

Life Becomes Harder: Intersectional Feminist Lens to Dis/abled Experience of Women in Afghanistan during Covid 19 Pandemic and Post Covid Development Context

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More than 40 years of war, ethnic conflict, violence and poverty have made Afghanistan a country where at least one in five live with a serious physical, sensory, intellectual, or psychosocial disability. Women with disabilities in Afghanistan are considered to be ‘doubly stigmatized’ due to gender inequality and disability stigmatization, and are often hidden from the social and political aspects of life. Although in the post-Taliban era, development interventions backed by international aid have been designed to include women with disabilities, their intersectionalities cutting across class, ethnicity, region, different types of impairments and other positionalities have not been explored to address different needs, barriers and inequalities across various regions. In this context, the Covid 19 crisis has made the lives of Afghan women with disabilities harder due to gender discrimination, stigma and shame, unemployment, lack of mobility, lack of awareness, and insufficient institutional support and infrastructure coupled with widespread feelings of insecurity resulting from conflict and terrorist attacks. Based on both primary and secondary data, this paper will shed a feminist intersectional insight into the plight of women with dis/abled experience during the Covid 19 pandemic in the complex political and social terrain of Afghanistan. The paper will also explore visions for designing interventions aimed at integrating women with disabilities in post Covid development plans.

Keywords: Afghanistan, Women with Disabilities, Intersectional Feminism, Covid 19, Post Covid Development

Introduction

According to a recent National survey on persons with disabilities in Afghanistan, more women have moderate (43.9%) and severe disability (14.9%) compared to men (36.2% and 12.6%, respectively) (Shinwari et al., 2020). Determinants behind this striking gender difference could be the influence of deeply rooted patriarchy of Afghanistan in family, tribe and society where women are often victims of sexual violence, suffer from lack of education and empowerment, and have limited access to health care and other resources. Many disabled women are dependent on unpaid care givers and the use of assistive devices is considered to be low among them (Shinwari et al., 2020). About 80% of girls with disabilities are not enrolled in school, or enrolment cannot continue past the primary years (HRWa, 2020). In a war-torn country like Afghanistan, which was ranked 170th out of 189 countries within the UN Human Development Index, this grim scenario of women with disabilities opens up a series of apprehensions regarding the misery of disabled women during the Covid 19 pandemic (UNDP, 2019).

In a recent report by Human Rights Watch, Afghan women with disabilities were found to be doubly discriminated (HRWa, 2020). To refer to the layers of their discrimination in Afghan society, I would like to borrow the term ‘double disadvantage’ that refers to both gender hierarchy and stigma against disability (Almquist and Wehrle-Einhorn, 1978). Afghan women’s struggle for gender equality could be fathomed from Moghadam’s (1997) point that, ‘the issue of women’s rights in Afghanistan has been historically constrained by (a) the patriarchal nature of gender and social relations deeply embedded in traditional communities and (b) the existence of a weak central state, that has been unable to implement modernizing programs and goals in the face of tribal feudalism’ (76). Although after the fall of the Taliban regime, successive democratic governments have promoted a gender equality agenda, disenfranchisement, vulnerability and insecurity of Afghan women remain deep concerns due to patriarchal and ‘tribal cultures’ and the political influence of extremist and militant religious groups. In this insecure space, Afghan women with disabilities have been subject to discrimination and oppression not only because of their gender, but also on account of their disability, which is unwanted and inconvenient for a woman and her family in a patriarchal society. In Afghan society, a woman is more like an ‘honour’ to family, provided that she maintains a strict sense of modesty in clothing, behavior and mobility, participates in household activities and complies with traditional expectations to be a wife and mother (Beck, 2018; Bohn, 2018). A woman with a disability cannot fit so easily into this gender category of ‘woman’ due to her intellectual or physical impairments and the social stigma that the community ascribes to her. The negative effect of this multiplicity of experience of Afghan women with disabilities, amplifies exclusion and otherness in their day to day life due to inaccessible transportation, lack of paved roads, living far away from medical clinics, lack of disabled friendly health care and lack of sufficient financial support. The Covid19 pandemic has made these problems insurmountable for women with disabilities in Afghanistan starting from access to basic health care, lack of mobility, loss of economic support to high insecurity and violence at home and outside (HRWa, 2020).

