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Department of Peace and Conflict Studies
Uppsala University
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Hanna Häggkvist
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Gender Under Extremist Rule

A Qualitative Study of Women's Reproductive Rights in ISIS-Controlled Syria and
Taliban-Controlled Afghanistan

Abstract:

This thesis explores the impact of governance practices by extremist groups—specifically ISIS in Syria (2014–2017) and the Taliban in Afghanistan (post-2021)—on women's reproductive rights in politically fragile contexts. Using a qualitative research approach and Mill's Method of Difference, the study highlights how both groups enforce strict interpretations of religious law that deeply restrict women's autonomy and access to reproductive healthcare. The findings show that while both groups impose severe limitations on women's reproductive rights, the nature and scope of these restrictions vary according to their governance strategies and socio-political contexts. This research emphasizes the urgent need for targeted interventions to address the unique challenges faced by women under extremist rule and contributes to the broader discussion on gender equality and governance in conflict-affected regions. By examining how radical ideologies shape women's rights, the thesis advocates for stronger efforts to protect reproductive rights as essential to women's health, dignity, and societal participation in areas of instability and conflict.

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1. Introduction

In fragile political contexts where extremist governance takes root, women's rights, particularly reproductive rights, often face significant restrictions. Reproductive rights, for the purpose of this study, are defined as access to contraceptives and women's autonomy in reproductive decision-making. These rights are critical to women's health, freedom, and social participation, yet they are frequently targeted under regimes driven by radical ideologies (Hedström & Heder, 2023). This thesis investigates how variations in governance by radical extremist groups affect reproductive rights, focusing on ISIS-controlled Syria from 2014 to 2017 and Taliban-controlled Afghanistan from 2021 onwards. The research question guiding this study is: "How do variations in governance by radical extremist groups affect women's reproductive rights in fragile political contexts?" While considerable research examines gender inequality under extremist rule, comparative studies on how governance differences influence specific dimensions of reproductive rights are limited (Merchant, 2020). This thesis fills a critical gap by examining the governance practices of ISIS and the Taliban during periods when these groups exercised significant territorial control. Fragile political contexts—characterized by weak state institutions, instability, and limited governance capacity—create conditions where extremist groups often rise to power and impose their ideologies (Yacoubian, 2023). These settings are particularly relevant to this study because they enable a direct examination of how radical groups like ISIS and the Taliban establish and enforce governance structures that impact women's rights.

This study uses Social Role Theory, which argues that societal roles are shaped by cultural norms and expectations. In the context of extremist governance, the theory helps explain how rigid gender norms and prescribed roles are institutionalized through governance practices. These norms often restrict women's autonomy and access to resources, particularly in areas like reproductive decision-making (Eagly & Wood, 2012, pp. 458-461). By using Social Role Theory, the study explores how variations in governance styles between ISIS and the Taliban shape the degree to which these groups enforce traditional roles, impacting women's reproductive rights. The independent variable in this study is variations in extremist governance, which encompasses differences in the organizational structures, ideological frameworks, and policy enforcement strategies of these groups. The dependent variable is women's reproductive rights, defined as access to contraceptives—examining availability, affordability, and acceptability—and women's autonomy in reproductive decision-making,

assessing the extent to which women can make independent choices about family planning and reproductive health without coercion. The assumed relationship between these variables is that stricter, more centralized governance models—such as those with robust mechanisms to enforce extremist ideologies—are likely to impose more severe restrictions on both access to contraceptives and reproductive autonomy. Conversely, governance models with less centralized control or differing enforcement priorities may provide slightly more space for women to access reproductive healthcare or to exercise personal autonomy.

The research employs a structured-focused comparison, using Mill’s Method of Difference, to analyze the two cases. ISIS in Syria and the Taliban in Afghanistan are selected because they represent radical extremist groups operating in fragile political contexts but differ in governance styles and ideological nuances. The timeframes of 2014–2017 for ISIS and 2021 onwards for the Taliban reflect periods when these groups had substantial territorial control (UCDP, 2024a; UCDP 2024b), enabling governance-focused analysis. The scope of this study is limited to understanding women’s reproductive rights in the context of extremist governance in fragile states. While this focused approach allows for in-depth analysis, it also has its limitations. The findings may not fully capture the complexities of other extremist regimes or distinct political contexts, making generalization challenging. Additionally, data limitations pose a significant obstacle, as much of the available information comes from secondary sources or reports with restricted access to the affected populations. Despite these constraints, this research offers valuable policy insights. By examining the impact of extremist governance on reproductive rights, the study can guide international organizations, human rights advocates, and policymakers in developing targeted interventions to protect women's rights in similar contexts. Moreover, these findings contribute to broader discussions on gender equality, governance, and the influence of ideology on social policy.

This study employs a qualitative research design, using comparative analysis and case studies to explore the governance structures of two extremist groups and their impact on women's reproductive rights. Drawing on secondary sources—including reports from international organizations, academic literature, and media coverage—it examines how these groups implement policies in their controlled territories. The central research puzzle investigates why two radical extremist groups, despite their seemingly similar ideological foundations, adopt differing approaches to women’s reproductive rights. This inquiry challenges assumptions about the uniformity of extremist governance and highlights the role of context in shaping

governance outcomes. By addressing these questions, this thesis seeks to contribute to scholarship on the intersections of gender, governance, and extremism, offering insights into how radical ideologies influence women's lives in fragile political environments.

The first section of this paper will outline the theoretical framework for the study. It will review prior research on women's roles and rights in conflict zones, introduce the key variables, and discuss the expected causal relationships, proposed hypothesis, and guiding theory. The second section will focus on the operationalization of both dependent and independent variables, describe the sources of empirical data, and explain the reasoning behind the case selection. The third section will present empirical data for the selected cases and evaluate whether the observed patterns support the hypothesis. Finally, the conclusion will summarize the findings, reflect on the strengths and limitations of the study, and suggest avenues for future research.

2. Theoretical considerations

2.1. Literature review

An estimated 4.3 million sexually active individuals worldwide face inadequate or limited access to Sexual and Reproductive Health (SRH) services over their lifetimes. Globally, approximately 200 million women and girls have undergone female genital cutting, 33,000 child marriages occur every day, and significant gaps in the Sexual and Reproductive Health and Rights (SRHR) agenda remain unaddressed. These issues are particularly acute in humanitarian settings, where SRH challenges—such as gender-based violence, unsafe abortions, and inadequate obstetric care—are leading causes of female morbidity and mortality (Tazinya, et al., 2023, pp. 1).

Reproductive health is not just the absence of disease; it encompasses physical, mental, and social well-being related to reproductive functions. It involves having a satisfying and safe sex life, the ability to reproduce, and the freedom to decide if, when, and how to have children. In conflict zones, however, reproductive health is often overlooked, with focus placed on basic needs and shelter (Shalak, et al., 2024, pp. 14).

According to a 2018 report by the United Nations Population Fund (UNFPA), over 500 women and girls die each day due to pregnancy and childbirth-related complications in humanitarian settings. These alarming figures highlight the urgent need for improved healthcare services in crisis-affected regions (Tazinya, et al., 2023, pp. 2). Approximately 60% of preventable maternal deaths occur in conflict zones, where maternal mortality rates can be double those in stable regions. The destruction of health facilities, mass displacement, and increased risks of sexual and gender-based violence further limit access to crucial sexual and reproductive health (SRH) services. The lack of prenatal and postnatal care, combined with ongoing conflict, puts pregnant women at a higher risk of preventable complications (Okeke, et al., 2024, pp. 2).

To address the long-term needs of populations affected by conflict, it is essential to rebuild healthcare infrastructure, particularly in regions where prolonged conflict has led to system collapse. Strengthening local health systems is critical for ensuring the continuity of reproductive health services during both crisis and recovery phases, enabling women and children to access essential care. Maintaining a consistent supply of reproductive health commodities, such as contraceptives and medical equipment, is equally vital to prevent disruptions in care in resource-limited settings. Evidence from humanitarian contexts demonstrates that reliable supply chains help avoid service gaps and significantly reduce the risk of preventable maternal and child deaths (Okeke, et al., 2024, pp. 5). Effective collaboration between governments, NGOs, and international agencies is crucial to delivering care in these challenging environments (Okeke, et al., 2024, pp. 6). Conflict situations place immense strain on healthcare systems, compromising infrastructure, resources, and financial support. Moreover, the destruction of essential services like food distribution, water, and sanitation during conflict further exacerbates barriers to healthcare delivery. Even in countries with advanced health systems, conflict can strain services, but the impact is more severe in nations with already fragile healthcare systems (Mlambo & Mvuyana, 2024, pp. 216).

Countries affected by conflict typically exhibit some of the lowest health indicators and most fragile healthcare systems worldwide. These unstable conditions intensify existing gender inequalities, heightening the risk of human rights violations against women and girls. Gender-based violence, including sexual violence and coercion, undermines women's autonomy, particularly in making reproductive decisions, and significantly increases their

vulnerability to health risks (Mlambo & Mvuyana, 2024, pp. 217). Women face an elevated risk of health issues due to their reproductive roles and unique healthcare needs. However, restricted access to essential services, including sexual and reproductive healthcare, increases their vulnerability to unintended pregnancies, maternal mortality, sexual trauma, and sexually transmitted infections (STIs). Akseer highlights that maternal and reproductive health services are far worse in conflict zones compared to non-conflict regions, with one in five women likely to become pregnant during a crisis, and three out of five preventable maternal deaths occurring in such settings (Mlambo & Mvuyana, 2024, pp. 217).

