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Female Suicide and Attempted Suicide in the Kurdistan Region of Iraq: A Study of Social Factors

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**Female Suicide and Attempted Suicide in the
Kurdistan Region of Iraq: A Study of Social Factors**

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2013

**A thesis submitted in fulfilment of the requirements for the
Degree of Doctor of Philosophy**

School of Social Sciences

College of Business, Law, Education and Social Sciences

Bangor University

ABSTRACT

Female suicide is considered to be a serious problem in the Kurdistan Region of Iraq (KRI). This research explores the topic 'Female suicide and attempted suicide in the Kurdistan Region of Iraq: A study of social factors'. In recent times, female suicide in Kurdish society has become one of the most pressing social issues. According to Rasool (2004), the female suicide rate is more than four times higher than that of males in the KRI. Indeed, according to Othman (2010), in Sulaimani City the female suicide rate is nearly nine times higher than that of males. Therefore, the study has focused on females who attempted and committed suicide in the Kurdistan Region of Iraq.

The aim of this study is to identify common contributory factors to female attempted and committed suicide since 1991 in the KRI. This research is based on three types of data collection: questionnaire, expert interview and media sources. Research questionnaires were administered to a sample of 100 females who had attempted suicide in three cities: Erbil (Hawler), Dohuk, and Sulaimani. The questionnaires were either self-administered or face-to-face interview. Additional qualitative information was collected through semi-structured, face-to-face interviews with four different groups: journalists, the Directorate for Monitoring Violence against Women (DMVAW) coroners, and clerics. The data from the interviews is presented and analysed in relation to the themes and questions which emerged in the questionnaire findings. The main data collected on the phenomenon of female attempted and committed suicide in the KRI came from three cities, Erbil (Hawler), Dohuk, and Sulaimani, between June and September 2010. In addition, 322 female suicide reports were collected from eight local Kurdish newspapers in the KRI.

The findings indicate that self-burning is the most common suicide method for young females aged 14-30, with the youngest at 14 years old, and the oldest at 35. Social factors such as traditional marriage, forced marriage, marital and family conflict, and conflict with in-laws, domestic violence, love affairs, social isolation, gender discrimination, women's freedom, continuing education, taking revenge, culture and traditions, are the main drivers for female suicide attempters and committers in the KRI. The findings and conclusions of the study are different from the results of western studies of suicide whose patterns are not applicable to Kurdish society. The study calls on the Kurdistan Regional Government to intervene not only to remedy the situation but also to make legal provisions to mitigate or try to eliminate the phenomenon altogether.

NOTE OF TRANSLITERATION

Many varieties of names can be found in use in my selected research cities. For example,

-Erbil, Arbil and Irbil

-Dohuk, Duhok

-Sulaimani, Slemani, Suleimaniah

In my research I refer to city names as follows: Erbil, Dohuk and Sulaimani, due to the fact that these are the Latin spellings in most common use among people in the KRI.

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LIST OF ABBREVIATIONS

DMVAW	Directorate for Monitoring Violence against Women
DOH	Directorate of Health
DSH	Deliberate Self- Harm
EMC	Emergency Management Centre
FP	Forensic Pathologist
FAO	Food and Agricultural Organization
GCC	General Communication Centre
HSI	Health Statistics and Informatics
IIER	Innovation, Information, Evidence and Research
IND	Iraqi New Dinar
KNA	Kurdish National Assembly
KRG	Kurdistan Regional Government
KRI	Kurdistan Region of Iraq
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOH	Ministry of Health
MOI	Ministry of Interior
NSF	National Service Framework
PBUH	Peace Be Upon Him
PKK	Kurdistan Workers' Party
PSL	Personal Status Law
TAL	Transitional Administrative Law
TBSA	Total Body Surface Area
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
WPR	Women Preparation and Rehabilitation
WUK	Women Union of Kurdistan

Chapter One

Overview of Kurdistan

The main purpose of this study is to shed light on the social factors behind female suicide and attempted suicide in the Kurdistan Region of Iraq (KRI). In order to understand the range of factors which may influence patterns of suicide behaviour it is necessary to explore the available evidence about the nature of Kurdish society, including the historical roots of key institutions and culture. Sources are incomplete and sometimes unreliable but the following profiles of the population, economic development, politics, social institutions and religious traditions convey an overall picture of a society with powerfully influential traditions which coexist with processes of rapid modernization. Traditions and modernity shape the experience of women and, arguably, females in Kurdish society are more likely to face critical life challenges than their male counterparts due to socio-cultural factors.

Geography

Geographically, Kurdistan is a mountainous area distributed mainly across four countries: Turkey, Iraq, Iran, and Syria (Bengio, 2003; Donovan, 1990; Hassanpour, 2001; Hawny, 1999; Mella, 2005; Mofidi et al., 2008; Mojab and Gorman, 2007; O'Leary, 2002; Yildiz, 2004; and Zubaida, 2006).

Originally, Iraqi Kurdistan formed parts of greater Kurdistan; however, due to wars, migration, and other political reasons, Kurdistan remains a single geographical entity without sovereignty. Thus, one cannot find a clear-cut Kurdistan geographical map (Hawny, 1999). Kurdistan extends northward to the Ararat Mountains which separates the region from Iran, Armenia, and Turkey. It extends southward to the Hamrin Mountains that separate Arabic Iraq (Baghdad and Basra states) from Kurdish Iraq, which means the south of Kurdistan (Mosul Ottoman states). It extends westward from Luristan (in Iran) to Syria, and to Malatya State in Turkey, almost as far as the Mediterranean (Hawny, 1999). Figure 1 shows the nearest approximation to an 'official map' of Greater Kurdistan. The land mass is 517,000 km² of which 212,000 km² lies within Turkish Kurdistan; 195,000 km² lies within Iranian Kurdistan; 84,000

km² lies within Iraqi Kurdistan; and 17,000 km² lies within Syrian Kurdistan and Armenian Republic Kurdistan (Kandy 2007). Kurdistan occupies an area greater than England, Belgium, Netherland, Switzerland, and Denmark (Ghassemlou, 1973). Likewise, O'Leary (2002: 1) states that Kurdistan's size is 'equal to Germany and Britain combined'.

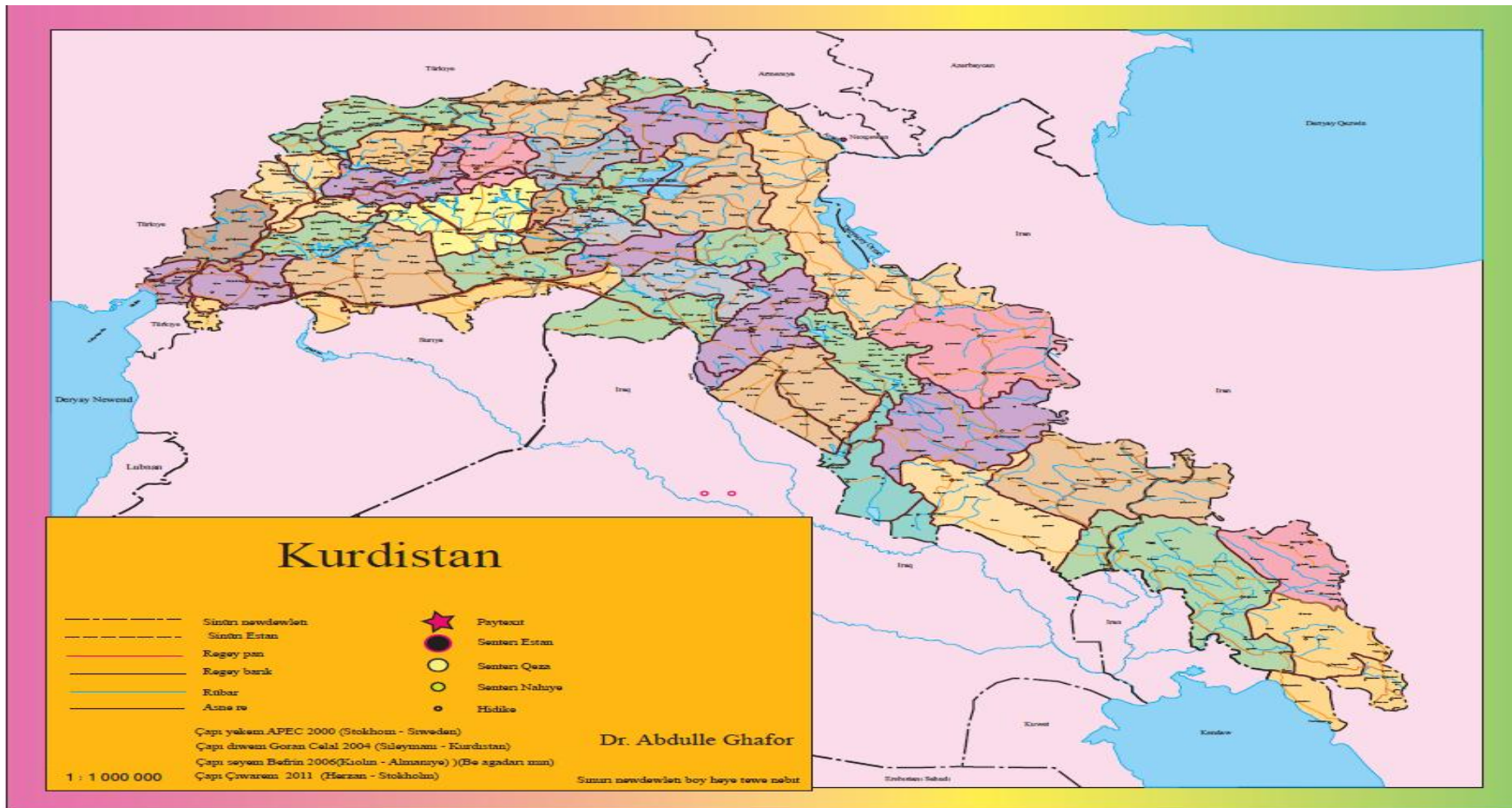
Crude oil constitutes the highest value mineral resource in Kurdistan Iraq, Turkey, Iran, and Syria. Other mineral resources are sulphur, potassium, uranium, gold, copper, silver, iron, marble, and mercury (Hawny, 1999; Mella, 2005; and Yildiz, 2004).

Most authors agree that the Kurds are the largest ethnically distinct group in the world without a state (Anderson and Stansfield, 2004; Hawny, 1999; Meho, 2009; Mojab and Gorman, 2007; O'Leary, 2002; and Yildiz, 2004). Historically, the 'Kurds are an ancient Indo-European people, who are ethnically distinct from Arab, Turkish, and Iranian neighbours' (Anderson and Stansfield, 2004: 158, cited in Bois, 1966/1965; Dawod, 2006; Ghassemlou, 1973; Hansen, 1980/1961; Hawny, 1999; and McDowall, 2007). Mella (2005: 41) notes that Kurds have a distinct language:

Kurdish became independent from the Indo-Aryan group of languages once its components were complete. Then it was divided into the different dialects because of geographic and human factors.

Kurdish language has a variety of dialects, but in KRI there are two major dialect groups: Kurmanji, and Sorani (Amin, 2008; Donovan, 1990; Hassanpour, 2001; McDowall, 2007; and Van Bruinessen, 2006). These different dialects generally help to keep Kurdistan divided and discourage the emergence of a standard Kurdish language. For example, both the Iranian government and the Iraqi Republic broadcast television and radio programmes in a variety of Kurdish dialects, while their Arabic and Persian programmes clearly use only standard language (Van Bruinessen, 2006).

Figure 1.1: Map of Kurdistan



Source: Ghafor (2011) ‘College of Arts, University of Salahaddin-Hawler/ Iraq’

Political History

According to a Kurdish saying, ‘The Kurdish people do not have friends except mountains’ (Anderson and Stansfield, 2004; Hawny, 1999; and Yildiz, 2004). Originally the Kurdish people derived from Indo-European tribes who migrated to the Zagros mountain region from ‘Guti, Mede, Mard, Gordyene, Carduchi, Zila, Adianbene, and Khaldi’ where they used to live nearly 4,000 years ago (Meho, 2009; and Yildiz, 2004:7). When the Ottoman Empire collapsed at the end of the World War I, and before the Ataturk regime of 1921, this became the first opportunity for the Kurds to fulfil their national desire by establishing their own national region. The Sèvres treaty, which was signed in Paris, France, on the 10th of August 1920 by the Ottoman government and the Allied Powers, gave them the right to form a semi-autonomous nation for an observation period of one year, after which the Kurdish people would become a sovereign nation. This treaty was relatively weak, being concerned with just a small part of Ottoman Kurdistan without addressing the Al-Mosul state which was extracted from the Ottoman Empire. This political process was considered to be the first international confirmation of the unification of the Kurdish people in modern history, and was a road map to a Kurdish state (Hawny, 1999; and Yildiz, 2004).

Yildiz (2004: 10-11) points out that Article 62 of the treaty provides that:

a commission appointed by the French, Italians and British would, within six months of the treaty entering into force, draft a scheme of local autonomy for the Kurdish areas lying east of the Euphrates, south of Armenia and north of Syria and Mesopotamia – with safeguards for other minorities within these areas.

Again, Yildiz (2004:11) states that Article 64 of the Treaty of Sèvres further provided that:

if, after one year of the implementation of the treaty, the majority of the Kurdish population in this area called for independence, then subject to recommendation from the Council of the League of Nations, Turkey should agree to renounce all rights to the area. The final sentence of Article 64 referred to the Kurds living in Mosul and stated that, ‘If and when the said renunciation is made, no objection shall be raised by the main Allied powers should the Kurds living in that part of Kurdistan at present included in the vilayet of Mosul seek to become citizens of the newly independent Kurdish state’. This last section of Article 64 referred to the fact that the British were appointed by the League of Nations as the mandate authority over the Ottoman provinces of Mesopotamia (which included Mosul) the same year that the ill-fated Treaty of Sèvres was signed. Initially, British policy appeared to be to keep the Kurdish area separate and autonomous.

In the event, the Treaty of Sèvres was not implemented. The adversaries negotiated the Treaty of Lausanne in 1923. Yildiz (2004:12) comments that:

The treaty was a humiliation for Turkey, which faced chaos and deprivation in the aftermath of war. Mustafa Kemal, the founder of the Turkish Republic, repudiated its provisions and waged a war of national independence. After this conflict, the adversaries negotiated a new accord to settle issues of sovereignty, claims, rights and the like. Kurdish leaders petitioned the League of Nations and Britain for recognition of Kurdish autonomy during negotiations on the 1923 Treaty of Lausanne. However, this instrument completely ignored the claims of the Kurds to any form of independent status and carved up Kurdistan, only recognising the protection of the rights of religious minorities. The area subject to the Treaty of Sèvres was restored to Turkish sovereignty; the rest was divided between Iran and the new state of Iraq.

O'Leary (2002) explains how Iraqi Kurdistan has been through cultural and political repression, genocide, ethnic cleansing, and destruction throughout modern Iraqi history. It is important to note that 80% of the Kurdish villages were destroyed in the 1970s and 1980s during Saddam Hussein's regime (Van Bruinessen, 2005). Similarly, Abdulla (2012), Amin (2008), Anderson and Stansfield (2004), Bengio (2003), O'Leary (2002), Stansfield (2006), and Van Bruinessen (2005), show that the infamous Al-Anfal campaign was a brutal and planned military operation against Kurdish people in Iraq because of their struggle to achieve independence. The Anfal was under the administration of Ali Hassan Al-Majid (known as 'Chemical Ali') and took place against Kurdish people mainly between 1986 and 1989. The aim of the operation was to kill all men and boys between the ages of 15 and 70, destroy most of the Kurdish villages and about 30 small towns, and kill all animals found in these areas. The operation separated men of 15 to 70 years old into one group, and elderly men, children, and females into another group; and any persons who refused to leave the area were likely to be shot. During the Anfal operation an estimated 182,000 people lost their lives, and more than 4,000 villages were destroyed. The Anfal campaign is proof of genocide against Kurds in Iraq, according to Human Rights Watch (Human Rights Watch, July 1993).

This process of "ethnic cleansing" did not only occur between 1986 and 1989, but was an expansion and intensification of the Arabization strategy of previous Iraqi regimes (Anderson and Stansfield, 2004). Arabization, affecting non-Arabs (including Kurds, Turcomans, and Assyrians) started in the 1920s, when Iraq was still under British mandate. Kurdish people in Kirkuk were removed and replaced by Arab settlers, when the British brought in large numbers of Arab workers to satisfy the expanding oil

industry of Kirkuk (with the associated oil fields). Additionally, in the 1930s, they settled numerous nomadic Arab tribes in the area. The process of ‘ethnic cleansing’ started in 1963 with the first Ba’thist government, and the regime targeted Kurdish national sentiment with brutal ferocity. Thus, General (*Za’eem*) Sadiq Mustafa, who was the Ba’ath party military commander of Sulaimani, killed almost 100 persons in June 1963 who were deemed to be ‘Kurdish successes’, for example, ‘the best athletes, the most renowned artists, and the most respected teachers. All were potential targets for elimination’ (Anderson and Stansfield, 2004:156).

Describing the Halabja chemical attack which occurred on the 16th March 1988, O’Leary (2002:2) states that:

During three days, the town and surrounding district were attacked with conventional bombs, artillery fire, and chemicals including mustard gas and nerve agents (Sarin, Tabu, and VX). At least 5,000 people died immediately as a result of the chemical attack and it is estimated that up to 12,000 people died during those three days.

Yildiz (2004) reported that the majority of those who died were Kurdish civilians, children and women.

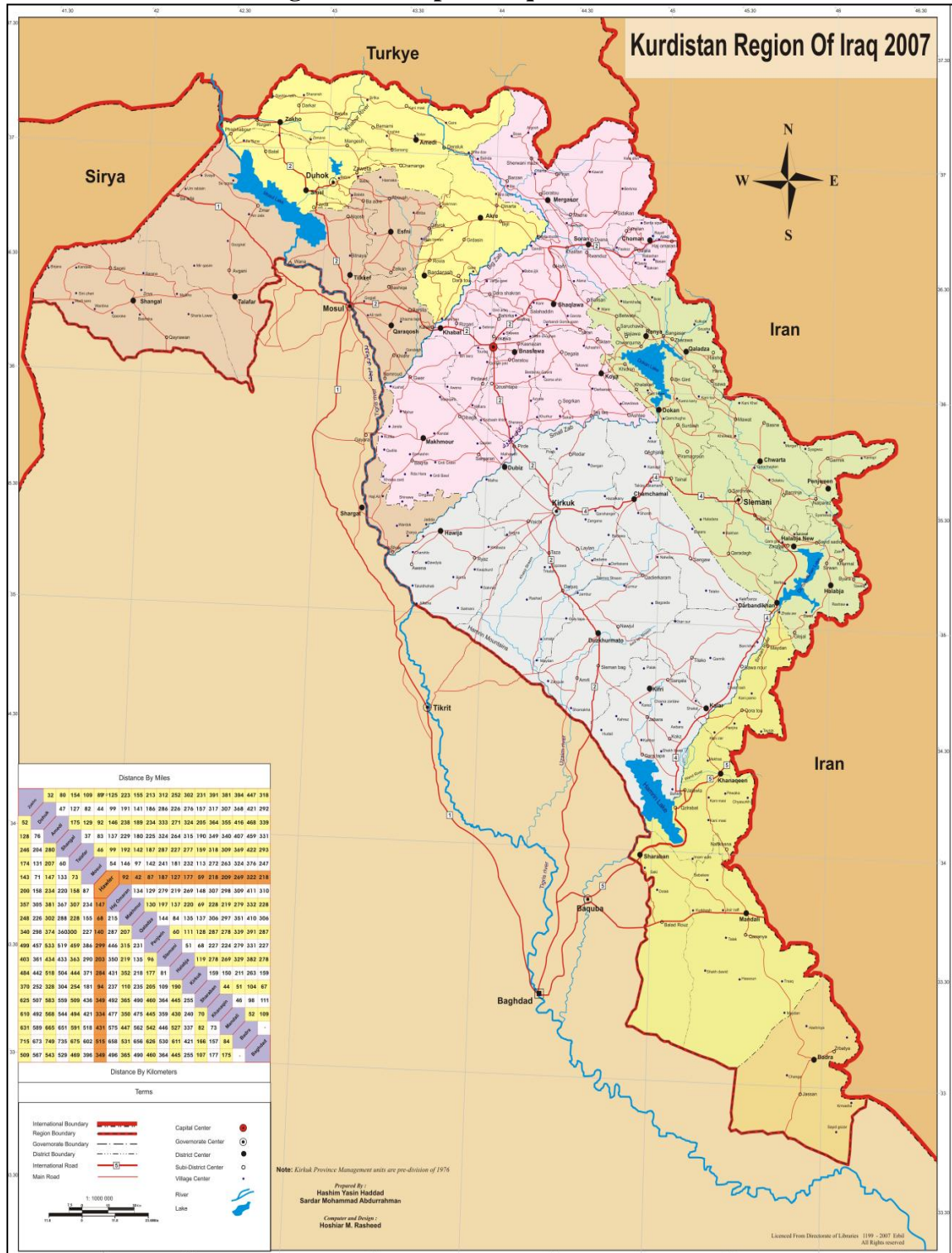
It appears that there are no accurate statistics on how many Kurdish people died during the Anfal operation and the Halabja bomb attack, but according to the sources cited earlier at least 5,000 died and 182,000 people were missing, or later died. The chemical bombing still has an impact on the people of Halabja, with victims dying from its effects every year; it still has an influence on current residents, particularly on their social life, and has also had an impact on illiteracy, women and the environment, which will be explained below.

Contemporary Governance

Remarkable changes occurred among Kurdish communities in Iraq after the downfall of Saddam Hussein’s regime in 1991. The region gained autonomy in 1991 after the Gulf War, and the first election was held in May 1992 (Abdulla, 2012; Amin, 2008; Anderson, and Stansfield 2004; Bengio, 2003; Hawny, 1999; Kandy, 2008; Mella, 2005; Natali, 2010; and Van Bruinessen, 2005). The election led to the formation of the Kurdistan National Assembly (KNA) and the establishment of the Kurdistan Regional Government (KRG). According to the Draft Constitution of the Kurdistan Parliament, the geographical area of the Iraqi Kurdistan Region is:

a geographical historical entity consisting of Dohuk governorate with its existing administrative borders, Kirkuk, Sulaymaniyah, Erbil, and districts of 'Aqrah, Shaikhan, Sinjar, Talkaif, Qaraqush, and townshipsh of Zamar, Ba'asheeqa, and Aski Kalak from Nineveh province, districts of Khanaqeen and Mandali from Diyala province with its administrative boarder before 1968 (Kurdistan Parliament: Draft Constitution of Kurdistan Parliament, 2009: 2) [see Figure 2, which includes the so-called 'conflict' area].

Figure 1.2: Map of Iraqi Kurdistan



Source: Haddad (2007) 'College of Arts, University of Salahaddin-Hawler/ Iraq'

The Kurdistan regional government consists of three main *Parezga* (governorates); Erbil (Hawler), Dohuk, and Sulaimani; and Erbil is the capital of the KRG (Amin, 2008; Donovan, 1990; and Van Bruinessen, 2005). Thus, this study has been conducted in these main Kurdish provinces, which are shown in Figure 3. Van Bruinessen (2005:5) points out that:

It is widely accepted that the region that was controlled by the Kurdistan Regional Government during the 1990s constitutes only a part of the entire Kurdish region; there is a large zone to the south and west where many Kurds live or used to live, and in parts of that zone they constitute, or once constituted, the majority of the population.

Figure 1.3: Provincial Map of Kurdistan Regional Government



Source: Van Bruinessen (2005).

According to the Draft Constitution of the Kurdistan Parliament, Kirkuk City and many towns (as stated earlier) should be returned to Iraqi Kurdistan as geographically defined according to Article 140 of the Federal Constitution:

The political borders of the Region shall be determined through the implementation of Article 140 of the Federal Constitution (Kurdistan Parliament: Draft Constitution of Kurdistan Parliament, 2009: 2).

In addition, Leezenberg (2006) observes that the Kurdistan region of Iraq, and Iraq as a whole, became comprehensively urbanized following Iraq's independence. This steady urbanization started in the 1930s and influenced social transformation. In particular the development brought new opportunities for education, work, and social mobility in the cities. Roughly half of the Iraqi population was living in the cities in 1965, and this percentage increased to over 70% by 1980. In fact, Iraqi Kurdistan participated in this change and only about 51% of the local population were still living in rural areas in 1977. The process was continued in the following years both by forced and voluntary migration, mainly to the cities, and *mujamma'at* or resettlement camps in the KRI (Leezenberg, 2006). In addition, Natali (2010) states that the demographics of the region have changed because the lack of services in rural areas has pressured rural inhabitants into moving to cities, and created additional disincentives to farm. Thus, by 2004 only 9% of the KRI population was rural and over 90% was urban, with only 6% working in the agricultural sector (Natali, 2010). It seems there are two key points, the lower rate of urbanization in KRI in the past, and forced 'urbanization' via settlement.

Leezenberg (2006:156) notes that:

It should be stressed that strictly ethnic or political considerations on the part of the government were only one among many factors that led to the urbanization of the Kurdish north. The progressive 1975 land reform was never fully implemented, and in any case, its effects were largely undone by the privatizations of the early 1980s, especially by the 1983 Law No.35, which allowed for the leasing of large tracts of lands by Ba'ath party adherents. Between 1975 and 1979, it was not only government policies of deportation but also the lack of rural development after the 1975 land reforms that forced many Kurds to migrate to the cities of northern Iraq. After all, in Iraq as a whole, agricultural production has dropped dramatically since the early 1970s, and urbanization has been a nationwide phenomenon.

Furthermore, the Iraqi government, after the campaign of Anfal, opened *mujamma'at* several miles away from Erbil City, such as Baharka, Daratu, Jezhnikan, and Bani

Slawa (Leezenberg, 2006). At that time these *mujamma'at* were called forced campuses, '*Komalgay zora mle*', but recently there have been settlements which have become parts of cities in KRG. Because of this forced migration, many Kurdish families are still practising their old culture and traditions in Kurdish society, and have not changed to modern ways, particularly the older generation.

Demography

A number of studies explain why, for political reasons, it is impossible to obtain accurate demographic figures for Kurds from the countries in which they reside (Anderson and Stansfield, 2004; Ghassemlou, 1973; Hawny, 1999; Mella, 2005; and Yildiz, 2004). The estimated combined population of Kurdish people is 44,950,000 (Kandy, 2007).

In 2009, the United Nations estimated Iraq's population at about 32 million. Of this population, 13% were in KRI (Rudaw, 2011). Likewise, in 2009 the KRG's Ministry of Planning, Regional Statistics Office estimated the KRI population at about 4,698,794 (KRG's Ministry of Planning, the Population and Labor Statistics Unit, 2009). In addition, according to the Regional Statistics Office, the most recent estimate of the KRI population is approximately 5,299,304, made up as follows:

- Sulaimani: 2,056,186;
- Erbil: 1,927,118; and
- Dohuk: 1,316,000 (Rudaw, 2012).

Given the above population figures, it appears that the UN census did not include those Kurdish citizens residing in the rest of Iraq. O'Leary (2002) notes that between one and two million Kurdish citizens are living in the rest of Iraq, concentrated in Baghdad, Mosul and Kirkuk - provinces that are still under the control of the Iraqi government.

In fact, the Kurds believe that Kirkuk is also part of Kurdistan. Gunter (2006) claimed that, because Kirkuk is rich in oilfields, it has always been a place of conflict between the Kurdish and Iraqi governments. According to the Iraqi census in 1957, Kirkuk

province had a Kurdish majority of 55%, with 30.8% Arabs and 14.2% Turkmen¹. The numbers of Kurdish people in Kirkuk have been reduced over the decades either through deportation or through changing their Kurdish identity or demographical location by the policies of Saddam Hussein's Arabization, because of the geo-strategic location and rich oil reserves. In the 1977 census, for example, in Kirkuk province, the Kurdish population had fallen to 37.53%, while the Arab population had increased to 44.41%, and the Turkmen comprised 16.31 %. Saddam Hussein's plan was to change the demographic of the Kirkuk province by killing and expelling as many Kurds as possible, replacing them with Arabs, and gerrymandering the province's boundaries. Even the name of the city was changed to *Tamim* by the Iraqi government. The name *Tamim* was associated with the nationalization of the oilfields in 1972 (Gunter, 2006). The 'theoretical' victory of the Kurds located in Iraq after the Ba'ath regime fell from power in 2003, is represented by article 58 of the Transitional Administrative Law (TAL) which states that:

the Iraqi Transitional Government... shall act expeditiously to take measures to remedy the injustice caused by the previous regime's practices in altering the demographic character of certain regions, including Kirkuk, by deporting and expelling individuals from their places of residence, forcing migration in and out of the region, settling individuals alien to the region, depriving the inhabitants of work and correcting nationality (Gunter, 2006:251).

Subsequently, Article 58 of the TAL became Article 140 of the Draft Constitution (as previously referenced).

In 2005, thousands of Kurdish people returned to Kirkuk, and many of them initiated claims for their homes and property lost during the deportation. Also, Kurdish people still argue for the return of Arabic people to their original places and their replacement by Kurdish people in preparation for the new census (Gunter, 2006). The referendum for Kirkuk province will eventually decide if they want to stay under the control of the Iraqi government or to come under control of the KRI. For this reason, a new census should be held after the people decide through a referendum.

Given the above data, one may conclude that it is difficult to get an accurate estimate of the Kurdish population in Iraq. According to the observations in the present study,

¹ Turkmen are a minority originating in the migration of the Ottoman period. They speak a Turkish dialect.

the deportation, change of identity and killing by the previous Iraqi regimes have affected all parts of Iraqi Kurdistan. In addition, the Iraqi government deported Kurdish people to the south, west, and east of Iraq and replaced them by Arabic people. At the time, Saddam Hussein's regime did not only give them Kurdish property but also gave them money for their support and changed the demography of the Kurdish cities. Also, if the Kurds did not leave their places, they were forced to change their nationality from Kurdish to Arabic, or they were killed. Moreover, the language of the educational system was changed from Kurdish to Arabic and this process was practised at all stages of education in Iraqi Kurdistan. However, after 1991, or more specifically after the establishment of the KRG (as discussed earlier), the Ministry of Education (MOE) translated all textbooks from Arabic to Kurdish language and all levels of education were then conducted in the Kurdish language. Also, the English language was adopted as a second language in the KRI (Natali, 2010).

Economy and Employment

In the KRI there is much illiteracy and unemployment, particularly among young people. A recent UN report found that about 57% of the Iraqi population are young people, many of them illiterate and unemployed (Kurdiu, 2011). Similarly, the World Bank statistical report on Iraq revealed that the rate of unemployment in Iraq is 37%, of which half are women, and 29% are uneducated. In Iraq, uneducated women are more likely to be unemployed than educated women (Rudaw, 2011).

Before Saddam's regime fell, according to the Food and Agricultural Organization (FAO) in 2002, about 60% of the population lived below the poverty line, with an average monthly income per person of about \$5 US, or approximately \$390 US annually for a family of seven. Nearly 20% of the population lived in extreme poverty, earning less than \$200 US annually per family. In addition, in rural areas the annual average income of individual family members was \$10 US monthly, or approximately \$115 US. Nearly 97% of the rural population depended on the World Food Programme (WFP) to sustain their daily lives (Natali, 2010:70). Natali states that illiteracy and poverty give rise to new social problems such as divorce, street children, and single

female headed households, including young children quitting school to assist families in income-generating activities.

