

ARTICLE 14

1. States Parties shall take into account the particular problems faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy, and shall take all appropriate measures to ensure the application of the provisions of the present Convention to women in rural areas.
2. States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right:
 - a. To participate in the elaboration and implementation of development planning at all levels;
 - b. To have access to adequate health care facilities, including information, counselling and services in family planning;
 - c. To benefit directly from social security programmes;
 - d. To obtain all types of training and education, formal and non-formal, including that relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency;
 - e. To organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self employment;
 - f. To participate in all community activities;
 - g. To have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes;
 - h. To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

“The Taliban have instructed us not to treat any female patients who is not accompanied by a mahram or is not in full hijab. These restrictions seem to be implemented with particular severity outside major urban areas in the southern provinces and rural areas of Afghanistan.”

—Sharifa M., a woman doctor in Afghanistan¹

Introduction

Article 14 of CEDAW addresses the distinct vulnerabilities and needs of rural women, acknowledging their disproportionate exposure to discrimination and structural inequalities. It obliges State Parties to adopt targeted measures aimed at eliminating discrimination against rural women and ensuring their full and equal participation in rural development processes. The Article outlines a comprehensive framework for enabling rural women to access essential resources and services, including healthcare, education, social security, and economic opportunities such as credit facilities and market access.

Article 14 emphasizes the active inclusion of rural women in decision-making and planning at the community level, recognizing their role in shaping rural development initiatives. It also mandates state parties to guarantee rural women's access to adequate living conditions, encompassing safe housing, clean water, sanitation, electricity, and reliable transportation. Equal participation in education and vocational training, including literacy programs, is considered fundamental to empowering rural women.

Moreover, Article 14 underscores the importance of enabling rural women to engage in income-generating activities and self-employment by providing them with equitable access to financial services and infrastructure. The right to participate in self-help groups and cooperatives is also supported in Article 14, which can facilitate community-based economic and social empowerment. The principle of equitable access to land ownership and land tenure security is often recognized by commentators as an implicit but critical component of Article 14's objectives.²

Approximately 73 percent of Afghan girls and women live in rural areas.³ While all Afghan women and girls are impacted by the Taliban's actions, deeply rooted patriarchal gender norms in Afghanistan have resulted in rural girls and women being particularly marginalized in Afghan society. Historically and during the Republic Period (2004-2021), rural Afghan girls and women had only limited autonomy and access to financial resources, employment, education, healthcare, and public and private decision-making. Highly discriminatory and sexist gender norms and practices have negatively affected the physical and mental health of rural girls

and women and reduced their access to educational, economic, and political opportunities.⁴

By 2020, however, there were tangible outcomes in rural girls' and women's political, educational, and economic inclusion. The government ratified CEDAW in 2003, which influenced the new 2004 constitution of Afghanistan. The 2004 constitution prohibited discrimination and guaranteed equal rights and duties for all citizens. It required provinces to elect at least two women to the lower house of parliament. It also required the President to appoint a third of the upper house, with at least half of those appointments being women.

The constitution mandated programs to promote girls' and women's education. From 2002 to 2021, 3,816,793 girls were enrolled in primary through secondary education. Women teachers made up 80,554 of the approximately 200,000 total teachers in Afghanistan. Educational access increased with 18,765 public and private schools operating in the country. By 2020, over 100,000 Afghan women attended public and private universities in the country, and 2,439 women were employed as lecturers at colleges and universities. Education provided significant opportunities for girls and women to improve their own lives and contribute to their families and the country.⁵

Girls and women had more economic opportunities. Over 54,000 informal businesses were owned and run by women. These businesses created over 130,000 jobs and supported another 100,000 women artisans in rural areas to sell their work in the cities of Afghanistan.⁶

Harmful Norms and Practices and Rural Girls and Women

Following the Taliban's takeover of Afghanistan in August 2021, long-standing discriminatory and patriarchal gender norms have intensified, undermining and reversing the gains achieved over the previous two decades in advancing gender equality and the empowerment of girls and women. The Taliban institutionalized and enforced harmful norms and practices, resulting in widespread denial of girls' and women's human rights. Compared to girls and women in urban areas, rural girls and women are among the most affected because they were already facing less access to services and more

physical, economic, social, and cultural barriers to realizing their rights.

