004

3.3 What can community members do to alleviate or prevent problems?

One of the most urgent questions is what a person can/can't do herself to combat the harmful practices as mentioned above (what is her 'play area') without making the situation worse. And what is needed to enable people to come up with alternative practices and to act according 'alternative, more healthy' suggestions?

3.3.1 The role of women

While conducting the FGDs, many respondents indicated that they were in favour of creating a society where Women's Rights would be respected and the decision making power of women reinforced. Although men do acknowledge that women have problems, the results of the FGDs also indicated that there is still a long way to go before the cultural norms and practices that promote gender inequity will change; many male participants within the FGDs gave reactions more or less similar to the following one:

"...but women here in Afghanistan do have Rights; we as men work for them, we provide money and food..... (male respondents Kabul)

But female participants of the FGDs indicated that in many cases women are compelled to accept the given situation. In Khogiani Cluster of Nangarhar province for example, the decision power of men is still very big:

"In my own family for example, when I or another female family member is talking, my cousin tells me; who gave you the right to talk regarding a solution for this problem" (Female Key Informant Khogiani).

The difference between the opinion of men and women was also illustrative when the Psychosocial workers were discussing the press conference of the Ministry of Women's Affairs on February 15th 2011, making the announcement that women's protection shelter should fall under the responsibility of the Government. Most male respondents indicated they were not in favour of shelters; women were 'invited' to escape whereas cultural appropriate and peaceful solutions within the family were no longer sought for. The Government's announcement to take over these shelters was therefore received positively by most men, as women would have to take an extra 'barrier' before seeking refuge in a shelter. The reaction of the women was quite different; according to them, the existence of these shelter is a must and bringing shelter under the responsibility of the Government would endanger the purpose of these shelters; ensuring their unconditional safety. Both men and women however, do agree about the fact that:

"There are more and more 'shelters' nowadays in Kapisa province; but because of the existence of these shelter more and more women escape from their homes, making the problems bigger instead of reducing them. We understand that sometimes there is no other option but the shelter in itself is never the solution" (male and female Key Informant Kapisa)

From the establishment of a new Constitution in 2004, to the adoption of international law on women's rights and gender mainstreaming policies, the Afghan state has taken significant steps toward enhancing the civic rights and responsibilities of women and their representation in public office. While women have made significant steps in the public sphere since 2001, their status in the private sphere remains largely unchanged; in most areas of Afghanistan, women still face overall family and community disapproval for challenging traditional gender roles.

Although the decision-making role of women is still limited, the influence some women can do have should not be underestimated as illustrated by a large number of incidents reports where mothers-in-law are the perpetrators of violence against their daughters-in-law; having themselves been suppressed in their youth, they often encourage the repression of their son's wives.

In general women do not play any role in resolving disputes outside their own families. However, when discussing disputes between family members (particularly those that involve women) or those between women, especially elder women ('spin-saree') are sometimes asked to take a role in resolving such disputes (see also 3.3.3). "

"If women sit in jirgee and solve women's disputes it is very good because women can understand women...they know each other's problems better. ("female Key Informant Kabul)

3.3.2 The role of key figures and Bright Minds (or Enlightened Minds): 'Roshan Fikr'

According to the respondents of the FGDs, community leaders can have an important role when it comes to the solution of problems of women. But sometimes community leaders are 'corrupt':

"they ask money or other material goods for their services or take decisions in favour of their own or family member's interest" (female key Informant Kabul).

It are the community leaders who takes the decision on a village level. Community leaders are community elders or 'Maliks'; a Malik has a direct link with the Governor; he is registered on a District level and standing between the community and the authorities. Sometimes Maliks are trustworthy and sometimes not. According to most respondents it is not difficult to find out whether someone can be trusted or not;

"if someone only works for his own or his relatives' interests or he only thinks about money, he is not a good community leader or Malik" (female Key Informant Khogiani Cluster, Nangarhar)

According to most respondents and confirmed by the literature²⁹, mullahs should and can play a major role. In general Mullahs are considered to be *"reliable and trustworthy"* and often they talk about social and family issues in the mosques on Fridays. However people do not always do what the Mullah says or preaches and also Mullahs do not *always* do what they say;

"....they also 'give' their daughters away when they are in need of money" (female Key Informant Northern Cluster, Nangarhar)

The people with an 'open mind (or enlightened mind) are called 'roshan fikr'; it are these people who are ready for change and who are interested in discussing alternatives for practices perceived to be bad, or can at least be convinced of the need for change. Men can find these people first of all among (religious) teachers, but it can also be community leaders, doctors, nurses, midwives, members of national and provincial assemblies and other educated people.