Natali (2010:99) reports that economic, employment, and demographic trends have increased the standard of living and encouraged lifestyle changes. In December 2004, the median *per capita* household income in the Kurdistan region was 21,180 Iraqi new dinars (IND), the highest among all the regions of Iraq and above the national average of (17,230 IND, US \$15). By 2009, the Kurdistan regional economy had grown from 8% to 25% per year. These changes had a significant impact on individual households (Natali, 2010:99). By 2006, the majority (75%) of Kurdish families had two or three income sources, such as a primary job as a government employee and others as a trade, private company, or merchant in the bazaar (Natali, 2010). The KRG depends on the central Iraqi government to pay the salaries for the employee, and in 2005 the Iraqi constitution granted the KRG an annual capital-investment budget of 17% of the federal budget, which after deductions, is reduced to about 13%. However, the KRG claims this amount is insufficient (Natali, 2010:105). Furthermore, since 2003, 75% of the KRG budget is still spent on public-sector salaries, so the KRG is failing to develop agro-industry, and refusing to engage in social and political engineering (Natali, 2010:135).

In the KRI, in the post-Saddam Hussein regime, the socio-economic changes in Iraq, alongside the political situation, have encouraged more complex forms of organization: diverse civil society associations, youth and student groups, unions and syndicates, human rights activities, and the media (Natali, 2010:101).

It appears that, in the past, Saddam Hussein's regime had controlled all economic sources in Iraq, and before his downfall the economic situation was unstable and most people lived below the poverty line. However, since the downfall of Saddam Hussein's regime the economy has grown and family income has risen, particularly in the KRI.

Education

This section examines the educational system in the KRI, with the aim of understanding the inclusion or exclusion of females in particular. The provision of

education in the KRI as enshrined in the KRI educational policy appears to be free and compulsory to every person right through from pre-primary school, basic education school to high school, and university level. In 2000, the Ministry of Education, with the support of the United Nations Children’s Fund (UNICEF), carried out a comprehensive educational survey in the KRI. The survey found that the numbers of illiterate male and female adults have risen. About 34% of the population were illiterate and of these, more than 65% were women. Consequently, the KRG’s Ministry of Education developed ‘plan-of-action’ strategies. In the same year, the KRG government implemented a plan under the slogan ‘Towards Setting Kurdistan Free from Illiteracy’ with the main goal of fighting illiteracy among the KRI populace. The programme targeted all ages but with more emphasis on the 15 to 45 age group. By 2010, the KRG Ministry of Education claimed that the number of illiterates in the KRI had dropped significantly to 16%, although there is no precise or accurate statistic to support this claim (The Ministry of Education, Planning Unit, 2011). Also, UNICEF efforts helped increase the enrolment rates of primary and intermediate schools in the KRI by 25% in 1997-98 (Natali, 2010). Table 1 illustrates the number of people enrolled and those who have completed literacy and post-literacy education within the ten years of the programme.

Table 1.1: Number of people enrolled in the programme (2000-2010).

Province	No. of institutions	No. of people	
Erbil	3273	112086	65% female 35% male
Dohuk	4476	81860	
Sulaimani	4067	128647	
Total	9616	322573	

Source: KRG, Ministry of Education and Planning Unit (2011)

As shown in Table 1, the majority (65%) of the people who attended the schools were female. It appears that most of the Kurdish females had previously been denied the opportunity to attend formal education. Bois (1965/1966) mentions that most of the small Kurdish villages did not have a school. This may be associated with Kurdish cultural traditions, and political reasons. As Sindi (2002) mentions, it is not strange that Kurdish women suffer illiteracy while they live in a society controlled by men who believe that women should not step outside their traditional social roles.

Table 1.2: The numbers of schools, students, and teachers in 2008-2009 in the KRI

Provinces	No. of Schools	No. of Students			No. of Teachers		
		Male	Female	Total	Male	Female	Total
Erbil	1942	246796	210131	456927	11265	16050	27315
Sulaimani	2032	253228	229665	482893	14631	20472	35103
Dohuk	1508	215537	184188	399725	10539	10347	20886
Total	5482	715561	623984	1339545	36435	46869	83304

Source: KRG, Ministry of Education and Planning Unit (2011)

Table 1.3: The numbers of schools, students, and teachers in 2009-2010 in the KRI

Provinces	No. of Schools	No. of Students			No. of Teachers		
		Male	Female	Total	Male	Female	Total
Erbil	2003	267247	221911	489158	12547	17790	30337
Sulaimani	2011	261310	237374	498684	15661	21176	36837
Dohuk	1520	219001	189286	408287	11070	10707	21777
Total	5534	747558	648571	1396129	39278	49673	88951

Source: KRG, Ministry of Education and Planning Unit (2011)

Table 1.4: The numbers of schools, students, and teachers in 2010-2011 in the KRI

Provinces	No. of Schools	No. of Students			No. of Teachers		
		Male	Female	Total	Male	Female	Total
Erbil	2096	275934	233966	509900	12753	18419	31172
Sulaimani	2133	274615	254857	529472	17098	23839	40937
Dohuk	1517	228118	196384	424502	11860	11697	23557
Total	5746	778667	685207	1463874	41711	53955	95666

Source: KRG, Ministry of Education and Planning Unit (2011)

From the above data, it is clear that the numbers of students and teachers, particularly females, are rising in the KRI. According to the observations of this study, many schools are now over-crowded. This may be due to the stable political situation, and is a sign of development in society and the educational system in the KRI.

Religion

Before the advent of Islam, Kurds practised the religion Zoroastrianism (*Zaradashty*) (worshippers of fire) (Bois, 1965/1966; Donovan, 1990; Hawny, 1999; McDowall,

2007; and Nikitin, 2004/1943). Zoroastrianism was practised among the Aryan nations. Islam pushed out Zoroastrianism but it is still practised among some Kurds who are referred to as Yezidis or Yazdan. Yazdan is a Kurdish word that means God. They are located in Shekan (Iraqi Kurdistan) (Hawny, 1999).

The French Anthropologist Bois (1965/1966:106) claims that:

On the assumption that the religion of the ancient Kurds was Zoroastrianism some orientalist and the Kurds themselves are inclined to believe that there is a survival of sun and fire worship among the Kurds in general and among the Yezidis in particular.

O'Leary (2002:1) mentions that:

The majority of Kurds are Sunni Muslims. There are also Shi'a and Yezidi Kurds, as well as Christians who identify themselves as Kurds. Yezidis are Kurds who follow a religion that combines indigenous pre-Islamic and Islamic traditions. The once thriving Jewish Kurdish community in Iraq now consists of a few families in the Kurdish safe haven.

Similarly, Anderson and Stansfield (2004:159) confirm O'Leary's findings, and they note that:

The majority of Kurds (at least 75 percent) are Sunni Muslims (the majority religion in the Middle East). Approximately 15 percent are Shi'a Muslims, (the dominant religion of Iran), with the remaining 10 percent following a variety of ancient religions including Yezidi-ism (a syncretistic religion) and an ancient Zoroastrian-based creeds. These religions predate the monotheistic religions of Judaism, Christianity, and Islam and adherents are found across Asia, with some of their spiritual centers being in Iraqi Kurdistan.

In addition to Muslims, Christians, Jews, and Yezidism in Iraqi Kurdistan, there are other religions such as Ahl-i Haqq or Kaka'i, and Alevis (Donovan, 1990; Van Bruinessen, 2006; and Zubaida, 2006).

Therefore the majority of the Kurds are Sunni Muslims. The question is how many Kurdish people actually practise their religion? According to the observations of the present writer, some Kurds practise Islam but at the same time they act against Islamic religious law. For example, according to this research (see Chapter 7), the majority of respondents perform Islamic religious duties, while at the same time they have attempted suicide which is strongly forbidden in the Islamic religion (see Chapters 3 and 8). As rightly stated by Davie (2007:225), religious practice, including affiliation, involves holistic submission 'in which body, mind and spirit all play their part'. Davie also argues that 'Religious practice, moreover, is both embodied and gendered, and lies at the core of religious identification' (Davie, 2007:251).

Religious belief and clerics play an important role in KRI society in daily life, for making decisions such as marriage, etc. Also, the government legislation depends on the Islamic religion because Iraq is an Islamic country. Zubaida (2006:97) notes that 'in most countries, Islam was proclaimed as the religion of the state, with a requirement that the head of state should be Muslim'. For this reason, the Islamic religion and clerics play a significant role in the state and society. Moreover, according to the Draft Constitution of the Kurdistan Parliament, Islamic religious principles are considered to be the main source of legislation:

This Constitution confirms and respects the Islamic identity of the majority of the people of Iraqi Kurdistan. It considers the principles of Islamic Sharia as one of the main sources of legislation. Likewise, this Constitution upholds and respects all the religious rights of Christians, Yazidis, and others, and it guarantees to every individual in the Region freedom of belief and the freedom to practice their religious rites and rituals. It is not allowed to:

1-Enact a law inconsistent with the provisions of the fundamentals of Islam.

2-Enact a law inconsistent with democracy principles.

3-Enact a law inconsistent with the rights and fundamental freedoms contained in this constitution.

(Kurdistan Parliament: Draft Constitution of Kurdistan Parliament, 2009:3).

Marriage, Family and Household Structure in the KRI

In the KRI the pattern of marriage differs between urban and rural areas (Sindi, 2002). Bois (1965/1966) observes that, in the towns, it is difficult for young people to meet each other. It is common for the men to be shy when it comes to getting married. If a male reaches the appropriate age of marriage without a suitor, his mother or any female relatives will have to search and arrange it for them. The young male will be informed when almost every arrangement has been made (Bois, 1965/1966). Often, when the couple may be satisfied with the arrangement, they continue their courtship until the actual marriage but if either is not satisfied with the arrangement it often results in confusion, hatred and sometimes leads to suicide. This practice in Kurdish society is changing due to overall social changes, and recently it has become easier in the town areas for both genders to find a suitable person as their future life partner.

In addition, recently young people have been using new technology such as the internet and the mobile phone for contacting each other, and may find their future

spouse through these new technologies. As Fischer-Tahir (2009) states that, in urban society, for example, in Sulaimani, men and women meet or look for marriage among friends at the university, colleagues at work, and in the fields of politics, culture and sports, where their families are close neighbours or people who live in the same neighbourhood rather than in their own kinship group. Furthermore, most of the social traditions have changed, particularly in the cities, such as marriage, wedding parties, and living independently, apart from other family members. Also, the way of wearing clothes has changed dramatically because in the past the majority of Kurdish people would wear only Kurdish national dress, but recently due to the effects of social change and the influence of foreign life styles, most people have started to wear western dress rather than Kurdish traditional dress. Moreover, parents, or any other relatives, now search for a future partner only for the boy and not for the girl, and it can be said that in most traditional Kurdish families the majority prefer to have boys rather than girls; and in much of Kurdish society, most families feel ashamed if they look for a suitable boy for their daughter.

The amount of dowry is not also specified and it can be virtually unlimited depending upon the suitor's wishes and ability. Likewise, it varies from one area to another, and also depends on social class, with the high class member paying higher, according to the economic position of the parents. Nikitin (2004/1943) notes that in the KRI, a dowry could be a very large sum in some Kurdish tribes' traditions.

One of the common Kurdish traditions, which is similar to that of many other Middle Eastern societies, is the act of giving a male cousin the right to marry his female cousin. Bois observes that the practice of cousin marriage is prevalent because the male cousin does not pay an amount of money as a dowry. Formal agreement, including the amount of dowry, is reached before getting married (Bois, 1965/1966). The cousin-marry-cousin form of marriage practice in the KRI seems to have some advantages. One of the merits of cousin-marry-cousin (or the father's brother's daughter) is that the bride's family may know much about the groom's economic, social and health background, which, to a large extent, appears to be safer for the family than risking a marriage with someone who is a stranger to them (Sindi, 2002).

Furthermore, Leach (1940:20) states that there are four types of marriage preferred in the KRI:

- Father's Brother's children - *Amoza*
- Father's Sister's daughter - *Purrza*
- Mother's Brother's children - *Khaloza*
- Mother's Sister's daughter- *Purrza*

However, Islamic law and the Christian Church do not support cousin marriage. Khuri (1970:598) believes that:

... Islamic law in the Qur'an and in the Hadith (the collection of the sayings and deeds of the Prophet Muhammad) does not prescribe it, and the Christian Church discourages it by requiring special dispensation.

Consequently, it seems that this kind of marriage is a problem of custom rather than religious and civil law.

Barth (1986) states that in KRI, societies almost every family is established on the basis of marriage. Generally, the Kurdish family is based on an extended family type. An extended family consists of many families coming together in one large family unit. In most cases, extended families are built on blood rather than social ties. This patriarchal residence is affected by the economic and political structure of society and the division of work between men and women. The patriarchal structure is the common structure of the Kurdish family. The Kurdish family tends to follow endogamous and polygamous marriages which are common in Islamic societies. One of the most important characteristics of the patriarchal family is that the man is the head and leader of the family; thus, the father in a house makes the final decision.

Polygamous marriage has changed in Kurdish society, and there is a new amendment to the law in the KRG that does not allow a man to have two wives at the same time, and does not allow a man to marry a second wife without getting permission from his first wife in court. Moreover, Kurdish National Assembly Personal Status Law (PSL), Article 3, Law No.188 of the year 1959 (amended 2008), stipulates in items 4-7 that:

4- Marrying more than one woman is not allowed except with the authorization of the qadi (judge). Granting this authorization is dependant on the fulfilment of the following two conditions:

- a- The husband should have the financial capacity to provide for more than one wife.
- b- There is a legitimate interest.

5- If justice between wives is feared, polygamy may not be allowed. The issue would then be left to the judge's determination.

6- Each person who concludes a marriage contract with more than one wife, contrary to the stipulations of paragraphs 4 and 5, shall be sentenced to no more than one year of imprisonment or charged with a fine not exceeding 100 Dinars of both.

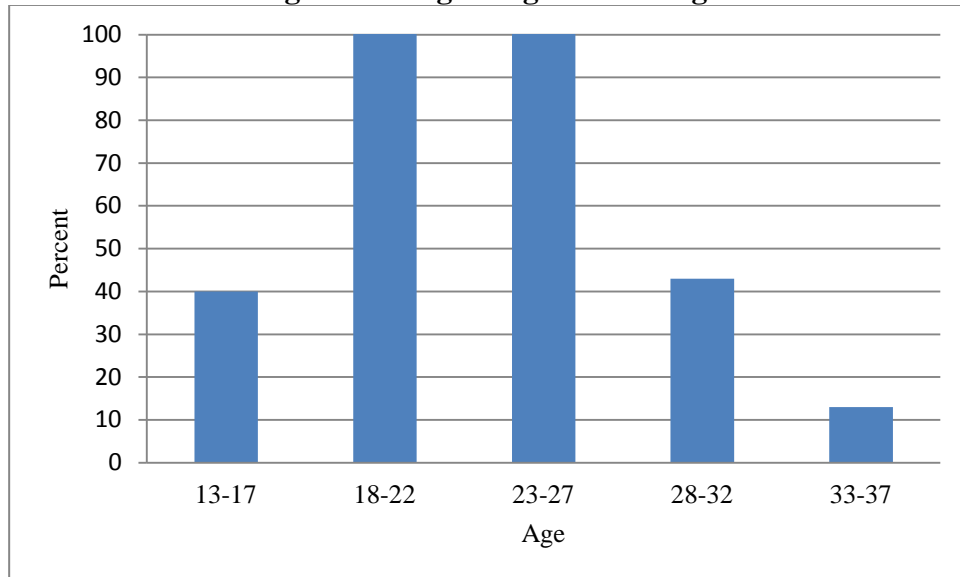
7- Exception from the provisions of paragraphs 4 and 5 of this article: marriage to more than one woman is permissible when the prospective wife is a widow.

(American Bar Association, 2010:2).

The Danish female anthropologist Hansen (1980/1961) observes that the marriage arrangement in the KRI is similar to many other Islamic countries in which the marriage arrangement and the wedding take place at the groom's house, while the marriage celebrations are carried out in the bride's house (Hansen, 1980/1961). Nikitin (2004/1943) states that the groom's relatives also contribute food, labour and money during the marriage ceremony

Bois (1966/1965) observes that in the KRI, the age of marriage is not clearly specified but often early age marriage is encouraged and a prolonged bachelorhood is discouraged. Thus, in KRI communities, the majority of young men of ages 18 to 20 are already married, and for the females the average is 16 to 18 years old. Again, Bois mentions that in Kurdish society 'A single man grows weak, a single woman gets hot, but because society is thus constituted, [there is] no place for spinsters' (p:43). However, due to the social changes, the average age for marriage for both males and females is now changing. Often, in the cities, educated and high class members of society in the KRI marry when they are over 20 years old. According to a recent field study in Erbil, Iraq, by Tahir (2010) on divorce factors and their consequences, among 300 participants the age range of marriage was different from previous studies and the median age group was 23 years old with a 1.02 standard deviation, as shown in Figure 1.4 below:

Figure 1.4: Age range of marriage



Source: Tahir (2010)

Marriage, and the age of marriage, varies between rural and urban areas, and between educated and non-educated people. The Kurdish Law prohibits any form of marriage under the age of 16 years (see Chapter 6).

Bois (1966/1965) also points out that there are certain rituals carried out during the wedding ceremony, all for the sake of peace and happy wedlock. On the wedding day, the bride is escorted to the groom's house with other relatives and friends. Often, the bride sheds tears as she is leaving her parents' house. Furthermore, according to Kurdish tradition, two types of wedding ceremonies are required which do not take place at the same time. The first one is a religious ceremony which is called "*Marabrin*", which is performed according to the religious rites of Islam. The religious ceremony is conducted by *Qazi* or *Mullah*, with four male witnesses for the bride including her guardian. From this moment the couple are officially married. The second wedding ceremony is purely secular, and takes place in a law court. In this ceremony, in most Kurdish families the bride changes her family name to that of her husband's family. Also, before being married the bride should be a virgin (Bois, 1966/1965).

In KRI communities, the behaviour of an individual member of a family is totally controlled by the family. Individuals have little or no power to make decisions or choices on their own, even on personal or private issues. This is more pronounced

among females because females are considered or assumed to be quiet, loyal, submissive and obedient. Consequently, the family decides a female's future husband, her wedding date, her friends, her jewellery, and even the kind of clothes she can wear (Zebari, 2006). Hansen (1980/1961) describes the father's role in the family as dominant. She states that the father is the head of the family institution, which is part of the patriarchal society, and he decides many things; for instance a wife cannot travel without his permission (Hansen, 1980/1961).

Some travellers and oriental thinkers suggest that Kurdish communities have ample ways of checking and maintaining their cultural traditions and habits even if it is not favourable to the members (Sindi, 2002).

Donovan (1990:49) states that:

Within the over-arching structure of the tribe are various tire (subdivisions based on blood and marriage such as a clan) that have specific social and economic significance and can be further broken down into smaller sections such as the hoz (simple descent group) and khel (tent-group). At times each group is identified by terms which are also applied to other larger or smaller groups making a definitive description difficult.

In addition, Donovan (1990) mentions that, in the KRI society the tribe or *esiret* is the major traditional political and corporate institution. The tribal chief is the highest authority within the tribe and for the diverse lineage and clans in a particular geographical area.

Furthermore, (Reg, cited in Sindi, 2002:111) notes that coherence in the Kurdish family is observed in Minorsky's records, which see Kurdish people as having strong feelings towards the family and the clan or tribe, and these feelings are stronger than their feelings of selfishness, feelings towards religious brotherhood or the wider national feelings.

Halliday (2006:18) believes that:

Two aspects of Kurdish society have been evidently important for the history of nationalism: on the one hand, traditional forms of power, be they of *sheikh*, *aga* or tribal leader, and the ways these have sought to respond to the rise of, and opportunities presented by nationalism; on the other hand, the emergence of new leading groups among the Kurds, merchants and businessmen and intellectuals, as a result of modern education and migration.

In spite of the above explanation of the KRI family system, as noted earlier, the Kurdish patrilineal family system is undergoing crucial changes. A notable change is the emergence of independent families arising out of extended families. The role of the female in the family is also changing when she undertakes office or industrial work, for example. Another noticeable change is the role of family member in decision-making. Young family members now participate in the decisions that used to be taken by the father. These changes have been going on for the last two decades. However, despite all these changes, decisions in many KRI families are still made by the authoritarian father and the practice still reflects and forms a significant feature of KRI communities (Zebari, 2006).

Moreover, the cultural influences mentioned above have been losing their power in the KRI due to the major internal and external migration and urbanization that have taken place during the past two decades (Van Bruinessen, 2006).

Female Living Conditions in the KRI

Hubbard (1917, cited in Sindi, 2002:121) comments on the freedom of Kurdish women, and he notes that it is good to find yourself among people who deal with women appropriately and give them equal freedom with men (Sindi, 2002).

Wilson (1970, cited in Sindi, 2002:136) mentions some authoritarian Kurdish women, for example, Adela-Khanum (a widow of Kulam Shah), Kan Sina, and the women of the Hakary family. He adds that each one of them is called Kan, and their authority equals the authority of many men in their families and even exceeds it. Wilson argues that this is a symbol of the harmony between men and women in this society, which is more similar to English society than to Middle Eastern societies. Minorsky (1945), mentions that some Kurdish women become rulers of their tribes. Also, when Turkey controlled the Hakary region, the region was ruled by a woman.

Citations from the KNA law prohibit all forms of domestic violence.

Firstly, the law prohibits anyone who is affiliated to a family from committing any domestic violence and this includes physical violence, sexual violence, and

psychological violence within the frame of the family. The following actions indicate domestic violence:

- 1- Forced marriage;
- 2- Exchange marriage (*Chgar*) and underage marriage;
- 3- Money replacement marriage;
- 4- Forced divorce;
- 5- Ignoring female relatives;
- 6- Forcing the wife to practise prostitution;
- 7- Female circumcision;
- 8- Forcing family members to leave their job or to work against their will;
- 9- Forcing children to work, beg, or leave school;
- 10- Committing suicide as a result of family violence;
- 11- Abortion as a result of family violence;
- 12- Child abuse and beating family members for any reason;
- 13- Insulting the wife and disregarding her point of view, ignoring her, hurting her, oppressing her, violating her rights, and having sex with her against her will;

Secondly, for those who suffer family violence there are guarantees that protect them from such violence; and finally, legal proceedings in the event of family violence should be secret (Ministry of Justice –KRG, 2011).

This new law of the Kurdish National Assembly (KNA) No.8 of 2011 provides protection from, and challenges all forms of, domestic violence. The law defines family violence and each action, saying or threat which is against gender within the frames of the family (which is based on marriage and relationships to the extent of the fourth relative) and who has got legal affiliation to the family, and how this affects negatively those people's rights and freedoms physically, sexually, and psychologically.

The Kurdistan regional government and NGOs have been working to improve female conditions in the KRI. The KRG introduced a new law in 2008 that accords Kurdish females the right to struggle for their rights. Furthermore, from 1992 until now there have been some laws for change in the KRG, while the laws in Iraq remain the same. This changing legislation has made the female situation better in the KRI than in other

parts of Iraq. It appears that the female situation, and their role, is now better when compared to the rest of Iraq and some Arab countries such as Saudi Arabia and Kuwait. For example, 25% of Iraqi Parliament members are female but 30% of the Kurdish National Assembly (KNA) members are female (Natali, 2010). However, the question is whether this legal change is being practised in society or not? According to the observations of this writer, these laws are more to do with propaganda than actual practice, because while killers are arrested and sentenced, the authorities also have amnesties under which where they can let such people go free. Also, in some cases they enforce these laws only among people who do not have enough power or responsibility in government; or the laws are applied sometimes only to poor people, and there is some attempt to solve their problems through cultural traditions instead of going to court.

In a recent study on domestic violence in the Kurdistan region by Kareem (2008), 27.5% of the respondents indicated that they noted the favouring of the male members in their families. 61.32% indicated that this favouring is attributed to the belief that male members are in a higher position than females. 70.45% of the respondents indicated that the reason for not asking a female about her choice of future husband is due to the authority of the father, who has got the right to make a decision regarding such matters. It appears obvious from the respondents' responses that 49.5% of female family members have got married without any choice or against their will. 75.5% of the respondents said they had experienced violence within their family and 90.5% of them claimed to be victims of family violence. The survey found that 50.92% of the respondents apply inefficient strategies when they suffer violence, like crying, sulking, and surrendering to the situation. The survey also revealed that 68.87% of the respondents return to their parents' houses when they suffer violence from their husbands (Kareem, 2008).

In a nutshell, this chapter has traced the socio-political and geographical development of Kurdistan. It was observed that Kurdish society has experienced significant changes, particularly in the social institutions and relationships among people in Kurdish communities. Geographically Kurdistan is distributed across five countries, and Kurdistan of Iraq forms part of greater Kurdistan. However, many authors agree that the Kurds are the largest ethnically distinct group in the world without a state, but

for political reasons one cannot find a clear-cut Kurdistan geographical map or an accurate estimate of its population.

Originally the Kurdish people derived from Indo-European tribes and the Kurdish people have a saying ‘The Kurdish people do not have friends except mountains’. This quotation may be true because in the modern history of Kurdistan, there have been political treaties: the Sèvres in 1920 and Lausanne in 1923. These were about giving Kurdistan independence or a road map to a Kurdish state, but unfortunately, due to the lack of international support or regional interference, the goal that Kurdish people have been struggling for has not yet been reached. In modern Iraqi history Kurdistan has faced cultural and political repression, genocide, ethnic cleansing, and destruction, particularly during Saddam Hussein’s regime when about 80% of the Kurdish villages were destroyed in the late 1970s and early 1980s. Other significant events have been the Anfal operation and the Halabja bomb attack, in which at least 182,000 and 5,000 people died or went missing. In addition, during the Saddam regime illiteracy and unemployment were high and many people lived below the poverty line.

On the other hand, remarkable changes have happened in Iraqi Kurdistan, particularly after 1991. The region gained Autonomy in 1991 after the Gulf War and the first election was held in May, 1992. The election led to the formation of the KNA and the establishment of the KRG. Since the downfall of Saddam’s regime in 2003, the economic, employment, and demographic trends have increased the standards of living and encouraged lifestyle changes, particularly in the KRI.

According to the report (Natali, 2010) which was discussed above, by 2009 the income in the Kurdistan region had become the highest among all regions in Iraq. Education in the KRI is free and compulsory for every person at every stage. In the past, the KRI had a high rate of illiteracy, particularly among females. However, after the establishment of the KRG, the Ministry of Education implemented a plan under the slogan ‘Towards Setting Kurdistan Free from Illiteracy’ with the general purpose of fighting illiteracy among the KRI population. Thus, the programme led to a fall in the rate of illiteracy in the region, and thus numbers of students and teachers, particularly females, have risen in the KRI.

It was observed that Kurds are religious and are predominantly Muslims, belonging to the Sunni sect.

Kurdish communities are dynamic, with a significant disparity in marriage style between social classes and regions. Couples freely select partners of their choice and the number of early marriages is declining. Even though polygamous marriage in the KRI is allowed, the conditions that permit the practice seems to be so stringent that the number of polygamous marriages has declined since the new polygamous marriage law was enacted in 2008.

It was argued that females in the KRI enjoy significant freedom in comparison with many other Middle Eastern societies. For example, there is greater public awareness and reporting of domestic violence thanks to the new law that provides protection for females and the activities of NGOs in the KRI.

Chapter Two

Suicide and Attempted Suicide

This chapter aims to explore concepts and theories of suicidal behaviour, firstly by reviewing the conceptualization and definition of suicide from historical, cultural and religious perspectives, and secondly, by considering theories of suicide within sociology and psychology. One of the key considerations in this review will be the relevance of these perspectives to the current situation of female suicide and attempted suicide in the KRI and their adequacy to provide an analytical framework to interpret the research data.

Orientations and Definitions of Suicide

De Leo et al. (2006:7) in their research on definitions of suicide noted that ‘The word “suicide” was first introduced in the 17th century, said to be derived from the Latin words *sui* (of oneself) and *caedere* (to kill)’. Likewise, in the Kurdish language, the term for suicide “*Ku Kushtn*” contains two words *Ku* (of oneself) and *Kushtn* (to kill) (Rasool, 2004). Similarly, Bin Zakaria (2001:979, cited in Rasool, 2004:9) states that in Arabic the words “*Entehar*” mean to end one’s own life intentionally.

The common elements of definition for most commentators can be summed up in six phrases:

- 1- Suicide is an act of escape from real life;
- 2- A person wills their self-destruction;
- 3- The suicide act leads to death;
- 4- The motivation is to be dead;
- 5- The suicide act is not sacrifice;
- 6- Suicide is intentional behaviour.

For example, Tom Beauchamp (1978) sees an act as suicide:

if a person intentionally brings about his or her own death in circumstances where others do not coerce him or her to action, except in those cases where death is caused by conditions not specifically arranged by the agent for the purpose of bringing about his or her own death (Beauchamp, 1978 cited in Shneidman, 1985:16)

Yet it is difficult to find an agreed common definition that goes beyond the act of suicide. Most studies emphasise the inadequacies and the difficulties of interpretation surrounding the definition of suicide behaviour (De Leo et al., 2006; Douglas, 1970; Lester, 2008; Maris, 1992; Mayo, 1992; Moscicki, 1995; Pollock, 1999; Stanistreet, 2002; Shneidman, 1985; Vaughan, 1985; and Williams, 2001).

Suicide behaviour encompasses two different kinds of action. Firstly, there are actions taken by individuals who want to intentionally kill themselves, and in the second category are individuals who indirectly or subconsciously wish to, or attempt to, kill themselves but not with the intention of dying (Stengel, 1977; and Vaughan, 1985). The two groups could include males or females, and the act of self-killing could be intentional or unintentional, and it is also linked to the method of carrying out the act (more or less violently). One of the aims of this section is to explore and critically discuss the meaning of acts of suicide or attempted suicide.

From the above sources, it appears that the majority of suicide definitions emanate from western scholars who draw their definitions from the experiences of Western societies. For example, Shneidman (1985) based his definition on contemporary western countries' suicide behaviour. Shneidman reported that 'Currently in the Western World, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution' (p:203). The quest for a suicide definition relevant to non-western experiences has become necessary not only to explore differences but also to understand the cultural influences which transcend national borders. In particular, one of the aims of this thesis is to explore how far these definitions can be applied in non-western, Islamic countries.

Philosophers, Religion and Suicide

Williams (2001) shows that, throughout human history there have been disputes about the definition of suicide. Positions range from tolerant advocacy to punitive severity. Aristotle claimed that suicide is not an option for someone since s/he is committed to

abiding by the agreement between him/her and the community, whereas Stoic and Epicurean philosophers believed suicide to be acceptable in some circumstances, for example, where there was chronic illness or unstoppable pain (Williams, 2001:2). Tracing the history of suicide, Williams (2001:2) observes that attitudes to suicide in the fifth and sixth centuries

shifted gradually away from more permissive Roman philosophical ideals and became more punitive. St. Augustine thought the philosophical support of suicide abhorrent.

Similarly, De Leo et al. (2006:7) noted that:

In antiquity and the early Roman culture mors voluntaris was not only accepted but at times recommended... A first important cultural shift happened with the coming of Christianity and the increasing numbers of martyrs (the so-called “Donatists”), who turned out to be a more serious threat to the young Christian community than the cruellest persecution by the Romans.

Alvarez (1971:87) also refers to the Donatists, whose ‘lust for martyrdom was so extreme that the Church eventually declared them heretics’ at the Council of Carthage in 348AD. Subsequent church councils reinforced the prohibition on suicide, and instituted procedures such as the confiscation of all goods of the suicide perpetrator and forbidding commemorative offerings and masses for suicides (De Leo et al., 2006:7). Thus, by the Middle Ages, suicide

was viewed as a criminal act and those who attempted suicide were placed on trial. Courts of the time distinguished between two verdicts, *non compos mentis* for the innocent madman, and *felo de se* for those “felons of themselves” judged to be in violation of the laws of God and man (MacDonald, 1989 cited in De Leo, et al., 2006:7).

