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MORE BIRTHS, YOUNGER MOTHERS, FEWER CHOICES: Is Afghanistan's fertility transition going into reverse?

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Afghan women have, on average, more children than women in almost any other country in the world. Afghanistan's fertility rate was steadily coming down under the Islamic Republic. Although there are no recent publicly available statistics as to what the rate is now, the re-establishment of the Islamic Emirate has activated many of the factors that typically lead to women having more children. They include the closure of high schools and universities to girls, the shrinking of salaried and waged jobs for women, (anecdotally) more teenage marriages, reduced access to healthcare and family planning and an economy that has still not recovered from the 2021-22 collapse. In the absence of statistics, Kate Clark and the AAN team have been hearing from midwives and doctors to see what they are seeing in hospitals and clinics around the country. The health professionals largely think that Afghan women are having more children and at an earlier age, with some saying that the spacing between births has also shrunk.

This would make Afghanistan highly unusual. Most of the world has already gone through the 'fertility transition' or 'demographic transition' – when child mortality rates fall, to be followed by women having fewer children. Afghanistan had begun to go into its transition at the turn of the century. Although it is extremely rare for a transition to reverse once fertility has begun to decline, it seems possible that this is now happening under the Emirate. If so, the consequences would be grave.

Already, because of its high fertility in the past, nearly half of Afghanistan's population (47 per cent) are under 15 years of age. That means the population will continue to grow for decades and is already set to increase by about a third by 2040. Any increase in the fertility rate would build in even greater population growth, as those extra children have children, a phenomenon known as 'population momentum'. There would be even greater pressure on the environment – land and water – and the economy – the need for jobs and public services, such as healthcare and education – and the push to migrate. For women, the risks of pregnancy increase markedly when mothers are adolescents or have multiple pregnancies back-to-back, and this is especially worrying given that access to maternal healthcare, especially in rural areas, has deteriorated in the last five years.

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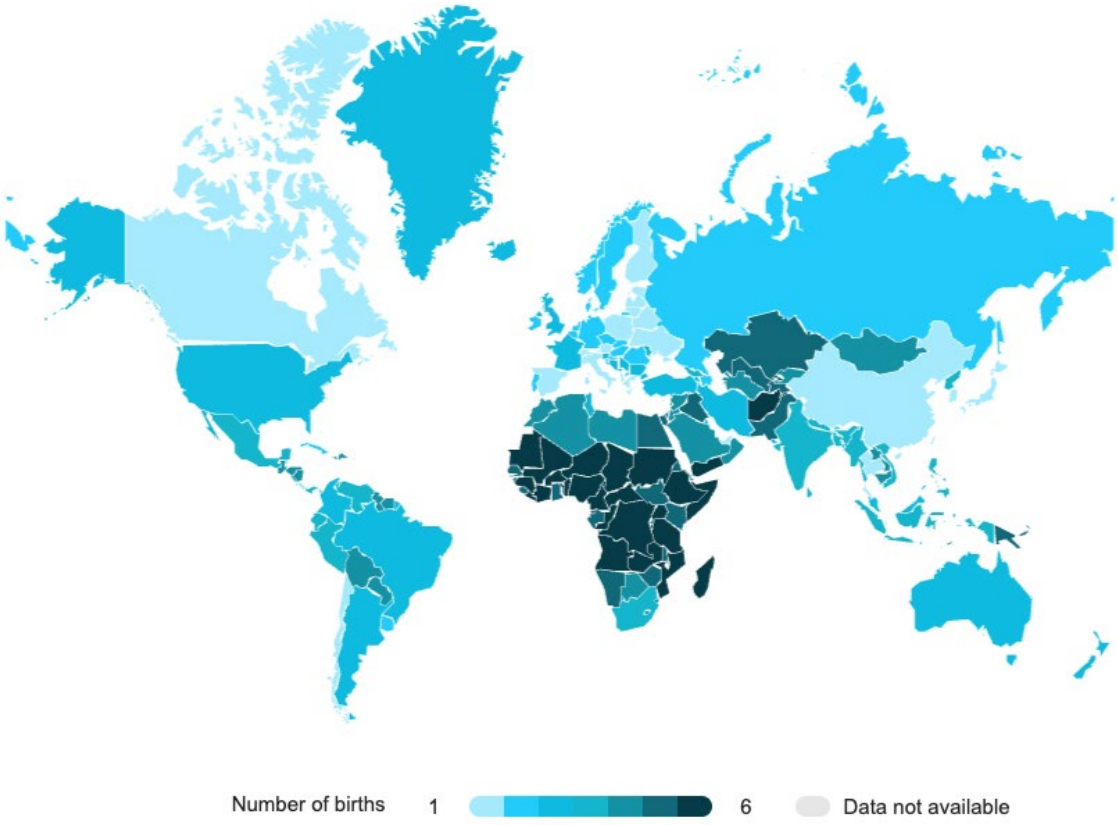
INTRODUCTION

Afghanistan is already a global outlier when it comes to fertility, with the ninth-highest total fertility rate (TFR)[1] in the world. Just how unusual that is can be seen in Map 1 below, which shows that, along with Yemen, it is the only country outside sub-Saharan Africa with a TFR that is higher than 4.0 children per woman (UN World Population Prospects). The rates for its near neighbours are all substantially lower – 3.44 children per woman in Pakistan, 3.17 in Tajikistan, 1.93 in India and 1.37 in Iran – and all are on a steady downward trend or have already reached a low, steady rate.

Map 1: Total Fertility rates (children per woman) by country



Source: Map by AAN using UN World Population Prospects data

Afghanistan entered its 'fertility transition' when, following a fall in child mortality, women started to have fewer babies, at the turn of the century, according to

[1] The total fertility rate represents the average number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with age-specific fertility rates of the specified year.

demographer Thomas Spoorenberg based on 2010 data.[2] Before that, its TFR had been between 7 and 8 births per woman. By the end of the Islamic Republic, according to the UN, the TFR was 5. The UN projects the Afghan total fertility rate as still falling and this year to be 4.56. However, the World Bank, in its use of UN data, warns: "For countries without reliable vital registration systems, fertility rates are generally based on extrapolations from trends observed in censuses or surveys from earlier years."[3] That is relevant for Afghanistan because the last survey data is from 2022-23 and much has changed in the last five years in the lives of Afghans, especially women and girls, that could affect the total fertility rate.

Trying to delve into whether that downward trend is as sticky as the UN assumes, whether it has stalled or whether fertility is again climbing, is the subject of this report.

It first looks at why fertility rates can be high and what drives them down, drawing on similar experiences worldwide but focusing on Afghanistan's fertility transition and what data is available. The report then briefly looks at other countries where a downward trend in the TFR has stalled or reversed and assesses what could make post-2021 Afghanistan susceptible to an increase in births.

It then hears from health professionals – midwives and doctors – to gather their impressions and insights about the number of births, looking in turn at early marriage, the economy and joblessness among men and women, family planning and birth spacing, and surviving pronatalist pressures to have more children. It concludes by considering what a revival of the fertility rate would mean for Afghanistan's environment and economy, and for Afghan women and girls.

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[2] See Thomas Spoorenberg, An evaluation of the recent fertility changes in Afghanistan: A parity-specific analysis, Journal of Population Research, vol 30, no 2, 2013, pp 133-149.

[3] For more on UN methodology, UN department of Economic and Social Affairs, Population Division, World Population Prospects 2024: Methodology of the United Nations population estimates and projections, UN DESA/POP/2024/DC/NO.10 2 July 2024.

