

# Education Resilience Approaches (ERA) Program

## A complement to the Systems Approach for Better Education Results (SABER)

RES-Research  
Resilience in Education Systems  
Afghanistan

# The Resilience of Women in Higher Education in Afghanistan

N° 1. Obstacles and Opportunities in Women's Enrollment and Graduation

N° 2. The Human, Social and Institutional Resilience of Female Doctors and Postgraduate Residency Programs





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**N° 1. Obstacles and Opportunities in Women's Enrollment and Graduation**

**N° 2. The Human, Social and Institutional Resilience of Female Doctors and Postgraduate Residency Programs**





**Study N° 1.**

**Obstacles and Opportunities in Women's Enrollment and Graduation**

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**Study N° 2.**

**The Human, Social and Institutional Resilience of Female  
Doctors and Postgraduate Residency Programs**

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*The findings, interpretations, and conclusions expressed in this paper are entirely those of the authors. They do not necessarily represent the views of the Education Resilience Approaches program team, the World Bank and its affiliated organizations, or those of the executive directors of the World Bank or the governments they represent.*

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## About the RES-Research Studies Series

Development practitioners in fragile, conflict and violence-affected contexts are demanding better support for research, evaluation and assessments: this can range from conducting an exploratory needs assessment for an emergency intervention, monitoring and evaluating ongoing project impact, or building the evidence base to design a reconstruction or post-conflict program. In contexts of overwhelming adversity it is crucial not only to get reliable and valid data but to also ensure that we are going about this data collection in the right way. Doing research “right” in these contexts requires asking the right questions, talking to the relevant participants and stakeholders, using the most pertinent methods, and paying particular attention to ethics and power differentials.

To address these concerns, the ERA Program developed the Resilience in Education Settings (RES)-Research training module. The training is specifically targeted for researchers living in context of conflict, violence and other adversities. It brings together resilience theory and a transformative research paradigm. Resilience theory seeks to understand the process by which individuals, communities and organizations recover from crisis, continue to perform in the midst of adversities and even radically change to prevent future risk exposure and continue their development process (Reyes 2013). The transformative research paradigm provides methodological guidance to conduct studies with vulnerable populations, while recognizing both their exposure to overwhelming threats but also their assets such as strengths, opportunities and available services (Mertens 2009).

As with all SABER tools, the RES-Research training module is openly available for education practitioners within the World Bank, as well as other agencies. The module consists of a research manual and handouts, power point presentations and additional guidance materials.

If you are interested in using this tool please contact the ERA team for the appropriate resources: [educationresilience@worldbank.org](mailto:educationresilience@worldbank.org)

Through a nine-month training program, RES-Research builds on the capacities of academics and education practitioners in fragile, conflict and violence-affected contexts to undertake locally relevant and rigorous education resilience research. First piloted in Central America, the training program was improved and recently implemented in the South Asia region as part of a multi-donor trust fund for the Systems Approach for Better Education Results (SABER) initiative supported by DfID-UKAID, DFAT-Australian AID and the World Bank.

This report presents the ongoing application of research design and implementation skills gained by the Afghan participants in the RES-Research training module, delivered in November 2013, in Delhi, India, and in April 2014, in Kathmandu, Nepal. It provides valuable contributions to our on-going understanding of resilience in education settings in difficult contexts.

# Introduction: Improving Access and Retention of Afghan Women in Higher Education

Female access to higher education in Afghanistan has been and continues to be limited. At the basic education level, the country has made great advances since 2000; it increased access from 900,000 students in 2000, almost all boys, to 6.7 million students in 2009, and girl's enrollment increased from 5,000 under the Taliban to 2.4 million in the same time period (Afghanistan, Ministry of Education 2009-2010). Seventy-one percent are currently enrolled in primary and middle school (Grades 1-9) and 29 percent are enrolled in secondary education (Grades 10-12; Samady 2013). The post-secondary gains for girls have already increased, as 120,000 girls have graduated from secondary school, and 15,000 have enrolled in universities (George W. Bush Institute 2013).

