

Conflicts and Social Determinants Of Health Equity in Afghanistan



SHDP/CAF, ICC, AHED, EMRO/ WHO

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Abbreviations

AHEED: Association for Health and Environmental Development

CAF: Care of Afghan family

CVA: Cerebral Vascular Accident

EMRO: East Mediterranean regional office

FGD: Focus Group Discussion

ICC: International Children Center

ISAF: International Security Assistance Forces

MoPH: Ministry of Public Health

MWA: Ministry of Women Affairs

NGO: Non-Governmental Organization

NSP: National Solidarity Program

SHDP: social and health development program

UN: United Nations

USA: United States of America

USSR: Union of Soviet Socialist Republics

WHO: world health organization

Conflicts and Social Determinants of Health Equity

Abstract

This qualitative field study has conducted to explore the effects of conflicts on social determinants of health equity in Kabul city of Afghanistan from 24 February – 02 March 2007. This study consists outcomes of four In-depth interviews with key informants who are state representatives and relief workers, two focused group discussions (FGDs) sessions with non governmental organizations (NGOs') representatives work directly with affected people and refugees live in refugees' camps in 2nd district.

It is worthy to mention that the inception of violence and armed conflicts are coincident with conquering of power by Khalqs' Democratic Party (KHDP) supported by former Union of Soviet Socialist Republics (USSR) in Afghanistan. The conflicts have aggravated by invasion of Soviet forces and continued until now. After collapsing of the former Soviet Union's supported regimen, the armed conflicts continued firstly among the Mojahiddins' groups and then with Taliban. Currently armed conflicts and violence have intensified in southern and eastern parts close to Pakistan borders. Underlying factors for prolongation of the current violence and conflicts based on internal and external manipulations while external interferences have the main influences.

As the conflicts consequences, the country socio- economical infrastructures have badly damaged and its developmental process disordered. Long-term conflicts unpleasantly influenced people's health, households, and livelihoods. Millions martyred, injured disabled, migrated, or missed their family members, honors, reputations, wealth, farmlands, and shelters. More over the conflicts leded massive poverty, illiteracy, psychosocial disorders, obsessions, violence, and intolerability culture to Afghan's community.

The morbidity and mortality rate particularly among the women and under five children become one of among the highest in the world. The conflicts influenced on almost all Afghans in various measures while low incomes, villagers, nomads and

migrants especially women and children have tolerated the greatest tragedy more than others have.

Key words: Afghanistan, Social Determinants, Health equity, Conflict, Violence, FGD, In-depth interview.

I. Introduction

The gross inequalities in health we see within and between countries present a challenge to the world.ⁱ Afghanistan is among the developing countries has being expiring three decades conflicts as well as civil war. People still suffer of insecurity and instability in many parts of the country. Socio-economic infrastructures have badly damaged and the country has tolerated various problems in all aspects including health.ⁱⁱ Afghanistan has ranked regarding the human development index at the level of 169 out of 171 countries. A total literacy rate is 28.7%, while female literacy rate is 14.1% and the percentage of female pupils' attendance in elementary education is only 14% in the years 2000 - 2002.ⁱⁱⁱ Maternal mortality could be the best indicator of bad health that expresses the greatest difference between developing and developed countries. The maternal mortality ratio is very high and reflects the worst status of women health, presence of poor infrastructures and a barely functioning of health care system. UNICEF and the United State Centers for Diseases Control and prevention (CDC) conducted a survey in four parts of Afghanistan in November 2002. The out come says that Afghanistan is the worst place of world for a woman to become pregnant. Maternal and under five mortality rate are three to five fold higher than in neighboring countries. Maternal mortality at 1,600/100,000 live births per year, is among the highest and infant and under-five mortality rates are estimated 165 and 257 per 1,000 live births per year, respectively.^{iv} The total fertility rate is 6.3 and as estimated; 515,000 women still die because of complication of pregnancy and childbirth annually.^v

Evidences show that the most of the global burden of disease and the bulk of health inequalities caused by the social determinants.^{vi} The long-standing conflicts leaded destruction of physical infrastructures including rural roads, electricity, safe water

supplies, sanitary system, low level of education particularly females educations, increasing of puppy's cultivation and its pervasive effects on health.^{vii}