One can find these families, including women, in practically every district of Kabul and village of Kapisa; unfortunately, especially in the more remote areas of Nangarhar province, there are not so many 'Roshan Fikr' among women; many girls are not allowed

²⁹ Harmful Traditional Practices and Implementation of the Law on Elimination of Violence against Women in Afghanistan, UNAMA December 2010

to go to school beyond grade 6 as a result of the traditional life style in these areas, having an 'open mind' is directly related to 'being educated'. But also the high level of insecurity compels these women to stay at home and live a rather isolated life.

The question was raised which women should be invited when 'life events' are discussed: are some women more dominant so that others do not have a chance to speak, will women not speak freely when a certain class of other tribe is present? Having a mother and daughter in law in the same discussion group can create problems and should be avoided if people are invited to talk open en freely about their problems and challenges. But in most other scenarios everyone is welcome to attend discussion groups, and of course some women are more dominant than others. According to the respondents there is a shift in social set-up that has been materialized over the last decades:

"In earlier times, people from a specific income group or power position would be respected and were seen as role models. Due to ongoing violence and corruption this aspect– or patron-client aspect of the relationship – has become much less. There is a strong tendency among 'common villagers' to distrust the powerful people. They have not delivered as they were supposed to in terms of protection and behavior. Sometimes even men come to demand sessions together with women. (male Key Informant Kabul).

On the question what these 'Roshan Fikr' could and should address, the respondents first mentioned the issues around the high dowries; the automatism to pay or ask for high dowries should stop; many people agree about this, including the young people. But one of the problems here is that many decisions are taken by parents; children, despite their education and 'open mind', are used to obey their parents. Parents still do decide, despite the differences in behavior and opinion between them and their children. Young people are not used to speak openly about their disagreements.

"If young people do not agree with the proposed marriage candidate for example, they have to be stimulated to speak out or ask the advice of other 'Roshan Fikr'.....And in case of Badal(akan), young women should get and take the opportunity to be tested on possible mental retardation of their children" (female respondents Kabul).

Therefore it is needed that (young) women are aware of their Rights; the situation of women has somewhat improved due to the media. The media focuses more and more on the importance for girls to get education but much remains to be done within this respect. Other problem regarding the elimination of harmful practices is that people in Afghanistan appear to be very sensitive to what others think of them.

"These high dowry practices for example will only stop if steps are undertaken collectively and on a large scale" (female Key Informant Nangarhar)

3.3.3 The role of 'White beards', Jirga and Woliswal

Most problems are 'settled' within the families or at a community level but in the case of a 'big dispute', people or community elder will consult the 'Woliswal' (District Governor)³⁰. However as long as the juridical and legal systems are not reinforced, victims of violent practices will not refer very easily to external authorities.

Other reasons for not taking disputes to the state are related to social norms and expectations. It was reported on several occasions that it is shameful to take a dispute out of the village and share the internal difficulties being experienced. Similarly, there is a social expectation that people will always go to their elders (white-beards) first with their problems and it would be disrespectful not to do so. The principles underlying and used to rationalize the outcomes of community-based dispute resolution processes are

³⁰ See different AREU reports as mentioned in Annex 3

complex, drawing on Islamic and customary ideals, negotiation, and pragmatism, and as such are not fixed but adapt to the changing dynamics of individual cases and wider societal influences.

The primary institution used for resolving disputes within the community where the dispute has taken place (outside the family) is a 'jirga'. A 'jirga' is a highly flexible body which is formed on an ad-hoc basis to discuss and resolve particular problems and disputes. While in theory disputants can select anyone to represent them in a jirga, usually this authority is vested in a forum of older men from the village or community. This group of men are referred to as either 'jirgamaran' (those who resolve problems in 'jirga') or 'spin-geree' (white-beards) and also includes the maliks of the village or community.

There are two ways to resolve disputes within a community, through 'qanoon-i-urfi' (customary law or Pashtunwali for the Pashtun) and through Sharia (Islamic law). Maintaining peace and social cohesion are the primary objectives of the 'jirga' when resolving disputes; the mere fact that the state throws somebody in jail is not necessarily considered justice. This is the main reason that 'qanoon-i-urf' is sometimes preferred over Sharia. 'Qanoon-i-urfi' is viewed as a process of negotiation which creates peace between the respondents wherein the reputation of both disputants remains intact. While community-based dispute resolution processes may not always and immediately bring a resolution to a dispute, they may contain or regulate it³¹.

