

High Infant/Maternal Mortality Rates in Afghanistan

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Introduction

In a perfect world, there would be no problems nor would there be any sorrow; at least in the perfect world that I dream of. In my perfect world, there would be no deaths caused by preventable diseases and newborns would have the opportunity to live their lives and be what they dream of becoming. Sadly, as of now, my perfect world is just that; a dream. Both infant and maternal mortality rates have been the highest it has ever been and even though we are taking steps to decrease those rates, it is still a disheartening statistic.

It breaks my heart to learn that innocent lives are being taken away by preventable diseases. Organizations such as, UNICEF and WHO, are making attempts to help poverty stricken countries that face these high rates. According to a report conducted by [UNICEF](#), Afghanistan ranks second in the world, when it comes to infant/maternal mortality rates, as well as under-five mortalities. Being an Afghan-American myself, these statistics hit home to me. Even though I was born and raised in America and have never been in Afghanistan, it saddened me to hear that my culture was hurting and dying of *preventable* diseases. I then started thinking, what if my parents did not leave the country in their teen years, would my mother still be alive? Would I even be here writing about the issue as I am today? It took an emotional toll on me and then it made me angry towards the culture. I may not be the most informed individual on the Afghan culture but I know enough and researched enough to state that some of Afghanistan's own citizens contribute to these horrific statistics. As daring as this statement may be and as hurtful it could be to some, I want to make clear that all of this is being done with the utmost respect for the culture as well as for those who still reside in Afghanistan. My main goal in this paper is not to demean the culture or Afghanistan, but instead bring light onto the issue.

My intention is to show how the children and mothers in Afghanistan are in dire need of help. The paper will also outline how the people and the culture of Afghanistan add to the inhumane conditions.

Background Information

According to a report on the UNICEF website, about 25% of the children in Afghanistan die before reaching the age of five and fifty women die *everyday* due to pregnancy related complications. The common causes of deaths for infants include; infections, diarrheal diseases, and dehydration (Salam, 2010). On the other hand, the common causes of death for the mothers included; hemorrhage, obstructed labor, pregnancy-induced hypertensions, and sepsis (Salam, 2010). The same report stated other issues the country faced that had indirect relations to the high infant/maternal mortality rates which included poor sanitation and lack of clean water. It explained the steps that they and a few other organizations were taking to decrease the rates, such as providing immunizations. Over the past few years, five million children in Afghanistan have been immunized, which in turn decreased the number of polio cases from twenty-seven in 2004 to only five in 2005 (2011). UNICEF, has helped organize and set up health facilities that allow the citizens of Afghanistan to receive immunizations and follow-up shots as well as giving access to clean water and sanitation to half a million Afghans.

One of the factors that seem to contribute to these alarming rates of high infant/maternal mortality rates is the fact that most of these births are done at home. In an article by Soraya Sarhaddi Nelson, she states that nine out of ten women give birth in their own homes without any sort of medical assistance (2011). A reason for these home births has a lot to do with the lack of access to health centers and unpaved roads. Women are unable to access any type of health

services, both due to the inability of traveling unaccompanied and the inability of female providers working in health care centers. Thankfully the idea of training women to become midwives was developed. The article, “Afghan Midwives Target High Infant Mortality,” explains that since many women have no access to a car to get to hospitals or clinics, midwives could assist in the birthing process to prevent the mother or the child from acquiring any sort of infection and in some cases, even preventing death (Nelson, 2011). It states that the program has become a huge success over the years leading to many women embracing the program. However, not everyone in the Afghan culture has embraced the assistance of midwives. In the article, “A ‘Boot on the ground’ perspective of caring for the women and children in Afghanistan,” it explains an incident where the author came across a woman who had been abused because she was a midwife and her village did not accept her occupation (Wilson, 2011). The rejection of midwives is looked down upon for the simple fact that women should not be working but instead be at home taking care of the household chores. I mean, here is this woman who wants to do good and is, “trained by her mother to birth the next generation of children, and is beaten *repeatedly* for doing the *right* thing for women and newborn’s,” (Wilson, 2011, p.260). Fortunately though, just like the midwives programs there are steps being taken to embrace the idea of having midwives assist during the birth of a newborn. Afghanistan’s health officials and a few western aid groups are coming together to not only train women in becoming midwives but to also teach the men to be supportive (Nelson, 2011).