Famously, Durkheim (1952/1897:169) asserted that ‘Religion has a prophylactic effect upon suicide’. More recently, Gearing and Lizardi (2009), reporting on a study of published research between 1980 and 2008 on the influence of religion on suicide, showed that numerous studies reveal variations in suicide rates across religions. For example, suicide rates are higher in secular countries than in religious countries. Eskin (2004) hypothesizes that adolescents undergoing secular education are more likely to kill themselves than adolescents undergoing religious education. Additionally, several pieces of research show that persons with a lifetime history of suicide attempts are more likely to act when moral and religious objections are low (Gearing and Lizardi, 2009).

Religions generally, not just Christianity, have strong sanctions against suicide, so being religious can be a protective factor against suicide, and there is a scholarly consensus that higher religiosity is associated with a lower rate of suicide (Beautrais, 2006; Eskin, 2004; Gearing and Lizardi, 2009; and Stack, 1992a). Beautrais (2006) posits that the suicide rate is lower in Islamic countries because they have strong sanctions against suicide, and against alcohol which is often associated with suicidal behaviour.

Given the above evidence, it is useful to consider how the meaning systems of major religions articulate their objections to suicide.

Christianity and Suicide

In the Bible there is no obvious prohibition of suicide. Durkheim (1952/1897:170) noted that the ‘Bible contains no law forbidding man to kill himself, and, on the other hand, beliefs in a future life are most vague’. Gearing and Lizardi (2009:334) observe that:

The word suicide does not appear in the Bible... Biblical writers neither condemn nor praise those whom they recorded as having taken their own lives.

However, Christian thinkers have attempted to discover other grounds for condemning suicide. Augustine in the fifth century claimed that suicide was a violation of the sixth commandment, ‘Thou shall not kill’ (Gearing and Lizardi, 2009; and Williams, 2001). Aquinas expanded on Augustine’s perspective and described suicide as a sin against self, neighbour and God (Gearing and Lizardi, 2009:334). Moreover, St. Thomas Aquinas states that suicide is against nature, and ‘is contrary to religious rights, in that only God has the right to decide when a person will live or die’ (Gearing and Lizardi, 2009:334). In the following centuries Christian churches and denominations considered suicide to be a sin (Gearing and Lizardi, 2009), even instigated by the Devil (Williams, 2001:3).

Religious affiliation and attendance are shown in many studies across a range of countries (Lester, 2008; Gearing and Lizardi, 2009) to be related to rates of suicide. However, there are differences between churches and denominations. Suicide rates among Catholics are lower than among Protestants (Durkheim, 1952/1897; Gearing and Lizardi, 2009; and Menninger, 1938). Durkheim attributed this to the degree of openness of the belief system:

The only essential difference between Catholicism and Protestantism is that the second permits free inquiry to a far greater degree than the first ... all variation is abhorrent to Catholic thought. The protestant is far more the author of his faith (p:157-158).

Hence Durkheim (1952/1897) hypothesized that the preservative value of religion is not just a matter of faith but is related to the bonds of tradition and hence obligation. The degree of integration of the religious community is what protects people from suicide – rather than religion.

Influenced by secularization, the world's view of suicide in the early 1960s changed from regarding suicide as a criminal offence. It became the responsibility of health services rather than the law courts (Williams, 2001). Even in the Catholic tradition, the catechism (1994) allows for a different interpretation:

One has to be mentally competent to understand that the act in which he/she partakes is a sin. Thus, if one considers suicide an act of the mentally ill, it cannot simultaneously be viewed a sin. When an individual dies, s/he faces judgment by God, and only God can decide if the individual will go to heaven, hell, or purgatory (Gearing and Lizardi, 2009:334).

We may deduce from the above perspectives that the Christian religion is still a social factor in relation to suicide behaviour but the religious meaning and significance of suicide has changed over time. Doctrine, beliefs, affiliation and practice are all relevant to understanding how the religious factor is related to behaviour as the example of Judaism shows.

Judaism and Suicide

Although Durkheim (1952/1897:170) notes that, with regard to religions and suicide, Judaism

is the very one not formally proscribing it and also the one in which the idea of immortality plays the least role.

Given Durkheim's view, in Judaism, unlike in Islam and Christianity, suicide is not perceived to be an unlawful act.

Similarly, Kwiet (1984:136) believes that 'It would appear that suicide is not explicitly forbidden either in the Bible or in the Talmud'.

The rate of suicide is low among Jews when compared to all religions (Kwiet, 1984). In their study of four major religions (Judaism; Christianity, Hinduism, and Islam) in the United States (U.S), Gearing and Lizardi (2009) found that Jews have a lower suicide rate than Christians. Kaplan and Schoenberg (1988) note that,

Judaic principles ascribe a great spiritual consequence to suicide. When an individual commits suicide, the soul has nowhere to go. It cannot return to the body, because the body has been destroyed. It cannot be let in to any of the soul worlds, because its time has not come (Kaplan and Schoenberg, 1988 cited in Gearing and Lizardi, 2009:337).

In another review, Gearing and Lizardi (2009) observe that the Jewish population in Israel have a low suicide rate but Muslims have a still lower suicide rate than Jews. Within the Jewish population, suicide rates are higher among men than women, they increase with age, and rates are increasing among Jewish males aged between 18 and 21 in Israel. On suicide and marital status, it was found that suicide is higher among married people (Gearing and Lizardi, 2009).

The above literature shows that suicide rates vary according to religion but they also point to complexities in the interaction between religious attachment, demographic variables and culture. It suggests that there may be sources of difference which stem from the patterns of development of western and non-western societies (see Chapter 3).

Islam and Suicide

This research focuses primarily on female suicide in the KRI in which a significant majority of the population and the study's informants were Muslim (see Chapter 1: although there are Christians in the KRI, none participated in the study). Previous studies demonstrate that in Islamic countries, suicide rates are much lower than in other countries, and that suicide rates are considerably lower amongst Muslims than other religious groups. The Islamic religion has strong sanctions against suicide with harsh consequences (Ahmed, 1983; Al-Kassir, 1983; Beautrais, 2006; Bhugra, 2004; Chen et al., 2012; Farzam, 1983; Gearing and Lizardi, 2009; Khan et al., 2008; Khan, 1998; Lester, 2008; Mofidi et al., 2008; Robinson, 2001; and Stack, 2007). Kok (1988) observes that in Islamic religion, suicide is strictly forbidden, because life is a gift from Allah. Consequently, any person who commits suicide is damned forever, and is condemned to hell. Gearing and Lizardi (2009) argue that, due to limited research on suicide in Islamic countries, it is hard to determine the impact and influence of the Islamic faith on suicidality. The Holy Quran, and Islamic Prophetic traditions, obviously strictly forbid the act of committing suicide: whoever commits suicide will be condemned to eternal punishment, the individual burning in hell (Gearing and Lizardi, 2009) (see Chapter 8 for further information on this topic).

In the Holy Quran and Islamic Prophetic traditions, human beings are clearly ordained not to endanger themselves under any circumstances. They forbid anything that damages human life either directly or indirectly. In addition to the prohibition on direct suicide they forbid all means that threaten human life, such as taking drugs, hazardous driving, and any other methods which are likely to cause fatal damage. Furthermore, Gearing and Lizardi (2009) stated that it is important to distinguish between the terms "suicide" and "martyrdom".

Data on suicide in Islamic and non-Islamic countries may not be directly comparable. Khan et al. (2008) observe that in several Islamic countries artificially lowered suicide rates could be related to suicide being culturally unacceptable, and could be hidden in other categories of violent death (see Chapter 3). In addition, Lester (2008) reported that internationally the data on suicide is limited because several countries in areas

such as Africa, the Middle East, and Central and South America do not report their suicide data to the World Health Organization (see Chapter 3).

Several studies suggest that the suicide rate is on the increase particularly in the Islamic countries (Abdel Moneim et al., 2011; Bhugra, 2004; Gearing and Lizardi, 2009). Similarly, Rezaeian (2010) reported that suicide rates are higher and increasing among young females in Middle Eastern countries, particularly within Muslim dominated countries. Additionally, Pritchard and Amanullah's (2007) study found that suicide behaviour in Islamic countries is becoming a problem on a scale similar to that in Western countries (Pritchard and Amanullah, 2007).

A review of the evidence from a number of studies of Islamic communities gives rise to the question as to why the rate of people attempting and committing suicide is on the increase, even though the act is always forbidden in Islam. Suicide in Islamic communities could be associated with how Muslims actually understand and execute Islamic law or "principle". Could suicide be related to family/cultural/ traditional forms of social control?

Culture, Tradition and Suicide

Tylor (2010:1) defines culture or civilization as 'that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society'. However, for this research we narrow down the concept of culture to tradition. According to the Penguin Dictionary of Sociology,

In its literal sense, tradition refers to any human practice, belief, institution or artefact which is handed down from one generation to the next. While the content of traditions is highly variable, it typically refers to some elements of culture regarded as part of the common inheritance of a social group. Tradition is often regarded as a source of social stability and LEGITIMACY, but appeals to tradition may also provide the basis for changing the present. The concept is important in sociology in making a contrast with modern society and in debates on the nature of AUTHORITY (Abercrombie et al., 2000:363).

Attitudes toward suicide can swing between condemnation and praise. In some cultures, suicide is seen as legitimate while in others, or other circumstances, it is forbidden (Lester, 2008). Sun et al. (2007:256) explain that ‘in Chinese culture, suicide is traditionally viewed as morally wrong, morally feeble or as a weak or foolish behaviour’. In contrast, Phillips et al. (1999) claim that for a long time in Chinese tradition suicide was a culturally acceptable response to a variety of conditions, and in some situations was even considered morally appropriate. Researchers have interpreted suicide in modern China as a means of protest by otherwise weak individuals or an exit route from an intolerable life, specifically experienced by some young females. Moreover, reports in some newspapers indicate that suicides in a rural context may have believed that they would be reincarnated into a better life. Lester (2008) also mentions that, in China, suicide rates by age and gender may be affected strongly by culture.

In the case of Indian culture and society, the scholars Mayer and Ziaian (2002) demonstrate that there is heavy pressure on young women, specifically from the age of adolescence through to marriage, dowry disputes and childbirth. According to Steen and Mayer (2003), the major cause of suicide in India is family problems. Tradition and community pressures may also mean that Indian women risk death from different reasons, particularly following widowhood. Lester et al. (1999:92) reported that:

[T]he suicide of widows by throwing themselves on their husband’s funeral pyre (known as *suttee*) has been common in India’s history. Indeed, fire is a more popular method of suicide for women than for men: in 1994, of the 10,299 suicides by fire, 7,140 (69%) were by women.

Gearing and Lizardi (2009) confirm that *suttee* is still practised in some areas of the Indian subcontinent although it is now illegal. It is important to note that suicide by *suttee* is neither a religious act nor evidence of a psychiatric illness. It seems to be more closely associated with traditions of gender, and social and cultural factors. Indeed, this choice to end one’s life is seen as an honour for the person. Thus some females in Indian society commit public suicide on the death of their husband for reasons which relate to social and cultural tradition rather than for psychological, economic, or political reasons.

In the case of Japanese culture, Stack (1996) indicates that: ‘suicidal behaviour is generally accepted, particularly in the face of shame’ (Stack, 1996, cited in De Leo et al., 2006:8). Beautrais (2006) says that *Hari-Kari* is the shape of altruistic suicide, and individual suicide behaviour is controlled by social expectations. Fusé (1980:59) points out that there are actually two categories of *seppuku* in terms of the freedom of choice: the first is voluntary *seppuku* called *jijin* (self-destruction with one’s own sword); the second is *isumebara* (forced *seppuku*). *Hari-Kari* has been a prominent feature in Japanese society for centuries, and it is kind of religious suicide. Its meaning derives from the system of honour and shame, and traditions of dignity and sacredness. People consider suicide to be an act of heroism, and venerate what is considered to be an expensive offering for the sake of others.

Kok (1988) notes also that Confucian belief does not have forceful sanctions against suicide, since the idea of paradise, hell and heaven do not exist. On the other hand, Kok (1988:237) states that in Buddhist culture there are two main principles: ‘fate is the determining factor in a person’s life, and that although deities can intercede, nothing can change one’s fate’; and ‘death leads to a series of reincarnations according to one’s *Karma*’.

Cultural differences imbue definitions of suicide with a value (De Leo et al., 2006). In Japan and India we have seen that suicide is culturally acceptable in some circumstances. In contrast, in Islamic culture (not just religion), suicide behaviour is unacceptable. In the USA, Early (1992) found that suicide is less acceptable behaviour for African-Americans than other groups, helping to account for their relatively low rate of suicide (Early, 1992, cited in Lester, 2008:54). Even the term ‘suicide’ has different meanings in different languages. For example, De Leo et al. (2006:8) comment on the German language, where the word for suicide is ‘*Selbstmord*, which translates literally as “self-murder” (the same holds true for Scandinavian countries)’. Therefore, trying to understand the meaning of suicide is a challenge because it requires a deep knowledge of specific countries, cultures and traditions. It can be argued that major theories of suicide do not sufficiently respect the nature of these differences.

Theories of Suicide

This section explores a selection of sociological and psychological theories of suicide. Sociology views suicide rates as social phenomena associated with social structure and social interaction. Thus, suicide may be understood from Durkheim's definition: 'all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result' (Durkheim, 1952/1897:44). Although many psychologists consider suicide behaviour to be a response to a psychological condition which suggests that individuals who attempt and commit suicide are suffering from psychological disorders or conflict, Shneidman (1985:203) (as discussed earlier) sees suicide as an issue for 'which the suicide is perceived as the best solution', a remedy for the problem. The choice of theories corresponds to this study's focus on social factors in the explanation of female suicide and attempted suicide in the KRI. Psychological theories are included because they are also relevant in explaining suicide as a response to mental health and social conditions, not purely physiological causes (see Chapter 3).

Sociological Theories of Suicide

This section presents, in broadly chronological order, sociological theories of suicide propounded by a number of key authors, namely Durkheim, Halbwachs, Sainsbury, Cavan, Gibbs and Martin, and Girard. Durkheim's theory of suicide is the key starting point and a point of reference for most subsequent theories. The concepts and theories from these authors are particularly relevant to this thesis because they are orientated towards social factors and give a prominent role to religion, culture and social relations.

Durkheim's Theory of Suicide (1897)

Durkheim (1952/1897), in his classic study '*Suicide: A study in sociology*', defined suicide and argued that it cannot be explained by its individual forms, only by reference to social factors. He presents statistical evidence from European societies showing that the frequency of suicide varies inversely with the degree of integration of the social groups of which the individual forms a part. In another words, he believes

that the suicide rate will be lower when there is a comparatively high level of social integration. Durkheim elaborated his theory by discussing four types of suicide, which are egoistic, altruistic, anomic, and fatalistic. First, egoistic suicide is the type of suicide resulting from a lack of, or weakened, integration into society. People are made vulnerable by social circumstances which undermine the basis for their existence. The state of society makes them 'a ready prey to suicide' (Durkheim, 1952/1897:215). Durkheim explored egoistic suicide by drawing on examples involving gender, religious, domestic and political society (Taylor, 1988). According to his statistical results, the rate of suicide decreases in times of war, when individuals become more integrated into collective life and less likely to commit suicide. Durkheim reports that suicide rates among Catholics are lower than among Protestants. He also states that 'domestic society, like religious society, is a powerful counteragent against suicide' (p:198). Education is a factor: Protestants are better educated on average than Catholics (Durkheim, 1952/1897). His statistical data is used to show that in all countries men commit suicide more often than women, and women are less educated. Unmarried people commit suicide more often than married people, and married people with children are more protected against suicide than unmarried people. Durkheim also mentions that 'Too early marriages have an aggravating influence on suicide, especially as regards men' (p:178). These findings on gender and marital status have often been replicated in other Western studies. However, they leave open important questions about the nature of social integration in modern Western societies and how far they can be generalised to other, non-western societies at different stages of development.

Altruistic suicide is the second type, and this is quite different from egoistic suicide. This category is insufficiently individuated, social bonds are very strong and the basis for existence appears to extend beyond life itself. Durkheim notes that there are three varieties of this type of suicide: obligatory altruistic suicide, optional altruistic suicide, and acute altruistic suicide, the perfect example of which is mystical suicide (p:227). His examples include the suicide of men on the threshold of old age or when stricken with sickness, the suicide of women on their husband's death, and suicides of followers or servants on the death of their chiefs (p:219). The behaviour of this group is highly determined by their customs and traditions. Military suicide is a good example of this type of suicide: for example the Japanese custom of *Kamikaze* pilots in

the Second World War (Pollock, 1999; and Taylor, 1988). A recent example of altruistic suicide was the Jonestown massacres of 1978 in Guyana in which hundreds of people in an enclosed religious sect killed themselves and their children at the command of their leader, the Reverend Jim Jones (Taylor, 1988).

The third category, anomic suicide results from lack of social regulation and the suffering which accompanies it. Durkheim observes that anomic and egoistic suicides are related, with both springing from society's insufficient presence in individuals. The difference is that egoistic suicide is linked to a deficiency in 'truly collective activity', whereas in anomic suicide, 'society's influence is lacking in the basically individual passions, thus leaving them without a check-rein' (Durkheim, 1952/1897:258). Anomic suicide occurs when society fails in its integration and regulation of its members.

Fatalistic suicide, finally, takes place under opposite conditions from anomic suicide. Durkheim states that fatalistic suicide results from excessive social regulation, and is 'that of persons with futures pitilessly blocked and passions violently choked by oppressive discipline' (Durkheim, 1952/1897:276 fn). This type of suicide is rare and it is difficult to find examples. He only discussed this type of suicide briefly in a footnote.

Durkheim asserts the sociological perspective, and is critical of explanations which depend on a view of "psychopathic states". Referring to the contrast between social and psychopathological forms of suicide he states that '... no psychopathic state bears a regular and indisputable relation to suicide. A society does not depend for its number of suicides on having more or fewer neuropaths or alcoholics'. What he calls the potentiality (to commit suicide) 'becomes effective only through the action of other factors which we must discover' (Durkheim, 1952/1897:81). In this context he was using the phrase "psychopathic" to cover a broad range of psychological problems rather than to indicate a form of "personality disorder" (Crighton, 2000).

Durkheim's views have been influential in drawing attention to the relationship between individual and society and the ways in which suicide behaviour increases with lack of social integration. His classic study continues to stimulate the development of the sociological study of suicide as a whole. However, many sociologists have strongly

criticised Durkheim, both his general theoretical stance as well as his study of suicide (Stengel, 1977; and Taylor, 1988). It appears that the majority of modern scholars have criticised Durkheim's work either because his data is now too old to be relevant to modern society or his data does not include all variables. Pope (1976), for example, observes that Durkheim failed to investigate 'how variation in his key theoretical variable - social integration - affects age and gender patterns of suicide' (Pope, 1976, cited in Girard, 1993:568). The next section will examine several discourses on suicide in post-Durkheim studies.

Cavan (1928)

In her study '*Suicide*' on suicide rates in districts of Chicago, Cavan (1928) found that the suicide rate is higher in districts characterised by high rates of social mobility, social disorganization (or social isolation), and low social integration (Taylor, 1988). Cavan noted that 'There is in the United States a widespread tendency to regard suicide as a justifiable and desirable means of solving difficulties' (Cavan, 1928, cited in Douglas, 1970:105). She considers the general socio-cultural system in the process of suicide to be significantly important. She observes that, in western countries, an increasing spirit of individualism has led to less development of suicide behaviour than had previously existed (Douglas, 1970). One particular contribution of this study is the idea that social disorganization may increase the tendency to suicide only in so far as it causes personal disorganization. She assumes that social disorganization has some role in producing personal disorganization due to the importance of social relations for most individuals' gratifications. However, for many individuals social disorganization will not result in personal disorganization (Douglas, 1970:106). There are several other important variables which are linked to a higher probability that an individual will move in the direction of committing suicide: fixity of idea; lack of objectivity; and aggressive (resentment, anger, hate) or depressive emotions (Cavan, 1928, cited in Douglas, 1970:107).

To a large extent, given the Cavan view of suicide, one may conclude that individuals' general socio-cultural contexts are very important factors in the process of suicide behaviour. Most importantly, she distinguishes between social disorganization and

personal disorganization and suggests that the former increases the rate of suicide when it has an impact on the latter.

Halbwachs (1930)

One of the first to follow up Durkheim's works was his student Halbwachs, in his work entitled '*The causes of suicide*' (Halbwachs, 1930). His research confirmed the majority of Durkheim's findings but he also expanded the scope of his explanations (Taylor, 1988). He relied on the official statistics of the same range of European countries, mainly France, Germany and the UK, and worked with almost the same factors including age, gender, marital status, level of education, occupation, religion, nationality, socio-economic status, family relations, and rural-urban residence. He believed that these variables explain most of the differences in the social distribution of suicide, stating that 'greater social differentiation (or social complexity) causes a higher suicide rate because it causes certain (probabilities of?) situations which are more conducive to social conflicts' (Halbwachs, 1930, cited in Douglas, 1970:129). The link between social conditions and behaviour is explained as follows, 'the social conflicts cause a tendency to depression and "cyclothymie" or disequilibrium (i.e., in general, to affective states in the individuals), which in turn cause a tendency to suicide' (Halbwachs, 1930, cited in Douglas, 1970:129). Thus he continued to operate with a concept of egoistic suicide but combined it with anomic suicide into a single category.

Halbwachs observed that rates of female suicide are lower than for males. Both male and female suicide rates increase very regularly with age, except that female suicide rates are higher from 20-25 years old than from 30-40 years old, despite the fact that they are lower after 40 years old. He also states that married people commit suicide less often than those who are unmarried, from both sexes. Suicide among married persons without children is more frequent than among married persons with children. The married male is better 'protected' than the married female, but both widows and widowers commit suicide more often than married males. Like Durkheim, he notes the evidence that Catholics are less likely to commit suicide than Protestants. It is important to note that according to Halbwachs, Catholic communities were located mainly in the country, while Protestantism was more concentrated in the cities or in

regions most subject to urban influences. Most Catholics and Protestants differ in national origin, or in lifestyle, for example the Catholic Poles contrast with the Protestant Prussians.

Halbwachs argued that the rate of suicide is higher in urban areas than in rural areas. His explanation is that the rural style of life favours and maintains regional diversities, while the urban style of life is more transitory and impersonal. It leaves increasing numbers of individuals socially isolated from their fellows and hence more vulnerable to suicide (Taylor, 1988).

Halbwachs criticizes Morselli (1879) and Durkheim for the failure of their studies to capture suicide rates according to the type of society (Halbwachs, 1930). Their studies place no emphasis on the impact of the city or countryside on the rate of suicide, which Halbwachs explains in terms of the empirical difficulties involved. Nevertheless, we can conclude from Halbwachs' findings that he added significantly to the insights of the work of his teacher (Durkheim). Most important are, firstly, Halbwachs' elaboration of the differences in the ways of life of Catholics and Protestants. He believes that Catholic communities have predominantly rural characteristics, while Protestants are more strongly urban. Secondly, people from large cities are more likely to commit suicide than those in medium-size towns or rural areas. Thirdly, he focuses on social isolation as a key motivation for persons to commit suicide. All these factors (religion, social isolation, urban and non-urban ways of life) are relevant to the current study. Finally, Halbwachs shows evidence for female suicide rates being relatively high among 15-25 year olds. This finding is interesting and echoes some of the results which will be discussed in Chapter 6.

Sainsbury (1955)

In his book '*Suicide in London: An Ecological Study*' (1955), Sainsbury studied the rates of suicide in 28 London boroughs. He used a statistical correlation of suicide rates by borough with selected indices of their social characteristics. He discovered that the highest suicide rates are linked with conditions of social isolation and social mobility (Taylor, 1988). Sainsbury had hypothesized that 'the nature of community life, its cohesion and stability, and the opportunities it provides for satisfactory

relationships, alone afford a comprehensive explanation of the variations in suicide rates of communities and other social groups' (Douglas, 1970:110, cited in Sainsbury, 1955). He concluded that the evidence does not support a direct causal relationship between poverty and suicide:

On the contrary, the suicide rate tends to increase with social status. On the other hand, poverty befalling those used to a better standard of living is a burden badly tolerated, and a factor predisposing to suicide; secondary poverty of this kind would account for the rise in the suicide rate in the upper occupational classes during the economic depression, and the discrepant finding that the incidence of suicides living in poverty is greater when the suicide's actual economic level at the time of death is the criterion, rather than the economic status that might be inferred from occupation and neighbourhood (Sainsbury, 1955, cited in Douglas, 1970:111).

Given the above position, one may conclude that Sainsbury's viewpoint of suicide is slightly at variance with that of Durkheim because Sainsbury made more particular comparisons, and found that the differences in suicide rates are caused by 'differential deprivation' (Douglas, 1970:112).

Gibbs and Martin (1964)

The American sociologists Gibbs and Martin, in their study '*Status Integration and Suicide: A Sociological Study*' (1964), are critical of Durkheim's position on suicide. They argue that Durkheim is not clear even in the core part of his theory which refers to social integration (Douglas, 1970; and Taylor, 1988). There is neither an explicit "connotative" definition nor an operational definition.

It is not surprising then that there is not a single measure of social integration correlated with suicide rates. Without the specification of the empirical referents for the concept and the operations used in measuring its prevalence, Durkheim's proposition is supported not by its predictive power but by his forceful argument in its defense (Gibbs and Martin, 1958, cited in Douglas, 1970:84).

However, they agree with Durkheim that social integration has an extremely important influence on the rate of suicide. The authors reported that the rate of suicide will vary inversely with the 'stability and durability of social relationships' within a population. They hypothesised that the degree of "status integration" is the key variable and attempted to give it a precise meaning (Douglas, 1970; and Taylor, 1988). They derived status integration measures for the occupation, age, sex, marital status, and so on, of the populations of 30 states in the USA, and then correlated these status

integration measures with the respective suicide rates (Douglas, 1970:89). Gibbs and Martin believed that the less these statuses are integrated with one another, the more individuals are subject to role “or status” conflict. Thus, the extent to which individuals occupy incompatible statuses within a population is linked to higher rates of suicide (Douglas, 1970; and Taylor, 1988). However, they found that it is very difficult to operationalise the observation of degrees of role conflict. In defining the concept of “status,” they appear to identify status with the social categories employed by officials (Douglas, 1970).

Given the above, one may conclude that Halbwachs, Sainsbury, and Cavan tend to support Durkheim’s theory of low level of social integration as a key factor in producing a high rate of suicide behaviour. They confirm a positive relationship between social isolation, personal disorganization and suicide rates (Taylor, 1988). However, Gibbs and Martin identified a key weakness in Durkheim’s theory, and attempted to redefine the concept of social integration. They did not merely assume that social integration is valid, but they tried to test key causal concepts (Taylor, 1988:17). Viewing it from another standpoint, Douglas (1970) observed that their interpretation of Durkheim’s theory of social integration and suicide does not essentially offer a test, good or bad. However, this does not mean that their theory is opposed to the fundamental idea of Durkheim’s theory of suicide.

Girard (1993)

The work of Girard made an important contribution to the understanding of suicide, by extending the frame of reference to non-European and non-industrialised countries. In his study titled ‘*Age, Gender, and Suicide: A Cross-National Analysis*’ (1993), he studied suicide rates per 100,000 of population, broken down by sex and age in 49 countries over a five-year period (1976 to 1980). He focused on role identities, economic development, and kinship institutions to account for age and gender differentials in the risk of suicide, and he tested a hypothesis that links economic development, identity threats, and psychological careers.

Regarding threatened identities, Girard has a two-fold theoretical rationale: ‘When circumstances threaten a person’s identity, denying an essential aspect of what a

person believes to be his or her true self, suicide provides the ultimate release from a potentially painful conflict' (p:554) and 'suicide has an important symbolic function - to affirm that the threatened identity is an inalienable part of the self. Suicide communicates to significant others and the self that life cannot continue without one's identity' (Girard, 1993:554). He believes that when a person loses his or her identity and finds it difficult to replace, they are more vulnerable to suicide – for example, in the case of unwanted or unexpected breakdown in an intimate marriage relationship, when identity supports are shattered. He also argues that 'self-identity that is primarily contingent or performance-oriented is conducive to suicide' (Girard, 1993:554).

Girard goes on to demonstrate the relationship between identity threats and suicide behaviours in terms of gender, and age or psychological career. These variables are significant because 'the relative strengths of contingent and non-contingent components of the self-concept vary by age and sex, thereby creating varying vulnerabilities to identity threats; the ability to replace identity supports varies by age and sex; and life-changing events that threaten the self-concept vary by age and sex' (Girard,1993:555). The assumption that there are differences between gender and age groups regarding identity threats and supports is the basis for his comparative analysis.

In terms of gender and life cycle, he posits that women's role identities have traditionally been centred on the family. Women's participation in the labour force has increased but the occupational identities of women remain heavily influenced by familial roles. In contrast to women, men have a life course that tends to be timed in relation to occupational events. In industrial societies, occupational roles differ from parental roles in that they are 'filled on a competitive basis' and 'ranked according to remuneration, authority, and prestige' (Girard, 1993:556). Girard's contingent-identity theory predicts that because men anchor their self-identities in a competitive, achievement-oriented domain more than women, men will be generally more vulnerable to identity threats and will have a higher suicide risk than women. In non-industrial or less industrialized societies female roles have traditionally been inside the family but there are significant differences in role expectations and performances from those in industrial societies. In traditional societies - which are defined by the supremacy of kinship ties over all other social allegiances - age, sex, and family of

origin are central to role identities. In these societies, few roles are allocated on the basis of skills (Girard, 1993:557).

Girard explores these ideas by way of five hypotheses:

- 1- The probability that the suicide pattern will be convex or upward-sloping is greatest if a country is at a very high level of development (p:558).

Girard says that in less developed countries, upward-sloping patterns of suicide are less likely because achievement-oriented psychological careers seem to be less common. The threats to suicide are mainly based in social identity and kinship institutions (Girard, 1993). If women fail to marry, or bear children out of wedlock, for example, they put stress on themselves and others. This result supports the findings of other studies in non-Western countries which suggest that marriage and childbearing are sources of stress rather than protection from attempted and committed suicide (see Chapters 3 and 6). Also, in non-western countries the “psychological career”, particularly its role in mental health, is less important (see Chapter 3).

- 2- Compared to industrialized countries, countries at relatively low levels of economic development are more likely to have downward-sloping suicide patterns, i.e., suicide rates will be higher at the usual age of marriage (ages 15 to 34) than they are in middle age or old age (p:558).

According to the contingency-identity theory, in less developed countries both males and females are more likely to experience identity threats surrounding marriage, childbirth, and initiation into adulthood. After a successful transition to adulthood, the individual’s social identity is assured by ageing and by the maturation of children, thereby reducing vulnerability to identity threats (Girard, 1993:558). This will be discussed further under research findings both in the research literature and the findings of the current study (see Chapters 3 and 6).

- 3- In economically less developed countries, age-specific suicide rates for men and women are most likely to be nearly equal, or higher for women than for men, at ages when the plurality of women are marrying, i.e., ages 15- to 24 (Girard, 1993:558-559).

Girard notes that economic development works to loosen the ties of kinship. In less developed societies, if pressures to bear children are a primary source of identity

threats, women may be more vulnerable than men to identity threats at the typical age of marriage, which is relatively young.

- 4- The probability that the suicide pattern will be bimodal is greatest if a country is at an intermediate level of development (p:559).

The bimodal pattern has features of upward-sloping and downward-sloping patterns: firstly, similar to upward-sloping patterns, the suicide rate generally rises to a peak in old age. Secondly, similar to downward-sloping patterns, the suicide rate rises sharply at marriageable ages and declines with the onset of middle age (Girard, 1993:559).

- 5- The shift from a downward-sloping suicide pattern in less developed countries to a bimodal pattern and finally to an upward-sloping pattern will occur at a lower levels of economic development for males than for females (p:559).

Men usually have higher rates of economic activities than women, and economic development should produce achievement-based psychological careers for men sooner than for women (Girard, 1993:559).

