

## About

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# What Matters? Afghanistan Speaks!

## Nutrition: Meeting the nutritional needs of people living with a disability in Afghanistan

Data for this bulletin was collected through 35 in-depth interviews (IDIs) with pregnant and lactating women living with a disability across the project target provinces - Badghis, Herat, Faryab, Daikundi, Badakhshan, Nangarhar and Ghor during September to December 2024. The study participants included women who had difficulties walking, and some had sight and hearing impairments and communication limitations. Seven key informant interviews (KIIs) were also conducted with health and nutrition experts from DAWAM implementing partners in Afghanistan, including World Vision, Action Against Hunger, and Agency for Assistance and Development of Afghanistan.

## About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which informs the humanitarian community about how people are experiencing issues on the ground. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to **contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan**. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision, Afghanistan, Action Against Hunger (ACF), Action Aid (AA), BBC Media Action, Nai Qala, Afghan Women's Educational Centre (AWEC) and Agency for Assistance and Development of Afghanistan (AADA).

This bulletin is produced by BBC Media Action Afghanistan.

# Barriers in accessing food

**The disability status of household heads further exacerbates the financial hardship and nutritional challenges for women with a disability**

Most women living with a disability said they lack access to sufficient nutritious food due to economic challenges, a lack of transportation to bazaars, and difficulties walking to local markets.

To deal with this, they sometimes borrow from food sellers or seek assistance from people they know.

“For ordinary people, it is easy, but for people with disabilities, it is difficult. I also cannot go because I cannot communicate properly and cannot hear. Therefore, I do not go to the village shop to buy anything myself.”

*Lactating woman living with hearing difficulties, Ghor province*

One key barrier they discussed was the head of the household. They mentioned that decisions about buying food are often taken by family members such as their spouses, mothers, and mothers-in-laws. Additionally, when the head of the household such as their spouse also has a disability, this compounds their challenges. These households suffer even more from poverty, a lack of food and employment.





## Women with a disability do not receive additional food when pregnant or lactating

Most pregnant and lactating women living with a disability said that their food habits and meals were the same as other family members. They did not get any additional nutritional food during their pregnancy. This is due to financial constraints, male household heads inattention to the nutritional needs of pregnant and lactating women owing to cultural norms, and disputes amongst family members of who should get additional food.

**“No, there has been no change. Whatever the other family members eat, we also eat. Because men in the village usually do not pay attention to these things, they do not care about pregnant and lactating women. They say, ‘We do not have enough means to prepare good food for you.’”**

*Pregnant woman living with difficulties of walking, primary education, rural, Ghor province*



Women living with disabilities said that during breakfast they ate tea and bread. They consumed foods (mostly only one item during their mealtimes), such as rice, potatoes, beans, chickpea, lentils, eggs, eggplant, spinach, cauliflower, pumpkins, vegetables and dairy food such as yogurt, lassi, and Qurooti (Afghan Bread Pudding with yogurt) at lunch and dinner.

They stated that their preferred foods are meat, rice, beans, chickpeas, macaroni, fried food, fish, and fruit, but they could not afford them. To purchase these foods, sometimes they borrowed from food sellers or borrowed money from people they know.

# Barriers accessing nutritional products and services

During their pregnancy, some women living with a disability did not receive any essential nutritional services, such as super cereal powder or 'Ready-to-Use Therapeutic Food' (RUTF) packets, from health clinics and NGOs. They reported that this is mainly due to a limited awareness of available services, a lack of transportation and difficulties getting to health centres, and a shortage of nutritious materials in the health clinics.

**“ I have not received any services. The clinic and hospital are far from us, and I do not have easy access. Since I have a back problem, I cannot walk there myself, and we do not have a motorcycle or a car. ”**

*Pregnant woman living with difficulties of walking, primary education, rural, Ghor province.*

**“ Going to the clinic is difficult for me because I am disabled and have severe leg pain. I cannot walk long distances. One time, when I went to receive services, I had to walk. Since we did not have a motorcycle, by the time I reached the clinic, got the supplies, and returned, I had heavy bleeding, and my baby was almost lost. Another time, I fell to the ground. These are the problems I face. Sometimes, when we go to the clinic, they say there are no supplies. Some days, we go to the clinic up to three times, and they still say there are no supplies. ”**

*Lactating woman living with difficulties of walking and seeing, lack education, rural, Ghor province*

Those who received nutritional services still faced challenges, including a lack of awareness on how to use the nutritional supplements.

There were reported long waits in the cold, which meant it was difficult to sit or stand in the queues. The existence of crowded, noisy waiting areas, and poor treatment by health workers during the distribution of nutritional supplements, was also reported. This meant the disability status of women was not taken into account during providing these services.