By restricting girls' and women's mobility and barring their employment with humanitarian and other organizations, the Taliban have seriously curtailed women's and girls' ability to obtain health care, especially in rural areas. Furthermore, Taliban bans on education for older girls and women have severely limited the training of future female healthcare workers, significantly reducing their numbers in the medical field.⁷

Rural Women and Girls and Healthcare

Girls and women seeking health care have reported that conservative, patriarchal norms, together with Taliban laws, decrees, bans, and practices, have erected substantial obstacles to obtaining medical treatment—particularly in rural areas—and to accessing humanitarian assistance, including aid critical to their health.⁸ One NGO staff member further reported that two months after the Taliban takeover, Taliban security forces physically assaulted a male doctor “for providing health services to female patients in a village of Samangan province.”⁹

In a 2023 report, a male Afghan working for Médecins Sans Frontières said:

“Already I see that the Taliban at checkpoints looking for any excuse to prevent women from moving freely. For example, my sister was sick recently and when she was travelling to our hospital for a check-up, they did not allow her to go because she didn't have a mahram. She stood there for about 50 minutes, outside in the cold. Then my brother came, and they allowed them to leave.”

A health worker at an international aid group said, “Before the takeover, we had 2,500 female staff who used to go house to house, providing community services, and distributing hygiene kits. Now all these programs, including our mental health programs, have stopped.” Another aid worker said, “We are not allowed to distribute hygiene kits; a lack of those leads to increased urinary tract infections and problems with childbirth.... [the Taliban] don't understand that this is not a luxury; it's a basic need for women.”¹⁰

Afghanistan's economic crisis has driven increasing numbers of people into poverty and heightened vulnerability, rendering the health-care system reliant on out-of-pocket payments even more regressive and further undermining girls' and women's right to health.¹¹ Along with highly restrictive gender norms, cost acts as a major prohibitive factor in accessing health services in rural households.¹² Data from 2022 indicate that only 10 percent of girls and women could satisfy their basic health needs through existing health services, whereas 23 percent of men were able to do so.

Rural areas, where the fighting over the past 20 years was most intense, continue to lack qualified health workers, and female staff in particular. The Taliban's discriminatory restrictions on women and girls have therefore intensified longstanding barriers to health-care access in rural areas. In remote regions such as Daikundi, where poor road infrastructure has long limited access, and in Badakhshan, where heavy snowfall frequently renders roads impassable, girls and women must already travel considerable distances to obtain health services. In Helmand, the availability of health clinics was already limited.¹³

Because of the Taliban's mahram¹⁴ requirement, rural girls' and women's access to healthcare services has now become even more difficult. Previously, NGOs operated mobile clinics in rural areas or arranged transportation to enable staff to travel to rural communities to deliver health care. Under current conditions, Taliban restrictions have sharply curtailed these mobile services by barring female staff from traveling in vehicles and by scaling back door-to-door activities conducted by community health practitioners in private homes.¹⁵ An Afghan nurse, sharing her experience of Taliban's obstruction of women from accessing healthcare services in a rural area in northern Afghanistan, explained, “They stop us. Yes, even if a woman is dying, she cannot be treated by a male doctor.”¹⁶

Afghan doctors were pessimistic and expressed concerns about the future of healthcare access under the Taliban, comparing the degradation of improved services before and after the Taliban takeover in 2021. The Taliban's prohibitions on female health professionals and their restrictions on women's access to medical training have produced significant shortages of female doctors, nurses, pharmacists, and other health-care workers, with particularly severe effects in rural areas. For example, one organization in Paktika province was forced to

re-advertise a vacancy for a female doctor multiple times over a six-month period and was still unable to fill the position due to the lack of women applicants willing to work in rural settings.¹⁷