Access to sexual and reproductive health and rights (SRHR) has long been shaped by political dynamics, with shifting power structures influencing these rights at different times and places. The rise of far-right and conservative politics is threatening hard-won SRHR progress globally, regionally, and locally. These shifts are undermining advancements in areas such as safe abortion access, contraception availability, and the protection of sexual and reproductive rights for migrants, refugees, and LGBTI+ individuals (Pugh, 2019, pp. 1). A notable example is the 2017 reinstatement and expansion of the Mexico City Policy, also known as the Global Gag Rule, under President Trump. This policy bars foreign NGOs receiving U.S. global health funding from engaging in any abortion-related activities, including offering services, information, or referrals. Such politically motivated decisions, despite evidence supporting public health interventions, restrict individuals' autonomy and undermine the human rights of marginalized populations. For many women, these policies can mean the difference between life and death, particularly for those forced to seek unsafe abortions (Pugh, 2019, pp. 1).

Limited awareness of reproductive health rights and the lack of maternal education programs significantly contribute to poor health outcomes for women and children in conflict-affected areas. In many conservative societies, cultural norms often discourage women from seeking care, particularly for family planning, abortion, or treatment of sexually transmitted infections. These challenges are further intensified by opposition from religious and community leaders, which reinforces barriers to accessing essential reproductive health services (Okeke, et al., 2024, pp. 3). Abortion restrictions have significant negative effects on women's lives, including lower high school and college graduation rates, reduced lifetime earnings, and poorer outcomes for their children. In states where abortion is banned, women tend to work longer hours, earn less, become mothers earlier, and have more children. Access

to abortion is particularly crucial for economically vulnerable groups, as denying abortion contributes to increased poverty. However, reducing poverty can decrease the need for abortions (Elakbawy & Rogers, 2024). The National Bureau of Economic Research notes that being denied a wanted abortion leads to long-term economic hardship, increases single parenthood and exposure to violent partners, and results in greater health risks due to childbirth. These hardships persist for years after the abortion is denied (Elakbawy & Rogers, 2024).

Language has become a central issue in the ongoing debate over women's rights. For instance, during the drafting of the Rome Statute of the International Criminal Court, conservative critics resisted the use of terms such as "gender-based violence," concerned that it might pave the way for the recognition of sexual orientation and gender identity (SOGI) rights. As a result, the statute ended up with more restrictive definitions (Sanders & Jenkins, 2022, pp. 417).

The International Conference on Population and Development (ICPD) underscored the importance of women's human rights, defining them as the right to have full control over and make free, informed, and responsible decisions regarding their sexuality, without coercion, discrimination, or violence. This principle remains central to advancing gender equality and ensuring access to sexual and reproductive healthcare worldwide (Tazinya, et al., 2023, pp. 2). Despite this, sexual and reproductive rights are under threat worldwide, even in countries that claim to champion human rights. For example, the enactment of fetal heartbeat laws in four US states and the pushback against women's rights under President Bolsonaro in Brazil highlight how politics and ideology can override evidence when it comes to protecting women's reproductive health and rights (Pugh, 2019, pp. 4).

In war-affected areas, most women are economically dependent on men, who typically work outside the home to provide for their families, while women focus on childcare and managing household responsibilities. When men are compelled to join the conflict and many lose their lives, women are left behind in a highly vulnerable position. This increased vulnerability makes them more susceptible to gender-based violence, which can have significant and long-lasting effects on their reproductive health (Shalak, et al., 2024, pp. 13). Despite the

political and social importance of addressing women's health in conflict areas, healthcare delivery often neglects these needs. This lack of attention makes women particularly vulnerable in conflict situations, as their health issues are frequently overlooked (Mlambo & Mvuyana, 2024, pp. 217). Gozdecka argues that women's reproductive rights have not been fully integrated into the broader framework of women's rights. She suggests that the backlash against these rights stems from the ambiguity surrounding women's reproductive freedom, which often clashes with other societal values, such as religious beliefs (Gozdecka, 2020, pp. 2).

Violence against women significantly affects their reproductive health. Women experiencing intimate partner violence (IPV) are three times more likely to suffer from chronic pelvic pain, infections, and painful intercourse. Sexual violence heightens the risk of sexually transmitted infections, including HIV, and psychological damage. IPV also reduces women's ability to refuse sex or use contraception, increasing the risk of trauma and HIV transmission. Additionally, childhood sexual abuse can lead to higher-risk sexual behaviors, such as unprotected sex and multiple partners. Fear of violence may deter women from seeking HIV testing or services. A Kenyan study found that IPV increases the likelihood of pregnancy termination and infant mortality (Shalak, et al., 2024, pp. 14). One theory connecting intimate partner violence (IPV) to poor reproductive health is reproductive coercion. This occurs when male partners use manipulation or intimidation to control a woman's reproductive decisions, often pressuring her into pregnancy. Reproductive coercion increases the likelihood of unintended pregnancies and unsafe abortions (Shalak, et al., 2024, pp. 15). Berman et al. suggest that women's bodies often serve as a battleground where men express their anger towards one another, as women have historically been political pawns (Shalak, et al., 2024, pp. 14).

Studies show that rebel groups closely monitor reproductive policies, expecting female recruits to retire after pregnancy or marriage, and often impose abortions or contraceptive use. In some cases, they enforce marriages between soldiers or between soldiers and local women. In Nigeria, reports indicate that Boko Haram forcibly married and raped women and girls, while the state military enforced abortions on women freed from the group (Hedström & Herder, 2023, pp.2).

Research also highlights how ethnic non-state military groups disrupt family planning efforts, discourage contraception, and urge women to "reproduce for the revolution" to counter perceived state attempts to diminish ethnic minority communities. Birth control is often viewed as population control, with legislation restricting the number of children minority women can have and who they can marry. Years of conflict, counterinsurgency campaigns targeting ethnic minorities, and redirection of funds from healthcare to military needs have significantly undermined health infrastructure, limiting women's access to reproductive health services (Hedström & Herder, 2023, pp. 2). In contrast, armed groups, even within the same region, can have very different policies on women's sexual and reproductive health. In Myanmar, for example, the Restoration Council of Shan State has blocked family planning efforts, while the Kachin Independence Organisation has supported such initiatives in their communities (Hedström & Herder, 2023, pp. 2-3).

Public health approaches help identify and analyze the impact of conflict on women, while feminist perspectives offer deeper insight into how these dynamics are experienced and understood on the ground. These combined insights are crucial for guiding future interventions to improve reproductive health in conflict settings, as effective interventions are currently limited (Hedström & Herder, 2023, pp. 3).

2.2. Phenomena of interest

The research question that is the basis of this paper is the following: *How do variations in governance by radical extremist groups affect women's reproductive rights in fragile political contexts?* The aim of this paper is to explore how variations in governance by radical extremist groups impact women's reproductive rights.

2.3. Explanation of independent and dependent variable

2.3.1. Independent variable: Variations in governance by radical extremist groups

The independent variable in this thesis is “*variations in governance by radical extremist groups*,” which refers to the different ways these organizations establish and exercise control over the territories they govern. This includes examining the political, social, and legal frameworks they implement to enforce their ideological beliefs. Understanding these variations is crucial, as they shape governance structures and influence societal norms, particularly in relation to women’s reproductive rights.

Governance variations can be analyzed through two key dimensions: the degree of centralization and the mechanisms of enforcement. The degree of centralization determines whether power is concentrated within a central authority or dispersed among local entities. In a centralized system, laws and policies are enforced uniformly across all controlled areas, ensuring ideological consistency. In contrast, decentralized governance allows for local interpretations and applications, which can lead to significant variations in the enforcement of rules (Field, 1941; Freeman, 2023).

The second dimension, enforcement mechanisms, explores how extremist groups maintain control over populations. This can occur through authoritarian means, such as legal repercussions and physical coercion, or through social pressure and community norms that reinforce ideological compliance. The methods of enforcement not only shape governance effectiveness but also influence the daily realities of those living under extremist rule. These variations in governance have profound implications for the populations under their control, particularly in regard to women’s rights and reproductive health (Oliveira Ribas, 2024). By analyzing these differences, this study aims to provide a deeper understanding of how governance structures impact gendered policies in conflict zones, shedding light on the broader consequences of extremist rule. Understanding these variations is essential for analyzing the impact of extremist governance, especially in fragile or conflict-affected regions where such groups frequently rise to power and assert control.

2.3.2. *Dependent variable: Women's reproductive rights*

The dependent variable in this study is *women's reproductive rights*, which constitutes the legal, social, and practical aspects of women's ability to make decisions regarding their reproductive health. Specifically, it refers to two key dimensions: access to contraceptives and women's autonomy in reproductive decision-making. Access to contraceptives includes the availability and affordability of birth control methods, as well as women's ability to obtain and use these methods without significant barriers or restrictions. Women's autonomy in reproductive decision-making refers to their right to make informed, independent choices about their reproductive health, including the ability to decide when and if to have children, the ability to access safe abortion services, and control over other aspects of reproductive health.

Reproductive rights are fundamental not only for the health and well-being of individuals but also for women's broader social and economic engagement. As a critical aspect of gender equality, reproductive rights play a significant role in empowering women by enhancing their autonomy, freedom, and ability to make informed decisions about their bodies and lives (Bahn., et al, 2017). The limitation or denial of these rights can have serious consequences for women's health, economic independence, and ability to fully engage in society (Roeder, 2024).

In this study, the measurement of women's reproductive rights includes indicators such as the availability of contraceptive methods, the legal and social barriers to accessing these methods, and the extent to which women can freely make reproductive decisions without facing legal, social, or institutional pressure. These indicators are essential in understanding how reproductive rights are shaped in different political and social contexts, particularly under governance systems that may impose strict limitations on women's freedoms.

It is important to acknowledge that women are not a uniform group; their identities and experiences are influenced by a wide range of factors such as culture, class, ethnicity, religion, and personal history. The roles, challenges, and opportunities women face can differ greatly depending on the social, political, and historical contexts in which they live. This diversity means that there is no single, universal experience of being a woman. In this thesis, however, I focus on women within specific contexts: those living under radical extremist

governance. For the purpose of this study, "women" refers to biological females in these environments, particularly those affected by restrictions on their reproductive rights. While acknowledging that women's experiences are not uniform, this research examines how extremist governance structures, in these particular contexts, impose shared challenges and limitations on women's lives.