A single focus on disability of Afghan women is not enough to understand the experience of layers of discrimination during this crisis as well as envision progress in a post Covid 19 political landscape. In this regard, an intersectional feminist lens unpacks the grievances or ‘conditions’ of Afghan women with disabilities in a deeper way with greater nuance. In this paper, I invoke the intersectional lens and apply it to the experiences of Afghan women with disabilities in relation to the issues they face during the Covid 19 pandemic on the basis of my observation of Afghan people’s day to day life on social media, discussion with friends from Afghanistan, interactions with my Afghan students’ reflections after visiting Afghanistan a few years ago, interviews with Afghan disability rights activists and professionals, and a review of governmental and non-governmental organizations’ reports and relevant news in electronic media and posts shared on social media. Research from an intersectional perspective on different issues of Afghanistan such as disability are rare except for some NGO evaluations and reports by international aid organizations. This paper presents new dynamics to understand the issues faced by Afghan women with disabilities that remain unnoticed in other research.

For last few years, the study of people in Afghanistan has become a personal passion and research interest. In my experience, I have found that any issue concerning Afghanistan, if presented in isolation of this country’s historical political context, carries the risk of perpetuating a monolithic representation typically one of inferiority. Throughout the Afghan

history, colonial power had considered Afghanistan a ‘rentier state...heavily reliant on revenue accrued from abroad’ with limited state capacity and accountability (Rubin, 1992: 78). This vested interest from various political groups including super powers like the USA and Russia alongside regional neighboring countries including Iran and Pakistan have played an influential role in perpetuating the conflict in Afghanistan. The outcome of this long-lasting conflict has been brutal on Afghan people including women with disabilities. Any imagination, apprehension and visions about Afghan women with disabilities will be incomplete without a broad view of the never-ending political turmoil that remains the key player behind the grievance of Afghan women with disabilities.

Experiences of Afghan women with disabilities

Intersectionality sheds insight into how the experiences of human beings are shaped by the complex interaction of different social identities like e.g. ‘race’ and ethnicity, gender, class, sexuality, geography, age, dis/ability, migration status, and religion (Squires, 2009). The roots of intersectional feminist thoughts could be located in the the writings of black feminists like Sojourner Truth (1851) who, on a reflexive note, shared their experiences of intersectionality on the basis of gender, race and class (Goethals et al., 2015). However, the term ‘intersectionality’ was coined by Kimberlé Crenshaw in 1989, and was gradually developed into a promising concept to understand how different axes of power intersect to share an experience of discrimination and inequalities. The concept has been used in different disciplines including Disability Studies (Sen et al., 2009). From a feminist intersectional perspective, the nexus between gender and disabilities along with race, class and other multiple axes of identities became a broader gaze to understand the experiences of women with disabilities in a particular context (Jacob et al., 2010; Raab, 2007). Intersectionality of Afghan women with disabilities is highly complex in terms of gender, ethnic identity and class when these are constructed throughout the history of colonization, ethnic tension and diversity, extremist religious values, ‘tribal culture,’ poverty and economic inequality, civil war, and conflict with the ‘Taliban’. In order to understand these interwoven factors, we need to understand Afghanistan’s complex political history in brief.

Afghanistan is home to over 14 major ethnolinguistic populations with 8 major languages and a complex combination of ethnic identities spread over 34 provinces (Khodor, 2018). Pashtuns, constituting more than 42% of the overall population overwhelmingly dominate the political leadership in the government (Ali,2015). Arguably, other ethnic groups such as Hazaras are subject to insecurity and discrimination (Handayani, 2016; Ibrahim and Maley, 2018). The Taliban, the orthodox Islamic militants emerged mainly in the rural and hilly areas taking advantage of ethnic tensions and lack of political unity, extreme inequality and poverty, and backed by the vested groups from neighbouring and foreign powers (Rashid,1999). Prior to the rise of the Taliban, women were making important contributions to national development, and their rights were protected under law (Skaine, 2002). Since the Taliban took over state power in 1996, they enforced orthodox Islamic interpretations against gender equality including mandatory covering of the whole body for women, restrictions of mobility by oneself, and barriers to higher education and a job. One can easily imagine the misery women with disabilities have had to endure. Even after the fall of the Taliban regime, Afghan women continue to fight for their basic rights in a patriarchal society, especially against extremist

religious values and extremist groups (Azizi, 2020). The process of implementing women's rights in Afghanistan is 'a tug-of-war between centralizing elites, Islamic ulama resisting the encroachments of the state into their rightful territory, and a rural and tribal periphery intent on safeguarding its autonomy' continues with some promises, hope, and despair even after nineteen years of dethronement of Taliban' (Kandiyoti, 2007: 173). The poor treatment and the silence of Afghan women with disabilities are associated with this larger political context and Afghan women's positionality within it. From my conversations with Afghan friends and students and reviews of the relevant posts on social media, I found that during the Taliban period, the modern education system in Afghanistan was almost demolished and replaced with orthodox religious education and extremely conservative interpretations of religion promoted and inflicted at the grassroots level (Liuhto, 2016). Part of this agenda was to create a hierarchical society with the support of orthodox interpretation of Islam where an able bodied heterosexual male perspective dominates and decides what identities have to be at the margin, periphery and excluded from the public space. This shadow casts the voices of Afghan women with disabilities at the margins, almost invisible.