With particularly negative consequences for girls and women in rural areas, the Taliban issued an edict on December 26, 2021, prohibiting women and girls from traveling “long distances” by taxi or public transport unless accompanied by a mahram. The directive defined a long distance as 72 kilometers (approximately 45 miles) or more. In practice, however, some Taliban officials and security forces have interpreted the rule far more broadly, applying it to shorter journeys, including travel outside the home for purposes such as commuting to work or seeking health care. In addition, the ban on education for women and girls has effectively halted the training of future female health-care workers nationwide.¹⁸

In January 2022, in Ghazni province, Taliban officials barred women from attending healthcare appointments unless they were accompanied by a mahram. An NGO official in Kandahar district told Human Rights Watch that female staff were required to be accompanied by a mahram throughout the day. He further explained that female patients were likewise required to have a mahram present and would be denied access to health-care services in the absence of one.¹⁹ These restrictions, thus, disproportionately affect rural girls and women and force them to delay or sacrifice their health treatment.

A report illustrated the dire circumstances faced by pregnant rural girls and women trying to reach health care. “A pregnant woman from a remote village in Daikundi province had to rent a car for 38,000 Afghani (\$400) and endured an 8-hour journey to reach the provincial hospital in the capital of Daikundi province. Her sole intention was to ensure a safe delivery for her child. Unfortunately, upon arrival and undergoing the necessary medical check-ups, the doctors informed her that her child had already passed away due to the rough and bumpy roads she had traveled.”²⁰

A country-wide representative study on mental health found that mental illness affects the rural Afghan population and rural women disproportionately. “More than half of the Afghan population suffers from depression, anxiety, and post-traumatic stress disorder, including many

survivors of conflict-related violence, yet only about 10 percent have ever received effective psychosocial therapy.”²¹ Studies find that the incidence of Post-Traumatic Stress Disorder and suicidal behaviors was more prevalent in Afghan women compared to Afghan men. The studies found that living in a rural area was a significant risk factor for poorer mental health outcomes.²²

Agricultural Activities and Access to Water

The Taliban’s prohibitions on freedom of movement and employment have severely affected rural girls and women. The proportion of households in Afghanistan facing obstacles to accessing water increased from 48 percent in 2021 to 67 percent in 2023, compounding the challenges faced by rural girls and women who are already subject to mobility restrictions and heightened exposure to harassment and gender-based violence when traveling to water sources.²³ In rural communities where girls, women, boys, and men previously worked together in agricultural activities, local authorities have imposed increasingly strict interpretations of purdah, enforcing greater separation of the sexes. These forms of mixed sex, communal cooperation are no longer allowed.²⁴

Because of the Taliban’s restrictions on freedom of movement, marginalized groups in rural areas—including women and girls, women-headed households, older persons, and persons with disabilities—are disproportionately excluded and rendered dependent on male family members to obtain information and to provide feedback on community or humanitarian assistance.

Rural Afghan Women and Identity Documents

In Afghanistan, the process of obtaining civil documentation is burdensome and protracted. Multiple obstacles persist, including government office closures, rising document fees, problems with online application systems, lengthy waiting periods, and unclear application procedures. Rural communities—particularly rural girls and women—are disproportionately affected by the time and financial costs associated with travel to administrative offices. Girls and women also encounter additional barriers due to requirements that a male guardian or mahram accompany them to complete necessary procedures. In many

cases, the absence of female staff within relevant government offices compels women to interact with male officials in order to access services.²⁵ One study found that displaced women and women living in rural areas are especially impacted: 24 percent of rural households reported that no women or girls possessed civil identification documents, compared with 5 percent of urban households.²⁶