Lack of respect to human rights, dissemination of war culture among inhabitants especially youths, rising of psychosocial problems, death and disability of millions, displacement of near to six million externally and millions internally refugees, narcotics' addiction and so many more social and humanitarian tragedies have been accounted the results of this conflicts. Beside the other vulnerable groups, nomads are the one have been tolerated a lot of problems including health in current conflicts.^{viii}

The above-mentioned and vast of none mentioned direct and indirect effects of these conflicts have made our people more vulnerable against to health problems. Unstable political and security condition lead to woman's stay at home and limited access to education and health screening. Social determinants of health equity such as peace, family and social support to get health services, accessibility to health services, income inequality, social inclusion and exclusion, employment and job security, working conditions, contribution of the social economy, early childhood care education, food security and housing have affected by the conflicts. The general effects of these conflicts easily observe while the depth and various aspects of this conflicts are still covered. This qualitative study partly explores some social determinates based health problems and their multisided affects, observed during Afghanistan's conflicts, which will help policy and decision makers to develop effective plans of actions accordingly.

II. Purpose of Study

The aim of this study is to explore the effects of conflicts on social determinants of health equity in Afghanistan.

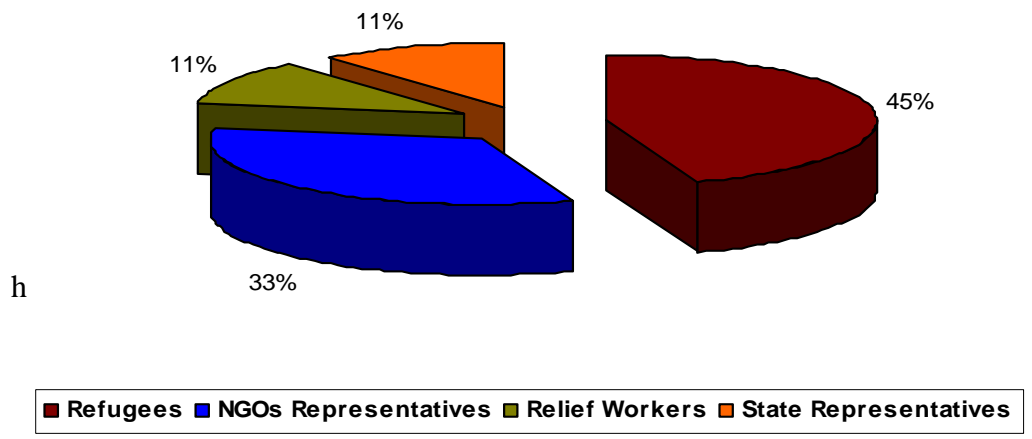
III. Methodology

This is mainly a qualitative study while based on the need some quantitative data have also presented. This study reveals opinions of totally 18 informants; 14 of them took part in two FGDs and four in In-depth interviews. The FGD with refugees consists of eight participants (seven male and one female) and the other FGD with NGOs' representatives consists of six persons (one female and five male). The study represents four In-depth interviews; two with the representatives of government; from

Ministry of Public Health (MoPH) and Ministry of Women Affairs (MWA). The rest two interviews have conducted with workers of the relief institutions currently work with drug (narcotics) addiction and vulnerable people (two male and two female).

A checklist used as interview tool during both the FGDs and In-depth interviews. Since the informants have refused the voice recording, only two In-depth interviews have recorded. To compile the out comes of FGDs and In-depth interview, the written notes, and voice-recorded copies have compared and the results extended based on the need. Each FGD and In-depth interview has conducted by two persons (interviewer and data collector). Interviewers always played the role of moderator during FGDs. Purposive sampling used both for selection of the participants and study site in this research. Prior to any interview or FGD the purpose of the study has explained to the participants (informants) and in addition before each FGD and interview the verbal consent of participants have taken.

Figur: 1 Respondent s Catagories



IV. Results

The pre-prepared checklist used during FGDs and In-depth interviews and certain questions and statements are asked. Below are the uniform questions and informants' replies and responses.

