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## **Capabilities, perception of well-being and development effort: Some evidence from Afghanistan**

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### Abstract

This paper examines the relationship between capabilities, well-being and the impact of development efforts in Afghanistan. Using data from a nationally representative survey, we argue that very vulnerable groups maintain a positive perception of well-being by referring to collective values and practices. Our data suggest that deprivation of individual basic capabilities does not systematically lead to a low perception of well-being if individuals have access to other capabilities such as love and care and participation in the community affairs. Nevertheless, access to basic capabilities remains crucial in order to ensure that social norms and expectations cease to constitute constraints and become factors through which agency and empowerment are enhanced. Our results also show the dangers of tackling inequalities by designing policies that target individuals isolated from the group.

### **1. Introduction**

The international community has been struggling to promote development in Afghanistan. Since the fall of the Taliban in 2001, reconstruction has been slow to yield tangible results. In 2010, Afghan income per capita is estimated at \$517 (IMF, 2011); and the Afghanistan Human Development Index (HDI) of 0.349 placed the country 155<sup>th</sup> out of 169 (UNDP 2010). Although widely used to rank countries according to their level of development, these indicators do not fully characterise the complexity of human development and fail to incorporate other critical aspects of development such as political freedom, participation, conditions of security and the application of the rule of law (Shiva Kumar and Fukuda-Parr 2005).

Afghanistan fares poorly on all dimensions of human development (AREU, 2010). Recent data gathered by the Asia Foundation (2008, 2010) shows Afghans' discontent with economic progress, as well as a lack of optimism about the future. Many authors emphasise the fact that aid has not met the needs of the population and that crucial elements of Afghan society have been neglected; while a few privileged sections have benefitted from reconstruction efforts, the majority of the population have not (Goodhand, 2002; Stockton, 2002; Allan, 2003; Donini, 2007; Trani et al., 2009). The current picture in Afghanistan reveals a traumatised population, coping with years of conflict in an unpredictable situation that leaves little room for any positive prospects for the future. Understanding the situation from the perspective of the Afghans themselves is essential in order to comprehend their concerns, identify coping strategies and suggest new directions for development efforts.

Taking a capability perspective, this paper attempts to identify what constitutes subjective

wellbeing for people in Afghanistan and whether their subjective appreciation of wellbeing corresponds to their enjoyment of basic capabilities – as measured by the proxy indicators of bodily integrity, access to education, health and shelter and an asset index of wealth. The paper finds a lack of correspondence and argues that this is due to Afghan people’s valuation of other capabilities, such as love and care and taking part in the community, which they consider to be core components of a life they have reason to value. In a similar fashion, Biswa-Diener and Diener (2001) showed that slum dwellers in Calcutta, although deprived in terms of basic capabilities –“living in sub-standard conditions”– show positive subjective well-being, particularly when they experience rewarding social relationships. In this paper, we specifically explore the links between Afghans’ perception of well-being, their capabilities (Sen, 1980, 1984, 1995) and the impact of development efforts. Taking into consideration the reality of this conflict-affected fragile state (DFID 2005), we attempt to understand better individual coping strategies and collective values that remain the cornerstones of life in the country, and the impact of development efforts on these.

Section 2 critically reviews the capability approach, and examines the central role of community values in the formation of well-being for Afghans. Section 3 outlines the methodology used to operationalise the capability approach in the Afghan context. The fourth section draws on the results of the multiple correspondence analyses carried out on the survey data to address the complex relationship between capabilities, the subjective well-being of Afghan people and the role of the human rights-based development effort. Finally, in conclusion, we discuss the need for flexibility in programmes and policies that are felt to be

in contradiction to community values and are therefore poorly received by the Afghan people and as a result are unsustainable.

## **2. Community values and the construction of well-being**

### *2.1 Capabilities and the perception of well-being*

Sen's approach to human development is intrinsically linked to a person's well-being, which in turn depends on agency – the individual's freedom to achieve goals that person values (Sen, 1999). The person's capability set is defined by the freedom to choose those functionings that the person values and has reasons to pursue. Social conversion factors, public policies, cultural, social and legal norms, power relations and gender roles in a given socio-historical context are required to translate resources into functionings (Sen, 1999; Robeyns, 2005). Development can result in capability expansion, bringing more opportunities within which the individual can exert her/his agency. The question is, what are the capabilities which enhance Afghans' sense of well-being? Sen (1999) argues that beyond basic capabilities, public debate and scrutiny are necessary to establish which capabilities are of interest to a particular group of individuals within a heterogeneous set of functionings. He is thus reluctant to establish a definitive list of capabilities.

Satisfaction of basic capabilities is essential to escape poverty and experience a positive sense of well-being. Sen (1980) defines basic capabilities as minimally acceptable capability levels or as “crucially important capabilities dealing with what have come to be known as ‘basic needs’” (Sen, 1993:40). Freedom to be educated, freedom to be well-nourished and well-sheltered, freedom to live disease-free lives and freedom to be able to move around are all constitutive of basic capabilities (Sen, 1980). Poverty is a failure of basic capabilities and should translate into a decrease in well-being, but evidence suggests that this is not

systematically the case (Biswas-Diener and Diener, 2001). Theories of adaptation provide an explanation for a positive perception of well-being even in long-lasting unfavourable circumstances (Teschl and Comin, 2005): traditional norms and rules influence people's evaluation of their well-being. People do not question the order of things and accept or adjust to bad circumstances (Nussbaum, 2000). Nussbaum (2000) proposes a list of 10 central human capabilities to address adaptive preferences and overcome preferences and desires induced by cultural and social norms. Sen (2002a) suggests that only objective evaluation, and not self-evaluation of individual's well-being status, is valid.

We argue in this paper that people might cope with an absence of basic capabilities if they enjoy other capabilities that they value more and which contribute to a high sense of well-being (Diener et al., 1999). For example, Biswas-Diener and Diener (2001) showed that social participation – through romantic and family relationships and friendships, for instance – is associated with global life satisfaction. We therefore also explore social relationships in the current study.

Community values appear to be central to Afghans' construction of well-being. An individual's agency can be influenced by collective values in two ways. On the one hand, "social structures of living together" (Ricoeur, 1992) are essential to enlarging individual well-being. Social relations bring a sense of belonging and people define themselves as part of a community (Deneulin, 2005, 2008; Uyan Semerci 2007). In other words, self-fulfilment is found within the realm of the community and closely linked to meeting the community's social expectations. Social relations also allow collective action as a means of improving individuals' lives (Stewart, 2005; Ibrahim, 2006; Dubois & Trani, 2009). On the other hand, social structures impose norms and rules on individuals that can limit individual agency.

