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COMMENTARY

The Impact of Afghanistan's Policies on Early Child Marriage and Girl's Education: Current Trends and Future Consequences

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Abstract: Afghan women and girls have been prohibited from working outside the home, attending schools and universities, traveling without a male companion, and, banned from studying in medical institutes in courses such as midwifery and nursing. Here we discuss how the current policies in Afghanistan affect early child marriage and education of young girls and the consequences on women's health.

These restrictions have, and will continue to have, significant impacts on the health and wellbeing of women and girls in Afghanistan reversing advances made in the last two decades. These limitations increase the vulnerability of girls to early marriage leading to increased adolescent pregnancies, maternal and infant mortality and morbidity, mental health consequences, and gender-based violence. Limiting available female healthcare providers further threatens maternal health by reducing already limited access to care. Urgent national and international action is needed to restore access to education and healthcare to safeguard women's rights and protect the health and lives of mothers and their children in Afghanistan.

Keywords: child marriage, Afghanistan, policies, consequences, education

Since December 24, 2022, Afghan women have been prohibited from working outside the home, attending schools and universities, or traveling without a Mahram (male relative). Most recently, on December 3, 2024, women were banned from studying in medical institutes in courses such as midwifery and nursing.[1]

Although these restrictions on women are highly publicized, there has been inadequate attention on the consequences these have on Afghan women's health and rights. There are growing concerns that these limitations have had and will continue to have a detrimental impact on women and girls in Afghanistan. Girls denied access to education are increasingly vulnerable to child marriage, legally defined as any marriage before the age of 18. Poverty and illiteracy are important predictors of child marriage in Afghan women.[2]

Child marriage is a violation of human rights and a serious public health issue. This practice is associated with several adverse mental and physical health outcomes, negatively affecting the health and quality of life of young mothers and their children. A UN analysis predicts that by 2026, 1.1 million girls and 100,000 women globally will be out of school, leading to a 45% increase in early childbearing and up to 50% increase in maternal mortality.[3]

Under the previous Taliban regime and during subsequent conflicts, child marriage rates in Afghanistan were alarmingly high at 62%, but data from 2016 showed a significant reduction to 33%, achieved through the support and efforts of national and international partners.[4] There are now concerns that these gains are being reversed; a 2023 survey indicated a rise in child marriage to 39%, pointing to the critical influence of governance on social norms and practices.[5] Moreover, a tragic combination of poverty, conflict, and cultural traditions has left Afghan women highly vulnerable to child marriage.[6] Afghanistan has committed to eliminating child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals (SDGs). Nonetheless, child marriage remains a significant obstacle to gender

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equality efforts, and the achievement of SDG targets – specifically goals 1 to 5: eradication of poverty, achievement of universal education, women's empowerment, reducing child mortality, and the improvement of maternal health.[7]

Girls forced into marriage as children are physically unprepared for pregnancy and childbirth. They often have multiple children in quick succession, endangering maternal and infant health, increasing maternal, and infant mortality and morbidity and stillbirths.[7] Girls between the ages of 10 and 14 years are 5 to 7 times more likely to die in childbirth, while those between the ages of 15 and 19 years are twice as likely.[8]

The infant mortality rate is 60% higher when the mother is below 18 years.[9] Mothers under the age of 18 years face a higher risk of eclampsia, puerperal endometritis, and systemic infections while their babies face increased risk of low birth weight, preterm birth and severe neonatal condition.[10,11] Globally, every year there are 21 million pregnancies among adolescents aged 15–19 years, and 50% of these are unintended. Furthermore, over half (55%) of unintended pregnancies end in unsafe abortions. A recent analysis using nationally representative data showed an extremely high adolescent pregnancy rate in Afghanistan of 711 per 1000 births.[12]

There are already substantially high levels of illiteracy among women in Afghanistan (84%) which is leading to low utilization and uptake of antenatal care, skilled birth attendance, and family planning.[13] With the introduction of the new policies preventing girls from obtaining an education, this will contribute to worsening both maternal and perinatal mortality and other adverse outcomes for newborns. Furthermore, child marriage leads to a high adolescent fertility rate, which is currently 78–80 births per 1,000 women aged 15–19 years in Afghanistan[13]– another important risk factor for maternal mortality. Afghanistan already has the one of the highest maternal mortality rates globally (638 per 100,000 live births)[14] ranked 8th[15] out of 186 countries in the world and is at high risk of reversing the significant improvements made over the past two decades.