Every year, more than 100,000 secondary school graduates write the Kankor, the nationwide higher education entrance exam, but due to insufficient spaces and limited capacity, only about half of those students find a spot at the government universities and colleges (UN Women 2013). Of the total number of university students, in 2009 only 24.8 percent were female (CEDAW 2011).

The issue is not only access, but also retention and graduation. Even when female students enter universities, they require relevant support for gender-specific risks to help them complete their higher education careers. We need to learn more about the barriers to entering higher education, as well as to graduating successfully. Equally important is the need to understand what are the strengths, opportunities and resources that can help young girls and women consider, access, and acquire a quality higher education degree to contribute to the on-going development of their families, society and the country.

## RES-Research training practical component

As part of the practical component of the RES-Research training module, we present the results of some of the mixed-methods and transformative research skills developed and applied within this report.

The participants from Afghanistan formed two research teams. One team, made up of four female university lecturers and two female members of the Ministry of Higher Education, applied their acquired research skills to the topic of "Obstacles and Opportunities in Women's Enrollment and Graduation." The other team, participants representing the WHO in Afghanistan, focused on "The Human, Social and Institutional Resilience of Female Doctors and Postgraduate Residency Programs". This report presents the preliminary findings of these two studies.

# Study N° 1: Obstacles and Opportunities in Women's Enrollment and Graduation

This first pilot study intended to identify some of the obstacles and the assets (strengths, opportunities and resources) that are present for Afghan women in both entering and completing their higher education in Afghanistan. To accomplish this, we set forth to answer the following questions:

- What are the obstacles in the family, society and material resources that prevent young girls to enter higher education?
- What are the tensions that contribute to women dropping out and not completing their higher education programs?
- What are the resources in the family, society and other resources that have helped those women who have entered and graduated from higher education in Afghanistan?

We purposefully selected participants for the study sample. This included three groups of six or seven female high school students considering university entrance in three different schools; a group of seven third year university students attending Kabul University and another group of six students attending Kabul Polytechnic University, each representing different provinces (Kabul, Mazar, Bamyan, Wardak, etc.), ethnic groups (Pashto, Tajec, Hazara, Ozbec) and mother languages (Pashto, Dari, and Uzbeki), and; interviews with two undergraduate students attending Kabul Education University, two graduate students at Kabul University and 2 female lecturers also at Kabul University. Third year university students were able to share experiences that took place prior to university, as well as provide insights into the obstacles and resources they have encountered in continuing their studies.

In certain cases, the participants were students attending courses alongside some of the researchers. However, this relation only facilitated trust. Students had complete freedom to decide whether or not to participate in the study. As researchers we explained to all participants the concept of resilience and the purpose of the study, which was mainly to understand the problems girls face in enrolling in higher education and continuing their studies, but also to understand their assets and abilities to continuing their education. We stressed that the information provided by all participants would be used anonymously and only for research purposes.

Coding played an important role in the analysis of the interviews and focus groups. It was primarily an interpretive activity and served to summarize as well as reduce the data. The coding process generated many different codes, categories and themes. To facilitate its analysis, we used a simple framework noting the different types of barriers and assets for female students in higher education: cultural, economic, family, security, etc.

## I. Assets and opportunities for female students

The most important challenges for female students in higher education in Afghanistan were cultural, economic, family and social factors, as well as university related problems. However, participants also pointed to their family's support and their own abilities (hard work, having goals in life, self-confidence, intrinsic motivation for learning) as factors that help them with their educational goals.

