Demographic Risk Factors of Self-immolation in the Iraqi-Kurdistan Region among Kurdish Women

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Abstract

This study attempts to investigate the demographic risk factors of self-immolation amongst Kurdish women. Quantitative methods were applied; data has been collected by questionnaire from emergency hospitals who received cases of self-immolation. The sample in this study consists of 100 cases of self-immolation. The questionnaires focused on obtaining basic information from individuals, such as age, home area, educational and marital status. For the analyzed data SPSS software has been used (Version 22). The results suggested that the majority of women who self-burnt were married, living in urban areas and were teenagers; the levels of education were primary and below and there was a significant relationship between demographic information and the causes of self-immolation.

Keywords: Iraq, Kurdistan, Self-immolation, Kurdish women, Burns, Risk factors.

Introduction

Self-immolation is a violent act that a woman performs against herself with the aim of rescue from the socio-economic and psychological problems confronted in her daily life. Shakirov et al. (2013) argue that the major cause of self-immolation amongst women is mainly socio-economical and psychological. This phenomenon is known as "xo sutandn" (self-immolation) and has increased widely after the Kurdish uprising of 1991 (Rasool and Payton, 2014). According to the KRG (2010) the Kurdish population in the north of Iraq (Kurdistan Region) is approximately 5 million across three Provinces: Erbil, Duhok and Sulaymaniya. As Abdulla (2008) stated, figures from the Kurdistan Regional Government stating that in 1991 there were 128 cases of self-immolation, 39 in 1992, 79 in 1993, 113 in 1994, 158 in 1995, 153 in 1996, 213 in 1997, 377 in 1998, 349 in 1999, 236 in 2000, 202 in 2001, 303 in 2002, 325 in 2003, 831 in 2004, 300 in 2005, 335 in 2006 and 260 in 2007. Also, Al Jazeera (2012) reported about the cases of self-immolation that in 2008 were 197, 2010 were 245, 2011 were 300 and 380 in 2012. According to Othman (2001) some of these women died immediately, or their death was prolonged because of the severity of their injuries; the survivors are disfigured permanently which leads to social exclusion and the need for prolonged health care (Rahzani et al., 2009).

Womens’self-immolation in Iraq is too scare. As Carini et al. (2005) stated that, in 2004, 8% of those who self-burnt themselves died, as it is mentioned in the report in 45 days of Italian Red Cross in Iraq. As indicated by women organizations in Kurdistan Region-Iraq, self-immolation is the most common method amongst Kurdish women (Othman, 2011).

Self-immolation is not limited to the KRG, but is a Middle East wide phenomenon in a different rate especially in the Eastern Mediterranean Region and South and Central Asia such as Iraq (Carini et al. 2005), Iran (Panaghi et al., 2007), Afghanistan (Raj et al., 2008), Egypt (Mabrouk et al., 1999). Laloe (2004) stated that the highest rate of deliberate self-immolation is reported from Sri Lanka with 5.8 per 100,000 per year.

Moreover, a literature review reveals that risk factors for self-immolation are living areas (urban and rural), educational status, marital status and age which maybe have a great effect on a woman who wants to lose her live by self-immolation (Ahmadi, 2007; Heydari, 1997; Abridhame and Malekpour, 1998; Ahmadi et al. 2008). Also, some of other studies argued that, the socio-economical, psychological and political issues have a role of suicide by self-immolation (Dziewulski, et al., 1994; Peker, et al., 2001; Ganeson, et al., 1982; Alaghebandan and Rastegar, 2004; Nathawat and Gehlot, 1983; Khalilian and Zarghami, 2002; Cipolloni, et al., 2001). Although, Dastgiri et al., (2006) mentioned that there is no statistical difference between socio–economic and demographic factors on the self-immolation phenomenon.
Method

In this research quantitative method was applied; the data has been collected by questionnaire from emergency hospitals in the province of Sulaymaniya KRI, which were all the cases of self-immolation. The sample of this study consists of 100 cases of self-immolation. The Questionnaires established information on the individual, such as age, area inhabited, education status, marital status, employment, and unemployment.