IV.1. when the conflict has started?

Regarding the commencing of conflicts and violence in Afghanistan almost all the respondents mentioned that it has started when the *Khalq's* party (People democratic party of Afghanistan) has come in power in 1978. *Khalq's* party has supported by the former Union of Soviet Socialist Republics (USSR). Through announcing the reforms that government captured the people's farmlands, they also putted enlightened people in jails and interment lived-people in graveyards. They killed many people and added to the number of orphan children. One of the respondents (5.5%) has gone back to the history of previous centuries. He believes that current conflicts have an ancient root. Based on his explanations the origin of this conflict goes back to the by force concentration of the northern part of the country (which was loosely populated) by the non-native ethnic groups from the other parts in order to prevent or strength the northern boarders of the country against the threatening of Russian invasion.

Majority of the informants believed that there was opposition between USSR and United State of America (USA). Parallel to the shifting of power to People Democratic Party of Afghanistan supported by USSR, USA strongly began to arm and supported the opposition parties and circles. Even though people initiated the uprising but later on the western countries widely pushed and help them.

(The USSR has tried to have access to the warm waters of Indian Ocean and Fars' gulf while the USA tried to make obstacle against that).

The armed conflicts still going on in the country and the southern parts of the country have mainly victimized. Hundreds of people have been being killing because of suicide attacks in addition to armed fighting these years. These attacks have designed by terrorist oppositions whom supported by neighboring countries. Hundreds of schools have burned and thousands of relief and governmental employees have killed by Taliban. The process of reconstruction and rehabilitation are disturbed or ceased in these areas.

IV.2. the participants' opinions with regard to the underlying factors led to the conflicts

The informants have stated that at the initial phases of the conflict there was no any ethnic or religious based violence. The Soviet's supported government attacked to people's customs, believes, traditions and properties. This was the initial cause of the conflicts. When the conflicts intensified then foreigners tried to arouse the ethnic and religious differences. In a general, political positions of the parties and changes in the policy of country as well as external manipulations and interferences considered as the main influencing factors by the majority of informants.

Some of the respondents believed that" some people were deprived for long time." This bereavement more influenced to raise violence and conflict.

Currently the reasons of the instability in the country are mainly the strategic goals of foreigners. They planned to reach central Asia's resources as well as opening and keeping markets for their products. Some 50% of the respondents mentioned that in addition to external interferences, manipulations, Mafia's and terrorist groups endeavors, other causes such as illiteracy of people, presence of foreigner forces, religious diversities, unemployment, poverty and corruption in governmental institutions might also be claimed the reasons for current instability and conflicts. Taking part in smuggling of opium (for earring the money) is the next business of people, which cause instability and prolongation of the conflicts in the country.

IV.3. How does the conflict affected the political stability, economic development and social advancement of the country?

The conflict as vicious cycle destroyed political stability and interrupted the process of economical and social development. It caused great social and economical problems. All respondents agreed on total destruction of socio-economical infrastructures during the current conflicts as well as there was no any advancement in these aspects. The conflicts lead to destructions of the roads, water resources, bridges, fabrics, schools, clinics and hospitals and so forth social services. The numerous number of unemployed and jobless youths joined armed forces or to drug addicted groups. Some of participants (33%) have mentioned that Mafia's groups laying the

groundwork for conflicts. Another problem is Durand's line (the so-called border between Pakistan and Afghanistan, which has imposed to Afghanistan by British Indian governments more than hundred years ago). The Pakistan is anxious about it. Because of that, Pakistan has supported the opposition groups (Taliban) attacks to Afghanistan, and has made the shelter for them.ⁱ

IV.4. Who are the major parties, factions, sects etc. involved in the conflicts and what are their stated position?

There were two main groups at the beginning; the government supported by USSR, with Soviet forces and Mojahiddin* parties. The majority of respondents believed that Mojahiddin's Parties supporting not only by foreign governments but also by the Afghan people. By the time, they created many problems among and within Mojahiddin's parties. They were not unique because of external interferences, manipulations, and their self-style diversities. There was no a unique way of thinking among them. Disunion promoting activities from external sides as well as government diffusion made their unity worse day by day. Mojahiddin did not have aligned even during their combat against invasive forces of USSR. While they fight against Soviet forces and its adherent government at the same time, they battled each other among themselves. The conflicts later on continued between Taliban and Mujahedins. At the current time the conflicts going on due to war between Taliban (including their underground supporters) and government with their foreigner supporters such as USA, International security assistance forces (ISAF) and NATO forces.