Although opportunities exist, other people can interfere in an individual's choice about going to school, for example, and the freedom of choice between opportunities becomes limited or

forbidden. For instance, in Afghanistan, girls in many rural Pashto areas are not entitled to an education due to traditional patriarchal kinship derived from interpretations of Islam and tribal traditions (Ahmed-Ghosh, 2003). This is considered a limitation in the process aspect of freedom (Sen, 2002b; 2005): “Capabilities and the opportunity aspect of freedom, important as they are, have to be supplemented by considerations of fair processes and the lack of violation of people’s right to invoke and utilise them” (Sen, 2005: 157). In other words, if social norms and cultural values assert that girls do not need education, thus influencing their aspirations and possibly those of their parents, then these norms and values have to be critically scrutinised and debated (Unterhalter, 2003; Sen, 2002b).

While Sen (1999, 2002b) recognises community life as a component of individual well-being, he does not give central importance to the influence of social structures such as community institutions, norms and culture. Consequently, there are no collective capabilities shared by a community but only “socially dependent individual capabilities” (Sen 2002b: 81).

Nussbaum’s approach diverges from Sen’s view as she considers that an individual’s participation in the group enhances positive self-perception or an inner sense of entitlement, which in turn strengthens the capacity to negotiate a powerful bargaining position (Nussbaum, 2000). Commenting on the plight of women suffering domestic abuses, Nussbaum observes that group solidarity constitutes a major source of positive change in self-perception (Nussbaum 2000: 289). Ahmed-Ghosh (2003) argues that it is not necessary to destroy traditional networks to advance women’s conditions. The development process could be an opportunity for women to “redefine their roles in the family and community” (Ahmed-Gosh, 2003:1), induce them to change and promote more justice and equality in Afghan society.

Afghan society perpetuates inequality not only between genders but also between ethnic groups. We argue, with others, that these horizontal inequalities affect an individual’s welfare

(Stewart, 2009). People are defined by their affiliation and suffer from unfairness associated with discrimination against the groups with which they identify. Furthermore, some capabilities that are important factors of well-being are defined at the level of the group – Stewart (2009) cites political power and cultural status recognition. Social capital, measured in terms of networks and relationships, is also largely influenced by groups’ affiliations and as a result by horizontal inequalities. Marginalised, poor or excluded groups in particular will have less access to basic capabilities – especially education, health care and employment– than dominant groups in a given society. We try to provide some empirical evidence in the case of Afghanistan for the relationship between capabilities, the perception of well-being and horizontal inequalities in the case of ethnic minorities, and provide suggestions for policy makers and other development actors for tackling this issue.

## *2.2 The foundations of Afghan community values*

Afghan society is built on two major “structures of living together” as defined by Paul Ricoeur (1992). These structures are the pillars that shape individual interrelations and have a considerable influence on intentions, choices, actions and, as a result, individual agency. The first relates to tribal and community values inspired by the unwritten law of Pashto culture, the *Pashtunwali*. Dupree (2011) identifies three cultural barriers to change for women. Firstly, family is the central social, economic and political unit in society and provides security to its members. Family is at the centre of rights and obligations that are recognised by all. Secondly, honour is a central factor that moulds the lives of women, who are considered to embody family honour. Thirdly, women are subjected to seclusion (*purdah*), restricted in their movements in public spaces and have to conform to the decisions of men – in particular regarding marriage– as a result of social obligations. This translates into restrictions on attending school, working, and socialising with others. As Dupree (2011: 68) writes “non-conformist behaviour invites social ostracism and community pressure acts as a

formidable control factor. These attitudes account in good measure for the fervour with which women's issues are viewed”.

Revenge (*badal*) is another central tenet of *Pashtunwali* that is applied whenever a wrong is done to a person. Disputes over land and property and damage to the honour of women are the two main causes of long-lasting vicious circles of revenge.

The second source of norms and rules that influence conceptions of well-being is religion, which guides not just the political agenda but daily community life. Canfield (2011) identifies two sources of religious authority: knowledge and sacredness. Mullahs are sources of knowledge for the unlearned as “God was to Muhammad as Muhammad was to the umma” (Canfield, 2011: 230). Sacredness – acquired through mystical experience or descent from a sacred ancestor – imposes respect and fear. Opinions of Mullahs are often legitimised by both sources. These powerful religious leaders in Afghanistan remain particularly influential despite decades of state control and Western secular involvement (Canfield, 2011, 1977). Canfield (1977, 2011) argues that a reason for this lasting influence is that suffering in the country has been so severe that Afghans rely on the spiritual and emotional support provided by religious leaders. In cases of illness for instance, Afghans continue to trust them for treatment (Trani et al., 2010). They also visit shrines where martyrs have been buried for miracle cures for various ailments.

These two pillars are common denominators of the various hierarchically organised ethnic groups that co-exist in the country (Cramer and Goodhand, 2002; Rostami-Povey, 2007). History has shaped Afghanistan as a multi-ethnic country. The Pashto played a significant role in unifying tribes and this has had a strong impact on the country's beliefs and practices (Cramer and Goodhand, 2002). The Hazara and the Tajik gave emphasis to education and are highly visible within the administration. The political makeup of the country today gives increased decision-making powers to the Tajik and less to the Pashto, who have been ruling

the country for 250 years (Riphenburg 2005:38-40). The latter, disappointed by recent international development efforts, have reverted to what the Western frame of reference considers to be 'conservative' attitudes and this new spiral of ethnic hostilities has contributed to a disruption of the reconstruction process (Dupree, forthcoming). Moreover, once again (Cramer and Goodhand, 2002:892), the population which had become more unified as 'Afghans', faced with decades of outside aggression and invaders, is defined according to tribal codes of conduct and a history of ethnic confrontation. The other ethnic groups have either been under the leadership of the Pashto since Ahmad Shah Durrani (1747-1772) managed to build an empire that included Kashmir, or in conflict with them. The Hazara have been particularly persecuted throughout the country's history, most recently under the Taliban. The Northern Alliance, supported by the western powers, has brought together the Hazara and the Tajik to oppose the Taliban, who are mainly of Pashto origin. Recent history has had a strong impact on the well-being of Afghans. Three decades of conflict have engendered increased poverty, health problems, unemployment, financial difficulties, family conflict, isolation and loss of social bonds, as well as the lack of a sense of predictability and security, which represent "daily stressors" for the population (Miller et al, 2008). These have affected coping capacity, provoking psychological distress, leading to depression and sometimes psychosocial dysfunctioning. Women face perinatal risks, are more likely to experience socially tolerated domestic violence, less likely to access paid work, and do not have the same rights and access to resources as men (Miller et al., 2008: 629).