A wide variety of disputes are resolved at the community level; the most common among these are about access to and use of resources, particularly land. Other disputes which may be resolved at the community level are both murder and accidental killings, disputes about marriage arrangements, disputes about sexual abuse or deviance, and other acts of violence. Community-based dispute resolution processes as described above do not operate in isolation from state institutions, but instead frequently work in collaboration with them. People at grassroots level make decisions based on experience and knowledge when choosing between taking a dispute to state institutions or those with the authority to resolve disputes in their villages.

Since it is well known by all that most disputes are referred by the district level authorities back to the villages for resolution, it is important to consider why any disputes come to the 'woliswali' at all. Two reasons have been identified for this. Firstly, if the 'jirga' has not been able to reach a resolution or the disputants do not accept the decision made by the 'jirgamaran'. Secondly, at times it is felt that a dispute is too big for the 'jirgamaran' to resolve without the permission of the 'woliswal'.

3.4 What would be 'best practices' to make behavioural changes possible and sustainable among large groups?

People all over the world are sensitive to what their surroundings might think of them and feel the social pressure to act according to what others (superiors, close relatives etc) are expecting them to do. Within the context of Afghanistan, social orders have deep historical roots, which have proved highly durable. Most rural people live in villages. These village social orders are highly variable and have to be taken into account when defining practices that might result in a behavioral change. The question here is what kind of 'social pressure mechanism' might be used to transform harmful practices that continue to exist as a result of cultural norms and collective (traditional) beliefs, into alternative practices. Who and what kind of social and collective events could contribute to this goal?

³¹ See AREU report: Community-Based Dispute Resolution Processes in Nangarhar province (December 2009)

3.4.1. Dissemination of key messages on a broad scale by empowered community members

One of the major comments of the respondents is that awareness raising about key-messages about causes and even more important about the consequences of violent practices should be promoted according to Islamic and Afghan principles. These messages would only be effective if disseminated among large populations which ask for a broadening of the coverage area (instead of in-depth training/counseling of just a few). Within the Afghan context, people are extremely sensitive of what other might think of them (e.g. high dowries) and people will only change their behavior if other (neighboring) communities also undertake action. People at a community level can and should be invited to reflect about the existing problems and invited to undertake collective action themselves. According to the respondents key messages should address the following issues:

- Importance of education
- The importance of family planning
- Gender equity
- Negative physical, mental and social consequences of harmful practices
- Discussing the relation mother in law-daughter
- Discussion with young people about alternative practices (high dowries, not agreeing with 'badal' etc.

Experience learned that (religious) teachers are very effective in the dissemination of these messages; they belong to the 'Roshan Fikr' and are numerous. Other important target group are the mullahs and imams.

3.4.2 Effective use of Mass media

Using mass media strategies to address psychosocial issues (stress management, communication & life skills, Women's Rights etc.) and harmful practices as family violence, the consequences of high dowries or problematic relationships between mothers and daughters in law looks promising, especially in Kabul city but further exploration is needed to ensure effectiveness in the different provinces. In the cities like Kabul and Nangarhar, drama's on television appear to be more effective than short radio messages. In the provinces where there is not always electricity, these drama's might be better broadcasted on the radio. Existing materials as movies, video-clips about psychosocial related issues should be used to reinforce messages.

3.4.3 Addressing the behavior of men

"Men should not beat, nor insult; but they should also understand that keeping women inside will have an opposite effect; if a woman can't go out of the house, she will start to behave in a negative way and do everything to get relationships with all kind of people"
(female respondents Kabul).

According to several respondents, the reason for the negative behavior of men is often the result of poverty and economic problems; being jobless is causing a lot of frustration and "pressure in their heads" which easily results in negative behavior; it is "their way of expressing feelings". How can we address men? According to the respondents there are different steps:

- First step is to assess who are the familiar persons (key persons) in the region and in the community. The role of village elites cannot be ignored in efforts to make change possible. Time must be built into programme development and implementation phases to assess how elites engage in the villages and what role they will play in relation to certain activities All respondents agreed upon involving mullahs who can address issues during their daily work and during the Friday sermons. It is important

to make use of existing resources; in some provinces it will be a challenge to find 'Roshan Fikr' but according to most respondents, it is possible.

- Next step is to give information about the negative points of existing customs and cultural practices; what according to the Islam, are the essential values and needs of society and how can these practices be disseminated in a cultural appropriate way?
- Discussing with men what practical steps can be undertaken to improve the overall living conditions of families is a final step. 'Badal' practices for example are most of the time related to the poor economical problems; motivating men to work is therefore essential.