The intersectional experience of Afghan women with disabilities during the Covid 19 pandemic is situated within this complex political scenario of inequality, conflict and urge for peace. A rich Pashtun educated woman's disabled experience in Kabul during the Covid 19 pandemic will be different from the struggle of a poor uneducated Hazara woman with disabilities in a Pashtun dominated province as well as from an educated Pashtun woman with disabilities in a Taliban occupied district who does not even have the right to go out without a burka. For women with intellectual disabilities in a poor household of an isolated hilly area, the disability experience is more about serious social stigma and disgrace along with their families throughout life. On the other hand, for middle class educated women in Kabul who have acquired their physical impairments as a result of a bomb attack at some point and are eligible for government financial support due to a conflict related cause, disabled experiences are more about the inconveniences of executing day to day life activities. Like many other countries in this region, intellectual disabilities in Afghanistan are more stigmatized in comparison to other forms of disabilities (GICHHD, 2004). For an Afghan woman with intellectual disabilities in a poor household in a remote area, the challenges of the pandemic might be more about food and nutrition due to loss of income of the only earning member in the family, whereas for a woman with physical impairments living in a Kabul, problems during the pandemic might be more about managing extreme pressure of household tasks on account of social isolation and the added burden of other family members being confined within the homestead for a longer time. Another important aspect that could change the predictable equation of class, gender, ethnicity, tribe and location of an Afghan disabled woman's experience, is social capital. By social capital, I mean the bargaining power of an individual derived from use of media and presence in public space, skills, membership of different political and social groups and networking, a sense of trust and inclusion (Bates and Davis, 2004; Shpigelman, 2017). Due to this bargaining power, advantage or disadvantages of women with disabilities could be triple, double or equal due to these fluid interlocking identities and locations during Covid 19 including having Covid 19 testing and proper health care, access to online education, and retaining employment. This aspect is based on my long observations of the lives of Afghan women and Afghan society from social media and interactions with Afghan people. Unfortunately, there isn't enough empirical evidence of this intriguing aspect in terms of women with the experience of disability in the Afghan context. In a report, ethnic, family and tribal ties in Afghan society have been

emphasized as a tool to obtain privilege in employment and other service and opportunities (DFAT, 2019). However, this is an emerging phenomenon which will need time to be explored and noticed.

Lives Becomes Harder

The lives of Afghan women with disabilities were hard before the pandemic. During the pandemic, their struggle and misery have been intensified making their lives harder. Some severe challenges emerged for Afghan women with disabilities during the Covid 19 pandemic. I discuss these below.

Economic vulnerability

Amidst a severe looming crisis, the WHO identified some 1.2 million people with disabilities in need of humanitarian assistance due to conflict and poverty in Afghanistan (UN OCHA, 2020). It is anticipated that poverty will increase by 70% due to the long-term effect of the Covid-19 pandemic, and approximately two million workers and employees have lost their jobs and livelihoods are compromised due to social distancing and lock down (Omid, 2020). Loss of jobs by family members due to the pandemic definitely affects the lives of Afghan women with disabilities in the poor and middle-income households who are dependent on family members' earnings for survival. Due to social distancing and lock down, Afghan women with disabilities who are engaged in small enterprises will face serious financial problems in the long run. The Afghan government's financial support for people with disabilities in general is conditional and targeted at three categories of persons with disabilities: military officials, civil servants, and civilians whose disability is the result of a conflict-related incident (HRWa, 2020). People who born with or who acquired a disability for reasons other than a conflict-related incident, are therefore not eligible for financial assistance from the government. For these classifications, many Afghan women with disabilities cannot apply for the financial support. Although the Afghan government has announced relief support for the affected people during the Covid 19 pandemic, that support is mostly confined to food support, and not particularly targeted at disabled women. As a result, many Afghan women with disabilities from lower economic classes are left in extreme economic vulnerability, especially those in female headed poor households in remote areas.

Economic constraints have a long-term effect on Afghan disabled women including food, nutrition as well as health care and education. Afghanistan is considered to be the front line in food insecurity due to the Covid 19 pandemic, which was hinted at by president Ashraf Ghani in his statement with the Atlantic council (2020). Poverty in Afghanistan varies between provinces-the lowest is in Kabul (12%) and the highest level of poverty is in Baghdis (81%) (MPPN, 2019). It could be assumed that women with disabilities across various provinces in poor households, particularly in the household with no adult to support are going to face disastrous impacts of this crisis unless they can access massive support in terms of food and financial packages.