MAPPING THE FERTILITY TRANSITION – THEORY AND DATA

The transition from high to low mortality and fertility rates has now been seen in most of the world.[4] In hindsight, it became evident that Afghanistan's fertility rate had been falling from the turn of the century, but that the decline gathered pace under the Republic. Infant and child mortality rates – respectively, the number of deaths of children below one and five years of age per 1,000 live births in any given year – had already begun to fall, but much earlier, since at least the 1960s (when the first statistics are available), albeit with a spike during the catastrophic drought and famine of 1970-72 and again, more massively as war engulfed the country in the 1980s (see Figure 1, which shows Afghanistan's child mortality rate, 1960-2026).[5] Presumably, without the PDPA coup and Soviet invasion, Afghanistan's fertility transition would have begun much earlier. Its infant and child mortality rates are still among the highest in the world.[6]

There were various surveys undertaken during the Republic, which are crucial for building a picture of fertility rates in countries like Afghanistan which have weak birth registration.[7] They gave somewhat different numbers for the total fertility

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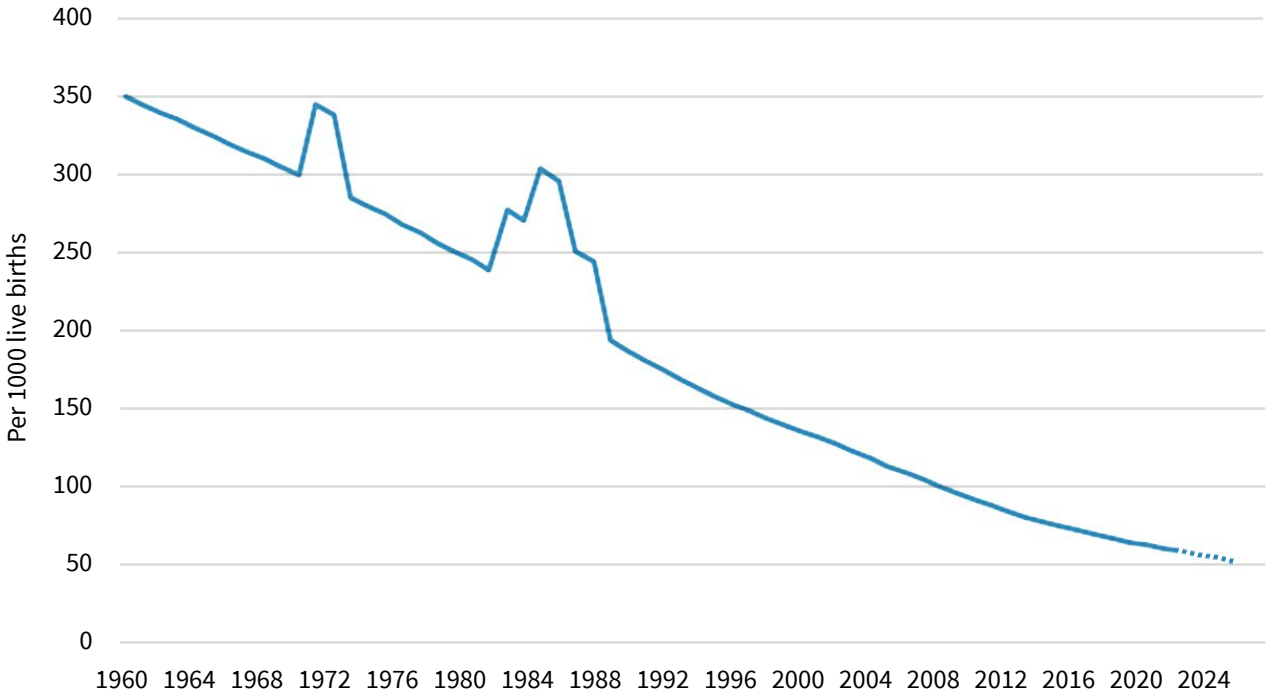
[4] The phases of the fertility transition are well-mapped:
Phase 1: High mortality, especially for children, high fertility, population stable
Phase 2: Mortality falls, fertility is still high, high population growth
Phase 3: Fertility falls, population growth is still high as the population is still young (population momentum)
Phase 4: Both mortality and fertility rates are low, population growth is again stable
Phase 5: The future of population growth is determined by what happens to fertility rates
See Our World in Data's good explainer: Max Roser, 2023, Demographic transition: Why is rapid population growth a temporary phenomenon?.

[5] See Jamal Abdul Nasir, Sohail Akhtar, Syed Arif Ahmed Zaidi, Andleeb Rani, Hina Bano and Andrew Hinde, Is recent Afghanistan survey data suitable for fertility analysis? A regional investigation based on fertility inhibiting determinants, PLoS One, 16 October 2019, Public Library of Science.

[6] See Khulud Qamar, Mohammad Yasir Essar, Javeria Arif Siddiqui, Ariba Salman, Yumna Salman, Michael G Head, Infant and child mortality in Afghanistan: A scoping review, Health science reports, vol 7,7, e2224, 10 July 2024.

[7] Where data is scarce, demographers use indirect methods. One example is the 'own-children' method, which works back to birth rates from the number of young children living with their mothers. They also cross-check sources against each other and fill gaps with statistical models.

Figure 1: Afghanistan's Child (Under-5) Mortality Rate 1960-2026

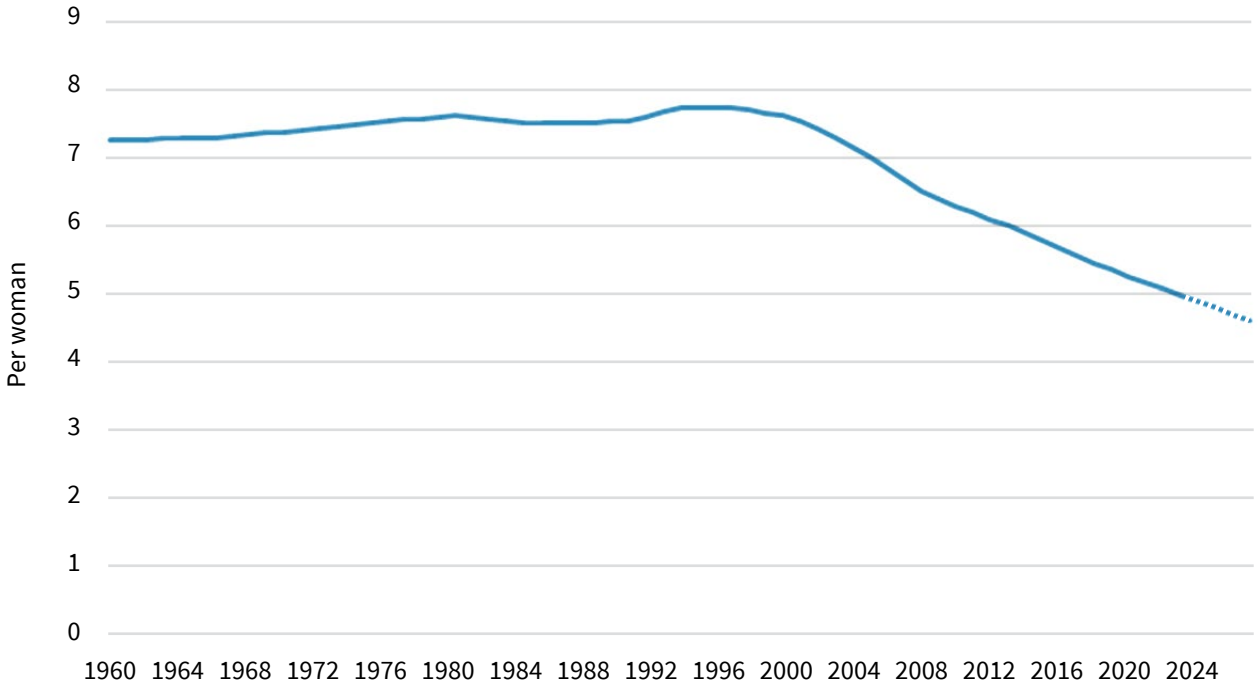


Source: Figure by AAN using data from the World Bank (dotted line shows projected rate)

rate, but the trend was quite clear (see Figure 2 below). Mortality rates fell and eventually, fertility rates also began to fall. It was clear that the average number of children that Afghan women were having was coming down, but also that the total fertility rate always masked significant variations. For example, the Afghan government's Afghanistan Mortality Survey, 2010 (AMS 2010), published on 30 November 2011, found that the TFR for the country as a whole for 2007-10 was 5.1 children per woman. The greatest variation was driven by education: 5.3 children per woman with no education, plummeting to just 2.8 children for women with higher education. Wealthier women tended to have fewer children, as did those living in cities, with the greatest rural/urban difference seen in the 15-24 and 40-49 age groups – rural women were marrying earlier and continuing to have children later. AMS 2010 found the fertility rate was higher among women living in the South zone than among women in the North and Central zones and, notably, "women in the South Eastern and Eastern regions have an average of one child more than women in the Central Highland region."[8]

[8] AMS 2010 included a complete birth history for Afghan women for the first time, so one survey could be used to rebuild fertility trends for roughly the 10-15 years before it. It produced the first direct estimates of fertility, enabling Spoorenberg to conclude that Afghanistan had entered its fertility transition.