"There are opportunities for men (more than for women) to generate income; women can stay home alone with the children and take care of all tasks at home; they are strong enough to do that" (female respondents Nangharar)

3.4.4 Involving women

More attention for income generating programmes and vocational training both for men and women is important to make more sustainable changes possible. Within the Afghan context, despite the widespread gender inequity, women can play an important role; they can also contribute to the behavioral change of men.

"In the end, much depends of women; if a women feels ok and she is literate, she will know her Rights, take care of her husband and children and others will copy her behavior" (female respondent Kapisa).

Women should be encouraged to talk to their husbands and mothers-in-law; they can do so by giving examples of women that were courageous and who insisted for example to be married to a man of their own choice. And women can also generate income themselves by tailoring, handicraft or pottery which they can sell in neighboring village.

"Some years ago, we started a project; members of one of our support groups started to buy chicken from another NGO. Our support group members started to sell the eggs of these chicken and made some money. With that money they bought new chicken through that same NGO as that was the deal. Although this NGO does not exist anymore, many women copied this practice and nowadays, in my direct surroundings it has become common practice" (female PSW Nangharar, Shinwar Cluster)

Women having a decision-making role in the 'jirga' are extremely rare. However, when discussing disputes between family members (particularly those that involve women) or those between women in general, spaces in which women do access and influence dispute resolution processes can be found and contrary to common belief, decisions made through these processes can provide recourse for women to assert their rights. While women's decision-making roles are restricted to domestic disputes or those involving family members, people's opinions on what role women should or could play is often more progressive.

These women are referred to as white-hairs ('spin-saree'), and they are recognized for possessing similar attributes as the 'jirgamaran' : being trustworthy, just, and having knowledge about the community. As such, they also have authority. They are all older women³² and are sometimes called on to both advise the 'jirgamaran' and to help persuade the disputants to accept the final decision³³.

³² See AREU report: Community-Based Dispute Resolution Processes in Nangharar province (December 2009)

³³ In many cases this 'final decision' is about persuading the women to return to their husbands homes while the husband has to agree to treat his wife better.

3.4.5 Organization of shuras³⁴

There are shuras in most districts of the province, but existing shuras should be strengthened and organized in a better and more sustainable way (many shura members for example get money from NGOs to be present during meetings but are not actively involved once back in their community). Shuras should be organized in Districts where there are no existing shuras and each district shura should have its representatives at a village level; it should be a heterogeneous group where maliks, mullas, teachers, doctors, nurses, midwives and provincial assembly members, representing different aspects of life (cultural, health, educational, religious, agriculture, politics etc.) come together to discuss harmful practices and find cultural appropriate solutions.

"In Kapisa province we have two male shura's (in two districts) where 'bad practices' like badal, Baad, early marriages and high dowries" are discussed.... (female Key Informant Kapisa)

To start female shuras the permission of a Malik will be required, but the organization of female shura's is possible according to the example in Uruzgan;

"In Uruzgan we have a female shura with some 80 participants; they discuss all kind of rural development issues"(Informal discussion)

The relation between people at grassroots level and local government should be strengthened; these governmental structures should be actively involved in the shura's as mentioned above and all other decision making processes. Creating such a network takes time and will only be effective and sustainable when there is trust among its participants and an agreement on the division of roles, tasks and responsibilities.



³⁴ A shura is an Arabic word for "consultation"; it is a method by which (pre-Islamic)Arabian tribes selected leaders and make major decisions (contrary to the Jirga, that is formed at an 'ad hoc' bases to discuss and resolve problems and disputes)

4. Conclusions & recommendations

4.1 Discussion

In Afghanistan, participation in local politics, community organizing and development projects are seen as key routes to empowerment of both women as individuals and as a group. Since 2001, Afghan women and girls have taken great personal risks to renegotiate the strict gender roles and identities that were imposed upon them by the Taliban. In the face of rising insecurity, violence, and threats, they have made use of opportunities to go to school and university, to earn a living, and to participate in public life. Their progress has nonetheless been slow. The cultural barriers that exist to women's participation in the public sphere remain deep rooted and will not be changed overnight. Growing anger over the prolonged international military presence and the 'pro-women' agenda of the West has generated a backlash towards girls and women with any perceived association with Western interests³⁵.