Given this review of research literature on sociological theories of suicide, we can conclude that sociological perspectives have highlighted (a) social integration or isolation, and (b) the shifting nature of social ties according to levels of economic development. Clearly sociologists subscribe to the notion that suicide rates should be explained by social conditions and social relationships rather than by reference to psychological or psychiatric conditions. Cross-national comparative research beyond Europe and North America is relatively recent, and Girard is particularly important because he draws attention to the distinctly different patterns which exist between developed and less developed countries. Before drawing an overall conclusion it will be useful to examine the contribution of psychological theories.

Psychological Theories of Suicide

This section explores psychological theories of suicide notably in the work of Freud, Zilboorg, Menninger, and Shneidman. The definition of suicide from the psychiatric viewpoint is that people commit suicide without intervention from others, and they act consciously to will their self-destruction through self-poisoning or other lethal means. A link is made to psychiatric deterioration so that, for example, in adolescent suicide

attempts there is evidence of depression; conduct disorder, substance abuse, eating disorders, borderline personality disorder, and schizophrenia (Çetin, 2001:642). Increasingly, studies are inclined to depict suicide as one of the major health problems, for example in countries such as China, Pakistan, and Taiwan (Khan et al., 2008; Mofidi et al., 2008; Phillips et al., 1999; and Sun et al., 2007). Chao et al. (2008), Mofidi et al. (2008), and Yip (2008), for example, noted that suicide behaviour is a significant international public health problem. However, De Leo et al. (2006:5) challenged the psychiatrists' standpoint, asserting that suicide is 'a behaviour and not an illness'.

Freud (1917)

Freud is regarded as one of the first to begin work on suicide from a psychoanalytical perspective. He did not write directly on the subject, but in his work '*Mourning and Melancholia*' in 1917 he makes a comparison between extreme depression and the normal experience of mourning following loss, giving an insight into the nature of suicide (Hendin, 1971; Pollock, 1999; and Williams, 2001). Freud reports that though the majority of people cope with the loss of a loved object through the process of mourning, there are definitely other vulnerable individuals whose experiences of loss of loved objects are unbearable and generate enormous anger. The individual experiences ambivalence but keeps the mental representation of the loved object by internalization and it becomes a branch of the ego. Anger towards the lost loved object can be transformed into self-reproach and the wish to harm oneself. When these feelings reach a critical pitch, the ego is overwhelmed by the object, leading to urges of self-destruction (Pollock, 1999).

Freud hypothesized two main forces, Eros and Thanatos. Eros is the force of life and survival, and has a positive impact in life such as altruism, compassion and humour. Conversely, Thanatos is the death instinct, driving all organic or living matter to its inorganic state (Pollock, 1999; and Williams, 2001). Thanatos is the drive of aggression, sadism, destruction and violence, expressed through anger, guilt and jealousy. During an individual's life there is a constant interplay between these forces. Thus Freud 'saw suicide as the outcome of an intrapsychic struggle' (Pollock,

1999:18). His explanation of the self-destructive act had a significant influence upon subsequent psychological studies and psychodynamic research (Pollock, 1999).

Zilboorg (1937)

Zilboorg developed the psychoanalytic perspective following Freud, by refining the psychoanalytical hypothesis (Shneidman, 1985; Pollock, 1999; and Williams, 2001). He observed that every suicide case contained both unconscious hostility and an unusual lack of capacity to love others (Shneidman, 1985). He also criticized Freud's idea of life and death instincts (Eros/Thanatos) to explain suicide. He suggests that the psychological causes of suicide are often spite, fear, revenge, and fantasies of escape. He believes that the majority of suicides are spontaneous or unplanned behaviour. Zilboorg focuses on internal processes but makes some allowance for external factors including social custom and religious ritual (Pollock, 1999).

Menninger (1938)

Another leading follower of Freud's work on the psychoanalytic perspective is Menninger. In his study titled '*Man Against Himself*' (1938) he treats suicide in terms of a departure from a normal state of equilibrium between constructive and destructive tendencies. The states which precede suicide indicate a growing disequilibrium and a transition from a wish to kill, to its denial into a wish to be killed, and its further development into a wish to die. He thus extends Freud's notion of the primary role of the death instinct (Pollock, 1999).

Shneidman (1985)

In his important study entitled '*Definition of Suicide*' (1985), Shneidman views suicide as the response to unbearable psychological pain, "psychache", which is fuelled by frustrated vital psychological needs. While this is a psychological approach, it acknowledges the significance of relationships with others, which are played out in a social and cultural context which is more or less likely to enable or prevent the suicidal act. However, the focus of his empirical approach is the common psychological attributes ("commonalities") among a large number of suicide cases which he used to try to understand the means of prevention.

Shneidman explores the commonalities through six main characteristics: situational (the stimulus of unbearable pain), conative, affective, cognitive, relational, and serial. The distinctive aspect of his theory is the sense of intolerable pain, and the intention to stop the pain through the suicide act. The cognitive aspect refers to the common state of constriction found among suicides. The relational aspect refers to the communication of intention through the deliberate act of leaving life. This approach allows Shneidman to distinguish between suicide committers and attempters. Critics have pointed out that Shneidman employs certain terms that are too broad, such as ‘to seek a solution’, ‘cessation of consciousness’ and ‘frustrated psychological needs’. Moreover, the main concept “stimulus” is not defined. Shneidman’s standpoint is short on precise definition of some concepts such as ‘frustrated psychological needs’ and “ambivalence” which are inherently difficult to define and measure (Pollock, 1999:30).

From the above psychological perspectives on suicide, we can conclude that the psychologists have added insightful explanations to the interpretation of suicide behaviour. They are different from those of sociologists because they shift our focus from social forces to psychological conditions such as hopelessness, helplessness, pressure, pain, revenge, and ambivalence. Theories of suicide in psychology explore the sources of psychic imbalance. Yet there are some areas of convergence with sociological explanations using demography, differences of age and gender and statistics of suicide rates. Both approaches are interested in the common characteristics of those who end, or attempt to end, their own lives.

Conclusion

This chapter has explored problems of definition and a number of contrasting theoretical discourses concerning “social” and “psychological” factors in the description and explanation of suicide. Returning to the issue highlighted at the beginning of the chapter, it can be asked, ‘How do these ideas and perspectives help us to grasp the current situation of female suicide and attempted suicide in the KRI? To what extent are they adequate to provide an analytical framework to interpret the unique research data from the KRI?’

To summarise, approaches to the explanation of suicidal behaviour differ according to historical and cultural context, academic disciplines and research perspectives. There is a certain amount of agreement on the explanation for the general patterns of suicide, namely that they vary with the degree of social integration, the extent of social isolation, and the strength or weakness of ties between the individual and society. Thus it is typical to observe that suicide rates are higher among males than females, they tend to increase with age, they are higher among unmarried people than married people, and they are higher in urban areas than in rural areas, all because the groups where rates are higher are assumed to experience higher levels of social disorganization and personal alienation. However, there are important exceptions, not least in the KRI where, for example, high rates of young, married female suicide are reported.

From the above discussion we can draw a number of conclusions. First, there is a preponderance of research literature which relies on “western” countries and sources of data. This is understandable given the history of the development of the social sciences, but it suggests the need to exercise caution in generalising from much of this literature. Girard has made a particularly useful contribution in broadening the framework of reference for empirical studies. He highlights many important differences between industrial and non-industrial countries, and particularly the role of females in non-industrial societies. The following chapter will explore the research literature on non-western societies in greater depth. Secondly, from the point of view of theory, we can conclude that from Durkheim onwards, the key insights into suicide and social integration are drawn from a narrow range of experiences of culture and religion, including the contrast between Catholic and Protestant Christianity, which are varieties of the same belief system. Explanations based on this contrast do not necessarily match the experiences of belief, religious and cultural traditions, and institutional affiliation in other major religions, Islam included. Thirdly, psychological research and theory indicates that there is a need for fuller evidence about the nature of the specific individual circumstances which lead to the experience of unbearable pain, and the sense of suicide as the only exit, but without the *a priori* assumption that such individuals who feel suicidal are mentally ill.

Chapter Three

Comparative Research on Factors to Explain Rates of Female Suicide

This chapter will review international and comparative research on factors which help to explain rates of female suicide, in order to contextualise this research on female suicide in the KRI. Every year over one million people commit suicide worldwide. According to Yip (2008:vii), 60% of these suicides occur in non-western countries.

Attempts to explain differential rates of suicide have a long history and there is now a growing body of evidence from non-western countries. A number of studies report that socio-cultural factors are the major reasons for females attempting and committing suicide in non-western countries and this will be one of the main themes of this chapter (Chen et al., 2012). The intention of this thesis is to systematically compare suicide rates between countries worldwide and between Muslim countries and other non-western countries². However, it should be noted that accurate statistics on suicide cases in non-western countries are simply not available (Abdel Moneim et al., 2011; Abeyasinghe and Gunnell, 2008; Beautrais, 2006; Chen et al., 2012; Gearing and Lizardi, 2009; Firth, 1971; Giddens, 1971; Girard, 1993; Girdhar et al., 2003; Haarr, 2010; Khan, 1998; Khan et al., 2008; Khan, 2002; Lester, 2006; Lester, 2008; Mabrouk et al., 1999; Saadat et al., 2004; Sayil and Devrimci- Ozguven, 2002; Scourfield et al., 2012; Shiner et al., 2009; and Weiss, 1971).

For approximately 20% of the world population, statistics on suicide are not available at all (Chen et al., 2012). The problem of defining and recording data on suicides does, of course, exist in western countries, but the problems are greater in many non-western countries, and are related to a range of social, cultural, religious and legal factors

² For this reason I sent an email request to the World Health Organization (WHO) to obtain official data on suicide. However, they informed me that 'Unfortunately at this time, the Global Health Observatory does not include data on suicide'.

Email: Florence Rusciano, Technical Assistant, Health Statistics and Informatics (HSI), and Innovation, Information, Evidence and Research (IIER), 23/01/2012

(Beautrais, 2006; Chen et al., 2012; Gearing and Lizardi, 2009; Khan, 1998; Khan et al., 2008; and Saadat et al., 2004). In India, for example, it is estimated that suicide rates are probably nine times higher than the official suicide statistics have recorded (Chen et al., 2012). Likewise Shooshtary et al. (2008) note that the rate of suicide attempts among Iranian adults is ten times higher than that which is officially reported. It appears that the greatest difficulty is to obtain accurate data on suicide in Islamic countries.

One major contrast is between accounts of the causes of suicide. In an early study Halbwachs (1930:12) noted that 'The idea that all suicide results from mental trouble is still very widespread'. Reports of more recent western research, for example, Williams (2001), show that around 90% of those who commit suicide are suffering from some form of mental illness. Chen et al. (2012) agree that about 90 to 95% of suicide victims in western countries have mental illness. In contrast, the significance of mental illness in suicide is not considered to be so important in many non-western countries, where mental health services are at an early stage or are very rare (Chen et al., 2012) and it does not feature prominently in non-western research. Khan (2002) noted that previous studies from the Indian subcontinent rarely reported mental illness as a motivating factor in suicide. The reason for the lack of focus on mental health factors is that mental health is often socially unacceptable and the stigma of mental illness may prevent access to hospital treatment. Mental health care has not yet become a priority in less developed Asian countries (Chen et al., 2012; Gearing and Lizardi, 2009; Khan, 2002; and Yip, 2008), although mental health services in well-developed Asian countries do provide for groups at high risk of suicide (Chen et al., 2012).

Subsequent literature on gender and suicide in western countries indicates that males more often commit suicide than females, and females have higher rates of suicidal ideation and attempts than males (Abeyasinghe and Gunnell, 2008; Altergott, 1988; Baudelot and Establet, 2008; Beautrais, 2006; Bhugra, 2004; Bosnar et al., 2004; Byard et al., 2004; Canetto, 2008; Chesser, 1967; Chen et al., 2012; Cohen et al., 1996; Cosar et al., 1997; Crighton, 2000; Durkheim, 1952/1897; Firth, 1971; Garrison, 1992; Gearing and Lizardi, 2009; Gelder et al., 2001; Girard, 1993; Giddens, 1971; Halbwachs, 1930; Haim, 1974; Hawton, 2000b; Leenaars, 2006; Lester, 2008; Hawton et al., 2003; Maris, 1992; Maghsoudi et al., 2004; McIntosh, 1992; Moscicki, 1995;

Murphy, 1998; Nobbs et al.,1979; Pollock, 1999; Pritchard, 1995; Rezaie et al., 2011; Saadat et al., 2004; Scourfield et al., 2012; Shiner et al., 2009; Shopshire, 1990; Stack, 2007; Stanistreet, 2002; Stengel, 1977; Vaughan, 1985; Watt, 2001; Weiss, 1971; Williams, 2001; Zarghami and Khalilian, 2002).

The tradition of western studies has dominated research on suicide. As well as focusing on western societies they point to a strong correlation with mental illness and to a higher rate of suicide among males than females. The growing body of literature on suicide in non-western societies reveals that these patterns are far from being universal. There are other patterns and social factors which motivate people to attempt and commit suicide. In order to simplify and highlight the key contrasts in the (research) literature referenced in the previous paragraph, Table 3.1 summarizes suicide phenomena by demographic characteristics, position in the household, social circumstances and cultural factors. The comparisons do not cover all variations but rather suggest some of the main points of contrast in relation to gender identity, life circumstances, and social control between western countries and non-western countries, particularly in the KRI.

Table 3.1: Factors in suicide: key contrasts between western and non-western societies

Theme	Non -Western countries	Western Countries
Causation	Social Problems	Individual psychological factors
Gender	Female	Male
Age range	15 to 23 years old	30 and older
Marital status	Married females	Single
Level of educational attainment	Illiteracy /Low level of education	Educated
Place of residence	Rural settings	Urban settings
Occupation status	Domestic work	Formal employment
Marriage institutions	Traditional marriage	Civil marriage
Household structure	Extended family	Nuclear family; single person
Decision making	Collective decision	Individual/ Independent
Suicide process	Self-Burning	Lethal overdose, Hanging, Jumping
Causes of Suicide	Transgression of family / societal values and norms - Family conflicts including marital conflicts, and conflict with in-laws	Psychological factors such as: -Loneliness -Hopelessness -Mental illness

	- Love affair	
	- Traditional Marriage	
Women's identity	Strong family ties	Individualistic
Life - changing	Resistance to change (static)	Continuous change (dynamic)
Social Control	Traditions, norms, and values	Civil law (legal – rational)

Source: Researcher's own summary of key themes in the research literature

The remainder of this chapter is divided into seven sections which explore in more detail the available research on the above themes, as they relate to female suicide in particular.

Age and Gender

This section presents comparative evidence on the relationship between age range and female suicide. As noted in the previous chapter, Girard (1993) found that, compared with industrialised countries, those with relatively low levels of economic development are 'more likely to have downward-sloping suicide patterns, i.e., suicide rates will be higher at the usual age of marriage (ages 15 to 34) than they are in middle age or old age' (Girard, 1993:558). Othman (2010) made a study of the epidemiology of burn injuries in Sulaimani Province of Iraq (one of the three provinces of the KRI, with a population of 1.7m) between 3rd November 2007 and 2nd November 2008. Data from the only burns centre in Sulaimani showed that:

A total of 2975 patients were recruited (male 52%, female 48%; median age 18 years). The all-age incidence of burns was 389 per 100,000 per year and the highest incidence was in preschool children (1044 per 100,000 per year). The mechanisms of injury included scalds (53%), flame (37%), contact (7%), chemical (1%), electrical (1%) and explosives (1%). Most burns occurred at home (83%; male 68%, female 96%). There were 884 admissions during the year amounting to an admission rate of 40.4 (males 34.6, females 46.2) per 100,000 per year with the highest rate being in preschool children (82.3 per 100,000 per year). Flame injuries accounted for most women admissions (91%) and scalds for most child admissions (84%). The mortality rate was 9.1 (males 2.5, females 15.6) per 100,000 per year (p:III).

Regarding self-harm burns, there were 197 cases of intentional self-harm burns during the year (male 6%, female 94%) amounting to an incidence rate of 8.4 (male 1.2, female 15.5) per 100,000 per year. The median age of patients was 20 years, the median total body surface area (TBSA) burnt was 74%, the median hospital stay was 4 days and in-hospital mortality was 88%. The adjusted odds ratios for the risk factors for self-harm were 13.8 (6.9-27.4) for female sex; 3.9 (2.2-7.0) for young age of 11-18 years; 2.5 (1.2-5.5) for lower levels of education; 2.4 (1.3-4.4) for spring season; and 2.7 (1.4-5.2) for small family size of 1-3 members (p:IV).

These findings indicate that the majority of the burn cases are young females, and they burnt themselves at home. They are consistent with the findings of the current study (see Chapters 5, 7 and 8). However, Othman's research was restricted to Sulaimani Province and cases in the burns centre there. Groohi et al. (2006) also studied suicide by burning among adolescents in the Kurdistan region of Iran. Their results suggest that the suicide-by-burning rate was highest among the 18 to 19 age group.

Elsewhere, Steen and Mayer (2003) studied the patterns of suicide by age and gender in the Indian states and found that the highest suicide rate was among males aged 30 to 44, and females aged 15 to 29. In a similar study, Khan (2002) mentions that in the Indian subcontinent younger people are the most vulnerable group, particularly those between the ages of 20 and 30, where the highest rate of suicide was found. Other researchers have reported that young people under the age of 30 have the highest rate of suicide in Pakistan (Khan, 2002). Ahmed (1983) claimed that, in Pakistan, in 1976 and 1978, out of 44 cases, 55% were women, most of whom were housewives, 70% of whom were under the age of 25, and the majority of whom were married. Steen and Mayer (2003) found that females aged 15 to 29 had the highest suicide rate. Likewise, Abeyasinghe and Gunnell (2008) reported that in Sri Lanka, more than half of the female suicides occurred among those aged 15 to 24. In contrast, western countries have a higher suicide rate of elderly people. Japan the most highly developed Asian country, has one of the highest rates of suicide for the elderly (Takahashi, 2008), followed by South Korea (Park and Lester, 2008) and Hong Kong (Law and Yip, 2008).

Groohi et al.'s (2002) analysis was based on 1089 burn patients in the province of Kurdistan of Iran, and claimed that the female mortality rate was significantly higher than the male rate. Panjeshahin et al. (2001) studied the epidemiology and mortality of burns in the south-west of Iran and reported that in all age groups the female mortality rate was significantly higher than the male rate. Rezaeian (2010) reported that according to numerous recent studies in the Islamic countries of the Middle East, suicide rates are higher among young people, particularly among females. In the year 2000, the peak age range of female suicide was 15 to 29, while for males it was 60 and over. In addition, Maghsoudi et al. (2004) in their study on women victims of self-inflicted burns in Tabriz, Iran, highlighted the fact that, out of 412 cases of attempted

suicide, the average age was 25.5, 99% of self-burning cases were female, and 76.5% were in the 15 to 29 age group.

Moving further east, Chen et al. (2012) reported that the highest rates of suicide for young females were associated with rural areas in China and India. In their report on suicide and social change in China, Philips et al. (1999), pointed out that 15 to 39 year-old females had the highest suicide rate in rural areas in China. He and Lester (1997) reported on the gender differences and found that in the poor nations the suicide peak for men was over 75, and for females was 15 to 24.

The influence of country of birth persists among the migrant populations in western countries. Research carried out by Soni Raleigh (1996) in the United Kingdom, based on country of birth, found a high suicide rate among young Asian women in the 15 to 24 age group, higher than for other ethnic groups (Soni Raleigh, 1996, cited in Chantler et al., 2001:23). In contrast, Khan (2002) observed that in the Indian subcontinent there is a low suicide rate among the elderly.

Among the many interesting variations that these studies reveal, there is a consistent finding that high rates of suicide among young women are not unique to the KRI. They are also common in many other non-western countries. These studies contradict the results of most western studies and suggest that different social factors are likely to be responsible.

Marital Status

The United Nations Children's Fund (UNICEF) has estimated that:

[O]ver 60 million women aged 20-24 were married before the age of 18. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice (Multiple Indicator Cluster Survey-3, 2007:58).

According to the third total survey by the Multiple Indicator Cluster Survey³, Iraq (MICS-3):

Of the 27,186 successfully interviewed women, 15,875 women (58 percent) were currently married, 958 women (4 percent) were formerly married, and 10,353 women (38 percent) were never married. Eighty-seven percent of those women who were ever married gave birth while 13 percent never did (Multiple Indicator Cluster Survey-3, 2007:8).

Similarly, MICS-3 reported that in Iraq about 19% of females were married, and 10% of females aged 15 to 19 were married in the KRI. About 5% of females aged 15 to 49 had married before they reached 15, and 23% of females aged 20 to 49 had married before they turned 18 years of age. Also, in the KRI about 21% of females aged 20 to 24 are married to men who are at least ten years older than their wives. Furthermore, one in four females aged 15 to 19 are married to men who are at least ten years older. Young females who married before the age of 18 usually have more children than those married in later life. Also, early marriage among young females and the age gap between partners are strongly related to females' level of education (Multiple Indicator Cluster Survey-3, 2007).

According to the MICS-3, as in many countries around the world, parents in Iraq encourage their daughters to get married at an early age. The reason for this is for the married couple to gain financial and social benefits from their parents' families, and also to relieve financial burdens on the family. Child marriage has been prohibited in many countries for a number of reasons. Early marriage leads to early pregnancy and social exclusion that subsequently leads to a low level of education. Early marriage has

³ The Iraqi Multi Indicator Cluster Survey (MICS) is a joint survey carried out by the Central Organization for Statistics and Information Technology and Kurdistan Regional Statistics Office, in collaboration with the Ministry of Health and five international development agencies. The survey was conducted as part of the third round of MICS surveys (MICS-3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys in 1995 and 2000. Survey tools are based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. MICS is a large-scale and truly representative survey, with a sample size of 18,144 households randomly selected from all governorates of Iraq, including the Kurdistan Region.

an impact on both males and females, but a greater impact on females (Multiple Indicator Cluster Survey-3, 2007) (see Chapter 7 for further details of underage marriage).

Again, MICS-3 noted that:

Young married girls are a unique, though often invisible group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices (Multiple Indicator Cluster Survey-3, 2007:59).

This section explores the relationship between marital status and female suicide. Previous studies have shown that married persons are more likely to commit suicide than unmarried people in non-western countries. Othman (2010) found that the incidence of self-harm burning among married females is higher than among unmarried females in Sulaimani City in the KRI. Also, Groohi et al. (2006) studied suicide behaviour by burning among adolescents in the Kurdistan region of Iran, and found that approximately half of the females were married and most of them were from rural areas; they had a six times higher burning rate than urban females. In addition, Mofidi et al. (2008), and Shooshtary et al. (2008), showed that the rate of married female attempted suicide is higher than that of unmarried females and attempted suicide is higher among married women than married men among Iranian adults. In their study on women victims of self-inflicted burns in Tabriz, Iran, Maghsoudi et al. (2004), found that, of 412 cases, the overwhelming majority (n=342, 83%) were married people, over an eighth (n=55, 13%) were single, a small minority (n=12, 3%) were engaged, and an even smaller minority (n=3, 0.7%) were widowed. Furthermore, Shooshtary et al. (2008) revealed that the married females' proportion was higher than that of married males in Iran. Thus, it seems that marriage is not a protective factor against suicide.

Ali et al. (1993), and Reza et al. (1993), argued that in Pakistan the majority of people who attempted suicide were under the age of 30 years, with more females than males and with the majority of the females being married. Thus, the results contradicted those of many western studies (Ali et al., 1993; and Reza et al., 1993, cited in Khan, 1998:174). Likewise, Khan (2002) reported that several studies in India and Pakistan

have highlighted an increase in the rate of suicide among married females when compared to unmarried and divorced females. Also, Khan (2002) discovered that, compared to developed countries, the rate of suicide was very much lower among unmarried and divorced females, when compared with married females, in the Indian subcontinent. Similarly, Girdhar et al. (2003) noted that in India, suicide behaviour is highest among married people and higher than in many other Asian countries. Similarly, Vijayakumar (2008) found that in India in 2002, 68% of people who committed suicide were married and 22% were unmarried, while 4% were divorced or separated, and 6% were widows.

The above studies seem to confirm that in non-western countries, suicide rates among married females are generally higher than among unmarried females. Therefore, these findings seem to contradict the majority of western studies. Furthermore, data from minority populations of non-western origin in western countries underlines the significance of social and cultural factors in suicide behaviour.

South Asian Female Suicide in Western Countries

United Kingdom

In 1976, Burke found that crude adjusted attempted suicide rates among Asian immigrants in Birmingham aged 15-64 were as twice as high in females as in males.

Merrill and Owens (1986), in their paper 'The ethnic differences in self-poisoning: a comparison of Asian and white groups', found that of the 196 Asian patients in a Birmingham hospital, 71% (n=139) born in the Indian subcontinent, 26% (n=52) were of Asian origin born in the United Kingdom, and 3% (n=5) were of Asian origin born in East Africa. They found that Asian females were approximately three times more likely to attempt suicide and were much younger than the white group, and the majority of Asian females were married. Asian-born females reported marital problems significantly more often and many of these problems were due to cultural conflicts, either conflicts over traditional customs or racial prejudice.

Bhugra et al. (1999) studied South Asian women who had attempted self-harm in 1999. They found that South Asian women attempted self-harm twice as frequently as white women in the United Kingdom.

Again, Bhugra et al. (1999) observed that:

Asian attempters were more likely to have no psychiatric disorder, were less likely to have used alcohol as part of the suicide attempt and were more likely to have been assaulted physically or verbally. The methods of attempted suicide for each group were broadly similar but Asians took fewer tablets (Bhugra and Desai, 2002:4 cited in Bhugra et al., 1999).

From the above research we can note that South Asian women who had attempted suicide did not generally have psychiatric problems, but they did have social problems such as forced marriage, marital problems, family conflict, domestic violence, and cultural conflicts. The findings are similar to previous studies of Asian females.

In addition, according to the National Service Framework for Mental Health (NSF) 'among women living in England, those born in India and East Africa have a 40% higher suicide rate than those born in England and Wales' (Chantler et al., 2001:23). Similarly, Williams (2001) reported that in the United Kingdom, the suicide rate among Asian females is approximately twice as high when compared to other females of the same age. The study did not suggest a reason but it may be due to clash of cultures.

Chantler et al. (2001) researched attempted suicide and self-harm in relation to South Asian women in the United Kingdom, and they found that:

Each of the women had some kind of personal experience of either attempted suicide or self-harm. They felt they did not have anywhere to turn, anyone to listen to them, anyone to love them and see them as individuals outside of being an Asian woman, both within and outside the community. This provides further evidence of the links between domestic violence and attempted suicide and self harm as also articulated in the survivor accounts (p:116-117).

Again, Chantler et al. (2001) found that in the UK, marriage is not a protective factor against attempting suicide and self-harm. They added that marriage for many young females is one of the sources of stress. The majority of the females become victims of domestic violence from their husbands, in-laws, and other family members.

Furthermore, the main problem faced by South Asian women in England is that they live in two different cultures, causing cultural clashes (Chantler et al., 2001).

Canada

Papp (2011) studied suicide among young women of South Asian origin in Canada, and she found that young South Asian women have the highest suicide rate and rates of other acts of self-harm compared with South Asian men and white women. She observed that some of the major contributing factors that cause young females to harm themselves are associated with family and cultural conflicts. Several precipitating factors are forced marriage, marital problems, restrictions, low self-esteem, and gender-control issues. Other contributing factors are related to the cultural tradition of dowry, and conflict between the daughter-in-law's and husband's family (Papp, 2011).

Also, Papp (2011) examines numerous studies that exhibit the following trends in relation to suicide among young South Asian women:

1. Suicide and suicide attempts are highest among young South Asian women between the ages of 15 and 19 years old;
2. Suicide and suicide attempts among young South Asian women aged 16 to 19 years were 17 times higher than those of South Asian men;
3. A 1990 report suggested that the highest rates of suicide were among young South Asian women living in Britain, especially among those who were newly married;
4. When compared to women of the same age from the general population, South Asian women aged 15 to 24 had a suicide rate that was 80 percent higher (p:8).

It maybe deduced from the above studies that the majority of South Asian females' attempts at suicide and self-harm are a cry for help rather than a complete suicide act. Also, the social factors that motivate Southern Asian females to attempt suicide, commit suicide, and self-harm, are related to cultural conflict, marital problems, family conflict, having no one to turn to, having no place to protect them and above all having no one to listen to them within or outside their families and communities. Comparatively, female roles and rights in non-western countries are more limited than in western countries. This suggests that the rates of female suicide attempts and committals in non-western countries are associated with socio-cultural factors rather than psychological issues.

In addition, married females in non-western countries, and married South Asian women in the United Kingdom and Canada, form the majority of those who attempt and commit suicide, more than single or widowed females. These trends are the exact opposite of those reported within western societies, where marriage ‘protects’ people from suicide behaviour (Durkheim, 1952/1897; Halbwachs, 1930; Murphy and Robins, 1967; Pritchard, 1995; and Rezaeian, 2010). Marriage does not afford the same kind of protection in non-western countries (Canetto, 2008; Chao et al., 2008; Chia, 1983; Shooshtary et al., 2008, and Vijayakumar, 2008). The question raised here is ‘Why, in non-western countries, do young and married females attempt and commit suicide more than older and single females?’

Education

This section aims to shed light on the relationship between levels of educational attainment and female suicide. Othman (2010) found that the majority of the intentional self-harm burning victims did not have higher education. Of the 522 patients in Sulaimani Province in the KRI, only 29 (6%) had higher education.

Recent figures issued by the Iraqi Ministry of Education reported that there are six million illiterate people in Iraq (Kurdiu, 2012). In a survey of 18,144 households in Iraq and the KRI in 2007, the Multiple Indicator Cluster Survey third round (MICS-3) found that two-thirds of females aged 15 to 24 were able to read and write. However, fewer than half the females in rural areas were literate, while in the cities, the figures were 72% in urban areas and 80% in metropolitan areas⁴ (Multiple Indicator Cluster Survey-3, 2007).

Again, MICS-3 found that:

About 40 percent of female respondents 15-49 years of age live in metropolitan areas and 27 percent live in other urban areas, while about one third of all women live in rural areas (34 percent).

The Iraq MICS-3 sampled all women of reproductive age. The majority (59 percent) of all women are aged 15-29 years compared to only 15 percent in the oldest age groups, 40-49 years.

⁴ “Metropolitan area domain” represents the governorate city centre and “other urban area domain” represents the urban area outside the governorate city centre.

To assess their education, women were asked about the highest level of school they reached. About 18 percent of all women never attended any form of education. The majority (42 percent) of all women have primary education and 39 percent have secondary education. Less than one percent of women have non-standard curriculum education which includes religious schools, such as Quranic schools, which do not teach a full standard school curriculum (Multiple Indicator Cluster Survey-3, 2007:8).

In addition, Mofidi et al. (2008) carried out a study on people's attitudes towards suicide among Kurdish people in Iran, and found that individuals with a low level of educational attainment have higher scores on the factor 'general acceptance of suicide' (p:295). In addition, Girdhar et al. (2003:393) demonstrate that 'suicide decreases with increased education'. Panjeshahin et al. (2001) investigate the differential levels of education between female and male burn incidences in the south west of Iran. The study found that 'burn incidence rates for females with illiteracy, primary and secondary school levels were significantly higher than males' (p:222). These results supported the Maghsoudi et al. (2004) study which indicates that of 412 burn victims, 43.4% were illiterate, 14.3% had primary school certificates, 27.4% had secondary school certificates, and 14.1% had high school certificates, while only a small minority (0.73%) had a university graduate qualification.

Thus, drawing conclusions from these studies, one may affirm that high rates of illiteracy and low levels of educational qualification are characteristic of females who attempt or commit suicide, while in comparison such females have higher qualifications in most Asian countries. These results, however, contradict many western studies which have found educated people to be more likely to commit suicide than uneducated people (Altergott, 1988; and Durkheim, 1952/1897).

