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What Matters? Afghanistan Speaks!

Invisible Struggles: Health and Disability in Afghanistan

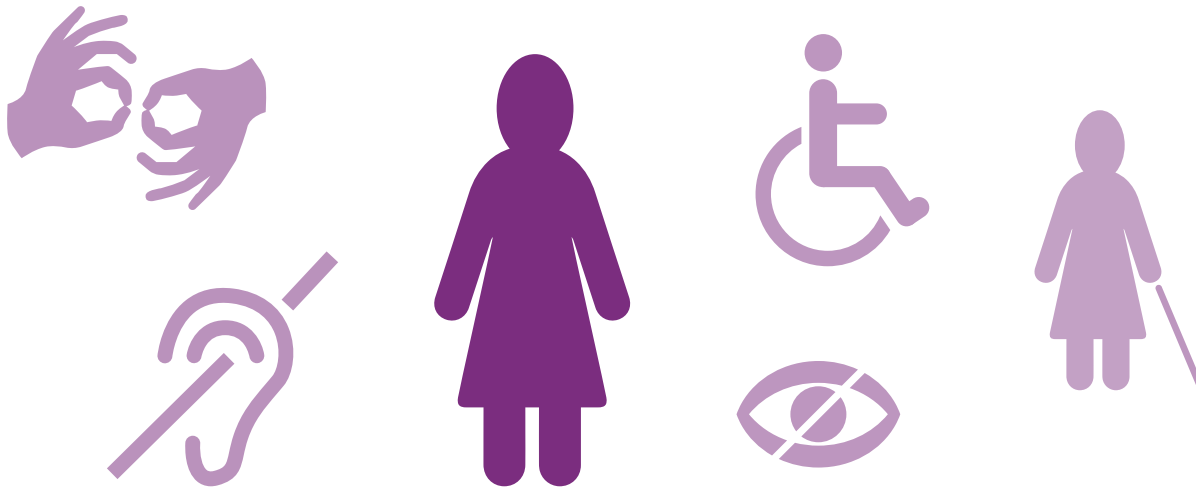
Data for this bulletin was collected through 35 in-depth interviews (IDIs) with people living with a disability across the project target provinces - Badghis, Herat, Faryab, Daikundi, Badakhshan, Nangarhar and Ghor, during September to December 2024. The study participants included women who had difficulties walking, sight and hearing impairments, as well as communication limitations. Key informant interviews (KIIs) were also conducted with two health workers and seven 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 AADA.

This bulletin is produced by BBC Media Action Afghanistan.

Hidden Barriers: How stigma restricts healthcare access for women living with a disability



Health workers reported that people with a disability can feel shy and uncomfortable about visiting a health clinic when other people receive services at the same time.

Mothers who have children with a disability are often reluctant to visit health clinics due to their experience of shame and discomfort caused by women talking to them about their child's disability in the waiting halls.

“Unfortunately, when a woman in society gives birth to a disabled child, people do not treat her properly. This is why the majority of women are unwilling to take their disabled children to healthcare centres for check-ups. When the child grows up, due to being mocked in society, they also refrain from seeking healthcare services.”

Health and nutrition expert, ACF

Women with difficulties in communication and hearing are seen to withdraw due to their disability. They believe that people in the community do not respect them, so they prefer to stay at home and avoid visiting health centres.

“She has difficulty speaking. Disability is a physical impairment that people view negatively, and she is mocked by others. She cannot work outside and always stays inside the house.”

Woman interviewed on behalf of pregnant woman living with communication difficulties, Badghis province



Travel barriers accessing health clinics



Women living with a disability face access issues including the distance to a clinic, a lack of transportation or the ability to afford transport, and the absence of someone to accompany them if they have difficulties with their sight or walking. This can result in women opting not to attend ANC and PNC services.

“ Yes, I have faced many times when there was no means of transport, so I had to walk. After that, my legs would hurt for days. ”

*Pregnant woman living with mobility issues,
Ghor province*

Health workers noted that people with disabilities are often transferred on mules and donkeys to certain health clinics, such as the Nazyan CHC in the Nangarhar province. This further exacerbates the health conditions of these people.

Under-equipped clinics: Missing essential tools for disability care

Health workers explained that they also face problems in providing services that are needed for all people, but especially people living with a disability. These problems include an absence of transport systems (ambulance) for transferring people living with disabilities, a lack of beds for the in-patient department (IPD), a shortage of medicine, a lack of professional trained health staff in disability care, and a lack of hygiene materials such as soap.