Lack of access to the public health system

According to an Afghan disability rights organization, 90% of the Afghan Population lives more than 100km away from a physical rehabilitation centre, and 20 out of the 34 provinces do not have prosthetic facilities and adequate outhouse facilities (AOAD, 2020). Except for some hospitals in the city, most of the hospitals and health care system, especially in remote and rural Afghanistan lack disability-friendly access and service (Trani et al., 2017). A study on the health care of people with disabilities in Afghanistan found that female-headed households and those who are the poorest are the most vulnerable among people with disabilities who face more difficulties while using healthcare due to out of pocket expenditure for travel and time required to reach the nearest hospitals (Trani et al., 2017). It could be assumed that their vulnerability is immense during this pandemic.

Women and girls with disabilities from poor households in remote areas are facing more severe challenges during this pandemic in accessing health care due to restrictions on men providing medical treatment to women, shortage of women health professionals, limited mobility, lack of transport for people with disabilities, and not always having permission to travel alone. Fear of getting infected via outside interaction is also prohibiting many women with disabilities from going out with the support of family members and to seek medical care for other health problems. However, women with disabilities who live mostly in urban areas, near hospitals, who have the support of adult members in family, and have wealthy, educated family and political, tribal and ethnic connections can have access to relatively better health care for Covid 19 and other health issues.

Out of reach in certain conflict-ridden zones and Taliban occupied territories

It is somewhat surprising that there are still certain territories in Afghanistan that are out of reach for NGOs and international aid agencies and even government services due to conflict and Taliban occupation. In the reports by NGOs and international organization, these areas were shown in the map as hard to reach due to remoteness and insecurity, e.g. the Disability survey report 2020 by the Asia foundation presented a map of these areas where they could not do survey for insecurity and remoteness, or the UN OCHA report (2020) which identified some areas that are hard to reach even for humanitarian assistance due to conflict and Taliban occupation (Shinwari et al., 2020; UN OCHA, 2020). Among these areas, Taliban occupied districts are mainly run and governed by their local leaders with their own rules based by orthodox interpretation of Islam (HRWb, 2020). If anyone one wants to access education and health care outside their rule, h/she has to travel to other districts that are run by governments and have hospitals or NGOs that run support systems. Without consistent presence and activities from government health workers or aid groups, the effectiveness of the Taliban's strategy to combat Covid 19 remains largely unclear to government and international aid agencies (Mehrddad, 2020). In these conflict-ridden as well as Taliban occupied areas, the situation of women with disabilities in terms of security and basic needs during the Covid 19 pandemic, could not even be properly known.

Social isolation and mental health issues

Women with disabilities in Afghanistan have a higher prevalence of mental health problems conditions (Miller et al., 2008). During this pandemic, mental health problems of women with disabilities have become accentuated due to isolation, poor mental health and stress of other family members. Counseling support and proper psychological treatments especially those designed for women with different types of disabilities are rare in Afghanistan. Even if there is some support, access to this service becomes a luxury for women with disabilities in remote and poor areas on account of lack of information, awareness and additional costs. The mental health of women with disabilities during the Covid 19 pandemic has remained almost unaddressed and unnoticed.

Gender based violence

Although not officially reported, gender based domestic violence is on the rise in the households of Afghanistan during the pandemic, like many other countries. Physical abuse of women with disabilities are customary in rural households of Afghanistan. Mental abuse, although widely practiced, is not even recognized as violence due to lack of awareness. Most of the Afghan households have big families. A situation of tension in relation to the pandemic has contributed to violence, especially on girls with disabilities in the households. Social isolation, lack of security, and disconnection with social groups have led to silence of women with disabilities who are suffering from domestic violence.

Access to education

In response to this pandemic, Afghanistan has moved to online education from primary to higher education for several months. In Afghanistan, female students with disabilities are present in low numbers in primary level, lower in secondary, and extremely low in higher education. My examination of the 'Alternative plan for Education' by the government targeting students from primary and secondary school reveals no noticeable or detailed plan for female students with disabilities (Naidoo and Aryan, 2020). The same approach was found in online education by most of the universities until they reopened. However, organizations working on disability rights in Afghanistan were lobbying stakeholders for an inclusive education for students with disabilities.

