

HEALTH EDUCATION IN THE PRACTICE OF DEVELOPMENT:

Afghanistan, Child Participation and the Child-to-Child Approach

by

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A thesis submitted to the School of Kinesiology and Health Studies
in conformity with the requirements for the degree of Master of Arts

Queen's University

Kingston, Ontario, Canada

June, 2009

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Abstract

For over thirty years Afghanistan has been challenged by war, political and civil instability, mass displacement, human rights abuses, drought, and famine. It is not surprising that health and quality of life of vulnerable groups in this region are among the worst in the world. In general, women and children have had especially limited access to education and healthcare. The situation in Afghanistan is difficult, but by no means impossible and renewed international focus combined with shifting internal dynamics provide a real opportunity to change the trajectory of the country and lives of millions of Afghans. With regard to internal dynamics, the health and education of children, I believe, provide one of the greatest opportunities for Afghanistan to build a new and peaceful path in the twenty first century.

At the heart of a successful development strategy in Afghanistan will be stitching together local capabilities and resources and tailoring projects to context. Afghan children present an ideal starting ground. This thesis asks the question: how might children's participation and the Child-to-Child approach to health education and community development be used effectively in Afghanistan? I analyze the possibilities and limitations of the Child-to-Child approach were it to be implemented in the traditional/Islamic context of Afghanistan. More broadly, I highlight external and internal forces that are affecting and will continue to shape future health intervention and development projects such as Child-to-Child in Afghanistan.

I conclude that, at this time, Afghan children will receive adequate and long term health care (through initiatives such as Child-to-Child) only when essential and basic services/needs are met, geo-political conflicts between industrial nations over

Afghanistan are resolved and future intervention programs are designed using culturally sensitive strategies not only to provide health services but also to address the underlying non-medical determinants of health related to Afghanistan's development process.

Acknowledgements

This thesis project is dedicated to my parents Mumtaz and Salem, whom I am eternally grateful and deeply thank for their continued love, guidance, support and inspiration in completing this study. I am especially thankful to my supervisor Mary Louise Adams whom provided outstanding flexibility and encouragement to help me complete this project. I also wish to thank my family including Frishta, Zemar and Rebecca, whose ongoing support and unconditional love made this project possible. A special thanks to my dear friends Jonathan Hall, Nicky Potopsingh and Nike Ayo for their warm companionship during my tenure at Queen's. I would also like to express my sincere appreciation to all my professors, my classmates and the staff at Queen's University for making my graduate experience incredibly enriching and memorable. Above all I wish to express my deepest gratitude to God, The All Beneficent, The Most Merciful.

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Chapter 1

Introduction:

The transformation of a traditional society could only be achieved extremely slowly, and certainly not by wrecking its existing structures and relationships (Ewans, 2002: 135).

Less than a month after the terror attacks on September 11, 2001 on the World Trade Center and Pentagon, the United States and its allies declared a “war on terror” and subsequently began military campaigns in Afghanistan and then Iraq. Political leaders of western nations including the United States, the United Kingdom and Canada rushed to war on arguments of national security and moral responsibility. Canada fully entered the war in Afghanistan (sanctioned by the United Nations Security Council) and avoided the war in Iraq. Like other nations Canada addressed problems in Afghanistan “without understanding the whole, using atavistic, haphazard, fragmented, and short-term responses that sometimes exacerbate the collection of problems” (Ghani & Lockhart, 2008). The current conditions on the ground have demonstrated that the use of force has reached its limits and neither a “war of necessity in Afghanistan nor a war of choice in Iraq has yet succeeded” (Ghani & Lockhart, 2008:5).

Following the removal of the oppressive Taliban regime in 2001, the new government and the international community had what Afghan-born development policy expert Dr. Ashraf Ghani (2008) calls an “open moment in Afghanistan”. This “open moment” presented a real opportunity for Afghan leaders and the international community to work towards a shared and functional development strategy (Ghani & Lockhart, 2008). Afghanistan’s citizens, traumatized by generations of foreign invasion, civil war and severe natural disasters had been desperately seeking improvements in

security, employment, health care, life expectancy, educational opportunities and better access to food, water and shelter. And initially some progress was achieved in the country (following the 2001 military intervention), including: relative peace and security around the country, 5 million refugees returning home, 80 percent of the population obtaining access to at least some health care and 6 million children returning to school (www.canada-afghanistan.gc.ca, 2008). However, since then and despite a heavy international presence (military and development), Afghanistan has become a perpetual nightmare of violence, corruption, criminality and humanitarian crises. What happened?

According to Ghani and Lockhart (2008), Afghan political leaders during the “open moment” had a “chance to become the founding fathers and mothers of a new state building project” but instead most “opted for personal gain and compromise” (pg. 12). The international community, originally welcomed by most Afghans, has been increasingly perceived as having broken its promise to secure and rebuild the nation. Aid organizations and media outlets regularly report that innocent civilians are killed by military raids and air bombings conducted by the United States and the International Security Assistance Forces (ISAF)¹. International aid agencies such as ACBAR (Waldman, 2008) and Oxfam (2008) have reported that billions of dollars of aid money has been embezzled, misdirected and wasted. As a result, Afghans view their government (entrenched with corrupt warlords) as ineffective; they question the true intentions of the international community and they are increasingly seeing the United States and allied forces as self serving foreign occupiers. It is worth noting that foreign occupiers historically do not fare well in this highly independent nation (discussed further

¹ As of October 2008 ISAF troops number around 50,700 (from 26 NATO, 10 partner and 5 non-NATO / non-partner countries), including contributions from Canada, the United States, the United Kingdom, several other European countries, Australia, New Zealand, Azerbaijan, Jordan, Turkey and Singapore.

in chapter 2). To further complicate matters, Afghanistan's neighbours Pakistan and Iran (pursuing their own geo-political interests) have been linked to supporting various factions of the "Taliban" movement. In the midst of all this chaos, the ordinary Afghan citizen is plagued by escalating and widespread lawlessness, joblessness, poor governance, corruption and narco-trafficking. And along side those Afghans killed by bombs, missiles and land mines, are those who continue to die of hunger, poor health, lack of shelter and lack of water. Afghans' hopes have given way to despair, resignation and anger. With such grim, overwhelming and complex challenges, is there a way to peace and stability in Afghanistan?

According to writer, teacher and consultant Margaret Wheatley, progress in these regions will not arrive while the United States and its allies persist in "wandering blindly in the real world, interpreting events through the wrong lens" (Wheatley, 2007: 65). The disastrous military strategy in Afghanistan over the last several years has clearly proved counterproductive and demonstrated that too much time, attention and resources have been focused on symptoms (terrorism and war) rather than on the root of the problem (economics, culture and improving living conditions). Development worker Deborah Storie, in an article on the ineffectiveness of Afghanistan's war, quotes an Afghan citizen saying:

Your governments think they are 'stamping out terrorism'...They keep a score card and think they are winning because they count more dead Talibs than dead Americans. That's not how it works. But, if arithmetic is all your governments understand, tell them to look beyond the tally cards and see the trouble multiplying on the ground. For every Talib you kill, you make 10 more. For every mother you hurt, a thousand Talibs are born. You are breeding terror, not stamping it out (2008: 1).

Wheatley (2007) argues that in an increasingly interconnected world the only way to peace and stability in Afghanistan and elsewhere is by understanding and then changing the fundamental conditions of economics, living standards and culture that fuel the terrorist rage.

Despite the enormity and complexity of this task, the first steps and way forward in Afghanistan as elsewhere, is through a citizen-based approach (Ghani and Lockhart, 2008). Unfortunately, the reality on the ground and the strategy over the last several years suggests that “Rather than allowing those we are trying to help to drive the process themselves, we insist on imposing our own outdated solutions” (Ghani and Lockhart, 2008: 5). Moreover, according to Ashraf Ghani and Clare Lockhart, authors of the book *Fixing Failed States: A Framework for Rebuilding a Fractured World*, “these solutions tend to be one size fits all, thereby ignoring the demands of the state’s particular context” (Ghani & Lockhart, 2008: 5). Development sociologist Andre Gunder Frank (1992) has written that development strategies and policies cannot be adequately formulated for the world’s underdeveloped nations without first learning how their past economic and social history gave rise to their present underdevelopment. Indeed, history clearly reveals that a large portion of Afghanistan’s misfortunate and humanitarian tragedy has been a result of external forces vying for strategic geo-political interests (discussed in chapter 2). Today, these forces continue to shape and challenge Afghanistan’s future for peace and prosperity.

My Masters of Arts thesis project considers the challenges noted above by investigating the possibilities and limitations of children’s participation in health education and community development in Afghanistan. In particular I look at an

approach to health education and community development called Child-to-Child. While chapter three and four of my thesis critically examines the role children's participation and the Child-to-Child approach could have in the Afghan context, in chapter two, I contextualize and put in perspective the historic, economic, political, cultural and religious realities that Afghan citizens face on a daily basis. I argue that before any real and long term health and community development for children can take root in Afghanistan, health planners and development workers must realize and address the larger social, political, economic and cultural forces that have and will continue to shape the country's future. The last chapter of my study will not only argue the possibilities and limitations of the Child-to-Child approach to health education and community development in the Afghan context, it will also provide observations and recommendations with regard to more general development work in Afghanistan. I insist that for peace and prosperity to take root in Afghanistan, the Afghan people must first decide themselves the way forward in Afghanistan; health and development planners must work to understand the rich and complex Afghan history and then work with Afghan citizens to tailor projects that will integrate and respect Afghan culture, religion and history.

Because I use the term "development" consistently throughout my research project, I feel I must justify the use of this term. While a full discussion of the history and use of the term "development" is beyond the scope of this research study, I will provide some background and insight behind this often imprecise term. The term development is a contested concept that lacks a universally accepted definition. Development studies have wrestled interminably with defining the often nebulous term

“development”. Jan Knippers Black, suggests that development is a user friendly term, having virtually as many potential meanings as potential users” (1991: 15). International development agencies generally use the term to refer to the development of livelihoods and greater equality for life for humans across the globe. The term is also used in a holistic and multi-disciplinary sense to refer to human development in areas such as governance, healthcare, education, disaster preparedness, infrastructure, economics, human rights and environment. In The Development Dictionary Gustavo Esteva, proposes that “This overload of meanings ended up dissolving its precise significance” (1992:9) and Kate Manzo suggests “Development has thus become one of those words – like security or democracy – which apparently requires no definition, for everyone knows, instinctively, what it is. It is what ‘we’ have” (1991: 20). And therefore, it can be said that “underdevelopment” is what “the other” has. Indeed, “development” is an English term, rooted firmly in Western origins and thought. In her book *Ancient Futures*, author Helena Norberg-Hodge, who lived with and studied the ancient Ladakhi culture located in a remote north western India province of Jammu for nearly two decades, argues that preserving a traditional way of life in Ladakh – extended families living in harmony with the land – would bring about more happiness than “developing” Ladakhis’ standard of living with unchecked development (1992). She writes that we often assume the direction of ‘progress’ is somewhat inevitable, not to be questioned and we passively accept new roads in the middle of the park, glass and steel buildings where a 200-year-old church once stood, and life that seems to get harder and faster with each day (1992). However, she writes that she no longer accepts this paradigm and that her experiences have taught her there is more than one path into the future. A future that embraces a

saner way of life and a pattern of existence based on the co-evolution between human beings and the earth (1992). Nevertheless, she argues that not only should Western development workers avoid blindly imposing modern “improvements” on ancient cultures, but that industrialized countries have lessons to learn from people like the Ladakhis about building sustainable societies. She writes “I have seen that community and a close relationship with the land can enrich human life beyond all comparison with material wealth or technological sophistication. I have learned that another way is possible” (Norberg-Hodge, 1998: 121). Indeed, with the ‘threats of terrorism’, environmental disaster and economic collapse casting deep shadows across the globe, perhaps Norberg-Hodge’s critique and the notion of the term “development” and “improving” people’s lives in Afghanistan should be carefully considered.

In recent years a significant change in thinking about how development occurs has amounted to a paradigm shift. For example, Pridmore and Stephens suggest we no longer regard past theories of development of economic growth or the redistribution of wealth “as an adequate single measure of the development process” (2000: 14). Most governments, international aid agencies and NGOs, whether by rhetoric or reality, now endorse human resource development (HRD) and “working with people’s own ideas of what development means to them” (Pridmore & Stephens, 2000: 41). Human resource development is measured by the Human Development Index. HDI combines purchasing power, education, and health and is promoted as being a more comprehensive measure of development than the Gross National Product.

This thesis will follow the approach adopted in the United Nations Development Programme’s (UNDP) Human Development Reports, where human development is

viewed more qualitatively than quantitatively and is defined as “a process of enlarging people’s choices” (1998: 14). This involves the growth of people as well as income, education, the quality of life, the participation of people in their own development and human freedom. According to the UNDP reports all these approaches emphasize the respect for “people-centered development, with concerns for human empowerment, participation, gender equality, equitable growth, poverty reduction and long-term sustainability” (UNDP, 1998). Perhaps this use of the term development will allow the Afghan peoples’ interests to be at the centre of development work. Indeed, “enlarging people’s choices”, living a long and healthy life, the acquisition of knowledge and access to decent standard of living are arguably major priorities for most people living in Afghanistan. However, just as important and stressed throughout this research study is the freedom to respect the ethical, spiritual and cultural values of every single person/nation, as well as the empowerment of the poor to become active participants in solving their own problems and in shaping their own destiny.

Rationale & Research Question:

For over 30 years Afghanistan has suffered war, abject poverty, political and civil instability, mass migration, drought and famine. According to the World Health Organization (WHO) (2008), health and quality of life of people living in Afghanistan today are among the worst in the world. In general, Afghan women and children have had especially limited access to health care and suffer dramatically from high rates of communicable and non-communicable disease, morbidity, mortality and low life expectancy (Waldman & Hanif, 2002).

In 2002 the Afghan Research and Evaluation Unit (AREU) released a paper entitled The Public Health System in Afghanistan: Current Issues. They suggested Afghanistan's health system is in state of near total disrepair. According to the report, standard health indices, including the infant mortality rate, the childhood mortality rate and the maternal mortality ratio, were among the worst in the world (Waldman & Hanif, 2002: i). The report recommends the push down of primary health care services to the community level. In particular, the authors write that at the community level, "poor household health behaviours, including care-seeking behaviours, need to be changed through intensive, but effective, health education campaigns" (2002: 16). For example, the report suggests that:

More than one-fourth of children born in Afghanistan do not reach their fifth birthday. This appalling statistic is due to a variety of factors, which include: incorrect household behaviours (especially inadequate breastfeeding); incorrect treatment of common, but potentially life-threatening illness, such as diarrhea; little recognition of the early warning signs of malaria; poor health care-seeking practices; inadequate health care at the community/basic health levels; and lack of access to health services (Waldman & Hanif, 2002: 7).

The report recommends the need for substantial change in household health behaviour and stresses that prevention is rarely practiced by many Afghans. However, since AREU's 2002 report and despite continued violence and volatility in the country, Afghanistan has made significant progress in providing health care, notably in immunization and the control of communicable diseases (Bell, 2007). Moreover, the new 2006 AREU report entitled *Afghanistan's Health System Since 2001: Condition Improved, Prognosis Cautiously Optimistic*, the authors concluded that progress has been made in four of the major constraints identified in the AREU analysis of the health sector

in 2002, including the push down of primary health care services to the community level. Yet the authors caution that “there is no room for complacency, as there are many significant problems to resolve at this stage of development of Afghanistan’s health system” (Waldman, Strong & Wali, 2006). Despite progress in national health care, international aid organizations continue to report that Afghan children are underweight, have limited access to clean water, do not have the resources to practice proper hygiene and, as a result, suffer from many diseases such as malaria, diarrhoea, respiratory infections and malnutrition. The NGO Save the Children (2008) recently reported that prevention efforts around basic good nutrition, health education and hygiene practices are still insufficient.

In addition to limited health education opportunities, little research has been conducted on the socio-cultural determinants of health in Afghanistan. Poureslami, MacLean, Spiegel and Yassi suggest that in Afghanistan and surrounding regions:

In spite of national and international efforts to improve health status of vulnerable populations in this region, the key underlying socio-cultural determinants of health and disparities (i.e. gender, language, ethnicity, residential status, and socio-economic status) have not been systematically studied, nor have their relationships to environmental challenge been examined (2004: 1).

Providing an extensive study of these challenges and how they affect children’s health is beyond the scope of my Masters thesis, however, I do aim to provide a brief summary of the socio-cultural forces that are shaping Afghanistan’s future. I will then examine the role children’s participation can have in health education and community development and ask: could children’s participation and the Child-to-Child approach to health

education and community development be used effectively in the Islamic and traditional context of Afghanistan?

I have focused on children because they make up an estimated 53.07% of Afghanistan's population (UNICEF, 2005) and provide perhaps the greatest chance for Afghanistan to conceive a new path in the twenty first century. I firmly believe all children are "born global". They hold unlimited potential and have a universal nature of goodness, hope and humility. While no two children are born completely alike, soon after birth, their environment/circumstance begins to shape them. In other words children begin to take on a "cultural intelligence", or understanding of socio-cultural norms, beliefs and values. Much of this "cultural intelligence" is good and even necessary for survival, but in some cases, erroneous ideologies, as for example those of the "Taliban" (such as the oppressive treatment of women in Afghan society), not only thwart a child's true potential and personal development but, as we have witnessed in Afghanistan for the last 30 years, destroy the peaceful and prosperous development of a nation. Therefore if Afghans are truly equipped with resources to reach out and educate children (especially since children do not hold strong commitments to ideologies that fuel particular interests), then perhaps Afghanistan will have a chance to move forward and begin a peaceful transition to positive change. This can be done using the core tenets of Islam and the value it places on education, practicing proper health and hygiene and of the benefits to women's contribution in society (discussed further in chapter 3). Simply, it is much easier to convince a child that a new way is possible than to change deep-seeded ideologies and interests that are rooted in some adults in Afghan society.

I have also focused on children as participants rather than as targets in health education and development because I believe Afghan people over the last three decades have been held too long as passive participants by entrenched interests. Among those groups are industrial and regional nations vying for geo-political interest, Afghan political leaders/warlords/businessman/Mullahs who seek personal gain and power, aid bureaucracies and the multibillion-dollar technical assistance industry (which, whether by accident or design, both rely on the continued failure of nation states for sustenance) and the international community which demands that Afghanistan become the nation state that it feels fits Western ideals, four year electoral cycles and “CNN window for success”. In this context, I believe Afghan children need to be educated early on about the value of participating in their own society. By introducing such a profound paradigm at an early age – a paradigm in which children’s views are taken seriously and in which those views are allowed to lead to action and improvement – we can help develop healthy, educated, sovereign and confident adults who can perhaps become positive change agents in their country’s future. I am not naïve and realize this endeavour has been considered before and has been repeatedly blocked by the entrenched forces mentioned above – but Afghans have persevered and history suggests they will prevail.

The Child-to-Child approach is an innovative concept that both respects and challenges traditional values in health education.

Child-to-Child is a rights-based approach to children’s participation in health promotion and development grounded in the United Nations Convention on the Rights of the Child (CRC). Through participating in Child-to-Child activities the personal, physical, social, emotional, moral and intellectual development of children is enhanced. The Child-to-Child is an educational process that links children’s learning with taking action to promote the

health, wellbeing and development of themselves, their families and their communities (Babul, 2007).

It is important to note that the definition of health, in this context, is very broad, encompassing the mental, social-emotional and spiritual development of the children as well as their physical health.