Results and Discussion

The collected data was recorded in standardized forms and was analyzed by using SPSS software (Version 22) and statistical test for all analyses a value of p < 0.05 was considered statistical significant.

Table 1: Bivariate analysis of questioner data (n=100).

<table>
<thead>
<tr>
<th></th>
<th>All respondents</th>
<th>Self-burning (%)</th>
<th>P-Value</th>
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<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-19</td>
<td>50(n=50)</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>20-25</td>
<td>25(n=25)</td>
<td>25%</td>
<td>Chi-square=113.698a</td>
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<tr>
<td>26-31</td>
<td>12(n=12)</td>
<td>12%</td>
<td>Cramer’s V=.754</td>
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<tr>
<td>32-37</td>
<td>7(n=7)</td>
<td>7%</td>
<td>Phi=1.006</td>
</tr>
<tr>
<td>38-43</td>
<td>4(n=4)</td>
<td>4%</td>
<td>P=.000</td>
</tr>
<tr>
<td>44-49</td>
<td>2(n=2)</td>
<td>2%</td>
<td></td>
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<tr>
<td><strong>Living Area</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>77(n=77)</td>
<td>77%</td>
<td>Cramer’s V=.779</td>
</tr>
<tr>
<td>Non-urban</td>
<td>23(n=23)</td>
<td>23%</td>
<td>Phi=.779</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P=.000</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
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<tr>
<td>Primary and below</td>
<td>70(n=70)</td>
<td>70%</td>
<td>Cramer’s V=.679</td>
</tr>
<tr>
<td>Secondary and above</td>
<td>30(n=30)</td>
<td>30%</td>
<td>Phi=.679</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P=.000</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Married</td>
<td>52(n=52)</td>
<td>52%</td>
<td>Cramer’s V=.646</td>
</tr>
<tr>
<td>Unmarried</td>
<td>48(n=48)</td>
<td>48%</td>
<td>Phi=.646</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>P=.000</td>
</tr>
</tbody>
</table>
Table 2: Cross-tabulation-Demographic (Age, Living area, Level of education and Marital status) with cause of self-burning (n=100).

<table>
<thead>
<tr>
<th></th>
<th>Psychological (%)</th>
<th>Social (%)</th>
<th>Economic (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-19</td>
<td>24%</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td>20-25</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>26-31</td>
<td>0%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>32-37</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>38-43</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>44-49</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Living Area</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>24%</td>
<td>53%</td>
<td>0%</td>
</tr>
<tr>
<td>Non-urban</td>
<td>0%</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary and bellow</td>
<td>24%</td>
<td>46%</td>
<td>0%</td>
</tr>
<tr>
<td>Secondary and above</td>
<td>0%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>0%</td>
<td>37%</td>
<td>15%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>24%</td>
<td>24%</td>
<td>0%</td>
</tr>
</tbody>
</table>

In this research, 100 participators were studied, and 54 per cent had self-burnt, their ages were between 14 to 19. 24 per cent of them were self-burnt by psychological problems, 26 per cent by social factors, 25 per cent of those who were self-burnt by social factors, their ages were between 20 to 25. 25 per cent of the survivors their ages were between 26 to 49, 10 per cent by social problems, and 15 per cent by economical problems. There was a significant relationship between age and self-immolation (P=.000, Chi square=113.698*, Cramer's V=.754, Phi=.1066). As Shakirov et al. (2013) stated that the majority of young women were self-burnt by socio-economical and psychological issues. As (table 1 and 2) show that those who were self-burnt their ages were between 14 to 19 years, because this age is called teenager and it is a sensitive stage of life. The majority of those women who suicide themselves by self-immolation are teenagers, young adults and their ages were between 15 to 34 years (Bazyar, 2012; Mościcki, 2001; Medicinska et al., 2008).