Rural areas are particularly vulnerable to increased levels of child marriage as poverty and illiteracy are more dominant. There were already challenges to healthcare access in these areas including the availability of female healthcare providers, which is culturally more acceptable; currently, over 98% of midwives in Afghanistan are female.[16] The newly introduced restrictions by the Taliban to prohibit females from receiving midwifery and nursing training, will further worsen the challenges with access to care during pregnancy and childbirth; the short-term and long-term health consequences of these decisions will be devastating for the future population of Afghanistan.

Early child marriage is also linked to serious emotional distress and mental health consequences, including depression and suicide.[17] Exposure to distress and emotional challenges in adolescence sets the stage for serious mental health disorders that persist into adulthood. Adolescence is a vital growth period where social and emotional habits learned are essential for maintaining good mental health. When a girl marries at an early age, not only are her chances of learning these healthy habits taken away, but she will be exposed to some of the most stressful and traumatic life events including pregnancy, childbirth, breastfeeding, sexual and physical abuse. Mental health services are already severely limited in Afghanistan so these girls will face challenges accessing mental health support, thus exacerbating the consequences this will have.[18]

Education is a crucial shield against child marriage and key instrument for achieving gender equality, development, and peace. Investing in the education of girls, with its exceptionally high social and economic benefits, is the best means of achieving sustainable development and economic growth. Currently, no reliable data exists on the level of gender-based violence in Afghanistan. However, there are indications that increased unemployment, poverty, and confinement of women and girls at home and travel restrictions, is increasing the prevalence of gender-based violence in Afghanistan. These all expose women and girls to risks such as unintended pregnancies, sexually transmitted infections, cervical cancer, malnutrition, and depression. Additionally, this inequality hinders access to crucial health information and services due to restrictions on mobility, limited financial access, lack of decision-making autonomy, lower literacy rates, and discriminatory healthcare provider attitudes.

Without access to education, women and girls face greater risk of early marriage and its associated health and economic consequences. Current restrictions in Afghanistan threaten progress on child marriage and gender-based violence. Renewed international focus and local strategies are needed to safeguard women's rights and advance gender equality. In 2015, Afghanistan committed to the Sustainable Development Goals (SDGs), targeting improvements in poverty reduction, zero hunger, health, quality education, gender equality and, among others (goals 1, 2, 3, 4, 5,8, and

10). However, the recent bans on women attending schools and universities not only threaten to reverse the progress made towards these SDGs, but also undermine current efforts to achieve SDGs.

Recent policies on women's education, particularly in midwifery, negatively impact maternal and child health. Access to skilled healthcare providers during pregnancy and childbirth is crucial for reducing maternal and infant mortality rates.[19] When midwifery services are unavailable, women may resort to unsafe childbirth practices or do not receive the necessary prenatal care – all of which increases their vulnerability and risk to complications during pregnancy and childbirth. Combined together, early marriage, lack of education, and inadequate healthcare leads to greater health risks resulting in lifelong health issues or even death.

It is imperative that national and International organizations continue to place emphasis on education, increasing access to adequate healthcare, and strengthening economic opportunities for women to empower young adolescent girls to improve reproductive and child health outcomes, and accelerate social and economic development in Afghanistan.

Author Information

Due to the highly sensitive content of the study, the first and last authors have been kept anonymous out of concern for their personal safety.

Disclosure

The authors report no conflicts of interest in this work.

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