**Table 1**  
**Opportunities for Female Higher Education in Afghanistan**

Individual	Family and community	Education system
<ul style="list-style-type: none"> <li>• Self-confidence</li> <li>• Positive attitude</li> <li>• Personal effort</li> <li>• Having life goals</li> <li>• Knowing their own abilities</li> <li>• Sense of competition with others for success</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional support (care, love, encouragement)</li> <li>• Financial support</li> <li>• Cultural support</li> <li>• Role models within the family</li> </ul>	<ul style="list-style-type: none"> <li>• Free education</li> <li>• Encouragement of teachers</li> <li>• Equal treatment of males and females</li> <li>• Dormitory facilities</li> </ul>

However, although some female Afghan students and professors in higher education have found positive support within themselves, their family and community, the costs of going to university are still high. These include cultural and economic barriers, as well as family, social and security problems. For many these present a very sombre picture and lead to a sense of hopelessness. We discuss these obstacles in the next section.

## II. Obstacles women face in enrolling and graduating from university

In spite of their high motivation and the support they receive from some family members, women overwhelmingly face cultural, social, economic and security problems and barriers to enrollment and completion of higher education. This section presents the challenges reported by high school female students considering higher education enrollment, female students already in enrolled in university, and female faculty.

**Table 2**  
**Risks/Obstacles for Female Higher Education in Afghanistan**

Identified by high school students	Identified by university students	Identified by faculty
<p><b>Cultural barriers</b></p> <ul style="list-style-type: none"> <li>• Pressure to get married and leave school</li> <li>• Discrimination against girls in families</li> </ul> <p><b>Economic barriers</b></p> <ul style="list-style-type: none"> <li>• Lack of financial resources, poverty</li> </ul> <p><b>Family problems</b></p> <ul style="list-style-type: none"> <li>• Decision-making power held by men in the family (father and brother), especially regarding girls' education</li> </ul> <p><b>Security and social problems</b></p> <ul style="list-style-type: none"> <li>• Insecurity in the country</li> <li>• Misconception of studying university (benefits of studying beyond working and earning money are not understood or appreciated).</li> </ul> <p><b>Individual hopelessness</b></p> <ul style="list-style-type: none"> <li>• Hopelessness about their future (believe entrance to university or getting a job is unlikely)</li> </ul>	<p><b>Cultural barriers</b></p> <ul style="list-style-type: none"> <li>• Pressure to get married and leave school</li> <li>• Relatives who prevent girls from studying</li> </ul> <p><b>Economic barriers</b></p> <ul style="list-style-type: none"> <li>• High cost of Kankor (higher education entrance exam) preparation classes</li> <li>• Lack of financial resources</li> <li>• Need to work to support family</li> <li>• Lack of part-time job opportunities to support families while studying</li> </ul> <p><b>Family problems</b></p> <ul style="list-style-type: none"> <li>• Families that prevent girls from getting a part-time job during school</li> <li>• Discrimination against girls in the family for enrollment in Kankor preparation classes</li> <li>• Family violence</li> </ul> <p><b>Security and Social problems</b></p> <ul style="list-style-type: none"> <li>• Insecurity and civil war</li> <li>• Kankor preparation classes dominated by males and offered by private schools so families do not permit their daughters to enroll</li> <li>• Insecure access routes for out-of-province female students who study in Kabul</li> </ul>	<p><b>Cultural barriers</b></p> <ul style="list-style-type: none"> <li>• Girls' early marriage</li> </ul> <p><b>Family and economic problems</b></p> <ul style="list-style-type: none"> <li>• Illiteracy in the family</li> <li>• Poverty and joblessness in the family</li> </ul> <p><b>Security and social problems</b></p> <ul style="list-style-type: none"> <li>• Insecurity in the country</li> </ul>

The family is a crucial source of support for female participation in higher education. Most participants noted the support of their families, who value education in general and specifically support their studies. However, this support was still based on the condition of their field of study, specifically those that Afghan society considers as most appropriate for women. Interview excerpts in the box below exemplify this. The first excerpt comes from an interview with a female

university lecturer at Kabul University, and the second from a government worker in the Ministry of Higher Education.

### Box 1 Two Life Stories of Educated Afghan Women

#### **Education is Valued in the Family but Career is Dictated by Gender**

I was born into an educated family. My father was a banker and my mother was a teacher. When I graduated from high school, my father just gave me one option: to become a teacher. He said I should become a teacher, that teaching is a holy job and my mother is also a teacher. However, my mom told him, "Let her choose her own interest and attend the faculty that interests her." My father said, "No, she is a girl, she can't decide and think about her future."