The recent American and NATO intervention to free the country from the Taliban raised high expectations that do not seem to have been realized. On-going conflict, a lack of coordination of international aid and a lack of cultural sensitivity in development interventions have contributed to Afghans' sense of distrust regarding the aims of foreign development efforts

and a rising disbelief that such efforts will improve their lives (Donini, 2007; Trani et al., 2009).

Various inequalities – between men and women, ethnic groups, the minority who benefit from the development process and the current unsettled political situation and the majority of the population – whether resulting from traditional beliefs or from social, historical and more recent experiences, can hinder individuals' capacity for critical examination of their circumstances and fuel violence and conflict, jeopardising Afghans' well-being (Sen, 2008). In contrast, information, social inclusion, accountability and local organisational capacity may have a positive effect on the enhancement of capabilities (Ballet, Dubois and Mahieu, 2007). We used data from a national survey we carried out in 2004-05 in Afghanistan to examine further the factors that might be most important for improving perceptions of well-being in the complex Afghan setting.

### **3. Operationalizing the Capability Approach in the context of Afghanistan**

#### *3.1 Data collection*

The National Disability Survey in Afghanistan (NDSA), a household survey carried out between December 2004 and August 2005. The NDSA is based on a random cluster sampling design, using districts and country enumeration areas as first and second units of sampling respectively. The most recently collected census data was used to provide the sampling frame. This frame included 5,130 households totalling 38,320 individuals from all 34 provinces. For the purpose of the analyses presented here, data is restricted to people between 15 and 65 years of age (inclusive), the population of potentially working individuals.

#### *3.2 Data analysis using multiple correspondence analysis*

We investigated the data using descriptive statistics exploring relationships between capabilities, the perception of well-being and the impact of the reconstruction effort. We used

criteria developed by Robeyns (2003) to identify relevant capabilities: explicit formulation of capabilities, methodological justification, drawing an ideal list of capabilities and a more pragmatic list taking into consideration constraints linked to data, measurement design, socio-economic or political factors, and including all important elements, i.e. any element that could not be reduced to other elements. . Selection of relevant capabilities was done through a participatory process and ratified by experts during the study. Focus group discussions and in-depth interviews were carried out to identify relevant capabilities in Afghanistan that were then used in the survey tools. Measuring poverty through participation has been criticised because of difficulties in self-perception of wellness and concerns that participatory methods may still exclude the poorest (Laderchi 2007). However, participatory measures may be helpful to determine basic capabilities, augmenting the lists drawn up by Desai, Nussbaum, Alkire and others (Saith 2007a), and may be particularly relevant for policymakers, as the list of basic capabilities comes directly from those experiencing poverty.

To account for social inequalities in the development process, we included in our analysis socioeconomic and demographic characteristics of Afghan adults such as gender, age, ethnicity, marital status, disability status, the education level of the household head and place of residence (both by region and urban or rural location) .

In the present paper, we selected proxies of the basic capabilities, understood as essential to the minimum standard of livelihood (Sen, 1980), defined as important by Afghans: level of education, employment status, availability of healthcare services, and level of material wealth as measured by an asset index. The asset index was calculated as a proxy for wealth using principal-components analysis, and by deriving the asset quintiles from the first factor of analysis (Filmer and Pritchett, 2001). This index is composed of 15 indicators for Afghanistan linked to the possession of certain household or individual items, characteristics

of the household dwelling and house ownership. These indicators are culturally appropriate and context-based.

We also explored the capability of bodily integrity through an indicator of mistreatment: mistreatment in Afghan society is often linked to discrimination on the basis of ethnicity, gender (women alone with children are ostracised) and disability.

Other capabilities were identified through the participatory process. Respondents were asked about who loved them and who took care of them in order to explore emotional bonds.

Building on Saith (2007b), we defined social participation as referring to being included in normal activities within a society: in Afghanistan, we identified participation in ceremonies and goods and money received from relatives and friends as indicators of social participation.

To assess perception of well-being, respondents were asked to choose three adjectives that best characterised them from a list of 10 adjectives which differed for men and women. We grouped the answers into four categories according to the positive or negative perception people had of themselves.

Finally, respondents were asked about their vision of the future and about organisations Afghans identify as working towards improving their lives, in order to assess the perceived impact of the reconstruction process. The variables used for our cluster analysis on capabilities, self-perception of well-being and the impact of the development effort are detailed in Table 1.

Table 1: Variables used for cluster analysis on capabilities, self-perception of well-being and the impact of the development effort (approximately here)

We used Multiple Correspondence Analysis (MCA), both a factorial and a cluster analysis, to show the relationship between one set of dichotomised variables characterising groups of

individuals, and another set of variables representing capabilities, as well as their link with self-perception of well-being and the impact of the development effort. MCA is a method commonly used for well-being, inequality and poverty measurement (Berenger and Verdier-Chouchane, 2007; Klasen, 2000; Roche, 2008). It is a statistical multivariate exploratory method, designed to analyse multi-way contingency tables (cross-tabulations) called Burt matrices with multidimensional qualitative input data (Benzecri, 1992; Greenacre, 1993; Greenacre and Blasius, 2006). In a Burt matrix, cases are rows and categories of variables are columns. It is based on the notion of Euclidian distance and on a low-dimensional spatial projection. The goal of the MCA is to reproduce the distance between the row and column coordinates of a frequency table (the Burt matrix) in a low-dimensional solution where the first factors capture the maximum variance of the data. The multivariate nature of MCA allows for identification of unobservable relationships that would not be detected in a series of pair-wise comparisons of variables, and can simplify complex sets of data. Thus the primary purpose of the technique is to produce a simplified representation of the information given by the large frequency table. This representation can be done on a two-dimensional graph. We standardised the variables through coding before calculating distances so that all variables are almost equally important in determining these distances.

The goal of the partitioning approach is to identify which more or less homogenous subsets (or clusters) of the general population are deprived in terms of capabilities and how this reflects on their perception of well-being and of the impact of development efforts. We use the “minimum variance method”, a hierarchical method designed to generate clusters in such a way that the variance in the clusters is minimal (Ward, 1963). Observations or individuals are allocated to the nearest group during the process of clustering which is iterative until stability is achieved with the best partition: it assigns numerical values to individuals and categories or clusters so that individuals within the same category are close together and

individuals in different categories are further apart, thereby defining homogeneous subgroups within the population (Benzecri, 1992).

For the purpose of these analyses, two sets of variables are defined: active and illustrative variables. The characteristic attributes of the former – which relate to the measurement of respondents' capabilities, perception of well-being and the impact of the development effort – contribute to defining clusters. Characteristic attributes of the latter variables relate to the demographic characteristics of individuals –gender, age, ethnicity, disability, region, urban/rural setting – and do not define clusters.