While a study which is done in the United States by Thombs et al. (2007) mentioned that, risk of suicide by self-immolation is between ages 30 to 59 which this age is higher than 18 to 29 years. 53 per cent by social, 24 per cent by psychological problems of self-burnt participants who were living in urban area, and 8% by social, 15% by economical problems of self-burnt participants who were living in non-urban area. There was a significant relationship between living area and self-immolation (P=.000, Chi square= 60.752a, Cramer's V=.779, Phi=.779). But Rasool and Payton (2014) reported that, the level of women's self-immolation in living of non-urban area is higher than living of urban area, because women in living of urban area are more aware and educator compared to those women who living in non-urban area. As (table 1 and 2) showed that the majority of those who self-burnt were living in urban area compared with living in non-urban area that is because of those social and technological changes that happened in the Kurdish society. These changes have an impact on Kurdish traditional and conventional; also they have made many psychological and social problems for individuals and society. Sometimes social and psychological problems made the women to self-burn themselves.
According to Ahmadi (2007) the majority of self-immolation cases happened in living area which is urban, nevertheless Alaghehbandan et al. (2011) stated that, most of self-burning cases occurred in non-urban area.

Those who self-burnt themselves by psychological factors were 46%, %24 by social problems, and their level of education were primary and below, but the education level of 30% of self-burnt participants were secondary and above, and the reasons of their self-immolations were alike in social and economical problems. There was a significant relationship between level of education and self-immolation (P=.000, Chi square= 46.136a, Cramer's V = .679, Phi=.679). Many studies focused on women who had no or the level of education were primary and below were at a significantly higher risk of self-immolation compared to those who had more years of education (Amirmoradi et al., 2005; Groohi et al., 2006; Mabrouk et al., 1999; Maghsoudi et al., 2004; Rastegar and Alaghehbandan, 2003). As (table 1and 2) showed that most of those women who had self-burnt their level of education were primary and below which were by psychological and social problems, because of their low level of education they might not be able to get an occupation and get money for the daily life. As in Kurdish society getting an occupation is mostly based on education certificate (Hanna et al., 2009). Sometimes by psychological disease women may be inflicted with self-immolation by having no job, remaining in their houses as house wives and having not many contacts with other people. As Othman (2011) argued that, self-immolation is common and the victims are mainly adolescents and young women with lower level of education.

Above half of self-burnt participants were married. The self-immolation factors of 37% of them were social, and 15% were economical problems. Nearly half of participants were unmarried, and the reasons of their self-immolation were alike in psychological and social problems. There was a significant relationship between marital status and self-immolation (P=.000, Chi square= 41.677a, Cramer's V = .646, Phi=.646). As some studies showed that the rate of married females who attempted suicide by self-immolation is higher than unmarried females (Shooshhtary, et al. 2008; and Mofidi, et al. 2008; Girdhar, et al., 2003). As (table 1 and 2 ) showed that the married females attempted suicide by self-immolation is more than unmarried females, because sometimes self-immolation is the outcome of the violence of a male-dominated society against women, the weak willpower of women and another factor is traditional marriage which may be related to Kurdish culture due to the fact that many Kurdish families have been controlled by men as been described as a patriarchal society, and many females do not have right to make decision in their lives, and this leads them to self-burn herself. Othman (2010) announced that he did in Kurdistan Region-Iraq; in the province of Sulaymaniyah that self-immolation among married women is higher than the unmarried females. Also, many researches showed that the victims and survivors of self-burning were married (Ahmadi, 2003; Laloe and Ganesan, 2002; Zarghami and Khalilian, 2002; Dibii and Gharebayhi, 2000; Sheth and Dziewulski, 1994; Singh et al., 1982). However, Ahmadi (2007) in his research mentioned that the majority of self-burnt victims are unmarried.