I wanted to become a doctor or a lawyer when I passed the Kankor. The questions were very good and easy for me. I aced the questions but I was really disappointed because I had just only one [career] choice, which was my family's request, specifically my father's.

There were many reasons behind [opposing my career choice]. For example, doctors have to remain [in the hospital] during nights to treat people, or a girl can be [badly] judged for being a doctor in our country... I couldn't reach for my life dreams and in the end I became a teacher. After attending the teacher training faculty my father worked with me and encouraged me a lot to get the highest grades [in my class] in order to become a university teacher. He was really supportive during my studies. Then, through hard work and getting the first position after graduation, the university hired me as an instructor. Now I am happy.

#### **Degree Completed but Prevented by Gender to Work in the Field**

When I graduated from the Faculty of Agriculture at Kabul University in the field of economics and planning, our work placements were in the central statistics and agriculture bank. [Though] my field of study was economics and planning ...my father [who] was a lecturer in the Science faculty at Kabul University told me that I should prefer the field of teaching because teaching is better for females and has a high position in society. He said, "Otherwise it will be difficult for you to work outside as a governmental employee from 8am until 4pm every day."

So, though it was one of my dreams to serve as an agriculture economist at the central statistics bank or any agriculture bank, unfortunately I could not act according to my own desire and I accepted what my father advised me. I began teaching and working as a trainer in different organizations. Now my background is in the field of academics and education.

## **III. Institutional barriers to female participation in higher education**

Female students already attending university as well as female faculty were able to comment on the institutional barriers, within universities and across the education system in general, that contribute to the low enrollment of women. These include relevant and accessible facilities, as well as cultural factors.

**Table 3**  
**Institutional Barriers to Female Higher Education in Afghanistan**

Identified by university students	Identified by faculty
<p><b>Facilities</b></p> <ul style="list-style-type: none"> <li>• Long distance from home / transportation</li> <li>• Shortage of classrooms, chairs, electricity and other basic necessities of a standard classroom</li> <li>• Shortage of washrooms for female students</li> <li>• Shortage of dormitories in provinces, and emotional challenges due to homesickness, new environment and university course load where dormitories are available</li> <li>• Lack of English and computer courses on campus for female students</li> </ul> <p><b>Cultural Factors</b></p> <ul style="list-style-type: none"> <li>• Difficulties adjusting from rural culture to urban culture of university and cultural ties</li> <li>• Difficulties adjusting to new university environment</li> <li>• Lack of prayer rooms for girls</li> <li>• Ethnic and religious prejudice</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of university preparation courses for girls</li> <li>• Weak school curriculum insufficient preparation for university or the university entrance exam; girls often not permitted to enroll in private preparation classes</li> <li>• Lack of affirmative action related to girls' enrollment in university</li> </ul>

## IV. Conclusions

Based on our pilot study, some considerations for education policy and practice include ongoing support for free education with equal rights and opportunities for boys and girls, and women and men. Especially important for the education of female students are policies and programs that work with both family members as role models and with teachers to encourage female students. In the context of Afghanistan, relevant facilities for women, including dormitories, are very crucial for safety and security.

We also need more mixed-methods studies, which use qualitative data to help prepare better quantitative questionnaires. Identifying different variables and including them in the questionnaires increases the cultural validity of the questions we ask. We also need to expand the scope of the study to a bigger target group to capture the broad cultural and regional diversity of Afghanistan.

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# Study N° 2: The Human, Social and Institutional Resilience of Female Doctors and Postgraduate Residency Programs

This pilot study sought to understand the reasons why female doctors want to enroll in postgraduate residency programs and the factors that support, influence or hinder their enrollment. The study used a resilience framework applied at the individual, social and institutional levels.