Figure 2: Afghanistan Total Fertility rate (1960-2026)



Source: Figure by AAN using data from UN World Population Prospects (dotted line shows projected rate)

There were other important Republic-era surveys, but none that could enable a read across to the Emirate. Statistics post 2021 are scarce and what data there is says little about trends.[9] Whole of Afghanistan Surveys conducted by REACH found in 2026 that 31 per cent of women aged 15-49 had had a baby in the last two years. This is a high number, but as the question was not asked in previous surveys, it is a snapshot only. It is worth noting, though, that the national average masked some very high provincial numbers – half of Nuristani women and 60 per cent of

[9] UNICEF's Multiple Indicator Cluster Surveys (MICS) have collected comprehensive data about women and children since 1997. There has been one MICS survey since the fall of the Republic, in 2022-23, but given that the previous MICS survey was from 2010-11, it is not straightforward to use it to see trends since the downfall of the Republic/re-establishment of the Emirate. The surveys are: MICS6, 2022-23 (in collaboration with the National Statistics and Information Authority), Summary, Survey findings, Datasets; MICS4, 2010-11; MICS2, 2003, Final Report; MICS2, 2000, Final Report; and MICS1, 1997, Final Report.

The other major survey from the Republic era was the Afghanistan Demographic and Health Survey, 2015, implemented by the National Statistics and Information Authority (NSIA) and the Ministry of Public Health, as part of the Demographic and Health Surveys (DHS) programme established in 1984 by the US Agency for International Development (USAID). A follow-up to the landmark 2015 survey was planned for 2021, with fieldwork from December 2020 to April 2021. It was cancelled because of deteriorating security and then the fall of the Republic. No publications or data exist for this cycle. After Donald Trump took office in 2025, funding was stopped for the Demographic and Health Surveys, globally, and the programme suspended.

women in Kunar had had babies in the previous two years. There is also a caveat that the survey did not cover all provinces, although other surveys which did cover the missing provinces – Farah, Helmand, Kandahar, Logar, Paktia, Uruzgan and Wardak – suggest their inclusion would have pushed the national average up.

What this means for the figures published by the UN World Population Prospects and its steady projected downward trend in Afghan fertility is that, although the UN pulls together all available data, in the absence of new data, it plots the path that countries at a similar stage have followed. So a smooth decline after the most recent survey is what the model expects to happen, not a measured trend (for more information on UN methodology, including on uncertainty, see footnote 3).

What drives a decline in fertility?

There are three major causes for the rapid decline in the global fertility rate, wrote Professor of Practice in Global Data Analytics at Oxford University and founder of the Our World in Data website Max Roser: declining rates of child mortality; rising costs of bringing up children, with the decline of child labour; and the empowerment of women – increased access to education and increased labour market participation.[10]

Child survival is crucial in driving the start of the fertility transition. "In pre-modern societies," writes Roser, "more than a third of all children died before they were five years old," so women give birth to more children than they want to insure against the loss of children. This is known in the demographic literature, he says, by the not particularly pleasant name of 'child hoarding'. As child mortality decreases, however, "parents gradually learn that the risk of child death has been reduced and see that 'hoarding' is not needed anymore. Finally, in the absence of child mortality, parents can decide directly on the number of children that they want."

Economic change – for example, less dependency on subsistence agriculture – means less need for child labour. At the same time, the desirability of having educated children may be increasing. This leads, said Roser, to "a strategic adjustment in parental investment towards enhancing the potential of each child." When child mortality was high, costly investment in education risked being wasted: now, it looks valuable. This is described in the literature, Roser says, as parents' beginning to choose 'quality' over 'quantity' of children.

[10] See Max Roser, The global decline of the fertility rate, OurWorldinData.org.

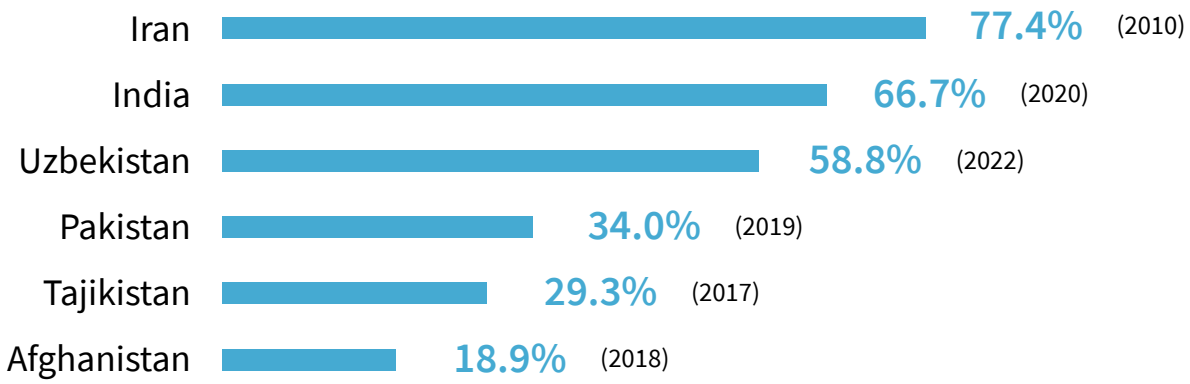
A midwifery trainer teaching at the Medical Refresher Courses for Afghans (MRCA) in Mahmud Raqi, Kapisa province. Training of new female medical personnel has been banned by the Emirate.
Photo: Massoud Hossaini/AFP, 17 December 2013

The educational level of women has turned out to be the best predictor of how many children they will bear (see Our World in Data graph here showing how, globally, the TFR falls according to the number of years a woman has been in school). As Bongaarts, Mensch and Blanc explain, the literature mentions a number of factors that underlie this negative gradient between education and fertility, including:[11]

> *greater autonomy, exposure to new gender and childbearing norms, improved knowledge about behaviours that enhance the health of women and children, development of social capital to navigate health institutions, alteration of childbearing preferences, growth in women's earning potential, and the concomitant rise in the opportunity cost of women's time, assortative mating, and increased material aspirations.*

[11] See John Bongaarts, Barbara S Mensch and Ann K Blanc, Trends in the age at reproductive transitions in the developing world: The role of education, Population Studies, 71(2), 2017, pp139-154.

Figure 3: Contraceptive use (any method) by married women 15-49 in Afghanistan and its neighbours



Source: Figure by AAN using data from UN World Population Prospects. Dates are from the last survey. Although the Iranian survey is much older than the others, Iranians' use of contraception has been consistently high since the mid-1990s, which along with its low TFR, suggests this data is still relevant.

Thinking about Afghanistan and the fall in the fertility rate, several factors are evident. Under the Republic, there was major funding of the healthcare system, which led to falling infant, child and maternal mortality rates, and greater access to family planning. There was better access to education, including for girls, and more opportunities for paid work for women. There was urbanisation and a growing economy, with greater employment opportunities for educated Afghans. The age at which girls were getting married was rising somewhat: survey data showed that 46.3 per cent of women were married before they were 18 in 2010-11 and 38.9 per cent in 2022-23. Significantly, the percentage was markedly lower for girls who had had upper secondary education (18 per cent), compared to girls with only a lower secondary education (36.2 per cent).[12] There was also greater – although comparatively still low – use of contraception. UN data puts the use of contraception among married women aged 15-49 in 1973 at 1.7 per cent, increasing steadily to 9.3 per cent by 2000 and then more sharply to around a fifth of women by about 2010 (see Figure 3 above, which compares contraceptive prevalence in Afghanistan with its near neighbours).

[12] Cited by Mariam Safi, Evie Browne, Tony Kamninga and Ayesha Khan in, Changing social norms around age of marriage in Afghanistan: data on repression and resistance under the Taliban, 2024, ODI, who stress that: "The protective effects of education seem to be greatest at the upper secondary level." They also cite survey data that rural women and poor women are more likely to marry before age 18.

If Afghanistan's women are having more children, it would be highly unusual. Lasting reversals of the fertility transition, once it is underway, are rare. Declines in fertility rates in countries across the world have tended to be 'sticky' because preferences for smaller families and the education of women already in their childbearing years do not reverse quickly. However, there are examples of countries stalling or reversing in their total fertility rate decline. Egypt saw its TFR rise from 3.0 to 3.5 children per woman between surveys carried out in 2008 and 2014. Researchers put this down to the weakening of government support for family planning after USAID ended its support. They also pointed out that the increase in fertility "coincided with declines in public sector employment opportunities that are particularly appealing to women. With few job prospects, educated women seem to have little incentive to delay marriage and childbearing."

This sounds familiar to anyone considering Afghanistan in the last five years. But there is another important lesson, potentially, from Egypt for Afghanistan. When it comes to the lasting impact on a country's TFR, it is important whether an increase in the number of children born – for example, because of earlier marriage – leads to women having the children they would have had anyway – just earlier in their lives (known as a 'tempo' effect), or if it leads to a greater ultimate family size (a 'quantum' effect), which will shift the TFR in the longer run.[13]

[13] See Emma Radovich, Atef el-Shitany, Hania Sholkamy and Lenka Benova, Rising up: Fertility trends in Egypt before and after the revolution, PLOS One, 2018.