After the gulf war in 1991 the KRI revealed that the region obtained political freedom, and in 1992 the KRI held the first election. This election formed the Kurdistan Regional government. After getting semi-autonomy and establishing KRG, the Kurdish society faced more fast changes especially in the field of social life cycle and most of the changes occurred after uprising in 1991 in the Kurdish society. It might be due to differences in economic, social and psychological problems experienced by Kurds; these changes were not visible at individual level. In 6th July 2011 Hawlati Newspaper reported that the 15 per cent of population in Kurdistan region of Iraq were unemployment. Hawlati's report and one of the UN's reports showed that nearly 57 per cent of populations are unemployed, uneducated and young people in KRI (Kurdiu 2011). Also, 37 per cent of populations in Iraq were unemployment, of which 18 per cent were women, and 29 per cent of them were uneducated as World Bank statistical showed that. Unfortunately, in KRI educated women are much more likely to be employed that uneducated female (Rudaw 2011). In Kurdistan region the women are more than the males face the social problems. In recent times one of the main dilemmas facing Kurdish women is self-burning. As Directorate of Monitoring Violence against Women, Ministry of Interior- Kurdistan Region in 2009 reported that the 73 per cent of female who self-burn are between 14-30 years old. The women's age distribution attempting suicide by self-immolation in the KRI, mostly in their late young adulthood to mid-twenties, suggests that the study based on the life-course might be a starting point for exploration. As Hanna and Ahmed (2009) argued that a small local study of suicide by self-immolation figures using data collected from casualty departments, police stations and burns units. In spite of the evident limitations of such a small sample (n=80), and the unreliability of the collection method, it demonstrates the prominence of young women’s suicidality by self-immolation in the region. Also, the rate of suicide by self-immolation among women in KRI is higher than men at all points in the life-course, very much higher between the ages of 14-31, with a dramatic peak between the ages of 20-25: the age range associated with self-immolation (Rasool and Payton, 2013).

Many of studies show that in the province of Sulaymaniya in KRI the rate of women self-burning 8.4 per 100,000 per year is higher than many informe from different provinces of Iran ranging from 2.1 to 8.2 per 100,000 per year (Saadat and Zendeh-Boodi, 2006; Dastgiri, et al., 2006; Amirmoradi, et al., 2005; Dastgiri, et al., 2005; Lari, et al., 2007; Zarghami and Khalilian, 2002). In the east provinces of Kurdistan which is known as Kurdistan of Iran, there are similarities in ethnicity and culture of provinces of KRI, the
women suicide by self-immolation is among 13-19 years which is 18.2 per 100,000 per year. The rate of women suicide by self-immolation is changed among countries for example in Pakistan is 2% (Siddiqui 1998), 3% in Egypt (Mabrouk, et al., 1999), 5% in Turkey (Hilal, et al., 2008), and 9–15% in Iran (Maghsoudi, et al., 2004; Panjeshahin, et al., 2001; Rastegar and Alaghehbandan, 2003; Zarghami and Khalilian, 2002). Nevertheless, Saadat (2005) reported that 37 per cent in a Southern provinces of Iran of burn admissions were for self-immolation. Deliberate self-immolation is also reported from high-income countries but accounts for a smaller proportion of all burn admissions, such as 1% in the U.S. (Krummen and Klein, 1998), 3% and 5% in the UK (Horner, Ahmadi, Mulholland et al., 2005; Rashid and Gowar, 2004) and 6% in Finland (Palmu, et al., 2004). Laloé (2004) mentioned that suicide by self-immolation the highest rates in the Indian sub-continent accounting for 7–40% of all burn admissions in different studies. In KRI suicide by self-burning is much more common among the females, younger ages, married women and less educated women (Ahmadi, 2007; Dastgiri, and Pourafkary, 2005; Dastgiri, et al., 2006; Groohi, et al., 2006; Lari, et al., 2007; Mabrouk, et al., 1999; Maghsoudi, et al., 2004; Zarghami and Khalilian, 2002). As Batra (2003) stated that the majority of suicide by self-burning is among young married females of rural areas living with in-laws and having family problems in India. Young females with marital or family problems, lower levels of uneducated, and with pre-existing mental health conditions are main issue the women faced the self-immolation (Ahmadi, 2007). The rate of self-immolation among women is higher; the reason of this high rate of self-immolation in females is likely to be related to the situation of women. The Kurdish society is a patriarchal system in which traditions, customs and even many written laws favor men. When women face disadvantageous circumstances and feel helpless and hopeless of finding support, they may reach the point to decide to terminate their lives. The fact that in the majority of cases the precipitating factors were family and marital problems strengthens this theory. In relation to age, adolescents in Sulaymaniyah (aged 11–18) are at the highest risk with odds ratio of 3.9 compared to people aged 30 and over. The explanation for this is likely to be related to the physiological and behavioral characteristics of adolescence paired with lack of awareness or inability of the older ones to interact positively with the adolescents during this sensitive period of their lives. Early marriage could be another factor of women self-immolation. The youth females live in a paradox where they have to cope between the restrictive norms and traditions of the society and the attractive features of modernization brought about by the gradual transition of the country from isolation, and dictatorship toward an open market and democracy. This study also demonstrated the protective effect of higher levels of education. Women who had no or only basic education (9 years) were at a significantly higher risk of self-immolation compared to those who had more years of education. This is consistent with the descriptive analysis reported by most studies on self-burning in the KRI (Amirmoradi, et al., 2005; Groohi, et al., 2006; Mabrouk, et al., 1999; Maghsoudi, Gara dagi, Jafary et al., 2004; Rastegar and Alaghehbandan, 2003). More years of education empowers women and provides them with more opportunities and life skills which could make them more resilient. In addition to this, less-educated women are more likely to be influenced by traditions such as those related to self-immolation. Some researchers believe that there is a positive association with the hot seasons of spring and summer which is postulated to be related to less social interaction or the effect of sunshine on body hormones (Kposowa and D’Auria, 2009; Petridou, et al., 2002).

