Open Access

An Investigation of PTSD among Afghan Youth and Preliminary Analysis of their Needs

Khairuddin Khairkhah [1*]

[1]*Department of Psychology, Faculty of Psychology & Educational Science, Kabul University, Kabul, Afghanistan*
[*]*Corresponding Email: kh_khairkhah@yahoo.com, Phone Number: +93 700045203*

Article History:
Received: 20. 05.2025
Accepted: 03. 06.2025
Online First: 25.06.2025

Citation:
Khairuddin, K. (2025). An Investigation of PTSD among Afghan Youth and Preliminary Analysis of their Needs . *Kdz Uni Int J Islam Stud and Soc Sci*;2(2):197-206

e-ISSN: 3078-3895

Abstract

This study investigates the prevalence and impact of post-traumatic stress disorder (PTSD) among Afghan youth, focusing on high school students in Kabul and Takhar. It explores factors contributing to PTSD, including the effects of war, socioeconomic status, and the mental health needs of these adolescents. Using a sample of 200 students aged 17-24, the research employs the PTSD Checklist-Civilian Version (PCL-C) to measure symptoms. Findings reveal that 40% of participant's experience moderate to severe PTSD symptoms, with those exposed to higher levels of war trauma exhibiting significantly greater psychological distress. Additionally, girls reported higher PTSD levels than boys. Socioeconomic status also played a role, with students from lower socioeconomic backgrounds showing slightly higher PTSD symptoms. The study underscores the urgency of addressing mental health challenges in Afghanistan's youth, as PTSD severely impacts academic performance and overall well-being. The research calls for targeted interventions, including better mental health support in schools, and highlights the need for further studies to develop effective treatment and prevention strategies for PTSD in post-conflict populations.

Keywords: Afghan, Depression, PTSD, Students, Psychological Interventions,Youth.

Introduction

Post-Traumatic Stress Disorder (PTSD) is a severe psychological condition resulting from exposure to life-threatening or traumatic experiences such as war, natural disasters, violence, or loss of loved ones (World Health Organization [WHO], 2020). While PTSD can affect people of all ages, children and adolescents are particularly vulnerable due to their ongoing cognitive and emotional development (Panter-Brick, Goodman, Tol, & Eggerman, 2011). Among vulnerable populations, Afghan youth represent one of the most impacted yet under-researched groups globally. Afghanistan's youth have endured more than four decades of conflict, displacement, poverty, and instability, resulting in complex and cumulative psychological trauma (de Jong et al., 2001; Catani, Schauer, & Neuner, 2008).

Lenore Terr's theory of trauma highlights that psychic trauma occurs when an individual faces an unexpected, overwhelming emotional event, which becomes deeply ingrained in the mind. PTSD is a common result of traumatic experiences, including violence, war, and accidents (Sandra & Bloom, 1999). Research emphasizes that trauma's impact varies by type, as different trauma events (such as war or assault) can have distinct psychological effects (Kira & Chery, 2012).

The American Psychological Association (APA) defines trauma as an emotional response to events like accidents, rape, or disasters. It can lead to shock, denial, and long-term emotional disturbances like flashbacks or strained relationships (APA, 2013). Trauma is categorized into Type A (e.g., neglect) and Type B (e.g., violence, war). These traumatic events cause lasting psychological damage and affect an individual's development (Life Model, 2013).

PTSD is a chronic psychological stress disorder triggered by traumatic events such as natural disasters, violent crimes, or warfare. It is characterized by symptoms like flashbacks, nightmares, emotional numbness, and survivor guilt (Johns Hopkins Healthcare Alert, 2013). PTSD is not exclusive to military personnel but affects individuals from various walks of life, including civilians exposed to trauma (Frueh & Elhai, 2003).

PTSD can develop after experiencing traumatic events, manifesting as intrusive memories, emotional numbing, hyper-awareness, and avoidance of reminders.

PTSD symptoms may not appear immediately after the event and can sometimes be misdiagnosed as other conditions (Stein & S, 2007). Diagnosis should include careful inquiry into past traumatic experiences, especially in children.