INTERVIEWING MIDWIVES AND DOCTORS

In the absence of statistics for fertility rates in Afghanistan for the last five years, we sought the insights of medical professionals – midwives and doctors – to understand what they were seeing in their hospitals and clinics. We approached this from two angles, familiar to demographers. One angle is asking about the direct or 'proximate' factors that can affect fertility: how early women marry; the use of contraception; and the prevalence of breastfeeding and the gap it creates after a birth (if a baby is exclusively breastfed, this stops ovulation, Planned Parenthood). As demographer John Bongaarts has explained, every change in fertility has to work through at least one proximate factor: for example, if contraceptive use changes, other things being equal, the fertility rate will also necessarily change.[14] The second angle considers what Bongaarts called "background factors," such as income or education, which will not have the same effect on fertility in every context. However, they are crucial for thinking about why fertility rates go up or down. Bongaarts mentions: child survival; women's education; women's job opportunities; urbanisation; the costs and perceived value of children; social norms, including the preference for sons; and access to family planning services.

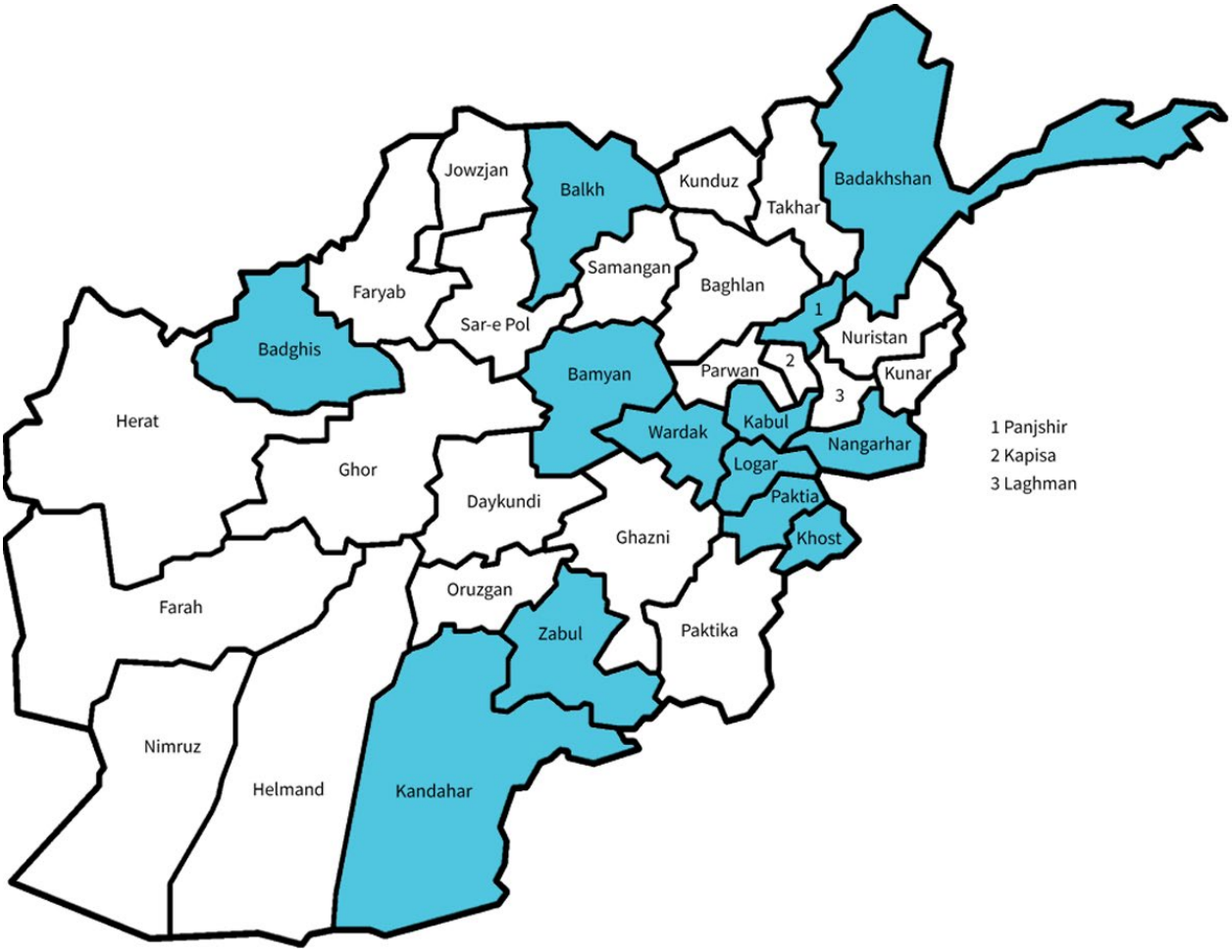
In our semi-structured interviews with midwives and doctors, we asked not only for their general impression of fertility rates in their clinic/hospital, but also about certain proximate factors: Were they seeing a change in the age of first-time mothers? Was there a change in whether women were spacing births (greater spacing would reduce the fertility rate)? Had there been a change in access to or use of contraception in their area? The interviewees also spoke about what they thought was driving any change and this led to insights into background factors and how they have changed in the last five years, concerning unemployment – of men and women – and the economy, access – or lack of it – to healthcare and contraception, messages and pressure from family or figures in the community and the drivers of early marriage.

We interviewed ten midwives and eight doctors in September and October 2026, working in both public and private hospitals and clinics and including several in

[14] See John Bongaarts, Modeling the fertility impact of the proximate determinants: Time for a tune-up Demographic Research, vol 22, art 19, pp535-560, 11 September 2015.

facilities run by or with NGO support (see Map 2). Given how strongly surveys have shown that fertility rates vary according to province/region and whether women are living in rural or urban areas, we tried to get a broad range of interviews, although there was a bias towards facilities in provincial centres and the capital. Even so, every professional was treating a mix of urban and rural women. Worth noting is that 'urban and educated', and 'rural and non-educated', tend to correlate, given that access to and attendance at school was generally greater for children living in towns and cities during the Republic and also that being a richer, higher-educated city dweller has always tended towards women having the fewest children. Where there is additional non-AAN data or research on particular issues, these are cited.

Map 2: Location of interviewees*



*All female, unless mentioned otherwise: Badakhshan (male doctor); Badghis (midwife); Balkh (midwife); Bamyan (midwife); Kabul (two midwives, two doctors); Kandahar (midwife); Khost (male doctor); Logar (doctor, midwife); Nangrahar (male doctor); Maidan Wardak (midwife); Paktia (male doctor); Zabul (midwife), Panjshir (doctor, midwife).
Source: Map by AAN

Along with answers to our questions, all the healthcare professionals were eager to explain the increased risks to women posed by adolescent motherhood,[15] of not spacing births and of stretched healthcare provision. Every interviewee appeared highly engaged in their work and sympathetic to the women they were treating.

All the interviewees are referred to by pseudonyms in order to protect their anonymity. Any additional potentially identifying information has also been withheld.

A rise in the fertility rate

Most of our interviewees thought the fertility/birth rate[16] had gone up in the last five years, often with nuances, and with any differences over time varying as well according to whether their patients came from rural or urban areas, were educated or not and with some differences ascribed to ethnicity. Because we conducted qualitative interviews, our interviewees' insights reflect their experiences, not general trends in Afghanistan.[17] Nevertheless, the consensus among most of the interviewees that Afghan women are having more children and that they are marrying at a younger age was striking. Worth noting here is that we and the interviewees were aware that an increase in patients (for example, due to an increase in the population locally and nationally) might give the appearance of greater numbers of women giving birth, and also that health professionals see a subset of women, given that many give birth at home. Their conclusions bear this in mind.

Nasima, an experienced **midwife in a public hospital in Kabul,** who also travels as a trainer, said there had been a "significant increase" in births in the last five years, especially, the last two or three: "There are women who give birth every year. … The

[15] The WHO lists higher risks of eclampsia, puerperal endometritis and systemic infections to mothers under 20 than those aged 20-24 years. There are also increased risks for their babies, of low birth weight, preterm delivery and severe neonatal conditions. Not spacing births presents risks both to the unborn baby – they are more likely to be underweight and born premature – and to existing children under two years old – as well as to the mother who "needs to regain her health, nutritional status and energy before she becomes pregnant again." (UNICEF).

[16] Health professionals generally referred to the birth rate when they were describing the phenomenon of women having more or fewer babies than previously. However, for statisticians, the birth rate is a different measurement – the total number of live births per 1,000 people in a total population, ie men, women, children and the elderly, over a given year. The total fertility rate focuses instead on women of childbearing age (15-49) and measures the average number of children a woman would have over her lifetime (see FN1).