Economic Conditions and Unemployment

Durkheim (1952/ 1897:241) stated that:

It is a well-known fact that economic crises have an aggravating effect on the suicidal tendency.

This section intends to highlight the relationship between economic conditions, unemployment, and female suicide. Chen et al. (2010) studied suicide and the unemployment rate in Taiwan. A population-based study, conducted from 1978 to

2006, suggests that increasing unemployment may be associated with an increase in the suicide rate. Additionally, in Taiwan, in the early 1990s, the dramatic change in the macro-economic climate played a significant role and had a long-term impact on suicide (Chen et al., 2010). A study carried out by Chen et al. (2010) showed that the differences between western countries and Taiwan in the high-risk age groups studied may be due to the differences in financial support provided by the social systems and the social expectations placed on the young men in these cultures. In Taiwan, for example, it is socially acceptable for young people to get financial support from their parents until they establish their own careers.

Beautrais (2006) mentions that in Japan a recent increase in the suicide rate has been related to an increase in unemployment, and both have been associated with the Asian economic recession. In Japan, in 2004, almost 70% of suicides were middle-aged males, the majority of whom had suffered from the economic downturn. Also, many of the suicide cases mentioned in their suicide notes that a financial problem was the main reason for them to commit suicide.

In addition, Chen et al. (2012) found that financial problems are more closely related to the suicide rate in Asian countries than in western countries. Also, in Hong Kong, a study of unemployment established that a lack, or absence, of hope and social support were the two significant protective factors for committing suicide. Some research in Asian countries including Korea, Japan, Hong Kong, and Thailand reported an increase in suicide rates during and after the Asian economic crises in 1997 (Chen et al., 2012). Furthermore, Kok (1988) states that several studies explored the relationship between socio-economic status and attempted suicide.

Stack (2007) reported that in London the unemployed suicide rate is 73.4/100,000, five times higher than among the overall population. Similarly, Yamasaki et al. (2005, cited in Chen et al., 2010) found that in Japan unemployment was one of the major causes of an increased suicide rate among middle-age men in the 1980s. Also, Pollock (1999) reported that the suicide rate increases with economic crises and decreases with economic stability.

Given the above facts, one could argue that there is a positive relationship between unemployment and suicide behaviour, and also between economic conditions and the rate of suicide. However, if we look at the studies of non-western countries and the KRI, it is clear that the majority of females are not economically active, and are housewives. According to Asian culture and tradition the female stays at home to look after children and do domestic housework, while the man works, earns money and maintains the family economically. Economic conditions are unlikely to be a significant factor in high rates of female suicide.

Social Class and Occupation

This section highlights the relationship between social class, occupational status and female suicide. A study conducted in Sulaimani City in the KRI showed the household characteristics of each case of intentional self-harm burning compared to the characteristics of a control group of similar size. Of the 246 patients, the vast majority (n=194, 79%) were mothers and housewives, and only a very small minority (3 patients) were working in the private sector. In the control group, 76% were housewives and a very small minority (one patient's mother) were working in the private sector (Othman, 2010).

In a recent survey conducted by UN-HABITAT (2001) on settlements and households in the Kurdistan region of Iraq, significant differences can be seen between the working conditions of men and women. The productive population is those people aged 16 and over who have or are seeking a job, and they represent about 85% of adult males and 15% of adult females. However, this disparity may be connected to Iraqi culture and tradition, where the role of women is clearly defined, and circumscribed to some specified activities. In a typical household the man works, earns money and maintains the family, whereas the woman stays at home, carries out domestic jobs and brings up the children. This is one of the reasons why there are significantly lower numbers of women who go to work or seek a job. The UN-HABITAT (2001) survey revealed that about 76.8% of all women interviewed declared themselves to be housewives and only 6.2% to be jobless (against 18.2% of men).

However, the result revealed contrasts which aroused curiosity at the governorate level. In the governorate of Dohuk, for example, 85.7% of women interviewed declared themselves to be housewives and only 0.2% were jobless. Similarly, in the governorate of Erbil, about 82.5% of respondents declared themselves to be housewives and 1.2% were jobless. In the governorate of Sulaimani, however, only about 64.9% were housewives, while as many as 14.3% were jobless. In the Darbandikhan area, 75.5% were housewives and about 10.8% were jobless. In the governorate of Sulaimani and in the Darbandikhan areas, the labour market is more open to women, and is probably less tied to the traditions, so women can enjoy opportunities that are to a certain extent denied to women in the other two areas studied. In the Dohuk and Erbil regions, the majority of women who do not work consider themselves to be housewives, but in Sulaimani and Darbandikhan provinces, housewives often consider themselves to be unemployed and do not regard the role of a housewife as a profession that can earn money (UN-HABITAT, 2001).

A study which reported on suicide by burning among adolescents in the Kurdistan region of Iran, found that the majority of females entitled to work (78%) were housewives without independent income, while 13.9% were students (Groohi et al., 2006). Furthermore, Panjeshhahin et al. (2001:222) showed that most females were housewives with a low level of literacy (illiterate and primary school), and these people often work in kitchens and are often in contact with flammable items while cooking. Also, Maghsoudi et al. (2004), in their study on women victims of self-inflicted burns in Tabriz, Iran, found that out of 412 cases the largest proportion of the research cases (97.1%) were housekeepers, 1.7% were carpet weavers, and 0.97% were general workers, while a small minority (0.24%) were hairdressers.

Regarding social class, western literature shows that the risk of suicide is higher amongst professionals (Social Class I) and unskilled workers (Class V) than in the remaining social classes. Also, changes in economic circumstances in society have more effect on unskilled persons (Gelder et al., 2001; Pollock, 1999; and Williams, 2001). These findings contradict many non-western studies, which have found that the majority of suicide cases are housewives, middle class but without independent income, illiterate and having a low level of education. Arising from the preceding discussion it would appear that there is a significant positive correlation between low

levels of participation in the labour market, low levels of literacy and education, and the rate of female suicide.

Life Stress (Family Relationships)

This section explores the relationship between life stress and female suicide. Studies have shown that acute life stresses may play a more significant role in successful suicides in many Asian countries than in western countries, specifically for those who do not have diagnosed psychiatric disorders (Beautrais, 2006; and Chen et al., 2012). In addition, Beautrais (2006) observed that in Asia, those who commit suicide and do not have any kind of mental illness tend to have had acutely negative life experiences and stresses. Stressful life events such as relationships, marital, and family problems, are all factors which contribute to suicide attempts in western societies as well. The specific life stresses of young rural females, such as early marriage and motherhood, domestic violence, low social status, economic dependence and lack of personal autonomy, possibly motivate a person to attempt or to commit suicide (Beautrais, 2006). It is noteworthy that in Iraqi culture, the beating of wives by their husbands is an acceptable way of marital life. About 59% of Iraqi females believed that a husband is justified in beating his wife (Multiple Indicator Cluster Survey-3, 2007). In addition, significant numbers of females were detained in police custody or sentenced to imprisonment terms for crimes related to threats of gender-based violence. The link between having suffered forced marriage, rape, sex trafficking and other forms of gender-based violence and criminal allegations is frequently ignored and disregarded by police, investigators, prosecutors and judges in the criminal justice system (Minwalla, 2011).

Chen et al. (2012) suggested that acute life stresses including family conflicts are a significant major factor for suicide behaviour among Asian women, whereas gambling, job loss, and work associated factors are a key motivation for men.

Judging from the above positions, it appears that females in non-western countries face more life stresses than those in western countries, and acute life stresses have an extreme impact upon females in non-western countries, leading them to attempt and commit suicide. Life stresses include marital and family conflicts, early marriage,

domestic violence, low social status, economic dependence and lack of freedom. These acute life stresses on females in non-western countries and societies are also found in the KRI. This research found the same factors to be the key motivators causing Kurdish females to attempt and commit suicide.

Suicide Patterns in Muslim Countries

This section explores suicide behaviour and the trends in several Islamic countries. In Chapter 1 suicidal behaviour, its trends, and how it is perceived in Islamic communities, were explored and discussed. Lester's (2006) study on suicide and Islam was employed to provide a comprehensive review of attempted and completed suicide in many Islamic societies. Also, similar studies conducted by others were integrated in Lester's study. Table 3.2 demonstrates Lester's findings on eleven Islamic countries' patterns of suicide.

Table 3.2: Study type and main outcomes of studies exploring attempted and committed suicide in some non-western countries

Countries	Author(s) and Year of study	Type of suicide	Study Type and Sample	Main outcomes
Turkey	Goren, Gurkan, Tirasci et al. (2003)	Completed suicide	Studied 56 suicides under the age of 19 in one province in Turkey.	The modal suicide was 18 years old, female, using firearms at home in response to family conflict.
	Sayil, Berksun, Palabiyikoglu et al. (1998)	Attempted suicide	Rates of attempted suicide in Ankara of 107 in 1990 and 113 in 1995	The modal attempter was female, 15–24 years of age, unemployed, single, taking an overdose, precipitated by conflicts with the partner or the family.
	Sayil and Devrimci-Ozguven (2002)	Attempted suicide	Studied the attempted suicides in a region of Ankara and calculated rates of 57.9 based on the population over the age of 15.	The rate was 31.9 for men and 85.6 for women. The male rate peaked for men aged 45–54, whereas the female rate peaked for women aged 15–24. Self-poisoning was the most common method for men and women.
Pakistan	Ahmed (1983)	Completed suicide	Reported on suicides in Jinnah in 1976–1978.	The modal suicide was female, married, aged 15–24, using insecticides and experiencing family problems.
	Ahmed (1983)	Attempted suicide	Reported attempted suicide in Jinnah in 1976–1978	The model was female, single, aged 15–24, experiencing family problems (followed closely by unhappy love affairs), and using tablets (closely followed by insecticides).
	Khan and Reza (1996, 1998; Khan, Islam & Kundi 1996)	Attempted suicide	Studied 447 attempted suicides admitted to a hospital in Karachi.	The modal attempter was 16–29 years old, female, with 12 or more years of education, who used self-poisoning (especially Benzodiazepines), after family conflicts, and diagnosed as having an acute situational stress reaction. The female attempters were younger, more often married and less often single; less educated, and had experienced more in-law conflicts and fewer boy /girlfriend conflicts than the male attempters.
Jordan	Daradkeh (1989)	Completed suicide	Studied suicide in Jordan for the period 1980–1985.	The mean suicide rate was 2.1 – 2.5 for men and 1.6 for women. The rates peaked in men aged 25–24 (3.7) and women aged 15–24 (3.4). The male and female suicides did not differ significantly in age (31 and 28, respectively). The modal male suicide was single and an unskilled labourer. The modal female suicide was married and a student.

	Barhoum (1983)	Attempted suicide	-----	Found an attempted suicide rate in Jordan for 1968–1981 of about 7.1. The modal attempter was female, aged 10–19, single, using poisons, in an urban region and responding to family and marital disputes.
	Daradkeh (1988)	Attempted suicide	Identified all treated attempted suicides in Jordan for 1980– 1985.	The rate was 11.3 in 1980, rising to 19.4 in 1985. The modal attempter was female, aged 18–27, and a single student, using ingestion, after a family dispute.
	Saadeh, Ammari, Zaidan et al. (1995)	Attempted suicide	Studied all attempted suicides by solids/ liquids in one hospital in North Jordan throughout a four-year period	The modal: 709 cases were admitted, and 647 medical records reviewed. These accounted for 8% of all admissions, and produced an annual rate of 127. Among adolescents (15–19 years old) the rate was 416. The modal attempter was female, aged 15–19, a student, and single. The most common substance used was Paracetamol, but household products (such as bleach, kerosene and pesticides) were also common.
Sudan	Abdel-Hafeiz and Nadim (1978)	Attempted suicide	Attempted suicide in Khartoum Province in 1971–1975.	The age of cases was 10–29 years, unemployed, and burning was used.
Bangladesh	Hadi (2005)	Completed suicide	-----	Found a higher suicide rate for women in a rural region of Bangladesh (where the population was 88% Muslim) than for men (8.9 versus 4.2).
	Yusuf, Akhter, Rahman et al. (2000)	Completed suicide	Tracked down all deaths in 1996 and 1997 among women aged 10–50.	Identified 3317 completed suicides. The unadjusted suicide rate was 8.8 per 100,000 per year with rates ranging in the six regions from 3.5 to 27.0. The suicide rate was higher for married women in all age groups.
Bahrain	Metery, Matar, Hamadeh et al. (1986)	Attempted suicide	Identified every attempted suicide in Bahrain in 1981	The authors calculated a rate of 40.2 per 100,000 per year. The modal attempter was female, unmarried, aged 15–19, making a first attempt with drugs, especially Benzodiazepines.
	Al-Ansari, Hamadah, Matar, et al., (1997)	Attempted suicide	Studied 67 youths aged 15–24 attempting suicide by overdose.	The modal attempter in this group was female, single, Bahraini, a student, from the lower classes and using Paracetamol.
Saudi Arabia	Daradkeh and Al-Zayer (1988)	Attempted suicide	Studied Saudi employees and dependents of the Arabian-American Oil Company	The modal attempted suicide was female, with a mean age of 24 years, married, and a housewife. The attempt was unplanned, and was due to

			in 1986.	marital or parental conflict, using non-opiate analgesics. The most common psychiatric diagnosis was acute reaction to stress, and there was rarely a history of prior attempts.
	'Al-Shlash, Warnasuriya, Al-Shareef et al. (1996)	Attempted suicide	-----	Reported that 3.7% of burn patients seen at a hospital in Saudi Arabia were suicidal. Suicidal patients were more likely to die than accidental cases (31% versus 6%). The suicidal patients were almost all females.
	Mahgoub, Al-Freihi, Al-Mohaya et al. (1990)	Attempted suicide	Reported on 15 Arab and 16 Asian attempted suicides in one province of Saudi Arabia.	The majority of attempters were young (under the age of 25) and reacting to interpersonal conflicts. The use of drugs and poisons was especially common among the female attempters, with males using more violent methods (such as jumping and stabbing). Mahgoub noted that, since attempted suicide is a crime in Saudi Arabia and since immigrants can be deported for attempting suicide, many attempted suicides may avoid medical facilities.
Syria	Al-Hakim (1983)	completed and attempted suicide	Reported between 1969-1972	The average rate was 4.9–3.3 for Syrians and more for other nationalities (for example, 10 for Palestinians). The modal attempter was female, aged 15–24, living in an urban area and using solids/liquids.
Kuwait	Ezzat (1983)	Attempted suicide	Studied attempted suicide in 1978 and 1981.	The modal attempter was female, aged 15–19, using analgesics and responding to adversity/stress. In 1981, the rate for Kuwaitis was 12.5 and for non-Kuwaitis 10.3. Among the non-Kuwaitis, the most common country of origin was Egypt (whose emigrants had the highest rate- 42.9), followed by Palestinians and Indians.
	Fido and Al-Mughaiseeb (1988)	Attempted suicide	Reported on 90 attempted suicides that were referred for psychiatric consultations.	The modal patient was female, aged 16–25 years, with an adjustment disorder, and overdosing (most commonly with Paracetamol).
	Suleiman et al. (1986, 1989)	Attempted suicides	-	The modal was female, under the age of 30, using self-poisoning, reacting to family arguments, and a non-Kuwaiti Arab.

	Emara, Abdella, Saadah et al. (1988)	Attempted suicides	Reported on 227 attempted suicides by overdose and calculated rates for the population aged 15–50 of 95 for Kuwaitis, 47 for non-Kuwaitis	Found 81 for females and 24 for males. The modal attempter was female, non-Kuwaiti, aged 20–25, and using just one drug, most commonly acetaminophen’.
Iran	‘Farzam (1983)	Attempted suicide	Looked at 8,928 attempted suicides by poisons in Tehran in 1970–1972.	The modal attempter was female, aged 15–19, with family problems, most often using opium for the attempt (followed by insecticides). Single and married individuals were equally represented. Estimates of the rate of attempting suicide were 146 in 1970, 87 in 1971 and 96 in 1972.
	Gharagozlu-Hamadani (1972)	Attempted suicide	-----	Reported that the modal suicide attempter in Shiraz was female, single, aged 20–29, with a high school education, a student, diagnosed with a depressive reaction, using poison (most commonly opium), after a quarrel with a family member or employer.
Muscat & Oman	Zaidan, Burke, Dorvio et al. (2002)	Attempted suicide	Examined people coming to urban hospitals in Oman with deliberate self-poisoning.	The modal patient was Omani, female, single, aged 20 to 30 years, using non-steroid analgesics (especially Paracetamol), responding to family conflict and, for the Omanis, a student. The rate of deliberate self-poisoning for Omanis rose from 1.9 per 100,000 per year in 1993 to 12.8 in 1998. Zaidan and associates speculated that this dramatic increase was a result of the cultural stress due to rapid modernization following the increase in oil revenues. There have been cultural changes; including a switch to a class system based on wealth (rather than tribal identification), a growth in individualism, a switch from dependence on the extended family to the nuclear family, high unemployment (especially among youth), and urban drift.

Source: Derived from Lester (2006).

From the results of these studies, it can be concluded that in most Muslim countries, females attempt and commit suicide more often than males, and married women more than unmarried women. Also, the majority were young, housewives, not employed, illiterate or with a low level of education, and their suicides were unplanned and a reaction to marital and family problems. The causes seem to be related to infringements of individual rights, and the role of the female in Islamic cultures which may cause them to attempt or commit suicide. In addition, low social status has a causal effect on suicide rates among Asian females, particularly those involved in abusive family relationships (Chen et al., 2012).

The review indicates that in some countries such as Saudi Arabia and Pakistan attempted suicide and committed suicide remain criminal offences because of their culture and legal systems. Consequently, many of the suicide cases are recorded as accidents rather than as an act of suicide. Similarly, in Pakistan, attempted suicide and committed suicide is a criminal offence punishable with a heavy financial penalty and a jail term (Ahmed, 1983; Gearing and Lizardi, 2009; Khan, 1998; Khan, 2002; and Khan et al., 2008). Similarly, Ezzat (1983) observes that suicide is a crime in Kuwait and in most Arab countries. Likewise, in Singapore (Chia, 1983) Sri Lanka (Dissanayake and De Silva, 1983) and India (Rao, 1983; and Vijayakumar, 2008), attempted suicide is considered to be a crime.

Conclusion

From the above discussion, one may conclude that in non-western countries, the majority of female suicide cases are among the young, and specifically aged between 15 and 30 years, which is not unique to the KRI. In non-western societies, females have a higher rate of suicide than males, and married females a higher rate than unmarried females. Also, the majority of suicides are housewives, illiterate or with a low level of education. Most significantly, they attempt or commit suicide without planning. In other words, suicide acts are mainly carried out without notice and are carried out in reaction to social problems. Besides, suicide behaviour is considered to be a crime in some non-western countries such as Pakistan, Kuwait and Saudi Arabia.

In addition, it has been established that high rates of female suicide in non-western societies are associated with social-cultural factors including religious culture, rather than psychological factors. This raises the question as to what the drivers behind suicide behaviour in non-western countries are. Is suicide behaviour social, psychological or a combination of both factors? Above all, is suicide behaviour driven by external or internal motives or pressure?

Even though economic challenges impact males more than females the majority of female suicides are from middle or low classes. This is quite the opposite of western societies in which suicides are usually from among professional people. Furthermore, in non-western countries, women face more acute life stresses than men, such as marital and family conflicts, early and forced marriage, domestic violence, low social-economic status and lack of freedom. All these factors have an impact upon females' attempted and committed suicide. Interestingly, these findings, to some extent, appear to be the same in terms of shedding light on the causes of female attempts and committed suicide in the KRI. Also, findings in this Chapter shed light on many of the research questions which will be addressed in subsequent Chapters 5, 6, 7, and 8.

Chapter Four

Research Design and Methods

This chapter presents the stages of the research process: the main research questions, the research design, access issues, the data collection instruments, research ethics, and the experience of fieldwork⁵. The research described in the two previous chapters indicates that social-cultural factors are likely to have an important influence on the rate of female suicide and attempted suicide in the KRI. The aim of this study is to understand the reasons why young females in particular attempt and commit suicide in the KRI.

The main research question therefore asks: what are the relationships between social factors and female suicide? Further questions reflect the known social and cultural characteristics of the KRI:

What is the relationship between traditional marriage and female suicide?

What is the connection between household relationships and female suicide?

What influence do social isolation and exclusion have on female suicide?

What is the relationship between media representations and female suicide?

What is the significance of religious belief in relation to female suicide?

What is the relationship between Kurdish culture and self-burning in the KRI?

⁵ I started my PhD research on 1st April 2009. My original topic was ‘The Role of the Social Agencies in providing Care for Older People’ under the supervision of Professor Stephen Hester. After two months focusing on literature review, I decided to change my research topic to ‘Female suicide and attempted suicide in the Kurdistan Region of Iraq’ because of its importance and urgency as a social problem. Following Professor Hester’s retirement I was supervised by Professor Howard Davis.

The study is based on a mixed methods approach, using a simultaneous design. This choice was triggered by the need to employ both quantitative and qualitative data and to include both types of data collection tools and analysis in a single study (Blaikie, 2010; Creswell, 2003; Morse and Niehaus, 2009; Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009). Tashakkori and Teddlie (2003) defined mixed methods as ‘a type of research design in which QUAL and QUAN approaches are used in the type of questions, research methods, data collection and analysis procedures, and/or inferences’ (Tashakkori and Teddlie, 2003:711). The reason for choosing mixed methods is to capture and gain a clear picture of female suicide in the KRI and to confirm findings from different data sources (Creswell, 2003). Teddlie and Tashakkori (2009:12) stated that ‘The mixed methods approach was used to explain such apparent discrepancies between the QUAN and QUAL results’.

The study uses concurrent transformative models, as a research framework which uses a specific theoretical perspective, and shares features of either a triangulation or a nested approach (Creswell, 2003). The concurrent triangulation approach generally uses separate methods, and normally integrates the findings of the two methods during the interpretation phase. The nested approach focuses on collected data simultaneously throughout both quantitative and qualitative methods. In addition, this method addresses ‘a different question than the dominant method or seeks information from different levels... a concurrent nested model may be employed when a researcher chooses to utilize different methods to study different groups or levels’ (Creswell, 2003:218). In a concurrent nested strategy, the scholar can gain perspectives from the different types of data. The current research uses a variety of sources for data collection including a research questionnaire, suicide notes (as reported by respondents), interviews and media sources. This allows the investigation of accounts of female (attempted) suicide, on the one hand, and comparison of different data, on the other (Teddlie and Tashakkori, 2009).

Initially, permission was sought for the research from three official departments and agencies which are directly concerned with the research participants, as follows:

- 1- Ministry of Interior, General Directorate for Monitoring Violence against Women.
- 2- Ministry of Health, Emergency Management Centre in Erbil (Hawler), the Burns and Plastic Surgery Emergency Hospital in Sulaimani, and the Burns and Plastic Surgery Hospital in Dohuk.
- 3- The Residency of Appellate Court Erbil/ Kurdistan Region, Iraq.

However, it became apparent that the information obtained from these sources was not based on reliable or accurate data. It is not even certain whether female suicide has increased in the KRI in recent years. This problem appears to be related to government policy on information and it seems that this is part of a global problem, particularly acute in developing nations as discussed in Chapter 3.

Although data was collected from the available official records, it was not integrated into this research because the hospital authorities explained that they did not have the right to decide whether an incident is a suicide, homicide or casual accident. When access was sought to the Judicial Council suicide statistics, it was denied on the grounds of non-disclosure of patients' confidential information. Surprisingly, despite persistent approaches, the Head of the Judicial Council refused to give this researcher an interview. This refusal appeared to be primarily guided by the government's policy of non-disclosure of official information to the public.

Data Collection

The data collection tools were developed and approved in consultation with supervisors, checked by colleagues, and all corrections were reflected in the final version. Thereafter, the research questionnaire and the semi-structured interview schedules were translated from English to Kurdish language, and the researcher was advised to send the developed data collection tools for expert proofreading to:

- 1- Assistant Professor Salam Nawkosh, English Language Department, College of Basic Education, University of Salahaddin- Hawler, Iraq.
- 2- Marwan Tofiq, Master in Translation study, Cardiff University- United Kingdom.

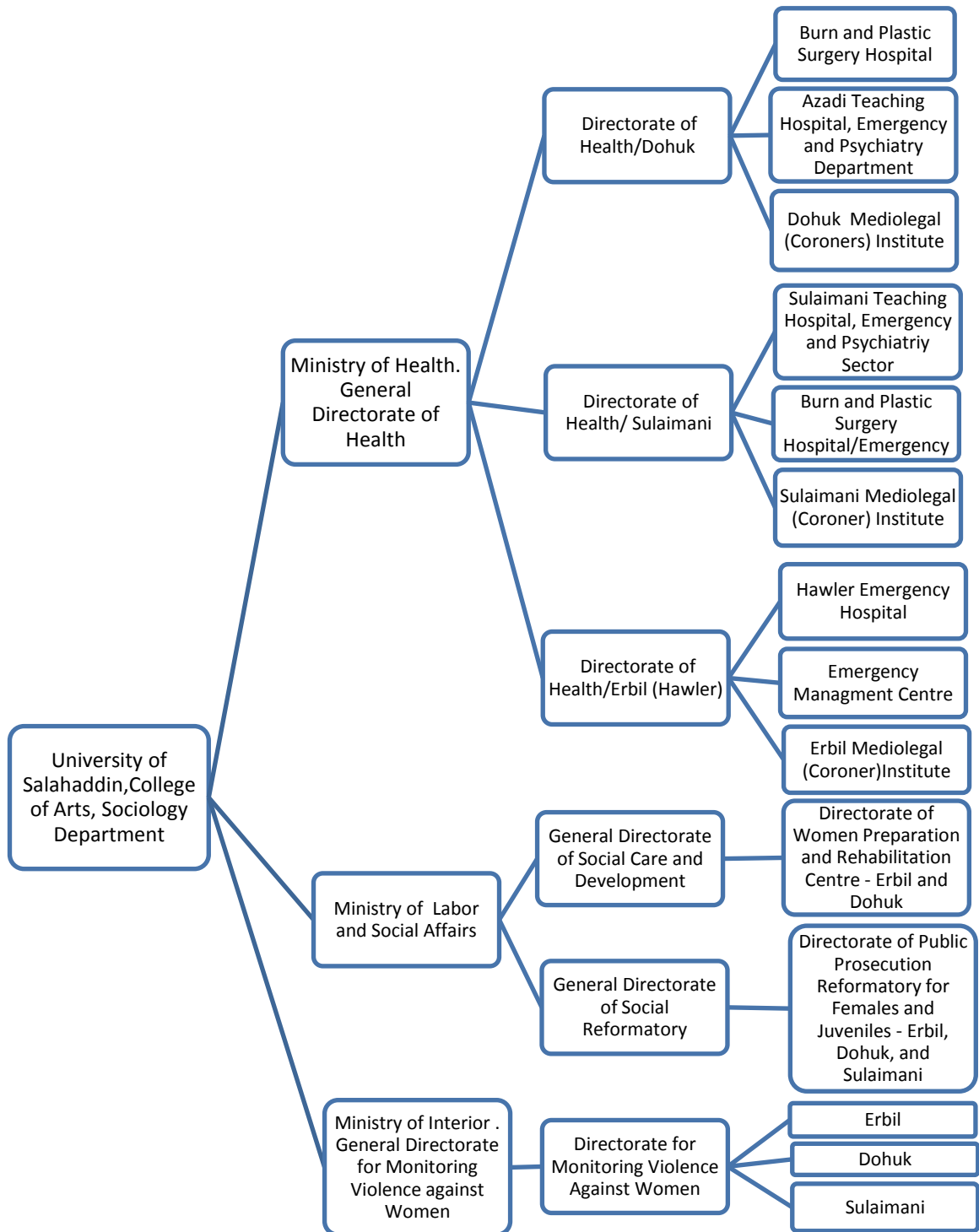
All formalities concerning ethical approval were completed prior to the fieldwork phase according to the procedures of the Ethics Committee of the College of Business, Social Sciences and Law, at Bangor University. A consent form was prepared which participants were asked to complete before they participated (see Appendix 7.1).

The data for the study were collected in three cities: Erbil (Hawler), Dohuk, and Sulaimani, between 2nd June and the 12th September 2010. Individual questionnaires were administered to victims of attempted suicide at different agencies. The researcher conducted face-to-face meetings with the participants, who were informed of their right to stop the interview or not answer particular questions if they did not want to respond.

Negotiating Access

Having obtained verbal permission from the authorities, I used a supporting letter from my PhD supervisor (see Appendix 3.1) to help me to gain access to all governmental and non-governmental institutions for my fieldwork. Most of the government institutions also required an official letter from the relevant authorities in the Kurdistan Regional Government of Iraq (see Appendix 4.1). Since I was a lecturer in the Sociology Department, College of Arts, University of Salahaddin-Hawler, I contacted the Dean of the College of Arts and obtained an official letter from the Head of Sociology Department, as well as a letter of support from the Dean of the College for my research fieldwork (see Appendix 5.1). This was essential in order to gain access to all the participants in the governmental and non-governmental institutions via their institutional gatekeepers – both the women who had attempted suicide and members of the groups of clerics, coroners, journalists and the Directorate for Monitoring Violence against Women. The process of getting access via letter from different sources is shown in the following flowchart:

Figure 4.1: Access flowchart



Upon receiving official access in June 2010, I began the fieldwork.

Working in the Field

As previously mentioned, I carried out the fieldwork in the Kurdistan Region of Iraq, in the three cities of Erbil (Hawler), Dohuk, and Sulaimani. My base during the fieldwork was Hawler, my home city. When I collected data in the other two cities, Dohuk and Sulaimani, I stayed at a hotel selected because it was close enough to my data collection points. During my stay, I asked the manager not to clean my room until I had left, in order to minimise any threat to the anonymity and confidentiality of my sensitive data. I had a rule to always lock my suitcase containing my research papers and to use password protection on my computers, whether at home or on my travels.

Before I began my fieldwork in the three cities I had access approval from the institutional contact person, and maintained contact with them by mobile phone using the contact number obtained at my first meeting. I would ask whether there were new inpatients or outpatients returning for treatment or medication or visiting the Psychiatry Department for consultation. In this process, I regularly visited the institutions in Dohuk and Sulaimani to check if any new cases were available for my fieldwork. When working away from home I would usually carry out data collection tasks from 9 am to 6 pm. In Erbil (Hawler) I would leave home early morning around 5 or 6 am, and return at around 4 or 5 pm.

The data collection began with media sources:

A. Media Sources

I collected 322 female suicide reports from eight local Kurdish Newspapers in the KRI, as follows:

- Hawlati Newspaper. A local Newspaper from Sulaimani city. <http://www.hawlati.info/>
- Awena Newspaper. A local Newspaper from Sulaimani city. <http://www.awene.com>
- Kurdiu Newspaper. A local Newspaper from Erbil city. <http://www.kurdiu.org/>

- Peyamner Newspaper. A local Newspaper from Erbil city. <http://www.peyamner.com/>
- Hawler Newspaper. . A local Newspaper from Erbil city. <http://www.hawler.in/>
- Rudaw Newspaper. A local Newspaper from Erbil city. <http://www.rudaw.net>
- Media Newspaper. A local Newspaper from Erbil city. <http://www.yndk.com/>
- Rewan Newspaper. A local Newspaper from Sulaimani city. www.rewan.org

Full details of the media sources are provided in Chapter 5.