Before I examine such an approach, it is important to note that in spite of national and international efforts to make recommendations and implement projects that aim to improve Afghan children's health (via nutrition programs, health education campaigns, proper hygiene practice and encouraging mothers and families to seek pre-natal and essential vaccinations), there remains a critical and unavoidable reality that I and the reader must consider: a significant portion of the Afghan population continues to suffer intense conflict, insecurity, crime, unemployment, geo-political interference and lacks the basic necessities including food, water and shelter. I strongly believe these challenges cannot be ignored and they play a significant role not only in the success of health and development projects but also in the long-term health and well being of children living in Afghanistan. A few of the dominant socio-cultural and environmental conditions that are determining the health outcome of children in Afghanistan are documented in a recent report released by UNICEF:

Health facilities are ill-equipped and chronically short of even the basics, such as equipment, essential medicines or sterile gloves. Clinics in rural areas are scattered and often inaccessible during winter. There is a shortage of trained nurses and midwives, and babies are usually delivered at home with the help of friends and neighbours. If complications occur, it may be too late to save a life of a mother or child. According to UNICEF estimates, only 14 percent of births are attended by skilled health personnel. The characteristics of Afghan society play an unequal role in the unnecessary loss of life. In Afghanistan, where pace

of change is glacial and men and women still lead separate and disparate lives, it is hard for health workers to breach the walls of tradition and bring health care or even basic information to the women whose lives depend on it. Furthermore, there are vast tracts of the country that the government does not control and where health workers enter at risk of being taken hostage or even killed (Bell, 2007: 4).

Indeed, with such difficult internal and external challenges and “where the pace of change is glacial”, reaching adequate health for children in Afghanistan will not be easy nor fast.

This Masters thesis will argue that children’s participatory models and health education projects for children in Afghanistan will not succeed in the long term unless the root problems, such as intense military conflict, geo-political interference, unemployment and mass government corruption throughout the country, are seriously addressed and resolved. Simply, before any real or sustainable change can take place, Afghan citizens (both men and women) must have ownership of their own destiny through security, political freedom, rule of law, employment and access to basic necessities. I make recommendations in the last chapter that prioritize projects that: meet basic needs (i.e. food, water and shelter); require ample time and long-term planning (to plan, implement and evaluate); involve a sincere partnership between Afghan citizens, the Afghan government and the international community (rather than a top-down imposition); and include a creative and contextualized strategy (culturally sensitive programs). Among my recommendations I argue that health workers and development planners should understand the history, culture and religion of Afghan people and prioritize health and development projects based on Afghan needs. I also provide a critical discussion regarding the possibilities and limitations of children’s participation in the development

context and more specifically I discuss an innovative and creative approach called Child-to-Child to health education and community development in Afghanistan.

Finally, I feel I must clarify two important points that are consistently addressed throughout this thesis. First, I recognize that despite Afghanistan's past and present external influences, Afghanistan has had and will continue to have many domestic social, political, cultural and economic challenges facing the country. In other words, Afghanistan was not perfect prior to the 1979 Soviet invasion and today its people would be faced by many issues were outside forces stopping intervening. Some of these domestic issues are described later in this thesis and include patriarchy, class, tribalism and inequities between males and females in Afghan society. Also, I realize that not all outside forces intervening in the country will automatically negatively influence the outcome of the nation. Second, throughout this thesis I generally speak about the Afghan people in a homogeneous fashion. I fully understand, appreciate and respect that Afghanistan is comprised of a rich and dynamic group of people, history and cultures made up of many ethnicities and great traditions. However, due to particular limitations described in the next section of this project and, for the purpose and ease of this study I have intentionally emphasized the commonalities among Afghan people. It is important that non-Afghans – the audience for this thesis – first understand the commonalities among Afghans before they can move to understand and respect the nuances and differences in Afghan society.

Chapter Organization

Following the present introduction, in which my argument is positioned, chapter two summarizes existing information regarding the environmental, socio-cultural, and

traditional forces that have and will continue to affect health and non- health disparities among children in Afghanistan. This information will be especially important since current thinking in public health has moved beyond the biomedical model (as absence of disease) to increasingly embrace the relationships between health and social context (i.e. poverty, gender, culture, and ethnicity) (Yassi, Mas, Bonnet, et al., 1999; Stokes, 1992; Raphael, Steinmetz, Renwick, et al. 1999). In chapter three I will provide a discussion on the current state of Afghan children and examine the direct role children can have through participation in development work. More specifically, I will discuss the possibilities and limitations of the approach called Child-to-Child to health and community development. In the fourth and concluding chapter I will reflect on analysis gathered from chapters one to three of this thesis and discuss the positive and negative consequences of Child-to-Child in Afghanistan. The final chapter will also provide observations and discussion on development work more broadly in Afghanistan.

Method

The methodological challenges of my Masters thesis project are obvious, both conceptually and practically, especially since my original intent was to directly allow the Afghan voice and interest to inform this research investigation. This ideal is eloquently captured by British writer Zaiad Hassan who describes the United Nations Millennium Development Goals (MDGs) and related development initiatives as often excluding from the decision making-process the people whom these plans are destined for:

The authorities (Indian and non-Indian) that conceived and design the project – within the context of a highly bureaucratized, hierarchical system were all very well intentioned and serious about the project. They were deeply concerned about the status of children. What they and we profoundly failed to understand and internalize was

one relatively simple thing. People are capable of extraordinary creativity, courage and determination when they have the agency to set their own path, create their own goals and design their own processes. Goals set far away in foreign countries, processes designed by foreigners, decisions made by technocrats in the centres of power do not start brushfires of creativity and determination. In short, when people have ownership then they are capable of addressing the most complex challenges (2007: 1).

In this thesis project I also wanted to avoid what internationally recognized expert on the history, art and archaeology of Afghanistan, Nancy Hatch Dupree warns about repeated mistakes made by aid workers and development experts in Afghanistan. Interviewed by Jon Boone in a February 2009 Financial Times article, Dupree suggests that aid workers and development experts who descended on Afghanistan after 2001 repeatedly make old mistakes and perpetually draw up the same tired strategies. She concedes that over the past seven years there has been a flood of reports written on Afghanistan and that:

they just write the same thing over and over again – just regurgitating it. That’s why their strategies are so humdrum. They are based on work that doesn’t have much basis in fact, or in the realities of Afghan culture, because they people don’t go out and talk to Afghans (Boone, 2009: 1)

Ideally, I would have preferred to conduct qualitative research in Afghanistan, to collect and analyze data and interview key stakeholders involved with regard to my research investigation. Clearly, engaging directly and working with the community for which a research investigation is being considered is critical in good research practice and consistent with one of the main positions of this thesis project. However, the challenges of funding, time, security and distance were obstacles to conducting such a necessary and practical research project. These obstacles clearly compromise to some degree the principles of my intended research. However, I hope to minimize this limitation by using

good literature based on qualitative research, for instance Karlsson and Mansory (2007), *An Afghan Dilemma: Education, Gender and Globalisation in an Islamic Context*, and Berry, Fazili, Farhad, Nasiry, Hashemi and Hakimi (2003), *The Children of Kabul: Discussion with Afghan Families*. Sources such as these have allowed, to some extent, Afghan voices and interests to inform the analysis and direction of my research study. I have reviewed current and existing literature and official documents (e.g. academic papers, books, media and research reports by international organizations including: The Afghan Research and Evaluation Unit, UNICEF, Save the Children & United Nations) on Afghanistan, Child-to-Child and on the related social, cultural and environmental factors that have influenced the health outcomes of children in Afghanistan. These sources and my personal experience (discussed below) have all helped guide my Masters thesis investigation and ultimately have shaped the insights and recommendations I have provided in the conclusion of my study.

I bring a unique lens to this Masters study. I am a proud Canadian citizen who was born in Afghanistan. I escaped Afghanistan with my parents and younger sister when I was five years old, at the time of the tragic and brutal Soviet occupation. Tragically, many members of my mother's and father's families were killed during the Soviet war. I have a personal connection to Afghanistan and hold familiarity with the religion, culture, language and people. I was very fortunate to leave Afghanistan at an early age, to move to Canada and to receive a good education and livelihood. Sadly, millions of Afghans were not so fortunate and today face immense challenges on a daily basis. With my Western upbringing and Afghan roots I bring a 'hybrid' perspective to this Masters discussion. In some respects, I believe I can serve as a bridge of

understanding between the two cultures. While I consider myself an outsider, having experienced a Western education and upbringing, my original roots and ‘partial relationship to and understanding’ of the people, religion, culture and language of Afghanistan offer a ‘partial identification’. This identification, I believe, gives me a nuanced understanding of both worlds – the Afghan and the Western lens. I often tell my parents, I feel neither fully Canadian nor fully Afghan, but rather a “hybrid”, someone who wishes to synthesis the positives and richness of both cultures. As a result I often find myself in the ‘middle’ and able to consciously detach from either cultural identity. Indeed, I believe this allows for mutual sensitivity, continuous reflection and considerable respect for the cultural, political, social and religious contexts that I will investigate in this research study. However, I am not naïve, and I realize that despite my best intentions to help, the impact of this project is constrained by my long absence from Afghanistan, my inability to work on the ground and the recent volatile and dynamic history which has dramatically changed the Afghan landscape where my parents and I once lived. For example, my father who is an architect and who recently returned to Afghanistan for development work, commented that, by and large, he found a society that he did not recognize. The most profound change he observed, beyond the immense physical destruction, was peoples’ lack of character and trust between one another. Ghani and Lockhart (2008) affirm my father’s observation by suggesting that the levels of trust decrease among people in conflict-afflicted societies. Therefore, such an observation of the human and social condition was inevitable in a country such as Afghanistan which has been plagued by decades of war, poverty and instability. Undoubtedly, my inability to work on the ground and connect with Afghan citizens will

indeed present the greatest limitation of this project. Despite researching in great depth the literature on Afghanistan and its people, I acknowledge that I may not be prepared nor qualified to fully and accurately speak on behalf of the Afghan people nor their many challenges as posed in this Masters study. While an “outsider” I still hold roots and tremendous interest in seeing Afghanistan becoming a peaceful, prosperous and fledgling democratic nation. I believe Afghanistan’s culture and people can contribute immensely to the global community. One day I envision a country that will experience peace, sovereignty and prosperity, where it will maintain its Islamic tradition but practice a version of Islam that values democracy, education for both men and women and works towards eliminating inequities and improving justice for all.

Chapter 2

Afghanistan: In Context

The purpose of this chapter is to provide a brief history of Afghanistan and the ways that external and internal social, political and cultural events in the last three decades have lead to its present humanitarian and development circumstances. I will also provide a discussion of the concept of culture as it relates to Afghanistan and the significant characteristics of Afghan society relating to community, women, Islam and ethnicity. These factors all contribute directly or indirectly to the development or lack thereof, of health and well being for children in Afghanistan. As noted at the end of chapter one, it will be useful, before I consider the possibilities and limitations of children's participation and considering the Child-to-Child approach to health and community development in Afghanistan (discussed in chapter four), for me to identify and appreciate the active and dominant socio-cultural forces that have shaped the country's past, present and perhaps future circumstances. To adequately and comprehensively describe these topics is beyond the scope of this thesis. Yet, I hope to provide an overview of the major socio-cultural forces that have influenced Afghanistan's current circumstances and to illuminate the nexus of entrenched interests that could support or challenge children, health and community development in Afghanistan. Simply, this section will provide context and information that will perhaps allow for more a meaningful and useful framework through which I can make informed observations (discussed in chapter four) on considering children's participation and the Child-to-Child approach in Afghanistan.

A Brief History:

Afghanistan, famous throughout the 1980s for defeating the mighty Soviets, simply vanished from international consciousness after that. Only a decade later, the terrorist attacks in the United States on September 11, 2001 put Afghanistan back on the world stage. In the West it can be easy to hold a simplistic and stereotyped view of Afghanistan. Media images depict a land of ‘fundamentalist tribesmen’, war lords, opium fields and disenfranchised women and children who have been brutalized by more than three decades of war, who lack human rights, and who suffer from the destruction wrought by daily suicide bombings and medieval tribal practices. But such a superficial picture distorts the truth. Afghanistan is a complex land with a rich and traditional history, and those who prefer ignorance, violence and destruction are not the majority despite the havoc they cause and the media coverage they receive. For the most part, Afghanistan’s current history has been shaped (whether by accident or design) by outside forces (including regional neighbours and Western industrial nations), and indeed these prevailing forces continue to influence the uncertain direction in which Afghanistan is heading.

The name Afghanistan simply means ‘Land of Afghans’ in Dari or Pashto (official languages of Afghanistan), and it was first documented during the tenth century AD (Dupree, 1973). Afghanistan, located in central Asia, is completely landlocked. It is bordered by Iran to the west; Turkmenistan, Uzbekistan, and Tajikistan to the north; China to the northeast; and Pakistan to the east and south. Afghanistan’s territory and mountain passes have always been considered an important strategic location by various past and present empires. In ancient times they resonated with the sounds of caravans

carrying supplies and treasures crisscrossing the famous Silk Route, which passed through Afghanistan and connected the Far East with the Mediterranean region (Dupree 1973). Afghanistan, often called the “cross-road of civilizations”, has been linked at one time or another to many cultures and shifting Empires including Persia, Central Asia, the Indian Subcontinent and the Middle East (Dupree, 1973). Perhaps Afghanistan’s biggest misfortune (due to relentless intrusion by outside forces) is that it sits at the meeting place of four ecological and cultural areas: the Middle East, Central Asia, the Indian subcontinent, and the “Far East”.

From ancient times, Afghanistan has been associated with many famous names and events. Worth mentioning include: the conquest of Alexander the Great in the fourth century B.C.; the Arab invasion and introduction of Islam in the seventh century A.D.; and the rule of the Muslim Ghaznavid Empire from the tenth to the twelfth century A.D. (Dupree, 1973). According to Dupree (1973: xviii) the Ghaznavid Empire in the twelfth century A.D. was among indigenous Afghan empires “probably the most important, a true renaissance of juxtaposed military conquests and cultural achievements”. Many legendary conquerors and empires “have found it hard to escape the fascination of Afghanistan” and have passed through this rugged country, including Genghis Khan, Temerlane (Temorlang), Babur and the Turk-Mongols, the Persian Safawids and the Indian Moguls (Dupree & Albert, 1974: V). In fact, control of Kabul was crucial for anyone who aspired to control Central Asia (Dupree, 1973). It is also interesting to note that throughout Afghanistan’s history it has never been successfully colonized. In other words, those who conquer Afghanistan rarely manage to hold on to their victories or to

keep the land under their possession for long; a pattern all too familiar to the imperial powers of the nineteenth, twentieth and now twenty-first century.

In the nineteenth century, Afghanistan successfully resisted three colonization attempts by the British Indian Empire (called the Anglo-Afghan wars) and acted as a buffer region between the imperial powers of Russia and Britain (Ewans, 2002). In the twentieth century, Afghanistan was invaded by the Soviet Union and became a battleground for the Cold War. Today, Afghanistan not only attracts intervention by regional political rivalries and interests, but also harbors the continuing conflict between the USA and al-Qa'eda.

Afghanistan's heterogeneous groups came under one political entity that was recognized as a monarchy in 1747 by King Ahmad Shah Durrani. Full independence was declared under King Amanullah Khan on August 20, 1919 (now celebrated by all Afghans as National Independence Day) (Ewans, 2002). The longest period of stability in Afghanistan was between 1933 and 1973, under King Zahir Shah who was subsequently overthrown in a bloodless coup by his brother in law Mohammed Daoud Khan (Blood & Aghaanian, 2007). In 1973 Mohammed Daoud Khan declared Afghanistan a republic and became its first president.

While difficult to imagine, Afghanistan has not always resembled the crumbled nation that we witness today. Before the brutal Soviet occupation in 1979, Afghanistan's major cities such as Kabul, Herat and Kandahar were entering an era of modernization and industrialization. In fact, in the 1960s the country was making a strong movement towards development in areas of foreign investment, creation of new roads and factories, educational reform and women's rights (Dupree & Albert, 1974). In 1976 president

Daoud Khan's government introduced a seven-year economic and social policy plan (1976-1983) to further encourage the country towards peace and prosperity (Samady, 2001). Unusual for a developing country, Afghanistan had managed to pursue this course of development without giving political loyalty to outside forces. Despite nations such as the United States, China and the Soviet Union constantly bribing Afghanistan with the dollar, yen and ruble, by and large the country remained politically free and neutral. For example Dupree & Albert (1974: 258) suggest that Afghanistan remained "a spirited no-man's land, pursuing its own peculiar ideology" and indeed the country was "at that unique point between tribalism and modernism, where it can combine the best from both worlds". These years are described by Samady (2001) as a time of peaceful and pragmatic national policies, intended to lift the country out of poverty, ill-health, and ignorance. It was an atmosphere of hope and optimism. There was strong confidence in the progress of the country and my parents and their friends believed Afghanistan could become a "consciously" modernizing state.

The optimism quickly disappeared, however, when Afghanistan's political intelligentsia and leadership could not agree on a government. Opposition leaders (who were educated and influenced abroad) quarrelled over the ideology and vision most appropriate for Afghanistan's future. The choice among 'Islam', 'democracy', and 'communism' was decided in 1978 with the assassination of President Daoud Khan and his family during a Soviet-backed coup lead by the People's Democratic Party of Afghanistan (PDPA). Perhaps the coup seemed inevitable since the Soviets had not only been neighbours but also tried the hardest (over 20 years) to establish a strong economic, political and military influence in Afghanistan. Immediately following the coup,

uprisings ensued throughout the country and many Afghans strongly opposed the new secular reforms imposed by a socialist government and backed by the Soviet regime (Marsden, 2001). On December 27, 1979 the Soviets invaded Afghanistan. In addition to advancing their geo-political interests, a key factor in their decision to occupy was the assumption that the country “would be vulnerable to the USA exploiting popular unrest and seeking to establish a military presence in Afghanistan” (Marsden, 2001: 6).

Paradoxically, the United States intervened after the coup and helped Afghan resistance fighters covertly through Pakistani channels. In 1979, United States National Security Advisor Zbigniew Brzezinski, plotting to draw the Soviets into this war in Afghanistan, wrote to President Jimmy Carter “We now have the opportunity of giving to the USSR its Vietnam War.” (Engelhardt, 2009: 1).

The Soviet invasion subsequently led to strong opposition from various Afghan resistance groups including the ultraconservative religious parities (who had been exiled by President Daoud Khan prior to 1978). The ultraconservative religious resistance groups were favoured over moderate reformist and assisted in the fight against the Soviets “by both overt and covert support from Pakistan, Saudi Arabia and the USA;” and they “took on the name Mujahidin [holly warrior] by virtue of their involvement in a jihad, or holy war, against the Soviet Union” (Marsden, 2001: 6). Paradoxically, remnants of these groups (such as Saudi Millionaire Osama Bin Laden and Afghan born Gulbudeen Hikmatyar (Hizb-e-Islami) were heavily supported by the USA and Pakistan and labelled as “freedom fighters” by the West) are now some of the current “Taliban” and “al-Qa’eda” forces fighting against the United States and coalition forces. According to Zunes in the June 2009 Huffington Post:

Recognizing the historically strong role of Islam in Afghan society, they tried to exploit it to advance U.S. policy goals. Religious studies along militaristic lines were given more importance than conventional education in the school system for Afghan refugees in Pakistan. The number of religious schools (madrassas) educating Afghans rose from 2,500 in 1980 at the start of Afghan resistance to over 39,000. The United States encouraged the Saudis to recruit Wahhabist ideologues to come join the resistance and teach in refugee institutes....While willing to contribute billions to the war effort, the United States was far less generous in providing refugees with funding for education and other basic needs, which was essentially outsourced to the Saudis and the ISI... As a result, the only education that became available was religious indoctrination, primarily of the hard-line Wahhabi tradition. The generous funding of religious institutions during wartime made it the main attraction of free education, clothing, and boarding for poor refugee children. Out of these madrassas came the talibs (students), who later became the Taliban...This focus on a rigid religious indoctrination at the expense of other education is particularly ironic since, while the Afghans have tended to be devout and rather conservative Muslims, they hadn't previously been inclined to embrace the kind of fanatic Wahhabi-influenced fundamentalism that dominated Islamic studies in the camps (2009:1).

The brutal Soviet occupation ended on February 15, 1989, after more than one million Afghan civilians had been killed. Hundreds of thousands had been injured in bombardments and shelling; tens of thousands had been arbitrarily arrested, tortured, murdered, raped, disabled or had simply disappeared. Soon after the Soviet withdrawal the nation experienced a devastating civil war in which the country was further ravaged by internal ethnic and religious warring parties supported by external interests. Tragically, while the Soviets destroyed nearly all the infrastructure in rural Afghanistan, the civil war destroyed any remaining infrastructure left in large urban Afghan cities. In 1996 the civil war ended with the rise of the Taliban movement (which was heavily supported by Pakistan and outside elements). The attacks on New York and Washington on September 11, 2001 by terrorists trained in Afghanistan prompted the October 7, 2001

military invasion by the United States and its allies and the removal of the Taliban regime.