Since 2001, the state-building exercise within Afghanistan has mainly been driven by a practice of seeking to transplant Western institutional arrangements (like democracy, the market and the rule of law which among others positions gender at the core of the national development agenda) into Afghanistan. The underlying assumption has been that by creating an open environment of political and economic competition governed by the rule of law and impersonal relations, the benefits the West has gained from these institutional arrangements would quickly filter through to Afghanistan as well, assuming that what had come before was irrelevant or unimportant, or that it would be swept away in the reconstruction effort. This has not been the case, and the process of institutional transformation has not yield the results expected. This transformation process has failed, in large part, because Afghanistan is not adrift in complete disorder, as has been assumed, but operates based on its own logic. What governs political and economic relations in Afghanistan is not open competition, but deeply personalized relationships. Running through these factors are fundamental Islamic values linked to moral obligations, including the role division between men and women.

Western concern with the oppressiveness of the burqa illustrates the gap between Western "rights-speak" and the realities of life in a country as Afghanistan. The West for a long time has almost obsessively focused on the veil as a symbol of the Taliban's discriminatory treatment of women. To 'Westerners' the burqa is a 'kind of body bag for the living'. For most Afghan women, what they wear is the least of their worries. Instead, they are primarily concerned with earning a living; access to food, housing, employment and education; the removal of landmines; the availability of health care; and surviving child-birth.

According to the many respondents of this survey and several reports about the occurrence of (domestic) violence in present day Afghanistan, the personal opinions of individuals are often more egalitarian and forward-looking than the cultural norms and practices of the communities in which these individuals live³⁶. This divergence shows that the practices adopted are open to discussion and that there is at least a readiness for change among some members of the community. However, alternatives to dominant practices or ways of breaking with harmful traditions are still rarely suggested or acted on.

This finding should be analyzed against the background of Afghan culture. One of the fundamental paradigms in the Afghan worldview is 'honor and shame'. In the honor-

³⁵ Afghan Women Speak Enhancing Security and Human Rights in Afghanistan October 2010

³⁶ See for example' Internal evaluation 'Elimination of Violence against Women' HealthNetTPO March 2009 and AREU report: Decisions, Desires and diversity: Marriage Practises in Afghanistan' AREU, February 2009

shame paradigm, how one is seen and perceived by others matters a lot; people's lives are ruled by what others think. People will not change customs or practices, if their neighbors continue their existing habits. And furthermore, people will not change their habits if these changes are imposed upon them, especially by foreigners unfamiliar with Islamic traditions and customs. However, in general Afghans are sensitive when it comes to the well-being of their families; they will be willing to change customs and habits once they are aware of the negative impact certain practices can have on the (mental) health of their family members. Within the context of the honor-shame paradigm this means that the dissemination of key messages among a broad population might be more effective than targeting a 'happy few'.

A lack of knowledge and proper education easily creates a situation where violent behavior is the most dominant behavior. Illiteracy rates are high and are often translated by having 'little knowledge of the Islam' which might be a threat for participating/living in an society that is build on rules, believes and practices of the Islam. Addressing these issues should be an essential part of any intervention strategy aiming at tackling these harmful practices and requires a multi sectoral approach which should ensure the collaboration with CBOs (shelters, income generating programmes, literacy classes, Shura's, Community Development Councils, local authorities etc.) and a reinforced coordination between NGOs and stakeholders at national level.

4.2 Conclusions

From the data collected no simple answer can be provided on the question why harmful practices are occurring. First of all there is a difference in customs and (traditional) practices between the areas where the research has been conducted. Other reasons why this question is difficult to answer has to do with the fact that most practices co-exist with or are reinforcing other practices and are therefore interdependent; an 'early marriage' can be the result of 'badal', ' baad' or the girl in question can have been sold for money; and this same girl will most probably have limited access to education.

Determining what customs or traditional practices are considered as harmful is complex. In Afghanistan for example almost everybody will confirm the statement that most marriages are 'arranged marriages', and that many of these marriages are 'happy marriages'. Most women will indicate that according to their traditions, 'arranged' marriages are no problem as long as "*the best interests of sons and daughters are respected*" and the women has had at least the 'possibility' to 'refuse' the candidate chosen by her parents or other family members³⁷. But what is not very clearly defined is what this 'possibility to refuse' exactly means. The question here for example is at what moment an 'arranged' marriage becomes a '*forced marriage*'. Drawing sharp lines between 'forced', ' arranged' and 'free' marriage would oversimplify the range of factors that determine how a marriage is decided in Afghanistan where marriage is traditionally a family concern and not a matter of what 'an individual' wants. An 'arranged marriage' can have an element of compulsion and still be 'a happy marriage' and asking for the 'consent' of the woman in question will be a formality in many cases as a 'woman is unlikely to contradict her parents' decision'³⁸

Despite the difficulty to categorize violent and harmful practices on the base of reported frequency and severity, the data (incidents reports, Focus group Discussions and key Informant interviews) gave some valuable information about the most urgent and frequently reported problems that are related to these practices.