Based on the opinion of one of the respondent there were two types of parties; rightists and leftist. Their opinions and believes were different. The Marxism's-communists theory was unacceptable to not well-developed Afghan society. Because of that the rightists have gotten people's support. Rising of religious slogan got a lot of adherent. At the beginning, the Mojahiddin parties accounted as patriotic and religious instigation to Afghans while afterward it deviated owing to external inferences.

*The fighters title during the holy war against soviet forces.

To the some of the respondents deem; *If Mojahiddin, Talibans and rest Afghans whom were involved in the war had unity (not followed foreign countries orders) the conflict shave already been terminated.*

IV.5. What is the geographical scope of the conflict? Is it restricted in one area/several areas of the country, does it involve the entire country or is it regional in nature?

The conflicts are going on all over the country. At the initial phase the conflicts covered only remote areas (*one of the respondents named of Kunar, Panjshir, Arozghan and Paktia*) then disseminated across the country. It has no regional nature. Some of the respondents said that war has more intensity in the strategic areas.

IV.6. How many people have been affected by the conflict and has it led to the establishment of refugees' settlement, internally displaced persons and/or an extensive exodus of populations?

Because of conflicts, almost all inhabitants have affected. There is no any household has not exercised and felt a disaster. These families either lost their members and relatives or their wealth and houses. People died, disabled, injured, and left the country and enmity created among the people.

One of the respondents said (*harm does not mean just killing, but three million martyred, two million disabled, 5 million illiterate, 5 million addict and 6 million refugees in Pakistan, Iran and other countries, millions internal displaced...almost all affected by any kind of the disaster*).

IV.7. What has been the effect/impact on people's health in term of:

IV.7. a. The major health problem being seen as a result of conflict – injuries from firearms, land mines, mental health, others.

Some of the participants estimated that 98% Afghanistan's people have passed post conflict trauma disorder. Afghanistan has the greatest field of land mines currently and during the war. At present, the new mines are planting by Taliban and others. (*One of the informants said that in their village live 200 families, from them near to 100 persons has injured because of the mines explosion*).

Mental disorder is the main problem. Familial violence, drug (narcotics) addiction, and chronic depressions based on post conflict mental trauma. All respondents believed that near to five million of people are drug-addicted in Afghanistan. The vulnerable groups as refugees and disabled are favorable to addiction. However, all these factors have affected social and economical development. There is no control on smuggling of drugs. It is easy to find it everywhere. Even security forces are illicitly involved in drug distribution.

Mental disorders are the common consequences of this war. Some of the respondents mentioned that depression is a commonest event. Aggressive behavior is the newly developed disorder due to the war result.

More over many of known violence are taking place across the country. One of the respondents reminded the stories of near to 50 girls' conflagrate themselves because of compulsory marriages in Herat province.

Soviet forces cruelly killed people with their vehicles and even burned a number of live people in Farah province. *(One of the respondents who was from Farah is personally the witness of this event when he was a child).*

One of the respondents said; "he has not census, the UN agencies may have accurate data about. But absolutely the majority of people are affected in various degrees."

IV.7. b. The overall trends in mortality, morbidity, and disability, life expectancy (infant mortality, child mortality, maternal mortality, changing patterns of morbidity...etc)

Conflict is origin of all misfortunes such as migration, disabilities, mental trauma, and other problems for instance unemployment, illiteracy, and poverty. Life expectancy has decreased. All above-mentioned factors laid the groundwork for changing the pattern of diseases mortalities and morbidities as well as life expectancy.