[17] We took a similar approach to looking into maternal mortality rates in 2025. In the absence of data, interviews with health professionals detailed their concerns: Jelena Bjelica and the AAN Team, Is maternal mortality on the rise in Afghanistan? No official data, but much cause for concern, 28 September 2025.

minimum is often six or seven children now. In the last few years, it's become quite rare for women to have only four children." One consequence, she said, was that they were seeing more complications in pregnancies. **Adila in central Bamyan** also said: "Women are having more children and more frequently, compared to five years ago. I see frequent, successive births and premature deliveries, as well as low-birthweight infants." The 13 interviewees who thought there had been an increase in the birth rate included **Shukria, a midwife in Panjshir**, **Shinkai, a midwife in Kandahar city**, **Dr Zia, a doctor in Badakhshan** and **Dr Juma Gul in Khost. Zarghuna, a midwife in Balkh,** also said there had been "a significant shift" there in pregnancy and childbirth patterns: "the average number of children per woman has increased," she said, "and the interval between successive births has become shorter."

In **Badghis, midwife Khalida** said the high birth rate had not changed: in one district where she used to work – rural, largely uneducated and Pashtun, it remained very high; in her current district, with a more educated and ethnically mixed population, it remained much lower.

Just one of the eighteen interviewees thought the fertility rate was still falling – **Pari, a midwife working in a public hospital in Kabul**.[18]

The reasons why interviewees thought there had been changes in the number of births are discussed separately below, although they often reinforce each other.

Early marriage

An increase in early marriage is one of the proximate factors that can increase the fertility rate and was testified to by many of the interviewees, for example, **Shukria, a midwife in Panjshir**:

> *First-time mothers are … becoming younger compared with five years ago. There's a perception that it's not good for young women to remain at home unmarried, which is one reason many are getting married at a young age. We're seeing more patients under the age of 18, including girls aged 16 and 17.*

[18] The other three interviewees could not say if the fertility rate was up or down or stable, either because they were reluctant to say anything without proper statistics, or rates were very mixed, according to ethnicity, or a bigger population locally and better security meant more women were coming to the interviewee's hospital.

A mother holds her child as she waits for treatment at the malnutrition ward of Mirwais Hospital in Kandahar. Photo: Mohammad Noori/Anadolu via AFP, 16 December 2022

Dr Saira in Kabul also said the age of first-time mothers had "decreased compared to five years ago, definitely. Forced marriages and underage marriages have increased, as well, among the women who come to the hospital; many are under 20, often around 16 years old."[19] She described one of her patients, who was 19 years old:

> *She already had three children and was pregnant again. The children had been born very close together, with no breaks between pregnancies. They were so thin that I referred them to a government clinic because they were malnourished. Their mother was also thin and petite. She was pregnant, severely anaemic, and*

[19] Several interviewees refer to brides who are underage or below the legal age of marriage, presumably thinking of the old Republic-era law, which was 16 for girls and 18 for boys. There is no such age limit under the Emirate. Indeed, a recent decree recognised that child marriage, ie contracted prepuberty, could be lawful. See Kate Clark and the AAN Team, Afghan Women Left in Limbo: Decree 18 and the struggle to end a marriage, 19 September 2026.

> *had other physical and emotional problems. She also had too little amniotic fluid – the fluid which the baby develops in. I treated her and told her husband to bring her in every month for checkups; otherwise, the mother and baby could die.*

Pari, one of the Kabul midwives, said they were seeing very young girls, even younger than 14, who, having been married at a very young age, "do not have enough information about life, pregnancy, and health care." She described one patient who had been referred to her hospital.

> *An 11-year-old girl from Helmand Province was given to an adult man in exchange for paying off her father's debt. … During her pregnancy, the condition of the baby inside the mother's womb became dangerous. There was no equipped hospital in her place of residence – only a health clinic. Because of the lack of necessary facilities and a delay in transferring the mother to a hospital, the baby suffered from a lack of oxygen and encountered meconium [its faeces] and died inside the mother's womb during the transfer. … [The mother] experienced bleeding [and] required serious care. She wasn't in a good mental and psychological state, and for several days she was under serious care, but at the end, she recovered.*

The Afghan economy has yet to recover from the catastrophic crash of 2021-22, with per capita GDP still falling (World Bank) and many Afghans losing their jobs (AAN). The mass forced return of Afghans from Iran and Pakistan – over 6.6 million in the last three years, according to UNHCR (media reporting here) – has exacerbated this impoverishment. Afghan marriage practices, where the bride's father gets a bride price from the groom's family, incentivise families to marry off their girls in times of economic crisis. **Dr Fawzia in Logar** reported that, "When I asked young women who've been married at an early age about the reasons, they said financial hardship was a factor." The bride price was just one factor:

> *Some families, particularly in rural areas, can't afford to provide food for their children, so they feel compelled to force their daughters to marry at a young age. These two factors have become more common and more families are forcing underage girls into marriage. They don't consider what this may mean for the girls' futures; they simply want to get them off their hands.*

Shinkai in Kandahar said she did not have "the data to tell you that how many of the first-time mothers are under 18, but there's no doubt the number's increased." She said that, "even though, the community knows the risks to both children and mother,

the prevailing poverty forces them to marry off their underage daughters." Dr Bilal described similar patterns in Paktia:

> *Since 2021, the number of marriages under the legal age has increased due to rising poverty and declining economic conditions, forcing people to marry off their daughters early to improve their economic situation or earn a livelihood. Many families … are aware that it's wrong, but economic hardship compels them to make such decisions for the family's survival and a better future for their daughters. In our clinics, we often see young girls coming in, facing serious problems during pregnancy, which we cannot treat directly in the clinic and have to refer to specialised centres.*

Midwife Nasima in Kabul stressed that, "Early marriage was also the case in the past, during the Republic. It was a cultural thing; we know that in Afghanistan, particularly in rural areas, girls have traditionally been married at a young age and there have always been first-time mothers who were around 20 or under. However, it wasn't this common." She said that, increasingly, girls of 15 and 16 and "mostly under 20" were coming to the hospital, sometimes with their second pregnancy. However, rather than poverty, she put the increase down to schools and universities closing to girls.

In Bamyan, midwife Adila also thought the marriage of "underage girls who've been deprived of education" was driving the increase in births, as did Dr Nilofar, an obstetrician at a hospital and private clinic in Kabul. She said parents told her they had married their daughters "at a very young age" because the economy was bad, security was not good and the schools and universities were closed: [the girls] "were at home with nothing to do and with no prospect of education or employment."

She wondered how such young brides fared in their marriages: "When we see girls who are so young, we have to ask what choices they actually have [on family size, spacing of births or contraception]. They can't necessarily make these decisions for themselves. Even if we provide them with information, they may not have the freedom even within their own families to act on it." She also spoke about the wider loss of marrying off younger women and girls:

> *When families had young daughters who were educated and informed, they could sometimes bring different information and awareness into the family, especially to older women who had many children already. Their young daughters had a great influence and were changing family decisions: they cared about their mothers' health and some were, themselves, bringing their mothers*

> *to the clinic. That's no longer happening in the same way. These girls are no longer going to school and they don't have the same access or even the power to say anything. Now they are the ones coming here and giving birth at such a young age.*

Two last points on marriage practices that may be driving the fertility rate up were made by Dr Bilal in Paktia. "Some families with better economic conditions also marry off their sons early, aiming to have larger families – they take pride in having a big family. This also leads to an increase in birth rates and creates physical and mental health problems for young people." He also said that polygamy had increased and it can also affect the number of children.

There is a little research to back up the contention of many of our interviewees that early marriage has become more common since the Emirate takeover. The 2026 Whole of Afghanistan survey asked the heads of households in rural areas and those who were displaced or cross-border returnees, in the context of food insecurity, whether they had married off a young daughter as a coping mechanism. Six per cent of respondents said they had married off a young daughter, with a further one per cent saying they had already used this coping strategy and it was now exhausted. That was an increase on last year, when two per cent of respondents said they had married off young daughters. Moreover, the percentages from two provinces were very high – 13 per cent of heads of households in Nuristan and 37 per cent in Helmand.[20]

The economy and male unemployment

A family's household economy can influence family size in many different ways – generally, wealth correlates with couples having fewer children – if their living standards and healthcare are better, there is less need to 'hoard' children, women may be more likely to be working and wealth incentivises investment in education so that children have a better economic future. However, two of our interviewees reported that economic worries were one factor making some couples choose to have fewer children. Pari, the midwife working in a public hospital in Kabul, said:

[20] For more on child marriage when resorted to because of debt or economic hardship, see two reports by AAN: Ali Mohammad Sabawoon, Living in a Collapsed Economy (4): The desperation and guilt of giving a young daughter in marriage, 20 October 2022, and some of the accounts in Gulhan Durzai, Pushed to the Limits: The struggle to survive deepening poverty in Afghanistan, 25 August 2026.