2.4. Expected relationship between the independent and dependent variables

The expected relationship between variations in governance by radical extremist groups and women's reproductive rights is one of restriction and limitation. In contexts where radical extremist groups exercise governance, it is anticipated that their strict ideological and legal frameworks will result in significant curbs on women's reproductive rights. These groups often impose rigid social norms and legal systems that prioritize patriarchal control and restrict women's autonomy over reproductive decisions. For instance, the Southern Poverty Law Center (SPLC) reports that certain anti-abortion extremist movements, driven by male supremacist ideologies, have been emboldened to dismantle reproductive rights, imposing severe constraints on women's autonomy (Miller & Fugardi, 2024).

Centralized and authoritarian governance models, commonly associated with extremist regimes, tend to implement strict policies that significantly restrict access to contraception and limit women's ability to make decisions about their reproductive health. These policies may include outright bans on contraceptive methods, restrictions on abortion, and the enforcement of laws or social norms that undermine women's control over their reproductive choices. A notable example of this is Mussolini's regime, where abortion was banned and access to birth control was severely limited through legislation like the Rocco Code (Halnon, 2020). On the other hand, in systems with more decentralized or less strict governance, there may be relatively more space for women to access reproductive healthcare services and exercise some level of reproductive autonomy, though challenges and restrictions may still persist (Lakshminarayanan, 2003).

Thus, the expected relationship is that more centralized and rigid extremist governance will correlate with greater restrictions on reproductive rights, while less centralized governance

may allow for somewhat greater freedoms, although still constrained by the broader political and social context.

2.5. Proposed theory

The proposed theory for this thesis that explains the expected relationship between the independent variable (variations in governance by radical extremist groups) and the dependent variable (women's reproductive rights) is Social Role Theory.

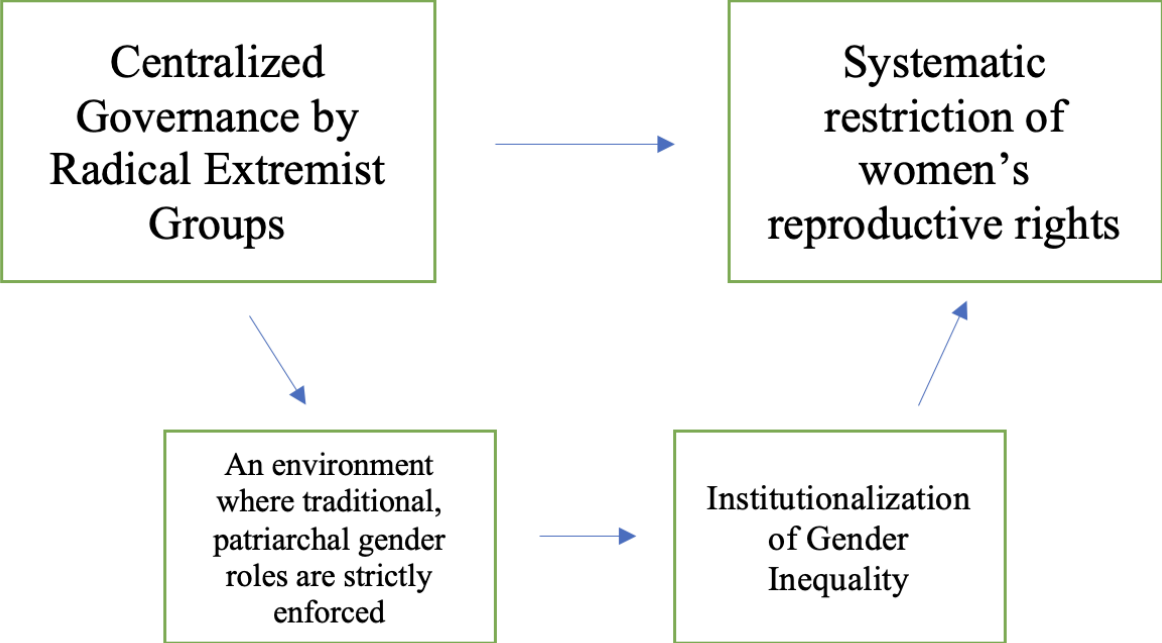
Social Role Theory, developed by Alice Eagly, suggests that gender roles are socially constructed through cultural and societal expectations, shaped by the values, beliefs, and norms of a given society (Eagly & Wood, 2012, pp. 458-461). When applied to governance by radical extremist groups, this theory provides insights into how these groups use governance structures to impose traditional and conservative gender norms, which directly impact reproductive rights.

Under radical extremist governance, societal roles for women are often rigidly defined and imposed. These roles are typically grounded in patriarchal and religious ideologies that emphasize male authority and control. Women are often confined to the private sphere, where they are expected to carry out domestic and reproductive responsibilities, while having little to no autonomy over decisions related to their reproductive health. (Okech, 2021, pp. 5). The restriction of access to contraceptives and the denial of reproductive autonomy become tools for reinforcing these prescribed roles and maintaining societal control (Sanders & Jenkins, 2022, pp. 407-408).

Social Role Theory helps to explain how the strict governance of extremist groups enforces conservative gender norms. These norms are not simply a reflection of cultural values but are intentionally upheld as a means to maintain inequality. By reinforcing rigid gender roles, extremist governance systematically limits women's autonomy, especially in reproductive decision-making. As a result, women experience restricted access to reproductive healthcare, diminished agency, and increased subjugation within these societies (Sanders & Jenkins, 2022, pp. 404-408).

Social Role Theory offers a valuable framework for understanding how different governance models by radical extremist groups influence women's reproductive rights. The enforcement of strict gender norms within these regimes helps explain the expected limitations on women's access to contraceptives and their autonomy in making reproductive decisions (Morison, 2021, pp. 4-6), aligning with the expected relationship between the independent and dependent variables.

Figure 1: *proposed causal mechanism linking the dependent and independent variable*



2.6. Hypothesis

The hypothesis that is being tested throughout this paper is the following: Centralized governance by radical extremist groups, through the enforcement of strict religious and gender norms, are expected to result in significant restrictions on women's reproductive rights, particularly access to contraceptives and autonomy in reproductive decision-making. As extremist governance becomes more centralized and rigid, the limitations on women's reproductive rights will intensify, reinforcing gender inequality within these societies.

3. Research design

In line with Mill's Method of Difference, this paper selects two cases that are similar in all aspects except for the independent and dependent variables. A cross-case comparison is then conducted to analyze the outcomes.

3.1. Research method

In Mill's method of difference, cases with differing outcomes are analyzed, while all other potential influencing factors are held constant, except for the specific factor that is hypothesized to explain the variation in results. In this study, two cases will be selected that are similar in all aspects, except for the independent and dependent variables (Brancati, 2018, p. 200). The reasoning behind choosing this method is its ability to isolate a single factor for analysis, allowing for control over other potential explanatory variables. As observed in section 2.1, there are multiple explanations for the variation in women's reproductive rights during conflict. Using Mill's method of difference, this paper analyzes whether variations in governance by radical extremist groups can provide a plausible explanation for differences in the protection or violation of women's reproductive rights in fragile political contexts. Mill's method of difference is a well-suited analytical framework for exploring how variations in governance by radical extremist groups affect women's reproductive rights in fragile political contexts. Several factors make this method particularly well-suited for this study. First, it is effective for examining distinct outcomes across different cases. In this research, the differences in women's reproductive rights offer a clear basis for comparison and analysis. Second, the selected cases share similar broader contexts, such as fragile political environments, ensuring that most relevant aspects can be compared, with the exception of the differing governance practices of extremist groups. This allows the study to isolate the impact of these governance variations on reproductive rights. Third, the method is well-suited for identifying causal relationships, which is a key objective of this research. It provides a systematic approach to determine if differences in reproductive rights outcomes can be linked to variations in governance practices. Additionally, the availability of reliable and comparable data across the cases further supports the method, facilitating a comprehensive analysis of governance approaches, reproductive health policies, and their outcomes in conflict-affected regions.

Furthermore, Mill's method is effective in controlling for variables by focusing on cases that share similar socioeconomic, cultural, and political conditions, aside from their governance practices. This enhances the validity of the findings, ensuring that any observed differences in reproductive rights outcomes can be confidently attributed to variations in governance.

Additionally, the method's suitability for small-N studies makes it particularly appropriate for this research, given the limited number of comparable cases in fragile political contexts. By enabling detailed analysis and providing a nuanced understanding, Mill's method of difference offers a robust framework for examining the impact of governance by radical extremist groups on women's reproductive rights.

Once the cases are selected based on their compatibility with Mill's method of difference and relevant control variables are accounted for, the analysis proceeds with a cross-case comparison. This approach involves systematically examining the cases to identify patterns and differences, allowing for a clear understanding of how specific factors—namely, governance by radical extremist groups—impact women's reproductive rights. Across-case comparison is particularly useful for drawing inferences about causal relationships by contrasting cases with differing outcomes while keeping other variables constant.

This paper uses a structured and focused comparison approach. The term "structured" refers to the use of standardized, general questions across all cases, ensuring that the analysis remains consistent and directly aligned with the research objectives. This consistency facilitates a systematic examination of the similarities and differences between cases. The approach is also "focused" because it concentrates specifically on the aspects of each case that are directly relevant to the research question, allowing for a more precise exploration of how variations in governance practices affect women's reproductive rights (George & Bennett, 2005, pp. 67). This blend of structure and focus guarantees that the comparison is both thorough and closely aligned with the study's aims. To carry out this structured, focused comparison, I will analyze two radical extremist groups, using them as cases for evaluation. These cases will be assessed based on how variations in governance by these groups (independent variable) influence women's reproductive rights (dependent variable). To ensure consistency between the cases, I will pose two specific questions for each variable, carefully

aligning them with the research question. This method will offer a clear and systematic framework for examining the relationship between the independent and dependent variables.