Afghanistan's humanitarian tragedy, while difficult to express in a few words, is succinctly captured by Afghan-born health worker Homira Nassery:

The physical destruction of infrastructure and livelihoods is undeniably one of the worst in the history of recent conflicts, however, the complete annihilation of social capital and human capacity in Afghanistan has left gaping wounds that are the deepest shock to the nation. The assassination of intellectual leadership by the fundamentalists, the loss of traditional kinship and trade relationships, the exodus of educated Afghans, and the degradation of the education system, have accomplished far more harm than bombs or tanks ever could. It is from this ground-zero that Afghanistan now emerges to stake a claim for its survival...the damage to the nation's human resource base will take more than money or training programs can supply. Social capital can only be built from within, and only the Afghans themselves can heal and rebuild the relationships that were fractured by war and atrocities in the name of religion (2003:2).

Today, Afghanistan is not only in a massive rebuilding phase but in many parts of the country still faces intense conflict and a humanitarian crisis. A media article in the Guardian by Alan Johnson quotes Anja Havedal, a member of the international aid community in Kabul, who paints the following portrait of Afghanistan's current position:

'Winning' in Afghanistan...means defeating a fascist Taliban, corrupt warlords and narco-barons in a country that ranks 174th out of 178 in the world development index and which has known war for almost 30 years. 'Winning', then, demands we 'rebuild houses and roads, bring 20m people out of starvation and unemployment, establish the rule of law, revive a largely dead economy, wipe out corruption and crime, build hydropower plants and an electricity grid, educate generations of illiterates, and institute a capable and legitimate government able to mend and transcend ethnic rifts. All of this while fighting off a resurgent Taliban (2008: 1).

Indeed, “winning” in Afghanistan will not be easy nor easy to define. There are many factors and many players responsible for Afghanistan’s three decades of calamity. However, writers including Cole (2004), Marsden (2001) and Ghani & Lockhart (2008) have written that external powers (major powers and regional neighbours) bear a large portion of the responsibility and set in motion many of the heartbreaking events that have unfolded over the last three decades in Afghanistan. Simply, we (the West) are partially responsible for what Afghanistan has become. And paradoxically, these events are now spilling over and are reverberating throughout the world (as witnessed for example in the terrorist attacks on New York, Washington, London, Madrid and Mumbai).

It may be difficult to remain optimistic about Afghanistan’s future, yet the people of Afghanistan cannot be counted out. According to Robson and Lipson “One of the most striking qualities of the Afghan people is their toughness and resilience” (2002: 14A). Indeed, Afghans possess tremendous faith, resilience and determination. This has been evidenced in their sheer struggle to survive over the last three decades. Despite the injection of new political complexities and development challenges into the Afghan equation, Afghans continue to persevere through very difficult times. It is important, therefore, that the international community not give up on Afghanistan, especially since the larger industrial powers are directly or indirectly responsible for a large part of Afghanistan’s current demise. I do not question the resilience and hope of the Afghan people but, rather, I ask how much moral courage, determination and commitment does the international community possess to truly empower and support the Afghan people to help themselves in bringing peace and prosperity to their battered country.

Afghanistan: Post September 11, 2001:

Following September 11, 2001, the reconstruction and stability of Afghanistan is still one of the most important concerns for the international community. Although there are many arguments to justify international support for Afghanistan, the most often cited reason given by the Afghan government, Western nations, and international development agencies is to reduce the potential of global security threats that have emerged or become evident since September 11, 2001. This concern is echoed by American policy analyst Larry Goodson who argues, “Either the world helps this crippled nation to heal and rebuild, or it is sure once again to become a lawless haven for terrorists and criminals. The choice is that stark” (2003: 96). While I agree the world needs to help Afghanistan, I am not convinced that the current development policy and military campaign offered by the industrial nations will help alleviate the crisis in Afghanistan. Nor does it seem that killing thousands of Taliban insurgents through indiscriminate bombings will reduce the security threats posed to the rest of the world. Overall, the current strategy has shown itself to be unsuccessful and the situation in Afghanistan has clearly worsened since 2001. For example, UNICEF reports through a Child Alert document:

Despite the plans and proposals, projects and partnerships, millions of dollars poured into development aid and military support, the many countries working and fighting to bring peace and progress to Afghanistan – the Taliban are back in force, the insurgency is spreading, and the insecurity is country wide. More schools are closing. More children are being killed. And families, especially in the southern provinces, are caught in the conflict, beyond the reach of humanitarian assistance (2007: 7).

In fact, the January 2008 Oxfam report entitled *Afghanistan: Development and*

Humanitarian Priorities documents similar concerns arguing that since the Afghanistan

Compact in London 2006, “many of the Compact’s targets are not being met, and too many of the commitments made remain unfilled” (2008: 1). The 2006 Compact in London brought the Afghan government and members of the international community (who pledged 10 billion dollars) to agree to specific targets to overcome the legacy of conflict by promoting development, security, governance, the rule of law and human rights. The summary of the Oxfam report suggests that:

While aid has contributed to progress in Afghanistan, especially in social and economic infrastructure—and while more aid is needed—the development process has to date been too centralized, top-heavy and insufficient. It has been prescriptive and supply-driven, rather than indigenous and responding to Afghan needs. As a result millions of Afghans, particularly in rural areas, still face severe hardship comparable with sub-Saharan Africa. Conditions of persistent poverty have been a significant factor in the spread of insecurity...Donors must improve the impact, efficiency, relevance and sustainability of aid. There needs to be stronger coordination and more even distribution of aid, greater alignment with national and local priorities and increased use of Afghan resources. Indicators of aid effectiveness should be established, and a commission to monitor donor performance. Despite progress in some ministries, government capacity is weak and corruption is widespread, which is hindering service delivery and undermining public confidence in state-building as a whole. Further major reforms are required in public administration, anti-corruption and the rule of law (2008: 1).

While the Oxfam report provides well-intentioned policy recommendations to serve Afghanistan’s developmental challenges (in areas of aid effectiveness, national governance, rural development and sub-national governance, provincial reconstruction teams, agriculture, counter-narcotics, education, health, protection, community peace-building, regional action), the current political complexities and unpredictable realities in Afghanistan make implementing such recommendations highly difficult. In fact,

Marsden described many of these volatile conditions that loomed on the Afghan horizon and which make development intervention so difficult:

The Taliban built on foundations laid by the Mujahidin but introduced a much simpler and less intellectual vision. Whether by accident or design, this vision served wider agendas, notably those of the Pakistan government and international radical Islamic networks. The entrepreneurs of the illegal economy have also stepped in to the advantage of a weakened state infrastructure. As a result, we see an evolving picture of enormous complexity as religion, ethnicity and differing societal and geo-political agendas are intertwined, only to be rendered even more complex by issues relating to opium production, smuggling and the arms trade. Hovering on the sidelines are the oil interests, waiting for an opportunity to achieve greater access to Central Asian oil, with pipelines across Afghanistan among the options available to them...The US-led military intervention has added enormously to the complexity, and to the risks. With the escalation of conflict, the hardening of positions and the likelihood that cities and other territory will change control between different groups, there is an acute danger of violent repression and revenge killings, following the pattern already established in the conflict of recent years (2001: 32).

Today these challenges have become even more complex and bleak, with a vision for success and understanding the enemy still a blur. For example, it is reported by the Atlantic Council of the United States that “The definition of Taliban is by no means clear” (Smith, 2008), and according to Korski (2008:19) “Our understanding of the Taliban themselves is limited”. In an informal survey entitled *Talking to the Taliban*, Globe and Mail reporter Graeme Smith compiled 42 video interviews of Taliban foot soldiers from five districts in the province of Kandahar. In a article he wrote about these interviews, Smith (2008) suggested: to understand the insurgency we must go behind the mask of Islam and Jihadist rhetoric (Taliban as a threat to the World) supported by some

in the West. He argues that underneath this rhetoric exists a very ugly tribal war among Pashtuns. Moreover, as many policy experts have argued, this war is supported by outside forces, including Pakistan, which is supported financially by the United States and which remains the biggest supporter of the Taliban movement. Indeed, the video interviews suggest that while Taliban fighters view foreign influences as evil and corrupting (opening brothels and legalizing alcohol in large urban cities, things which run counter to Islam), they fight for various reasons such as opposition to a corrupt government filled with war lords, or vengeance (or *badal*, a tribal Pashtunwali custom) for family members who have been killed by United States and ISAF military bombing campaigns (Smith, 2008). Interestingly, these fighters have no interest in fighting the West beyond Afghan borders as many Western politicians argue. By and large, these fighters confused and legitimized the practice of tribal Pashtunwali custom (which sometimes runs counter to Islam and is described later) with the teachings of Islam. Especially at the lower ranks the fighters are deeply ignorant about the practice of Islam. For example they use the religion to rationalize suicide bombings. Such bombings are not only counter to the core tenets of Islam but had been foreign to Afghanistan even during the Soviet war. The fighters also have very little knowledge of global affairs or modern practices. Smith (2008) concludes that at the most basic level, the Taliban still remain a mystery and simply do not represent the stereotyped portrait of Afghans or Islam depicted by many Western mainstream media. Marsden would agree with Smith:

The notion that the Taliban are representative of the Muslim world is erroneous...there is a complex relationship in Afghanistan between Islam and ethnicity, including the role of traditional tribal structures and practices. Discrimination against Hazaras, for instance, has both an ethnic and religious aspect. Many Taliban

practices could be seen as deriving from Pushtunwali rather than Islam, and it should be stressed that the Taliban interpretation of Islam is in any case regarded as unusually radical within the Muslim world. The existence of a large number of non-Afghan fighters in the country, many of them Arabs or Pakistanis (including those linked to Osama bin Laden's Al-Queda organization) further complicates the picture (2001: 24).

In his paper entitled *The Missing Metrics of "Progress" in Afghanistan/Pakistan*, American policy analyst Anthony Cordesman (2007: 3) argues "Most of the official reporting on Afghanistan – whether US, NATO, allied country – is little more than public relations material. NATO and national websites provide almost no meaningful "metrics" for measuring progress, and there have been few meaningful government reports". Indeed, the larger context in Afghanistan illustrates an inextricable nexus of challenges that include social, political and economic factors, compounded by a lack of understanding, transparency and vision. Korski warns:

The Taliban have the advantage of patience, a near inexhaustible supply of recruits and money, mountain terrain that favours guerrilla warfare, and sanctuary in northern and western Pakistan. But perhaps their greatest strength is a comprehensive knowledge of local cultures, languages, and tribal hierarchies of which the international community remains ignorant (2008: 18).

This analysis suggests that perhaps current predominant development approaches in Afghanistan need to be reconsidered. As noted earlier, history has repeatedly proven that the imposition of outside forces and disregard or lack of understanding for Afghan ways of life (i.e. Ethnic differences, Afghan Pashtunawali tribal culture and Islamic tradition) are unwise with regard to intervention planning in Afghanistan. I have only guarded optimism about the direction in which Afghanistan is heading. Despite some gains in health care and access to education (Waldman et al., 2006; Afghanistan Human

Development Report, 2007), Afghans still remain among the poorest people in the world and still have not yet been enfranchised to carry their own development initiatives. As described earlier, international commitment to secure and rebuild the country remains weak and nations around the world have been slow (or have not yet delivered) on their pledges of billions of dollars in aid; instability is rising and insurgency among the ‘Taliban’ growing; government (permeated by former warlords indicted for war crimes) and civil corruption is rampant; and the country continues to be a laboratory experiment for geo-political interests. To make matters worse, a recent report by The Agency Coordinating Body for Afghan Relief (ACBAR) reported by Waldman (2008) suggests that the international aid effort in Afghanistan is in large part “wasteful” and “ineffective”, with as much as 40% of funds spent back to donor countries in corporate profits and consultant salaries.

Faced with such overwhelming challenges, can Afghanistan once again become the peaceful and sovereign nation that was emerging in the early and mid twentieth century, free of outside international and regional geo-political interests? This question is perhaps rhetorical in nature since, on one hand, Afghanistan desperately needs the international community to help it get back on its feet, while on the other hand, it may be naïve to think that international assistance will not come without strings attached. For now I certainly appreciate and welcome the international attention and ‘patchy’ aid presently received by a country with growing insecurity and overwhelming humanitarian tragedy. Indeed, present day Afghanistan may be akin to a fragmented picture puzzle that needs urgent assembly but has no clear picture or frame of reference to guide the assembly, nor enough people with the skills nor moral courage to put it together. In the

nineteenth century, King Abdur Rahman, founder of modern Afghanistan made a compelling prophecy to his sons and successors, saying “There is no doubt that Afghanistan will either rise to be a very strong and famous country or will be swept altogether from the surface of the earth” (Dupree & Albert, 1974: 249). Afghanistan has become famous but perhaps for the wrong reasons and whether Afghanistan “perishes” or “rises on its own” will not be determined by the amount of development aid, highly paid contractors or military intervention imposed by the international community. Rather Afghanistan will “rise on its own” when its people are truly enfranchised and allowed to make their own destiny.

Afghan Culture: Meanings and Definitions:

My study is concerned with the socio-cultural meanings Afghans attach to children, and children’s participation in family, health and community. Perceptions of these issues are closely connected with the concept of culture. Indeed, there is no doubt that the impact of the tragic conflict in Afghanistan has shaped the social, cultural, economic and political evolution of the country. Since I have already discussed some of the socio-political forces which have an impact on Afghanistan, in this section I offer a brief discussion of culture, followed by descriptions of two significant traits of Afghan culture (collectivist society and gender separation) that will have a significant influence on my consideration of child related health interventions. I will also look at the overarching influence of Islam as a normative system in Afghanistan. A short account of ethnicity and its significance among Afghans concludes this section.

Culture has been used to describe a society's ways of life including its ideas, art, values, beliefs and practices that are passed down from one generation to the next; culture provides the symbolic structures that give such terms significance and importance. Authors routinely note the complexity of the term. To fully define it is beyond the scope of this study, however, a brief discussion on the concept of culture as it relates to Afghanistan is provided below.

Everything from the notion of civilization itself to art, from mythology to clothing style, from cooking to shaking hands or bowing, can be placed under the category of culture. Perhaps this is why culture is described as "one of the two or three most complicated words in the English language" (Williams cited by Muhammed, 1998: 11). According to McLeish (1993: 178), "Culture...is one of the most widely used, and abused words in English. Its meaning blurs and varies according to its context and who is describing it". Indeed, today almost every student, academic, professional or specialization uses the term culture in association with its own sphere of interest - academic culture, media culture, scientific culture, political culture, materialistic culture, popular culture and so on. Culture provides a kind of ideological umbrella or generic container for all different matter of activities and "fields of experiences" (Muhammed, 1998).

Culture has generally been understood in popular consciousness as pertaining to the fine arts including human expression in art, literature and music. However, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO):

culture should be regarded as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and

literature, lifestyles, ways of living together, value systems, traditions and beliefs (2002:1).

Nevertheless, Muhammed argues, culture should not be confused with many near-synonyms or concepts most closely associated with it such as education, heritage, civilization, art, religion and language:

Culture is both broader and less formal than education, and whereas education consists of teaching people certain ideas, culture consists of the ideas people actually have. Similarly, culture is less “concrete” than heritage, but more ongoing and more “vital”. Culture is equally less “concrete” than civilization, but it is not, as a concept, limited to a historical perspective like civilization, nor indeed to the activity of urban society. Then, culture in general includes the arts but is not limited to them (although there is a dimension of sacred art that transcends “culture”). Conversely, religion in general includes culture, but is not limited to it – and there is a part of culture that, strictly speaking, lies outside religion. Finally, culture and language mutually influence each other – but are not synonymous – and it could be said that language is a kind of culture, and culture a kind of language (1998: 25).

LeVine (1984: 67) has defined culture “as a shared organization of ideas that includes the intellectual, moral, and aesthetic standards prevalent in a community and the meanings of communicative actions”. According to LaVine, among the members of a given society, there exists a collective consensus on “a wide variety of meanings” (68). These communities may not share exactly the same thoughts, feelings and behaviours but perhaps their members have a common understanding of symbols and representations (gestures, dress, relationships, writings, etc.). He notes that people describing their culture, tend to give statements “about what is” and merge this with “what ought to be”, a “combination of the normative and descriptive” (78). In fact, a study by Karlesson and Mansory (2007) on rural Afghan families and education discovered that the combination

of the “normative” and “descriptive” was indeed a very common way for their Afghan respondents to describe their way of life. In my personal experience, dealing with immediate and extended family members (who lived in both large urban and rural Afghan communities) I have witnessed this tendency when, for instance my uncles speak about Afghanistan’s peaceful and prosperous past or family friends who describe their old happy occupations. My uncles and family friends may unconsciously associate their successful past in the 1960s and 1970s with the successes and happiness of everyone living the country, when in fact there was great level of poverty and class discrimination experienced by many living in Afghanistan.

Since most Muslims around the world perceive life through a religious rather than secular lens and almost all Afghans are Muslim, Muhammed’s (1998) definition of culture which distinguishes between a physical and spiritual world provides the most appropriate description in contextualizing Afghan culture:

“Culture” can generally be said to be the “essential stuff” – the intellectual, moral, social, and historical content and fabric – of human societies and civilizations. It includes not only the fine and performing arts but also *a fortiori* their customs, habits, forms, features, styles, experiences, unspoken ideas and attitudes – in short, the living, on-going underlying content of everything in the world that is man-made and not natural or spiritual (in the proper, transcendent sense of the term) (1998: 25).

This definition and arguments made by Muhammed in his book *The Sacred Origins of Sport and Culture* infer a religious rather than secular perspective that clearly differentiates between the “man made world” and the “spiritual” world. Perhaps for this study it may be useful that we appreciate and grasp this “unique” perspective (“unique” arguably to those in the secular West) that Muslims, especially those living in

Afghanistan, perceive the world through this fundamental religious lens. It is well noted that Afghan culture has been deeply influenced by Islam (Ewans, 2002; Dupree, 1973; Huldt & Jansson, 1988). Religion permeates all aspects of Afghan society (politics, education, health, science and daily life in the home, work or mosque). References to the Koran (The Holy Book of Islam) and to the Sunnah or Hadith (the examples of the sayings and actions of the Prophet Muhammad ^{pbbuh}¹) justify and motivate actions and opinions (Huldt & Jansson, 1988). Islam since the seventh century A.D. has largely created and determined the culture of Afghan civilization and society (Samady, 2001, Dupree, 1973). According to Muhammed both the Islamic and Judaic world show a clear dominance of religion over culture, “where the origin and formative period of the religion are fairly well documented and where their sacred laws clearly regulate and pervade every aspect of life from birth to death” (1998: 23). Nevertheless, Muhammed still recognizes that there are “aspects of culture that are not strictly speaking determined by religion, nor even altered by it, either because religions commend them (or are silent about them, thereby de facto tolerating them) or because they are a natural phenomenon that religions cannot – and do not even want to – change” (1998: 23).

In Afghanistan, people have knowingly or unknowingly been responsible for rationalizing particular cultural practices under the cover of religion, even if that cultural practice runs counter to the teachings of the faith. For example, while an overwhelming majority of Afghans consider themselves Muslim and regard the Koran and to a lesser degree the Sunnah as the supreme authorities concerning all contexts of existence, this does not mean that Islam in Afghanistan, nor elsewhere around the world, is practiced as

¹ PBBUH: Around the globe, be it in Canada or China, Muslims would refer to prophet Jesus and Muhammad, or to any other prophets, such as David or Moses, by adding: “May God’s peace and blessings be upon him, her or them”.

an indisputable or static phenomenon. Despite Afghans' beliefs that their culture is heavenly- influenced or consistent with Islam, it actually sometimes contradicts the true core tenants of Islamic teachings. For example, Dupree writes:

The Islam practiced in Afghan villages, nomad camps, and most urban areas (the ninety-five percent non-literates) would be almost unrecognizable to a sophisticated Muslim scholar. Aside from faith in Allah and in Mohammed as the Messenger of Allah, most beliefs relate to localized, pre-Muslim customs. Some of the ideals of Afghan tribal society run counter to literate Islamic principles (1973: 104).