> *Families are now opting for fewer children, influenced by increased awareness of family planning, economic constraints and improved maternal education. Many women seek information on family planning methods to ensure better spacing between births, reflecting a responsibility for mother and child health. Economic challenges, such as the costs associated with child-rearing, also lead families to limit their number of children to give them better care.*

Khalida in Badghis also said poverty was limiting births in her current district, where the population is poor, but educated: "People have fewer children and use family planning. … People try to avoid having more children either due to poverty or because the husbands are working in Iran. The children they already have are malnourished so they say that if they can't feed these children, how they can think about having more babies?" They try instead to focus on giving the children they have better education and upbringing. She said they also had better awareness about health because the district is close to the provincial centre.

Khalida compared the situation to another district in Badghis where she used to work, where poverty had not led to the same choices: there, the fertility rate was still very high, girls married young, often to older men and many men had more than one wife. It is also rural and poor, but with a largely uneducated population.

> *I was encouraging them to use family planning for the sake of the mothers' health … but [women] brought the family planning back saying their husbands didn't like to use it. They were saying that they wanted more sons. When women were giving birth to daughters, they were deeply sad because their husband was marrying another woman if wives were having more daughters. …*

Khalida thought the different attitudes to family size correlated with ethnicity as well as education and that in the second district which was Pashtun, "they love big families."[21]

Many of the interviewees pointed to unemployment as a factor behind the increased birth rate. Since the economic collapse of 2021/22, many Afghans are no longer in work (AAN), but as the interviewees described it, joblessness affects husbands and

[21] Differences related to ethnicity came up in a few of the interviews, including Aisha from Logar and Latifa from Maidan Wardak (both in the text). The desire for many children, especially sons, had increased, according to Dr Bilal, in rural areas and among some Pashtun communities in Nangrahar. Nasima, the midwife in Kabul, also said Pashtuns were more likely to want big families.

wives differently. For men who have become unemployed, as **Dr Bilal who works at a public hospital in Gardez, in Paktia province,** explained:

> *[They] may stay at home longer and spend more time with the family. In such conditions, especially in families where access to family planning education is limited, the probability of unintended pregnancies or closely spaced pregnancies can increase. In some cases, pregnancy may be completely planned and with the consent of both spouses, but in other cases, it occurs without prior planning or unintentionally.*

Mothers and babies, struggling with hunger, wait for treatment outside the Indira Gandhi Children's Health Hospital in Kabul. Photo: Bilal Guler/Anadolu Agency, via AFP, 10 December 2022

Zarghuna, a midwife in one of the rural districts of Balkh province, also said: "Women are confined at home … [and] men are mostly at home, as well, due to unemployment. It causes them to be together more often and have children." Dr Zia in Badakhshan and **Muhammad Bashir in Nangrahar** both said many men in their provinces had served in the security services, with some deployed away from home. "After the change of regime," said Dr Bashir, "many of these individuals lost

their jobs and faced unemployment and economic problems … [and] spend most of their time at home." One result, they both said, is more pregnancies. Dr Zia said a husband's joblessness even overrode the more familiar pattern, of educated women having fewer children than the non-educated, because if the husband was jobless, they "have nothing to do but have more children."

Women losing their jobs

For women who had been in paid work, losing that job has created a different dynamic because, said Zarghuna, a woman with "an outside responsibility and favourable work could prevent successive births." Unemployment has the opposite effect. In Bamyan, midwife Adila directly attributed a rising birth rate there to women being "sidelined from the workforce, business opportunities for the public are scarce and the economy is in decline. Over the past five years in Afghanistan women have increasingly withdrawn from paid employment — due to restrictions by the government and the closure of some businesses." This dynamic was elaborated on by Dr Nilofar in Kabul.

> *Compared to five years ago, the economic situation has got far worse. Women have less financial independence and fewer opportunities to leave the house by themselves. Some have lost their jobs, so they're increasingly dependent on their husbands. Even if a woman wants to control or limit the number of children she has, if her husband doesn't agree, she won't be able to make that decision herself. She doesn't even have the money to leave the house, pay for transport or come to the clinic independently. If she plans to do it in secret, she'll need the money for it, which she'll need to explain to her husband.*

She went on:

> *Five years ago, we'd see families with two or three children, or women who were asking about family planning or were spacing out their pregnancies. They were working or studying and wanted to plan when to have their next child. Now, we see women who already have five, six, seven children and are pregnant again. Many are not working, staying at home, have no independent income and have limited access to information or family planning services. So, they continue to become pregnant and give birth.*

Latifa, a midwife in Sayedabad district of Maidan Wardak, who has worked in several of the province's districts, agreed that women who were in paid work had more autonomy and were more likely to be aware of and access prenatal healthcare and family planning. But that meant the impact of Taliban restrictions on women working has "been seen more in cities. … In rural areas, even during the Republican period, many women did not have the opportunity to study or work and their current situation has not changed much." She said women still had little role in decision-making: "A mother may not be able to decide on her own whether she wants another child or not. She may continue getting pregnant and having children due to the wishes of her husband or his family, even when she doesn't have sufficient physical capability for another pregnancy. [She] doesn't have sufficient autonomy to make decisions related to fertility."

The loss of financial autonomy, as with those who never had it, leaves women vulnerable to pressure when it comes to getting pregnant, said midwife Nasima in Kabul:

> *Overall, from what I see, men often want to have more children, while women may have limited ability to make an independent decision about whether or when to become pregnant. That all depends on the kind of women you talk to – whether she is educated or has some sort of financial independence and doesn't entirely rely on her husband – but even so, the husband's education and open-mindedness are very important.*

She went on:

> *Because in most cases, women may say that they want to have more children, but that doesn't necessarily mean it's entirely their own decision. They have very little say in whether they want another child or not, because the reason they provide or the way they say it or smile, makes it obvious it's not entirely their decision. Instead, the decision is often made by the husband, and I don't think they even openly discuss controlling or spacing pregnancies. So she will simply say, "I want more children," even when the decision is largely influenced by her husband.*

Reduced access to family planning and deteriorating health services

Reduced access to family planning and to healthcare in general was a thread running through many of the interviews.[22] Dr Nilofar, the obstetrician in Kabul, said:

> *[Contraception] has been restricted or banned in some places by the authorities. In public hospitals, for example, tubal ligation [when the fallopian tubes are severed and tied] is no longer available. Some family planning services are still available in certain clinics or hospitals supported by foreign organisations, but generally, these services have become much more restricted.*

During the Republic, birth control pills (locally known as '*khoshi* pills') and injections were available free of charge at government hospitals. They were also available in local markets at relatively affordable prices, making them accessible to a wider range of people. The interviewees describe how contraception is often no longer available in government health facilities and its availability has become more limited in the market. Also, there is confusion as to what Emirate policy is. The media has reported what The Guardian/Zan Times in January 2026 called an "unofficial ban" (see also Hasht-e Subh, July 2025, and The Guardian February 2023), yet the Emirate also signed a contract on 23 July 2026 with the NGO, the Afghan Family Guidance Association, to provide maternal health and family planning services. Our interviewees attested both to the reduced availability of contraception and to social pressures among some communities against its use.

Dr Nilofar's hospital, which has support from foreign funding, was still able to provide some contraception, including some for free, and she said she can also prescribe it in her private clinic. However, Shukria, the midwife in Panjshir also said: "The gaps between births have become shorter. Some surrounding clinics are no longer permitted to provide contraception, and women who ask for it are told it can't be given to them. So, women are having more children, sometimes every year..."

Aisha, a midwife in Pul-e Alam, Logar, said the main reasons for the increased birth rates were the closure of girls' high schools, which she called a "very strong reason for [families] to get their daughters married early", and lack of access to family

[22] One thoughtful study explores many of the attitudes described by our interviewees (and more) expressed by married women in Kabul: see Ziba Mazari, Seyedeh Tahereh Mirmolaei, Masud Yunesian, Shirin Shahbazi Sighaldeh, Sadaf Sultani, Halima Baha and Sodaba Mohammadzai, Exploring attitudes toward fertility and childbearing among married women in Kabul, Afghanistan: a qualitative study, Reproductive Health, 2026.

planning. The use of family planning services had decreased, she said, "particularly among poorer families and in some communities. I haven't observed the same change among families who are well-off and more educated." She said it had become much harder to convince families in rural areas to consider family planning.