It is widely recognized that every individual has the capacity to adapt and overcome risks and adversities (Ungar 2005). Therefore, we can define resilience as the capacity of individuals to endure stress and devastation, continue to perform in the midst of adversities and even radically change to prevent future risk exposure and continue their development process (Cornbluth 2014; Reyes 2013). Resilience is not static and develops over a period of time. It comes from supportive relationships, religious and cultural beliefs and traditions, that help people cope with the inevitable knocks in life (Wykle, Faan and Gueldner 2011).

Various factors contribute to the development of resilience. They include, but are not limited to: close relationships with family and friends, confidence in one's own strengths and abilities, problem-solving skills, seeking help, coping with stress in healthy ways, and finding positive meaning in life despite difficult conditions and traumatic events (Meichenbaum 2007). Thus, for this study we sought to answer some initial questions categorizing resilience in human, social and institutional realms. These questions were:

- **Human resilience:** What is the life experience of female doctors who want to enroll in postgraduate residency programs and of those who are already enrolled?
- **Social resilience:** How do family factors, cultural norms and other social factors influence female doctors' enrollment in postgraduate residency programs?
- **Institutional resilience:** How is female enrollment in postgraduate residency programs affected by geographical distance and the type of female-friendly facilities in hospitals?

## I. Methodology

We began to answer these questions by interviewing nine female medical doctors (enrolled and not enrolled in postgraduate residency programs) working in two maternity hospitals in Kabul. A second part of this study plan was to conduct a survey questionnaire with 34 additional participants; however, this report focuses only on the qualitative data collection, and reports on the findings related to risks. The second part includes a report on the assets. A transcript of each interview was prepared and analyzed for major categories or themes, and then compared with each other. A Local Advisory Committee (LAC) comprised of a representative from the research department of the Ministry of Public Health (MoPH), a research focal point from each hospital, and a WHO technical officer for Reproductive Health, assisted in identifying and selecting the study participants. The support of female LAC members was a key factor for the success of this pilot study.

The mixed-methods approach can help us to apprehend diversities and issues around the enrollment of female doctors in postgraduate residency programs in a short time. For the qualitative component, a selection of a diverse sample (female graduates, current students and prospective students), helped us understand the problems and motivating factors that affect their enrollment. In addition, sequential sampling (first qualitative followed by quantitative) was instrumental in identifying the key issues to be included in a future questionnaire. Discussion of the application of this questionnaire is not part of this pilot report, which only focuses on the qualitative phase of the study, and the findings related to risks. Moreover, the formation of a Local Advisory Committee was critical in identifying and accessing potential study participants. Furthermore, the extensive interaction among the researchers with diverse experience and backgrounds, in two RES-Research workshops and guidance provided by its facilitators supported us to better understand resilience research methodology and its application to different fields in education.

## **II. Context of adversity and desirable outcomes for female students in higher education and the field of medicine**

Cultural norms, family values, religious concerns, physical access, individual/gender preferences and security concerns all affect the enrollment of female students in specialized medical education programs. Subsequently, these factors influence their deployment in health facilities. However, growing access opportunities resulted in steady progress in educating and deploying female health care providers in large cities such as Kabul, Nengarhar, Herat, Mazar and Kunduz over the last decade (George W. Bush Institute 2013; Baharustani 2012).

A thorough assessment conducted by Human Resources for Health in 2011 indicates that 45,042 health personnel are employed by the public health system in Afghanistan (MoPH 2011). Sixty percent are civil servants and 40 percent work with NGOs under contractual arrangements with the MoPH (MoPH 2011). There are 7.26 health care providers (medical doctors, nurses and midwives, both male and female) per 10,000 population in the country, which is still within the critical shortage zone according to the WHO's benchmark of 23 health care professionals per 10,000 population. Despite the considerable increase in the training of nurses and midwives scheduled for the next 5 years, the ratio of these health care providers to 10,000 population will only increase from 7.26 to 9.12 (MoPH 2011). Cultural diversity, family values, and religious concerns seriously affect the enrollment of female students in specialized medical education programs. The shortage of female nurses, female doctors particularly in provinces, male and female physical therapists and psychosocial counsellors, medical technologists, and bio-medical-engineers, is more critical and requires immediate corrective measures.