The role of Government and NGOs

There are a number of active NGOs and their networks in Afghanistan who are working to reach people with disabilities. They have designed programmes and assisted government for years to have literacy and skills training, economic and health care for people with disabilities. The government of Afghanistan has programmes in different areas to provide dignified positions to people with disabilities in society. Afghanistan has ratified the Convention on the Rights of Persons with Disabilities, the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, and is signatory to the Convention on Cluster Munitions Ban Treaty in relation to obligations for persons with disabilities. The Constitution of Afghanistan in 2004 has recognized human rights for persons with disabilities. The government's different ministries have strategic plans for providing

people with disabilities with different opportunities (e.g. National strategic plan 2017-2019 for disability prevention and physical rehabilitation by the Ministry of Public health). The government is committed to a number of other measures including improving special education and providing low-cost housing for disabled people. However, women with disabilities are extremely under represented among the beneficiaries under these interventions due to lack of resources, gender mainstreaming and insecurity. One of the examples of this under-representation of women with disabilities is the government's stipend for people with disabilities in Parwan province where women were low in number among the registered beneficiaries (Tanha, 2017). These plans, policies and interventions for people with disabilities in Afghanistan lacked effective gender mainstreaming and targeting which has resulted in poor treatment of women with disabilities during the Covid-19 pandemic.

The international community, led by the US, has provided \$100 billion in aid in the last decade for reconstruction including building accessible health care, quality education and employment opportunities (Samim, 2016). However, as a post-conflict country, for Afghanistan, the aid is 'too little too soon' to improve health care, education and employment for a number of reasons including persisting conflict and high costs of security, corruption, lack of proper prioritization for fund allocation and top down approach to planning (Ahmed, 2019; Samim, 2016). However, what is often missed in the disappointing outcome for health care, education and employment is the hidden cost of insecurity and conflict. The World Bank has found that roughly half of the total public spending in Afghanistan is on security (Haque, 2019). Even during the Covid 19 pandemic, a hospital was targeted in an area that was not even in a conflict-ridden province (BBC, 2020). This overall situation has been a major obstacle and resulted in the insufficient allocation of money to improve the sectors like the quality of the health care system and education for people with disabilities, especially for women with disabilities in Afghanistan.

A close look at the plans and interventions for improving the lives of people with disabilities in Afghanistan reveals the need for gender mainstreaming and an intersectional approach on the basis of ethnicity, location, region, class, wealth, and education to reach out to women with disabilities more effectively in the post Covid recovery programme. For international donors investing a huge amount of money for dignified lives of Afghan people including women with disabilities, there is a need for a political willingness to develop long term project-based interventions. When it comes to the question of addressing the allocation of funds, consideration of the spatial, ethnic and economic differences across Afghanistan should play an important role to minimize existing gendered, disability and social hierarchies and inequalities within. Developing disability-friendly infrastructure and access to services, creating strong awareness among the community on rights of disabled women, providing Government's financial support including cash transfer and food vouchers, and assistance for enterprise, unemployment allowance based on wealth, and free mental health support will help women with disabilities to be integrated in post Covid public and private space with dignity and equality. Sex, age and area based disaggregated data with monitoring and evaluation systems will ensure quality of service and effective use of aid money for improving interventions for women with disabilities.

The spirit behind the interventions for improving the lives of women with disabilities should not aim only at making the lives of groups of vulnerable people convenient to some extent, but

to make them empowered with inner strength, confidence, and self-love; as one of the interviewees said, it all should start with generating confidence and self-respect among women with disabilities. For that, there needs to be a radical change as to how the roles of women are perceived in Afghan society and how the issue of disability is addressed between the state and citizen relationship. A fluid intersectional feminist lens that can engage with the nuances among gender, ethnicity, class, and other marginalized identities will be extremely useful to capture the multiple oppressions of Afghan women with disabilities, their misery during the pandemic, and sketch a vision for the empowerment in post Covid development plan.

Fially, I would like reiterate that Afghan women with disabilities are not isolated from the insecure political scenario facing Afghan women in the current context of war, threat from extremist militant groups, possible withdrawal of USA military troops at the end of this year (2020) and the Taliban's 'legitimate' political presence coming from the peace talks initiated by USA. There should be a discussion about opening up the Taliban occupied districts for government and NGO interventions, and thus reaching out to more women with disabilities post-Covid. Ensuring security and peace in Afghanistan is paramount to ensure dignified lives for women with disabilities through long term plans and interventions on the basis of an intersectional approach. In this regard, the international community needs to be committed to determining the destiny of Afghan women with disabilities. The post-Covid development paradigm for low income countries that currently looks extremely fragile, should not ignore the plight of Afghan women with disabilities and possibilities for their voice and dignified presence for an inclusive society in future.

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