Children in Zabul province. Afghanistan has one of the youngest populations in the world, with almost half of all Afghans under 15. Photo: Sanaullah Seiam/AFP, 22 September 2026

In Sayedabad district of Maidan Wardak province, midwife Latifa said some contraception used to be provided free of charge by the Ministry of Public Health to clinics. Now, it is only available in the market. However, she also noted a difference in whether communities had ever wanted contraception: Pashtun families did not, she said, but in Tajik and Hazara families, "the desire to have many children is seen less." Many of the interviewees stressed that the services that used to provide advice or contraception simply do not exist anymore, for example, Dr Juma Gul in Khost:

> *While, during the Republic, mobile clinics … went from village to village and raised public awareness about high birth rates and their harms, and also*

> *provided services to the people. … [They] distributed contraceptives, and this caused most women to try to use them or at least observe spaced births. Currently, these services do not exist at all. Even the sub-clinics built by NGOs are now closed. Even the clinics that are active don't have a doctor or midwife, or if they do, they're very few. Services have dropped to zero. In hospitals and district clinics, health workers have decreased compared to the Republic, especially support staff, for example, the staff who used to give health advice to the people or provided other services to the people — now none are there. Their positions are empty. The staff have been dismissed.*

The healthcare system has certainly deteriorated since 2021. It gets far less funding than under the Republic, due to the end of aid to the government and cuts to foreign aid in general, along with the Emirate's choice to prioritise spending on its security services over public health – 48 per cent of the budget in financial year 2025 on security compared to 2.6 per cent on public health (World Bank's March 2026 Economic Monitor).[23] Emirate policies have stopped new female health professionals being trained and made it more difficult for women to access healthcare by imposing restrictions on their mobility and bans on them entering government medical facilities in some parts of the country. The damage done by the loss of rural clinics and mobile clinics and the scarcity of trained staff is then exacerbated, said Dr Nilofar, by the very straitened economic circumstances many Afghans now find themselves in:

> *For [many] families, there are the costs of transport, the cost of travelling to the hospital and the cost of receiving healthcare. They're not going to spend additional money on family planning. Even though having and raising more children is itself expensive, they don't necessarily think about costs in that way. The immediate costs of preventing pregnancy or accessing family-planning services seem more difficult for them to manage.*

Dr Mariam, a gynaecologist in Panjshir, also pointed out that the messages that used to reach communities via radio programmes and health-awareness campaigns, encouraging women to attend clinics for check-ups and giving them information about maternal and newborn health have now stopped:

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[23] Donor funding has underpinned Afghanistan's health sector for many years, so reductions hit hard. In early 2025, USAID (which had provided 40 per cent of all civilian aid to Afghanistan) cut all aid, resulting, said the WHO July 2025 Health Cluster Bulletin in the closure of 422 health facilities. For more on healthcare for rural women since 2021, in particular, see Jelena Bjelica and the AAN Team, Rural Women's Access to Health in Afghanistan: "Most of the time, we just don't go", 27 March 2025.

> *Many people now believe that contraception is no longer legal or authorised. This has created confusion. Some women may want to use contraception or ask about it, but they believe it's dangerous or prohibited, so they stop asking. … Women are [left] frightened and confused. …*

Nasima, one of the midwives in Kabul, also described the power of men to decide and the influence of clerics.

> *There are mullahs who encourage men, in particular, to have more children by discouraging family planning or telling them not to use it or preaching against it. So, these men don't allow women to use family planning methods such as medicines, injections or pills. There are some people who are more open-minded and want to practise family planning, but they can't easily find the necessary methods or devices in pharmacies. So, some use other methods, such as tracking the calendar or whatever options are available to them – because it's not available or done openly now. This is generally possible only when both the husband and wife are educated, open-minded and agree that they don't want to have more children. But if the man doesn't want to use family planning and wants to continue having children, a woman has no control and can't prevent further pregnancies.*

Birth spacing

Related to the availability and use of contraception is the issue of spacing births and interviewees often mentioned the two issues together. Like the use of contraception, it is also a proximate factor affecting the fertility rate. In Kandahar, midwife Shinkai said:

> *Spacing births isn't considered at all, although five years ago, some were considering it. When you ask a woman to consider a gap, she says "The men of our families say it's a great sin." There are health clinics in the area and they continuously provide information about family planning, but it's rarely considered. The mothers want gaps between births, but their husbands don't consider them and don't listen to them.*

Along with the changes over time, Shinkai said there had always anyway been a difference between educated city women, who wanted fewer children, and women living in the rural areas of Kandahar. Midwives in the countryside also provided information about both family planning and spacing, but women there considered

having many children to be a credit: "Some women even quarrel with the midwives, arguing that spacing births or stopping production is a great sin. They say God will feed their children."

In Logar, midwife Aisha said practices varied according to ethnicity. Farsi speakers, she said, tended towards smaller families and to space births, with the spacing having increased in recent years (although the poorest Farsi speakers were still having large families). She said her Pashtun patients were having less spaces between births and that "especially those whose husbands are mullahs or work in government, don't have permission" to prevent pregnancies:

> *Only about five per cent, I'd say, space births and that is also if the husband's a good man. The rest give birth every year. For example, some have their oldest child who is five years old and they've been giving birth every year, so the youngest one, for example, is five or six months old and they're already pregnant with another.*

Spozhmai, a midwife in the provincial capital of Zabul, described different changes over time:

> *The gap between births in urban areas has become longer since five years ago because awareness about spacing births has increased. But in rural areas, it's the same as before, it's even become shorter than before. The reason is that, in the rural areas, some people think that having fewer children by intentionally stopping or delaying children is a sin. A small number of the women who intend to [space their births] … don't have the authority to stop having children or have fewer children or space their births.*

She said the decision about family size is made by the husband or sometimes his parents. "For example," she said, "if a woman doesn't give birth in two or three years or spaces her births, her in-laws, especially her mother-in-law tells her son: Why don't you have another child? You should take your wife to the hospital to get medicine to have children."

In Panjshir, Dr Mariam said that, in the past, if mothers were not breastfeeding, they could receive contraception, but now, "they're no longer permitted to access it. So, they become pregnant again."

> *I'd estimate that [women not spacing births] has increased by around 30 per cent; one in three patients we see has a very short gap between pregnancies, with one*

> *pregnancy following another very quickly. It's difficult to say why. Some women are unable to breastfeed continuously, and I suspect that the decreasing age of mothers and the tendency to become pregnant again soon after giving birth may also contribute. There's also insufficient promotion [of the need to space births] to help mothers, as well as the limited access to contraception.*

Pronatalism and patriarchy

Although Afghanistan entered its fertility transition at the turn of the century, it had not yet got to the phase where small families had become the norm. Pronatalist thinking is, therefore, still widespread and forms a background theme to many of our interviews. Many of the healthcare professionals described pressure from husbands and in-laws on women to have many children. Several also spoke about the role of mullahs, in the words of Dr Juma Gul from Khost, preaching "that preventing pregnancy is a sin and that people shouldn't use contraception because God will provide for their children." The perceived need for sons is also contributing to large families, including because a couple with 'only' daughters will keep trying to have a son. Dr Juma Gul said that in rural Khost, in-laws mock and shame women who have fewer children, especially fewer sons, and Shinkai in Kandahar described women in the countryside competing with each other to have more children. She also said women worried that if they did not have enough children, especially boys, their husbands would marry a second wife. The immense pressure to have sons was also described by Shukria, the midwife in Panjshir, who gave one example from among her patients:

> *I know a woman who has eight daughters. She continued giving birth because she wanted a boy and said she would stop having children once she had a son. She had a placenta hysterectomy at eight months. Despite having eight daughters, her husband still wanted a son and was talking about financial difficulties and being poor, but also considering taking another wife.*

In such a strongly patriarchal society as Afghanistan, where what autonomy some women had has largely been taken away from them, women are left even more vulnerable to pressure from husbands, in-laws or wider society to have many children. Emirate policies have squeezed many women out of paid/salaried jobs, making it more difficult for them to resist social pressure to have a big family. Preventing girls from having any education beyond primary and any future as

women with professional jobs has also, along with acute economic need, helped drive early marriage. Underlying all that, any choice by women/couples to space births or prevent pregnancies has been stripped away by the devastation done to the healthcare system and family planning provision in the last five years.