Indeed, today the *Pashtunwali* (traditional Pashtun tribal code discussed later) is one example, where the extreme seclusion of women (*Purdah*) or the practices of vengeance (*badal*) run counter to the principles of Islamic teaching (both these points will be further discussed in the section entitled Islam).

Additionally, the presence of two of Islam's major sects (Sunni representing 84% and Shia representing 15%) in Afghanistan is another example of diversity in Islam in Afghanistan. Shias can be differentiated from Sunnis on the basis of a particular political view of the appropriate succession to the prophet Mohammed (^{pbbuh}) and of specific rituals arising from this view. In fact, Sunni and Shia denominations both contain internal sectarian differences, like that between Imamis and Ismailis for example, who are among the Shi'a (Huldt & Jansson, 1988). Moreover, since followers of both Sunni and Shia Islam come from culturally diverse ethnic groups, they "realise mutually distinct versions of Muslim way of life" and these differences of understanding sometimes "deviate from or even contradict the message of the Koran and Hadith" (Huldt & Jansson, 1988: 4).

In Afghanistan and throughout the world, Muslims have been responsible for (unintentionally or perhaps intentionally) legitimizing indigenous cultural practices under

the pretence of Islamic principles, and as a result oppressing fundamental human rights (according to both Islam and the United Nations). For example, Karlesson and Mansory (2007: 148) write that generally “Islamic moral and traditional tribal ethics are not antagonistic but rather complement each other...However, Afghan values are sometimes incorporated and perceived as Islamic; for example, the very strict gender segregation in Afghanistan goes beyond what is prescribed by Islam”. Undoubtedly, Afghans and Muslims throughout the world have been responsible for interpreting or manipulating Islamic sacred law according to political, social, cultural and economic interests. For example, Afghan-born academic Saif Samady (2001: 9) writes that throughout Afghanistan’s history “Religious leaders have been able to influence the political, social and cultural life of the community” and Dupree (1973: 127) suggests “values of the Pushtuns and of Muslim religion, modified by local custom, permeate in varying degrees all Afghan ethnic groups”. As a result Marseden argues “Many Taliban practices could be seen as deriving from *Pushtunwali* rather than Islam, and it should be stressed that the Taliban interpretation of Islam is in any case regarded as unusually radical within the Muslim world” (2001: 24).

Pashtunwali has spanned over a thousand years and is practiced by a majority of Afghans (especially those living in the south and east regions) (Wilber, 1962). This “code of ethics” is recognized by many Afghans as a traditional, spiritual, individual and communal identity tied to a set of moral codes and rules of behaviour. While most Afghans would argue that *Pashtunwali* tenets are rooted in Islam, it integrates both modern and ancient principles some of which are consistent with Islamic teaching and some of which are not, as noted above. It includes self-respect, independence, justice,

elderly council, hospitality, love, forgiveness, revenge and tolerance toward all people (especially strangers and guests). According to Dupree (1973), the nine main principles of *Pashtunwali* include the following: *Melmastia* is hospitality, every Pashtun must welcome visitors warmly. *Nanawati* is obligatory acceptance of truce offer and the right of asylum. *Badal* is revenge of injury or injustice suffered by a family member. *Tureh* is bravery or courage. *Sabat* is loyalty to one's family, friend and tribe members. *Imandari* is righteousness. It requires that people behave in a moral way. *Isteqamat* means persistence in everything people do, from their studies to their beliefs. *Ghayrat* gives people the right to defend their property, their honour, and their family's honour. *Namus* means that men must defend women against danger at all costs.

Certainly, from this discussion, neither Islam nor culture in Afghan society can be viewed as unified, consistent and shared. While there are general and consistent overarching normative Islamic and cultural ways of life for most Afghans (such as *Pashtunwali* or the five pillars of Islam which I will discuss later), interpretations of Islam and Afghan culture should also be understood (as consistent with other societies) as heterogeneous systems of meanings which may contain inherent contradictions, ambiguities and dilemmas that are resolved in various ways by the members of Afghan society. There is no question that Afghan cultural patterns are, or are thought to be influenced by Islamic principles, and indeed in some cases they are, while in other cases they may be rooted in centuries old traditional customs far removed from the teachings of Islam.

The preceding discussion should make clear that the basis for socio-cultural understanding in Afghanistan depends on a combination of forces. More than thirty years

of conflict has demonstrated that both external (i.e. United States using the Mujahidin or “God’s freedom fighters” as they were once called by the West when fighting the Soviets) and internal (Taliban’s erroneous and oppressive governing belief system) forces have been responsible for using Islam and the Afghan *Pashtunwali* code of ethics as a means to justify their social, political, cultural or economic interests. Indeed, in Afghanistan, as elsewhere in the world, such diverse ideological religious and cultural alternatives must be understood, associated with and defined by context/location and the specific forces or interests that serve to legitimate their presence.

Ethnicity, Collectivist Society, Gender Separation and Islam as Religion

Writing in 1960s, Knabe argued that “The traditional way of life in Afghanistan is shaped by religion, custom, and tribal law. Although customs and tribal traditions vary in this multi-ethnic country, they exist within the framework of an overriding Afghan lifestyle” (cited in Dupree and Albert 1974: 144). Relatively speaking, Knabe’s analysis holds true for Afghan society today. Three decades of brutal war and neglected development have kept Afghanistan locked in time. With the exception of large urban cities, Afghanistan still remains a conservative religious society, with tribal traditions (perhaps now weakened due to political developments, the general collapse of societal institutions and extensive migration), that give prominence to the concept of family and tribal honour and its close association with the conformity of both men and women to social conventions. Regardless of ethnic origin, Islam provides the basis for unity and defines the frame of reference for social behaviour, rights and obligations, moral values and ethic principle.

There is no question that Afghanistan, especially outside its large urban cities, is the polar opposite in terms values and attitudes when compared to most of the industrial world. There are many differences between Afghan and mainstream Western culture and to fully discuss these differences is beyond the scope of this study. Nevertheless, this section will describe a few significant realms of Afghan society. I will begin with a brief discussion of the significance of ethnicity among Afghans, followed by a discussion of collective identity and gender separation. Finally I will discuss the significance of Islam as a normative and overarching phenomenon in the Afghan way of life.

Ethnicity:

The population of Afghanistan is made up of many different ethnic groups. Within each ethnic group are different tribes, made up of groups of families who share the same religious beliefs and territory. There are many differences between ethnic groups, but they have a great deal in common, including Islam. It seems no single ethnic group has represented more than 50 percent of the almost 30 million Afghan population (UNICEF, 2005). According to Blood and Aghajanian:

No comprehensive census based upon systematically sound methods has ever been taken in Afghanistan. Most population statistics rely on estimates and samples. Successive governments have manipulated figures for their own political objectives. UN agencies, hundreds of NGOs, as well as bilateral agencies use different figures to suit their purposes in designing assistance programs(2001: 1).

Indeed, thirty years of devastating conflict and massive movements of people have made conducting a census difficult and demographic sampling necessarily imprecise. The Pashtuns and Tajiks are estimated to make up the largest ethnic populations with

Pashtuns making up 40%-50% of the population and Tajiks making up 25%-30% (depending on whose statistics one accepts). Traditionally Pashtuns have been the most politically powerful ethnic group and they have played the most dominant role in Afghanistan's recent history (Ewans, 2002). Nevertheless, there are at least eleven other indigenous ethnicities including the Tajiks, Hazaras, Turkomans, Uzbeks, Ismailis, Baluchis, Brahui, Nuristanis, Farsiwan, Qizilbash, and Aimaqs (Marsden, 2001).

The Pashtuns live mainly in the eastern, southern and southwestern regions of the country and speak the language Pashto. Some Pashtuns may also speak Dari as their mother tongue, particularly in Kabul and Heart. The Durrani and the Ghilzai are the biggest Pashtune tribes or *quam*, groups whose members share a common patrilineal descent, sometimes very distant (Dupree & Albert, 1974). The Tajiks live mainly in the Panjser Valley north of Kabul and in the north-eastern region of the country and they speak Dari. Tajiks are not organized by tribe and refer to themselves most often by the name of the valley or region they inhabit such Panjsheri or Badakhshi. Pashtu and Dari are both official languages and they are the languages of instruction in schools. In the bigger cities, Dari is the most commonly used language. Members of minority ethnic groups tend to have full command of one or both of the official languages in addition to their own mother tongue (Karlesson & Mansory, 2007).

Despite Afghanistan's ethnic diversity, marriage between different ethnic groups has long occurred and has resulted in mixed populations in many parts of the country (Dupree, 1973; Robson & Lipson, 2002). Nevertheless, while the three decades of war has increased conflict among ethnicities, "most people still refer to themselves as Afghan in the first hand" (Karlesson & Mansory, 2007: 132). In fact, Marsden suggests:

A clear distinction can be drawn between the tribal cultures of the Pushtuns and Turkomnans and the less structured cultural outlooks of the Tajiks and Hazaras. It is of interest that, historically, the Herat River valley has remained relatively aloof from the ethnic divide, having built up an ethnically diverse population and one that has developed a level of cultural sophistication through its prominence in music, poetry and the visual arts, including miniaturism (2001:11).

Indeed, by and large, most Afghan ethnic strife and discrimination between different groups is created or intensified by struggles between political groups who seek power or public support for their causes. Tribal connections have become less pronounced than they were in the past, while political attachment and personal relations have become more important than before (Karlesson & Mansory, 2007).

Collective Identity:

Despite weakening tribal ties, group interests still prevail over individual interests and the family remains the single most important institution in Afghan society (Blood & Aghajanian, 2001). Characteristically, the extended family (containing more than 100 relatives) still remains the most important institution for protection and support (Karlesson & Mansory, 2007). Nevertheless, with the rise of urbanization and strong forces of globalization (via Western intervention) entering Afghan society, the collective identity will perhaps be challenged more in the years to come.

Commonly, the Afghan family is “endogamous (with parallel and cross-cousin marriages preferred), patriarchal (authority vested in male elders), patrilineal (inheritance through the male line), and patrilocal (girl moves to husband’s place of residence on marriage). Polygamy (multiple wives) is permitted, but is no longer widely practiced”

(Blood & Aghajanian, 2001: 1). While Western culture celebrates the independence of the individual, Afghans emphasize the individual's dependence on the family. The importance of family and collective belonging is described by Karlesson and Mansory (2007) in the following detailed description:

An Afghan child grows up learning from the very beginning to think about herself or himself as part of the "we", a unit to which s/he belongs for life and from which it is not possible to voluntarily separate. This "we" exists at various levels, from the family level to the ethnic (e.g. Uzbek), the national (Afghan) and the international (Muslim) level...Particularly at the family level, this belonging shapes everyone's identity and comprises the basic and only available form of protection and security. The reverse is also true, loyalty to the family is requested of everyone. There is a mutual dependency of a psychological, practical and economic nature. Freedom, in the sense of individual self-realisation or satisfaction, is not considered a particular value...Children are not primarily taught to become independent of their parents and to stand on their own feet. The sons of a family remain with the parents even after they get married and have children...Family cohesion is more important than friendship between individuals...Group pressure is very strong and "what others will say" is a guiding norm...In various forms of family "conferences", issues of common importance are solved and decisions are often made together. (2007: 141).

Indeed, collective identity is present even at a community level of decision making. For example community issues are potentially resolved through a *jirga* - a council of men who are appointed by the consent of affected parties. It is based on Islamic law and the norms of Pashto custom, as discussed below. The Jirga is an Afghan tribal custom which corresponds with the Islamic institution of *Shura* (mutual consultation and democracy). While the *jirga* and *Pashtunwali* are phenomena used typically by Pashtuns, other ethnicities have also adopted them. For example, Dupree (1973: 127) writes "The values

of the Pashtun and of the Muslim religion, modified by local custom, permeate in varying degrees all Afghan ethnic groups". The *jirga*, may for example, deliberate on selecting a location for a school or Mosque or, perhaps, a *jirga* may approve the passing of a national constitution. Often *jirga* council deliberations go on until a consensus is reached or a sanction enforced (with the decision binding for those involved). However, the general focus is on resolving decisions or mediating conflict rather than serving punishment. Karlesson and Mansory (2007 paraphrasing Ahmed, 1980: 142) write "The *jirga* institution has existed for hundreds of years, and has functioned as a stabilising factor in the Afghan society".

Women and Gender Separation:

According to women's studies professor Huma Ahmed-Ghosh "Afghanistan may be the only country in the world where during the last century kings and politicians have been made and undone by struggles relating to women's status" (2003:1).

In Afghanistan, gender issues have often caused major debates and produced strong and often extreme reactions. For example, Blood & Aghajanian write:

Afghan society is consistent in its attitudes toward the underlying principles of gender. It is the application of these principles that varies from group to group; and there is a wide range of standards set for accepted female behaviour, as well as differences in male attitudes toward correct treatment of women. Contradictions arise between traditional customary practices, many of which impinge on the rights of women and are alien to the spirit of Islam, the other functioning cannon which emphasizes equality, justice, education and community service for both men and women. Further, the dictates of Islam are themselves subject to diverse interpretations among reformist, Islamists and ultraconservatives. Debates between these groups can be highly volatile (2001: 2).

In addition to Islam and group difference, Huma Ahmed-Ghosh suggests that:

Rural Afghanistan is the root of tribal powers that have frequently doomed Kabul-based modernization efforts. Social traditionalism and economic underdevelopment of rural Afghanistan have repeatedly contested the center (Kabul), thus a better understanding of tribal controlled areas is essential to empower women in these regions (2003: 1).

The misuses of Islam and conservative Afghan tribal code have not only subjugated women in Afghanistan but have also been responsible for social, political, cultural and religious challenges over the last three decades. As a result the Afghan people have experienced both liberal secular reforms and ultraconservative religious restrictions with regard to the place of women in society.

Women's issues have been an integral part of national development agendas as early as the 1920s. For example, the liberal reforms of the twentieth century allowed Afghan women, especially those living in large urban cities to gain greater access to education, employment and independence. According to Ahmed-Ghosh (2003), two critical epochs – 1929 (King Amanullah Khan's reign) and 1978 (the Afghan Communist coup and subsequent ten year Soviet invasion) – in Afghan history shaped gender dynamics and affected women's status. These years are often characterised by more modern lifestyles with women increasingly working as doctors, lawyers, and teachers (Ahmed-Ghosh, 2003). However, despite their best intentions, political leaders even throughout these years were contested by rural Afghan tribal powers and interests; and in many cases these leaders were often removed because of their modern reforms (Dupree, 1974).

The end of the brutal Soviet occupation in 1989 not only dashed any Afghan attempts at modernization and reform but also brought the subsequent emergence of Mujahideens (freedom fighters 1992-1996) and later fundamentalist Taliban ideology (1996-2001, which I will describe later). Under both Mujahideen and Taliban, women were simply excluded from many parts of society and were no longer allowed to find employment, to access education or to seek healthcare from male doctors, who were usually the only doctors left (Marseden, 2001; Ahmed-Ghosh, 2003). Characteristically, men in Afghanistan are seen as leaders, protectors and disciplinarians, while women are often viewed as property and as people who must be protected from society, especially from men who are not family members. Today, while some women in Afghanistan have regained rights to employment, education and healthcare, many still live in seclusion or *purdah* (in Dari the term literally means curtain) and, as result, face overwhelming social challenges. As noted earlier, Afghanistan still remains a largely patriarchal and patrilineal society. Women are subordinate to men and live under strict gender separation (Karlesson & Mansory, 2007). In fact, some women have male guardians (called *mahrammat*). The guardian must be a father, brother or uncle and it is his duty is to accompany the woman as she goes outdoors. The following is a detailed description of the *Pashtunwali* concept of *purdah* captured by Karlesson and Mansory:

Women traditionally live in seclusion, *purdah* (literally curtain), which limits their freedom of movement and basically prevents them from taking part in activities outside the home and family environment...Men and women receive their respective guests in separate guest rooms provided the family have the financial possibility to have several rooms. Also at major life events when large numbers of relatives meet, women are out-of-the way of men. Women and men gather separately. *Purdah* has bearing on women's mobility, access to health care,

education and work outside the home, participation in religious rituals and contact with men (and to some extent also with women) outside the family circle. *Purdah* restricts women's participation in social affairs, involvement in decision-making, at least outside the home, and access to public communications...For a man, *purdah* is about prestige. He is proud to demonstrate high enough living standards so as to keep his women at home. A man is responsible for the behaviour of his unmarried sisters and daughters, his mother (if a widow) and his wife. A man's *namus*, his honour, is partially derived from the behaviour of his women (2007: 143).

While Islam requires women to cover their heads to protect their modesty, the full covering of the *burqa* or *chadari* worn by most Afghan women is not commanded by the Koran, but stems from an exaggerated concept of *purdah*. The *burqa* is a long cloak-like garment that covers a woman's body and face, and only allows her to see through small slits placed in the eye region. A 1959 law which allowed women voluntary removal of the *burqa* was abolished in 1996 upon the rise of the Taliban.

There is no question, that healthy, educated and empowered women can help a nation prosper and raise healthy, educated and successful children. However, as noted above, human development conditions for women in Afghanistan (even after the end of the Taliban regime) remain dismal (AHDR, 2007). Article 43 of the new Afghan constitution (which became law on 4 January 2004) states "Education is the right of all citizens of Afghanistan, which shall be provided up to the level of the B.A. (license), free of charge". The article clearly includes women. Yet, because of medieval Afghan tribal code such as *purdah* and a lack of security, many girls in Afghanistan cannot access basic schooling and healthcare. The status of women in Afghanistan has changed very little over the last several years (Ahmed-Ghosh, 2006). The seclusion of and discrimination against women play a critical and dominant role in understanding the challenges facing

Afghan children and perhaps Afghan society at large. Women make up 48.8% of the population and until they are included and viewed as important contributors to society, children, especially young girls, will continue to suffer and face countless challenges.

The *Pashtunwali* concept of *purdah* is at variance with Islam because it places greater restrictions on female mobility and excludes women from being an important and integral part of Afghan society. Islam requires equality and justice and guarantees that women be treated in no way lesser than men. However, because of the ongoing conflict, the erroneous treatment of women has intensified and continues to be a challenge facing the Afghan way of life. For Afghanistan to develop and prosper women must contribute to the social, economic and political realms of society -- an undeniable truth not only consistent with the United Nations Universal Declaration of Human Rights but, more importantly for Afghans, in accordance with the core tenets of Islam.

Nevertheless, lessons from Afghanistan's past suggest that rapid and outside impositions to improve the social conditions of women will not coincide well with an explicitly tribal, economically deprived, religious and male dominated society. Indeed, change and progress for women in Afghanistan will require time and the acceptance of Afghan people themselves to realize the importance of such developments taking root. Ahmed-Ghosh (2003) suggests that at the most basic or fundamental level such changes will only take place when not only economic conditions improve as a whole, for millions of Afghans, but also when women "have access to resources for survival like education, jobs, mobility and public visibility. They too like men, need to be ascribed status and respect for their decisions" (2003: 12).

Islam as Religion:

The meaning and credibility of Islam (literally meaning peace; submission or the total surrender of oneself to God) has been increasingly challenged since 11 September 2001. Both “extremists” and “opponents” of the faith have seized the opportunity to intensify their agendas and distort the true core tenets of Islam. Islam is often perceived by critics as backwards, intolerant and steeped in ignorance. However, neither Osama Bin Laden (the alleged mastermind behind the September 11, 2001 terrorist attacks), nor Geert Wilders (anti-Islamic film maker and right wing Dutch politician) truly represent and define the essence of Islam. Nevertheless, since September 11, 2001 these gross polarized misrepresentations have increasingly placed Islam and Muslims (meaning one who submits to God) under severe and negative scrutiny, what Sherman Jackson (2008), professor of Arabic and Islamic Studies at the University of Michigan calls a “credibility deficit”. In other words, rather than being accepted from an unbiased or neutral stand point, Muslims are stereotyped and often placed in a negative position from where they are compelled to defend themselves, for example, by explaining that Muslims really do denounce terrorism and the killing of innocent people. They are compelled to point out that those who are called, or who call themselves “Muslim” and who conduct acts of terrorism do not represent the vast majority of Muslims. Nor do they depict the true core tenets of Islam. This section will offer a brief introduction to Islam and its important position in the Afghan way of life.

