

## 4.4.6. Access to healthcare and basic services

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Women's access to healthcare has been reduced by 'significant barriers', including restrictions on their movement, gender segregation, poverty, the financial cost of treatment, and a lack of female doctors.[1395](#) UNAMA reported that women's already limited healthcare access has worsened under the Morality law, with inspectors regularly visiting facilities to enforce compliance, for example regarding *hijab*, segregation and *mahram* rules.[1396](#) The requirement for women to be accompanied by a *mahram* when travelling has impacted both women seeking [1397](#) and providing care.[1398](#) In some areas, women without a *mahram* have been prevented from accessing health facilities or denied service.[1399](#) In various instances, PVPV inspectors have given instructions that female patients without a *mahram* should not be treated.[1400](#) In some cases, female health workers were required to have a *mahram* at work[1401](#), and since May 2025 in Kandahar Province, these *mahrams* reportedly needed an official identification card.[1402](#)

Sources noted that general restrictions on women's access to education[1403](#) and the ban on women to attend medical classes from December 2024[1404](#) are likely to exacerbate the existing shortage in women medical staff.[1405](#) This has an adverse impact on the health outcome for women, given that 'cultural norms limit the treatment of women by male doctors'[1406](#) and that these norms restrict health-care providers in seeing patients of the opposite sex.[1407](#) Cuts in international funding of aid have also negatively impacted women's access to healthcare.[1408](#) The bans on women from working for NGOs and the UN,[1409](#) the restrictions on female aid workers[1410](#) and on women in general, have moreover negatively impacted the effective delivery of humanitarian assistance to women.[1411](#)

Women in poor and rural areas and women with disabilities are disproportionately affected.[1412](#) The AAN reported that women in rural areas are confronted with several barriers in accessing healthcare, *inter alia* the lack of clinics in their vicinity, financial hardship, restrictions on their movement, as well as damaged or non-existent roads and insufficient means of transport.[1413](#) Afghanistan's maternal mortality rate was already among the highest in the world, and reportedly the situation is getting worse.[1414](#) According to research for RWI, many women and girls have no access to essential maternal health services.[1415](#)

The policies of the de facto authorities have contributed to a the mental health crisis among women and girls.[1416](#) The UN Special Rapporteur on human rights in Afghanistan stated that he has been receiving alarming reports of stress, anxiety, depression, suicide and suicidal ideation, especially among young women and girls.[1417](#) A survey by UN Women in 2025 noted that 75 %

of the surveyed women described their mental health as bad or very bad.<sup>1418</sup> Suicides among women and girls have moreover reportedly increased,<sup>1419</sup> and AW reported on suicides being connected to education, domestic violence, forced marriage, rape and detention.<sup>1420</sup> There are only limited mental health and psychosocial support services (see section [3.5. Healthcare](#)),<sup>1421</sup> and only a handful facilities are dedicated to women's mental health, as noted by BBC News.<sup>1422</sup>

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