Moreover, the end of the long conflict in 2021 should have opened up healthcare and outreach. Aisha, the midwife in Logar, said that insecurity in her province had meant some women could not easily access healthcare and family planning services. However, mobile clinics had used to reach them:

> *[They] travelled to those communities, providing information and trying to educate women about family planning and available healthcare. Some women accepted the information and services. Others didn't. I remember colleagues who worked in those mobile clinics telling me that some women had very little knowledge about healthcare services and didn't know what a doctor was, or had never received information about family planning.*

Yet in a time of security, there is actually less opportunity to access women in those areas now, compared to before:

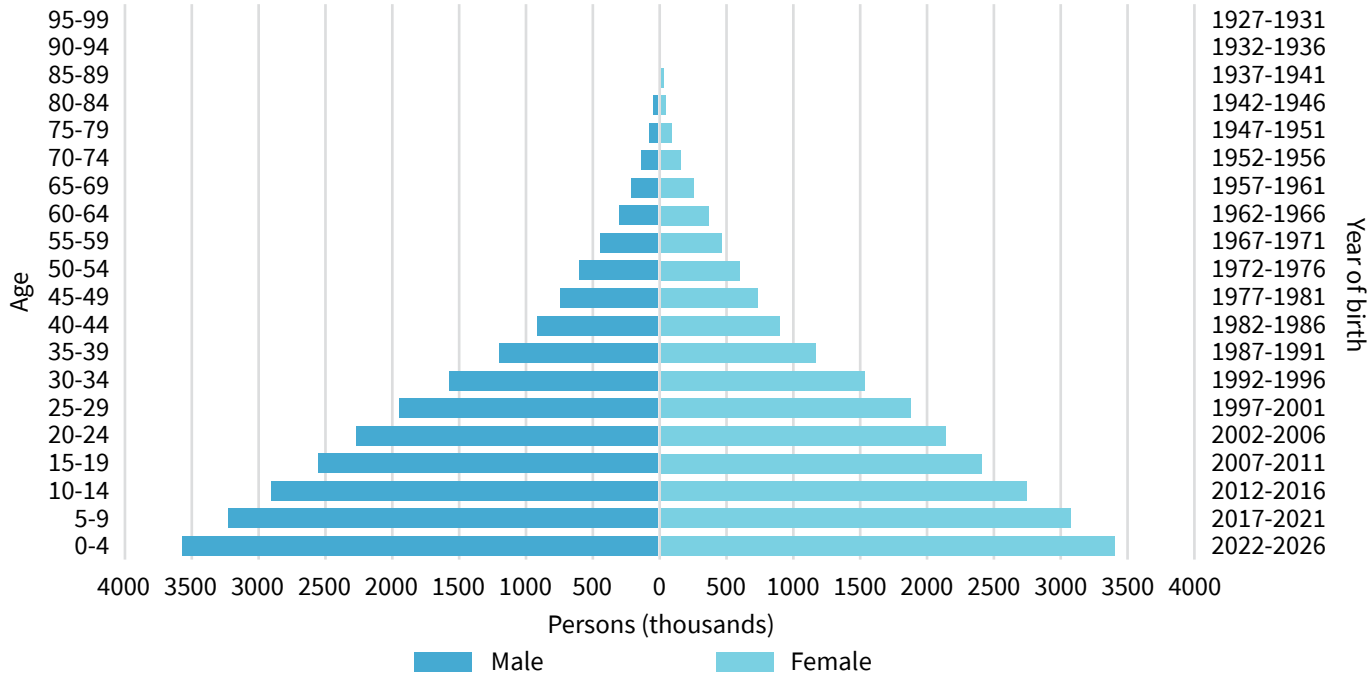
> *The problems have increased, not reduced. There are villages that are far away. They don't have access to or knowledge about clinics. They don't know anything about family planning, or where to go, and what to do, so they give birth every year. Until someone guides them or instructs them, they just continue that way.*

CONCLUSION

The insights from the health professionals interviewed for this report suggest that Afghanistan's fertility rate is rising. The first conclusion of this report is that there is a clear and critical need for new data to better understand the situation on the ground. Our interviews with health professionals suggest that Afghanistan's fertility transition may have reversed, but without a proper survey, it is impossible to be certain.

If the fertility rate is rising, the consequences would be many and perilous. Current projections by the UN, which assume that the rate is still falling, put Afghanistan's population as increasing by about a third by 2040, from 47 million to 63 million (UN). As Figure 4 shows, its very young population, with almost half of all Afghans (47.3 per cent) under the age of 15, including 16.5 per cent under five (MICS 2022/23, p31), means population momentum is already built in for decades. However, any stalling of the decline in the fertility rate – let alone a reversal – would push Afghanistan's population even higher.

Figure 4: Afghanistan's population pyramid



Source: Figure by AAN using data from UN World Population Prospects

One important question is whether any increase is 'just' a change in tempo (women having the children they would have had, just at an earlier age) or a change in quantum, meaning they will end up having more children overall. In Egypt, it has become evident that the rise in the TFR between 2008 and 2014 was a tempo change: its TFR is back down again, driven by government policy to better provide family planning and maternal and child health services and because of the educational level of Egyptian women.[24] Globally, it has been seen that disruptions to contraceptive supply, as had been seen in Egypt, often have the fastest effect on the total fertility rate, but also that the education level of women already in their childbearing years is an extremely steady factor pushing a decline. Once a female population is educated, declines tend to be sticky because the preference for smaller families among educated women does not tend to change.

Afghanistan's case looks totally different. If there has been an increase in its fertility rate, much of the change would be a consequence of Emirate policies on girls' education and women's work, allied with the calamitous drop in support for healthcare, including family planning, stemming from cuts to international aid and the Emirate's choice to prioritise spending on its security services over public health. All of these factors would be playing out against a backdrop of widespread social attitudes that are still strongly pronatalist and patriarchal. It is difficult to see anything shifting this situation, bar changes to core Emirate policies on women and girls and to its spending choices, alongside major changes on funding by international donors.

The hazards of an increase in Afghanistan's total fertility rate are absolutely clear – an intensification of pressure on water and land, an even greater need for jobs and public services and a sharpening of the drive to migrate.

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[24] Egypt's total fertility rate, which had risen from an average of 3.0 children per woman in 2008 to 3.5 children per woman in 2014, had fallen back to 2.41 by 2024 (UN Department of Economic and Social Affairs, Population Division, p37). Delayed marriage and use of contraception ("reduced marriage exposure and stronger contraceptive inhibition") were the main proximate determinants of the fall found Abdel Majeed Ahmed Hendy, Mastur Hammad Rehim, Ahmed Mohi Khalaf Sakr Khalil Ibrahim Al-Halalat and Ruqayya Alteneiji, Marriage, contraception, and fertility decline in Egypt: sociological insights from Bongaarts's proximate determinants framework, Frontiers of Sociology, 2026. Nadia Mabrouk in The New Arab, citing government statistics and quoting academics, gives a good, brief explanation of possible background factors: improved family planning provision, an economic crisis making marriages and bringing up children more expensive and increased levels of education among Egyptian women: Inside the struggles shaping Egypt's declining population growth rate and why families are rethinking parenthood, 3 June 2025.

For Afghan women themselves, the increased dangers of a reversal in the country's fertility transition are also clear – and immediate. Multiple pregnancies, especially back-to-back, and pregnancies in adolescence endanger both mothers and children. Crucially, as well, any higher fertility rate would be coming just as healthcare has also deteriorated, intensifying the risks to women and their babies still further. Aisha in Logar spoke for many of the interviewees:

> *These mothers who come to me, who've given birth many times, are so weak and exhausted. They have severe anaemia, muscle weakness, mental health issues and are under a lot of pressure, facing many difficulties. I feel very bad for them. These men and their families don't even see [them] or think about it.*

Dr Nilofar in Kabul was not the only professional deeply concerned by the limited ways she could help. She can provide information about family planning to women who come to the clinic, but does that help if her patients do not have "the confidence or freedom to raise the subject [with their husbands] if they're afraid of their reaction"? Also, she said, awareness-raising needs to be far deeper and broader.

> *The information also needs to reach families and communities. But this is extremely difficult when, at the community level, there are messages and social pressures against family planning, which in turn encourage women to have more children. With all the restrictions and bans [on education, mobility and work] and with women having fewer opportunities to make decisions about their own lives and healthcare, I'm concerned that the situation will continue to become even more difficult for these women.*

Kate Clark

More Births, Younger Mothers, Fewer Choices: Is Afghanistan's fertility transition going into reverse?

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Cover photo by Osman/Middle East Images via AFP, 17 May 2024 / A woman holds her baby outside her home in Baghlan province.

If you would like to share feedback or get in touch, please contact the research team at info@afghanistan-analysts.org.

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