Muslims believe in One God, *Allah*. The word *Allah* means the one and only God in Arabic and cannot be pluralized. They follow the teachings of the last prophet

Mohammed ^(pbbuh). At the heart of Islam is the wish to enlighten humanity to an awareness of God. Islam, as a practiced faith, consists of two fundamentals: *iman*, the outward expression of faith and *ihsan*, doing right. Both are necessary for a Muslim to fulfill the will of God and so to achieve God consciousness. Remembrance of God, justice, tolerance, courage, mercy, discipline, honesty, community, moderation, humility and love are among many virtues required of Muslims. According to sociologist Eboo Patel mercy is one of the core tenets of Islam:

The most common Muslim prayer is Bismillah ir-Rahman ir-Rahim – “In the name of God, the all merciful, the ever merciful”. The first lesson that classical Muslim scholars teach their students is this: If you are merciful to those on earth, the one who is in heaven will be merciful to you; a direct link between human action of mercy and God’s bounty of mercy (Patel, 2009: 18).

Diversity and pluralism are also revered in Islam. For example, in Surah 49 of the Holy Koran it writes “God made you different nations and tribes that you may come to know one another”. Muslims consider Jews, Christians and Zoroastrians to be ahl-i-Kitab, people of the Book or those with divinely inspired scriptures. Consistent with Judaism and Christianity, they follow a long line of prophets from Adam to Jesus. According to Muslim architect Daisy Khan, one of Islam’s greatest strengths and longevity has been the “tradition’s singular history of cultural adaptation, of taking the best of a culture and rejecting the worst” (Khan, 2009: 15). Human rights are guaranteed to all, especially the old, the sick, the orphaned and the needy -- Muslim or non-Muslim. Islam provided rights to women 1400 years ago when the rest of the world was in total darkness about emancipation (Patel, 2009). For example, the Prophet Muhammad’s ^(pbbuh) wife Khadijah was a successful businesswomen who was a well respected figure in her time and place.

She was considered a good role model for Muslim women and seen as powerful, independent and equal (Patel, 2009).

Muslims are encouraged to lead a healthy, active life with qualities of kindness, chastity, honesty, mercy, courage, patience, politeness and pursuit of knowledge. In fact, 1400 years ago the first revealed *aya* or verse of the Koran to the Prophet Mohammed (pbuh) by the Angel Gabriel stated “Read in the name of your Lord [Rabb, “Educator”], Who created humankind out of a clinging clot. Read, and your Lord is most bountiful, He who taught by means of the pen, taught humankind that which they did not know” (Koran, 96: 1-5). Indeed, it can be said that the Prophet Mohammed (pbuh) advocated “Education for All” 1400 hundred years ago when he said “To seek knowledge is an obligation for every Muslim (man or women)” (Gezairy & Altwaijri, 1996 citing hadith ibn Majah following Anas ibn Malik). Just a hundred years after the introduction of this verse, the Muslim empire had expanded as far west as Spain and as far east as India.

Islam came to Afghanistan in the mid-seventh century A.D shortly following the prophet Mohammed’s (pbuh) death in 632 A.D.. Dupree (1973: 95) argues “Islam is not a simple ‘conversion of the sword’ doctrine”, and he writes:

Islam has given much to the West, and during the so-called Dark Ages of Europe (fifth to thirteenth centuries) – although they were not so dark as once painted – the Muslim world made great and lasting contributions to medicine, philosophy, geography, literature, painting, architecture, and mathematics (Southern cited by Dupree, 103).

Today, Islam remains an important cultural, spiritual, and philosophical way of life for nearly 1.5 billion Muslims worldwide, including 99% of the Afghan population (statistics vary slightly depending on the source). According to Samuelson:

a good and dignified life is for an Afghan a life in accordance with Islam. Islamic moral and traditional tribal ethics are not antagonistic but rather complement each other (Samuelson cited by Karlsson and Mansory, 200: 1981: 147)

Indeed, Afghans commonly practice the rituals of Islam and references to the Koran and *Sunna* are said to justify and motivate actions of nearly all Afghans. According to Pakistani writer Ahmed Rashid (2000):

Islam has always been at the very centre of the lives of ordinary Afghan people. Whether it is saying one's prayers five times a day, fasting in Ramadan or giving, Zakat – an Islamic contribution to the poor – few Muslim peoples in the world observe the rituals and the piety of Islam with such regularity and emotion as the Afghan" (Rashid, 2000: 82).

Offering prayer, fasting or giving charity are just some of important rituals that fall under the principles known as The Five Pillars of Islam. Shahadah (profession of faith) means that a person accepts Islam by saying La-ilaha-illa-Allah, wa Mohammed rsulu-Allah, "There is no God but Allah and Mohammed is his prophet". Salat (offering prayer) means performing prayer five times a day, before sunrise (*Fajir*), in the early afternoon (*Zhur*), in the late afternoon (*Asr*), after sunset (*Maghrib*), and before going to bed (*Isha*). On Fridays Muslims are obligated to perform prayer in congregation, the *Juma* prayer. *Zakat* (almsgiving) encourages people to help others. All Muslims should annually give a certain percentage of their negotiable, debt-free wealth to the poor, either directly or indirectly. *Sawm* or *Ruzah* is fasting during the holy month of *Ramadan* or *Ramaza*, believed to be the month in which the Koran began to be revealed. From sunrise to sunset, no food or liquid can be consumed, and no acts of sexual intercourse between a wife and husband can occur in between this period. The dawn is called *sahri*, sunset

iftar. The month of fasting follows the lunar calendar and therefore occurs eleven days earlier each year. Exempt from the fast are children, travelers, soldiers in the field, the sick, and pregnant women. All Muslims are supposed to make a pilgrimage – Hajj – to the sacred city of Mecca in Saudi Arabia, where the Kaaba, Islam’s most important shrine is located. The Kaaba is also the *Qibla* or direction in which all Muslims pray (Grieve, 2006).

On the legal plane, Muslims are commanded to follow four great traditional Principles including: Islamic Jurisprudence (Usu al-fiqh) of Koran; *Sunna* (the example of the sayings and actions of the Prophet Muhammad ^(pbuh)); *Qiyas* (logical analogy from Qur’an and Sunna); and *Ijma* (the consensus of the sum total of qualified Muslim scholars on a particular issue); and depending on the country, these Principles are regulated through *Sharia* law (Islamic religious law) (Jackson, 2001). The development of Islamic law¹ during the eight and sixteenth centuries A.D. had a significant influence on the development of Western common law and civil law institutions (Grieve, 2006). *Sharia* is not strictly a codified set of laws, but rather a system of how law should serve humanity. It is a legal framework within which the Muslim public and private aspects of life are regulated. *Sharia* deals with many aspects of everyday life, including politics, economics, banking, business, contracts, family, sexuality, hygiene and social issues. Indeed, interpretations of Islamic *Sharia* law permeate most aspects of the social, political and economic fabric of Afghan society.

Islam is divided into two major sects worldwide, Sunni 85% and Shia 15% (statistics vary slightly depending on the source one accepts). Afghanistan has a similar

¹ During the Islamic Golden Age, also know as Islamic Renaissance, dated between 8th and 16th century A.D.

percentage of Sunnis and Shias. These sects split primarily because of disagreement over political succession, rather than over religious differences. With regard to Sharia law, Muslims follow varying traditional schools of thought. Among the Sunni sect, there are four main schools of thought (all equally orthodox, all equally authoritative) and include the Hanafi (which a majority of Afghans belong to and is considered the most “moderate” of the four schools), Hanbali, Maaliki and Shafi. While most Shia Muslims, follow the Jaafari school of thought and are considered the Twelvers (which is derived from the belief in twelve divinely ordained leaders, or Imams) (Jackson, 2001).

As I noted earlier, there exists a complex relationship between Islam, ethnicity, and tribal Pashtunwali custom in Afghanistan. As a result, Islam in Afghanistan is not practiced in an indisputable way or as a static phenomenon. While there are general and consistent overarching normative Islamic ways of life for most Afghans, Islam should be understood as a heterogeneous system of meanings which may contain inherent contradictions, ambiguities and dilemmas that are resolved in various ways by the members of Afghan society.

Two common themes regarding Islam and culture are especially important in terms of this project. First, some Afghans are responsible for blurring the authority of Islam with that of Pashtunwali tribal practices. In other words, the tribal customs of vengeance/badal or seclusion/ purduah which are perceived to be Islamic, actually run counter to the principles of Islam. Second, among both Afghans and external forces that are at work in the country, there exists varying opinions on and interest in interpreting and using Islam. In other words, how Islam is interpreted or used largely depends on which group is interpreting or using it and how it fits with their social, political or

economic agendas. The Taliban are just one example of this phenomenon. According to Marsden:

The Taliban have their origins in the Islamic madrashahs of Pakistan. A significant proportion of the leadership received their training at a particular madrasah in Akora Khattack near Peshawar run by Smi ul-Haq, a leader of the radical Pakistani party, Jamiat al-Ulmea al-Islmi...The Taliban creed can be seen to draw on the puritanical austerity of the political and religious leadership within refugee camps, together with the belief system of the Indian Deobandi movement, which advocated female seclusion, and of the Wahabbi doctrine, with its strong focus on behavioural and dress codes and its use of the religious police to enforce these. The vast majority of the Taliban are Pushtun in their ethnic origin and the determination to ensure that women remain secluded from contact with strangers is consistent with the stress on tribal honour, which is a central element of the tribal code, Pashtunwali (2001: 24)

According to Rashid (2000), the Taliban, with their ideological roots in Deobandi¹ resemble very little the Islamist movement during the Soviet wars or the current traditional Islam practiced by the majority of Afghans. Pakistan has created and supported the Taliban through their Inter-Services Intelligence (ISI) agency in order to influence and expand their geo-political interests (Rashid, 2000). Characteristically, the Taliban are ignorant and hostile towards all forms of reform and modernization, and they not only have a poor conception of Islam but also mentally represent contempt and hostility towards all kinds of knowledge, including Islamic knowledge (Rashid, 2000).

There is no question Islam has been unfairly represented by both Taliban fundamentalist groups and by some Western critics. Islam is not inherently violent nor at odds with the West. I hope this section has demonstrated this. According to Khan (2009):

¹ A interpretation/school of Islam conceived through the highly conservative Wahabi doctrine from Saudi Arabia

17) “Whether in Egypt, Persia, the Indian subcontinent, Indonesia, or today in the West, Islam has consistently retained its essential values, its core of orthodoxy, while adapting and benefiting from local contexts and cultures”. Indeed, Muslims have contributed to humanity throughout the ages. Today in Canada Muslims are medical doctors, engineers and school teachers. Also, most recently three of the last six Nobel Peace Prize winners have been Muslims: Muhammad Yunus, Mohamed ElBaradei, and Shirin Ebadi.

As noted in the beginning of this chapter, the goal of this section was to provide context and information that will perhaps allow for more a meaningful and useful framework through which to I can make informed recommendations (discussed in chapter four) on considering the Child-to-Child approach to health education and community development in Afghanistan. Additionally, I wanted to provide information that will help health and development planners understand the myriad of forces that have influenced and shaped the lack progress in Afghanistan. This history and context is important to understand since in Afghanistan and its surrounding regions the key underlying socio-cultural determinants of health and disparities (i.e. gender, language, ethnicity, culture and religion) have not been systematically studied, nor have their relationships to environmental challenges been examined (Poureslami et al., 2004). Also, many of the Afghan customs and traditional practices rooted in the culture and misuse of religion have had considerable influence on the health and quality of life of women and children and have caused considerable disparities related to health and social status between men and women and boys and girls in the region (Poureslami et al., 2004). Moreover, the understanding and inclusion of Afghan culture tend to be absent in the

development process. For example, Poureslami et al. write that in Afghanistan and surrounding regions:

The lack of progress in health education in the region may be also related to the international NGOs' failure to contribute effectively to the region's overall development. Although most foreign agencies and international NGOs state that their role is to help marginalized people, local people and community leaders often believe that these agencies are too focused on completing their assigned projects and do not learn sufficiently about the culture or people of the region to make the programs more relevant to the community and sustainable for the long term (2004: 1).

Indeed, this chapter presents a complex, interconnected and still volatile portrait of Afghanistan's present circumstances. It has also provided socio-cultural commentary on the major forces that have influenced and will continue to shape the country's future context. As discussed in chapter one, the recognition and appreciation of these socio-cultural forces will be important in considering Child-to-Child activities in Afghanistan. In other words, Afghanistan's dynamic culture and religion must be respected and the lens (paradigm) through which Afghans see life must become the basis for health work to move forward. Chapter three of this study will provide a discussion regarding the role of children's participation in the development context and will review the unique approach called Child-to-Child.

Chapter 3

Afghanistan's Children in Context

As noted in chapter one, I have focused on children because they not only represent over half of Afghanistan's population but provide perhaps the greatest chance for Afghanistan to pave a new path in the twenty-first century. The focus on children as a strong alternative route to progress in conflict nations is echoed by Canadian senator, humanitarian, author and retired general, Lieutenant-General Romeo Dallaire. Dallaire suggests that

for a nation to reconstitute, often you need an enormous amount of reconciliation. From what I've been able to gather, reconciliation comes about through women – and in particular the empowerment of women in so many of these countries that are male dominated, culturally, religiously and so on. And secondly, the education of the children (www.international.gc.ca, 2009)

Children do not hold the same deep-seeded ideologies and interests as most adults and can more easily grasp and accept new ways of thinking and action. This can apply to health education, community development and related development strategies. Also, I focused on children as participants rather than targets because Afghans have far too long been passive participants in their nation's tragic and brutal thirty year development history. Simply, all Afghans need to be included in their country's social, cultural, political, religious and economic development trajectory. By allowing children to experience the value of participation, in a context where their views are taken seriously and are then allowed to lead to positive action, then perhaps this can lead to healthy, educated, sovereign and confident adults who can guide their nation to a peaceful and prosperous future. As noted in the introduction of this project, such thinking about the

value and role of children in Afghanistan will not be easy to accept – especially since the challenges in Afghanistan are systemic and behind many of Afghanistan’s problems lay entrenched and powerful interest groups.

Undoubtedly these internal and external forces have negatively shaped the social, economic, religious, cultural and political evolution of Afghanistan. Among vulnerable groups, children and youth have been the most traumatized by the effects of war, violence and humanitarian crises. Afghan born academic Saif Samady argues that “The most profound impact of the tragic war in Afghanistan has been on Afghan children and youth” (2001:18). Nearly three decades of war has spared no family or child living in Afghanistan. The long, intense and widespread conflict has created violence, massive displacement, extreme poverty and lack of opportunity that increasingly threatens a normal childhood’s social, emotional, and mental development. In this chapter I will provide a summary of health and non-health related conditions that children experience in Afghanistan. I will provide a critical discussion by various writers on the ways children’s and young people’s participation can be useful or challenging in the development context and I will discuss specifically the approach to health education and community development called Child-to-Child. Finally, I will bring material from chapters one, two and three together to inform a critical discussion on the potential of the Child-to-Child approach in Afghanistan.

As mentioned above, children who are allowed to develop into healthy, educated, sovereign and confident adults can become positive agents to change and create a prosperous, peaceful and independent nation. However, the status of children in Afghanistan as noted in chapter one and two is challenged by overarching systemic

forces and, daily, by physical, psychological and socio-cultural factors. The following list is taken directly from the 2007 Afghanistan Human Development Report (AHDR):

- 60,000 children in Afghanistan are addicted to drugs.
- 100, 000 children are disabled or otherwise severely affected physically due to the prolonged conflicts in the country.
- There are an estimated 8,000 former child soldiers in Afghanistan. Many of them have left militia groups voluntarily, but they still need assistance to reintegrate back into civilian life.
- Nearly 56% of landmines casualties (472) were under 21 years, with the largest group of children between seven and fourteen years (54%).
- There are an estimated one million child labourers between seven and fourteen years of age. Of these, about 60,000 are reported to work in the streets.
- More than 37,000 children work and beg in the streets of Kabul alone, some 80% of them being boys, 36% of whom are aged 8-10years.
- Among children under age five, 6.5% suffer from acute malnutrition and 54% are chronically malnourished (AHDR, 2007: 59).

A recent UNICEF Child Alert report on Afghanistan argues that “a child’s first right is the right to life” and that “This is being denied in Afghanistan on an ever-increasing scale” (Bell, 2007:1). Children have been increasingly caught in the cross-fire between the Taliban, insurgents and coalition forces. Since children play on the streets and gather in crowded places they are vulnerable to suicide attacks and road-side bombs. Despite centuries of warfare, suicide bombing is a new combat technique in Afghanistan. This inhuman tactic, which runs counter to core tenets of Islam, is now used by Taliban and Al’Queda insurgents in assassination attempts and attacks on Afghan and international military vehicles and convoys. Paradoxically, these attacks have caused greater casualties among civilians, especially children, than among their intended targets. Disturbingly, children in Afghanistan are not only being used in the war as child soldiers, but more recently, as suicide bombers:

A six year old boy from a village in Ghazni Province, from a poor background, was reportedly tricked by the Taliban into wearing a suicide vest that “would spray out flowers if

he pressed a button.” He failed to carry out the mission because he became confused and sought help from the Afghan military (Bell, 2007: 2).

The operations of the United States and NATO-lead International Security Assistance Force (ISAF) (which supports the Afghan government) have also placed civilians and children under tremendous risk with the use of air power bombings in support of ground troops (because they lack sufficient troops on the ground). Among the 37 nations in ISAF, it is principally Canada, the United States, and the United Kingdom that are engaged in military combat in the south and east of Afghanistan. According to Bell neither Taliban/insurgents nor Afghan/International forces have respected the laws of armed conflict (2007). Bell, citing an 2007 Afghanistan Independent Human Rights Commission document, suggests that “an account of a two-day battle in Helmand Province, in June 2007, during which the Taliban were engaged in action against the combined forces of ISAF and Afghan Soldiers and police” showed that “(n)either side appeared to suffer any casualties, but air strikes claimed the lives of 27 civilians, including 17 children” (2007:2).

The violent, ongoing conflict in Afghanistan has created many threats and challenges for children in both rural and urban communities. A qualitative study by Save the Children called *The Children of Kabul Discussions with Afghan Families* (2003) involved interviews with 600 children and their families in Kabul. The report of the study summarized the following challenges:

Damaging threats for the children of Kabul are economic, environmental, political, and relational. Children identified political repression, war, displacement, poverty, family loss and separation, family tension, physical illness, danger from the physical environment, heavy and exploitive work, gender-based expectations and peer relationships amongst

the things that cause them the greatest worry and concern. The negative consequences of these threats affected children's overall social and emotional well being, including their social development and morality, their behaviour and their opportunities. In daily life in Kabul, circumstances hinder children's development, put them at physical and emotional risk, spoil their relationships and cause distress and worry. When talking about war, the worrying consequences children identified were the physical destruction, loss of opportunity for education and threat of displacement as well as the distress of witnessing fighting (Berry, Fazili, Farhad, Nasiry, Hashemi and Hakimi, 2003: iv).

These realities on the ground clearly suggest that in addition to death, injury, psychological trauma and loss of family, many children also forfeit the opportunities for good health and education (Hunte, 2006; Waldman & Strong & Wali, 2006). As discussed in chapter one, some progress in Afghanistan's national health care has recently been achieved. However, international aid organizations continue to report that Afghan children are underweight, have limited access to clean water, practice improper hygiene and as result suffer from many diseases such as malaria, diarrhoea, respiratory infections and malnutrition (IBCR, 2007). The NGO Save the Children (2007) recently reported that prevention programs about basic good nutrition, health education and hygiene practices is still insufficient. As a result this thesis project has considered the approach called Child-to-Child to health education and community development in Afghanistan. There is considerable evidence to support the use of the Child-to-Child approaches in developing countries in achieving effective health education and community development campaigns (Pridmore & Stephens, 2000; Mayo, 2001). More specifically there is some support by health workers and planners for the use of Child-to-Child approaches in Afghanistan (Azerbaijani-Moghadam, 2001; Berry et. al., 2003;

Bonati, 1995; Hunte, 2006). One of Child-to-Child's unique principles relies on the ability of children to participate and contribute to health education and community development campaigns. However, before I consider the approach called Child-to-Child in Afghanistan I will provide a critical discussion on the meaning and definition of children's participation.