Rural Women-Headed Households

In Afghanistan, households headed by women spend 17 percent less on basic needs than those headed by men, and an estimated 48 percent of women-headed households experience poor food consumption, compared with 39 percent of men-headed households.²⁷ By 2023, 60 percent of women heads of household reported cutting health-related spending, an increase from 40 percent in 2022. Reliance on negative coping strategies to sustain household livelihoods is more prevalent in rural areas than in urban ones and affects 32 percent of rural women-headed households and 26 percent of rural men-headed households. To meet basic needs, women-headed households are especially likely to resort to harmful coping practices,

including child labour, delaying or foregoing medical treatment, early and forced marriage of daughters, and skipping meals. In 2023, 60 percent of women heads of household reported reducing health expenditures, an increase from 40 percent in 2022. The adoption of negative coping strategies to sustain household livelihoods is more widespread in rural areas than in urban settings and affects 32 percent of rural women-headed households and 26 percent of rural men-headed households. Women-headed households are particularly likely to rely on such coping mechanisms to meet basic needs, including child labour, delaying or foregoing medical treatment, early and forced marriage of daughters, and skipping meals. In the same year, 21 percent of women-headed households withdrew children from school due to insufficient food or income to purchase food, compared with 8 percent of men-headed households. Women-headed households—especially those in rural areas—frequently face barriers to accessing credit or loans, as requesting informal loans is often considered socially and culturally inappropriate for women, and many rural women lack the identification and documentation required to apply for formal credit.²⁸

- 1 Safi, Mariam, et al. "Changing Social Norms around Age of Marriage in Afghanistan: Data on Repression and Resistance under the Taliban." ODI Report. London: ODI, February 21, 2024. <https://odi.org/en/publications/report-changing-norms-age-marriage-afghanistan/>.
- 2 Schulz, Patricia, Ruth Halperin-Kaddari, Beate Rudolf, and Marsha A. Freeman, eds. *The UN Convention on the Elimination of All Forms of Discrimination Against Women and its Optional Protocol: A Commentary*. Oxford University Press, 2023.
- 3 World Bank, "Rural Population (% of Total Population) - Afghanistan, World Bank, 2023 <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=AF>
- 4 Ahmed-Ghosh, Huma. "A history of women in Afghanistan: lessons learnt for the future or yesterdays and tomorrow: women in Afghanistan." *Journal of international Women's Studies* 4, no. 3 (2003): 1-14.
- 5 Ahmadi, Belquis, and Hodei Sultan. "Taking a Terrible Toll: The Taliban's Education Ban." *United States Institute of Peace*, April 13, 2023. <https://www.usip.org/publications/2023/04/taking-terrible-toll-talibans-education-ban>.
- 6 Safi, Mariam, Evie Browne, Ayesha Khan, and Tony Kamninga. "Changing Social Norms around Age of Marriage in Afghanistan: Data on Repression and Resistance under the Taliban." ODI Report. London: ODI, February 21, 2024. <https://odi.org/en/publications/report-changing-norms-age-marriage-afghanistan/>.
- 7 Abbasi, Fereshta. "'A Disaster for the Foreseeable Future': Afghanistan's Healthcare Crisis." *New York: Human Rights Watch*, February 12, 2024. <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis>.
- 8 Abbasi, Fereshta. "'A Disaster for the Foreseeable Future': Afghanistan's Healthcare Crisis." *New York: Human Rights Watch*, February 12, 2024. <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis>.
- 9 Afghanistan Gender in Humanitarian Action Working Group. "Afghanistan Rapid Gender Analysis 2023." December 10, 2023. <https://reliefweb.int/report/afghanistan/afghanistan-rapid-gender-analysis-november-2023>. np.
- 10 Afghanistan Gender in Humanitarian Action Working Group. "Afghanistan Rapid Gender Analysis 2023." np.
- 11 Abbasi, Fereshta. "'A Disaster for the Foreseeable Future': Afghanistan's Healthcare Crisis." *New York: Human Rights Watch*, February 12, 2024. <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis>.