B. Victim Questionnaire

The research questionnaire (see Appendix 1.1) was designed in accordance with my key questions concerning the role of social factors in female suicide and attempted suicide. This is obviously a sensitive topic for the individuals, their families (who are usually very conservative) and the authorities, and collecting data is not easy. In these circumstances it would be very difficult to use a discursive type of interview method, for example a face-to-face qualitative interview using a recorder. I therefore adopted a mainly quantitative method based on a structured questionnaire delivered in a face-to-face setting. The questionnaire starts with short questions, both easy to understand and to answer. Before I began the fieldwork, I discussed my research questionnaire with a number of lecturers at the Sociology Department, College of Arts, University of Salahaddin–Hawler and their feedback is reflected in the final wording. The final research questionnaire was distributed in a variety of different places at government institutions as well as non-governmental institutions in the KRI (for breakdown sees Appendix 6.1). It was necessary to translate some of my questionnaires into Arabic language, because of the different dialect of Kurdish language spoken in Dohuk (see Chapter 1).

The questionnaire combines both closed and open-ended questions. Most of the questions are short and closed in recognition of the sensitivity of the topics. Also, I asked indirect questions rather than direct questions to the participants. For an example, see item number 41 (see Appendix 1.1).

I piloted the questionnaire to test its reliability and validity. The participants were from two different groups: undergraduate students at the Sociology Department, College of Arts, University of Salahaddin- Hawler, and the Khatuzeen Centre for Kurdish Women's Issues. Most of the participants replied to the questionnaire without reporting queries or problems, and most of the questions were answered as anticipated. Nevertheless, I made a number of changes to the questionnaire, based on the notes made by the participants in the pilot study.

Meeting with the Research Participants

Every time I visited the Emergency Hospitals to meet the research participants I introduced myself to reception staff. Sometimes they recognized me; sometimes they did not, because different staff would be on reception duty on different days. Whether the staff recognized me or not, they contacted the Directorate of the Hospital or Administrative Manager for permission to enter. On each occasion I would also contact the head nurse to arrange to meet the patient. Similarly, at the Women Preparation and Rehabilitation (WPR) Centre in Erbil and Dohuk, I sought access from the Directorate, and the centre manager before meeting participants.

On meeting the research participants in this part of the study I introduced myself verbally, explaining my role as a PhD student, my research topic and the commitment to anonymity and confidentiality. I explained that the answers would not be linked to their individual name, would be used only for my PhD research, and would not be shared with anyone else. I emphasized that the research report would not allow any individual to be identified. I then showed my research questionnaire. I also made sure that all participants understood their right to decline any question or all of the questions.

Before every meeting with participants, I changed into hospital dress, a special hospital outfit given to me by staff which is a condition for anyone to go into a burns ward or to meet patients at Emergency Hospitals. The clothing, a special long gown, is designed to cover the whole body from head to toe. I was also advised by the nurses to wear special sandals, a cap, and a mask to prevent transfer of communicable diseases. Before I started

my interview I asked the head nurse or a nurse to find a suitable private place for me to conduct the meeting. Some of the patients declined to be interviewed as they did not want to admit that they attempted suicide due to the causes mentioned previously. Others stated directly that they had attempted suicide, and were ready to be interviewed.

Target Institutions

The research questionnaire was administered at two types of institution: governmental and non-governmental. The government institutions were

- 1- Ministry of Health, Directorate of Health. Emergency Management Centre in Erbil, Burns and Plastic Surgery Hospital/Emergency in Sulaimani, and the Burns and Plastic Surgery Hospital in Dohuk. According to an interview with the one of the senior staff at the Emergency Management Centre in Erbil (Hawler), the Hospital belongs to the Ministry of Health (MOH) and provides treatment for both burns cases and gun wounds. According to senior staff at the Burns and Plastic Surgery Hospital/Emergency in Sulaimani and Dohuk, the hospitals belong to the MOH, and provide treatment only for burns cases.
- 2- Ministry of Health. Directorate of Health/Erbil, Erbil Teaching Hospital-Emergency Section.
- 3- Ministry of Health. Directorate of Health/Dohuk, Azadi Teaching Hospital, Psychiatry Department.
- 4- Ministry of Health. Directorate of Health/Sulaimani, Abdomen Teaching Hospital, Sulaimani, Psychiatry Department.
- 5- Ministry of Labor and Social Affairs, General Directorate of Social Reformatory, Directorate of Public Prosecution Reformatory for Females and Juveniles in Erbil, and Sulaimani.
- 6- Ministry of Labor and Social Affairs, General Directorate of Social Care and Development, Women Preparation and Rehabilitation Centre in Erbil, and Dohuk. According to an interview with the one of the senior staff, the centre admits females who have suffered domestic violence and social problems. Also, the KRG through the General Directorate of Social Care and Development

provides a facility for women to live in sheltered accommodation such as a home; and also provides legal services if any case needs to be fought in the court system.

Before I started my fieldwork I obtained prior access from most of the institutions listed above. I began my research fieldwork at the Emergency Management Centre in Erbil (Hawler), Burns and Plastic Surgery Hospital/Emergency in Sulaimani, and Burns and Plastic Surgery Hospital in Dohuk. I selected these hospitals because they are most likely to admit burns cases of all ages, whether from intentional self-harm or through accident.

The non-government organizations were:

7- Kurdistan Women's Union/Dohuk Branch. They have one section for those females who have problems with their families or other persons.

8- The Women's Union of Kurdistan/Secretarial Bureau. They have an organization under their Social and Legal Department called the Aram Shelter in Sulaimani. One of the senior staff informed me in an interview that the shelter aims to protect women who have left their homes and who cannot return, on account of different social problems. In addition, the shelter attempts to mediate in the relationships of the women with their families and to solve their problems. The shelter operates as a social and educational centre attempting to help women to feel psychologically comfortable and safe. The shelter also provides a range of courses to raise those women's knowledge and level of education.

9- Kurdistan Women's Union, Erbil branch. This includes a centre known as the Centre for Guidance and Psychiatric Treatment for Women.

10- Al-Mesalla Organization for Human Resource Development, Erbil. An interview with the one of the senior staff at Al-Mesalla revealed that it is a non-governmental organization that works to strengthen civil society and human rights education, and to eliminate violence. I therefore included this organization because of its focus on social and women's issues.

I attempted to access official government institutions and non-governmental organizations in other places, but due to my time limit and their busy work schedule, I was unable to collect data. The following institutions failed to participate:

Government Institutions

- 1- Ministry of Health, Directorate of Health – Dohuk, Mental Health Centre.
- 2- Ministry of Health, Azadi Teaching Hospital - Dohuk, Emergency Section.
- 3- Ministry of Health, Sulaimani Teaching Hospital, Emergency Section.
- 4- Ministry of Labor and Social Affairs, Directorate of Public Prosecution Reformatory for Females and Juveniles in Dohuk.

Non-Government Organizations

- 5- Family Advisory Centre for Psychological and Social Problems in Sulaimani City.

They declined to cooperate for the following reasons: the sensitivity of the research themes; confidentiality (classified government information); tight schedules of duty; and failure to meet, with no reason given.

Rate of Participation

Upon gaining permission from the local authorities and the Directorate of the Hospitals for my data collection, I sought access to the participants, most of whom agreed to be interviewed. A few of the patients refused, and declined to participate in the research, saying that they had never attempted suicide. However, according to the management and hospital nurses, most of the female patients were admitted due to attempted suicide. The nurses report that some of the patients who arrive to the hospital for initial treatment say that they attempted suicide. Later, after discussion with their family members or close relatives, they change their statement and deny that it is a case of suicide, but rather an accident. The change is most noticeable when the case is under police investigation.

Information from the Directorate of the Hospitals and Nurses suggests that some of the causes are the following:

- It is common among patients, if they admit that they attempted suicide, to have the idea that nurses will attempt to kill them by giving injections, rather than giving treatment.
- Culturally, if someone attempts or commits suicide for any reason, then all the family members, relatives, and even the community, will blame them and stigmatize them, which is negative for their health and well-being.
- According to Islamic teaching, if someone attempts or commits suicide, they will be punished in the same way in the next life. As nearly all patients are Muslim, they are afraid to admit that they were attempting to commit suicide.
- According to new Kurdistan Regional Government (KRG) Law, in the process of police investigation, if someone was to be found to assist some other person in attempting or committing suicide, then they could be arrested (see Chapter 1). The patients are afraid to admit their behaviour because they do not want their spouse or family members to be arrested or investigated by the police.

In discussion with my supervisor, it was agreed that the target number of participants for this part of the study should not be less than 50. However, as the fieldwork in the three cities progressed I was able to gather information from 117 respondents. Some responses, however, were inconsistent, or incomplete. Some of the respondents left some answers blank, and some of them refused to participate for a number of reasons. For example, one participant commented, 'I have started a new life', while another said, 'I'm not ready to share past experiences'. Overall, from the 117 completed questionnaires, an overwhelming majority of the respondents (n=100, 85%) fully completed the questionnaires. The breakdown between the three cities was as follows:

- 35 in Sulaimani City.
- 35 in Hawler City.
- 30 in Dohuk City.

It is impossible to calculate a precise response rate because of the problems of classifying cases of attempted suicide, but for the 14-week period of data collection it can be said with certainty that the majority of those who were receiving treatment for burns at the selected centres were included in the study. This can be compared to Othman's findings over a twelve-month period. He identified 197 burns-related cases in the treatment centre in Sulaymaniyah (Othman, 2010).

C. Expert Interviews

The third source of original research data was face-to-face interviews, in Kurdish language, with participants from four selected groups with different types of expertise in relation to the research question. The data collection was mainly qualitative, using semi-structured questions. The target groups and their institutional affiliations were as follows:

- 1- Ministry of Interior, Directorate for Monitoring Violence against Women in Erbil (Hawler), Dohuk and Sulaimani Provinces.

According to the Leaflet of the Directorate for Monitoring Violence against Women in Sulaimani (based on translation from the Kurdish language), the goals of the Directorate are:

- Preventing violence and trying to decrease it;
- Monitoring and investigating the processes of violence against women. This is conducted by the police force, and other relevant associations, to ensure compliance with the laws guiding these processes;
- Observing judgments which have been made concerning violence against women;
- Making the public, as well as the police, more aware, by providing them with instructions and lessons which reflect their deeds, activities and duties. There are workshops, conferences, and seminars, which are presented using all types of media;

- Protecting those women who are under threat from all kinds of violence, for example, killings, beatings, etc, by coordinating women's organizations and government shelters to keep them safe and secure; and
 - Explaining and specifying the levels and kinds of violence against women; and demonstrating real data; and at the same time submitting suggestions, instructions, and research to the competent authorities and citizens, in order that the people be cognizant about the real causes of violence.
- 2- Ministry of Health, General Directorate of Health, Mediollegal Institute (Coroners) in Erbil (Hawler), Dohuk and Sulaimani. This study highlights the fact that there is no coroner system in the KRI. However, there is a forensic pathologist (FP) system which means a doctor who specializes in Forensic medicine or criminology.

Compobasso and Introna (2001:133) refer to the responsibilities of an FP:

In most medico-legal jurisdictions the forensic pathologist has the legal authority to take charge of the dead body. His primary functions are the exterior and interior examination of the cadaver by analyzing the extent of antemortem injuries and postmortem changes and the recovery of physical evidence. He is responsible for determining how (manner), when (time) and why (cause) of any death which is the result of violence, suspicious or unexplained circumstances or a death which is sudden or unattended, defending and explaining the reasons for making these diagnoses in a courtroom.

- 3- Interviews with different journalists in local newspapers from the Kurdistan Region of Iraq (The interviews were taken based on journalists' knowledge on female suicide), as follows:
- Rudaw Newspaper. A local Newspaper from Erbil City. <http://www.rudaw.net> [Accessed: 16 June 2010].
 - Hawler Newspaper. A local Newspaper from Erbil City. <http://www.hawler.in> [Accessed: 12 July 2010].
 - Kurdiu Newspaper. A local Newspaper from Erbil City. <http://www.kurdiu.org/> [Accessed: 07 July 2010].
 - Awena Newspaper. A local Newspaper from Sulaimani City. <http://www.awene.com> [Accessed: 19 June 2010]

- Rewan Newspaper. A local Newspaper from Sulaimani City. <http://www.rewan.org> [Accessed: 21 June 2010]

4- Interviews with three clerics.

With regard to the process of meeting the journalists, I secured their cooperation without any official authorisation. This is because they are not working with government institutions. The clerics, who belong to the Ministry of Endowment and Religious Affairs, also did not ask me for any official letter from government authorities. On the other hand, the three Directorates for Monitoring Violence against Women (DMVAW) in the three cities are public bodies and required an official letter from the local government authorities: Ministry of Interior, General Directorates for Monitoring Violence against Women. The coroners from the Mediollegal (Coroners) Institutes in the three cities are responsible to the Ministry of Health, Directorate of Health, and asked me for an official letter from the local authorities.

Conduct of the Expert Interviews

The selection of the participants for this part of the study was made by visits to the various institutions, where I was able to contact the interviewees directly or obtain a contact address or mobile numbers. I purposely chose those with professional expertise in fields relevant to the treatment, regulation or representation of females who committed or attempted suicide in the Kurdistan Region of Iraq. I usually contacted my research participants by mobile phone. At the first meeting, I thanked them for their participation, introduced myself and explained the aims of my PhD research. I also presented the consent form (in Kurdish language). Then I asked them for a date and time for the interview.

Most of my research participants (thirteen out of fifteen) agreed to sign the participation consent form before the interview. However, two participants declined because they did not want their name to be recorded anywhere, although they consented to the interviews.

During the interviews I asked questions in the sequence shown in the agreed schedule (see ‘Research Interview Questions’ in Appendix 2.1) and allowed interviewees to respond freely, sometimes clarifying questions/issues as required. For example, Question Nine for Coroners asked ‘In your opinion, what is the most difficult case, and why is it difficult?’ I needed to explain it to them in a simpler way, as they found it difficult to understand the question. Sometimes, I asked additional questions before returning to the main schedule.

Having obtained their permission, I recorded my interview with every participant. I used two recorders in case one of the recorders’ batteries expired, because, as I was working in three cities, it was not always convenient to recharge them. I suspended the recording if someone else came into the room where the interviews were taking place or if the participants got a phone call. This happened regularly with some busy participants such as DMVAW in the three cities. Clerics and coroners were also interrupted by their staff or by phone calls.

At the end of the interview, I thanked them again and asked them if they had anything to add or suggest. I kept my recorders working until I could be sure there was no more conversation. Sometimes, participants continued the conversation, and mentioned new points. I let them continue and I started to ask them more questions. In addition, during the interviews, I had a pen and paper ready to write notes but only used them when the interviewee mentioned some special points. After I had left the interview, I would write additional notes on my own observations. The style of the interviews varied because I had four different groups for the interview from different fields and four slightly different questions for each group (see Appendix 2.1). The average time taken for each interview was 30 minutes. The interviews were held in Kurdish language and subsequently transcribed and translated into English.

Research Ethics

The term ‘suicide’ itself is a very sensitive one in most contexts but especially in the Kurdistan Region of Iraq. In Kurdish culture and tradition, females may be inclined to

attempt or commit suicide because they are denied their rights or the possibility of taking a full role in society. They are often under threat from their families. In some cases (e.g. the WPR centres) the places of refuge look like prisons and operate with the strict rule that patients cannot go out until the problems have been solved between them and their families. The Directorate of the Prosecution Reformatory for Females and Juveniles in Erbil (Hawler), Dohuk, and Sulaimani, say that they only accept females who have committed a crime. Thus, some of the female participants of my research ended in prison without committing any crime, because prison is deemed to be a safer place for them, to escape the threat from their families.

The data from the questionnaire part of the study involved contact with females aged between 15 and 30 years who attempted suicide. They are vulnerable to social conventions and power relations because most females in this age group in Kurdish society are dominated by males and by traditions - for example, being denied the right to choose a future life partner.

The research was conducted according to the Code of Ethics of the British Sociological Association (<http://www.britisoc.co.uk/equality/Statement+Ethical+Practice.htm>) which states “Special care should be taken where research participants are particularly vulnerable by virtue of factors such as age, disability, their physical or mental health. Researchers will need to take into account the legal and ethical complexities involved in those circumstances where there are particular difficulties in eliciting fully informed consent. The anonymity and privacy of those who participate in the research process should be respected. Members should have regard to their obligations under the Data Protection Acts”. The researcher is fully aware of the rules and obligations of Ethical Practice for the British Sociological Association (March 2002) although the code is not fully explicit about the vulnerabilities inherent in social relations in a traditional society.

This research primarily focuses on individuals’ daily and private affairs, thus the research ethics guidelines concerning the participants’ confidentiality and anonymity were strictly adhered to. Participants’ identities are not disclosed. Also, information provided by the

respondents has been used exclusively for the purposes of the research and managed confidentially. Informed consent was obtained. For participants who could not read the content of the consent form, the information contained in it was read to them. Consequently, ethical issues relating to all phases of the research were taken into consideration, and serious precautionary measures were taken not to create risk or cause harm to any of the study's participants, informants, research sites and potential readers.

Fieldwork Challenges

As explained above, access to existing data presented a major challenge. I contacted all the relevant governmental and non-governmental agencies either by email or mobile phone. Some of them responded promptly and others took a long time to send a response. Some of them ignored me either because the topic was too sensitive, or the data was insufficiently coded or they simply did not want to give me information. Sometimes they sent me incomplete data. For example, I contacted the director of the statistical office at the Ministry of Higher Education and Scientific Research-KRG, to obtain the number of students in Kurdistan universities, to compare the numbers of students in high schools and universities, and to confirm the increasing rate of female participation in higher education after 1991. However, they sent me incomplete statistics which I was unable to work on, and all my efforts either by email or mobile phone to contact the authorities concerned were unfortunately ignored.

Another striking challenge is the lack of literature on Kurdish societies in English language (Amin, 2008), particularly on gender issues, and more specifically on sensitive topics such as female suicide. The majority of written sources and data sources are in Kurdish and Arabic language. Translation into English language has been a major task. Since I did my fieldwork in the KRI and the majority of my participants did not understand or speak English language, I had to translate my research questionnaire and research schedule from English language into Kurdish language (see Appendix 1.2) and Arabic language (see Appendix 1.2), and subsequently translate all the results back into English language.

Despite these significant challenges, the research design and mixed methods strategy has delivered new datasets and original findings which can contribute to the understanding of female suicide and attempted suicide in the KRI.

Analysing the Data

Data analysis in the following chapters is presented according to the results of each method of enquiry. The study of newspaper coverage of cases of suicide uses content analysis to establish the profile of content and types of interpretation. The analysis of the questionnaire data from women receiving treatment after suicide attempts is mainly quantitative, using percentages, frequency tables, figures, and cross-tabulation tables. The quantitative data are analysed using the Statistical Package for Social Sciences (SPSS version 16). Finally, the data from the interviews with four different groups of experts are examined in terms of both their factual claims and their patterns of discourse.

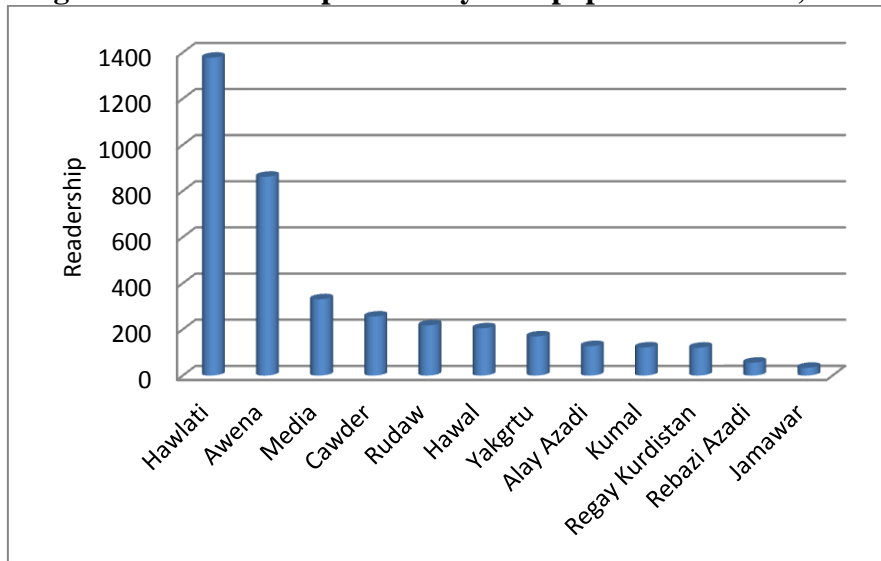
Chapter Five

The Analysis of Media Sources

This chapter presents and analyses data on female suicide in the KRI obtained from media sources and, more specifically, newspapers. As explained in the previous chapter, the data consists of news reports and features in eight local newspapers in the KRI, over a period of five years from 2006 to 2010. The chapter begins by introducing the coverage. The second part of the chapter examines the content in more detail and the concluding section considers evidence to support an argument that reporting of suicide in the KRI creates moral panic because it is characterised by exaggerations and statistical panic (Thurlow, 2006). All the newspaper sources in Chapter 5 are listed under section B of the Bibliography.

According to the Archives of the Kurdistan Syndicate of Journalists (2011), there are just over 500 newspapers and magazines in the region. Out of this total, there are 8 widely-read newspapers, namely: the Hawlati, Awena, Rudaw, Hawler, Kurdiu, Media, Peyamner, and Rewan, According to the survey by the Mukiryani establishment for research and publication in 2008, the Hawlati and Awena newspapers are the most widely-read in the KRI. The following figure shows the readership of the main weekly newspapers in the KRI in that year.

Figure 5.1: Readership of weekly newspapers in the KRI, 2008



(Source: Unpublished sample survey by Mukiryani Establishment for Research and Publication in 2008, based on 2820 responses in 8 towns and cities).

Hawlati and Awena newspapers have the widest readership in the KRI. Their popularity is partly explained by the fact that they are independent newspapers and not related to any political party.

For the present study, five out of the eight newspaper sources were accessed online. Although this provided ample quantities of data for this study, its reliability and authenticity are, to some extent, unclear. Some cases that were considered as “suicide” by medical staff and media houses were not seen to be suicides, but were instead claimed to be routine accidents by the victims’ families. For this reason such controversial cases, a total of 11 female cases, were excluded from the study sample. For example, Rudaw local newspaper reported on 19 July 2010 that Nahria burned herself (according to the reporter), but the report also mentions that her brothers declared that she was burned by accident. The DMVAW in Suran mentioned that she had 80% burns, so her own statement could not be obtained. On 26 January 2009 the same newspaper reported that: ‘Banaz burnt herself or has been burnt’; and again on 11 July 2011, it reported that: ‘A woman has died as a result of burns.’ Peyamner, another local newspaper, reported on 14 April 2010 that: ‘A girl is going to die because of burns.’

This study excludes such kinds of report because they do not give a clear indication that they are confirmed suicide cases, even when the reporter has information that they are. According to the observations of this researcher, it is likely that the families conform to traditional attitudes and claim accidental causes. They inform the newspaper and medical staff of this in order to avoid legal issues and dishonour (see Chapters 4 and 9 for more detail on this).

Newspapers contain a number of reports of female suicide cases in Kurdish society which are not within the geographical scope of the current research. These cases were not included in the study. For example, newspapers reported a number of female suicide cases in Kirkuk and Mosul Provinces. Also, there were a number of male suicide cases reported by the Kurdish media, but these were excluded from the current research sample. In addition, the analysis is based on individual cases, so in the event that two or more Kurdish newspapers reported the same case, the report with the most comprehensive information and coverage was selected.

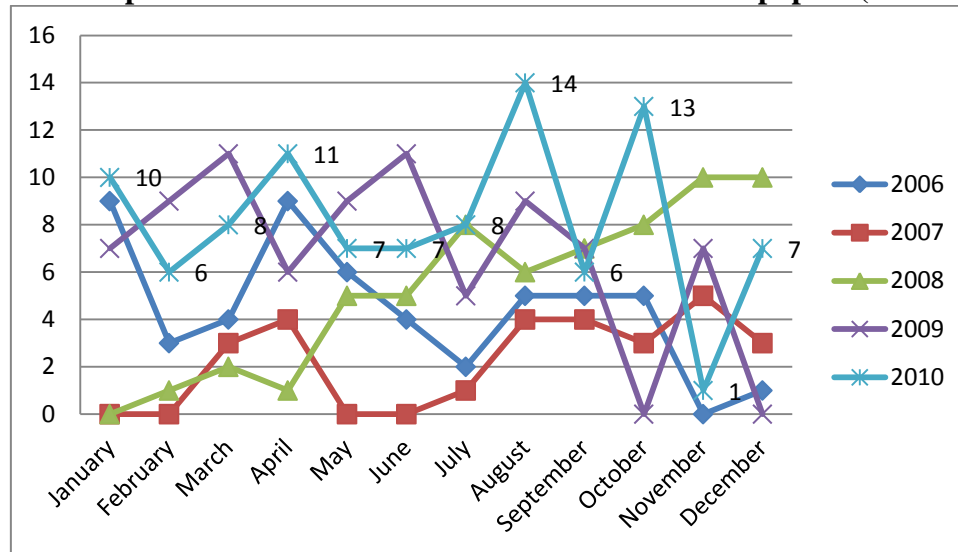
Content Analysis of Newspaper Coverage of Female Suicide Cases in the KRI

Did the number of cases of female suicide reported in the newspapers increase or decrease in the KRI between 2006 and 2010? The data shown in Table 5.1 reveals that the number of female suicide cases increased year by year during this period, except in 2007.

Table 5.1: Reported cases of female suicide in the KRI newspapers (2006 to 2010)

Month	2006	2007	2008	2009	2010	Total
January	9	-	-	7	10	26
February	3	-	1	9	6	19
March	4	3	2	11	8	28
April	9	4	1	6	11	31
May	6	-	5	9	7	27
June	4	-	5	11	7	27
July	2	1	8	5	8	24
August	5	4	6	9	14	38
September	5	4	7	7	6	29
October	5	3	8	-	13	29
November	-	5	10	7	1	23
December	1	3	10	-	7	21
Total	53	27	63	81	98	322

Figure 5.2: Reported cases of female suicide in the KRI newspapers (2006 to 2010)



The figure above demonstrates that 53 female suicide cases were reported in 2006, and that there was a significant decline in 2007. However, reported cases of female suicide increased again slightly in 2008, and continued to increase until 2010. The overall finding is interesting, and consistent with the views of a significant number of the research interviewees, who believed that the female suicide rate was increasing in the KRI (see Chapter 8).

Table 5.2: Reports on female suicide in the KRI by newspaper (2006-2010)

Newspaper	2006	2007	2008	2009	2010	Total
Rudaw	###	###	12	40	43	95
Peyamner		13	46	37	44	140
Media	28	11	-	-	-	39
Kurdiu	-	-	-	-	6	6
Awena	3	-	4	-	3	10
Hawlati	21	-	-	-	2	23
Rewan	1	1	1	4	-	7
Hawler	-	2	-	-	-	2
Total	53	27	63	81	98	322

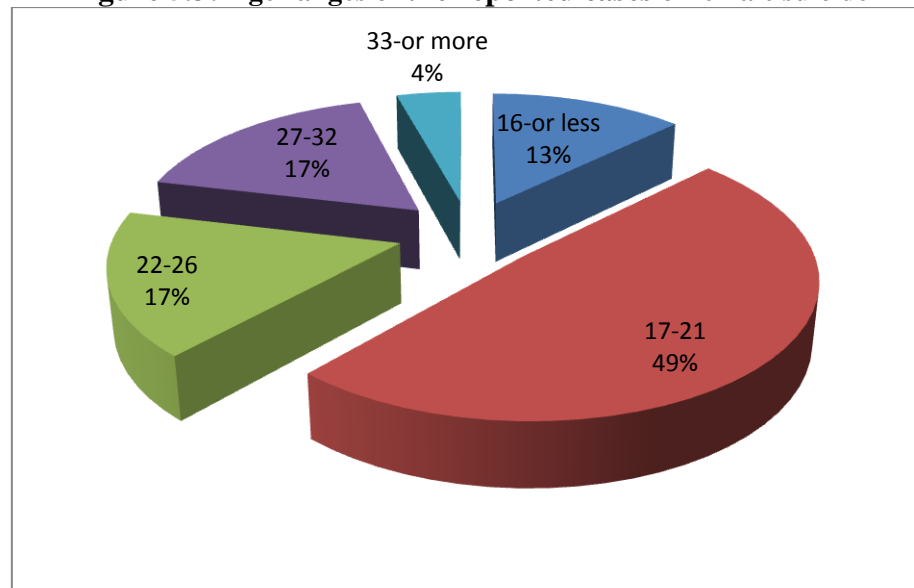
Table 5.2 shows the frequency of reported cases across the range of local Kurdish newspapers which published female suicide cases during 2006-2010 in the KRI. From the table, we can see that Rudaw and Peyamner newspapers are more likely to publish female suicide cases than other newspapers in the KRI. Rudaw, Hawlati, Awena, Media, and Rewan are weekly newspapers, while the Hawler newspaper is a daily. Peyamner and

Kurdiu are online websites which can be accessed daily online. Rudaw Newspaper was first published on 7 April 2008 in the KRI. Also, Peyamner newspaper is daily and can be accessed daily, but on their website the data report for 2006 was not available. Also, an opportunity was made available to visit newspaper offices in Hawler and Sulaimani to collect reports from 2006-2007. With respect to Hawler Newspaper, which changed its name from Hawler Post to Hawler Newspaper in 2007, it was possible to collect just 2 female suicide reports. This low number is related to the newspaper's policy not to publish such cases. Also, Zhyanawa Newspaper was established in 1997, and changed its name to Rewan in 2000.

Profile of Suicides in News Reports

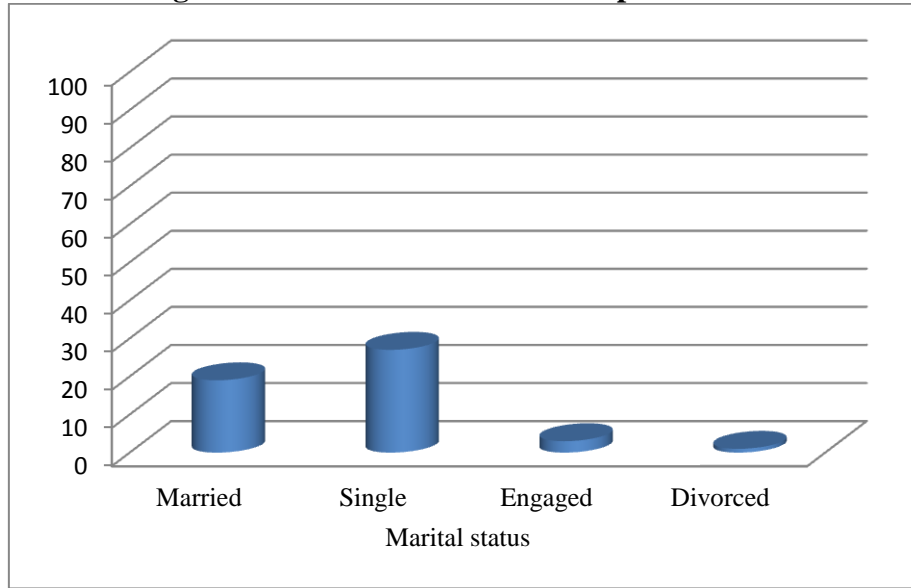
The analysis of frequencies shows that the largest group (49%) of female suicides in newspaper reports is those between 17 and 21 years old. The next largest is the group between 22 and 26 years old (17%). Some (13%) are very young, aged 16 or less. A small minority (4%) are 33 years old or above (see Figure 5.2). There are three cases where age is not mentioned.

Figure 5.3: Age ranges of the reported cases of female suicide



Out of 50 reported cases, 27 are unmarried, 19 of the cases are married, 3 are engaged, and only 1 individual is divorced (see Figure 5.3).

Figure 5.4: Marital status of the reported cases



Out of the 50 newspaper cases, 18 are housewives, 18 are unemployed, 11 are in education, and just 3 are employed (see Figure 5.4).