Level of education is an active variable in our analyses, but level of education of the head of household is an illustrative variable as it only adds some precision to the basic capability of education. These illustrative attributes provide additional information about clusters according to where they are scattered. Illustrative attributes that are similar to active attributes will be represented together, thereby reinforcing the robustness of the cluster analysis. All the calculations that lead to the hierarchical classification tree and to the final partition are carried out only on the active cases. The illustrative cases are assigned during the partition into the classes to which they are the closest. We account for complex sampling using specific sample weighting in the analysis.

#### **4. Capabilities, community values, perception of well-being and the development effort**

Our findings paint a complex picture of capabilities, including social participation, perception of well-being and the impact of the development effort. Firstly, we briefly describe inequality in capabilities between women and men in Afghanistan. We then examine the reasons that can lie behind a positive perception of well-being even when access to basic capabilities is denied. Thirdly, by focusing on groups that benefit from a larger set of capabilities, we discuss the prerequisites that can lead to high perception of well-being. In the final sub-

section, we look at the plight first of Afghan women and then of ethnic minorities and argue that when applied blindly, the human rights framework can be detrimental to the well-being of vulnerable groups.

#### *4.1 Inequality of capabilities according to gender*

Results (Table 2) show some disparity in capabilities between women and men. Women are confined to household tasks while men work outside, and are dependent on male support for food and goods. They have less access to education than men. They also consider public health facilities (both health centres and hospitals) less accessible to them. They are more affected by mental distress (whereas males are more affected by physical disabilities). And if both men and women have a somewhat positive self-perception, women seem more concerned about the future than men.

Table 2: Descriptive statistics by gender (approximately here)

#### *4.2 Capabilities, social roles and well-being*

We selected the map of the first two dimensions in order to visualise the relationships between individual characteristics, capabilities of interest and perception of well-being. The first two factors represent 13.8 per cent of the total inertia, which measures the dispersion of the observations in the full dimensional space. Figure 1 displays a two-dimensional projection of the corresponding set of variables' response categories as well as the partition into six categories after the cluster analysis. The categories of perception of well-being and indicators of the development effort (organisations that contribute to development and vision of the future) are included. Table 3 provides the results of the cluster analysis. Our findings yield four main associations between capabilities and well-being.

Figure 1: Capabilities, perception of well-being and development effort (approximately here)

Table 3. Cluster characteristics for social participation (approximately here)

Firstly, our results show that respondents who are deprived of some basic capabilities still demonstrate a positive perception of well-being if they conform to their social role and are supported by their family, i.e. have good social capital (Bourdieu, 1985; Baker, 1990). Conforming to the community's expectations will enhance social inclusion within the group. As a result the individual will benefit materially and symbolically from her/his affiliation to the community, including the family, and these benefits influence subjective well-being. This is illustrated in the cluster analysis. Women in the second cluster who carry out household tasks and have not received any education but are married and feel loved and supported by their family express positive well-being. Middle-aged men in the fifth cluster work and are married. Living in rural areas of the southeast, west or northwest regions, half of them are Pashto and half of them are from the Hazara or minority ethnic groups. They all participate in ceremonies. They are loved by their children and spouses and none are mistreated. Although healthcare facilities are accessible to them, they do not believe in international community and government development efforts. They do not expect their situation to improve in the future. They do not receive aid (neither money, nor goods) and they are the providers of support to their families. Some of them are from a poor background (the lowest quintile on the asset index) and all are uneducated (or hardly educated, at primary level). Yet they have a somewhat positive perception of well-being.

This result can be interpreted in light of adaptive preferences: people adjust to deprivation of basic capabilities which distorts their perception of well-being (Sen, 1990). Yet, we argue

here with others that the social conception of quality of life needs to be taken into account to appraise well-being and that an individual's judgement about well-being cannot be ignored (Phillips, 2006). Other general capabilities are as central to well-being as basic capabilities for Afghans – as mentioned in Section 2, this is in line with various anthropologists' observations about the crucial importance of community bonds and social roles within Pashto tradition (Dupree, 2011). Social recognition and acceptance are associated with the function the individual takes on within the community to which s/he belongs. In the case of women, recognition is determined by their reproductive function and their role as housewives. For men, recognition comes from taking on the function of the breadwinner and by looking after the needs of the family (Centlivres and Centlivres-Demont, 1988). In both cases, fulfilment of the social role endorsed by the community is central to the well-being of the individual. Love and affection of the family, as well as effective participation and contribution to family and community life, are conditions that guarantee social recognition and consequently are valuable capabilities that determine the perception of a good quality of life. As a result, it can be said that being poor and not having access to education (but benefitting from social capital) is not always a barrier to well-being (El Harizi and Klemick, 2007:17).

Secondly, deprivation of basic capabilities and lack of a social role negatively affect perceptions of well-being. This is illustrated by the condition of elderly women in Cluster 1. These widowed, separated or divorced women are uneducated, poor and do not work. Although they receive care and love from their children and the extended family (which provides for material support), some have a somewhat negative perception of well-being and think their condition will deteriorate. A minority is excluded from ceremonies. A few have mental health problems. Mental disability decreases the capacity to participate in the group, and people with disabilities face prejudice and discrimination within the community (Cerveau, 2011; Bakhshi and Trani, 2011).

Thirdly, our findings also show that complying with community values is more important than the size of the capability set available. This is illustrated by the group of relatively well-off and educated Tajik men (Cluster 3). Their families care for and love them, and siblings provide material support. But they do not have access to employment and as a result cannot get married, both critical markers of social recognition (Dupree, 2011). As a result, they reported a somewhat negative perception of their well-being.

The sense of well-being is deeply rooted in community values. As demonstrated by Bem (1972), without the feeling of acting according to the norms of the community, Afghans do not manifest a sense of well-being. This is consistent with Nussbaum's definition of self-perception (Nussbaum, 2000). Disability is an additional distress factor if it increases the likelihood of not being able to fulfil one's social role and benefit from social capital. Hence, Miller et al (2008) showed how having poor capacities and depending on the charity of others increases the impact of daily life stressors on mental health. People with forms of mental disability are unable to meet their social obligations and are thus denied a place within the community.

Our findings also suggest that in situations of conflict, when basic capabilities are not ensured and the national political picture is extremely unstable, the community becomes the sole pillar on which an individual can construct his/her well-being. The latter hence becomes a socially dependant capability obtained mainly by fulfilling social expectations and obligations. In such cases, community values become paramount and leave little space for individual bargaining power – this is when beliefs and customs become extreme and radical. Yet subjective well-being, what individuals consider as quality of life, is linked to these collective norms and rules. Afghan fortitude in adversity is fuelled by this sense of community belonging.