PTSD in adolescents often manifests differently than in youth may express trauma through behavioral issues, aggression, academic decline, or even suicidal tendencies rather than through verbal descriptions of flashbacks or anxiety (Betancourt et al., 2012). In Afghanistan, these symptoms are frequently exacerbated by secondary stressors such as forced displacement, family separation, poverty, and limited mental health infrastructure (Save the Children, 2022). Despite the intensity and duration of the trauma faced by Afghan youth, there is a stark absence of comprehensive research focusing on their specific needs. This study aims to address this critical gap by exploring the prevalence and effects of PTSD among Afghan youth and identifying the emotional, psychological, and social support systems required in a post-conflict environment.

Afghanistan has one of the countries with uncountable populations, with over 63% of its citizens under the age of 25 (United Nations Children's Fund [UNICEF], 2021). Given this demographic reality, the psychological well-being of adolescents is not only a family or community issue but a national concern. If untreated, widespread trauma among Afghan youth can result in long-term consequences including increased violence, radicalization, chronic mental illness, and societal fragmentation (Human Rights Watch [HRW], 2022; WHO, 2020).

Despite these risks, Afghanistan's mental health sector remains underdeveloped, underfunded, and heavily stigmatized (Panter-Brick et al., 2011). Afghan youth rarely have access to professional psychological services, and often lack awareness about PTSD or how to seek help (Catani et al., 2008). Furthermore, international aid programs and policy interventions tend to overlook mental health as a primary need, particularly among adolescents. This research is therefore crucial not only to support mental health policy development but also to guide NGOs and international actors in creating culturally appropriate, youth-centered mental health services.

This issue also contributes to global understanding of the psychosocial consequences of protracted conflict on young populations. Afghanistan's history offers a case study of how repeated exposure to trauma over generations creates complex and often underdiagnosed psychological conditions. The findings from this study can thus inform mental health strategies in other post-conflict societies (de Jong et al., 2001; WHO, 2020).

This research has two main objectives: (1) To investigate the prevalence, causes, and consequences of PTSD among Afghan youth, and (2) To conduct a preliminary needs assessment to determine the psychological, social, and institutional support required. The study will address the following research questions:

- What is the prevalence of PTSD among Afghan youth in different environments (urban vs. rural; displaced vs. stable)?
- What traumatic events are most frequently linked to PTSD among Afghan adolescents?
- What coping mechanisms and informal support systems do youth rely on?
- What barriers exist to accessing mental health services?
- What are the primary emotional, educational, and psychological needs of PTSD-affected Afghan youth?

The answers to these questions will help develop evidence-based interventions and culturally relevant recommendations for national and international stakeholders (Betancourt et al., 2012; Panter-Brick et al., 2011).

Afghanistan has experienced multiple phases of internal conflict over the past several decades, with significant impacts on its social, political, and economic landscapes (HRW, 2022). The Soviet invasion in 1979 marked the beginning of an extensive period of conflict, followed by the withdrawal of Soviet forces in 1989. This led to a civil war among various factions of Afghan resistance groups, which caused considerable destruction, especially in Kabul. After the Soviet withdrawal, the country was further destabilized by competing warlords and ethnic groups. In the mid-1990s, the emergence of the Taliban as a dominant force shifted the political landscape, though their rule was challenged by internal opposition and external actors (Save the Children, 2022). The subsequent U.S.-led intervention in 2001 and the establishment of a new government did not bring an end to the conflict, as the problems continued to resist efforts to establish lasting peace (HRW, 2022; UNICEF, 2021). These internal conflicts, compounded by political instability, poverty, and displacement, have had a long-term effect on Afghanistan's infrastructure and the well-being of its people (Giustozzi, 2000; Barfield, 2010; Human Rights Watch, 2022).

In addition, during the 20 years of the United States' presence in Afghanistan, the intensity of the conflict increased in rural areas, and many people were physically harmed due to U.S. drone strikes and Special Forces operations, which led to numerous psychological problems. Despite these challenges, mental health research in Afghanistan remains extremely limited. Most studies focus on adults or returning combatants, and few tools exist that are both linguistically and culturally appropriate for assessing Afghan adolescents (Catani et al., 2008; Betancourt et al., 2012). This research seeks to fill that void by focusing specifically on youth and their unique post-conflict experiences.

Afghan youth are one of the most vulnerable yet least studied groups when it comes to trauma and PTSD. Existing literature on PTSD in Afghanistan is either outdated, adult-centric, or methodologically limited (de Jong et al., 2001). There is little understanding of how cultural

beliefs, developmental stages, and environmental pressures shape the expression and management of PTSD in Afghan youth.