Figure 5.5: Occupation of reported cases

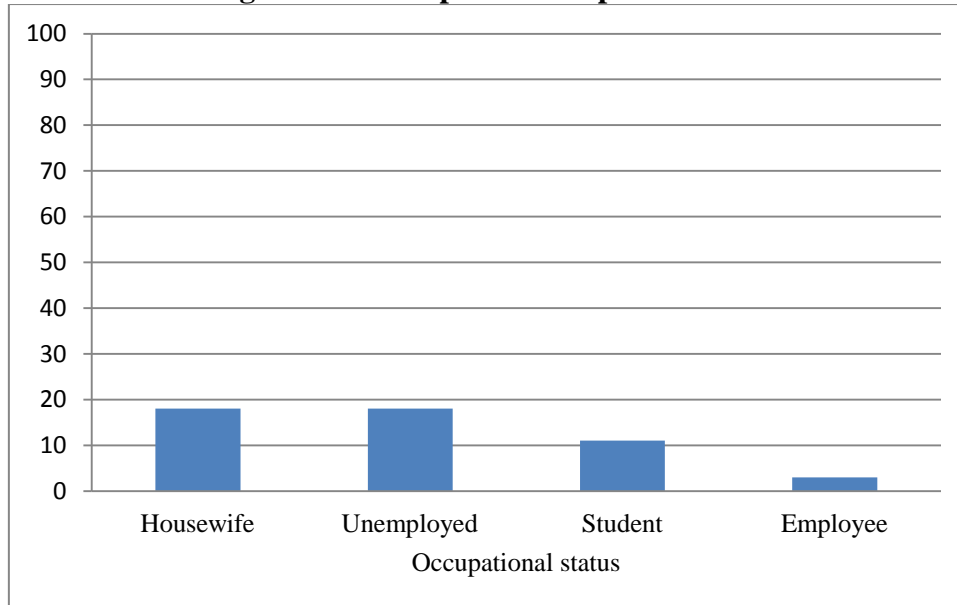
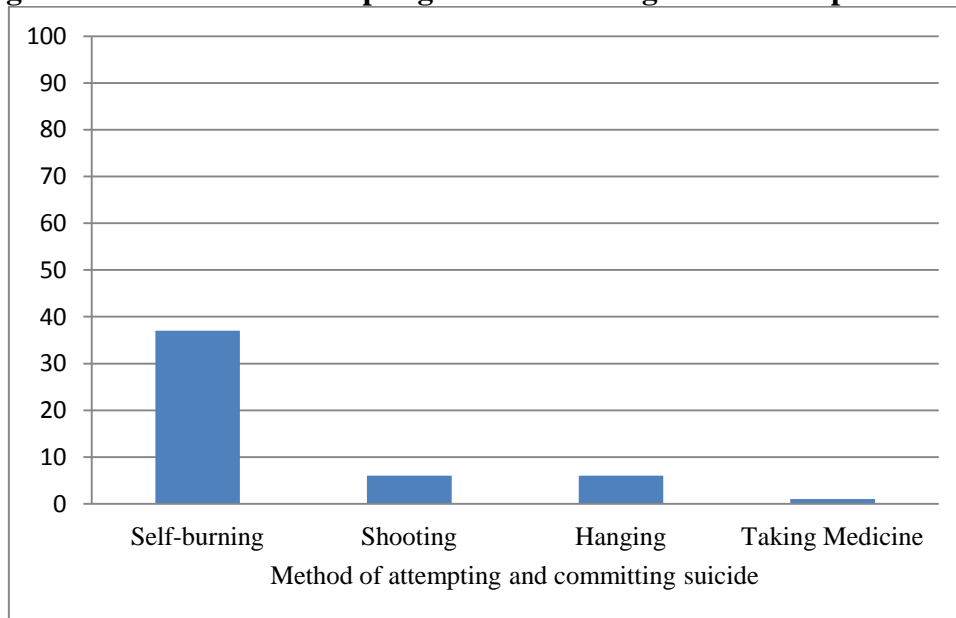


Figure 5.5 shows the reported methods used. Self-burning is the most common, used in 74% of cases. Other methods used were hanging and shooting (both 12%) Taking an overdose was rare, used by just 2%. These findings can be related to the fact that the

majority of females were housewives, with relative ease of access to flammable substances as a means for self-destruction (see Chapters 6 and 7).

Figure 5.6: Method of attempting and committing suicide of reported cases



Case Analysis Using Media Sources

Of the 322 female suicides cases reported in the newspapers, 50 individual cases were selected because they contained the fullest information. They are summarized below. Despite the fact that single causes can rarely be isolated, they cluster into three core aspects. The first is related to social causation, which includes friction or breakdown in a couple's love affairs, marital and family conflicts. The second type of case stems from failure in academic pursuits, and the third attributes suicide behaviour to mental ill-health. Other social factors may also be cited as the likely cause of female suicide.

Social Factors

In this section, newspaper reports on female suicide cases in KRI that refer to social factors are presented and analysed. Most prominent are the cases which describe the tragic consequences of love affairs. In the content of news reports on female suicide cases, both committed and attempted, love affairs appear as one of the main causes - especially among young people between the ages of 13 and 25. Table 5.3 summarises suicide victims' backgrounds and the nature of the reports.

Table 5.3: Love affair factors

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
1	20	Single	Unemployed	10/ 2006	Self-burning	She was in love with a boy for five years, but her mother did not agree to her marrying him [Hawlati, 2006, No.294].
2	-	Single	Unemployed	11/3/2007	Shooting	She was in love with the brother of Mama Risha (Kurdistan Legendary Peshmarga). He loved her for about 20 years, and many times he tried to marry her, but her relatives did not agree to her

						marrying him. When she heard that her lover had died from a fatal disease, she committed suicide on the same day [Media, 2007, No.281].
3	19	Single	Unemployed	6/5/2008	Shooting	The report showed that there were two main reasons for her committing suicide. Firstly, Her family did not agree to her marrying a boy who loved her, because the boy had another wife, and the boy's father blamed her, and said they did not want her to go with his boy. Secondly, she committed suicide, because her father threatened her. Also, her father had often quarrelled with her and her sister. She had been engaged to marry illegally (underage / forced), and she broke it off for 3,000,000 Iraqi Dinars. Consequently, she was completely disappointed, and she committed suicide [Rudaw, 2008, No.6a].
4	21	Single	Pupil	27/11/2008	Taking overdose	Her family did not agree to her marrying a boy who loved her. Her lover said they had loved each other for four years. During this time he asked her hand from her family thrice, but they refused to let him marry their daughter, because they felt ashamed that their daughter wanted to marry someone through love. The boy said he would commit suicide as well [Rudaw, 2008, No.35a].
5	17	Single	Employee	24/1/2009	Self-burning	She burnt herself because her lover had died in a car accident, and when she heard the news, she committed suicide on the same day. On top of that, her family did not agree to her marrying him [Rudaw, 2009, No.42].
6	13	Single	Unemployed	3/11/2007	Self-burning	A 13-year-old girl burnt herself because of the appearance of her love relationship. The newspaper report showed that, after her uncle learned about her love relationship with a boy, he threatened her. So, she was afraid from her uncle's threat and as a result she burnt herself [Peyamner, 2007]. Available at: http://www.peyamner.com/default.aspx?l=1&id=35187

7	25	Single	Employee	13/12/2010	Self-burning	<p>A girl named Fenk burnt herself, because she had had sexual intercourse outside marriage. The report showed that, after her parents died, she was living with her youngest brother. For this reason, she wanted to set up her own house as soon as possible by getting married. She found Ahmad, a police officer, from a random mobile number, and she had been in love with him after they had met each other.</p> <p>In the report Fenk said, ‘After we met and got to know each other, at the beginning of my love relationship with Ahmad, he asked me for a kiss, but I always strongly refused him. However, he repeated the same plea time after time, and he mentioned to me that, if I refused him, it meant I did not love him, and he said. ‘If you really love me, you should not break my heart.’ So I could not break his heart any more, and we met each other every week in his car. Then once he stayed with me overnight until morning when I was alone at home. I did not only lose my physical virginity, but also sometimes he asked to borrow money from me. One day I contacted him to offer my hand in marriage, because at the beginning of our relationship, he promised me any time I wanted, he would be ready to marry me. But on that day he did not answer me, and he said we would talk later. After that many times I contacted him, but his mobile phone was switched off. After that I was disappointed and I tried to contact him on his home number, but without any shame he said to me ‘Throughout my life I never thought about my wife, and the mother of my children. You are very stupid, I need a girl who is never seen outside, and does not know how to use a mobile. How can I marry prostitute like you? Today you had sexual intercourse with me; tomorrow even if you are my wife, you will do the same thing with another person, as you did with me behind your family’s back’.</p> <p>Also she mentioned that, after this phone conversation with Ahmad, she decided to burn herself, and she said ‘ I know I have made the wrong decision, but I have not found any other solution’. Likewise,</p>
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						she reported that ‘If I do not die, I will be a person in need with ugly face, and destroyed body. On top of that, I do not know how can I face my brothers.’ [Awena, 2010]. Available at: http://www.awene.com/Direje.aspx?Bebet=Hewal&Jimare=1887
8	21	Married	Housewife	11/7/2009	Self-burning	A woman burnt herself because she had social problems. The newspaper report showed that, for a few years she had been in love with a boy, but 3 years ago her mother had forced her to marry another boy. For this reason, after her marriage, she had continued the relationship with her previous lover. After visiting her mother-in-law’s family, she had a chat with her previous lover. Then the son of her brother-in-law saw her when she was talking with her previous lover, and this situation made a problem for her. So she burnt herself [Peyamner, 2009]. Available at: http://www.peyamner.com/default.aspx?l=1&id=133157

As shown in Table 5.3, the major cause of female suicide among youngsters in the KRI is attributed to love affairs. Significant numbers of individuals claimed to have attempted or committed suicide because their parents or their relatives forced them to marry someone else against their choice or wish. In some Kurdish traditional family settings, it is a taboo or shameful act for a daughter to openly present or introduce someone to the family for marriage. Some families prefer their daughters to arrange marriage with their close relatives, for instance their cousins. There is no doubt that the lack of freedom to choose a marriage partner leaves few options for the young person. Also, the lack of freedom to choose one’s own marriage partner has spawned conflict between the old and new generations. Thus, significant numbers of suicide cases reported in the newspapers in the period 2006 to 2010 were attributed to family friction or breakdown related to love affairs.

A second social factor which contributed to the rise in female suicide in KRI between 2006 and 2010 was marital conflict. It appears that conflict between wife and husband is one of the major causes for female suicide. There were 18 reported female

suicide cases that were described as having a link with marital conflict. Table 5.4 summarises the victims' backgrounds, including the causation.

Table 5.4: Marital conflict factors

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
9	-	Married	Housewife	16/7/2009	Self-burning	She had problems with her husband, because her husband had two wives. She wanted her husband to rent a new house for her, which would be separated from the other wife, but her husband did not have money to do so [Rudaw, 2009]. Available at: www.rudaw.net/details.aspx?lang=Kurdish=articles&c=komalayeti&id=10471
10	25	Married	Housewife	25/6/2009	Self-burning	She was married, and she lived with her husband's family, and her father-in-law had two wives. She had quarrelled with her husband and husband's family. The report showed that there were two main reasons why she committed suicide. Firstly, she was 5 years older than her husband. This was why her husband did not like her. Secondly, her father-in-law had two wives and she lived in a joint family. Also most of the time she had quarrelled with her husband, because she wanted to live in a separate house, but her husband's family did not agree to that [Rudaw, 2009]. Available at: www.rudaw.net/details.aspx?lang=Kurdish=articles&c=komalayeti&id=1994
11	20	Married	Housewife	3/3/2009	Self-burning	She had a problem with her husband, because she was pregnant, and her husband wanted her baby aborted, since he thought that they were too young to have a baby. Also, her father said that her husband was too bad with her and sometimes he beat her [Rudaw, 2009, No.47].
12	24	Married	Housewife	2008	Self-burning	She had a problem with her husband. She was forced to marry. All her engagement had been arranged by her family when she was a little child, so it was an 'illegal marriage' (underage / forced). She was still a student when she got married, but her husband prevented her from

						completing her study. She lived with her husband's family, thus, having problems with her mother-in-law. As a result, the husband had often beaten her. She had three children [Rudaw, 2008, No.18].
13	30	Married	Housewife	20/11/2008	Self-burning	She burnt herself after a quarrel with her husband, because her husband wanted to marry another woman to be his second wife, and she did not agree with him [Rudaw, 2008, No. 34].
14	26	Married	Housewife	21/8/2010	Self-burning	<p>She burnt herself after having a quarrel with her husband because her husband wanted to marry another woman without first getting a divorce. She was living with her husband's family.</p> <p>Her step-brother said, 'My sister was married according to her own choice for love, but her husband's family mistreated her and forced her to do all the housework, including for her father-in-law's family. Also, her husband is working every day, but did not give her any money, and she could not figure out where he spent his money. We know that her husband has a love relationship with another girl. For this reason, she left her husband's house, because her husband told her he was going to marry another woman. After a week, her father-in-law's family visited her family, and they told her family that they did not let him marry another woman. So she went back to her husband's house for the sake of her daughter's future.</p> <p>Furthermore, her mother said, 'Everyone in her area saw my daughter rushing, when she came to my house. She was very angry, and was feeling distressed. Also, after she burnt herself, she did not say anything except, he does not give me money; he does not give me money' [Rudaw, 2010, No.128a].</p>
15	37	Married	Housewife	25/4/2010	Self-burning	As a result of her husband's alcoholism, she burnt herself. She confessed to her sister before she died, 'Every night I was beaten and annoyed by my drunken husband. So I have not had any choice except committing suicide' [Rudaw, 2010, No.111a].
16	28	Married	Employee	25/4/2010	Self-	She had a quarrel with her husband, before she died. She mentioned at

					burning	some point, 'I burnt myself because my husband was bad to me, and I did ask for a divorce because I was worried about my son's future' [Rudaw, 2010, No.111b].
17	30	Married	Housewife	18/4/2011	Self-burning	<p>A mother of three children, Najiba burnt herself because her husband stopped her from continuing her job. Also, he was suspicious of her, and did not allow her to visit relatives even though they were living close to each other. In addition, many times her husband had beaten her without any reason. Therefore she left her house frequently and her husband pleaded with her to come back to their house through their relatives. Her sister said, 'Najiba is a victim of her honour'.</p> <p>Also, her sister mentioned that in hospital Najiba said, 'God take revenge on Shamal, because he killed me'.</p> <p>Furthermore, Najiba acknowledged her situation to her sister saying, 'Before burning myself, he beat me, because I asked him to get a job, and not simply waste his Peshmarga salary any more'. In the report the newspaper mentioned that she always gave advice to women and girls around her not to burn any type of animals', because they would be prosecuted in the hereafter if they did so. However, she burnt herself, and left three children behind her [Rudaw, 2011]. Available at: www.rudaw.net/details.aspx?lang=Kurdish=articles&c=komalayeti/5984.html</p>
18	28	Married	Housewife	18/8/2010	Self-burning	During Ramadan, a fasting mother of five children burnt herself...Her father-in-law was the cause because she quarrelled with him, and she burnt herself in her husband's family bathroom. She was living in her father-in-law's house...Her brother said, 'My sister wanted to buy some household things from her brother-in-law's possessions, but her father-in-law did not agree with her, and they ended up quarrelling. So, she burnt herself' [Rudaw, 2010, No.127].
19	23	Married	Housewife	26/12/2010	Hanging	A mother of a child committed suicide because her husband divorced her. According to the newspaper report, her husband quarrelled with her because she did not nurse her child enough. Her mother advised her to

						<p>return to her husband's house and restart her life with him.</p> <p>Her sister acknowledged that, 'According to the victim's words, she quarrelled with her husband about looking after her child, but the victim used swear words with her husband, and this made him angry. So her husband beat and divorced her'.</p> <p>According to the police investigator's statement, signs of injuries and beating were noticed on the body's victim after she committed suicide [Rudaw, 2011, No.144].</p>
20	27	Married	Housewife	15/9/2010	Self-burning	<p>A mother of four children, and married for about 12 years, she burnt herself. Her husband stated, 'My mother and sister were a cause: she quarrelled with them, because she had beaten our daughter and my mother and sister did not accept it, and my sister threatened that she would tell me when I returned home. Also, my wife said, 'She is my daughter and is not related to you, and I do not like interference in my life.' In addition, my wife said, 'Because of your sister, I am going to burn myself.' So, she burnt herself'.</p> <p>The newspaper report showed that she had taken part in an exchange marriage, and her brother had married a second wife. Thus, her husband's family said their son should marry a second wife, but her husband disagreed with the plan. Her husband advised people not to marry with an exchange marriage because if there was any problem in one family, the other family would have the same problem [Rudaw, 2010, No.130].</p>
21	31	Married	Housewife	6/2/2010	Self-burning	<p>She had two children. The report showed that she had a problem with her husband because her husband stopped her from visiting his father's house because he told her she was greedy. This situation made her angry. She told her husband's sister that she was going to burn herself, but her sister-in-law did not believe her, but thought she was joking, so she did not say anything at that time, because she was afraid that if she said anything she would be held responsible. As a result, she burnt</p>

						herself [Rudaw, 2010, No.98].
22	22	Married	Housewife	15/1/2010	Self-burning	A woman burnt herself because of her father-in-law and her father. The newspaper report showed that her family wanted her to live in her own house, and her family-in-law wanted her to stay with them. She left her house because her father-in-law said some bad words to her, and when she returned home, her mother had a quarrel with her, and asked her why she had left her house again. Thus, she told her mother that she was going to burn herself, but her mother did not believe her. As a result, she burnt most of her personal stuff such as her mobile, album pictures, and dresses, and then she burnt herself. Her uncle said, 'She was a victim between her family and her husband's family' [Rudaw, 2010, No.95].
23	15	Married	Housewife	4/2/2009	Self-burning	<p>According to the Directorate for Monitoring Violence Against Women in Hawler, this woman in her statement said, 'After I was beaten by my husband, I burnt myself, because my husband and mother-in-law had treated me badly'.</p> <p>The newspaper report showed that, 8 months ago her father's cousin burnt herself, because she had a social problem, and when she visited her grave with her father and mother-in-law, she said, 'I will come to you'. A few days after this scene, she burnt herself. Also, she was still a student before when she got married, but her husband had prevented her from continuing her study. At the same time, before getting married, her husband agreed to allow her to complete her study, but after she got married her husband threatened that if she went back to school, he would hang her [Rudaw, 2009, No.44a].</p>
24	42	Married	Employee	22/2/2009	Self-burning	She burnt herself after a quarrel with her husband because she had been married about 8 years, but she was suffering from infertility. For this reason, her husband married a second wife. The newspaper report showed that she had a quarrel with her husband, because her husband, after the second marriage wanted her to give him her salary. Thus, she quarrelled with her husband, and she burnt herself [Peyamner, 2009]. Available at: http://www.peyamner.com/default.aspx?l=1&id=111397

25	26	Married	Housewife	6/8/2009	Self-burning	<p>A mother of three children, she burnt herself because of her husband's adultery.</p> <p>Her sister stated, 'My sister married according to her own choice for love, but the love relationship become weak gradually until her husband committed adultery by starting relationships with other females. For this reason, my sister burnt herself. Also, when her husband had not returned home by midnight, she contacted him, but a strange girl answered the phone, and she said, 'He is my husband, he has a relationship with me, and it is better for you to plead for divorce'. As a result of that, on the same night she burnt herself [Rudaw, 2009, No.76].</p>
26	18	Married	Housewife	13/7/2008	Self-burning	<p>A 18-year-old woman burnt herself because of her husband and fellow wife [Peyamner, 2008]. Available at: http://www.peyamner.com/default.aspx?l=1&id=67220</p>

As demonstrated in Table 5.4 the major attributed cause of suicide was conflict within the immediate family. Marital conflicts are both a result of a bad relationship between the married couple and due to the fact that most family members live together and spend much of their time together in the same accommodation with the father-in-law, mother-in-law, brother-in-law, sister-in-law, etc., which typically leads to misunderstanding and quarrels among them. As a result, some wives wish to separate from the other members of families in order to have more privacy and a more peaceful life. Also, significant numbers of the newspapers reports reveal the tendency in Kurdish society for early marriage or immature marriage. In this kind of unequal situation, a bad relationship between husband and wife can develop due to lack of understanding and support.

Among the 50 cases that form this part of the research, 13 link suicides and suicide attempts to family conflict. Table 5.5 presents a summary of these cases.

Table 5.5: Family conflict factors

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
27	20	Engaged	Student	10/5/2008	Shooting	She was forced to marry a person according to her father's choice, after which, her brother told her that this person was not good. She decided not to marry him, and her father did not respect her decision. She shot herself on the engagement day [Rudaw, 2008, No.6b].
28	16	Single	Unemployed	1/12/2008	Self-burning	Her father was the reason for her committing suicide, because he bellowed at her, 'Without your mother you cannot do anything' [Rudaw, 2008, No.36].
29	19	Single	Unemployed	7/12/2008	Self-burning	Her father was the reason for her committing suicide, because she bought trousers for Eid, but her father did not allow her to wear trousers [Rudaw, 2008, No.35b].
30	21	Engaged	Pupil	20/1/2009	Shooting	She was a student. Her father forced her to marry her cousin. She refused and chose to attempt suicide [Rudaw, 2009, No.41].
31	17	Single	Unemployed	23/5/2009	Self-burning	Her mother was the reason for her burning herself. She wanted to threaten her mother by burning herself, because she quarrelled with her mother all the time, over small issues [Rudaw, 2009, No.58].
32	18	Single	Unemployed	1/8/2009	Self-burning	She used her mobile phone secretly, but, after her father knew about it, she committed suicide, because she was scared that her father might use violence against her [Rudaw, 2009]. Available at: www.rudaw.net/details.aspx?lang=Kurdish=articles&c=komala_yeti&id=10888
33	-	Single	Unemployed	18/2/2006	Self-burning	Her family threatened her, because she went out shopping alone without telling anyone [Hawlati, 2006, No.262].

34	30	Single	Unemployed	23/1/2010	Self-burning	She burnt herself because she quarrelled with her brother [Peyamner, 2010]. Available at: http://www.peyamner.com/default.aspx?l=1&id=164023
35	16	Single	Unemployed	5/7/2010	Self-burning	A 16-year-old orphan girl. She moved in to live with her uncle after her mother remarried and left her alone. As a result of bad treatment by her uncle, she burnt herself [Rudaw, 2010, No.121].
36	21	Single	Pupil	6/8/2010	Self-burning	A high school pupil, Shahen burnt herself because she used to talk on the phone with an unknown person through an untraceable mobile number, and this led to quarrelling with her brother. So she burnt herself. The DMVAW in Suran stated, 'An unknown mobile number was the reason why Shahen burned herself'. Furthermore, according to the police investigator, an unknown person contacted her sister-in-law and her brother by mobile phone, and he mentioned something about Shahen [Rudaw, 2010, No.125].
37	13	Single	Unemployed	26/3/2009	Self-burning	As a result of her step-mother's bad treatment, she burnt herself. The newspaper report showed that she had a complaint against her step-mother at the beginning of the police investigation. However, after three hours she regretted making her complaint [Peyamner, 2009]. Available at: http://www.peyamner.com/default.aspx?l=1&id=116484
38	20	Single	Unemployed	14/6/2009	Self-burning	A girl burnt herself because of her step-father's bad treatment. The newspaper reports showed that her step-father without any reason had beaten the girl and her mother. The last time he injured most of her body. As a result, she burnt herself [Peyamner, 2009]. Available at: http://www.peyamner.com/default.aspx?l=1&id=129238

39	18	Single	Unemployed	13/3/2009	Self-burning	She burnt herself because two of her brothers forced her to marry a man who was 12 years older than her. For this reason, she refused this forced marriage. So, her brother beat her because they insisted she marry the man who was arranged for her. As a result, she burnt herself [Peyamner, 2009]. Available at: http://www.peyamner.com/default.aspx?!=1&id=124527
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As shown in Table 5.5, a significant cause of suicide was the breakdown of relationships between parents or step-parents and children, mothers and children, and sisters and brothers. Bad relationships between parents and female children occur due to the fact that there is a lack of freedom (freedom of choice), compared with their male counterparts in Kurdistan society. Lack of freedom can take the form of forced marriage by the parents. Even purchasing personal items of clothing, using mobile phones secretly, or going out shopping alone without the consent of the husband or family member, are given as causes of many female attempted or committed suicides.

Other social factors reported by the local press are listed in Table 5.6.

Table 5.6: Other social factors

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
40	17	Single	Pupil	20/5/2009	Self-burning	She burnt herself because she was far away from her father. She was two years old when her father was put in prison because he had an enemy. Her relative said she could not bear any more of this question: Where is your father? The forensic report stated, 'She asked to see her father just for 2 minutes'.

						Also she said that she was not like other children, she has been forbidden from seeing her father, and had not experienced her father's compassion [Rudaw, 2009, No.57].
41	18	Single	Unemployed	12/7/2010	Self-burning	As a result of being threatened by a boy, a girl burnt herself [Peyamner, 2010]. Available at: http://www.peyamner.com/default.aspx?1=1&id=191643
42	11	Single	Pupil	2/7/2010	Shooting	Azhen committed suicide as a sacrifice for her sister... She killed herself as a result of her sister suffering cancer. The reason behind this was that she was in a good relationship with her sister, and she would be unable to continue her life, if her sister died from cancer [Rudaw, 2010, No.122].
43	17	Engaged	Unemployed	13/7/2010	Self-burning	Zhyan burnt herself before her wedding party, which was two days before the wedding. This was because a boy whom she was in love with warned her not to marry her fiancé. The girl received many threatening blackmail letters from the boy, which prompted her to burn herself [Rudaw, 2010, No.122].

Table 5.6 shows that one young female was said to have committed suicide due to parental separation. Separation from father or mother experienced at an early age is likely to contribute to a sense of isolation and difficulties in adjusting, especially when other family support is lacking. A threat from someone outside the family can also contribute to isolation when the family and society are unsupportive. Even when a problem is shared within the family, the family may not listen but rather blame the individual for the problem they face. On top of that, they do not have freedom to decide their future life. Committing suicide is also sometimes interpreted as a sacrifice for other people, as in case number 42. The suicide victim was only 11 years old, separated from her sister by cancer and reportedly overcome by feelings of loneliness, lack of meaning, and powerlessness.

Failure in Academic Achievement

Academic failure was reported to be one of the reasons why females attempted or committed suicide in the KRI. Table 5.7 provides a summary of four reported cases, with the victims' backgrounds and their stories.

Table 5.7: Failure in academic achievement

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
44	20	Single	Pupil	16/8/2009	Hanging	She was a final year student of high school. She committed suicide because she got a low grade in the final exams [Rudaw, 2008, No.75].
45	20	Single	Pupil	13/1/2010	Hanging	She was a high school student, and committed suicide because she failed in the final exams for the first semester [Peyamner, 2010]. Available at: http://www.peyamner.com/default.aspx?1=1&id=162354
46	20	Single	Pupil	22/8/2010	Hanging	She was in the final year of high school. She committed suicide because she failed in two of her exams, and also she got a low grade in her final exams. This provoked a situation where her friend made fun of her and annoyed her, which made her angry and had a psychological effect. When she came back home, she told her mother that she was going to commit suicide, but her mother did not take it seriously. As a result, she committed suicide [Rudaw, 2010, No.128b].
47	21	Single	Pupil	19/9/2010	Shooting	She was in secondary school. She committed suicide because she failed for three years in final exams in one of her subjects. In cases like this, according to Iraqi law, if someone fails three years in one class, s/he should continue his/her education in evening class. As a result, she could not continue her study with her friends in morning class, so she committed suicide. According to the newspaper report, her brother-in-law many times visited the General Directorate of Education in

						<p>Sulaymaniyah Province to get permission for her to continue her studying in the daytime class, but he did not get permission.</p> <p>Moreover, her cousin, who was also her close friend, stated, ‘After she got her final result, she felt fed up, and she blamed herself. Particularly, when we told her that she could not continue her studies in daytime classes, she felt weak in her self-esteem. Also, she collapsed psychologically, because most of her friends of her age had reached university study, but she was held back in her study’.</p> <p>In addition, her family acknowledged, ‘She was two years behind in her study, and she thought that she was getting old, because she was still in secondary School. However, she was interested in continuing her study’.</p> <p>Moreover, the General Directorate of Education in Sulaymaniyah Province said, ‘Any student who fails 3 years in the same class, should continue his/her education in evening class: this is the law, and it is not in our hands.’ [Rudaw, 2010]. Available at: http://rudaw.net/Kurdish/index.php/komelayeti/3490.html</p>
48	17	Single	Pupil	21/11/2010	Self-burning	<p>She was a high school student, and she burnt herself because she cheated in one exam, and the assistant head of the school announced her cheating in all classes in the school. As a result, she did not accept this situation, and this made her angry and ashamed. So she returned home, and burnt herself [Rudaw, 2010]. Available at: http://rudaw.net/Kurdish/index.php/komelayeti/4212.html</p>

As we can see from Table 5.7, news reports identify the failure to achieve in education as a cause of suicide among 17- 20 year-olds. Academic failure in itself may lead to personal disappointment and a sense of unfulfilled dreams but this is compounded by the pressure which comes from failing to fulfil the expectations of family and relatives.

Mental Health Factors

Psychological imbalance is identified in some reports as the reason which led some young women to attempt or commit suicide in the KRI. Two reports of cases are presented and analysed in Table 5.8.

Table 5.8: Mental health factors

No.	Age	Marital Status	Occupation	Event date	Methods	Cause (s)
49	28	Divorced	Housewife	6/2/2009	Hanging	She had been divorced. She tried to commit suicide a few times. She had psychological problems. Her mother said that her daughter was sad all the time, and she did not want to live any more [Rudaw, 2009, No.44b].
50	26	Single	Unemployed	13/8/2008	Hanging	A woman hanged herself. According to her family statement, she had psychological problems. So she committed suicide [Peyamner, 2008]. Available at: http://www.peyamner.com/default.aspx?1=1&id=75479

As shown in Table 5.8, these reports attribute the suicides to an imbalance in the mental health or psychological makeup of the victims. Note that the age of the women in these cases is in the upper half of the age range of the whole sample. There is little information about the circumstances or other possible causes, or official medical diagnoses (For further discussion see Chapter 8).