Most reported harmful practices are related to violent behavior within and between families; in Kabul in 67% and in Nangarhar in 57% of the cases, the husband was the

³⁷ Internal Evaluation EAW (March 2009) Bibiane van Mierlo

³⁸ See internal evaluation Elimination of Violence against Women, HealthNetTPO, March 2009

only perpetrator or among the perpetrators. In Nangarhar, in 54% of the incidents reported, in-laws were involved (compared to 29% in Kabul and 22% in Kapisa). But also other practices, taking place outside the direct realm of family life and having a direct or indirect effect on people's wellbeing, are reported through the incident reports and by many participants of this research and are considered to be 'harmful'. The practices as mentioned below are closely interlinked and many people will suffer from a combination of these problems.

The following 'violent practices', ordered hierarchically by reported frequency per category (a, b, and c) can be distinguished:

a. Forced marriages

- Early marriages
- 'Swap' between children to be married between families (badal); to strengthen the relation between families, to avoid dowry costs or not splitting up land possession
- Exchange of/selling girls/women for money
- Coercion of widows to marry a relative of a deceased husband.
- 'Giving away' a daughter to settle a dispute (baad)

b. Other gender based violent practices

- Domestic violence in general; systematic denial of a woman's agency and involving her in decision making processes
- Limited access for women and girls to health facilities, schools or other services
- (Practical) obstacles for women to get a divorce
- Sexual violence (women, girls and boys)

c. Non-gender specific related harmful practices

- High Dowry (walwar); prices asked by (and for the) the family of a woman to be married are often so high, that families have to borrow big amounts of money which they can't pay back
- Drug abuse (benzodiazepines, hashish and opium)
- Physical and emotional problems of children in general

The violent practices as listed above have been major topics discussed during the FGDs and key informant interview and resulted in the following major conclusions:

- For many individual cases, unfortunately, no quick remedy is available; many stories as reported through incidents, group discussions and individual interviews were stories of people that the PSWs and participants in this research 'happened to know of'. Many violent practices are happening behind closed doors and much remains to be done before victims will all be able to report that what happens to them directly without the fear of making their situation worse.
- Most respondents agree about the fact that changes in practices towards a reduction of violence and harmful practice on a community level, resulting in the improvement of the living conditions of women are needed and possible as reported through the different programmes of HealthNetTPO and many other organizations that are working in this field
- Imposed changes by external agent will have a contradictory effect. As family, religion, traditions and informal relationships play an important role in Afghan society, recognition must be given to the significance of family life, the Islam, community preconditions and local social orders.
- Programme implementers like NGOs, psychosocial workers and other agents should seek to work and build on these orders and systems rather than attempting to ignore or displace them.

4.3 Recommendations

- Recognize and work with community preconditions.

Development actors working at the field level need to take more account of community variability in programme design, implementation and evaluation; this can be achieved by an extensive mapping of communities, villages and districts in order to describe and analyze the individual and collective mechanisms (which can differ from community to community) that ensure or hinder the sustainable development of services that might contribute to the reduction of harmful practices. At a minimum, this would lead to a more systematic shaping of programme content to local context and a more careful evaluation of programme effects and how they vary between communities. If the significance of social orders is fully recognized, it will require the recognition that the logic of community relations to the outside world and regional political elites is based on fostering and maintaining personal relationships rather than depersonalized ones. Until higher-level elites are willing to allow more open competition, local social orders have no imperative to change. Thus there are limits to the ability of programmes to transform social orders quickly. This argues for a more graduated and step-by-step approach and a willingness to work with existing structures where they function well and equitably rather than simply transplanting external arrangements. Time must be built into programme development and implementation phases to assess how elites engage in the communities, what role they will play in relation to the attempt to reduce gender inequity and harmful practices. More effort must be put into the creation of a network, group formation and collective action in order to enable action against existing power-holders. Such action may seem too risky for individuals, but becomes possible for groups through strength in numbers.

- Involving people at grassroots level

Addressing violent practices will only be effective by involving people at grassroots level. Influential figures like maliks, community elders and political authorities should be informed about the purposes of programmes and although their 'agreement' is a precondition for success, teachers, mullahs and Female Influential figures seem to be the most adequate persons to initiate changes. Although also key figures sometimes perpetuate harmful traditional practices, such practices are inconsistent with the fundamental tenets of Islam.