Meaning & Dimensions of Children & Young People's Participation

UNICEF suggests "children have always participated in life: in home, in school, in work, in communities, in wars" (2003: 1). However, children's participation is a contested concept and lacks a universally accepted definition. In recent years the word 'participation' has gradually gained a valuable place in development discourse – for example, the support for children's voices to be heard both locally (North) and internationally (South). However, Chambers (1998) suggests that while participation "has entered the mainstream vocabulary of development...practice has lagged behind the rhetoric" (xvi). The last several years, there has been an increasing focus of study upon children's participation and their potential to contribute as partners in the development process (Hart, 2004; Hart, Newman, Ackermann & Feeny, 2004; Pridmore, 2000; Johnson, Ivan-Smith, Gordon, Pridmore & Scott, 1998). Sinclair (cited in Thomas 2007: 201) suggests the rising interest in children and young people's participation has been "a convergence of new ideas from three perspectives: the consumer movement and the demand for 'user involvement'; the children's rights agenda, in particular Article 12 of the UNCRC; and a new social science paradigm which challenges the perception of children as incomplete adults". Of these three perspectives, the United Nations

Convention of the Rights of the Child (UNCRC, 1989) has been cited most often by academics and development organizations as serving the biggest role in promoting this attitudinal change. Pridmore (2000) suggests that alongside the rights to protection and provision, the convention endorses the right of a child to participate, although not using the explicit term participation:

State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the view of the child being given due weight in accordance with the age and maturity of the child (UNCRC, 1989).

In recent years there has been a paradigm shift in discourse about development. Lead by the United Nations and related aid agencies, the focus has gone beyond economic growth and redistribution of wealth to now human resource development and working with people's own ideas of what development means to them. As a result many NGOs and campaigning organizations also advocate for children and young people's rights and participation in development agendas. They are increasingly advocating for the "potential that participation offers in terms of benefiting not only those children directly involved but also their peers, families and wider communities, and even the agencies themselves" (Hart et al., 2004:9). Some of these child-focused agencies include the United Nations Children Fund (UNICEF), the Canadian International Development Agency (CIDA), Action Aid, Plan, Save the Children's Fund, and the Child-to-Child Trust. These organizations continue to develop new and more participatory ways of working with children and young people in development practice, and they see children as not just in need of safeguard but "as protagonists of their own rights" (Hart, 1997:11).

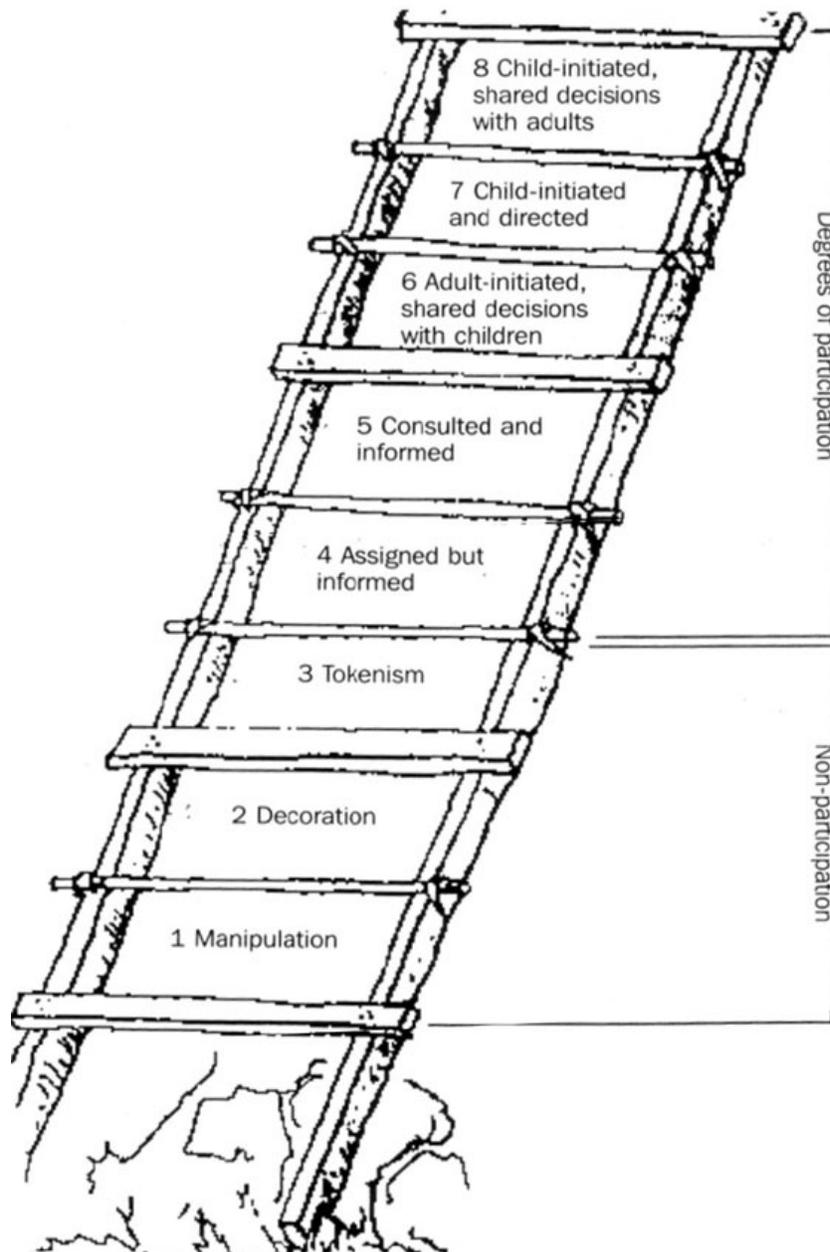
There is no question the meanings, dimensions and practices of children's participation vary from country to country and in some cases community to community. It can be difficult to find a consensus and identify a universal meaning for children and young people's participation. This is especially true, not only because children's and young people's cultures vary and participation projects are multi-regional, multidisciplinary and multi-sectoral in nature, but as Smith (2002: 75) describes "the interpretation of Article 12 will depend greatly on how adults construct age, maturity and capability, in other words on the particular theory of development they hold". She argues that "childhood is constructed very differently in different times and places, and influenced greatly by dominant discourse from social science" (2002: 75). While children's rights under the United Nations Convention of the Rights of the Child cover those up to 18 year years of age, Hart (1997) argues that the meaning of childhood throughout the world differs and many children in the Southern context, for example, begin work (formally or usually in the informal economy) by the age of 14 years. He suggests that by 14 or so childhood for these children effectively ends (1997). Smith (2002:73) critiques social sciences research such as that done in psychology, which "produces generalized descriptions of children and analysis of relationships between variables which produce grand overarching generalizations" and what Mayall (1994:2) calls the "universal decontextulised child". As a result, Mayo (2001) and Pridmore (2000) affirming Hart's description of childhood, argue that there are differing social, cultural, political and economic contexts that must be considered in defining not only participation but the concepts of childhood itself. As noted in chapters one and two, in Afghanistan many children are unable to attend school because of the intense conflict or

because they must work to keep alive. Childhood for most Afghan children ends when they are capable of working on the streets to support themselves and their families. Also, in many regions young girls are unable to go to school or play outside because of insecurity and intensified cultural norms.

Two issues arise when considering the argument for children's participation in the development context. First, long-established theories on child development have been increasingly questioned and normative views greatly underestimate the competence of children. For example Piaget's theories on egocentricity of the pre-school child and children's inability to be reliable witnesses have been proven grossly inaccurate (Smith, 2002). A further problem with defining child participation is that the theory on child participation has been created in the West (North America and Europe) and cannot therefore be applied easily to other cultures (Smith, 2002; Pridmore, 2000). As a result, Pridmore (2000) argues that the definition of children's participation should not only include 'age and maturity' as promoted in United Nations Convention of the Rights of the Child Article 12, but it should also consider culture and social context, including gender, religion, ethnicity, wealth, and disability.

To assess the forms and extent of participation by children and young people in community activities, Hart (1992) developed his (often-cited) ladder of children's participation:

Hart's Ladder of Participation (1992)



Borrowing the ladder metaphor from a well-known essay on adult participation by Arnstein (1969), Hart (1992) proposed his own version called the 'ladder of Children's

Participation’. Using an eight-degree scale, Hart (1997) pointed out that it is the upper rungs which represent genuine forms of participation. The higher degrees of participation suggest increasingly evolved capacities of children and corresponding capabilities of adults towards encouraging the participation of children. While the lower three sections of the ladder – representing tokenism, decoration, and manipulation – may sometimes be well intentioned, they do not constitute participation.

Pridmore (2000) finds Hart’s ladder a good start for assessing children’s participation in development projects, however, she writes that “for some people the ladder metaphor is confusing, leading them to think they have to start at the bottom and climb up to the top”. Another analysis of Hart’s ladder is offered by Abrioux (1998), who argues that in some nations in the South, for example in Afghanistan, there are legal, political and social conditions that exclude girls from even the first rung of the ladder. Therefore, Abrioux suggests a wider indicator is necessary that will take these factors into account and allow the recognition of “no participation” in order to allow even small changes to be recorded (Abrioux, 1998).

Gibbs (1997) created a model to assess child participation in school health programs in developing nations. The model was modified by Pridmore (2000) to be more specific to health programs and to respond to the limitations examined in Hart’s model.

Gibbs’ model of Children’s Participation as presented by Pridmore, 2000 (page 107)

Children’s Participation: Model for comprehensive school health programmes

Stage 1

- General awareness of pupils and teachers of the concept of the health-promoting school.
- Existence of a school health co-ordinating committee involving children and teachers and supported by the head teacher
- Health talks at assemblies

- Children learn songs and poems related to health
- Contacts established between school and local health centre
- Children permitted additional ‘freedoms’ in the classroom – being invited to come forward and write on the board, to briefly discuss an issue with their neighbour...

Stage 2

- The school has a health action plan based on identified needs developed by the health co-ordinating committee
- Teachers adopting an active learning (Child-to-Child) methodology in integrating health across the curriculum
- Children creating and performing songs, dances, poems on health themes on special days, school assemblies etc.
- Health message displayed around the school
- Clean pupils

Stage 3

- All children and teachers aware of their school health program
- Twinning between students
- Children involved in decisions about health initiatives
- Clean and pleasant school environment
- Health messages transmitted to home
- Safe play area

Stage 4

- Twinning between schools
- Children assume leadership in planning health initiatives
- All students and teachers know the school health (Child-to-Child) philosophy/principles
- Individual provision of safe drinking water encouraged
- School involved in community health initiatives
- Children keep records of health activities

Stage 5

- Groupings of school and colleges
- Children assume responsibility for planning health activities
- All students aware of rights and responsibilities
- Water available for washing at all times
- School spearheading specific community health initiatives
- Plan for maintenance of school facilities

Gibbs’ five stages of participation distinguish the least developed stage, as for example, learning songs and poems containing health messages, and at the most developed stage children and young are assuming responsibility for planning health activities. Pridmore (2000) favours this assessment model since it is descriptive rather than predictive, and schools do not necessarily progress from one stage to the next over time – even though this may be a desirable outcome. Gibbs’ model has proven useful (in case studies

including Nepal, Zambia and Botswana) in helping to distinguish the different levels of children's and young people's participation (Pridmore, 2000). Gibb's model provides a more practical approach to participation within a school environment and also responds on some of the critiques related to Hart's model.

Throughout this section I have drawn upon research that suggests that social and cultural context – including gender, religion, ethnicity, wealth and disability – play an important role in defining the meaning and dimension of children's and young people's participation. However, there are other active and dominant forces that have major influence on the outcome of children's participation. Adult attitudes and institutional agendas influence whether children and young people's participation in development projects will be accepted and whether it will have an impact on the community. In her paper entitled *Children's Participation in Development for School Health*, Pridmore (2000) concludes that the attitudes of adults are among the main barriers to children's and young people's participation. She argues that in many parts of the world adults do not fully realize the value of children's and young people's participation and they lack the skills and abilities necessary to work with children and young people. While Mayo (2001) writes that adults need to change their attitudes he also sees a need for wider institutional change. He argues that neo-liberal economic strategies continue to set the framework within which communities are being invited to participate in development, and that there are still too many examples of tokenism. He argues that the major gap between rhetoric and reality will continue unless we begin to question these mainstream economic agendas more generally and if possible 'scale up' and 'mainstream' (draw upon experiences of participatory development at the local level to influence and where

necessary challenge policy making and practice at national and international levels) (Mayo, 2001). In other words, in addition to individual adult behavioural change toward the value of children and young people's participation we also require a paradigm shift in international attitudes toward the value of citizens navigating their own development process in general (discussed further in the next section). As mentioned in the introduction of this thesis, writer Zaiad Hassan argues the United Nations Millennium Development Goals (MDGs) and related development initiatives often exclude from the decision making-process the people whom these plans are destined for. In the following section I will discuss the possible negative impact of children's and young people's participation, and more specifically the limitations the Child-to-Child approach to health education and community development.

The Negative Consequences of Children & Young People's Participation

While there is growing interest in children's and young people's participation in development, some contentious issues have been raised by critics. First, despite strong support for children's voices to be heard both locally (North) and internationally (South), there are still too many examples of 'tokenism', or 'decoration' to use the terminology of Hart's ladder of participation (Hart, 1997). In this context, despite the increasing hype about Children's participation, there continues to be a gap between rhetoric and reality in practice. Sheir (2001: 108), for example, suggests that as broadly as Article 12 of United Nations Convention of the Rights of the Child is promoted, it is also "one of the most widely violated and disregarded in almost every sphere of children's lives" (Sheir, 2001: 108).

Second, as critics have stated (in parallel with critics of the human rights agendas more generally), the argument for children's and young people's participation can be viewed as another example of the industrial North attempting to impose its own definitions and approaches on the rest of the world, without recognizing the significance, let alone the validity, of other cultures.

Nelson and Wright (1995) write that participation is a "warmly persuasive word" and "seems never to be used unfavourably, and never given any positive opposing or distinguishing term"(2). In this respect, participation can be paralleled with other similar user-friendly words such as 'democracy', 'development' and 'community', which often have as many potential meanings as potential users. Nelson and Wright (1995) argue that 'participation' has also been used to answer the critiques of top-down development agendas. For example, in the late 1970s and onward the World Bank's enforcement of Structural Adjustment Programs was criticized on the grounds that "the poorest and most vulnerable, including women and children were suffering disproportionate hardships as a result"(Mayo, 2001: 281). Critics called for the poor to become active participants in solving their own problems and in shaping their own destinies (Pridmore & Stephens, 2000). As a result, 'participatory development' became the new buzz word and it has been used by the World Bank and advocates of neo-liberal economic strategies to provide legitimacy for the continuation of structural adjustment, albeit with a more human face (Mayo, 2001:281).

On the project level, there is evidence to suggest that children's and young people's participation may also have negative effects (Hart et al. 2003). For example, in relation to the familial environment, Hart et al. (2003: 30) concluded that parents in India

and Kenya expressed concern that participatory projects were taking away their children's time and energy from domestic responsibilities, school work and religious education. These authors were also concerned that parents could become angry or feel humiliated if participatory projects aired private community or domestic issues (which could result in children being punished). In addition to these important worries, Hart et al, (2003: 30-33) using citizen testimonies and literature summarize the following challenges: supposed participatory projects that turned out not to be so may actually undermine children's self-confidence, leaving them with a sense of their own inability to effect change; issues of sibling relationships within the family and how the participation of one child and not of his or her siblings may create problems; participatory projects might lead to overconfidence in participants and therefore to actions that are directly in conflict with the values of parents and the wider community. This points to the wider issue of power relations within a local community and the potential tension or disruption that may be caused by promoting children's participation in a manner that is seen as inimical to others' interest or potentially threatening to existing modes of organization; the disappointments for children when their projects do not succeed, and also the risks associated with providing participants with access to information that they may not yet have the maturity to deal with properly; participatory projects may overburden children. There is also the danger in community-wide projects that children become an exploitable resource for adults. They may be given a range of tasks without a real share in decision-making and a genuine opportunity to decline or to ensure a more equitable and appropriate division of labour; the impact of turning 18 and suddenly losing the opportunities that projects may have offered until then. This might be a particular issue

for girls since participatory projects could provide the only regular chance for socializing with peers and playing a role in the community outside the home; a need to be attentive to possible tensions arising from the fact that, while children are being encouraged to express their view and participate in decision-making processes, their parents may not enjoy such opportunities. As one development worker in Kenya asked: What is the potential for children's participation in societies which have never been free? Which have been characterised by violent political repression and fear? To what extent should adults be expected to embrace and promote children's participation in society when they themselves have never experienced this luxury in their own lifetimes?

Hart et al, (2003) recommend that agencies work closely with parents to ensure that efforts to involve children are not perceived by family members as a threat to their own authority. They caution against projects that could encourage children towards specific values (such as non-discrimination, secularism and gender equity) which may clash with values of adults in the wider community. Indeed, Hart et al, (2003; citing Cairns, 1992: 125) suggest planners need to seriously consider "the ethics of expecting children to hold attitudes that we do not expect of adults". In other words, in many parts of the world participation is not even guaranteed for adults let alone children. For example, in many parts of Afghanistan grown women are not even allowed to participate in many areas of life outside the home.

Support for Child-to-Child in Afghanistan

Over the past few years, some development and health planners have argued for the use of Child-to-Child approaches in Afghanistan (Azerbaijani-Moghadam, 2001; Berry et. al., 2003; Bonati, 1995; Hunte, 2006). However, other than recommending the

use of Child-to-Child or similar approaches to health education in Afghanistan, none of these papers provide detailed results nor a critical socio-cultural analysis of how such an approach might work in the highly religious and traditional society of Afghanistan. For example, Azerbaijani-Moghadam writes in Afghanistan:

Since so many women and children are affected by the hygiene situation in their villages it would seem natural that they would be good advocates of improved hygiene conditions and health education messages. Agencies involved in related activities should take advantage of the opportunity of using suitable children and adolescents from returnee families of child to child health education and other similar projects (Azerbaijani-Moghadam, 2001: 2).

In the Berry et. al. paper (2003), which focuses on the psychological health determinants of children in Kabul, the authors suggest the use of “a holistic, child-focused psychosocial approach in designing, implementing, evaluating, and continuing support programs for a great majority of the children in Kabul and all of Afghanistan” (iv). More specifically they argue that Afghan families want more for their children than mere physical survival and consider emotional and social development important. The authors conclude by suggesting that the use of child participatory approaches to program interventions may be highly effective means to program delivery (2003). Berry et al (2003) provide the only specific evidence and detailed information regarding the positive effects of using Child-to-Child in Afghanistan. At the conclusion of their paper, in a brief epilogue, the authors describe two successful Child-to-Child pilot projects (on the dangers of open wells and on road safety) that they conducted in Kabul after the completion of their original study. In both pilot projects, Child-to-Child approaches showed positive results and “a greater degree of awareness to children’s concerns and community action on behalf of children’s concerns” (Berry et al, 2003:72). However,

Berry and colleagues do not offer enough evidence or socio-cultural analysis to argue the broader effects (possibilities and limitations) that Child-to-Child may pose to Afghan children and to the wider society more generally. The following section discusses general possibilities of children's participation in the development context and provides critical analysis regarding the approach called Child-to-Child. The possibilities and limitations with regard to children's participation and the approach called Child-to-Child in the specific Afghan context will be discussed later in the fourth and final chapter.

The Case for Children's & Young People's Participation in Development Efforts

The case for children's participation in development projects has been increasingly championed by NGOs, pressure and campaigning groups, and by statutory authorities in northern industrialized and southern development contexts. According to the Canadian International Development Agency's guide to *Results Based Management (RBM) and Children's Participation*:

Children are a significant part of civil society and have much to contribute to the governance of their world. Children make up 50% of the population in many countries of the world and their views and capacities can make a crucial contribution to the development of their societies. In sharing their knowledge, insights and creativity, young people are also assisted in developing important life skills such as problem analysis, democratic decision making, developing feasible solutions and seeing these through. It is essential that society foster opportunities for children to learn and practice democracy throughout their development. The participation of girls and boys in decision-making about their lives represents a broadening and deepening of how we practice democracy (CIDA, 2003: 2).