Finally, our results show a positive association between benefiting from a large capability set, fulfilling a social role and having a positive sense of well-being. This is observed for the group of educated working, somewhat wealthy men, mostly of Tajik origin from urban areas of the northeast region. Beyond capabilities such as education and employment, their capability set also includes access to health care services and high social participation. They provide economic support to their families, they feel loved by their families and they participate in ceremonies. They say they benefit from development efforts (by the government and other organisations) and foresee an unchanged or even better future. This result validates Sen's (1999) and Nussbaum's (2000) argument that large capability sets are associated with increased well-being and a better quality of life. In Afghanistan, a high capability set and a fulfilling social role translate into a positive perception of well-being and a positive outlook for the future. The combination of benefit from a larger capability set and the sense of belonging to the community constitute a platform on which individual agency can be enhanced through the development effort. Here we argue that community values are not necessarily constrictive. They can even constitute a space for the negotiation of individual freedoms, which cannot be conceived of outside the realms of social functioning. This gives strong support to the idea that social justice or equality as more objective criteria of well-being can be promoted within a given cultural context.

One of the most surprising findings of the study is the mistreatment mentioned by 7.0% of the young population in Cluster 3, who are somewhat educated and supported by educated parents, living in cities in the central region. This aspect will need further investigation.

However, we put forward the hypothesis that in urban settings where social bonds are weakened and extended family networks no longer provide protection, individuals feel more vulnerable to external risk factors (IRI, 2009; Schütte, 2004; Asia Foundation, 2008). In fact, in the aftermath of conflicts, it seems surprising that mistreatment was not more salient in our

results. Reports by Human Rights organisations have shown significant levels of violence against women, and women's testimonies confirm the continuing violence they face domestically as part of a continuum of conflict violence (Amnesty International, 2008). A possible interpretation of this finding could be that women use various coping mechanisms that enable them not only to deal with violent episodes but also to maintain a positive self-perception.

#### *4.3 The capability approach, human rights and women's social inclusion*

In Afghanistan, gender is a strong factor in vulnerability. This factor outweighs other potential sources of vulnerability, such as belonging to a minority ethnic group or being disabled. Women, especially women with a disability or women heads of household, lack a set of capabilities to function fully as human beings (Nussbaum, 2000). They are often deprived in terms of basic capabilities (Sen, 1999), frequently being denied access to education, health facilities and the labour market and often lack basic commodities.

Yet our analysis sheds new light on the plight of Afghan women. Seen internationally as the defenceless victims of conservative traditions, women, particularly those from a Pashto background, show a somewhat, if not very, positive perception of themselves according to our results, even though they are often deprived of basic capabilities (Cluster 2). As discussed, women are expected to fulfil specific functions within the community, and this leads to a positive experience of well-being. Social acceptance and self-esteem appear to be very closely linked. In the Afghan context, social acceptance and valorisation of women results from their fulfilment of traditional roles of subordination. Traditionally, women find their social value and recognition by ensuring the well-being of other members of the family (husband, children and older relatives). An 'honourable' woman respects family expectations and obeys the men of the household. As a result, the woman 'gains a voice' within the family

by bearing the hardships and fulfilling the various roles that fall to her. The development challenge then is to understand how laws and bills relating to equality and inclusion of women translate into their everyday lives: what exactly does empowerment represent and how can policies work towards building agency for women that is not based on discriminatory beliefs and traditional practices?

As mentioned earlier, Nussbaum (2000) observes that women may develop adaptive preferences or accept living under certain situations without questioning them if they are ignorant of others' realities. This latter observation could be valid in a context where access to information (radio, television) remains erratic, and non-existent in remote areas deprived of electricity (Asia Foundation, 2010). In such areas, women have minimal or no access to the outside world as they do not leave the compound, lack access to national or international information and continue to function in isolated community units. Abirafeh reports the situation of women who become aware of their rights through contact with foreigners within the country or as refugees outside (Abirafeh, 2008:146).

However, the adaptive argument does not suffice to explain the positive self-perception of well-being among Pashto women after years of conflict, especially when we bear in mind that customs and practices in this ethnic group are particularly restrictive for them. It is also important to realise that women's agency has been shaped and expanded by the continuing conflict situation and resulting extreme socio-economic conditions (Abirafeh, 2008:40). As a result, we argue that Afghan women have developed new social roles and expanded their agency within existing collective social structures: many have become breadwinners, become literate when abroad as refugees, developed underground income-generating activities and schools under the Taliban (Rostami- Povey, 2007:28-38) and taken advantage of the National Action Plan for the Women of Afghanistan (NAPWA) by developing women's *Shuras* (or village councils) and securing places in the parliament in the post-Taliban period (Larson,

2008). Promoting women's individual capabilities through the support of collective action they are keen to engage in, without ignoring the cultural fabric of the country in the process, might constitute an effective way forward in enhancing women's conditions.

Human rights, both civil and political, and social and economic, together with capabilities and agency are central to the idea of development as the expansion of capabilities and the enhancing of freedom (Fukuda-Parr, 2009; Sen, 2005). With the fall of the Taliban regime in 2001, a democratic process was triggered, supported and financed by the United Nations and the international community, based on the Universal Declaration of Human Rights, also adopted by Afghanistan. Human rights frameworks replaced the *sharia* as the reference for building a just and egalitarian society. However, references to Islam and traditional values needed to be re-defined and integrated within the constitution, as well as the legal frameworks and official bills and laws. Women were at the centre of this process, and had to re-adapt to contradictory expectations: being equal to men without denying their traditional roles and functions.

In principle, promoting rights to basic capabilities, such as health and education, would require mainly "visionary and coherent planning and management" (Dupree, forthcoming: 67). The more complex issue of social norms comes into play when promoting gender equality. Attempts in recent history to promote opportunities for women in the public space, such as the 1964 Constitution that ensured equal rights, have failed to change women's condition significantly, due to patriarchal control. Again, the definition of rights, and of programmes defined according to them considers the individual first and neglects community values. Afghans in general and women in particular strongly "object to a neo-conservative agenda to promote a particular culture and understanding of women's rights and democracy which is alien to them" (Rostami-Povey, 2007: 72-73). They feel they do not have ownership of the gender-mainstreaming plan (Larson, 2008), and want to act for change in their own

way (Rostami-Povey, 2007). The institutional tools and mechanisms developed for gender mainstreaming lack efficiency and generate frustration rather than presenting concrete options to address women's needs. For many Afghan women, the over-arching priorities are to provide job opportunities for men and support them in restoring their agency within the community, as well as to improve provision of services to the whole community (Rostami-Povey, 2007).