The bright side in these depressing statistics and facts is that there steps being taken into stabilizing the country and helping the citizens. However, with every helpful step that needs to or is being taken there is a huge obstacle that comes in its way. The obstacle could be the culture

or even the citizens themselves. In order to be helped, Afghanistan needs to allow it. They need to embrace that they do need help and they need to stop fighting it.

Issue Ignited by Culture/Hypothesis

Mustafa Kemal Ataturk, the founder of the Turkish Republic, once said, “Where there is no freedom, there is death and destruction.” There is no better quote to describe the condition Afghanistan is in right now. Freedom has been brutally stripped from the citizens of Afghanistan, because of not only by the decades of war but also by the Taliban. Any form or sense of having a government was demolished and any trust in the government, well that is complete nonsense. The culture, in my opinion has a lot to do with the turmoil the country faces. However, I am not saying that every single citizen has contributed to it, but the vast majority in my opinion, has. For the few citizens who do not agree with the change and the direction their culture is taking, still contribute to the turmoil for they still follow the footsteps of others.

Afghanistan faces a lack of education and a culture that has strong morals and religious practices that could, and has become, very dangerous for the women and children. The Afghan culture is an extreme male dominant culture. Women must always obey their husbands and give them the utmost respect constantly, whether they may deserve it or not. Men are allowed to have more than one wife, if and only if he can support and love them equally; quite romantic don't you think? Women are treated more as a means of giving birth to children; the more boys, the better the treatment. As extreme as some of these guidelines may be to some, the Taliban took the Muslim culture to a whole new level. They destroyed some of the beauty within the culture and turned it into poison for Afghanistan. The Taliban are extremists who fully abide by the Quran (the holy bible), but take its meaning to a whole new level and twist it to their own

benefits or beliefs. Under the Taliban rule, women and children have become the least of their worries or cares. According to one article because of the Taliban regime, health care for women and their children have been lacking and in some areas even non-existent (Holt, 2000).

What seems to be the problem for these women is just that; their women. Their crime is that they are not males and that they have no say over what they can do or what they want because of their sex. It was not always like this, but once the Taliban came into control, things changed. Women are now forced to cover themselves with burqa's (long black cloths) where only their eyes can be seen. When this new rule was put into place, the women did not seek to fight back and accepted the burqa's even leading to some men accepting the change as for the best. Now you may be thinking it is just a cloth what damage could that possibly do to these women, right? Surprisingly, there is more damage than you could have imagined. Besides the typical self-respect and independence that was being taken away from these women, their health was also being put at risk. There is in fact a theory by Merlin, who explains that the lack of exposure to the sun could be a cause to the infant/maternal mortality rates (Batha, 2011). Since these women are confined to their homes and wear burqa's when they leave the house, they receive no exposure to the rays of the sun which give off Vitamin D. The lack of exposure to the Vitamin D and the diet that is low in calcium could possibly be contributing to pelvic bone deformities (Batha, 2011). This deformity causes the labor to be painful on a whole other extreme due to the child getting stuck during the process, leading to the infant dying, and sometimes even the mother.

As stated earlier, education has no great emphasis on the lives of the citizens of Afghanistan like it does in any other developed country. Boys have the opportunity of pursuing an education more than girls do. As a result, girls have a literacy rate of 12.6%, leaving them

unable to obtain a job (Wilson, 2011). In the eyes of the Afghani's, there is no point in a girl being educated because they are seen as a wife and a mother instead of a doctor or a lawyer. A woman's job is to run the house while the man is at work, not to run an office or clinic. Now if the parents of these illiterate girls were educated, do you think that they would actually abide by that tradition of the culture? Both of my parents never finished high school. My father went straight to work, working eighteen to twenty hours a day to make a living for us while my mother took care of me and my siblings as the house. However, living in America, I got the chance to complete high school and pursue my education. When marriage was brought up in my high school years, I rejected the thought abruptly because of the knowledge I gained and had access to. At the same time, I was lucky enough to have a father who respected my decision and stood by me. However, had I not been educated, I could have been married right now with two to three kids.

At the same time the whole education issue seems to be a Catch-22. During my interview process, many women claimed that they would feel more comfortable if they had a female gynecologist rather than a male gynecologist. However, with the literacy rate for women at 12.6% how are they supposed to become gynecologists? How are women supposed to get an education when they have minimal access to it?