“I went for three days. One day, they wrote a prescription for me. Another time, they checked my blood pressure. On the third day, they gave me a packet of RUTF. The problem is that hospitals and midwives do not pay much attention to pregnant women. They do not check pregnant women properly. Even if you tell them, they just give you a packet of medicine and send you away. If you insist, they get annoyed, push you around, and mistreat you. When I left the clinic, I saw a neighbour's son and pleaded with him to take me home. He helped me and took me to my doorstep.”

*Pregnant woman living with difficulties of walking, lack education, rural, Faryab province*



## Challenges communicating with health workers

Those who are living with a difficulty in communication and hearing reported they were not able to talk with health workers and doctors during their visits to receive nutritional materials. They had to rely on family members.

“If no one accompanies me, I cannot go alone. I cannot communicate, and people do not understand me. I do not understand them, and they do not care about me. Since I cannot hear or understand, no one explains anything to me. When I go to the clinic, I go with my sister-in-law. She speaks to the doctors, gets supplies for me, and we leave. I cannot do it myself.”

*Lactating woman living with difficulties of hearing, lack education, rural, Ghor province*

They said that their disability was also not considered during receiving these services, such as the lack of preferential treatment in the distribution of nutritional supplements, and the absence of suitable facilities in the waiting areas, such as chairs, benches, or carpets to accommodate their needs.

# Barriers in practicing complementary feeding/ breastfeeding

Most women living with a disability understood the importance of colostrum, breastfeeding and complementary feeding. However, they fed their children with the food they regularly eat, due to a lack of specific foods for their children and financial restrictions meaning they could not afford sufficient food for their child.

“ Apart from breast milk, we gradually gave the baby whatever we eat ourselves. Whatever we eat, we also gave to the baby. ”

*Pregnant woman living with difficulties of walking, lack education, rural, Daikundi province*

Women with difficulties in mobility, vision, communication or hearing faced significant challenges in preparing and cooking foods for their children. They also were not able to hear their children's voices or cries when they wanted food.

A few women living with disabilities faced barriers in breastfeeding. They were not able to breastfeed their child during the night, due to their physical difficulties walking and their sight.



“ I can feed my child during the day, no, but at night, yes, it is difficult because of my eyesight problems, I suffered. ”

*Lactating woman living with difficulties seeing, primary educated, rural, Badakhshan province*





## Cultural norms/beliefs around breastfeeding by women living with a disability

Women living with a disability mentioned that people often had a negative perception towards breastfeeding by mothers with a disability. Some people have misconceptions that women who have a disability, should not give birth or breastfeed their children, because they may transfer their own disability and health issues such as stomach pain, diarrhoea, vomiting, to the child.

“For people who are educated, it is different. But for older people, for example, in families that are uneducated and live in remote areas, it is different. For example, my in-laws said that if you give birth, your baby will be born disabled. If you breastfeed, the baby will become disabled, mentally impaired, or develop vision problems. But no, breastfeeding has no effect like that.”

*Lactating woman living with difficulty walking, lack education, urban, Herat province*



Additionally, some said that women believe that giving colostrum can cause health issues in the child as there is concern about the colour and taste of the milk.



# Barriers to information on nutrition

Women living with disabilities face barriers to accessing information on nutrition. These reasons included not visiting health clinics, a lack of awareness of the services and sessions available, and a lack of access to the media or phones. Women living with a difficulty in communication and hearing said they could not receive information from health workers, or the radio, mainly due to the difficulties they experience in communication.

Others received information from several sources including health clinics, doctors, midwives, family members such as mothers, mothers-in-laws, fathers, husbands, and community awareness sessions. A few also mentioned receiving advice from the radio, TV, social media, and mother/childcare notebooks distributed at health centres.



**“ We hear on the radio that breastfeeding is very beneficial for the baby. ”**

*Lactating woman living with difficulties seeing, lack education, urban area, Nangarhar province*



# Recommendations

- **Social barriers:** Address negative societal attitudes by women toward mothers living with a disability who breastfeed. This aims to help these mothers feel more comfortable caring for their child.
- **Physical barriers:** Provide affordable transportation for people living with a disability to travel to health clinics and return home. Also use transport to distribute nutritional supplements to hard-to-reach areas. Improve the accessibility of health clinics by considering the needs of those with disabilities, including wheelchairs, ramps, waiting times, and the convenience of the waiting hall.
- **Communication barriers:** Provide training and greater awareness for health workers on the need to use inclusive communication for those with hearing and vision impairments.
- **Nutritional services:** Increase understanding and awareness of the available nutritional services at health clinics, and the importance and proper utilization of nutritional supplements.
- **Information and communication needs:** Strengthen the provision of information on nutritional topics including dietary practices during pregnancy and lactation, breastfeeding and child feeding, using multiple platforms and sources of information – from health clinics, the media, to community outreach activities.
- **Food assistance:** Provide food assistance to people living with a disability, particularly for pregnant women living with heads of households that have a disability.







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BBC Media Action welcomes collaboration with other organisations collecting feedback in areas where they work or who would like to contribute to the analysis and production of this bulletin.

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