The hypothesis proposes that centralized governance by radical extremist groups enforces rigid religious and gender norms, leading to severe restrictions on women's reproductive rights. This is particularly likely in fragile political environments, characterized by weak state control, entrenched patriarchal norms, or limited international oversight, where such groups can impose these restrictive policies with little opposition. However, this hypothesis may not apply in contexts of decentralized or fragmented governance, where the enforcement of these norms can vary between factions. Local resistance, strong community networks, or a significant international humanitarian presence could also help mitigate these restrictions. Moreover, if extremist control is short-lived, their ability to enforce long-term policies may be limited. As such, the hypothesis is most relevant in cases of centralized, sustained governance, and less so in decentralized or contested settings.

Throughout the course of this study, several alternative research designs were considered. However, these options were ultimately found to be less suitable than Mill's method of difference. One example of this is the quantitative research design. A quantitative research design was not chosen for the study due to the complexity and context-specific nature of the variables involved. Quantitative methods rely on numerical data and statistical analysis, which is not well-suited for capturing the nuances of women's reproductive rights under the governance of radical extremist groups. The factors influencing reproductive rights, such as social norms, governance practices, and individual experiences, are difficult to quantify. Additionally, quantitative research requires large-scale, comparable data, which is challenging in conflict zones governed by extremist groups, where data on reproductive rights is scarce and highly variable.

This study employs Mill's Method of Difference to examine how variations in governance influence women's reproductive rights. By taking a qualitative approach, it provides a deeper understanding of how extremist governance shapes individual experiences, capturing

complexities that quantitative analyses often overlook. However, this method depends heavily on the availability and credibility of secondary data, raising concerns about reliability and validity. To ensure reliability, sources will be critically assessed for credibility, with careful consideration of potential biases in reports from organizations operating in conflict zones. Validity is also a concern, while qualitative data offers depth, it may not fully capture the breadth of women's experiences under these regimes. Additionally, because governance practices can change rapidly, the study's findings will depend on the timeliness of the reports analyzed.

3.2. Operationalization of the variables

In order to enable a comparison, the variables must be measured. The following section details how both variables are operationalized.

3.2.1. Independent variable

The explanation of the independent variable is provided in 2.3.1. in this paper. The independent variable is *variations in governance by radical extremist groups*. The context and details regarding the variable and its contents are further elaborated in Section 2.3.1. To structurally operationalize the independent variable, the cases will be examined through the following questions: (1) Does the group use force or punishment to ensure compliance with its rules? (2) Does the group provide healthcare services in its controlled areas? To assess whether force or punishment is used to ensure compliance with rules and whether healthcare services are provided in controlled areas, I will rely on credible reports and analyses. To address the first aspect, I will review reports on governance practices, focusing on enforcement methods and the use of violence, provided by reputable human rights organizations. For the second aspect, I will consult data and reports from trusted organizations that monitor and assess healthcare services in conflict zones. This approach will allow for a focused and reliable analysis of both governance strategies.

3.2.2. Dependent variable

The explanation of the dependent variable is provided in 2.3.2. in this paper. The dependent variable is *women's reproductive rights*. The context and details regarding the variable and its

contents are further elaborated in Section 2.3.2. To structurally operationalize the dependent variable, the cases will be examined through the following questions: (1) Are there restrictions on the number of children women are allowed to have? (2) Are women allowed to visit healthcare facilities without a male escort? To investigate whether there are restrictions on the number of children women are allowed to have and whether women can visit healthcare facilities without a male escort, I will consult relevant reports and analyses. For the first aspect, I will examine documentation related to reproductive rights and family size policies under extremist governance. For the second, I will review data on healthcare accessibility, specifically looking at gender-based restrictions, such as the requirement for male escorts. These sources will provide comprehensive and reliable insights into both dimensions of women's rights in these contexts.

3.3. Case selection

3.2.1. Controlling for certain variables

In line with the Method of Difference, the cases are meticulously controlled for specific factors to rule them out as potential alternative explanations for the variation in the use of sexual violence.

The first control variable is the type of conflict, which significantly influences how extremist groups govern and enforce their policies. The nature of the conflict—whether internal civil war, insurgency, or external intervention—shapes the behavior, strategies, and governance approaches of these groups, particularly in how they enforce societal norms and exert control over the population. For example, in internal conflicts, extremist groups may rely more heavily on coercive governance and rigid social regulation to consolidate power and maintain control over their territory. In such situations, there is often a heightened focus on asserting ideological dominance, which can directly affect policies related to women's rights, including reproductive autonomy. Additionally, in contexts of internal conflict, extremist groups may face ongoing threats from opposition forces and competing factions, which can influence their governance strategies, often resulting in policies that prioritize control and compliance to ensure territorial stability. In contrast, conflicts involving external interventions may lead to different governance practices, influenced by the presence of foreign actors, which could alter

the approach to managing the population. Controlling for the type of conflict ensures that variations in the dependent variable, women's reproductive rights, can be attributed to differences in governance practices rather than to differing conflict contexts. The question used to operationalize this control variable is: What type of conflict is the group operating in (e.g., civil war, insurgency, external intervention)?

The second control variable is poverty levels, which plays a significant role in shaping governance practices and the treatment of women's reproductive rights. In regions with high poverty, there is often a scarcity of essential resources like healthcare, education, and economic opportunities. This lack of resources can drive extremist groups to adopt more coercive strategies to maintain control and assert authority over the population. In impoverished areas, women's vulnerabilities are often heightened, resulting in stricter limitations on their reproductive rights and autonomy. Poverty also influences the priorities of extremist groups; in such contexts, these groups may focus on regulating women's reproductive rights as a means to maintain social order and stability. For instance, extreme poverty may lead to policies that restrict access to family planning services or impose limits on the number of children a woman can have, as groups attempt to control population growth in line with their ideological goals. Moreover, in these settings, women often face limited access to healthcare or support services outside of the group's control, further constraining their reproductive choices. By controlling for poverty levels, the study ensures that variations in women's reproductive rights are not solely driven by economic conditions. This allows the analysis to focus on the direct effects of governance practices while minimizing the confounding influence of poverty. The question used to operationalize this control variable is: What are the poverty levels in the areas controlled by the group?

3.2.2. Cases selected

To address the research question, "*How do variations in governance by radical extremist groups affect women's reproductive rights in fragile political contexts?*", the selected cases must first meet specific criteria before being subjected to analysis with the control variables. Since this paper examines the variations in governance by radical extremist groups, the cases selected must be radical extremist groups. In accordance with the method of difference, the

selected cases must be as similar as possible in all respects, with the exception of the dependent and independent variables. The cases chosen for this study are ISIS in Syria and the Taliban in Afghanistan, both of which have implemented radical governance systems in fragile political contexts. The selected cases are not from the same conflict, but they share key similarities that make them suitable for comparison in this study. Both ISIS in Syria and the Taliban are radical extremist groups that have established significant control over territories in fragile political contexts, where state authority is weak or absent. These groups have imposed strict governance systems based on their interpretations of religious law, which directly influence women's rights, particularly their reproductive rights.

The timeframe of the study is also a critical factor in selecting these cases. For ISIS, the period of analysis focuses on the years 2014-2017, when the group controlled large parts of Syria and implemented governance policies that severely restricted women's reproductive rights (UCDP, 2024a). For the Taliban, the analysis begins in 2021, following the group's return to power and its subsequent takeover of Afghanistan after the withdrawal of U.S. military forces (UCDP, 2024b). This period marks the Taliban's re-establishment of its governance system, with a renewed focus on limiting women's rights, including reproductive freedoms. I chose these two groups for the study because their similar strategies of governance in fragile political environments provide an opportunity to examine the variations in how radical extremist groups influence women's reproductive rights. Despite being part of different conflicts, both groups have implemented policies that restrict women's freedoms, including reproductive autonomy, in contexts characterized by political instability and ongoing conflict.

These cases were selected because they exhibit similar outcomes on the control variables. Both ISIS in Syria (2014-2017) and the Taliban in Afghanistan (post-2021) are involved in civil war contexts, with elements of insurgency. For ISIS in Syria, the group played a major role in the Syrian Civil War that began in 2011. By 2014, they seized large territories and declared a caliphate in parts of Syria and Iraq. As the civil war continued, ISIS's role evolved from a territorial power to an insurgent group after losing control of its territory by 2017, continuing to carry out attacks across the region (Crisis Group, 2022). Similarly, the Taliban in Afghanistan has been engaged in a long-running civil war. After the U.S. withdrawal in 2021, the group regained control of Afghanistan, ending a protracted insurgency against the

U.S.-backed Afghan government. Before this, the Taliban operated as an insurgent group throughout the 2000s, employing guerrilla warfare tactics to oppose the Afghan government and foreign military forces (Center for Preventive Action, 2024). Thus, both cases share the characteristics of being involved in a civil war, with each group also using insurgency tactics to advance their respective goals. While the contexts of their conflicts differ in some respects, the overall conflict types are similar in nature. The answer to the question “What type of conflict is the group operating in (e.g., civil war, insurgency, external intervention)?” for both of the cases is civil war with elements of insurgency.

During their periods of control in Syria and Afghanistan, both ISIS and the Taliban governed regions grappling with severe poverty. From 2014 to 2017, ISIS held areas such as Raqqa and Deir ez-Zor in Syria, regions heavily affected by the ongoing Syrian Civil War. Similarly, the Taliban’s resurgence in Afghanistan from 2021 occurred in a context of deep socioeconomic challenges, exacerbated by years of conflict, instability, and limited infrastructure. In both cases, the groups' governance was influenced by the prevailing poverty and the absence of stable state institutions (UCDP, 2024a). The conflict destroyed infrastructure, increasing poverty. Basic services were scarce, and unemployment surged. Despite controlling economically valuable areas, including oil fields, local populations still faced extreme poverty. ISIS capitalized on these conditions to recruit fighters, offering financial incentives (Crisis Group, 2022; Al-Khatteeb & Gordts, 2014). Similarly, in Afghanistan, poverty remained severe after the Taliban took control in 2021. Around 85 percent of the Afghan population lives on less than one dollar a day, a situation worsened by decades of ongoing conflict and foreign interventions. The Taliban’s return to power further deepened the economic instability, exacerbating the already dire conditions for many Afghans (UNDP, 2024). The situation was further aggravated by economic sanctions, the suspension of foreign aid, and the collapse of the banking system. These factors hit rural areas particularly hard, where the Taliban exerted the most control, intensifying the hardships faced by local populations. Basic services were limited, deepening the poverty cycle (RESCUE, 2023). In both cases, populations suffered extreme poverty due to conflict, infrastructure destruction, and economic collapse. This severely affected daily life and access to necessities. Based on the information collected the answer to the question “What are the poverty levels in the areas controlled by the group?” for both cases is extreme poverty.