Sadly another aspect of the culture that contributes to the high infant/maternal mortality rates is child brides. The most obvious fact that seems to be overlooked by many is that these "women" that are giving birth to babies are actually children themselves. "Statistics show that every year an estimated ten million girls are married worldwide before the age of 18, that's over 25,000 girls every single day that are robbed of their childhoods and their human rights," (Clift, 2011). According to a report done by UNICEF between the years of 2000-2008, 43% of the

brides in Afghanistan are under the age of 18 (Nordland & Rubin, 2010). Even though child brides are not mentioned in the Quran and is not considered a religious practice, it is a tradition that many follow in Afghanistan. These marriages are made without any consent and any thought of love. Since Afghanistan is a poverty stricken country, the marriages are seen as one less mouth to feed and even as payments from the giving up of the daughter. Other reasons for the tradition of child brides include protection of the innocence a girl beholds and avoiding a pregnancy out of wedlock (Clift, 2011).

However, even though some may follow this tradition with good intent, in reality they are causing nothing but pain. Not only are they contributing to the mortality rates but as well as taking the most precious moments that the childhood years hold. These child brides have in fact doubled the pregnancy death rate of women in their twenties (Clift, 2011). As good and meaningful some traditions could be, after reading those statistics, Afghanistan can *choose* to change or make illegal the traditions that are harmful (Clift, 2011). Yet, with no shock, nothing has been done by the government.

Some may dispute that the arguments I have made does not partake in the culture itself. However, I am going to disagree with that because even though they (burqas, lack of education, and child brides) are not considered to be religious practices, they are in fact, practiced by the majority of the population. To an extent these “traditions” that are being carried on in Afghanistan, have some sort of root or attachment to the culture. The fact that the religion itself is male dominated, only fueled the torment women face and the lack of freedom they possess. It saddens me to see that the country and those who reside in Afghanistan are in such bad shape, yet they are taking small steps in trying to help their homeland and their families. The rest of the

paper will discuss and go in detail about the steps that are being taken and the drawbacks that occur from these same “helpful” steps.

Medical Research

Everyone knows that Afghanistan is going to need years of assistance to get back on its feet the way it used to be before the decades of war and the control of the Taliban. Due to the hardship the country faced for many years, it started lacking in other areas, one of them being health care. I proceeded to research more into finding what steps are being taken to strengthen health care in Afghanistan. As stated earlier, UNICEF played an important role in helping the country restore what it once used to be, and even though progress was being made, it was not as fast or as easy as it should have been. Upon my research, I came across an OBGYN doctor, who practiced in the states, but would close up his practice for months to go help in Afghanistan. Dr. Qudratullah Mojadidi was born in Afghanistan and spent his residency years in Florida, only to return back to Afghanistan to help the people of his homeland. I was intrigued by his work and dedication, so I decided to call him and to my surprise he welcomed the idea of conducting an interview. Within the week of my call, I was invited to his house to speak of the high infant/maternal mortality rates in Afghanistan. I expected him just to give me his opinions and thoughts on the matter but he shocked me when he sat down with me with his own statistics and studies that he developed.

Dr. Mojadidi explained to me that his motivation in practicing OBGYN in Afghanistan was due to watching women dying in pain outside of hospitals (personal communication, October 28, 2011). He knew he had to do something and with the help of organizations he volunteered his time to help these women. The issue that he immediately noticed was that

women were mostly giving their births at home with absolute no medical assistance, making them prone to infections and deaths (personal communication, October 28, 2011). As he said that to me, he added on that he did not blame these women for giving birth in the comfort of their own homes. Here is a doctor, a well-educated, well-traveled, and experienced doctor that is empathizing towards the women who refuse to go to hospitals where there are professionals that could help, what is wrong with that picture? Apparently, we really cannot blame these women. The word sanitation and privacy has no meaning in Afghanistan's hospitals. Dr. Mojadidi recalls an event where he witnessed a doctor treating multiple patients without even washing his hands or sanitizing his tools between each patient (personal communication, 2011). Not only do the hospitals smell and lack sanitation, but their own doctors lack the education necessary to even be *called* a doctor.

Out of curiosity, Dr. Qudratullah Mojadidi told me he set up a study of his own where he took five women whom had different symptoms/problems and sent them to the same doctor just to see what kind of treatment he would offer them. After each visit he met with the women and noticed that not only did the doctor incorrectly prescribe the medication but it was also expired medication (personal communication, October 28, 2011). I looked at him quizzically only to have him chuckle and explain to me that it is unfortunately quite common. He then told me that a documentary by the name of "Motherland Afghanistan," would help give me a better visualization of the state Afghanistan is in.