One of the female respondents mentioned that; *(the culture of tolerability has destroyed and the culture of violence has dominated)*. She added the continuous stress (a new term in health terminology), poverty, hunger, anxiety caused that pregnant women suffered abortion or delivery of disabled infants. Some women died during lactation or lost their infant due to firearm. The number of heart attacks and cerebral vascular accidents (CVA) significantly increased. More over under-nutrition is the next widely experienced disease to all population. The new generation is born with short height and their hairs color changes to white and loss their teeth before going to elderly (enter earlier to elderly). The refugees mentioned that the mortality and morbidity of both elders and children have increased. They believed that the cause for that is unavailability of shelter and medicine as well as environmental pollution.

Near to 40-50% of entire populations are suffering from one of the mental related problem. Many of them; 40-45 % of all patients checked in mental health departments considered as psychiatric patients in various degrees according to the informants explanations.

Infectious diseases such as Diarrhea, Pneumonia, Rheumatism (as the result of infectious diseases), Tuberculosis, and Malaria are more common among refugees and displaced people in comparison with other diseases. Poor people can not meet physicians due to absence of money. They go to pharmacy to buy willful drugs. Even some of them meet the physicians, they have prescribed low price drugs, and most of the time low price drug has considered low quality.

Sexual abuse and sexual violence raised by majority of respondents as the next common health problem. Early and forced marriage with unexpected pregnancy and its complications as well as rape became the common problem among the women.

IV.7. c. The level of access to health services, especially emergency health services.

Accessibility to health services decreased because of the conflicts and it is still a weak practice (see introduction). Security should strengthen and it required good infrastructure. Health facilities and its infrastructures have destroyed. The well-educated and expert staffs have left the country. Health services have low quality in term of quality of drugs and experts. There is a considerable shortage of health

staff especially female staff. Population density with it is over all consequences increase due to poor awareness of family planning. People in rural areas have poor accessibility to health services in comparison with urban areas. One of the female respondent said; *“women and children have not accessibility to health services, because they have not money and women without their intimate (Mahram) can not go out of houses to seek health care independently.”*

A respondent who is the state representative said; accessibility to primary health care has slightly increased, but its sustainability and quality is a serious problem.

There is no mean of emergency health service all over the country. A limited ambulance services have recently introduced only in center of Kabul city while it is not yet defined to health staffs and public and there is no a significant difference of this services than the rest existing health services.

IV.7. d. The kinds of health services are available to refugees, IDPs and other vulnerable groups.

Refugees mentioned that they have no access to regular or a special health services except to immunization (vaccination) during the national immunization days (NIDs). They said, *“During the winter of the current year we received a package of drugs included Tab. Paracetamol, Tab. Penicilline V and - cough Syrup. These drugs distributed to all households without check-up.”* They have been receiving immunization services regularly. When they need to seek health services, they go to public hospitals and health centers use by rest inhabitants (none displaced). They believed that most of the times the public services are not efficient and cannot meet their needs.

Nomads (made 1:5-1:7 of Afghanistan population) are the next vulnerable group tolerate troubles, and faced many health problems during the current conflicts, mentioned by some informants. They have not yet covered within the existing health system in the country.

IV.8. In terms of the above indicators are there any data on differential outcomes i.e. gender, social class, geographical i.e. does the conflict affect different groups of people differently?

All of the respondents agreed that there are big differences regarding geographical location with regard to health services. First of all there is difference between rural and urban areas in general as well as the difference between Kabul city and other provinces and cities. Rural inhabitants highly utilize and get much benefit of health services than urban and people live in remote areas. There is big inequity in distribution of health services of Kabul city with compare to other cities as well as big cities than small and remote ones. There are limited health services in northeastern, east, southeastern and southern parts of the country. More over, they mentioned the gender distinction. Women are more illiterate comparing to men and they have low status. Women mortality is higher than others because of their vulnerability. Almost 33% of participants believed that there are cultural differences in treating of females' health. There are limited and unequally distributed reproductive health services in the country. In term of social class, there is difference; wealthier people have better condition in compare with poor people. Nomads not covered while IDPs less considered in the existing health system.

One of the respondent said; the differences in term of gender and geographical location is clear, *(there is not accurate data about differences, but in my opinion women, drug addicts, disabled people and persons who are living in mutinous geographical areas such as Badakhshan, Noorestan and similar areas are consider to be more deprived).*

IV.9. What has been the effect/impact on access to, and quality of basic goods and services such as;

a. Resources such as water, food supply electricity, fuel and heating, sanitation...etc.

b. Access to health services, educational services....etc.