Considering the similarities of the control variables and the variation between the independent and dependent variables, ISIS in Syria (2014–2017) and the Taliban in Afghanistan (post-2021) are deemed suitable case studies for applying Mill’s method of difference. These cases provide an opportunity to systematically explore the potential causal relationship between variations in governance by radical extremist groups and women’s reproductive rights. In the following sections, the values of both the independent and dependent variables in each case will be analyzed to determine whether differences in governance practices contribute to disparities in the protection or violation of women’s reproductive rights.

3.4. Sources of empirical material

Since this paper employs a qualitative research design, qualitative methods of measurement are prioritized over quantitative ones. The independent variable, variations in governance by radical extremist groups, cannot be adequately captured through binary or numerical data, making qualitative analysis the most suitable approach. To explore the contexts of ISIS in Syria (2014–2017) and the Taliban in Afghanistan (post-2021), this study will consult a range of scholarly articles and reports. Data from the Uppsala Conflict Data Program will provide background on the conflicts in these regions. For an in-depth qualitative analysis of how governance practices impact women’s reproductive rights, reports from reputable international organizations such as Human Rights Watch, Amnesty International, and the United Nations Development Programme will be central to the investigation. These sources will offer valuable insights into the socioeconomic and political conditions under which both groups governed.

Additionally, the analysis will include information on the enforcement of gender norms and the restrictions placed on reproductive rights, drawn from a mix of academic articles and detailed reports addressing the conflicts in Syria and Afghanistan. Given the sensitive nature of this topic and the possibility of biased reporting, special care will be taken in selecting sources. The accuracy and neutrality of data are critical, as extremist groups often attempt to deny or obscure their restrictive practices. By carefully curating the sources, this study aims

to provide a thorough and objective analysis of the impact of extremist governance on women's reproductive rights.

4. Empirical material

4.1. Introduction to the context

The Islamic State (IS), also known as Daesh, is an extremist Islamist militant group that originated in Iraq and later expanded into Syria. Its roots can be traced to the early 2000s, when Abu Musab al-Zarqawi established Jamaat al-Tawhid wal-Jihad (JTJ). Initially focused on fighting coalition forces and the Iraqi government, the group underwent several rebrandings, including its alignment with al-Qaeda in 2004, becoming Tanzim Qaidat al-Jihad fi Bilad al-Rafidayn, or al-Qaeda in Iraq (AQI). However, tensions with al-Qaeda's central leadership led to a formal split in 2014. In 2006, AQI rebranded as the Islamic State in Iraq (ISI), signaling its aspiration to establish an Islamic state governed by strict interpretations of sharia law. By 2013, ISIS expanded its operations into Syria amid the ongoing civil war, briefly merging with Jabhat al-Nusra before declaring itself the Islamic State of Iraq and al-Sham (ISIS). This marked a pivotal moment, as the group transitioned from a localized insurgency into a transnational organization. On June 29, 2014, ISIS declared the establishment of a global caliphate under the leadership of Abu Bakr al-Baghdadi and rebranded itself as the Islamic State (IS). Its declaration was accompanied by sweeping territorial claims, dismissing all existing political boundaries and demanding allegiance from Muslims worldwide (UCDP, 2024a).

At its peak in 2015, ISIS controlled vast territories across Iraq and Syria, including major cities such as Mosul and Raqqa. The group governed through a centralized structure, appointing local leaders known as "emirs" to oversee different regions. Its rule was characterized by extreme religious conservatism, the strict enforcement of sharia law, and widespread human rights abuses. ISIS funded its operations through extortion, oil revenues, and looting. Beyond Iraq and Syria, ISIS expanded globally by establishing "provinces" in regions such as Libya, Egypt's Sinai Peninsula, and Afghanistan, operating as an umbrella organization for local militant groups that pledged allegiance to its cause. Despite its rapid rise, ISIS began to suffer military defeats in 2016, as coordinated offensives by the Syrian

government, the Iraqi military, and international coalitions pushed it back. By 2017, it had lost most of its territorial holdings, including its de facto capitals in Iraq and Syria. However, ISIS has continued to function as a decentralized insurgency, maintaining affiliates and carrying out attacks in various regions. Its legacy persists, shaping global jihadist movements even though its operational capabilities have significantly declined (UCDP, 2024a).

The Taliban, a Sunni Islamist movement, has played a central role in Afghanistan's political and conflict landscape since its emergence in the mid-1990s. Initially formed with the goal of restoring peace and order, and establishing an Islamic state governed by sharia law, the group's name, derived from the Pashto word *Taliban*, meaning "students," reflects its origins in Islamic religious education. Although the precise details of its formation remain uncertain, the Taliban's leadership, drawn largely from the southern Durrani Pashtun tribes, began organizing in 1994 under the leadership of Mullah Mohammed Omar, a former Mujahideen commander. The movement quickly gained support by opposing the warlords and factions that had divided Afghanistan following the Soviet withdrawal in 1989. By 1996, the Taliban had seized control of Kabul and much of the country, instituting a strict interpretation of sharia law, which drew international condemnation, particularly for its treatment of women and destruction of cultural heritage. Despite being ousted in 2001 by a U.S.-led coalition, the Taliban regrouped along the Afghan-Pakistani border, launching an insurgency against the newly established Afghan government and foreign forces (UCDP, 2024b).

After the withdrawal of international troops in 2021, the Taliban regained control of Afghanistan, capturing Kabul and reestablishing their governance. Throughout its history, the Taliban has remained a prominent force in Afghanistan, engaging in various forms of organized violence, including internal conflict and asymmetric warfare, while also maintaining connections with groups like al-Qaeda (UCDP, 2024b).

4.2. Observed empirical patterns

4.2.1. ISIS: Independent variable

The governance model that ISIS established in Syria between 2014 and 2017 was highly centralized and authoritarian, enforcing a strict interpretation of Islamic law that shaped

nearly every aspect of daily life. This system was not merely a legal framework but a comprehensive societal structure designed to reshape individual behavior to align with the group's radical ideology (Caris & Reynolds, 2014). A defining feature of ISIS's rule was its heavy reliance on coercion and violence to maintain control. Public executions, corporal punishment, and other brutal enforcement mechanisms were used to instill fear and suppress dissent. Numerous human rights reports document these tactics, illustrating how the pervasive threat of violence was a key tool for ensuring compliance. Firsthand accounts from those who lived under ISIS rule describe an environment of constant fear, where even minor infractions could lead to severe bodily harm or death. For instance, a 2014 UN report highlighted that ISIS employed public executions, amputations, and lashings as routine methods to terrorize and silence the population. The display of mutilated bodies further traumatized civilians, especially children. The report also noted that individuals who fled ISIS-controlled areas consistently described being subjected to acts intended to instill fear and suppress opposition (UN News, 2014).

ISIS's governance in Syria between 2014 and 2017 included the provision of healthcare services, which were deeply influenced by its ideological framework. The group established medical facilities within its controlled territories, but access to these services was heavily restricted by its rigid social and gender norms. Women, in particular, faced significant barriers to receiving medical care, as their access was contingent upon compliance with ISIS's interpretation of Islamic law. Female patients were required to be treated by female healthcare providers, leading to challenges in emergency situations when male doctors were available but could not attend to them due to strict gender segregation policies (Soguel, 2015). Additionally, within all-female hospital wings, those explicitly labeled by ISIS administrators as 'non-mujahid' families faced inflated fees for prescriptions and patient registration, incorrect medication dispensed by untrained staff, and surgical procedures undertaken with either expired anesthetic or none at all (Vale, 2024). This approach to healthcare served not only as a functional aspect of governance but also as a means of enforcing the group's ideological control over the population.

ISIS established bureaucratic structures to oversee governance aspects like education, law enforcement, and public services. The Diwan of Education managed schools, altering curricula to exclude subjects like philosophy, art, history, and sociology, aiming to eliminate teachings they deemed contrary to their ideology. The Diwan of Hisba, or Public Morality Enforcement, acted as a moral policing unit, enforcing strict social codes, especially targeting women who deviated from prescribed behaviors. This created a system where surveillance, fear, and ideological control were deeply embedded into everyday life (SyriaSource, 2016). Additionally, the al-Khansaa Brigade, an all-female unit within the Hisba, was notorious for its brutal enforcement of morality laws, including administering severe punishments for minor infractions, further entrenching fear and compliance among the population (Vonderhaar, 2021).

ISIS's governance approach combined violent repression with social and ideological control, creating an environment where obedience was enforced not just through fear but through the systematic reshaping of belief systems. This dual strategy ensured that populations under ISIS rule were not only physically subjugated but also subjected to an extensive process of ideological conditioning. The system was designed to foster an ideologically committed society, with a disproportionate and explicit focus on women. ISIS's governance model also involved the imposition of strict religious laws and the use of violence to maintain control. Public executions, corporal punishment, and other brutal enforcement mechanisms were employed to instill fear and suppress dissent. Through these methods, ISIS sought to create a society that adhered to its extreme interpretation of sharia law, embedding surveillance, fear, and ideological control into everyday life (Vale, 2020).