The CIDA report goes on to argue the case for children's and young people's participation in development efforts:

Both international and local development experiences have demonstrated that the right to be involved in decisions affecting one's life is indivisibly linked to improved social and economic well-being. The active involvement of program beneficiaries leads to better development decisions, better development programs and more sustained results...Where children are identified as beneficiaries of a development investment, good RBM practice dictates that they, alongside other stakeholders, be consulted and involved in program design, planning, implementation and assessment, for improved aid relevance, effectiveness and sustainability (CIDA, 2003: 2).

In terms of this results-based management approach, CIDA officials suggests that there are very practical reasons for involving children and young people in the development process. Their position is supported by researchers Johnson, Hill & Ivan-Smith (1995) who found that listening to children affected the success or failure of development programs aimed at the welfare of children. For example, in Gambia, planners discovered that their initiative to help children in the community (by digging a bore hole to improve water supply for rural villages, thus releasing children from water collection so they could attend school) actually had the opposite effect than the one intended. Only by speaking to children did planners realize that their new system actually prolonged water collection and therefore kept children away from school. It also increased their work load.

Children and young people's participation has been found to promote empowerment and 'bottom-up' development processes (Mayo, 2001). McNeish, Downie, Newman, Webster & Brading (2000:4) suggest that "Children with experience

of participation in a safe environment will understand the process of empowerment and be prepared to participate in decision-making when they have moved into wider society.”

Children’s and young people’s participation has also been linked to improved education and child development. According to Pridmore (2000), research indicates that “child participation enhances knowledge and skills, develops understanding and aids memory”(104). Hart, Daiute, Iltus, Sabo, Krith & Rome (1996) suggest that children who engage in a relationship of trust and mutual respect with adults can become more psychologically healthy and socially responsible people.

Hart, Newman, Ackermann & Feeny (2003) paper entitled, *Children Changing their World: Understanding and Evaluating Children’s Participation in Development*, cites both the positive and negative impact of children and young people’s participation in development projects. Gathering examples from fieldwork and from the literature on children and young people’s participation, they provide four distinct areas or ‘realms’ of children’s lives (personal, familial, communal and institutional) that participation can affect. For example, positive impacts of children’s and young people’s participation in the familial realm include: greater parental support and less abuse, enhanced status within the family, and greater social freedom, particularly for girls (Hart, Newamn, Ackermann & Feeny, 2003). This benefit is particularly important for the topic of this thesis because in many parts of Afghanistan women and girls have been increasingly blocked from contributing in society.

With regard to humanitarian efforts (particularly in the unstable conditions of armed conflict) there is research to suggest that children’s and young people’s participation “may be a crucial means by which protection is enhanced and the effort to

build peace pursued more effectively” (Hart, 2004: 5). Evidence indicates that given the chance, young people are able to contribute in significant ways - benefiting themselves and their communities (Hart, 2004). The benefits include improvement in personal empowerment, stronger relationships, and greater ability to deal with abuse, access to services, communal identity, play and recreation and psychological wellbeing.

These arguments for children’s and young people’s participation suggest that involvement of children and young people may help them to develop essential skills and may provide practical solutions to many complex issues faced in the Global South. However, it is important to remember that social and cultural contexts around the world differ, including people’s values, beliefs and practices related to the meaning of childhood and child participation. Therefore, in planning child development initiatives, planners should not only engage local stakeholders to determine the most appropriate institutional, cultural and social application for their development programs but also to consider the negative effects that may arise through the encouragement of children and young people’s participation.

The Child-to-Child Approach to Health and Community Development

Child-to-Child is an international approach to child-led health education and community development that is led by children. I was drawn to this approach because it aligned easily with my definition of ‘development’ noted in the introduction – where human development is viewed more qualitatively than quantitatively and is defined as “a process of enlarging people’s choices”. One of the strengths of this approach is that it is owned and developed by the indigenous population. Indeed, the Child-to-Child approach

respects the ethical, spiritual and cultural values of every single person/nation, as well as encourages “the poor” to become active participants in solving their own problems and shaping their own destinies. It is a rights-based approach to children’s participation and grounded in the United Nations Convention on the Rights of the Child (UNCRC). It is an innovative concept that both respects and challenges traditional values in health education.

Child-to-Child is an approach to health promotion which focuses on the contribution that children and young people can make to their own health and well-being and to that of their families and communities. Through an active learning process children are able to participate in identifying health problems and in playing an active role in providing solutions. The definition of health, in this context, is very broad, encompassing the mental, social and emotional development of children as well as their physical health (Zaveri, Raj Poudyal & Carnegie, 1997: 1).

Child-to-Child is based upon both preventative and self-empowerment approaches to health education. The hope is that through participating in Child-to-Child activities the personal, physical, social and emotional, moral and intellectual development of children is enhanced. The Child-to-Child approach is an educational process that links children’s learning with taking action to promote the health, well-being and development of themselves, their families and their communities.

The approach was initiated in 1979, the United Nations International Year of the Child. During this time, three academics from the University of London - Otto Wolf, David Morley and Hugh Hawes – met together with experienced practitioners and academics from 26 countries to discuss the first ideas behind the innovative approach that would become known as Child-to-Child (Pridmore & Stephens, 2000). This group originally conceived of Child-to-Child as: “An international program designed to teach

and encourage school children to concern themselves with the health, welfare and development of their young brothers and sisters and other young children in the community” (Pridmore & Stephens, 2000: 71). The approach was unique from the outset as it focused on the needs of children in rural and urban areas of poor countries and “was formulated not as a single blueprint to be applied to every situation but as a reservoir of ideas to be taken and adapted for use as starting points for developing more ideas” (Pridmore & Stephens, 2000: 71). As the Child-to-Child concepts grew and spread across the globe, researchers realized that children could not only influence their younger siblings, but also had the power to have an impact on their own age groups, their families, and communities (Pridmore & Stephens, 2000). Indeed, the goal of Child-to-Child is to give young children the skills and knowledge necessary to promote understanding of good health practices with their communities and their families. The Child-to-Child approach posits a significant link between education and health and assumes “that education can improve health and that healthy children learn better at school” (Pridmore & Stephens, 2000: 41). Child-to-Child is ‘an approach or movement’ and not a specific education program. Officials of the Child-to-Child Trust insist there can be no copyright on good ideas and they welcome the possibility that the Child-to-Child approach would be taken up and applied as widely as possible to initiatives encouraging the well being of children and the development of communities (Child-to-Child Trust, 2007).

During the 1980s, a steering committee was formed called The Child-to-Child Trust based in London, England. The Trust responds to requests for assistance and acts as an international network promoting children’s participation in health and development. An international network has since emerged that includes resource groups based in India,

Kenya, Lebanon, London (UK), and Pakistan. These groups assist in health promotion and community development initiatives within their respective regions, contributing their thematic expertise and experience of capacity building in training, materials development, research and advocacy.

Child-to-Child clearly reflects confidence in children's ability to spread health messages and health practices to younger children, peers, families and communities. Based on theories of active learning and empowerment education, a step by step flexible and culturally appropriate educational process has been created that involves raising-awareness, critical thinking, action and reflection. This learning process is child-centered and emphasizes the active participation of children. While a general model, involving the six steps, has been developed, projects around the world have developed different models with various numbers of steps. The Child-to-Child Trust suggests that "There is no "right" number of steps. What matters is that there is a sequence of activities which enables children to understand the health issues around them and promote health and well-being" (Child-to-Child Trust, 2007).

The 'six step' approach uses a series of linked activities where children think about health issues, make decisions, develop their life-skills and take action to promote health in their communities, with the support of adults. These 6 steps taken directly from the Child-to-Child Trust web site include:

1. Choose and Understand:

Children identify and assess their health problems and priorities.

2. Find out More:

Children research and find out how these issues affect them and their communities.

3. Discuss what we Found and Plan Action:

Based on their findings children plan action that they can take individually or together.

4. Take Action:

Children take action based on what they planned.

5. Evaluate:

Children evaluate the action they take: What went well? What was difficult? Has any change been achieved?

6. Do it better:

Based on their evaluation children find ways of keeping the action going or improving it.

Different methods for learning and teaching can be used by teachers or health workers to encourage these steps and may include: discussions, stories pictures and blackboards, demonstrations, surveys, visits and visitors, drama, poems and songs, games. According to Mayo, “The Child-to-Child approach to education has been revolutionary in some contexts, drawing upon action-learning to promote self-esteem, to develop capacity to criticize constructively, to be creative, solve problems and build the life skills for active citizenship”(2001: 288). The approach is now used in programs in more than 90 different countries and by a wide range of people from high ranking government officials to grassroots health workers and teachers (Pridmore & Stephens, 2000). Child-to-Child is used in diverse contexts, including: in primary schools; in pre-school programs; in teacher training colleges; with non-formal groups such as Scouts, Guides and other youth groups; with refugees and street children; in health training programs; and in health centres (Pridmore & Stephens, 2000). While there is some evidence to support the use of Child-to-Child approaches in developing countries in achieving effective health education campaigns (Babul, 2007; Mayo, 2001; Pridmore & Stephens, 2000; Pridmore, 2000; Lansdown, 1995), Pridmore (2000 citing Pridmore, 1996) argues that for enhanced

learning and positive health education and community development outcomes, ideas and methods of Child-to-Child must be sensitively adapted to the local context. Indeed one of the key themes of this thesis to successful development in Afghanistan will be stitching together local capabilities and resources and tailoring projects to context. The Child-to-Child approach allows for both to take place.

An Example: Child-to-Child in Nepal

A study called “Learning from Children”: A Review of Child-to-Child Activities of Save the Children Fund (UK) in Nepal by Zaveri, Raj Poudyal and Carnegie (1997) investigated the processes of children’s participation in Child-to-Child activities in Nepal and assessed the degree of attitudinal and behavioural change in children, their teachers and parents. Key findings of the study indicated that children involved in Child-to-Child programs had greater health knowledge than children in the control schools. There were obvious changes in the children’s attitudes and behaviours and health promotion. Preliminary evidence indicated a decrease in infections related to poor hygiene. Additionally, there was a positive impact upon the maintenance and management of the school. Children’s school attendance and punctuality improved and children were motivated to be present for the hygiene checks. These benefits in turn made the teachers more motivated about their work, which further reinforced the positive environment of the school. Children were also successful in delivering health messages to their parents and community, and the Child-to-Child activities allowed for strengthening community involvement with the school.

Child-to-Child Limitations

Many of the concerns (critiques and negative impacts) regarding children's and young people's participation posed earlier can be generally applied to the approach called Child-to-Child. However, after intensive research I was only able to retrieve the following two resources that have provided a significant source of examples where Child-to-Child projects have proven problematic in some international contexts. While I found considerable support for the use of Child-to-Child, I could only find these two sources with critiques of the approach. Literature reviews by Babul (2007) and by Pridmore and Stephens (2000) provided the following critiques:

The lack of evidence for Child-to-Child's effectiveness:

Pridmore and Stephens suggests Child-to-Child needs ethnographically based research to “illuminate the context into which Child-to-Child is implanted, and for controlled impact studies on health behaviours or status using rigorous design” (2000; citing Heslop, 1991 and Lansdown, 1995: 88). Babul (2007) echoes this concern and suggests that the lack of longitudinal studies detract from Child-to-Child's credibility as an effective health education approach. She suggests that “Reflecting on the more recent publications and accounts about Child-to-Child that have been reviewed, quantitative and ethnographic studies on the impact of CtC approaches still remain few in number” (Babul, 2007: 19).

Child-to-Child as idea or approach has not been clearly defined:

There is need for greater clarity and agreement in defining the concept of Child-to-Child. Pridmore and Stephens (2000; citing Hawes, 1991: 90): “Some people claim the approach is a ‘catch all’, it is too woolly and wide and you can use it like the Bible to prove your point on almost anything you want”. As a result Child-to-Child “can be

difficult to explain succinctly to policy-makers and may be unattractive because it works through other programmes and so disguises ownership” (Pridmore and Stephens, 2000).

Where Child-to-Child is misunderstood there is the risk of children being exploited:

There is evidence to suggest that a gap between Child-to-Child theory and practice still exists. Pridmore and Stephens (2000) provide numerous examples where “misunderstandings and corruptions have been observed in practice”(89). For example, in Ugandan schools, teachers used Child-to-Child with children as a means to clean up the school environment (with little learning in evidence) or “Head teachers often saw Child-to-Child as an approach promoting good pupil discipline and an improved school ‘image’ rather than an essentially educational endeavour aiming to improve more fundamental aspects of teaching and learning” (Pridmore & Stephens, 2000:141). In addition to this, there “are concerns that effective learning methods are being used to communicate incorrect health messages and that traditional didactic methods are being justified in the name of Child-to-Child” (Pridmore & Stephens, 2000:141).

Child-to-Child may fail to recognize the realities of life for schoolchildren in many countries:

Pridmore and Stephens (2000; citing Van der Vynckt, 1992) suggest in planning school health initiatives, planners should recognize and appreciate the harsh realities of life for many children, schools and communities in developing countries. For these regions, the education system may be in crisis (with teachers poorly trained, underpaid, overworked and demoralized), and the curriculum may be overcrowded, classes sizes too large, buildings dilapidated (with potentially no access to latrines and a water supply). Pridmore and Stephens (2000: 91) warn that “environmental (non-behavioural) barriers to behaviour change must not be underestimated” and the lack of access to and equity

around economic, physical and essential services can “cast doubt on the extent to which health promotion on its own can improve health”. Simply stated, despite the best ideas or health education approach, without the basic necessities, people will continue to suffer.

Child-to-Child may seriously underestimate the resistance that will be encountered in traditional non-Western cultures to its ideas about children:

In some countries, teachers, parents and the wider community hold strong traditional beliefs. As a result, it cannot be assumed that Child-to-Child practices will be easily and openly accepted in these traditional contexts, where for example, rote learning may have been the only means of teacher training. Since children are the least powerful members of most societies, and Child-to-Child provides ‘children power’, this may be threatening to teachers, communities and governments alike, and “In some cultures there may be great resistance to the notion of children researching community health issues” (Pridmore and Stephens, 2000: 91).

As a movement Child-to-Child, despite its claims to the contrary, is still too strongly influenced by the inspiration and influence of its founding fathers:

Pridmore and Stephens (2000) suggest the original founding members of the Child-to-Child movement still hold tremendous influence and “The weight of their authority makes accurate balancing of the strengths and weaknesses of the Child-to-Child philosophy on its own merits more difficult than would be the appraisal of a movement less associated with its prime movers” and in “this respect it is clear that time will permit a more detached and objective appraisal of Child-to-Child than is now possible” (Pridmore and Stephens, 2000: 92).

In May 2006 I had an opportunity to visit the Child-to-Child Trust in London, England, where staff members pointed out similar concerns regarding the limitations of

Child-to Child as summarized by Pridmore and Stephens (2000) and Babul (2007).

There is still a large gap between Child-to-Child theory and Child-to-Child programs practiced across the world. In many parts of the world there remain strong social and cultural barriers in accepting Child-to-Child ideas. There is a lack of adult, community and government 'buy in' or necessary attitude shift regarding the value of Child-to-Child activities. There still remains a lack of longitudinal studies on Child-to-Child to prove the value of the approach. Teacher turnover creates significant problems such as eliminating momentum of Child-to-Child programs. There remains a lack of skilled and motivated teachers to deliver Child-to-Child programs and approaches. Finally and most importantly, there is a lack of resources in implementing Child-to-Child activities among the poor nations around the world (Babul, 2006).

In the final chapter I will return to the original research question: Could children's participation and the Child-to-Child approach to health education and community development be used effectively in the Islamic and tribal context of Afghanistan? While there is some support for the use of children's participation through the approach called Child-to-Child in Afghanistan (as noted earlier), I have not yet discovered any studies or strong evidence referring to the socio-cultural effects of considering such an approach. Indeed, the Child-to-Child approach is perhaps one innovative strategy through which some of Afghanistan's health and social challenges may be addressed. Child-to-Child's key guiding principles fit naturally with the core tenets of Islam and with the overall argument of this thesis project that: at the heart of their strategies, development projects should stitch together local capabilities and resources and tailor tactics to context. However, as the literature on children's and young people's participation suggests

(including literature on the Child-to-Child approach), there are many implications to consider in planning and implementing such an approach. The last chapter of this research thesis will bring information and analysis from the first three chapters and provide a critical discussion on the possibilities and limitations of the approach called Child-to-Child in the Afghan context. It will also provide more general and overarching observations that must be considered in development work in Afghanistan.

Chapter Four

Conclusion

There are many people, organizations and governments around the world who wish to see improvement in health and well being for children in Afghanistan. Yet, no one is more concerned and invested in seeing children's lives thrive and prosper than the Afghan people themselves. Limited progress, however, has been observed so far regarding improvements in children's status and reducing health and social disparities for a large percentage of families living in Afghanistan. In light of the continued war and poverty that rage in Afghanistan, this thesis has argued for the need to study the impact of underlying socio-cultural and environmental determinants (war, politics, economics, culture, religion and gender) in relation to social and health disparities of children and families in Afghanistan. It is well known that the standard of health in any community reflects its standard of social development. Given the historical, political, economic and cultural circumstances in Afghanistan, there is no question that such determinants are affecting children's health and development work in Afghanistan. There many obstacles that are keeping Afghanistan from moving forward, including: lack of infrastructure and human resources, lack of intersectoral collaboration (domestic and international), lack of community participation, and poor management and planning (Ghani and Lockhart, 2008). With so many challenges, perhaps one of the most crucial steps toward bringing successful and sustainable change in Afghanistan will be for the international community to inherit the "right lens" and approach in assisting Afghanistan. More specifically and related to this thesis, health and development workers need to understand the harsh

realities faced by children and families living in Afghanistan and to respect their traditions, culture and religion. In other words, they must work to build a basic “cultural intelligence” of the community in which they intend to work. Translating child health and development goals on the ground will require understanding the context and, the lessons from the past. In Afghanistan it means considering projects such as Child-to-Child that hold key guiding principles that fit easily with the core tenets of Islam.

To help develop this “cultural intelligence” I have organized my thesis to allow the reader to contextualize Afghanistan historically and culturally. I have also tried to help the reader to see the complex and interrelated challenges that not only affect children’s health but also affect development in Afghanistan more broadly. Also, I realized that without context I could not provide insight and discussion on the consequences of children’s participation in development work and more specifically the approach called Child-to-Child to health education and community development. The value of “cultural intelligence” has been affirmed for example, by Pridmore and Stephens (2000) who stress the importance of local adaptation of health education initiatives being informed by a detailed and sensitive understanding of the social, cultural and environmental contexts within which programs are being implemented.

This final chapter will provide some critical insight in considering Child-to-Child related projects in the traditional context of Afghanistan. In the first section I shall return to the research question that considers the possibilities and limitations of applying child participatory approaches such as Child-to-Child in the traditional context of Afghanistan. I will provide a discussion that describes both environmental and socio-cultural opportunities and challenges in considering the Child-to-Child approach in Afghanistan.

In the second section, I will provide a summary with regard to children and development related work in Afghanistan.

The Child-to-Child Approach in Afghanistan: Possibilities/Limitations:

According to the discussion offered in chapter three, children's participation and the approach called Child-to-Child may offer many positive benefits to health education and community development in Southern contexts. More specifically there is some support for the use of Child-to-Child in the Afghan context. However, this support does not offer any critical analysis nor provide sufficient socio-cultural discussion on the implications of applying such an approach. Additionally, research in chapter three also suggested that children's participation can have negative consequences for children, family and community development. Based on the findings of this research study, there are indeed many opportunities and constraints in considering an approach such as Child-to-Child in the traditional context of Afghanistan. The following discussion is designed to identify and keep health planners cognizant of just a few of these opportunities and limitations in considering the Child-to-Child approach in Afghanistan. To provide a full and comprehensive environmental and socio-cultural discussion related to the approach called Child-to-Child in Afghanistan is beyond the scope of this thesis. However, I hope can provide a few critical insights on some of the more important topics addressed throughout this thesis.