In addition, there are significant structural barriers to care: Afghanistan has few trained psychologists, no formal school counseling systems, and strong cultural taboos around mental illness (Panter-Brick et al., 2011; Save the Children, 2022). Security concerns, financial hardship, and political instability further disrupt access to mental health services. International funding also fluctuates dramatically depending on geopolitical interest, weakening long-term mental health programming (UNICEF, 2021).

Therefore, there is an urgent need to collect empirical data on the prevalence and forms of PTSD among Afghan adolescents and to determine what kinds of interventions can realistically be implemented in this context. This study hopes to serve as a foundation for local and global actors to provide meaningful support for Afghan youth and ensure that their mental health becomes a national priority, not an afterthought.

Material and Method

The research uses descriptive and correlation research designs. Descriptive research gathers data to test hypotheses or answer questions, while correlational research identifies the relationship between variables (Gay & Peter, 2000). The study focused quantitative methods to explore PTSD in youth in Afghanistan, aiming for accurate and confident results regarding the effects of PTSD.

PTSD: Caused by traumatic events such as war, accidents, and violence. Instruments are required to identify PTSD in adolescents (Jesse & Resnick, 2013).

Symptoms: Includes intrusive memories, avoidance, emotional numbing, and emotional arousal such as irritability, anxiety, and hypervigilance.

War: A significant factor impacting PTSD due to Afghanistan's conflict.

Youth: Adolescents aged 17-24 students, studying in high schools in Afghanistan.

The study is guided by the following hypotheses:

1. A significant portion of participants will show moderate to severe PTSD symptoms.
2. The intensity of war exposure affects mental health outcomes.
3. Socioeconomic status influences the severity of PTSD.

The study sample consists of 200 Afghan high school students from Kabul and Takhar cities, aged 17-24. A stratified random sample was used, ensuring diverse representation across provinces, schools, and genders. The sample's demographic details are provided in the tables, with PTSD symptoms assessed using standardized instruments.

Table1. Sample size:

Schools	N	Provinces	Girls	Boys
Dashti Qala female high school	53	Takhar	53	
Dashti Qala male high school	42	Takhar		42
First year girls student of psychology	61	Kabul	61	
First year boys student of psychology	44	Kabul		44
Totally	200			

PTSD Checklist-Civilian Version (PCL-C): A 20-item self-report tool measuring PTSD symptoms, with high internal reliability ($\alpha = 0.89$ for the Dari version used in this study).

- Data Collection: The study utilized a survey with 200 participants.
- Survey: The PCL-C questionnaire was distributed to participants, and the data were analyzed for PTSD prevalence.
- Data Analysis: data nalyzed using SPSS software, and the statistical technics, including descriptive statistics, correlational analysis, and t-tests were used to understand PTSD prevalence and relationships between variables.

Results

The findings with Quantitative data were analyzed with SPSS24. And also were analyzed by descriptive statistical techniques. Descriptive analysis was used to establish prevalence of psychological distress, and correlational analysis, also were used split, Chi square, cross tabulation, one-way ANOVA, Descriptive statistics, post hoc tests, and independent-sample t test.

A- There will be more participants who will be rated Moderately and above) as symptomatic of PTSD.

Score of PTSD was split between lower- and upper-median, the research questionnaire are two criteria, this research followed from first criteria.

Table number 1 shown more participants below median (Observed N=120, Expected N=100.0, Residual=20.0) and Upper Median (Observed N=80, Expected N=100.0, Residual=-20.0). According to this analysis 120 participants are below the median that mean's 60% (N120=60%) and 80 participants upper the median that mean's 40%. (N80=40%), as you seeing at the frequencies coming table:

Table 2. Frequencies table below and upper median:

Total4 <= 2.99 (FILTER: Median)			
	Observed N	Expected N	Residual
Below median	120	100.0	20.0
Upper Median	80	100.0	-20.0
Total	200		

The questionnaires are five scales (1 not at all, 2 A little bit, 3 moderately, 4 Quite bit, and 5 extremely), the select of anyone mean participant bothering by that problem, this shown the symptoms of PTSD of the participant. Also here are 15 items each item accounted separated, (valid scales, frequencies N and valid percent).