The actions of the international community towards women have failed to take community values into account. As a result, attitudes that reject foreign intervention are increasing, as is viewed as challenging and even threatening to Afghan customs. In a society built upon collective values, in order to develop the agency of women further, collective spaces for negotiation, information and action are urgently needed. To tackle this issue of gender justice, the possibilities for action are limited, especially in areas where de facto local warlords are imposing their rule. Only gender-and culturally sensitive public policies are likely to increase the options for, and effectiveness of, rights for women.

#### *4.4 Ethnic origin and well-being*

Going a step further, the results demonstrate an association between capabilities, ethnicity and the perception of well-being. Belonging to an ethnic group is associated with high levels of well-being in geographical areas where the ethnic group is rooted or is strongly represented. For instance, positive self-perception is observed for the Pashto population wherever they are in a majority. Mechanisms for inclusion differ according to the ethnic group considered in two aspects: traditional participation in community life, and political participation at the local, regional and national levels. In our study we focused on the first aspect. Male Hazara from the southeast rural areas (Cluster 5) have a positive perception of well-being. They have access to employment and health care services, provide support to

their families and participate in ceremonies. The Hazara situation may be explained by a strong community identity built on the fact that historically they fought for their rights under the Taliban in the southeast region, but which also increasingly rests on the contribution of returning refugees who have had access to education and services when living abroad (Johnson, 2004).

The association between subjective well-being and ethnicity does not exist in areas where there is no ethnic homogeneity. The case of young single adults is an interesting illustration of this absence of association between well-being and ethnicity. In view of the link found above between capabilities, ethnicity and social role, we expected to find a high level of well-being associated with social role and ethnicity in the case of students. Our results yield no findings to confirm this. Students live predominantly in the central urban region where educational services are concentrated and in the eastern region, where Pashto have supported NGOs' home-school programmes in rural areas (Johnson, 2004). The lack of a significant link between ethnicity, social participation and well-being among students may be related to the diversity of the city resulting from rural migration, and also from returning refugees who have been unable to return to their place of origin. In such a context, community and family bonds have been eroded, a new social pattern has developed based on neighbourhood relationships, and reference to ethnicity does not seem to be the most prevalent..

## **5. Conclusion**

We have utilised the capability approach in order to comprehend the current challenges for development efforts in Afghanistan better. We have argued that improvement in the quality of life of Afghans is closely linked to social role and not only to access to a larger capability set. However, the link between well-being and capabilities, including social participation, is not simple and one-dimensional. Various socioeconomic characteristics combine to define an

individual's particular capability set. Moreover, in a traditional setting such as Afghan society, these individual capabilities are socially-based and are profoundly embedded in social values, cultural norms and religious beliefs (Goulet, 1971; Sen, 1999; Deneulin, 2005, 2008). These beliefs become even more crucial in situations of conflict, where other reference systems, such as the state, are weak and unstable.

Throughout our discussion, we have argued for the importance of taking into account community values that define social roles and for giving a collective dimension to policies and programming in a conflict state such as Afghanistan. Not only is this paramount in order to ensure that measures taken are relevant and meaningful and cohere with beliefs that constitute the core of Afghan society, but it is a way to ensure that social change is effective and sustainable (Goulet, 1971; 1989). International efforts in the country have largely been based on the human rights framework. Our results suggest a need to reflect on how this framework is made operational in societies where collective norms value social links. One of the possible approaches to increase participation by the vulnerable population, might be to foster efforts to provide support at the family or community levels, rather than holding a discourse at the individual level that Afghans consider irrelevant because far removed from their world view. Rights-based approaches should not only represent doctrinal mandates, prescribing fixed rules for universal behaviour.

This need to adapt the human rights framework to local realities, including taking ethnic and regional differences into consideration, is required at the national political level as well, at a time when the democratic process seems to be being challenged. For instance, with the aim of promoting equality between ethnic groups within national politics, the international community has pushed for representation of all minorities within the government (OHCHR, 2007). This has had the perverse effect of maintaining or even highlighting ancient rivalries, that have resurfaced and are weakening the political process. The IRI survey also stresses the

tendency of the disillusioned Pashto community to withdraw from the political scene and to focus on reaffirming the values that they consider most associated with their own identity (IRI, 2009).

A recent article echoes some of the questions that we have asked here: “why are Afghans smiling? (...) unless we understand what makes Afghans so counter intuitively cheerful, we are unlikely to ultimately win their ‘hearts and minds.’” (Shapiro, 2009). This remains a major challenge facing the international community.

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Figure 1: Capabilities, perception of well-being and development effort