Health workers must recognize the realities of life for children and communities in Afghanistan and utilize money and resources wisely:

Before health planners consider such an option they must recognize and appreciate the harsh realities of life for many children, schools and communities in Afghanistan. As

noted in earlier chapters, Afghanistan is still in the middle of a war and the education system in many parts of Afghanistan is starting from ground zero. The Afghan school system is in crisis, facing challenges of insecurity, inadequate curricula, limited resources, demand for increased school enrolments in some areas and lack of enrolment in other areas, and social and economic conditions that limit the impact of schooling. Teachers are poorly trained, underpaid, overworked and demoralized (especially when Taliban insurgents attack schools, teachers and students for simply wanting to learn). To make matters worse, in many parts of the country Afghan girls are unable even to attend school due to economics, traditional customs or security challenges (Further discussion on gender in the section below). And with more than three decades of war, there are simply not enough school buildings throughout the country, and if school buildings do exist they are dilapidated with potentially no heat or access to latrines and water supply. As Pridmore and Stephens (2000: 91) suggest, despite the best health education approaches, health for children and their communities cannot be improved unless there is a marked improvement in security, supply and distribution of clean water, sanitation, proper disposal of waste, sufficient per capita income, basic education, nutrition, housing, clothing and other important human needs. As a result health planners should plan projects based on meeting communities' basic and greatest needs. This is especially important because a country such as Afghanistan has greater needs than the current capacity to address them. Making decisions about how to spend money and use limited resources can literally mean a life or death scenario for most Afghans.

On the other hand, in some parts of Afghanistan, where basic needs are met, the Child-to-Child approach may present an effective vehicle for improving health via the

school system. Because the development of the Afghan school curriculum is now in its infancy, this is an opportune time to build a system using Child-to-Child which encourages, teaches and draws upon action-learning to promote self-esteem, to develop capacity to criticize constructively, to be creative, solve problems and build the life skills for active citizenship. This is especially important because for more than thirty years Afghans have been held as passive participants by various powerful internal and external interests. As a result I believe Afghan children need to be educated early on about the value of participating in their own society. By introducing such a paradigm at an early age, and by taking children's views and seriously letting them lead to action, we can help develop adults who can become positive change agents in their country's future. This perhaps could be an ideal time and an entry point to include within the curriculum the Child-to-Child approach as an effective means of promoting health education and community development.

Health workers should have a basic understanding of Afghan socio-cultural context and engage local stakeholders to determine the most appropriate institutional, cultural and social application of Child-to-Child related activities.

There is no question that the Child-to-Child approach is unique and encourages planners to focus on the needs of children and communities. Also, health planners are encouraged to work with the local population and develop Child-to-Child activities using a culturally appropriate educational process that involves raising awareness, critical thinking, action and reflection. As noted in chapter three, Child-to-Child is not a single blueprint to be applied to every situation but a reservoir of ideas to be taken and adapted for use as starting points for developing more ideas.

Tailoring to context is a key attribute of successful Child-to-Child related projects. However, before such tailoring can occur health workers must build a basic understanding of the socio-cultural dimensions of specific Afghan communities they intend to work within. This could be done through study of literature on Afghanistan's history, economy, culture, religion and people, but more importantly through engagement with the Afghan people themselves. While this thesis has provided a discussion on several key socio-cultural dimensions of the Afghan society, Islam and *Pashtunwali* tribal custom clearly seem the most important and overarching influences on the Afghan way of life. As a result I believe both Islam and *Pashtunwali* can pose either the greatest possibility or the greatest challenge in applying Child-to-Child related activities.

Therefore health workers who understand and apply an Islamic framework and navigate sensitively through the *Pashtunwali* custom (which in general aligns with the core tenants of Islam) can perhaps find a good socio-cultural entry point into accomplishing Child-to-Child health prevention, participation (both male and female Afghans) and community building projects.

While both Islam and *Pashtunwali* custom are important and often used and interchanged as a legal and moral code that determines social order and responsibility, most Afghans would position Islam and its core tenets as a higher authority of rule than that of *Pashtunwali* tribal practice. Therefore any *Pashtunwali* custom that is alien to the core tenets of Islam could be sensitively and respectfully argued as socially unacceptable. For example, the concept of *purdah* (seclusion of women from activities outside the home or literally meaning curtain) would be deemed unacceptable to the core tenants of Islam and development of a healthy community. As noted in chapter two, men and

women in Islam are encouraged to contribute equally inside and outside the home and community.

Too often development workers and human rights groups use discourse rooted in Western ideals and the United Nations declaration of human rights to justify rights and projects targeted to women and other related issues in Afghanistan. However, this language is not only foreign to many Afghans but may be perceived un-Islamic. Therefore using the Koran and Sunnah to justify these same rights would provide more credibility and leverage in achieving such positive change. As noted earlier, while many Afghans feel they are governed by the core tenets of Islam, they unfortunately have little knowledge about their own religion and in some cases substitute Afghan tribal custom with Islam.

Therefore if Afghans feel they commonly practice the rituals of Islam, and references to the Koran and *Sunna* are said to justify and motivate actions of nearly all Afghans, the understanding of Islam and how it can align and integrate with Child-to-Child related activities and concepts can perhaps serve the most important and influential vehicle to improve health education in Afghanistan. However, any Child-to-Child related activities or ideas that may contradict the core tenets of Islam (as for example promoting secularism among children) will be deemed extremely offensive and tenaciously resisted. Nevertheless, just as ultra conservative religious groups justify various motives under the pretence of Islam, health workers can work to understand and then justify projects that for example, reflect the requirement that every Muslim build community and seek education, healthcare and good hygiene as prescribed in the Koran and *Sunnah*. In fact, Islam places considerable emphasis on seeking good health and prevention (Al Khayat,

1997). Modern preventive health concepts owe much to the body of knowledge inherited from Arab and Muslim doctors in the seventh to seventeenth centuries (Nagamia, 1996). Most Muslims in these eras had a good understanding of the environmental causes of disease, and recognized the need for people to be informed about maintaining good health. According to the 1996 Amman¹ declaration, Islam promotes health as “one of the greatest blessings God gave to human beings; in fact, it is the greatest after the blessing of faith. Along with security and the basic minimum needs, health is the guarantee of good life” (Gezairy & Altwaijri, 1996: 16). Islam provides a wealth of scientifically sound information on different health issues (Al Khayat, 1997). For example, a few health and hygienic principles presented in the Amman Declaration (Gezairy & Altwaijri, 1996: 16-42) and encouraged by the prophet Muhammad^(pbuh) include: Cleanliness as a pillar of health in Islam. The prophet Muhammad^(pbuh) said “Cleanliness is part of being faithful”, “It is incumbent upon every Muslim to wash his head and body every seventh day”. On washing hands the Muslims are commanded to wash their hands upon touching something polluted or unclean; likewise, before or after eating. The prophet Muhammad^(pbuh) said “Whomever sleeps and his hands are not clean from fat and thereby gets harmed should blame no one but himself”, “The prophet, Peace Be Upon Him, used to wash his hands before eating”. On brushing teeth, Muslims are commanded to brush teeth with a miswak or a toothbrush so that one can preserve the health of their teeth and gums. The prophet Muhammad^(pbuh) said “Brushing the teeth purifies the mouth and is likable to God”. On food contamination, Islam commands food to be

¹ The 1996 Amman Declaration was a meeting held in Amman Jordan, in cooperation with the World Health Organization (WHO) Eastern Mediterranean Regional Office (EMRO), the Islamic Organization for Medical Sciences and the Royal Academy for Research in Islamic Civilization – Aal Al-Bayt Foundation. The aim of the meeting and declaration was to prepare a detailed exposition on the Islamic guidance concerning the great impact and tremendous benefit of the Islamic principles in the field of health.

covered and not left exposed to pollution. The prophet Muhammad^(pbuh) said “Always cover food utensils”, “Always cover food and drinks”. On disease prevention, Islam ordains the taking of all steps to protect against disease. The prophet Muhammad^(pbuh) said “Do not harm yourself or others”, “Do not let those infected transmit their disease to those who are healthy”, “If you know that plague is raging in a specific land do not enter it and if it happens in a land where you are, do not seek to leave it”. On treatment of disease, Islam requires people to treat illness, especially if the treatment protects against development of the disease or of other more serious diseases. The prophet Muhammad^(pbuh) said “Seek treatment, for God creates disease along with their cure”, “For every illness there is a medicine; if the right medicine is given there will be a cure”.

Indeed, these are just a few examples among many. Through these examples, it is clear that Muslims are not only commanded to practice restoration of health when they are sick through medication and rehabilitation but also ordained to preserve their health when they are healthy. According to Al Khayat (1997), it therefore part of the duty of every Muslim to safeguard the blessing of health and not allow any change to take place through ill practice. In other words prevention or health education is as a responsibility of every Muslim. I believe, an Islamic framework can provide Child-to-Child a culturally appropriate entry point where children can be taught that maintaining and taking good care of one’s health and community can be a blessing and accordance with their faith.

Health workers should realize that in some parts of Afghanistan participation, health and education are not even guaranteed for adults (i.e. women) let alone children.

As noted in chapter three, health workers need to be attentive to possible tensions arising

from the fact that, while children through Child-to-Child activities would be encouraged to express their view and participate in decision-making processes, their parents may not enjoy such opportunities. As noted earlier in chapter two Afghanistan may be the only country in the world where during the last century kings and politicians have been made and undone by struggles relating to women's status. As a result the Afghan people have experienced both liberal secular reforms and ultraconservative religious restrictions with regard to the place of women in society. In Afghanistan gender issues have often caused major debates and produce strong and often extreme reactions. Therefore any Child-to-Child projects that could encourage children towards specific values (such as gender equity) may clash in some areas with Afghan tribal customs, for example, the concept of *pardah*. Therefore health workers need to seriously consider the ethics of expecting children to hold attitudes that are not consistent with those of adults in their communities. For example, in many parts of Afghanistan women and girls are not allowed to participate in many areas of life outside the home.

This thesis has demonstrated that there are consistent attitudes toward the underlying principles of gender equity with regard to the practice of Islam. However, the interpretation of these principles varies from people to people, group to group and community to community. While contradictions arise between Islam and Afghan *Pashtunwali* tribal practices (especially some of which impinge on the rights of women and are contrary to the core tenets of Islam), Islam does emphasize the equality, justice, education and community service for both men and women. Therefore, over time Islam could counter some of the negative effects of *Pashtunwali* tribal custom and could be used to emancipate women. However, I have also discussed, the dictates of Islam itself

have been subject to diverse interpretations among reformists, Islamists and ultraconservatives. And unfortunately the violent debates between these groups continue to rage on, fuelled by internal and external interests. According to Ahmed-Ghosh (2003) rural Afghanistan is the root of tribal powers. And together with social traditionalism and economic underdevelopment these rural areas have frequently challenged Kabu-based modernization efforts. Therefore Ahmed-Ghosh (2003) argues that inheriting a better understanding of tribal-controlled areas is essential to empowering women and girls in these regions. Health workers who wish to plan Child-to-Child projects involving girls would have to be attuned to these often contentious issues with regard to politics, *Pashtunwali* tribal custom and gender differences. With regard to Child-to-Child I believe health workers could slowly and cautiously utilize the teachings of Islam to create activities – both as justification and inspiration – to challenge gender-based inequality and to empower Afghan girls to make dignified personal, family, community and career choices. As noted in Chapter one, I strongly believe that just as Islam has been falsely used to subjugate women in Afghan society, only through the means of Islam can we reverse this course and make it possible for women to contribute effectively to Afghan development. However, I am not naïve and realize this will take time, education and many courageous people especially women themselves to pave this movement of progress.

Child-to-Child as an Entry Point in Afghanistan for Launching Innovative Health Education and Community Development Initiatives

Many Afghan communities neither have the resources nor the knowledge to practice effective health household behaviours and thus, as research in chapter one has shown,

prevention is rarely practiced. The Child-to-Child approach to health education and community development is perhaps one alternative to improving this situation. The underlying philosophy of Child-to-Child continues to maintain a deep commitment to the principles of primary health care, with children as agents of change and partnership for health. This approach teaches and encourages children to concern themselves with their health, welfare and the development of themselves, their families and their communities. The Child-to-Child approach to community participation fits with the most important element in the primary care approach advocated by the World Health Organization (WHO, 2008). Perhaps one of the greatest strengths of Child-to-Child is it is sufficiently flexible to be adapted to the local context and owned by participants. This aspect of Child-to-Child is especially valuable since working with communities from the very outset in planning health education and development-related projects can increase in the relevancy and effectiveness. Indeed, Child-to-Child has demonstrated some success around the world and may offer a way forward in health education in Afghanistan.

However as discussed above and noted throughout this thesis, the balancing of respect for Afghan tradition with commitment for change is in reality a complex approach more easily understood in theory than applied in the field, where the risk will always be that traditional assumptions about the role of children, families and *Pashtunwali* tribal custom will prevail. For example, in Afghan society children are traditionally given a low position in the social hierarchy and expectations with regard to family are very different. For example with regard to children and family expectations in rural¹ Afghanistan Karleson and Mansory write:

¹ Afghanistan's is comprised largely of a rural population estimated at 78.3% and only 21.7% urban (<http://www.aisa.org.af/about.html>)

Freedom, in the sense of individual self-realisation or satisfaction, is not considered a particular value...Children are not primarily taught to become independent of their parents and to stand on their own feet. The sons of a family remain with the parents even after they get married and have children...Family cohesion is more important than friendship between individuals. Upbringing of children aims at strengthening the bonds of the collective...The purpose of education, for example, is not primarily to enable the young to take care of themselves, to make a living and live an autonomous life. Rather, gains of education achievement by one family member are expected to benefit the entire family...Living in the intense environment of an extended family with its numerous social contacts entails a strong need to maintain harmony and avoid open clashes. Direct confrontation is considered rude. Straightforwardness is impolite. To cultivate an own personality or to educate a child to have a personal opinion and voice individual standpoints are not highly esteemed virtues. What is appreciated is to be smooth, adaptable and flexible. Group pressure is very strong and “what others will say” is a guiding norm...In various forms of family “conferences”, issues of common importance are solved and decisions are often made together (2007: 141).

This quote clearly illustrates the unique position of children in the family structure in rural Afghanistan. It also suggests that health workers must especially be attuned to the strong collective identity and low position given to children in Afghan society. Therefore any concept or idea which challenges these Afghan virtues, such as individualism, gender equity and questioning adults, teachers or older family members, may be perceived to be disrespectful and may be confronted with great resistance in some Afghan communities. In many parts of Afghanistan teaching is done through rote learning and questioning an adult is considered highly disrespectful, even if the adult is wrong. Indeed, before anything else the Child-to-Child approach requires a change of mind on the part of those adopting it (Pridmore and Stephens, 2000). In other words, in many parts of Afghanistan, allowing children to take part in a decision making process or to think as an individual

will not be easy given their low position on the social scale. Moreover, there will need to be a balance between diverse Afghan socio-cultural norms and the Child-to-Child approach, so that Afghan children could reap the benefits of Child-to-Child without sacrificing their own socio-cultural identity.

In the beginning of chapter one I acknowledged that while I consider myself an outsider, having experienced a Western education and upbringing, my original roots and ‘partial relationship to and understanding’ of the people, religion, culture, history and language of Afghanistan offer a ‘partial identification’. It is through this lens that I wish to justify why I (‘also deemed a Western outsider’) advocate in this thesis project not only health education and community development in Afghanistan but more broadly the necessity for cultural understanding and change – especially where any change proposed meets general Islamic guidelines, garners civilian Afghan consensus and improves Afghan lives and culture. According to Dr. Ghazi bin Muhammed (1998: 55) “culture possesses an awesome power at least as great as that of armies and money”. He suggests that culture not only has the power to rival that of guns but that “culture is a force that scares iniquity and villainy deeply, and therefore one that is a potential vehicle for great moral good” (Muhammed, 1998: 53). For example, Muhammed argues “the collapse of the Soviet Union – which opposed capitalist countries primarily for ideological and cultural reasons – did not come through military confrontation, but rather through economic, social, ideological – and therefore ultimately cultural – pressures (1998: 54). There is no doubt that the challenges in Afghanistan are systematic, influenced by external interests, shaped by distorted Islam (fanatic Wahhabi-influenced fundamentalism) and thus has ultimately determined the cultural evolution of the country.

Therefore, I believe it will not be through military intervention that Afghanistan will rise and re-gain itself as a peaceful fledgling nation among the international community, rather it will be how Afghans are supported by the international community to re-define sincerely their economic, social, ideological and ultimately cultural identity – with no strings attached.

Why should the international community help support Afghans in this process? Because as argued in chapter two of this thesis project we ‘the West’ are responsible for Afghanistan’s tragic and unfortunate recent history. Over the last three decades Afghan culture has been systematically manipulated by external and internal interests and has served as a pawn during the Soviet invasion, Afghan civil war, rise of the Taliban and more recently the United States invasion – all seeking to consolidate power. As noted in chapter two, prior to the 1979 Soviet invasion, Afghanistan was free and sovereign nation and moving towards modernization and reform. And while Afghans had tended to be devout and rather conservative Muslims they had not previously been inclined to embrace the kind of fanatic Wahhabi-influenced fundamentalism that now dominates Southern and Eastern Afghanistan. As noted in chapter two, this version of Islam was introduced and cultivated during the Soviet war era and employed by outside nations seeking geo-political interests such the United States, Saudi Arabia and Pakistan. Paradoxically it is this same ideologue version of Islam used by the ‘Taliban’ and Al-Qa’eda forces to wage war against industrial powers such the United States and destabilizing nations such as Pakistan. The promotion of such fanatic religious doctrine to gain geo-political objectives by outside powers has not only backfired but clearly destroyed the fabric of Afghan livelihood, social capital and culture. As noted throughout this thesis, the bulk of

development planning and implementation in Afghanistan needs to be driven by Afghans themselves and tailored to context, however, the West and neighbouring nations have a significant and fundamental responsibility and role to play by providing resources, ideas and support in helping Afghans build not only schools and hospitals but also to help them re-capture their once rich cultural identity.

Summary

Finally, I wish to restate my overall conclusions. First, on a personal level, this study emphasized that successful and sustainable health and community development projects for children in Afghanistan will not be achieved unless Afghan citizens have the choice to drive their own development process. Second, I argue that projects and programs such as Child-to-Child will not be viable unless fundamental human needs are prioritized and met (i.e. Afghans having access to security, employment, education, food, water and shelter). This is especially important since making decisions about how to spend limited money and use limited resources in a country where needs exceed the current capacity to address them. Third, there are extraordinary, complex and interrelated internal and external political, social, economic and cultural challenges that are playing out and shaping Afghanistan. For peace and progress to take root in Afghanistan these systemic challenges must be addressed and with mutual interest resolved by the Afghan people themselves and peacefully supported by their regional neighbours and the international community. Fourth, when basics needs are met, health and development projects such as Child-to-Child may serve as a valuable point of entry for health education and community development in some parts of the country. The Child-to-Child approach is especially appealing to consider in the Afghan context not only because its key guiding

principles resonate with Islam - reverence for individual rights and communal well-being, maintaining good physical, mental and spiritual health, compassion and justice, respect for pluralism and diversity – but, also because it promotes the stitching together of local capabilities and resources and tailoring projects to context. Therefore, health workers need to design projects based on culturally sensitive strategies not only to fit with the core tenets of Islam to deliver health information and health services but also to keep in mind the underlying non-medical determinants of health such as *Pashtunwali* custom, economics, politics, gender inequality and ethnicity.

The situation in Afghanistan grows more perilous every day. The Afghan people, the Afghan government and the international community recognize that Afghanistan is at the fork between two roads. The first is the road of continued conflict, insecurity, corruption, poor governance, geo-political interference, unemployment and lack of food, water, education and healthcare. The second alternative road however, is based on an effective strategy that truly empowers Afghans to work on their own national development strategy, holds Afghan political leaders to accountability, avoids focusing on military intervention, tailors development projects based on Afghan needs, includes a regional strategy that holds world powers and central Asian countries to accountability, and finally recognizes that the international community must recommit to investing in Afghanistan and the region for the long term.

There is no question Afghanistan's greatest legacy is its youth. Young people have a significant role in any optimistic vision of the future. Simply, it will be securing their mental, physical, emotional and spiritual health and development that will determine if Afghanistan can produce future citizens and a national identity that renews the tolerant

and cosmopolitan values of Afghanistan's Islamic civilization and embraces a place in the global village. Investing in children will not only lead to peace, prosperity and stability but perhaps serve to build a bridge between the Islamic and Western worlds.

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