There are 16.7 public health workers per 10,000 population in rural areas (including unqualified support staff), compared with 36 per 10,000 population in urban areas. Most qualified private health workers reside in urban areas and serve only 22.6 percent of the population. The southern part of the country suffers from a serious shortage of qualified health care providers followed by the western and north-eastern regions. The mal-distribution of health care providers leaves the peripheral health facilities and remote areas understaffed. The main reasons for the mal-distribution are poor working, living and social conditions, security concerns, lack of educational facilities for children and lack of transportation (MoPH 2011).

The potential economic and social benefits of increasing the number of highly educated individuals within a population, and particularly females, are known and understood worldwide (Bloom, Canning and Chan 2006). Female workers make up only 28 percent of total public health care providers. All midwives and 36 percent of support staff are female, while only around 20 percent of higher-educated health care providers (e.g. doctors, dentists and pharmacists) are female (MoPH 2011).

### III. Findings and analysis

The study participants had graduated from medical university between 1989 and 2011 (most had graduated since 2002). The majority of the participants were still trying to enroll in a postgraduate residency program; others were already enrolled in the program, and few had completed the program. This section presents their life experiences reflecting the assets and obstacles to female enrollment and graduation from a postgraduate residency program.

#### Human, social and institutional resilience in female doctors in postgraduate residency programs

Interviewed participants shared with us their aspirations and social demands for women in post-graduate medical programs. This pointed to human, social and institutional resilience factors, shared succinctly below for both doctors aspiring to enter a residency program and those already enrolled.

##### Experiences of women aspiring to enroll in a postgraduate residency program

We identified many motivating factors of participants who want to be enrolled in a medical residency program. These include the opportunity to acquire new knowledge and skills, better job opportunities, popularity, elevated self-esteem, increased income in private practice and enhanced capacity to serve the people.

However, participants who want to enrol in postgraduate residency programs have major concerns such as complicated bureaucratic procedures for enrollment, the difficult entry test, the unavailability of standard teaching materials for preparation, cumbersome preparation required for the entry test, a lack of job opportunities, insufficient time to study, and many issues related to family which create barriers to enrollment in a postgraduate residency program. Married female doctors are most affected as they are also housewives and responsible for house chores. Unmarried female doctors and new graduates have better chances of being enrolled in a residency program.

##### Experiences of women already enrolled in a postgraduate residency program

Community demand for female doctors (especially gynecologists and obstetricians) along with a personal desire to continue their professional development, encourages female doctors' enrollment in residency programs. Some of the female doctors doing residency, who participated in the study, are optimistic that acquiring more knowledge and experience will lead to good job opportunities, a better life and respect in society, in the future. Women who are enrolled in a postgraduate residency program seem to have been raised by highly educated families with positive attitudes towards girls' education, good economic status, and the women's husbands

are in the same profession. The interview data suggests that these factors help female doctors' enrollment in the residency program, especially the community demand for highly qualified female doctors, liberal families, and the adherence to cultural and traditional norms. However, these supportive assets do not come without costs at the individual, family, cultural and other social levels. In addition, geographic proximity and the female friendliness of facilities constrain both access and completion of postgraduate residency programs.

### **Obstacles in fostering human, social and institutional resilience of postgraduate female doctors**

In spite of the high motivation of female doctors to continue their postgraduate studies in Afghanistan, as well as the social demand for a high level of women professionals in the medical fields, presently there are various factors that hinder their resilience. These are discussed next within each type of resilience process: human, social and institutional.

#### **Human Resilience**

The life experiences of female doctors who are already enrolled in postgraduate residency programs indicate difficulties with working in hospitals, and particularly performing night duty. Female doctors have serious concerns about low salary, lack of proper facilities for their child patients in hospitals, inadequate family support, and uncertainty about job opportunities in urban areas after graduation. Married female doctors face even more problems, including the double burden associated with working and taking care of their children, husband and in-laws in joint families.