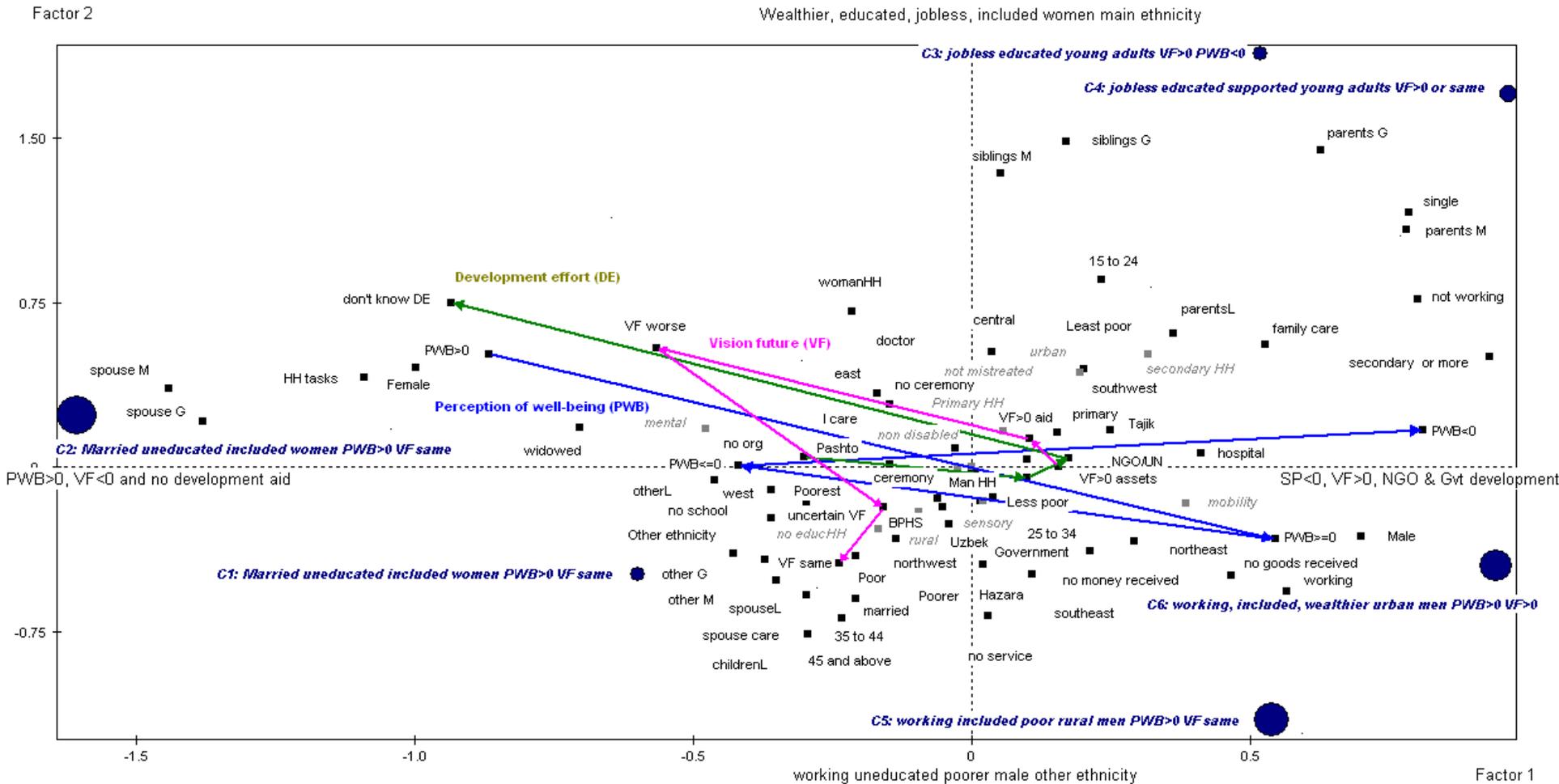




Table 2: Descriptive statistics by gender

Variable label	Category label	Women (%)	Men (%)
Age groups	15 to 24,	34.34	27.79
	25 to 34	21.94	22.33
	35 to 44	17.49	18.37
	45 and above	26.23	31.51
	Pashto	49.6	48.72
Ethnicity	Tajik	28.62	31.16
	Uzbek	10.02	8.72
	Hazara	7.79	7.79
	Other	3.97	3.6
Marital status	Married	64.39	66.98
	Single	18.76	29.42
	widowed, separated or divorced	16.85	3.6
Disability status	Mobility	9.22	23.72
	Sensory	8.74	11.28
	mental and associated	24.17	11.74
	None	57.87	53.26
	southwest	9.70	12.44
Region	Central	28.14	26.51
	northwest	14.94	13.60
	Southeast	7.00	11.51
	Northeast	9.54	12.44
	West	22.10	15.58
	East	8.59	7.91
Setting	Urban	28.62	32.67
	Rural	71.38	67.33
	no school	90.30	66.63
Level of education	primary school	3.02	8.84
	secondary school or m	6.68	24.53
	Working	6.04	62.05
Employment status	not working	18.28	36.44
	household tasks	75.68	1.51
	health centre	36.90	41.79
Availability of health care services	Hospital	11.98	16.18
	private provider	25.08	25.38
	None	26.04	16.65
Level of material wealth (asset index)	Poorest	19.58	21.72
	Poorer	21.19	18.18
	Poor	17.82	18.54
	less poor	22.15	20.31
	least poor	19.26	21.25
Who loves you?	Parents	39.94	45.09
	Spouse	11.18	13.2
	Children	32.11	32.24
	other member of family/community	16.77	9.46
Who takes care of you?	Spouse	25.04	32.32
	Family	29.4	23.07
	Myself	45.56	44.61
Bodily integrity	mistreated	0.64	6.07
Participation in	participation	83.2	89.05
	no one	15.9	66.82
	Spouse	40.38	0.93
Who gives you goods?	Parents	13.35	9.58
	Siblings	9.54	8.76
	other member of family/community	20.83	13.9
	no one	48.23	65.06
Who gives you money?	Spouse	19.13	0.59
	Parents	8.84	8.32
	Siblings	10.93	10.2
	other member of family/community	12.86	15.83
Perception of well-being	very positive	60.66	6.1
	rather positive	16.89	67.53

	rather negative	18.52	7.27
	very negative	3.93	19.11
What organisation contributes to development?	no one	22.73	18.72
	Government	60.41	66.05
	NGO/UN	9.06	11.98
	don't know	7.79	3.26
Vision of the future in 5 years' time	more assets available	9.15	12.92
	more services available	47.83	47.61
	worse situation	13.64	0.81
	don't know	12.2	19.79
	same situation	17.17	18.86

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Table 3.Cluster characteristics for social participation

Variable label	Category label	% of category in group	% of category in set	% of group in category	Test-value	Weight
<b>Cluster 1 (n=107, 08.72%)</b>						
Who gives you goods?	other	75.60	10.57	62.42	17.43	130
Marital status	widowed or separated	46.55	5.73	70.92	13.59	70
Age	45 and above	79.11	21.77	31.70	13.41	267
Who gives you money?	other	52.26	9.57	47.62	12.16	117
Who loves you?	Children	62.24	27.90	19.46	7.79	342
Vision of the future	don't know	31.55	9.03	30.49	7.00	111
Employment	not working	42.58	16.02	23.18	6.92	197
Who loves you?	Other	27.79	9.09	26.67	5.91	112
Level of education	no school	91.44	72.20	11.05	5.03	886
Material wealth	poorer quintile	33.34	16.65	17.46	4.43	204
Region	Northwest	30.89	14.56	18.51	4.42	179
Availability of healthcare	health centre	70.23	50.08	12.23	4.27	615
Participation to ceremonies	no participation	14.04	4.56	26.89	3.96	56
Perception of well-being	rather negative	15.16	6.08	21.73	3.35	75
Level of education	no education	71.11	59.95	10.35	2.37	736
<b>Cluster 2 (n=325, 26.47%)</b>						
Who gives you goods?	Spouse	72.82	19.89	96.93	27.50	244
Gender	Female	98.77	41.22	63.44	26.43	506
Employment	household tasks	94.75	36.49	68.73	26.34	448
Perception of well-being	very positive	76.65	34.19	59.35	18.56	420
Who gives you money	Spouse	39.80	10.92	96.49	18.52	134
Marital status	Married	99.54	70.44	37.41	15.71	864
Level of education	no school	92.36	72.20	33.86	10.18	886
Who cares for you?	Spouse	38.60	25.74	39.70	5.89	316
Who loves you?	Spouse	22.20	14.25	41.24	4.49	175
Regions	West	22.86	15.11	40.06	4.29	185
Bodily integrity	not mistreated	100.00	97.62	27.12	3.68	1198
Development effort	don't know	6.07	3.31	48.44	2.96	41
Health practitioner available	private clinic/doctor	35.10	29.01	32.02	2.71	356
Vision of the future	same situation	21.97	17.10	34.01	2.51	210
Development effort	no organisation	22.66	18.17	33.01	2.39	223
<b>Cluster 3 (n=109, 08.90%)</b>						
Who gives you goods?	Siblings	68.25	7.53	80.69	18.36	92
Who gives you money?	Siblings	71.94	10.66	60.06	16.76	131
Marital status	Single	76.82	23.83	28.69	12.34	292
Who loves you?	Parents	94.33	48.44	17.33	10.81	594
Employment	not working	43.44	16.02	24.13	7.02	197
Level of education	secondary or more	50.17	22.14	20.17	6.74	272
Regions	Central	51.11	23.36	19.47	6.59	287
Gender head of household	Female	15.97	3.08	46.09	5.85	38
Household head education	secondary or more	56.16	30.09	16.61	5.81	369
Age	15 to 24	60.83	35.15	15.40	5.57	431
Material wealth	least poor quintile	47.87	27.20	15.67	4.70	334
Who cares for you?	Myself	72.80	54.81	11.82	4.06	673
Setting	Urban	47.63	32.64	12.99	3.32	401