Without any hesitation, after our interview, I immediately looked into the documentary and was thrown into the realization of Afghanistan. The documentary started off with Rabia Balkhi Hospital, the largest women's hospital in Kabul, Afghanistan serving over 36,000 patients a year (Aubin Pictures, 2006). It was a small building, looked to be one level, and overcrowded

with patients both inside and outside the building waiting to be seen. Immediately, the smell and lack of sanitation was the first thing documented. Patients who were being seen were open to be on camera to voice their thoughts, their worries, and their cries. One woman explained that she had to borrow money from two of her neighbors in order to buy the supplies needed for her surgery. In Afghanistan, in order to get a surgical procedure done, the patient must go out and buy the supplies necessary for the surgery (Aubin Pictures, 2006). In another instance, Dr. Mojadidi who was followed in the documentary was called to assist in a labor. As he arrived in the room he sees the woman, with her legs spread open, about five or six doctors looking at what is being done, and the newborn on the side, with the umbilical cord still attached. In a frenzy he hurried to the mother and newborn, breaking the huddle of other “doctors.” Not only was the umbilical cord not cut, but the newborn was not dried (shaking) and the mother was not being properly take care of. Another instance that was recorded showed the lack of organization at the Rabia Balkhi Hospital. In this scene, an anesthesiologist was needed to put to sleep a crying woman in pain, but unfortunately, the anesthesiologist was nowhere to be found.

These women, who give all their trust to these doctors and hospitals, sadly do not receive the adequate care that they need. They suffer from diseases or infections that reside in their body for months, maybe even years, and yet they find ways to live with it so they can carry out their everyday tasks. In the documentary, one woman stated that, “not knowing if I’ll get better depresses me,” (Aubin Pictures, 2006). They go months with the wrong treatment when one procedure could have saved them from the pain months ago. The documentary showed the pain and hurt these poor women face on a daily basis in Afghanistan. Just by knowing that a well-experienced doctor, Dr. Mojadidi, was helping them, put a smile on every woman’s face he passed by and gave them hope.

In 2003, the U.S. Department of Defense spent \$300,000 on the Rabia Balkhi Hospital renovation and training in OBGYN (Aubin Pictures, 2006). In 2004, Health and Human Services budgeted \$2.2 million for the hospital, which helped with sanitation and the odor (Aubin Pictures, 2006). Dr. Mojadidi played the role as a teacher to the nurses and doctors who work there. With his time that he's volunteered to his homeland, Dr. Mojadidi taught skills ranging from how to correctly sanitize tools to successfully operating a fistula. However, with the support Afghanistan is receiving from not only the U.S. but also Japan and others, Dr. Mojadidi claims that, "it's just not enough" (personal communications, October 28, 2011). He says that this is just only one hospital out of the many that still need assistance. When asked how long he thinks it would take to get Afghanistan's health care close to America's, he chuckled and said, "there is no comparison, Afghanistan is light years behind," (Dr. Qudratullah Mojadidi, personal communications, October 28, 2011).

Another important task that is being taken on by the medical community is the spreading of contraception use. On average, women in Afghanistan give birth to seven newborns because no type of contraception is used (Wilson, 2011). The Afghan community has constantly looked down at the thought of using contraception because many believe that it is interfering with the act of God giving them the gift of a child. A few other reasons for the lack of contraceptive usage includes; limited access to health services, poverty, sociocultural barriers, low literacy rates, and a lack of knowledge about maternal health and contraceptive methods (Haider et al., 2009).

The Taliban once again play the role of a huge obstacle in allowing or even promoting the use of contraceptives in Afghanistan. In an article called, "Afghanistan: Battle lines drawn over contraception," discusses the warnings the Taliban have given to Afghan communities who

even think of accepting any contraceptives (2009). The Taliban go from village to village warning people and even brainwashing them from using contraceptives. They explain to the community that contraception is in fact illicit and non-Islamic and those who do use it are actually murdering the child (2009). One Taliban goes further in explaining that these drugs belong to kafirs (infidels) and is a western, not an Islamic, product (2009).

Contrary to what the Taliban's falsely preach to the citizens of Afghanistan, contraceptives could greatly lower the infant/maternal mortality rates. Researchers Bulatao and Rao (2003) discovered that an increase use of contraception correlates with a lower mortality in both infants and mothers (Haider et al., 2009). Due to the benefits that come with the use of contraception, many organizations have asked for assistance from mullah's (religious leaders). With the assistance of mullah's, the use of contraception rose from 10% to 27% in just about a little over eight months in three rural areas (2010). The mullah's joined community leaders, as well as health leaders in explaining the importance of not only contraception but as well as spacing out births to give both the infant and the mother the best chance at good health (2010). These messages were being sent through Friday prayers by citing quotes from the Quran and even confirming that the Prophet Mohammed even advised this to his followers (2010). In fact, "Islam, unlike Catholicism does not fundamentally oppose birth control," (2010, para. 9).