The conflicts have negatively influenced on all resources: The gardens and agriculture, water bands, forests, fuel and heating resources as well as health and educational facilities badly damaged. In addition, the land mines increased the problems. Due to some of respondents even the taste and quality of fruits has changed. All these factors

affected on sanitation. One of the respondents said; having electricity is an object of ambition now even in Kabul city. Safe water availability is limited even in the large cities is not accessible. In addition to seasonal and climate problems, regular foodstuff transportation particularly to remote and already too troublous-passed areas has more disturbed by current conflicts.

Damaging the schools and unavailability of teachers and educated people (or experts), the process of education and training disordered. In most parts of the country, education and training process completely stopped particularly for girls. Half of the participants believed that during this conflicts Afghanistan is away from the global development process. Girls prohibited going to school (even these days boys also prohibited to go to school in Ghazni province), teachers left the country, and consequently the level of tuition decreased. Some of the participants mentioned the money which should spent for developing projects spent for acceleration and intensification of conflicts during the war.

IV.10. Who has been most affected by the disruption of the social services identified above?

Almost all respondents mentioned that all people of Afghanistan have affected by the current conflicts but the most affected groups are poor people who have no ability to move to safe places, remained in their permanent residences and living in rural areas (see also IV.6.). During the war in cities particularly in Kabul city, the most affected people were who lived close to the front lines of the war and because of poverty were not able to move to safe places. More than half (55%) of the respondents said “they have no any specific census; the UN resources may be established accurate census. Absolutely the majority of the people have affected in different measures”. In a general agreement, the most affected groups are youth (martyred and disabled), women (faced complications of pregnancy, sexual violence), and children (under-nutrition, infectious disease, abused), migrants, IDPs, and nomads deprived of their rights.

IV.11. How does the population cope with the effect of the social and health effects of the conflict?

The respondents believed that the cope of population depends on individual and family ability as well as based on their financial ability and empowerment. People with appropriate financial possibility left the country or moved to safe cities, where the health and social services are better in comparison with their habitats. Wealthy people have migrated to United States, Europe and other developed countries. The middle category of people migrates to Iran, Pakistan and some of them move to the large cities.

Currently most of the wealthy people in case of need to appropriate medical treatment go to Pakistan or India while the majority of the people have not access to even basic health services. In general, to cope with any social and health effect of conflicts the activities such as *saber* and *hawsela* (patient and resistance), adaptation, seeking of traditional medicine and religious interventions and rituals found.

IV.12. Have there been any recent assessment or survey done and what impact has there been on other social indicators such as:

a. Trends in poverty, employment

b. Impact on power relationships, in term of the degree of political participation, wealth gap and representation in office. Include gender relation.

No one of our respondents answered about any assessment or research. Almost all the participants mentioned that the trend in poverty and employment has worse in compare with the past. The condition of a minority has getting better. Participation of Afghan's people (men and women) in election doubtless showed the appropriate degree of people political participation.

After collapsing, the Taliban's regime the condition of women has getting better. Though 5.5% of the respondents mentioned that after the Taliban, definitely there are some success with compare to on going destruction in the recent years but there is no yet an insurance to get rid of current conflicts in near future.

IV.13. Are there any specific characteristics of conflict that impact on people's health; e.g. violence against government workers (health workers), aid workers and NGO staff; indiscriminate violence against civilians; etc?

To views of all informants, many examples of special characteristics of violence raised during conflicts and affected peoples' health. Mullah Omers, leader of Taliban decree with regard to consulting of patients particularly females could be the best official example determined non-academic boundaries to health staffs. Daily kidnapping, murder and beheading of health staff is the currently exercised example affect peoples' health. In southern areas near to the Pakistan's border where continuously threatened by Taliban and terrorist oppositions, any official even non governmental health staff, aid and NGO workers are kidnapped and number of them beheaded these days. They had not compassion even on drivers or other ordinary personnel.