4.2.2. Taliban: Independent variable

The Taliban's governance model in Afghanistan, especially following their resurgence in 2021, is characterized by a strict interpretation of Islamic law that profoundly influences various societal aspects, including legal practices, social norms, and women's rights. In November 2022, the Taliban's supreme leader, Haibatullah Akhundzada, ordered judges to fully implement sharia law, encompassing punishments such as public executions, stonings,

floggings, and amputations for crimes like adultery and theft (Agence France-Presse, 2022). Unlike the centralized governance model of ISIS, the Taliban operates under a decentralized framework. Local commanders and religious leaders wield significant influence over policy enforcement, leading to variations in governance practices across different regions. While the central leadership establishes overarching laws and ideological guidelines, their implementation can differ locally due to this decentralized structure. This decentralized approach results in inconsistencies in governance, as local authorities adapt policies based on regional contexts and their interpretations of Islamic law. Consequently, the enforcement of laws and social norms may vary, reflecting the unique dynamics of each locality under Taliban rule (Mills, 2024).

The Taliban's governance heavily relies on coercion and punishment to enforce compliance with their ideological framework. A central institution in this enforcement is the Ministry for the Promotion of Virtue and Prevention of Vice (MPVPV), which actively monitors and sanctions behaviors that deviate from their prescribed religious and moral standards. This ministry's actions reflect the Taliban's reliance on authoritarian measures, including public corporal punishment for various infractions. Reports have documented numerous instances of public floggings, executions, and other forms of violent enforcement aimed at instilling a climate of fear among the populace, ensuring adherence to strict conduct codes, especially regarding women's roles in society (Roul, 2025). Due to the decentralized nature of Taliban rule, the severity and frequency of these punishments can differ depending on the region and the local authorities enforcing them. A United Nations report documented 1,033 instances where the Taliban used force to implement their directives, resulting in violations of personal liberty and physical and mental integrity. The enforcement of these policies often involves severe and unjustified punishments, contributing to a climate of fear and intimidation (Amu TV, 2024).

The Taliban's governance includes the administration of healthcare services, but these are provided within a highly restrictive context that aligns with their ideological framework. In certain regions, the Taliban has mandated that female healthcare workers must be accompanied by a male guardian, known as a "mahram," to perform their duties (Nader &

Amini, 2022). This requirement poses significant challenges, as not all female healthcare workers have readily available male guardians, making it difficult for them to fulfill their professional responsibilities (Mehran, 2023). Additionally, the Taliban has imposed policies requiring women seeking medical care to be accompanied by a male chaperone. This restriction has led to instances where women without a male guardian were denied medical services, exacerbating barriers to essential healthcare (Nader & Amini, 2022).

These policies reinforce patriarchal control and significantly restrict women's autonomy in making independent healthcare decisions. The enforcement of such regulations varies across regions due to the decentralized nature of Taliban governance, leading to inconsistencies in healthcare access for women. In some areas, stricter enforcement of these rules further impedes women's ability to receive necessary medical care. Consequently, the Taliban's governance is characterized by a combination of coercive enforcement and a manipulative approach to social services, restricting access based on compliance with ideologically driven social norms (Nader & Amini, 2022). The Taliban's approach to governance is deeply tied to local customs and cultural traditions, helping them maintain legitimacy among their supporters. By framing their rule as a return to traditional values, they reinforce their authority and appeal to certain segments of the population. However, this strategy comes at a steep cost, particularly for women. The Taliban blends conservative tribal codes with their interpretation of Islamic law, placing women in roles centered around family honor and enforcing strict gender norms. By merging political control with cultural narratives, they create a system that justifies harsh societal restrictions and enforcement measures, further embedding gender-based oppression into Afghanistan's social and political structures (Mehrdad, 2022).

The Taliban's governance exemplifies how radical regimes can shape societal behaviors and norms, leading to systematic oppression. They misuse religion and culture to promote their ideology, resulting in a severe case of gender apartheid in Afghanistan (Fayyazi, 2024). Their policies have imposed extreme and systematic violations against women, leading to gender apartheid (Haqpal, 2023). This governance model underscores the critical importance of understanding how extremist ideologies can influence legal and social frameworks,

perpetuating inequalities and restraining fundamental human rights, particularly for women within these geopolitical contexts.

4.2.3. ISIS: Dependent variable

ISIS in Syria established a highly restrictive and controlled system of governance, based on their rigid interpretation of Sharia law, which influenced nearly every aspect of daily life, especially for women. Under their rule, women were expected to conform to traditional gender roles, primarily confined to the domestic sphere. Many freedoms were denied to women, including the right to work, travel, or participate in public life without the approval of a male guardian. The group's legal and moral codes, enforced through severe punishments such as corporal punishment, flogging, stoning, and even execution, served to ensure that women remained within these prescribed roles (Caris & Reynolds, 2014, p. 19).

Under ISIS rule, reproductive rights were tightly regulated and heavily prescriptive. While there was no formal, explicit limit on the number of children a woman could have, the group exerted significant pressure on women to bear children, especially sons, in order to expand the caliphate and secure its future. Women were expected to prioritize motherhood, and any efforts to delay or restrict childbirth were strongly discouraged. Contraception was largely unavailable in areas under ISIS control, and the group's policies emphasized that a woman's primary role was as a mother, effectively stripping her of control over family planning decisions (Human Rights Watch, 2014).

Under ISIS rule, women's access to healthcare was heavily restricted, further limiting their autonomy. Women in areas controlled by the group were required to have a male escort—whether a husband, father, or brother—when visiting healthcare facilities, even for basic medical services. This policy made it difficult for many women to seek essential care, particularly in emergencies or for reproductive health issues. Furthermore, the healthcare services available were shaped by ISIS's strict ideological beliefs, leading to the restriction of certain treatments and procedures deemed incompatible with their interpretation of Sharia

law. As a result, women's healthcare was often inadequate, and the healthcare system overall was under-resourced, focusing on basic services while neglecting more comprehensive or modern medical care (Michlig., et al, 2019, p. 7-10).

In conclusion, ISIS's governance in Syria was characterized by strict control over women's reproductive rights and healthcare access. The group imposed rigid regulations aimed at restricting women's roles in society, pressuring them to have large families, especially male children. Although there was no formal policy capping the number of children, the overall environment discouraged family planning, with limited access to contraception. Women's autonomy over reproductive choices was severely restricted, and their access to healthcare was tightly controlled by the group's ideological framework (Human Rights Watch, 2014). The pressure to have children was part of ISIS's broader objective to expand its demographic base and enforce its vision of an Islamic state. Women's access to healthcare was also significantly restricted under ISIS rule, as they were required to have a male escort to visit medical facilities. This policy severely limited women's ability to access necessary healthcare and further restricted their autonomy. It not only reinforced gender inequality but also allowed ISIS to maintain greater control over women's lives, in line with its strict interpretation of Islamic law (Michlig., et al, 2019, p. 7-10). While ISIS did not formally restrict the number of children a woman could have, there was immense societal pressure for women to have large families, with very limited access to contraception. Concerning healthcare, women were required to have a male escort to visit medical facilities, a policy that severely restricted their freedom and ability to seek medical care. This practice was part of a broader system of gender-based control enforced by ISIS.

4.2.4. Taliban: Dependent variable

The Taliban's governance in Afghanistan is defined by its strict interpretation of Islamic law, which governs various aspects of society, including women's rights and their roles. The group's policies regarding women's reproductive rights and healthcare have been marked by severe restrictions and an overarching system of control. Under Taliban rule, women's rights were significantly curtailed, and their autonomy was restricted in multiple areas, particularly in reproductive health and access to medical services.

While the Taliban did not formally limit the number of children a woman could have, their policies created an environment where women were strongly encouraged to have children in line with traditional gender roles. Access to family planning services, including contraception, was severely restricted or outright prohibited, making it exceedingly difficult for women to exercise control over their reproductive decisions. This control over women's reproductive choices was part of a broader effort by the Taliban to enforce their vision of gender roles, where women's primary duties were defined within the confines of the home as wives and mothers (UN Women, 2024). Under Taliban rule, women's access to healthcare was tightly restricted. Women were required to have a male escort whenever visiting healthcare facilities, severely limiting their ability to seek essential medical care, particularly in urgent or routine situations. This policy of mandating male guardianship for healthcare visits was part of the Taliban's broader strategy to control women's mobility and autonomy, further reinforcing their authority by limiting women's freedom in both public and private spheres. Additionally, healthcare services themselves were often shaped by the Taliban's ideological beliefs, with many women unable to access comprehensive care, particularly reproductive health services, which were deemed incompatible with the Taliban's interpretation of Sharia law (USIP, 2024). The Taliban did not implement formal restrictions on the number of children women could have, but their policies, alongside societal pressures and limited access to family planning services, significantly restricted women's ability to make independent decisions regarding their reproductive health. Additionally, under Taliban rule, women were required to have a male escort to visit healthcare facilities, a restriction that severely hindered their ability to access essential medical care and further reinforced the group's gendered control over women's lives.

4.3. Discussion

This study reveals significant insights into how variations in governance by extremist groups, specifically ISIS in Syria (2014–2017) and the Taliban in Afghanistan (post-2021), uniquely shape women's reproductive rights in politically fragile contexts. The comparative analysis shows that while both groups impose severe restrictions on women's autonomy and access to reproductive healthcare, the nature and implementation of these restrictions are influenced

profoundly by their respective governance strategies and the socio-political environments in which they operate. Using Mill's Method of Difference, the study effectively demonstrates that ISIS's centralized and authoritarian governance led to harsh regulations, including outright bans on contraception and the requirement that women obtain male approval for accessing healthcare services. In contrast, the Taliban, while also restrictive, exhibited a more decentralized approach that allowed for some local variability in governance enforcement. This suggests that the way a group governs has a direct impact on women's experiences. A strict, centralized authority often leads to more severe restrictions on women's rights, whereas a decentralized system, while still imposing control, may allow for slight variations in how those restrictions are enforced.