**Conclusion**

The rate of Women’s self-immolation in the Kurdistan Region of Iraq after the uprising changed and it is an issue of extreme gravity. The results of this study suggested that the majority of those women who self-burnt were married, living in urban area, their ages were teenagers, and their level of education were primary and below. Women choose self-immolation for rescuing themselves from the harmful of live and saving themselves from social, economic and psychological problems. Some of the other due to a lack of other means of self-expression and self-determination choose self-immolation as a powerful and symbolically rich gesture within interpersonal conflicts.

This study is recommended that having programs about self-immolation on TVs and making seminars in cities and towns in Kurdistan regional government are a good approach to progress women's educational level in the field of social and in the field of understanding the traditional society. It might be the cause of decreasing the level of self-immolation.

The authors have chosen to reject the traditional style of presenting recommendations and have opted to explore a reflective approach. Further study proposals one of the flaws identified in the literature reviewed was the difficulty experienced in replicating a study to achieve the same or similar results. The author would recommend repeating the study either to same group of respondents in one months’ time or via a second study group following the same methodology and research process. This would examine the reliability of the methodology and it will demonstrate and enable comparisons to be made between the study groups. The potential bias in repeating the study with the same respondents may mean that respondents would be more informed and may change their answers accordingly. However, if results are similar this would give credence to the proposal of a larger study.
This study strongly recommends that a more comprehensive research be carried out using a mixed-method research approach. The mixed-method approach will provide multi-data sources to triangulate the findings; a feature that is lacking in the present research. In addition, for complementarily and development of research, because the result of one method helps the other method to develop the measurement, questionnaire and might grow the validity of the research of demographic risk factors of self-immolation in the Iraqi-Kurdistan region among Kurdish women. Mixing methods are useful for understanding the complex issues and phenomena, because some phenomena converges numeric trends such as quantitative information and specified specifics from qualitative data.

References


Girdhar, et al. stated that in India, ‘Suicide is highest in the married, unlike in many other countries’. 2003, P: 393.