One way to end harmful traditional practices is to provide religious leaders, teachers or other 'Roshan Fikr' with appropriate training and education and to mobilize them to undertake appropriate action. In order to reinforce the sense of 'ownership', it is important to involve the local population itself, in all aspects from planning to on-the-ground-actions. Awareness raising about key-messages will have to be disseminated among large populations. According to the 'honor and shame paradigm in Afghanistan, people will only change their behavior (e.g. high dowries) if other (neighboring) communities also undertake action.

- Collaboration with relevant organizations at community and district level; a multi-sectoral approach

Poverty is the most frequently reported stressor in Afghanistan³⁹; due to poverty the first needs of the family are often not met, leading to stress and other more structural problems within families. As illiteracy rates are high and are often translated by having 'little knowledge of the Islam', education including a basic knowledge of the Islam are necessary to convince people of the necessity to come to a behavioral change according to the rules and practices of the Islam. Addressing these issues should be an essential part of the proposed strategy; reducing poverty and combating illiteracy among large groups of people, require a multisectoral approach which should ensure the collaboration with CBOs (shelters, income generating programmes, literacy classes, shura's,

³⁹ See survey report Community based psychosocial services' HealthNetTPO April 2010

Community Development Councils etc.) and a reinforced coordination with NGOs and other stakeholders at District level.

- Linking up with Relevant (sub) Ministries and programmes at national and provincial level

Changes at grassroots level will not be effective if they are not supported by authorities and actively promoted on a national scale. Major objective is to reduce the gap between existing policies and concrete action at grassroots level. Authorities often fail to enforce laws that respect women's rights and take a selective rather than impartial approach to administering justice. They often pursue cases where women are perceived to have transgressed social norms and fail to act when women report violence or in cases of child marriage claiming these are "private matters". This situation is demonstrated by the large number of women detained in Afghan prisons for "moral crimes"⁴⁰.

Besides the existing collaboration efforts with the MoH and the MOWA, the research demonstrated the importance to involve first of all the Ministry of Education in order to involve (religious) teachers and make modules about (family) violence related issues part of the existing curricula. As demonstrated through this research, mullahs may play an important role in the dissemination of key messages; exploring possibilities to reduce violent practice in collaboration with the Ministry of Religious Affairs might generate initiatives on a larger scale than through individual programmes.

The National Solidarity Programme (NSP) is a World Bank funded national level programme covering all provinces of Afghanistan. The Ministry for Rural Rehabilitation and Development (MRRD) provides the leadership of the National Solidarity Programme (NSP) empowering rural communities to make decision affecting their own lives and livelihoods through Community Development Councils (CDCs). The formation of CDCs is a fairly established and transparent process that ensures wider community participation and representation. Linking up with these councils in order to see whether CDCs can be considered as a representative body of a community regarding the implementation of activities aiming at a reduction of violent practices seems to be worthwhile exploring.

- Anticipate on changes and involving young people

Afghan society is changing. The implementation of activities aiming at a behavioral change among large groups of people should therefore be a 'flexible' process and respond to social and cultural changes and 'new' social phenomena. As the outcomes of the FGDs and KIIs demonstrate, practices as 'Baad' and 'Badal' slowly make place for other practices; asking for 'high dowries' and spending a lot of money for ceremonies are becoming more and more frequent. But there are also other examples. Many people from the provinces are coming to Kabul, hoping to find work and improve their living conditions. And with the growing population (more than 5.000.000 people), tensions between people and new problems arise; various ethnicities with different customs are compelled to live together. But also the differences in life style and expectations between the different generations within the overall country become more visible; parents and elders are still taking the decisions within families but there is a growing understanding of the consequence of harmful practices, as 'Baad', 'Badal(akan)', 'Walwar' etc. The wish of young women and girls to continue education beyond the age of being married and the increasing opposition of a young population against forced marriages as demonstrated through different incident reports and discussions is becoming more tangible.

Creating a platform where different generations can express their views and opinions is necessary and asks for the hhe active involvement of young people in the design and implementation strategy for specific groups like those between 8-18 and 18-24 in order to make changes sustainable.