IV.14. Any example of interventions/activities that helped to mitigate the impact of the conflict on health, such as: specific responses by health services and staff (e.g. peace building through health activities), program for schools or special groups (stress management, mines awareness etc.); strengthening the social fabric, social capital etc.

Reconstruction and building of roads, clinics and schools and national solidarity program (NSP) by government, ISAF, International, and national NGOs helped to mitigate the conflict impact on Afghanistan community. NSP is the best approach mitigates the conflicts impact in the country according to all informants. Based on NSP approach local societies regularly identify their priorities and than fund by government and stakeholders

Restoring of Afghanistan's national army and police helps to bring us peace and stability. Assured security definitely helped the reconstruction process and investment on different portions.

Currently many programs are ongoing to raise awareness of people about land mines, health and education promotion programs.

Most of the respondents believed that many activities have carried out, but considering the level of community need and the amount of fund allocated by International community is not sufficient.

V. Conclusion

This qualitative study has conducted in order to explore the conflicts effects on social determinants of health equity in Afghanistan. Totally 18 persons participated through focus group discussions and in-depth interviews. Two FGDs conducted with the most affected people (refugees), and NGO's representative. Four In-depth interviews carried out with government representative and relief workers who are currently deal directly with vulnerable people.

Regarding the commencing the conflicts and violence in Afghanistan 94.5% of the respondents mentioned that the conflicts started when the people democratic party of Afghanistan (supported by USSR) came on power in 1979. This party issued some decrees and commands that were completely opposite to the people religious beliefs, traditions, and customs. Based on the explanation of one (5.5%) of the respondents the origin of the conflict goes back to by force concentration of the northern part of the country (which was loosely populated) by the non native residences from the other parts in order to prevent or strength the northern borders of the country against the threaten of Russian invasion.

The conflicts began in 1978 is still going on. It covers whole country while it is much strong in northeastern, east, southeastern and south part bordered by Pakistan. This year hundreds of people mostly civilians, killed by suicide attacks in many provinces including capital Kabul.

Various underlying factors have claimed as the causes of the ongoing conflicts in Afghanistan. These factors generally categorized as internal and external based on their origin.

Internal factors: At the initial phases, changes in the policies and their contradiction with people's traditions, beliefs, and customs caused a national uprising. More over

putting of thousands innocent people in jails and interment them alive in graveyards. Usurping of people's farmlands, properties, and wealth.

External factors: USSR invasion to Afghanistan was one of the main causes of the conflicts and its aggravator. Afghanistan became the confronting square between USSR and western super power USA and it aligns (such as UK, France, Germany etc), China, Pakistan, Arabic and Islamic countries.

In addition, one of the underlying factors for violence and conflicts in the past and currently are the presence of imposed governments rather than elected. Presence of unqualified and non-technical officers as well as corruption within the government is the next cause of the conflicts. The main factors are external interferences and manipulations specially Pakistan and terrorists. Presence of large number of unemployed young people, social injustice, smuggling of narcotics and heroin, insecurity, illiteracy and so forth socio-economical and political imbalances play critical role for continuation of the violence and conflicts.

Peoples' uprising at the beginning has leaded by Mojahiddin Islamic parties. The headquarters of these parties build up and based in Pakistan and Iran. By the time among them raised disputes. These disputes were because of government intelligent service activities, external interferences, foreigners' manipulation, and even their own selfish. Disputes between Mojahiddin's parties caused internal violence and conflicts. These conflicts have made the country conditions worse.

The conflicts initiated in rural and mountain areas and later on expanded to the big cities and highways. After victory of Mojahiddin, violence and conflicts aggravated in the main cities specially Kabul city. These conflicts have no regional nature while its intensity is in strategic areas. At present, the conflicts cover whole country while it is heavy in provinces close to Pakistan's borders. The violence and suicide attack risk are threatening eventuality everywhere of the country.

Long-term conflicts as a vicious cycle devastated political stability and country over all infrastructures. It interrupted the process of social and economical advancement, development, and improvement. People missed and lost their tranquility, dignity, family members, wealth, farmlands, and houses. Here is none of families not feel the

disaster. More than two millions martyred, near one and half million injured and disabled, six million migrated to Pakistan, Iran, United States, European and other countries.