- 12 Afghanistan Gender in Humanitarian Action Working Group. "Afghanistan Rapid Gender Analysis 2023." *Rapid Gender Analysis*. Afghanistan Gender in Humanitarian Action Working Group, December 10, 2023. <https://reliefweb.int/report/afghanistan/afghanistan-rapid-gender-analysis-november-2023>.
- 13 Abbasi, Fereshta. "A Disaster for the Foreseeable Future: Afghanistan's Healthcare Crisis." New York: Human Rights Watch, February 12, 2024. <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis>.
- 14 In Islamic law and culture, a mahram is a close male relative—by blood, marriage, or breastfeeding—with whom marriage is permanently forbidden, such as a father, son, brother, or father-in-law. Women are not required to wear hijab around their mahram and may travel with them. In contrast, non-mahram refers to unrelated men with whom marriage is permissible; women are expected to observe hijab in their presence, and unaccompanied travel with non-mahram individuals is generally discouraged to uphold modesty and protection. Rostami-Povey, Elaheh. *Afghan Women: Identity and Invasion*. New York: Zed Books, 2007.
- 15 Afghanistan Gender in Humanitarian Action Working Group. "Afghanistan Rapid Gender Analysis 2023." *Rapid Gender Analysis*. Afghanistan Gender in Humanitarian Action Working Group, December 10, 2023. <https://reliefweb.int/report/afghanistan/afghanistan-rapid-gender-analysis-november-2023>.
- 16 Fayyazi, Mahbeigom, Mahdi Surosh, Olivia Nawal McCollum, Xaymara Aviles Cintron, Ali Jan Ehsan, and Pooja Ayachit. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule." Porsesh Policy Research Institute, December 22, 2023. <https://prresearch.us/wp-content/uploads/2024/01/A-Comprehensive-Exploration-of-Womens-Access-to-Healthcare-in-Afghanistan-under-Taliban-Rule-ffinal.pdf>
- 17 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule." Porsesh Policy Research Institute, December 22, 2023. <https://prresearch.us/wp-content/uploads/2024/01/A-Comprehensive-Exploration-of-Womens-Access-to-Healthcare-in-Afghanistan-under-Taliban-Rule-ffinal.pdf>
- 18 Abbasi, Fereshta. "A Disaster for the Foreseeable Future: Afghanistan's Healthcare Crisis." New York: Human Rights Watch, February 12, 2024. <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis>.
- 19 Abbasi, Fereshta. "A Disaster for the Foreseeable Future: Afghanistan's Healthcare Crisis."
- 20 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule." Porsesh Policy Research Institute, December 22, 2023. <https://prresearch.us/wp-content/uploads/2024/01/A-Comprehensive-Exploration-of-Womens-Access-to-Healthcare-in-Afghanistan-under-Taliban-Rule-ffinal.pdf>
- 21 Sheikh Mohd Saleem, Sheikh Shoib, Ahmad Riaz Dazhamyar, Miyuru Chandradasa, "Afghanistan: Decades of Collective Trauma, Ongoing Humanitarian Crises, Taliban Rulers, and Mental Health of the Displaced Population, *Asian Journal of Psychiatry*, Volume 65, 2021, 102854, ISSN 1876-2018, <https://doi.org/10.1016/j.ajp.2021.102854>.
- 22 Kovess-Masfety, V., Keyes, K., Karam, E. et al. "A National Survey on Depressive and Anxiety Disorders in Afghanistan: A Highly Traumatized Population. *BMC Psychiatry* 21, 314 (2021). <https://doi.org/10.1186/s12888-021-03273-4>.
- 23 Kovess-Masfety, V., Keyes, K., Karam, E. et al. "A National Survey on Depressive and Anxiety Disorders in Afghanistan: A Highly Traumatized Population."
- 24 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule."
- 25 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule."
- 26 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule."
- 27 Fayyazi, Mahbeigom, et al. "Breaking Barriers: A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule."
- 28 Afghanistan Gender in Humanitarian Action Working Group. "Afghanistan Rapid Gender Analysis 2023." *Rapid Gender Analysis*. Afghanistan Gender in Humanitarian Action Working Group, December 10, 2023. <https://reliefweb.int/report/afghanistan/afghanistan-rapid-gender-analysis-november-2023>.