⁴⁰ See 'Afghan Women Speak; Enhancing Security and Human Rights in Afghanistan; Oktober 2010

ANNEX 1: Format 'Incident reports' (Sub-study 1)

<p>Name of the Psychosocial worker:</p> <p>Date of reported incident:</p> <p>Location(s) where Psychosocial worker is active:</p>
<p>Who reported the incidence</p> <p>Family members, CHW, elder? What is its relation to the 'victim'</p> <p>Did this person reported the incidence voluntarily or was he/she compelled/ 'forced' by other to do so?</p>
<p>Precise the location of the incidence</p> <p>Did the incidence happen within the family? If yes, specify where in the house</p> <p>Did the incidence happen outside the family? specify where</p>
<p>What 'type' of incidence is reported</p> <p>Was the incident physical, mental and/or sexual?</p> <p>Choose one of the following options:</p> <ol style="list-style-type: none"> 1. Family violence within the (extended) family: specify; by husband, mother in law, brother(s), other family members? In case of domestic violence, give also a description of the family (how many members, ages etc) 2. Violence between families? What kind of dispute (dowry, land, other)? Which members of the families are involved? 3. Other harmful practices, for example; heavy workload women/children, reinforced 'purdah', bothering/harassment of girls by peers, bad treatment of students by parents/teachers, wrong/non medical 'diagnoses' for medical problems, incidents due to substance abuse, other? <p>Is the incidence a 'once in a life time incident' or a 'repeated' incidence?</p>
<p>Short description of the incident itself</p> <p>Specify what has been the 'cause/provocation' that resulted in the reported incidence. What happened exactly? How long did the incidence last etc. (According to the person who reported the incident) What did the perpetrator (s) did during the incident? How did the victim(s) react during and after the incident?</p> <p>Facultative: Do you agree with the explanations of the person who reported the incident? Give also your own 'explanatory model'; what do you think are underlying factors (religion, traditional believes etc)?</p>
<p>Follow-up</p> <p>What has been done/not been done/will be done with the reported incident?</p>

ANNEX 2: Conducted Focus Group Discussions and Key Informant Interviews (Sub study 2 & 3)

- 1 FGD with Provincial staff members Kabul (6 participants)
 - 1 FGD with Provincial staff members Kapisa (6 participants)
 - 1 FGD with Provincial staff members Nangarhar (7 participants)
 - 2 FGDs with community members Kabul (1 male; 10 participants, 1 female; 15 participants);
 - 3 FGDs with community members Kapisa (1 male; 10 participants, 2 female; 20 participants)
 - 3 FGDs with community members Nangarhar (1 male; 11 participants, 2 female 22 participants)
 - 12 KII interviews, 5 male, 7 female
- Total: 119 respondents
- Informal conversations

ANNEX 3: Consulted literature

Afghanistan Research and Evaluation Unit, Issues Paper Series

- Community-Based Dispute Resolution Processes in Kabul City; March 2011
- A Holistic Justice System for Afghanistan, December 2009
- Building a Viable Microfinance Sector in Afghanistan, January 2010
- Community-Based Dispute Resolution Processes in Nangarhar Province; December 2009
- Deconstructing “Democracy” in Afghanistan; May 2011
- Securing Life and livelihoods in rural Afghanistan; the Role of Social Relationships; December 2010
- Does Women’s Participation in the National Solidarity Programme make a difference in their Lives; October 2010
- Decisions, Desires and Diversity: Marriage Practices in Afghanistan; February 2009
- Poverty in Afghanistan, enhancing Solutions through better defining the problem; November 2010
- Understanding and addressing context in rural Afghanistan, How Villages Differ and Why; December 2010

“What Self-Immolation Means to Afghan Women”, Nahid Aziz; online publication, February 2011

“Afghan Women Speak, Enhancing Security and Human Rights in Afghanistan”; David Cortright and Sarah Smiles Persinger; October 2010

“Rights, Culture, and Crime: The Role of Rule of Law for the Women of Afghanistan”; Mark A. Drumbl; January 2004

“The performance of emotion among Paxtun women”, Benedicte Grima, 1992

Psychosocial and Mental Health Assessment of Children in Afghanistan, HealthNetTPO; September 2008

Internal Evaluation Elimination of Violence against Women, HealthNetTPO; March 2009

Outcome Evaluation MFS-1, HealthNetTPO; July 2010

“ We were full of hope for a better future...” Position paper by Medica mondiale on the situation of women in Afghanistan, July 2010

National Action Plan for the Women of Afghanistan (NAPWA) 2007-2017, Ministry of Women’ Affairs Kabul, Afghanistan

“Harmful Traditional Practices and Implementation of the Law on Elimination of Violence against women in Afghanistan”; UNAMA 2010

“Early Marriage in Afghanistan”, Women and Children Legal Research Foundation (WCLRF); 2008

“Mental health aspects of women’s reproductive health”; a global review of the literature (WHO 2009)

“My life with the Taliban”, Abdul Salam Zaeef; 2010