(Table 3to be continued next page)

Development effort	don't know	9.62	3.31	25.82	3.27	41
Bodily integrity	Mistreated	7.02	2.11	29.70	3.03	26
Development effort	UN/NGOs	18.74	9.22	18.09	3.02	113
Vision of the future	more services	65.79	52.78	11.09	2.82	648
Ethnicity	Tajik	44.37	31.64	12.48	2.75	388
Health practitioner available	private clinic/doctor	40.61	29.01	12.46	2.57	356
<b>Cluster 4 (n=134, 10.93%)</b>	<b>Category label</b>	<b>% of category</b>	<b>% of</b>	<b>% of group</b>	<b>Test-</b>	<b>Weigh</b>
Who gives you goods?	Parents	82.25	9.88	91.02	23.12	121
Marital status	Single	88.89	23.83	40.78	17.15	292
Age	15 to 24	96.78	35.15	30.10	16.24	431
Who gives you money?	Parents	48.13	7.88	66.75	14.16	97
Who loves you?	Parents	97.31	48.44	21.96	13.31	594
Employment	not working	42.69	16.02	29.13	7.77	197
Who cares for you?	family care	42.84	18.72	25.02	6.73	230
Level of education	secondary or more	39.54	22.14	19.53	4.75	272
Vision of the future	more services	65.87	52.78	13.64	3.09	648
Household head education	Primary	17.78	9.96	19.52	2.91	122
Who does something for you	Government	78.52	69.30	12.39	2.37	850
<b>Cluster 5 (n=295, 24.04%)</b>						
Employment	Working	95.55	47.48	48.38	20.37	583
Gender	Male	98.25	58.78	40.18	17.93	721
Who gives you goods?	no one	92.90	51.84	43.08	17.31	636
Who gives you money?	no one	90.53	59.95	36.31	13.13	736
Perception of well-being	rather positive	86.79	55.49	37.60	12.99	681
Regions	Southeast	27.49	11.96	55.24	8.63	147
Marital status	Married	88.56	70.44	30.22	8.23	864
Who loves you?	Children	46.73	27.90	40.26	7.99	342
Health practitioner available	healthcare centre	65.06	50.08	31.23	5.87	615
Material wealth	poorest quintile	28.28	16.50	41.20	5.84	202
Ethnicity	Hazara	15.14	7.02	51.87	5.79	86
Setting	Rural	80.56	67.36	28.75	5.69	827
Who cares for you?	Myself	68.94	54.81	30.24	5.53	673
Age	35 to 44	30.83	19.28	38.44	5.47	237
Participation in ceremonies	Participate	99.10	94.40	25.24	4.34	1158
Household head education	no education	70.48	59.95	28.26	4.22	736
Gender of household head	Male	99.98	96.92	24.80	4.06	1189
Level of education	Primary	10.77	5.66	45.73	4.06	69
Vision of the future	same situation	24.62	17.10	34.61	3.79	210
Ethnicity	other ethnicity	7.52	3.70	48.86	3.55	45
Who loves you?	Spouse	20.85	14.25	35.17	3.41	175
Region	West	21.04	15.11	33.48	3.09	185
Development effort	no organisation	23.69	18.17	31.34	2.70	223
Ethnicity	Pashto	53.86	46.91	27.60	2.68	576
Regions	Northwest	19.80	14.56	32.68	2.67	179
Health practitioner available	no /self-treatment	5.39	3.11	41.67	2.34	38
<b>Cluster 6 (n=257, 20.93)</b>	<b>Category label</b>	<b>% of category</b>	<b>% of</b>	<b>% of group</b>	<b>Test-</b>	<b>Weigh</b>
Who gives you goods?	no goods received	96.48	51.84	38.95	17.66	636
Regions	Northeast	54.00	16.32	69.26	16.68	200
Gender	Male	91.52	58.78	32.59	12.87	721
Employment	Working	80.20	47.48	35.36	11.99	583

**Table 3 to be continued next page)**

Who gives you money?	no money received	88.60	59.95	30.94	11.23	736
Ethnicity	Tajik	55.44	31.64	36.67	8.83	388
Perception of well-being	rather positive	78.21	55.49	29.50	8.41	681
Who cares for you?	Family	37.26	18.72	41.66	8.01	230
Health practitioner available	Hospital	34.05	17.75	40.16	7.07	218
Material wealth	least poor	41.42	27.20	31.88	5.45	334
Level of education	secondary or more	34.04	22.14	32.19	4.82	272
Vision of the future	more assets	27.02	16.47	34.34	4.74	202
Perception of well-being	very negative	8.76	3.31	55.30	4.55	41
Who loves you?	Parents	61.02	48.44	26.37	4.51	594
Who does something for you	Government	79.27	69.30	23.94	3.97	850
Gender head of household	Male	99.87	96.92	21.57	3.69	1189
Participation in ceremonies	no participation	9.47	4.56	43.52	3.67	56
Setting	Urban	42.34	32.64	27.15	3.62	401
Who does something for you	NGO/UN	15.21	9.22	34.53	3.43	113
Marital status	Married	77.84	70.44	23.13	2.90	864
Age	25 to 34	30.81	23.79	27.10	2.81	292
Household head education	secondary or more	37.50	30.09	26.09	2.75	369