For example, as you see in Item 1, 48 participants chose scale 1 the valid percent 24.0, 56 scale 2 the valid percent 28.0, 43 scale 3 the valid percent 21.5, 7 scale 4 the valid percent is 3.5 and 46 scale 5 the valid percent 22.5. For understanding more can use from Appendix A.

- Chi square analysis was applied, the result table 4 show more participants below moderate (N=120) than above moderate (N = 80) (χ (1) = 8.00, p = .005).

Table 3. chi square Test Statistics

Chi-Square	Df	Asymp. Sig.
8.000[a]	1	.005

Total4 <= 2.99 (FILTER: Median)

- Score of PTSD was crosstab between lower- and upper-median to understand percentages of the PTSD symptoms in youth.

The result table 3show that, the respondents of below moderate are 120 participants (N=120, males 56 participants %within group 46.7% and females 64 participants %within group 53.3%, valid percentages showed 60% non-symptoms PTSD) and the respondents of above moderate are 80 participants (N = 80, males 30 participants' %within group have 37.5% and females 50 participants %within group have 62.5%, valid percentages showed 40% symptoms PTSD) in chi square design was significance but in within group design no significant.

Table 4. Crosstab to understand valid percentage and within group

Below the moderate				Upper the moderate			
N	120	Valid percentage	%within group	N	80	Valid percentage	%within group
Male	56	60%	46.7%	Male	30	40%	37.5%
Female	64		53.3%	Female	50		62.5%

B. The level of war will have different effect on mental problem.
The results of this hypothesis shows that, war experience affect level of PTSD (F (2, 197) = 27,193, p < .001); post hoc tests showed that participants without war experience (N= 31, M = 1.907, SD = .821) have lower level PTSD than participant with weak experience of war (N = 58, M = 2.677, SD = .708) and strong experience of war (N = 111, M = 3.005, SD = .727) (MD = -.769, p < .001, MD = -1.098, p < .001), participants who have weak experience of war have lower level of PTSD than participants who have strong experience of war (MD = -.328, p = .020).
And also group statistic (Effect of gender 2 level: male and female) analyzed by descriptive test, that shows male (N=86, M=2.5984, SD=.87856) and female (N=114, M=2.8468, SD=.77502) this mean's female are more affected than male, as you seeing at the following tables:
- Effect of war (3 level: no war, weak and strong) to PTSD was tested using one-way ANOVA.

Table 5. Descriptive table for level war

Level of war	N	mean	Std. deviation
No war experience	31	1.9075	.82114
weak war experience	58	2.6770	.70849
strong war experience	111	3.0054	.72698
Total	200	2.7400	.82823

- Effect of gender (2 level: male and female) to PTSD was tested using T-test.

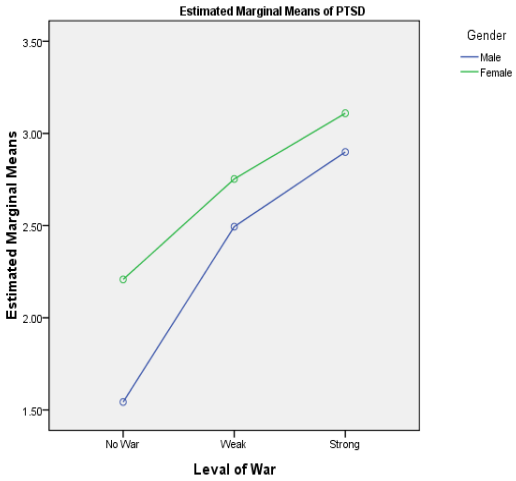
Table 6. Descriptive table of Gender, group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Total4	Male	86	2.5984	.87856	.09474
	Female	114	2.8468	.77502	.07259

As shown in the figure, there is a significant difference between males and females in terms of war-related impacts. The data indicates that women are more severely affected by the three levels of war than men. However, the effects on women vary across different war intensities due to additional influencing factors beyond conflict itself. For instance, Afghanistan—an underdeveloped country—has cultural norms and societal conditions that further restrict

women's freedoms. Women face challenges such as limited mobility, difficulty finding employment, and restrictions on interacting with strangers. These factors compound the hardships they experience during wartime.

Figure gender and level war by estimated marginal means



C. Socioeconomic status influences how individuals are affected by PTSD, leading to varying levels of vulnerability and recovery outcomes.

- Effect of socioeconomic to PTSD was tested by independent-sample t test. The group of very good socioeconomic was excluded from analysis because it consists 1 participant.