“I could not climb the stairs of the clinic, so my mother-in-law and the midwife helped me by holding me under my arms, and then I was able to go up.”

Lactating woman living with mobility issues, Ghor province

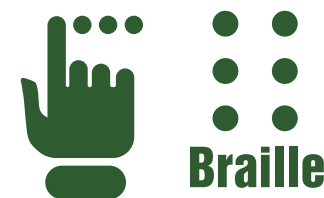
There is also a lack of wheelchairs, ramps, and railing. Standard toilets and delivery rooms are only available in some health clinics, and they lack equipment and assistive devices for identifying different types of disabilities.



Communication barriers for people with a disability at health clinics

There is a reported absence of braille or sign language specialists at health centres, and a lack of specific PLWD training for health staff. Health workers said they faced problems directly communicating with people who have difficulties in hearing, seeing, and understanding, and so they provide their family members with information.

Health workers also mentioned that they can only provide information to those people living with disabilities who are able to visit the health centres. This suggests that people living with disabilities who do not visit health centres are much less likely to receive this information.



Antenatal Care (ANC) and Postnatal Care (PNC) check-ups and services

Mostly pregnant women living with a disability understood the importance of ANC checkups. This includes - checking the position of a baby in the womb, identifying the gender of the baby, delivery time, birth preparedness, as well as the overall health of the mother and child. However, they lacked awareness of the recommended number of ANC checkups.

For postnatal care, lactating women living with a disability reported that they only visited health clinics after childbirth if they experienced health issues, rather than understanding it is an important part of postnatal care.

“We do not go for check-ups unless we are in severe pain or have a serious problem. We cannot afford to go, and the clinic is far.”

Lactating woman living with mobility issues, Ghor province



The health issues they reported included follow up after caesarean birth injury, bleeding, and other issues. Some said they went for vaccines and received ready-to-use therapeutic food (RUTF) and super cereal powder.

Home delivery is still preferred as it offers privacy and comfort

Pregnant and lactating women living with a disability generally believed that a private hospital or health clinic is the safest place for delivery. They said this was due to the availability of medical facilities and medical professionals including doctors, midwives, available medicine, and support for caesarean births. This is despite

also mentioning the low quality of the health service.

However, the research found that pregnant and lactating women living with a disability typically had home deliveries. This was due to a lack of transportation, particularly during

the night. Also, a few pregnant and lactating women from Badghis and Badakhshan province believed that home is a safe place and ensures their dignity and privacy. They mentioned that a separate private space for each delivery is not available at health centres.

“It is better to stay home; at least you will not lose your honour. You will not be disgraced by removing your pants in front of others. And if you go out, a hundred people will look at you, and your dignity will be lost. What choice do we have? And people say: “Look at that woman who gave birth at home and did not go to the clinic; no one saw her.” But if we go to the clinic, people talk about us.”

Lactating woman living with visual impairment, Badakhshan province

Media programming

Women living with disabilities said they rarely receive information on mother/child health issues. When they do, this information comes largely from family members, neighbours, and other sources.

Some health workers suggested providing information via media programmes for people living with disabilities, ideally tailored to each region, as health issues can arise differently in each area. They believed that the media

could amplify the voices and concerns of these people to the relevant authorities. However, some health workers from Herat province focused on mobile health education because media is not accessible in some remote areas.



Recommendations

- **Social barriers:** Address negative societal attitudes, so people with a disability can feel comfortable visiting a health clinic. Pregnant and lactating mothers and their families need to be educated about the importance of appropriate nutrition and the associated health benefits, ensuring their needs are prioritised. It is necessary to make them aware of how and where they can access such services. And then making the process faster, more accessible and more reliable can help with uptake, and dispel fears around visiting health facilities amongst women and their influencers.
- **Physical barriers:** Provide affordable transportation getting to health clinics for people living with a disability. Improve the accessibility of health clinics considering the needs of those with a disability in terms of wheelchairs, ramps, waiting times, toilets and beds.
- **Communication barriers:** Provide training and greater awareness for health workers around the need to use inclusive communication for those with hearing and vision impairments, in particular.
- **Maternal child health services:** Increase understanding and awareness of the importance of attending health clinics for key MCH services, including antenatal and postnatal checks. Address any concerns around dignity and privacy issues when giving birth in hospitals.
- **Information and communication needs:** Strengthen the provision of information on maternal and child health topics using multiple platforms and sources – from health clinics, media, to community outreach activities.





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