As stated earlier, leaving an adequate amount of space in between births is also being greatly emphasized. In reading, "Drum and stethoscope: Integrating ethnomedicine and biomedicine in Bolivia," I came across a statement that seemed to fit perfectly to Afghanistan's condition. In areas where infant mortality is awfully high, "couples continue to have children as insurance that some will survive to support them, creating a spiraling cycle of maternal and infant morbidity and mortality" (Bastein, 1992, p. 163). The reasons of continuously getting

pregnant range from not only the insurance of financial support from the offspring in the future, but also to insure that there are enough boys to carry on the family's last name. "In the cities, 'educated' people want to have at least two sons because of the mortality reason. If one son dies, the other can be there," (Haider et al., 2009, p. 943).

Many couples in Afghanistan have claimed that if the birth of one child goes well, the need to conceive again should occur within the year so another healthy child could be born. However, if the birthing process was a near death for the mother, they would wait for a few years until trying to conceive again (Haider et al., 2009). Others also claim that if a child does die during childbirth, the couple should try to conceive immediately so that there is no feeling of remorse for the loss of the child (Haider et al., 2009). Contrary to their beliefs, the Quran emphasizes that a woman should wait two years in order to bear another child. The reason for the two year wait is because in the Quran, the newborn has the right to their mothers' milk for two years and if another child is conceived during those two years, it takes away the right of the first born (Haider et al., 2009). Because of these strong beliefs, organizations once again turn to the religious leaders for assistance in getting the right message through to couples. They explain to the couples that, "multiple pregnancies increase malnutrition, birth complications, and economic hardship," which in fact, is the complete opposite of what they think (Balstein, 1992, p. 164).

Mental Aspect

The years of war, the deaths, the poverty, and being stripped of the freedom that they once had is bound to have an effect on the mentality of the citizens in Afghanistan. As an Afghan I can say that there is one thing that we pride ourselves the most; and that is our ego. We do not

speak of our failures, or weaknesses, and or our flaws. Through the worse of any situation we keep our heads held high and fight every battle with every last breath; and that is something that is not taught, but instead is what is in us from day one.

Through the turmoil Afghanistan has been facing over the past few decades, women have suffered the greatest due to the Taliban. Major depression is far more prevalent among women in areas that are exposed to Taliban control which is about 65% of the areas (Amowitz, Heisler, & Iacopino, 2003). The thought of suicide crosses their mind on continuum, however, the following through of it barely occurs. As for why suicides are barely carried out range from being seen as a weakness by others to not wanting to leave their children without the care of a mother. While dealing with the depression and suicidal thoughts, majority of the women keep it a secret for it is seen as a disgrace and weakness within the culture (Amowitz, Heisler, & Iacopino, 2003).

Islam has the tendency of viewing any sort of mental illness as something that occurs from the lack of connection with God and the culture. If someone has any sort of affiliation with mental disorders, suicide, etc. then all ties with them are eliminated. However, there are cases in which mental illness is treated. Sadly though, the treatment that is given is usually spiritual. For example, during the documentary in Motherland Afghanistan, we were introduced to a woman who had developed eclampsia and was experiencing seizures. When the family noticed the seizures, they immediately took her to the mullah (religious leader) to cure her from the evil spirit that possessed her. The mullah agreed that it was in fact an evil spirit and decided to perform an “exorcism” which involved citing lines from the Quran and repeatedly beating her with a stick so the spirit would leave. The poor woman had deep bruises and cuts that worsened her situation and left her psychologically bruised. What most citizens do not understand is that

they are actually the ones who contribute to the psychological issues the country faces, yet they blame it on the idea of it being caused because of the lack of connection with God.

After researching for weeks, I started my field work so I could get a better look inside the mentality of Afghan women. I came up with about twenty questions that when elaborated in the answers, I would get a better view on what goes through the minds. I wanted to interview women who lived in America but were born and spent their teen years in Afghanistan. The women I wanted to interview were required to have children so I could also ask some questions on the pregnancy process. I started with women I had personal communications with and from there my list of women grew from references. The interviews were conducted in quiet, private areas; some in homes, others in isolated areas of restaurants and parks. Going into my interview I knew that my questions were very personal and was worried on whether they would answer them or not. Luckily, the women were open to answering the questions, stating that it helped that I was “one of them” so they did not have to worry about any judgments. Quickly, I realized that during the interview process the less eye contact I give them, the more these women were willing to share.