Social Role Theory helps shed light on these dynamics by showing how governance practices institutionalize rigid gender norms, confining women primarily to familial and reproductive roles. By enforcing strict interpretations of religious law, both ISIS and the Taliban reinforce traditional gender expectations, limiting women's autonomy in making reproductive decisions. This perspective highlights how extremist governance not only restricts access to reproductive healthcare but also shapes broader societal attitudes toward women's roles, further deepening systemic inequality. Despite the study's clear focus and thorough research approach, such as the use of qualitative approaches and secondary source analysis, it is essential to acknowledge alternative explanations that could impact the findings. Factors such as local cultural attitudes towards gender, community resistance to extremist ideologies, and the presence of international humanitarian interventions can influence the extent and nature of reproductive rights experienced by women under these regimes. For instance, in some areas under Taliban control, local customs or community efforts may push back against harsh policies, giving women some room to navigate access to reproductive healthcare. Likewise, support from international organizations and human rights groups can sometimes help lessen the impact of oppressive governance. These factors highlight the complex relationship between governance and social agency, showing that the effects of extremist rule aren't uniform and can differ widely depending on local circumstances.

In conclusion, this study highlights how the governance practices of extremist groups deeply affect women's reproductive rights. The findings emphasize the importance of understanding these connections to develop effective interventions and advocacy efforts that support women's health and autonomy in conflict-affected regions. Future research should dive deeper into the complexities of women's experiences, considering how local governance and community dynamics shape access to reproductive rights.

5. Summary and conclusions

This study has investigated the impact of governance by radical extremist groups, specifically ISIS in Syria from 2014 to 2017 and the Taliban in Afghanistan post-2021, on women's reproductive rights in fragile political environments. The research employed a qualitative approach utilizing Mill's Method of Difference to compare governance strategies and their implications for women's autonomy and access to reproductive healthcare. The findings demonstrate that both ISIS and the Taliban implement strict interpretations of religious law that severely restrict women's reproductive rights. However, the nature of these restrictions varies significantly based on the governance styles of each group. ISIS's centralized and authoritarian governance resulted in strict regulations, including outright bans on contraception and mandatory male oversight at healthcare facilities. On the other hand, the Taliban took a more decentralized approach, which allowed for some local variation in how reproductive rights were restricted. This flexibility sometimes helped ease the severity of those restrictions, showing how governance and personal experiences can be closely interconnected.

Social Role Theory has been crucial in understanding these dynamics, as it suggests that extremist governance enforces strict gender roles that confine women mostly to reproductive and family duties. This framework helps explain how such governance not only limits women's access to reproductive healthcare but also reinforces societal norms that restrict their autonomy. The study's results are grounded in a reliable qualitative methodology, enhanced by triangulating sources such as reports from international organizations, academic literature, and media coverage. While focusing on two case studies allows for an in-depth analysis, it also comes with limitations regarding the generalizability of the findings. The reliance on

secondary sources could potentially affect both the reliability and validity of the information, so the findings should be interpreted with caution. However, the consistent application of Mill's Method of Difference strengthens the study's validity by offering a clear causal framework, which helps link variations in governance to different outcomes for women's reproductive rights.

While this study provides valuable insights, it also recognizes that other factors could influence women's experiences in these contexts. Local cultural attitudes, community resistance to extremist ideologies, and the work of international humanitarian organizations may all play important roles in shaping how reproductive rights are experienced on the ground. Future research should focus on exploring these local dynamics, looking at how community-level factors might interact with or even challenge the policies enforced by extremist regimes. In conclusion, this research highlights the crucial need to understand how governance, ideology, and gender intersect in fragile political environments. The findings go beyond just the cases of ISIS and the Taliban and urge a deeper look at how extremist governance impacts women's lives and rights. To effectively tackle the reproductive rights challenges faced by women in these contexts, interventions must consider the complexities of local dynamics and how different governance styles affect them. Future research should continue exploring these relationships to build a more comprehensive understanding of gender equality under radical ideologies.

6. References

Agence France-Presse. (2022) "Afghan supreme leader orders full implementation of sharia law", *the Guardian*, [online], available at: <https://www.theguardian.com/world/2022/nov/14/afghanistan-supreme-leader-orders-full-implementation-of-sharia-law-taliban> [accessed 08 March 2025]

Al-Jaber, H. (2015) "Islamic State Dismantles Medical Services in Syrian Region", *Institute for War and Peace reporting* [online], available at: <https://iwpr.net/global-voices/islamic-state-dismantles-medical-services-syrian-region> [accessed 04 Jan 2025]

Al-Khatteeb, L; Gordts, E. (2014) “How ISIS Uses Oil to Fund Terror”, *Brookings*, [online], available at: <https://www.brookings.edu/articles/how-isis-uses-oil-to-fund-terror/> [accessed 03 Jan 2025]

Amnesty. (2023) “Afghanistan”, *Amnesty International* [online], available at: <https://www.amnesty.org/en/location/asia-and-the-pacific/south-asia/afghanistan/report-afghanistan/> [accessed 04 Jan 2025]

Amu TV. (2024) “UN report documents 1,033 cases of forced implementation of Taliban orders”, *amu*, [online], available at: <https://amu.tv/109105/> [accessed 08 March 2025]

Bahn, K., et al. (2017) “Linking Reproductive Health Care Access to Labor Market Opportunities for Women”, *The Center for American Progress* [online], available at: <https://www.americanprogress.org/article/linking-reproductive-health-care-access-labor-market-opportunities-women/> [accessed 26 Dec 2024]

Caris, C; Reynolds, S. (2014) “ISIS Governance In Syria” In MIDDLE EAST SECURITY REPORT 22, *Institute for the Study of War* [online], available at: <https://www.understandingwar.org/report/isis-governance-syria> [accessed 04 Jan 2025]

Center for Preventive Action, (2024) “Instability in Afghanistan”, *Global Conflict Tracker* [online], available at: <https://www.cfr.org/global-conflict-tracker/conflict/war-afghanistan> [accessed 03 Jan 2025]

Crisis Group, (2022) “Containing a Resilient ISIS in Central and North-eastern Syria” in Middle East Report N°236, *International crisis group* [online], available at: <https://www.crisisgroup.org/middle-east-north-africa/east-mediterranean-mena/syria/containing-resilient-isis-central-and-north> [accessed 03 Jan 2025]

Difraoui, A. (2017) “Authoritarianism and Radicalisation towards Violent Extremism” In 08 Euromed Survey, *European Institute of the Mediterranean*, [online], available at: <https://www.iemed.org/publication/authoritarianism-and-radicalisation-towards-violent-extremism/> [accessed 23 Dec 2024]

Eagly, A; Wood, W, (2012) “Social Role Theory” In Van Lange, Paul., et al. *Handbook of Theories of Social Psychology*. Chapter 49, p. 458-476

Echelmeyer, L., Slotboom, A. M., & Weerman, F. (2023). “The Putative Effect of Identity on Extremist Radicalization: A Systematic Review of Quantitative Studies”. *Studies in Conflict & Terrorism*, 1–42. <https://doi.org/10.1080/1057610X.2023.2247621>

Elakbawy, S & Rogers, E. (2024) “The Economic Fallout of Reproductive Rights Restrictions on Women’s Futures”, *Center for the Economics of Reproductive Health, In the Lead*. [online], available at:

<https://iwpr.org/the-economic-fallout-of-reproductive-rights-restrictions-on-womens-futures/>

Fayyazi, A. (2024) “The Taliban Misuses Religion And Culture To Promote Their Ideology”, *Feminist Majority Foundation*, [online], available at:

<https://feminist.org/news/the-taliban-misuses-religion-and-culture-to-promote-their-ideology/>

[accessed 08 March 2025]

Field, O. P. (1941). STUDENSKI, PAUL, and PAUL R. MORT. Centralized vs. Decentralized Government in Relation to Democracy . Pp. vii, 69. New York: Bureau of Publications, Teachers College, Columbia University, 1941. 75¢. The ANNALS of the American Academy of Political and Social Science, 218(1), 217-218.

<https://doi.org/10.1177/000271624121800151> (Original work published 1941)

Fiveable, (2024) “Centralized Authority”, *Fiveable inc*, [online], available at:

<https://fiveable.me/key-terms/introduction-cultural-anthropology/centralized-authority>

[accessed 23 Dec 2024]

Freeman, O. (2023) “The Difference Between Centralisation and Decentralisation”, *Medium*, [online], available at:

<https://medium.com/coinmonks/the-difference-between-centralisation-and-decentralisation-9981457b8e33> [accessed 15 March 2025]

Furlan, M. (2024) “Provision of Healthcare by Islamist Armed Groups: Between Sharia and International Law”, *Just Security* [online], available at:

<https://www.justsecurity.org/96676/islamist-armed-groups-healthcare-provision/> [accessed 04 Jan 2025]

Gozdecka, D. A. (2020). “Backlash or Widening the Gap?: Women’s Reproductive Rights in the Twenty-First Century”. *Laws*, 9(1), 8. <https://doi.org/10.3390/laws9010008>

Halnon, E. (2020) “History of fascism, reproductive rights offers lessons for today”, *Oregon News - University of Oregon*. [online], available at:

<https://news.uoregon.edu/content/history-fascism-reproductive-rights-offers-lessons-today> [accessed 26 Dec 2024]

Hankla, C & Downs, W. (2010) "Decentralization, Governance, and the Structure of Local Political Institutions: Lessons for Reform?" (2010). Political Science Faculty Publications. 14. https://scholarworks.gsu.edu/political_science_facpub/14

Haqpal, N. (2023) “The Taliban’s Gender Apartheid in Afghanistan Is Part Of – Not Separate From – Its Terrorist Links”, *Just Security*, [online], available at: <https://www.justsecurity.org/87634/the-talibans-gender-apartheid-policies-support-radicalization/> [accessed 08 March 2025]