Almost all population has experienced post conflict trauma disorder. Mental disorder has made the basis for the familial violence, drug addiction, and chronic depressions. "continuous stress" is the newly discovered term in this study, added to the public taxonomy of illnesses.

Conflicts consider the source of all misfortunes such as migration, mortalities, morbidities, disabilities, and other psychosocial problems. Pattern of diseases, mortalities, morbidities, entrance to elderly, and life expectancy has changed. Regarding the health indicators, Afghanistan has ranked one of the worse in the world. It is obvious that mortality because of heart attacks and cerebral vascular accidents (CVA) significantly increased. The "continuous stress," anxiety, over all poverty and hunger have considered as the consequences of the above-mentioned problems.

Conflict has affected accessibility and equity to health services. There is a serious shortage of skilled and educated health professionals' especially female staff. Most of the skilled health professionals have residence in the cities. Very limited health services are available for the people in remote areas. The country geography has also made equity in health services worse.

People with low level of economy who are living in remote areas are the most vulnerable in comparison with other social classes. The over all status including of women, children, youths, nomads, IDPs and migrants are considerable. They are the most vulnerable groups in Afghan society.

As respondents expressed the expanded program of Immunization (EPI) is the only one health program that has covered majority of country during national immunization days.

Armed conflicts have negatively influenced on all resources. They impaired sanitary programs and badly damaged basic goods and resources such as safe water, food, electricity, fuel, agriculture, and forests.

Education is another sector affected by the conflicts in Afghanistan. Physical structure of schools have destroyed or burned. Pupils' especially girls even recently, boys prohibited to go to school.

As a result, social determinants of health such as social condition (in which people live and work), income inequality, social inclusion and exclusion, employment and job security, contribution of the social economy, early childhood care, education, food security, and housing have severely affected by the long-term conflicts.

Poor people, illiterates, refugees, and nomads are the greatest populations suffer more than other does from these conflicts. Considering the gender and age groups women, youths, and children are the main victims of this tragedy.

NSP is one of the interested approach mitigates the conflicts impacts in the country. Based on NSP local societies regularly identify their priorities funded by government and stakeholders.

Activities such as *saber* and *hawsela* (patient and resistance), adaptation, seeking of traditional medicine and religious interventions and rituals are people tools coped with any social and health effect of conflicts.

VI. Recommendations

1. Health policy should be adapted according to health care required by society. Settings of comprehensive health policies need multi-sectorial involvement.
2. Settlement of peace and security in Afghanistan requires consideration of underlying factors (external and internal) for inception and continuation of the conflicts.
3. However, the conflicts and violence are going on in the country, on the other hand, increasing the health and education promotion programs especially among the

most marginalized population (women) and promotion of national solidarity program will mitigate the negative impacts of conflicts on health.

4. Preservation and supporting of people's tools currently cope with the effects of conflicts are deeply considerable as the best temporary solution. Their rational and academic promotion as well as development of appropriate interventions (based on them) will be the next vital step toward permanent solution.
5. Paying attention to improve the condition of the most vulnerable people (refugees, IDPs, nomads, poor) particularly youth, women, children, and avoiding previous mistakes will help to heal the sore of our community.
6. Widely presence of post conflict trauma and high incidence of mental diseases found in this study require application of wide range urgent interventions.
7. Significantly increase in cases of heart attacks, cerebral vascular accidents (CVA) and earlier entrance to elderly changed diseases pattern, mortalities, morbidities and life expectancy. The causes such as "continuous stress," anxiety, over all poverty and hunger have claimed for above mentioned changes require deep consideration in order to prevent or minimize them.
8. Social determinants of health such as social well being, income inequity, social inclusion and exclusions, employment security, early childhood care, educations, food security and housing are severely affected as found in this study. These social determinants need development of comprehensive policies, plans, and strategies for their continuous improvements.
9. The term of "continuous stress" newly found in this study requires further deep study in order to be well defining this status.
10. The existing research has conducted among limited people. A representative detailed study will requires numerous of participants including various ethnic groups, genders, professionals, social casts, and so forth layers of the society.

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