#### **Social Resilience**

Family factors, which influence female doctors' enrollment in postgraduate residency programs, vary from family to family. Women residing in rural areas are more disadvantaged than women in urban areas, and married women are less likely to enroll compared to single women. Family commitments, including being a mother and a wife, negatively affect the enrollment of female doctors in residency programs. In addition, criticisms by extended family members for not devoting enough time to their children, husband and in-laws, denial of permission for night duty in conservative families, and lack of child care support are among the other factors that reduce female doctors' enrollment.

Cultural norms, such as negative attitudes towards women who work outside of house, criticism from extended families, religious misbeliefs, low literacy rates within the family and surrounding community, discrimination against women, relatives' attitudes towards female doctors' night duty and restrictions on travels outside of the country, all negatively influence female doctors' enrollment.

Social factors that hinder female doctors' enrollment vary from place to place. These include beliefs that a woman's only role is as a mother and a housewife, negative attitudes towards female education (particularly away from home, either in other cities and outside the country), living in extended families, and the excessive role of the husband, mother-in-law, father-in-law and other relatives in decision-making. These factors are more dominant in rural areas as compared to urban areas.

### Institutional Resilience

Geographical distance influences access to higher education for both males and females. However, its impact on girls' and women's education is much higher compared to that of boys and men. Their support to their family is reduced because of their time spent away from the home, during which time they cannot take care of their children and breastfeed. This eventually leads to fewer enrollments of women in residency programs. In addition, lack of transportation or inability to pay transport costs, insecurity, prescience of irresponsible and impolite people on the way to the hospital, and living in rural areas, also minimizes female doctors' enrollment in postgraduate medical programs.

The lack of female-friendly facilities in hospitals limits both access and completion of residency programs. These include kindergartens, hostels, libraries, access to internet, positive attitudes overall towards women, qualified female trainers, good interpersonal skills of trainers, separate female services such as office space and washrooms, facilities that ensure privacy, transport, shift work, manageable standard workloads, and proper accommodation for night duty. Study participants also noted that the provision of job opportunities for husbands when residency programs are in faraway hospitals improves women's enrollment in postgraduate residency programs.

## IV. Tentative recommendations for policy and practice

The study findings indicate that various factors at the individual, family, community, society and institutional level influence the enrollment of female doctors in postgraduate residency programs. A holistic approach to supporting the increased participation of women in these programs should respond to the obstacles and foster the assets identified. Higher education and health sector development policies should consider how:

- Individual preferences and commitment, family support, and good socioeconomic status have a positive impact on the enrollment of female doctors in residency programs. However, their limited decision-making power and the involvement of extended family members in all family decisions reduces the probability of further education for female doctors.
- Negative attitudes towards girl's education in society, misbeliefs regarding the role of women, concerns about work outside the house (particularly in a different city or country) hinder the enrollment of female doctors in postgraduate residency programs. However, massive community demand for the deployment of female doctors encourages girls to pursue careers in the medical field. Long-term investment in women's education, and the engagement of community and religious leaders to support the education of girls and women, will help make a gradual shift towards the equality of girls/women and boys/men in the family and society.
- The following measures will encourage female doctors to pursue postgraduate residency programs: affirmative action for girls education, simpler residency enrollment procedures, opportunities for entry test preparation, more job opportunities for women, establishment/strengthening of female-friendly facilities in hospitals, provision of additional incentives for female doctors, provision of transport, proper accommodation, shift work, and deployment of female trainers.

## V. Conclusions and future research needs

To continue to identify the action required for an increased participation of women in postgraduate residency programs, it is important to expand the limited scope of this pilot study. We recommend using focus groups that include medical doctors working in various provinces, alongside in-depth interviews with those who are responsible for managing the current residency programs in the Ministry of Public Health and higher education. The former will help us to further explore additional problems and opportunities faced by female medical doctors in the provinces. The latter will provide a different angle to our understanding of the important factors that could improve the enrollment of female doctors in postgraduate residency programs. Moreover, engaging a broader range of stakeholders will be helpful in order to study different sides of the problems and opportunities.