Result show when camper weakly socioeconomic with the higher socioeconomic, the effect of socioeconomic to PTSD is weakly significance (t (197) = -1.680, p = .0475), when camper weakly socioeconomic with average socioeconomic the participants with weak socioeconomy have less level of PTSD (N = 132, M = 2.513, SD = .799) than participants with average socioeconomic status (N = 167, M = 2.780, SD = .830).

Table 7. Socioeconomic table: Group Statistics

Socioeconomic	N	Mean	Std. Deviation
Weak	32	2.5125	.79918
Average	167	2.7800	.83027

Discussion

The study aimed to explore the prevalence and impact of post-traumatic stress disorder (PTSD) among Afghan youth, considering factors such as the effects of war, socioeconomic status, and the consequences of PTSD on students' wellbeing. Afghanistan's prolonged conflict has significantly affected the mental health of its population, especially among youth.

The study involved 200 high school students (114 girls and 86 boys) from different provinces of Afghanistan.

Prevalence of PTSD: Of the 200 participants, 60% scored below the median for PTSD symptoms, while 40% had moderate to severe PTSD symptoms. This aligns with other

research, including a Ministry of Public Health study in Afghanistan, which found high rates of PTSD symptoms, particularly among females.

Impact of War on PTSD: PTSD levels were higher among participants with more exposure to war. Those with no war experience had the lowest PTSD scores, while those with weak or strong war experiences showed progressively higher PTSD levels. This finding is consistent with research in other post-conflict regions, including studies on military veterans and civilians in Afghanistan.

Socioeconomic Status and PTSD: The study showed weak but significant differences in PTSD symptoms based on socioeconomic status. Participants with lower socioeconomic status reported slightly higher PTSD levels. This finding aligns with previous research indicating that low socioeconomic status can exacerbate mental health problems in post-conflict settings.

The findings of this study are aligned with the findings of World Health Organization [WHO], 2020, Panter-Brick, Goodman, Tol, & Eggerman, 2011, de Jong et al., 2001; Catani, Schauer, & Neuner, 2008, Kira & Chery, 2012, Frueh & Elhai, 2003. Stein & S, 2007, Betancourt et al., 2012, Save the Children, 2022, United Nations Children's Fund [UNICEF], 2021, HRW, 2022; WHO, 2020, De Jong et al., 2001; WHO, 2020, Betancourt et al., 2012; Panter-Brick et al., 2011 and Giustozzi, 2000; Barfield, 2010; Human Rights Watch, 2022 whom, in their research, also identified similar results and confirmed the outcomes of this study.

Conclusion and recommendation

This study has provided important insights into the prevalence and impact of post-traumatic stress disorder (PTSD) among Afghan youth, revealing that 40% of participants exhibited moderate to severe PTSD symptoms. The findings underscore the profound psychological toll that years of armed conflict, displacement, and socioeconomic hardship have imposed on Afghan youth. The results also highlight a significant correlation between war exposure and PTSD severity, as well as a moderate influence of socioeconomic status on mental health outcomes.

These findings are consistent with prior research conducted by international organizations and mental health experts, confirming that prolonged conflict environments can lead to widespread psychological trauma among adolescents.

While this study offers a valuable foundation, it also highlights several gaps and opportunities for further investigation:

Future research should employ longitudinal methods to examine the long-term psychological effects of PTSD on Afghan youth, including their academic performance, social integration, and future employment.

More detailed studies should focus on gender differences in PTSD symptoms, coping strategies, and access to mental health services, particularly considering the unique barriers faced by Afghan girls.

In-depth interviews and case studies could provide a richer understanding of the lived experiences of trauma among Afghan youth, helping to contextualize quantitative findings.

Future studies should also assess the effectiveness of school-based or community-led mental health programs, especially in rural and conflict-affected regions.

Expanding research to include youth in neighboring post-conflict countries could contribute

to a broader understanding of trauma in war-affected societies and inform regional policy coordination.

In conclusion, PTSD among Afghan youth is a critical yet under-addressed issue. A multidisciplinary, collaborative, and culturally informed research agenda is essential to support effective intervention and healing for this vulnerable population.

Acknowledgment

The authors also thank the anonymous reviewers for their helpful comments and suggestions.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

American Psychological Association. Trauma. Retrieved at February, 25, 2013, from http://www.apa.org/topics/trauma/index.aspx.