From all twenty women I interviewed, they all stated that they have experienced an episode of depression but never shared it with anyone. They were afraid of their enemies being happy of their depression or of being called weak. None of the women experienced post-partum depression, but one of them who did have a miscarriage reported feeling extremely depressed afterwards. This interviewee was born in Kabul, Afghanistan and moved to the states in her teen years. She explained that when she had the miscarriage, she was so devastated by it that she took a leave of absence from work for a month. She cried, blamed herself, and grew distant from others. She told me this in a whisper so that no one could hear of her “weakness.” The

interviewee explained that her mother-in-law who spent the majority of her time in Afghanistan could not understand or accept her feelings. She mentioned that her mother-in-law kept telling her to get over it and just try for another. She said she never felt so alone.

Another remarkable woman I interviewed had two miscarriages in her lifetime, gave birth to eleven children, with three dying under the age of five. In one instance she chuckled at me and explained that she felt like she was pregnant for years. Her husband wanted a big family and as a wife she had to accept his wishes because at the same time, children are a God's gift. After losing five of her children, she said it sadly became a norm for her; she became numb to it. She continued her daily activities the same, never knowing whether she is pregnant or not until few months of a missed menstrual cycle, and just praying continuously for a healthy baby.

Many of the women explained that they believed in spacing between children because of the Quran advising them. However, what seemed to be interesting was that they did not *really* know the toll their bodies take when they are pregnant and when they give birth, yet they knew to wait a month or two before any sexual intercourse or even thinking of conceiving again. Surprisingly though, none of the women I interviewed had ever used any type of contraceptive, because once again having a child is seen as God's gift.

The greatest relief after all the interviews was finding that the women have always had faith in their doctors. When I would ask if they ever felt a lack of care from their doctors, I would tend to get the same dumbfounded look of why I would even think of asking them that. They believed in their doctors and felt safe in their care. One interviewee explained that she was more open and honest about her symptoms to her doctor than her own family members. Out of curiosity I had to see if a doctor felt the same way so I called and spoke to a physician over the

phone, and just like the women, the doctor felt the sense of trust he was being given. The doctor explained to me that as a doctor he is obligated to do his job to the best of his ability and show that he is there to help; whether his patients follow thru on his advice is their choice.

Conclusion

What is bluntly the irony in all of this is that a country at war, it is not violence that is putting the lives of mothers and children in danger, but rather the process of bringing another human being in the world and struggling to survive. The women in Afghanistan are two hundred times more likely to die giving birth than from a bomb or bullet (Coleman, 2011). Afghanistan has the highest rates in infant/maternal deaths as well as under-five mortality; however, there is hope for the country. Organizations such as UNICEF, WHO, and many others are taking steps in getting the country back to the way it once used to be, and I dare say, even better than then.

With the hardship and sadness the citizens in Afghanistan faces on a daily, they deserve to feel safe again; whether it is being free from the Taliban or to receiving the *right* health care. The culture and religion that is known for its strong religious practices and morals needs to be more open in accepting these “western” views not only to save their country but most of all to allow those newborns a chance to live. The children should have the chance to dream of becoming an astronaut, a doctor, or the first female president of Afghanistan. Afghanistan has had the same views and rules for so many years on issues such as this and those who have lived there all their lives have seen their country’s destruction with their own eyes; yet they have no one else to blame but themselves.

It starts with one person changing, then a village, and hopefully maybe Afghanistan as a whole. I am not asking the culture to completely change, I am begging the culture to open their

eyes a little more and to help their own people. Educate yourself some more, break those boundaries that are forced upon women, and give the children the chance of becoming something more than just your financial security blanket. Afghanistan may be light years behind in getting to the state of where America currently is, but it can be done. It has the ability to get there, if and only if they accept the resources that are being given to them. The beauty that once was held by the country and the culture will shine once again. The pain and hardship women in Afghanistan face daily, alone show you the strength they hold.

These women and these children are heroes in my eyes and have impacted my life. I went from never imagining of visiting Afghanistan to now thinking of ways to help start and run clinics adequately. I may only just be one person, but I know it will have a great significance in Afghanistan. This is my first step in helping.