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# Annexes

## Annex A.

### Study N°1: Focus group guide for female higher education students

#### **Focus group purpose:**

The aim of this focus group is to gather information about challenges and assets of female graduate students in different regions of Kabul schools.

#### **Guiding questions:**

1. What are your feelings about your access to higher education?
2. Which personal assets or abilities do you feel help you to continue your education?
3. What challenges or problems did you face or are you facing in continuing your education?
4. How did you cope with these problems?
5. What kind of facilities do you have at university?
6. How does your family support you to continue your education?

## Annex B.

### Study N°1: Focus group guide for female secondary school students and summary of answers

#### 1. What is your plan for after graduation?

*I want to continue my studies and succeed in the Kankor exam in order to achieve my education goals because I'd like to become an engineer. However, I know I won't have the chance to pass the Kankor exam.*

*I just want to finish school. I don't want to continue my classes and go to university because my family can't pay for my education. Our economy is not good and studying is a great expense.*

*I just want to be a literate person and stay at home because the security in our country is not good.*

*I am a married woman. After graduation my husband will not allow me to go to university. He says that his parents need my help and service and also I should just raise my children, and that my support belongs to my husband.*

*I want to work because our family's economic situation is not good. My house is very far from the university. Studying at university means I would need transportation. I need money. I just want to find a job to help my family.*

*I want to go to university. I have been preparing for the Kankor exam for six months to get the chance to go to university. My father encourages and supports me a lot.*

*I want to attend the Economic faculty and then get my masters degree because all of my sisters and brothers are well educated.*

*Since security is not good my parents don't like me going to university where boys and girls are mixed. I don't want to go to university next year. I will go to one of the teacher training colleges to become a teacher.*

*I don't want to go to university. I want to work in companies because even if I finish my classes there are no job opportunities.*

*I don't know because after graduating from university you can't find an appropriate job, even if you have high grades. If you don't have any connections or enough money to give as sweet (bribe) you can't be hired by an institution.*

*It is not clear what I will do. It depends on my father and if he wants me to study more.*

*Whether my father has arranged an engagement for me or not, education is still not in my plans.*

2. Why do you want to continue your classes/studies (at the higher education level)?

*I am very talented and interested in higher education. It is my dream to continue my studies.*

*In order to have a good income in the future and to have a good position in society.*

*If we don't study and don't get the certificate or the document nobody will get a job, so for a better life we have to work. If we finish university then we will have lots of job opportunities.*

3. What is your expectation of the Government and the Ministry of Higher Education?

*Since there are many reasons girls can't access higher education we want the government to provide more facilities and opportunities. For example, after the mid-term exam the schools should offer preparation courses or pre-courses so we are well-prepared for the Kankor exam.*

*My family doesn't allow me to attend other courses. If my school offered these courses I would be allowed to participate, because all boys go to high level courses but we [the girls] can't go.*

*The course fees are very high. My father has five children. He can't pay for all of us to attend special courses.*

*If the government decreased the transportation cost for students, and if the stationary [school materials] costs fall, we can go to university.*

*The government should create a special institute and university for girls, and consider their job opportunities as well.*

## Annex C.

### Study N° 2: Interview guide

1. What year did you graduate from medical school?
2. Are you working in a hospital? If yes, which department?
3. Have you completed a residency program? Yes or no?
4. What is the life experience of female doctors who want to enroll in postgraduate residency programs?
5. What is the life experience of female doctors who are already enrolled in postgraduate residency programs?
6. How do family factors influence female doctors' enrollment in postgraduate residency programs?
7. What cultural norms influence female doctors' enrollment in postgraduate residency programs?
8. Which social factors influence female doctors' enrollment in postgraduate residency programs?
9. How does geographical distance limit female doctors' enrollment in postgraduate residency programs?
10. What type of female-friendly facilities in hospitals affect female doctors' enrollment in postgraduate residency programs?





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