Hedström, J., & Herder, T. (2023). “Women's sexual and reproductive health in war and conflict: are we seeing the full picture?”. *Global health action*, 16(1), 2188689. [online], available at: <https://doi.org/10.1080/16549716.2023.2188689> [accessed 22 Dec 2024]

Human Rights Watch. (2014) “Syria: Extremists Restricting Women’s Rights”, *Human Rights Watch* [online], available at: <https://www.hrw.org/news/2014/01/13/syria-extremists-restricting-womens-rights> [accessed 04 Jan 2025]

Human Rights Watch. (2020). “You Have No Right to Complain” - Education, Social Restrictions, and Justice in Taliban-Held Afghanistan, *Human Rights Watch* [online], available at:

<https://www.hrw.org/report/2020/06/30/you-have-no-right-complain/education-social-restrictions-and-justice-taliban-held> [accessed 04 Jan 2025]

Human Rights Watch. (2024) “A Disaster for the Foreseeable Future” - Afghanistan’s Healthcare Crisis, *Human Rights Watch* [online], available at: <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis> [accessed 04 Jan 2025]

Lakshminarayanan, R. (2003). Decentralisation and its Implications for Reproductive Health: The Philippines Experience. *Reproductive Health Matters*, 11(21), 96–107. [https://doi.org/10.1016/S0968-8080\(03\)02168-2](https://doi.org/10.1016/S0968-8080(03)02168-2)

Mehran, M. (2023) “Restrictions on Women Healthcare Workers: Access to Healthcare Services for Women on the Verge of Collapse”, *8 AM media*, [online], available at: <https://8am.media/eng/restrictions-on-women-healthcare-workers-access-to-healthcare-services-for-women-on-the-verge-of-collapse/> [accessed 08 March 2025]

Mehrdad, E. (2022) “Understanding the Taliban’s War on Women”, *The Diplomat*, [online], available at: <https://thediplomat.com/2022/07/understanding-the-talibans-war-on-women> [accessed 08 March 2025]

Merchant J. (2020). “Inclusion, exclusion: Comparative public policy (France/USA) in access to assisted reproductive technology”. *Reproductive biomedicine & society online*, 11, 18–23. [online], available at: <https://doi.org/10.1016/j.rbms.2020.09.004> [accessed 22 Dec 2024]

Michlig, G., et al. (2019) “Providing healthcare under ISIS: A qualitative analysis of healthcare worker experiences in Mosul, Iraq between June 2014 and June 2017”, *Global Public Health* [online], available at <https://pubmed.ncbi.nlm.nih.gov/31034779/> [accessed 04 Jan 2025]

Miller, C., & Fugardi, R. (2024) “Executive Summary: The Anti-Abortion Movement’s Extremist Playbook”, *The Southern Poverty Law Center* [online], available at: <https://www.splcenter.org/anti-abortion-movement/executive-summary> [accessed 27 Dec 2024]

Mills, P. (2024). "TALIBAN GOVERNANCE IN AFGHANISTAN", *Institute for the study of war*, [online], available at:

https://www.understandingwar.org/sites/default/files/24-210-02%20ISW%20Afghanistan%20Taliban%20Paper_v4.pdf [accessed 08 March 2025]

Mlambo, C., Mvuyana, B., & Sithole, V. L. (2024). "Factors Influencing Women's Health in Conflict Zones in Africa". *Women*, 4(2), 216-225. <https://doi.org/10.3390/women4020016>

Morison, T. (2021), Reproductive justice: A radical framework for researching sexual and reproductive issues in psychology. *Soc Personal Psychol Compass*, 15: e12605.

<https://doi.org/10.1111/spc3.12605>

Nader, Z & Amini, N. (2022) "The Taliban are harming Afghan women's health", *The Fuller Project*, [online], available at:

<https://fullerproject.org/story/afghanistan-taliban-healthcare-restrictions-women/> [accessed 08 March 2025]

Okech, A. (2021). Governing Gender: Violent Extremism in Northern Nigeria. *Africa Development / Afrique et Développement*, 46(3), 1–20. <https://www.jstor.org/stable/48630968>

Okeke, S.R., Okeke-Obayemi, D.O., Njoroge, M.R. et al. (2024) "Collateral damage: the overlooked reproductive health crisis in conflict zones". *Reprod Health* 21, 198.

<https://doi.org/10.1186/s12978-024-01941-8>

Oliveira Ribas, M. (2024) "Digital Refuge: Understanding the Community Dynamics of Extremist Groups". *Vortex*, [online], available at:

<https://vortex.uni.mau.se/2024/10/digital-refuge-understanding-the-community-dynamics-of-extremist-groups/> [accessed 15 March 2025]

Pugh S. (2019). "Politics, power, and sexual and reproductive health and rights: impacts and opportunities". *Sexual and reproductive health matters*, 27(2), 1662616.

<https://doi.org/10.1080/26410397.2019.1662616>

RESCUE. (2023) “Afghanistan: En hel befolkning lever i fattigdom” in Emergency Watchlist 2023, *International Rescue Committee* [online], available at: <https://www.rescue.org/se/artikel/afghanistan-en-hel-befolkning-lever-i-fattigdom> [accessed 03 Jan 2025]

Roeder, A. (2024) “The negative health implications of restricting abortion access”, *Harvard T.H. Chan - School of Public Health* [online], available at: <https://hsph.harvard.edu/news/abortion-restrictions-health-implications/> [accessed 23 Dec 2024]

Roul, A. (2025) “Moral Policing, Public Floggings, and the Decline of Girls' Education in Taliban ruled Afghanistan”, *Society for the Study of Peace and Conflict* [online], available at: <https://www.sspconline.org/opinion-analysis/moral-policing-public-floggings-and-decline-girls-education-taliban-ruled> [accessed 08 March 2025]

Sanders, R., & Jenkins, L. D. (2022). Control, alt, delete: Patriarchal populist attacks on international women’s rights. *Global Constitutionalism*, 11(3), 401–429.
doi:10.1017/S2045381721000198

Shalak, M., Markson, F., & Nepal, M. (2024). “Gender-Based Violence and Women Reproductive Health in War Affected Area”. *Korean journal of family medicine*, 45(1), 12–17. <https://doi.org/10.4082/kjfm.23.0169>

Soguel, D. (2015) “Under Islamic State's strictures, health care falls on harder times”, *The Christian Science Monitor*, [online] available at: <https://www.csmonitor.com/World/Middle-East/2015/0803/Under-Islamic-State-s-strictures-health-care-falls-on-harder-times> [accessed 8 March 2025]

SyriaSource (2016) “The Truth of the Islamic State’s Governance”, *Atlantic Council*, [online] available at: <https://www.atlanticcouncil.org/blogs/syriasource/the-truth-of-the-islamic-state-s-governance/> [accessed 8 March 2025]

Tazinya, R.M.A., El-Mowafi, I.M., Hajjar, J.M. et al. (2023) “Sexual and reproductive health and rights in humanitarian settings: a matter of life and death”. *Reprod Health* 20, 42.

<https://doi.org/10.1186/s12978-023-01594-z>

UCDP, 2024a, IS, Syrian insurgents, Conflict Encyclopedia, Uppsala University, Department of Peace and Conflict Research, [online] available at: <https://ucdp.uu.se/actor/7669> [accessed 3 Jan 2025]

UCDP, 2024b, Taleban, Conflict Encyclopedia, Uppsala University, Department of Peace and Conflict Research, [online] available at: <https://ucdp.uu.se/actor/303> [accessed 3 Jan 2025]

UNDP. (2024) “Approximately 85 percent of Afghans live on less than one dollar a day.”, *United Nations Development Programme* [online] available at:

<https://www.undp.org/stories/approximately-85-percent-afghans-live-less-one-dollar-day>

[accessed 3 Jan 2025]

UN News, (2014). “New UN report depicts ‘relentless assault’ on civilians inside ISIL-controlled Syria”. *United Nations*, [online] available at:

<https://news.un.org/en/story/2014/11/483642> [accessed 8 March 2025]

UN Women. (2024) “In Focus: Afghan women and girls push for their rights over three years of Taliban rule”, *UN Women Asia and the Pacific* [online] available at:

<https://asiapacific.unwomen.org/en/stories/in-focus/2024/08/afghan-women-and-girls-push-for-their-rights-over-three-years-of-taliban-rule> [accessed 4 Jan 2025]

USIP. (2024) “Tracking the Taliban's (Mis)Treatment of Women - An interactive graphic illustrating how the Taliban are attempting to erase Afghan women from public life”, *United States Institute of Peace* [online], available at:

<https://www.usip.org/tracking-talibans-mistreatment-women> [accessed 4 Jan 2025]

Vale, G. (2020) “Piety Is in the Eye of the Bureaucrat: The Islamic State’s Strategy of Civilian Control”, *Combating Terrorism Center*, [online] available at:

<https://ctc.westpoint.edu/piety-eye-bureaucrat-islamic-states-strategy-civilian-control>

[accessed 8 March 2025]

Vale, G. (2024) “Divide and Conquer: The Strategy and Enduring Legacy of Islamic State’s Governance of Civilian Women”, *The International Centre for Counter-Terrorism (ICCT)*, [online] available at:

<https://icct.nl/publication/divide-and-conquer-strategy-and-enduring-legacy-islamic-states-governance-civilian> [accessed 8 March 2025]

Vonderhaar, L. (2021) “ISIS’s Female Morality Police”, *Georgetown Security Studies Review*, [online] available at:

<https://georgetownsecuritystudiesreview.org/2021/05/13/isiss-female-morality-police/>

[accessed 8 March 2025]

Yacoubian, M. (2023). “Fragile States Provide Extremists Fertile Ground to Recruit and Grow: Promoting transparent, accountable and responsive governance and restoring social cohesion are key to building resilience and thwarting terrorism”. *United States Institute of Peace*. [online], available at:

<https://www.usip.org/publications/2023/02/fragile-states-provide-extremists-fertile-ground-recruit-and-grow> [accessed 22 Dec 2024]