Bolton, P., & Betancourt, T. S. (2004). Mental health in postwar Afghanistan. *The Journal of the American Medical Association, 292,* 626–628.

Betancourt, T. S., Newnham, E. A., Layne, C. M., Kim, S., Steinberg, A. M., Ellis, H., & Birman, D. (2012). Trauma history and psychopathology in war-affected refugee children referred for trauma-related mental health services in the United States. *Journal of Traumatic Stress, 25*(6), 682–690. https://doi.org/10.1002/jts.21749

Barfield, T. (2010). *Afghanistan: A cultural and political history*. Princeton University Press.Catani, C., Schauer, E., & Neuner, F. (2008). Beyond individual war trauma: Domestic violence against children in Afghanistan and Sri Lanka. *Journal of Marital and Family Therapy, 34*(2), 165–176. https://doi.org/10.1111/j.1752-0606.2008.00059.x

De Jong, J. T. V. M., Komproe, I. H., Van Ommeren, M., El Masri, M., Araya, M., Khaled, N., ... & Somasundaram, D. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *JAMA, 286*(5), 555–562. https://doi.org/10.1001/jama.286.5.555

De Jong, J. T., Komproe, I. H., & Van Ommeren, M. (2003). Common mental disorders in postconflict settings. *Lancet, 361*, 2128–2130.

De Jong, J. (Ed.). (2002). Public mental health, traumatic stress, and human rights violations in low- income countries. *Trauma, war, and violence: Public mental health in socio-cultural context* (pp. 1–93). New York: Plenum Press.

Frueh BC, Elhai JD, Gold PB, et al. (2003). disability compensation seeking among veterans evaluated for posttraumatic stress disorder. Psychiatr Serv.

Human Rights Watch. (2022). Afghanistan: Taliban policies deprive women and girls of rights. https://www.hrw.org/news/2022/01/17/afghanistan-taliban-policies-deprive-women-and-girls-rights.

Jesse R. & Heidi Resnick and Dean G. (2013). *Factors Associated With Chronicity in Posttraumatic Stress Disorder: A Prospective Analysis of a National Sample of Women. Psychological Trauma: Theory, Research, Practice, and Policy, Vol.* 5, No. 1, 43–49.

Kira Ibrahim & Linda Lewandowski, Cheryl L. (2012). The Effects of Trauma Types, Cumulative Trauma, and PTSD on IQ in Two Highly Traumatized Adolescent Groups. Psychological Trauma: Theory, Research, Practice, and Policy, Vol. 4, No. 1, 128–139.

Health. Retrieved at February, 18,2013, from http://moph.gov.af/en/announcement/339.

Human Rights Watch. (2022). *Afghanistan: Taliban policies deprive women and girls of rights*. https://www.hrw.org/news/2022/01/17/afghanistan-taliban-policies-deprive-women-and-girls-rights.

Giustozzi, A. (2000). *War, politics and society in Afghanistan, 1978–1992*. Georgetown University Press.

Povey, E.R. (2003). Women in Afghanistan: passive victims of the borga or active social participants? *Development in Practice, 13,* 266–277.

psychcentral. Types-of-PTSD. Retrieved at October 23, 2013, from http://psychcentral.com/lib/types-of-ptsd/000666 /000666.

psychcentral. Types-of-PTSD. Retrieved at October 25, 2013, from http://psychcentral.com/lib/types-of-ptsd/000666 /000666.

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(4), 349–363. https://doi.org/10.1016/j.jaac.2010.12.001

Save the Children. (2022). *Afghanistan: One year of Taliban rule – Impact on children*. https://www.savethechildren.org

Sandra, L and Bloom, M. D. (1999). Trauma Therapy Abbreviated. 12 West Willow Grove Avenue. P2.

The life model. Trauma and Recovery trauma types. Retrieved at February, 20, 2013, from http://www.lifemodel.org/topic.php?rn=7&page=0.

United Nations Children's Fund (UNICEF). (2021). *Afghanistan Humanitarian Situation Report*. https://www.unicef.org/emergencies/afghanistan-crisis

World Health Organization. (2020). *Mental health in emergencies*. https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies

WHO. (2001). *Country Profiles, Afghanistan*. Retrieved June 28, 2004, from http://www.emro.who.int/MNH/ WHD/CountryProfile-AFG.htm.