Framing of Suicide Reports

Undoubtedly, newspapers in the KRI make a significant contribution, not only by bringing the attention of government to suicide cases, but also by shaping public perceptions about suicide. The media often play a double role (Gamson and Wolfsfeld, 1993). On the one hand, they inform and educate the public, and, on the other, they magnify and exaggerate suicide and suicide processes. This section considers the content of the headlines and the extent to which they exaggerate or under-report suicide cases. First, there is some clear evidence of exaggeration. Seven out of the eight Kurdish newspapers that report suicide cases have framed their stories through exaggerated headlines. For example, Hawlati local newspaper on 18 November 2006 used the following headline:

In 2005 in Sulaimani City, about 260 persons took a drug overdose!
(Hawlati, 2006, No.257)

A similar headline in Zhyanawa local newspaper on 20 June 2010 read:

In Sulaimani, every month 25 to 30 females are taking a drug overdose!
(Zhyanawa, 2010, No.421)

And Xendan local newspaper on 23 June 2011 reported that:

Sulaimani, 16 girls take a drug overdose (Xendan, 2011)

By way of these headlines, newspapers divert readers' attention from the actual patterns of suicide by labelling the story as one of drug overdose. The press often exaggerate the number of suicide cases in the KRI in the way they use statistics regarding suicide cases. In some instances, suicides committed elsewhere are reported in KRI under full headlines. Rudaw local newspaper, for example, on 25 January 2010 published suicide statistics from Germany:

In Germany, every day 25 persons commit suicide (Rudaw, 2010, No.95)

In the same newspaper on 9 February 2009 a headline read:

American Army suicide cases break the record (Rudaw, 2009, No.43)

Similarly, Kurdiu local newspaper on 9 July 2011 reported on suicide statistics in European countries:

Increase in suicide rate in European Countries (Kurdiu, 2011a)

At the local level there is a fascination with the number of suicide cases. For example, Rudaw local newspaper on 15 January 2009 reported that:

Every week 5 females burn themselves (Rudaw, 2009, No.38)

The same newspaper on 2 June 2011 published another suicide story under the sub-heading:

In Shangal, every week a young person commits suicide (Rudaw, 2011)

Similarly, Awena newspaper on 5 January 2011 ran a suicide story under the headline:

During the year 804 cases of burning occurred (Awena, 2011)

And on 14 July 2011, the same newspaper reported that:

In Shangal, in a period of 7 months, about 45 persons committed suicide (Awena, 2011)

The sense of a growing problem is indicated by reports on 30 October 2009 in Awena, and Sbeiy local newspapers:

In Hawler City the suicide rate has increased by about 26% (Awena and Sbeiy, 2009)

Awena, on 15 July 2008, used the headline:

In Hawraman, suicide is on the increase (Awena, 2008)

Equally, Rewan local Newspaper on 16 June 2010, reported that:

In Hawler self-burning is on increase (Rewan, 2010, No.217)

The Xendan local newspaper on 24 May 2011 made a link between the rate of suicide and a popular TV drama:

In Senjar, within a period of four months about 28 persons have committed suicide because of watching translated Turkish Drama (Xendan, 2011)

Similar examples appeared in a range of Kurdish local newspapers at different times:

In Hawler, in 3 months, about 36 females have died from burning (Kurdiu, 2011b)

In 2009, about 85 females have been killed and 396 females burned in Kurdistan (Awena, 2010)

According to the Rewan local newspaper statistic, this month 16 females burnt themselves, and 9 females have been killed (Rewan, 16 July 2005, No.104)

According to the Directorate for Monitoring Violence against Women in Kfri, 39 females committed suicide, 20 females have been killed, 141 females were burnt for different reasons, and 23 females burnt themselves (Peyamner, 2011)

The language used by the newspapers to report suicide cases in the KRI is a key concern for this study. As the main form of public acknowledgement of suicide, it influences the way the public perceives the problem. It serves to highlight the extent of the phenomenon but at the same time it obscures the underlying circumstances. The citations below, for example, demonstrate how media language portrays suicide cases.

Media local newspaper on 7 August 2007 reported that:

Suran is a suicide city (Media, 2007, No.301)

Peyamner local newspaper reported on 15 March 2010 that:

For unknown reasons a woman burnt herself (Peyamner, 2010)

Similarly, Rudaw local Newspaper on 1 Nov. 2010, reported that:

In Sulaimani, suicide marks the start of the new academic year (Rudaw, 2010)

Given the above framing of suicide stories, one may conclude that the media have not only exaggerated the information but have hampered the interpretation of suicide as a public issue. Instead of informing the public about suicide, the media generate confusion among readers, state actors, potential suicides and interested professionals. This in turn has generated a negative image or perception of the KRI in terms of social challenges. Even when explanations are offered, they focus on individuals, not the circumstances which engender suicidal behaviour.

For example, Peyamner local newspaper on 23 May 2010 reported that:

Because of her husband, a woman burnt herself (Peyamner, 2010)

Again, on 11 September 2010, the same newspaper summarized another suicide incident under the heading:

A girl has burnt herself as a way of revenge due to friction in love affairs (Peyamner, 2010)

The lack of official data is a problem for journalists, but the evidence shows that even when figures are published they may be internally inconsistent. In the following example, the number of reported suicide cases does not tally with the number of cases in the main body of the report. On 9 November 2010, Awena local newspaper announced that:

In a month and a half, 28 girls have taken a drugs overdose (Awena, 2010)

However, in the main body of the report the dates of the cases are different:

From 2/8-20/10, 2010, about 28 girls have taken a drugs overdose (Awena, 2010)

Discussion

This section discusses the data presented in the preceding sections. In newspaper reporting of female suicide in the KRI, it appears that completed and attempted suicide by females is both widely reported and attributed to problems in close relationships, including love affairs, marital conflict, family conflict, and other social factors. Love affairs are the main cause of female suicide among young people, particularly between the ages of 13 and 25. This is because some Kurdish families force their daughter or sister to marry a husband of their (the family's) choice and do not agree to the woman marrying their chosen partner for love. Indeed, some Kurdish families feel shame if their daughter or sister marries someone for love (see Chapters 6 and 7). Many problems occur in intimate relationships between unmarried couples. For example, as in case 7 above, sexual intercourse outside marriage creates a problem, especially when the family refuses to accept the relationship or the man does not agree to marry the woman. This situation reaches a crisis in two ways: firstly, the woman cannot tell her family because it is possible that they will kill her for reasons of family "honour", or she becomes unmarriageable because one of the conditions of marriage in the Kurdish society, as in any other Muslim country, is that the woman should be a virgin. The inescapable nature of the crisis is the background to many

suicide attempts. However, it is noticeable that newspaper reports generally treat these circumstances as given; they report the causes of suicide in terms of “private troubles”, rather than as a “public issue” (Mills, 1959).

A significant number of the reported cases are not married to the husband of their own choice. They have experienced forced or exchange marriage. Some of the reports suggest that there is a change in Kurdish society which is leading the new generation away from early marriage or immature marriage. The analysis shows that conflict between married couples is a salient topic. A root cause of bad relationships between married partners is the fact that many of the extended family members live together and spend much of the time under the same roof. For example, case numbers 20 and 22 are married to husbands of their own choice, but they are not independent. Also, some of the husbands have two wives, or expect to marry another wife, as in case numbers 9, 13, 14, and 26. A woman’s father-in-law may have two wives, living together, as in case number 10. As a result, some wives want to separate from the other members of their “in-laws” family, in order to have a more peaceful and private life. Another major factor in female suicide is the use of violence by a husband against his wife, such as in case numbers 12, 15, 17, 19, and 23. In this situation, if a woman returns home to her parents, she may not be accepted but instead be advised to restart her life with her husband, as in case 19. Bad relationships between parents and children may therefore be exacerbated by the lack of freedom (of choice). For these reasons, many women face problems which are insoluble because no one can help them, either to prevent the problems occurring or to assist in finding a solution. Press reports recognize and report the circumstances but do not refer to public measures or institutional policies to address the problems.

The newspaper reports include stories of young students who attempted or committed suicide for reasons connected with their education. As one of the coroners interviewed for this study confirmed: ‘Female suicide increases at the time of the final examinations in the KRI’ (Coroner A). Failure to achieve can not only lead to personal disappointment but it may add to the pressure from family and relatives.

Amplification and Moral Panic

The evidence presented in this chapter demonstrates (a) a high level of interest in suicide stories in the majority of KRI newspapers, (b) a strong focus on individual cases, and (c) the tendency for some stories at least to be exaggerated and others to be framed in terms of “moral panic”.

Often, the majority of Kurdish newspapers publish female suicide victims’ identity in their media reports. Figures 5.7-10 demonstrate how female suicide victims’ identities are typically presented by local newspapers in the KRI. Victims are often dressed in wedding gowns or Kurdish traditional costume; in some cases the pictures are displayed on the newspapers’ front pages.

Figure 5.7: Media ways of portraying a victim’s identity in wedding gowns



Figure 5.8: Media ways of portraying a victim's identity in Kurdish traditional costume



Figure 5.9: Media ways of portraying a victim's identity on the front page



Furthermore, some newspapers report more than one case per page (Figure 5.10).

Figure 5.10: Media ways of portraying a victim's identity - 3 cases

The figure displays three newspaper clippings from the Kurdistan Times (Zan) illustrating different media portrayals of a victim's identity in suicide cases. The top clipping features a large headline "په‌ریخان له خه‌ودا کوژرا" (A girl killed herself) and a photograph of a woman in a blue dress. The middle clipping has a headline "هه‌ر چه نه‌ه پشنگوت توخوا مایکۆزه، په‌ریخان نایه‌ به‌ر گولله و هه‌لات" (Every girl who is not beautiful, a girl is killed and her fate is...), accompanied by a photo of a woman. The bottom clipping is a large article titled "سه‌ر ده‌شتی 14 ساڵن خۆی سووتاند" (A 14-year-old girl set herself on fire), featuring a portrait of a young girl. Each clipping includes introductory text and a photograph of the victim.

The figure displays two newspaper clippings from the Kurdistan Times (Zan). The top clipping has a headline "ژماره‌ مۆبایلیک شه‌هینی سووتاند" (A mobile phone number girl set herself on fire) and includes a photograph of a woman. The bottom clipping has a headline "سه‌ر ده‌شتی 14 ساڵن خۆی سووتاند" (A 14-year-old girl set herself on fire) and features a portrait of a young girl. Both clippings include introductory text and a photograph of the victim.

Given the above evidence, there are two possible interpretations. On the one hand, it suggests that the majority of Kurdish local newspapers present exaggerated reports on female suicide cases. On the other hand, it is clear that Kurdish local newspapers use “attractive” expressions in Kurdish language when presenting female suicide cases. Thus, the findings differ from western newspapers’ manners of reporting suicide cases (Press Complaints Commission, March 2009).

By focussing on the tragedy of individual cases, the news reports engage the public but they also risk amplifying these aspects of suicide at the expense of clear explanations and options for preventative measures. By informing the public about suicide cases

way, they are likely to generate confusion among the readers, the state actors and interested professionals. They also serve to portray a negative image of the KRI, without a positive sense of how society can respond to the social challenges. There are certain questions which need to be pursued further. For example, does the news provide information that encourages people to imitate the suicide behaviour in their reports?

In the following chapters it will become evident that there are parallels between the patterns of suicide revealed by coverage in the news, and the results of the current research questionnaire and interviews with professionals. The key issues raised in this chapter about the social isolation of young women, the lack of choice for women in general, their limited pathways to develop through education and employment, and the overpowering influence of tradition family structures and values, are all addressed in the next stage of the empirical study.

Chapter Six

Analysis of the Research Questionnaire I:

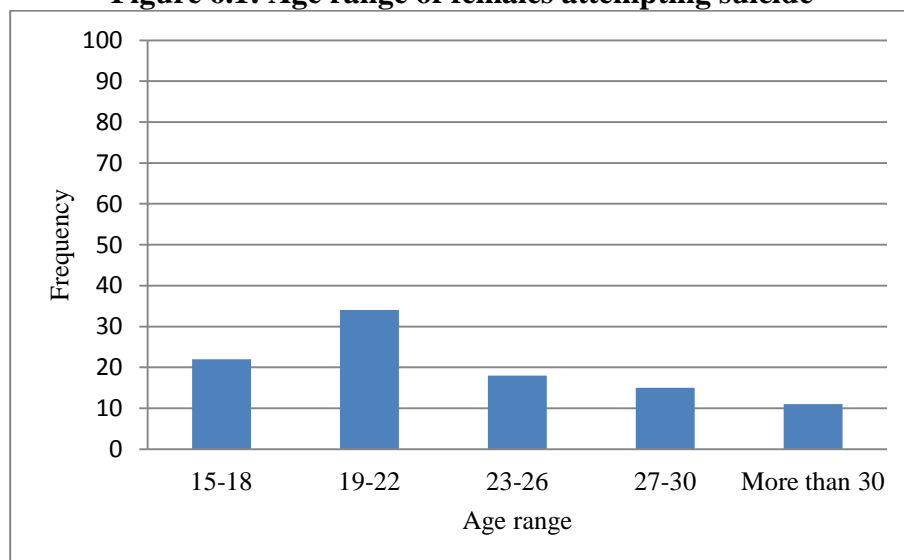
Demographic and Social Variables

Following the analysis of data gathered from local Kurdish newspapers, the results of the research questionnaire administered to the sample of women receiving treatment after suicide attempts will now be analysed. As explained previously (Chapter 4), results were obtained from a total of 100 questionnaires. More specifically, this chapter focuses on the demographic and social ‘structural’ variables, and Chapter 7 focuses on patterns of individual behaviour and evidence for the motives of the research respondents. This chapter is divided into sections which follow the same sequence as the questions in the questionnaire (see Appendix 1.1).

Age range of Females Attempting Suicide

Based on the questionnaire responses, the greatest frequency of attempted suicide was in the age group of females between 19 and 22 years old. It is useful to set this finding in a comparative context (see Chapter 3).

Figure 6.1: Age range of females attempting suicide



(N=100, all respondents)

Figure 6.1 shows how the age group frequencies are skewed. Out of 100 cases, 34 young victims were in the 19-22 year-old age group. In contrast, we can see that the lowest frequency is in the over 30 age range. A significant proportion, 22% of the respondents, were in the youngest age group, between 15 and 18 years old, while 18% were 23-26 years old, and 15% were 27-30 years old. There is an inverse relationship between the rate of attempted suicide and age, a finding which significantly contradicts Durkheim's theory that the 'suicide rate is believed to be increase with age' (1952/1897:29). It contrasts with Durkheim's postulate that strong social ties may protect one against committing suicide and that suicide rates may decrease between adolescence and middle age and then increase in old age. Durkheim's position seems to ignore community differences particularly in terms of levels of development. His theory is more likely to apply in industrialized or economically developed countries where the suicide frequency climbs steadily from adolescence to middle age (Girard, 1993).

According to Kurdish marriage traditions, a husband should be older than his wife, and most men prefer to have a wife who is younger than them. The age gap between husband and wife can be up to 20 years or more as, for example, in the case of respondent number 50, who mentioned that 'her husband is more than 20 years older than her', and this was a contributory factor to her attempted suicide. The large age gap between husband and wife can lead to lack of understanding between them.

The mean and median ages of the respondents were 23.06 and 22 years old, respectively. Ages ranged from 15 to 39, with a standard deviation of 5.80 years. This compares quite closely with other studies in the region. Othman (2010) reported that the median age of self-harm burn cases was 20 years, while Groohi et al. (2002) analysed 1089 burn patients in the province of Kurdistan, Iran, and found that:

The mean and median ages of the patients were 20.6 and 18 years, respectively, age ranged from <1month to 90 years, with a standard deviation of 15.1 years of age (p:570).

Moreover, Panjeshahin et al. (2001) studied the epidemiology and mortality of burns in the south west of Iran, and claimed that:

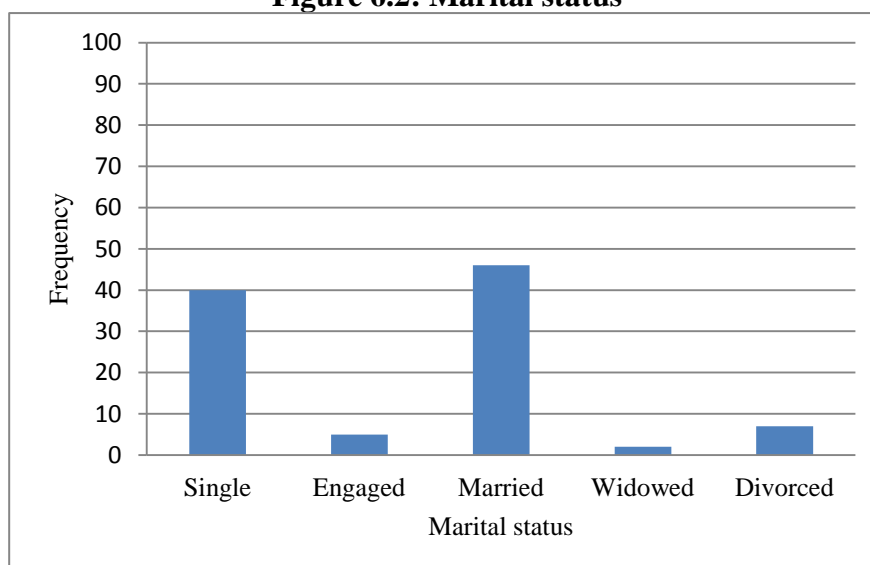
The overall mean and median ages of the patients were 21.9 and 18 years. Age ranged from less than 1 month to 98 years with a standard deviation of 16.8 years of age (p:220).

Marital Status

This section presents evidence of the relationship between marital status and female attempted suicide in the KRI using the categories of unmarried, married, engaged, divorced, and widowed participants. The responses showed that respondents were more likely to be married than unmarried.

It is most likely that marriage does not play any protective role in decreasing suicide attempts. As Shoostary et al. (2008) note, this is in contradiction to the theory of Durkheim (1952/1897) which suggests that marriage can protect people from committing suicide. Marital status is an important factor in some Asian countries such as India (Girdhar, 2003), or Pakistan, where Khan (1998) found that ‘marriage appears to be a significant source of stress for females’ (p:174). Also, Chao et al. (2008) found that in Taiwan marriage is an insignificant protection factor. In India, for example, if a married woman fails to give birth to a male child, her husband may seek a second wife. Similarly, prolonged infertility by women in Japan, for example, may lead to cancellation of the marriage or the husband may seek a mistress (Girard, 1993). These findings compare with the results of the current research, which show that females who attempted suicide are more likely to be married than unmarried.

Figure 6.2: Marital status



(N=100, all respondents)

As can be seen from Figure 6.2, 46% of the respondents are married, which is the largest single category, while a small minority (2%) are widowed. The single females are mainly from the youngest age group (30 out of 40) between 15 and 22 years old.

Type of Marriage

This section examines the relationship between type of marriage and attempted suicide, using the categories of love, own choice, and traditional marriage. The responses in Table 6.1 show the impact of traditional marriages.

Table 6.1: Type of marriage of the research participants

T		Frequency	percent
Valid	Love	18	30.0
	Own choice	14	23.3
	Traditional marriage	28	46.7
	Total	60	100.0

(N=60, all categories except single)

Table 6.1 show how the respondents described their marriage. The majority (46.7%) of the married respondents were in “traditional” marriages (in this research a category which is made up of the categories labelled in the original questionnaire as “forced marriages” and “exchange marriages”), while 23.3% of the respondents claimed to have entered into marriage of their own choice. The remaining 30.0% were married in what the respondents described as a love relationship.

A key feature of this data is that the largest proportion of participants was in traditional marriages in which they had no freedom of choice. The same group of respondents frequently described their relationship with their husbands as “unhappy”, a state of affairs linked to problems without a proper solution.

Both Iraqi and Kurdish National Assembly laws have provisions in relation to child and early marriage:

Iraqi law protects child and early marriage by setting the minimum age for marriage at 18 years. However, with permission from parents and courts children can legally marry as young as 15 years of age, or 16 years in the Kurdistan Regional Government (KRG). If a person is below 18 years of age, he or she must obtain permission from his or her guardian and from a judge in order to legally marry. In some cases where the judge determines that the guardian unreasonably objects to the marriage, the judge can overrule the guardian and permit a juvenile to marry (PSL No. 188, Art.8). The Amendment to the Personal Status Law (PSL) by the Kurdish National Assembly (KNA, Parliament) in 2008 raised the

minimum age of marriage to 16. (Act. No. 15 to Amend Law 188 of the year 1959, Art. 5 cited in Minwalla, 2011:33).

Participants' Relationship with their Husbands

This section describes the relationship between participants and their husbands, using the self-assessed categories of 'very good', 'good', and 'bad'. The responses in Table 6.2 show that the majority (63.6%) describe their relationship with their husband as bad.

Table 6.2: Participants' relationship with their husbands

		Frequency	Percent
Valid	Very good	10	18.2
	Good	10	18.2
	Bad	35	63.6
	Total	55	100.0

(N=55, all categories except single and engaged)

"Bad" in Table 6.2 is a category made up of the categories labelled in the original questionnaire as 'not very good', 'bad', and 'it changes quickly'. While a number of respondents described their relationships as good or very good, it seems that the quality of the marital relationship is linked to the respondents' suicide attempts.

Further correlation analysis of the relationship between different types of marriage and spousal relationships (Table 6.3) shows a strong association between traditional (forced and exchange) marriages and women's reports of bad relationships with their husbands. The majority of women in traditional marriages (19 out of 26) described their relationship as bad.

Table 6.3: Which of the following best describes your marriage? How is your relationship with your husband? Cross Tabulation

			How is your relationship with your husband?			Total
			Very good	Good	Bad	
Which of the following best describes your marriage?	Love	Count	6	5	5	16
		Expected Count	2.9	2.9	10.2	16.0
		% within Which of the following best describes your marriage?	37.5%	31.3%	31.3%	100.0%
		% within How is your relationship with your husband?	60.0%	50.0%	14.3%	29.1%
		% of Total	10.9%	9.1%	9.1%	29.1%
	Own choice	Count	1	1	11	13
		Expected Count	2.4	2.4	8.3	13.0
		% within Which of the following best describes your marriage?	7.7%	7.7%	84.6%	100.0%
		% within How is your relationship with your husband?	10.0%	10.0%	31.4%	23.6%
		% of Total	1.8%	1.8%	20.0%	23.6%
	Traditional marriage	Count	3	4	19	26
		Expected Count	4.7	4.7	16.5	26.0
		% within Which of the following best describes your marriage?	11.5%	15.4%	73.1%	100.0%
		% within How is your relationship with your husband?	30.0%	40.0%	54.3%	47.3%
		% of Total	5.5%	7.3%	34.5%	47.3%
Total	Count	10	10	35	55	
	Expected Count	10.0	10.0	35.0	55.0	
	% within Which of the following best describes your marriage?	18.2%	18.2%	63.6%	100.0%	
	% within How is your relationship with your husband?	100.0%	100.0%	100.0%	100.0%	
	% of Total	18.2%	18.2%	63.6%	100.0%	

In contrast, many of the participants who had married for love described their relationship with their husband as good or very good. Given these findings, one may argue that forced marriage is a significant factor in attempted suicide rates among females in the KRI. Clearly, a woman's relationship with her husband is not the sole factor, but the issue of forced and exchange marriage deserves further exploration.

Exchange marriage is a kind of contract between two families, to exchange their daughters or sisters with each other. Each girl becomes a wife for a man in the other family. This kind of marriage is known in many parts of the world (Lowie, 1921). If a man wants to find a husband for his daughter or sister and has a financial problem or does not want to pay a dowry, he can offer his daughter or sister to another man and the other man can reciprocate the offer. The marriage is conducted by a cleric. By this means the marriage will be both recognized and inexpensive. Exchange marriage is widespread in the Islamic world and also in rural Arab society. In Iraq such marriage is known as (كصّة بكصّة) or girl to girl. Similarly, exchange marriage in Kurdish society is called *jin be jin* or girl to girl. In exchange marriage the wedding party should be on the same day for both of the families. According to Barth (1953) exchange marriages not only have financial advantages, they are an extension of cousin marriage (for more information on cousin marriage see Chapter 1). If there is no relationship between the two families then such a marriage leads to the strengthening of family relationships, and increases social cohesion. However, any problem between the couple in one family will lead to problems in the other couple.

Exchange marriage gives rise to a number of problems. The marriage arrangement obeys the 'law of reciprocity', so if one of the men is not compatible with his wife and divorces her, the second man should also divorce his wife, even if they are happy with each other. When one of the women leaves her husband the other should do the same because exchange marriage is the kind of linked marriage between two couples. If one of the couples does not want to get divorced because of the problem between the other couple, they should pay all the expenses of the second marriage. Exchange marriage minimizes the dowry because each family offers a girl and the girl herself becomes a dowry. This researcher has observed that rates for this kind of marriage are gradually rising for two reasons: firstly, economic problems and increases in dowry; and secondly, because the arrangement can help to put an end to problems between

two tribal groups (Sindi, 2002). Within exchange marriage there are two types: adult to adult exchange, where the wedding party should be on the same day for both families; and the exchange of an adult girl with an underage girl, which is illegal because it is forced and involves a child – sometimes less than 5 years old. This kind of marriage occurs mostly in rural areas, involving people who are uneducated or have a low level of education. Problems arise when the girl and the boy mature.

According to Rudaw local newspaper on 3rd May 2011, 3000 underage girls had become engaged in Rania and Kaladeze, but were still not married or divorced. One example is the story of a three-year-old boy who had been engaged to a 40-day-old girl. The boy lost his eyes in an accident, and by the age of 12 he wanted to go through with the wedding, but the girl refused to live with a blind man. In revenge he said to the girl “I do not divorce you”. Now the man blames his father.

However, in the majority of cases of forced marriage there is misunderstanding between spouses, and this leads to instability in their everyday family life, such as life style, going out, and nursing children. Participants gave very clear accounts of their circumstances, which were often quite similar.

‘I was engaged to enter a forced marriage and I did not want to marry the boy due to the fact that he is living in a village. So I attempted suicide’ (No. 4).

‘I was in love with a boy, but my father refused my wishes, and forced me into an arranged marriage with another boy, who is 18 years older than me’ (No.5).

Participant number 6 mentions that she is illiterate, while her husband can read and write, though he has no certificate. She entered into an exchange marriage when she was young (under the age of 16) due to the fact that her brother was in love with her future husband’s sister, and as a result, she had an exchange marriage with the brother of her sister-in-law, according to her brother’s wish. Consequently, she wanted to get a divorce because she was unhappy with her husband. She said her father did not listen to her and, as a result, she attempted suicide. Participant number 15 explains that she was married twice in forced marriages. Her father forced her twice to marry a man against her will just to get money from the dowry. Also, her husband had another wife so she wanted a separate house. But no one would listen to her and she had no one to turn to, which left her no choice but to attempt suicide’. Another participant says:

'I was engaged to a boy that I dearly loved, even though I am illiterate, but my parents forced another person upon me for marriage which I strongly believe was primarily for their own financial gain. I made it very clear to my family that if I should enter into that marriage, they would be responsible for whatever might happen thereafter. Consequently, a few years after the marriage I decided to attempt suicide – not only because the marriage was forced upon me, but also because my husband appeared to have some psychological problem'. (No.33)

Similar circumstances apply in another case:

'I was 13 years old when I fell in love with a boy and had a relationship that lasted for three years, but my family refused to honour our marriage. As a result, I was given away to another boy whom I did not really love. Subsequently, the marriage did not last, he was not to my taste. Hence I decided to attempt suicide'. (No.48)

Participant number 50 mentions that

'My attempted suicide was a result of a sequence of forced marriages and disappointment from my family. My first marriage was when I was 15 years old and the marriage lasted for only 4 months with a person 18 years older than me. In the second marriage I was given to another old person and I decided not to accept it and opted to run to the Shelter home in Hawler City. However, my family kept threatening the Shelter home managers, and so the Shelter manager had to refer me to prison for safe custody'.

Participant number 73 reports that she was 'a victim of exchange marriage when I was a minor' and participant number 95 says: 'I attempted suicide because I was forced to marry someone I did not like – quite simply, I already had a person that I really wanted to marry'.

These findings are consistent with other evidence. A survey report on institutionalized violence against women and girls in Iraq conducted by Minwalla and published in 2011 concluded that:

Early and forced marriage leads to many problems for girls who frequently encounter a lifetime of abuse within these marriages. When families force girls to marry outside of the courts, they look to religious leaders who conduct religious marriages that are recognized by the family and community, but not by the legal system. The children born to these marriages cannot obtain legal identity documents until the marriage is legitimated. In some areas of Iraq this appears to be changing and religious leaders increasingly check to ensure that both parties consent to the marriage and are of legal age (Minwalla, 2011:7).

On the issue of female safety and vulnerability, the survey revealed that women and girls particularly in Iraqi society are put in extremely

vulnerable situations since the family is the primary source of support and protection in Iraqi society. Therefore, when there is abuse and dysfunction within the family, the women and girls have extremely limited options for protection and some escape to shelters, jails or the home of another relative or powerful community leader (Minwalla, 2011:10).

A report compiled for the Heartland Alliance for Human Needs and Human Rights (Minwalla, 2011) states that the majority of the women represented in their survey were charged with, or convicted of, committing adultery after suffering an extensive history of abuse and violence. Many were forced into marriages, often with men older than themselves. This kind of forced marriage often triggers severe domestic violence including rape and sexual abuses. Unfortunately, the Iraqi criminal codes do not have adequate provision to address such cases. On the contrary, men often misuse the adultery law to threaten, intimidate and divorce their wives, as part of an ongoing pattern of abusive behaviour and also as a means to more easily divorce their wives and avoid responsibility for supporting them. This latter scenario can arise when the husband wants to take another wife but faces difficulty either from his family or from the courts in obtaining a divorce (Minwalla, 2011:21). The same report goes on to highlight the physical and psychological stresses females experience particularly in forced or marriages. It argues that:

Trauma from child rape and sexual abuse is retriggered when girls are faced with the prospect of marriage, particularly in a place such as Iraq where females are expected to demonstrate virginity by bleeding during intercourse. Girls who are suspected of losing their virginity are routinely subjected to hymen tests despite their unreliability as a method to determine virginity. Rape victims are often blamed for the rape, which is a primary motive for not reporting the incident in the first place. Even when it is clear that the victim was forced and did not consent to sex, particularly with very young girls, the occurrence of the incident is socially viewed as bringing shame on the family, and in extreme cases the family will kill the girl to reclaim its honour (Minwalla, 2011:27).

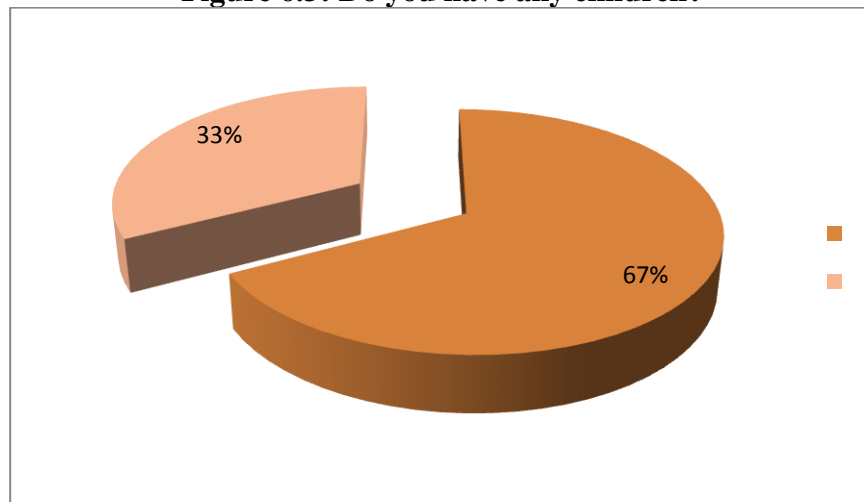
Traditional marriage should be understood in relation to Kurdish society and culture, which is patriarchal (Hansen, 1980/1961), where many females do not have the right to make decisions affecting their lives. The meaning of marriage is not like the modern western ideal of equal partnership and flexible roles shared between two individuals. Instead, it is an unchanging duty for females to look after men in their families and to remain economically dependent. What changes in marriage is the location of these duties. If a daughter gets married her roles will be transferred from daughter to daughter-in-law, and from looking after her parents and siblings to looking after her-in-laws. In many cases there is no change in the content of her domestic role (Donovan,

1990; and Kok, 1988). The next step is to consider the evidence for the wider system of relationships within the household.

Family and Household Structure

This section explores family relationships and household structure beginning with data from the question: “Do you have children?”, including their gender and age. The questionnaire also elicits information about who else lives in the household. As Figure 6.3 shows, the majority (67%) of the respondents who were married had children, and within that group the majority (23 respondents) had very young children, aged between 1 and 3 years old.

Figure 6.3: Do you have any children?



(N=55, based on respondents who were married, widowed and divorced)

Those respondents who had children were likely to be young mothers, some under the age of 20, without much age gap between the children. This entails significant demands of nursing, childcare and management of the children. More than half had one male and female child (see Tables 6.4.1-2). Just five respondents had children in the teenage or young adult age group of between 16 and 20 years old.

Table 6.4. 1: Number of male children

		Frequency	Percent
Valid	1.00	14	56.0
	2.00	8	32.0
	3.00	2	8.0
	4.00	1	4.0
Total		25	100.0

(N=25, the respondents with male children)

Table 6.4.1 shows the distribution of the male children of the respondents, of which the majority (14) had one male child. Eight of the respondents had two male children, and two of them had three male children. One respondent had four male children.

Table 6.4.2: Number of female children

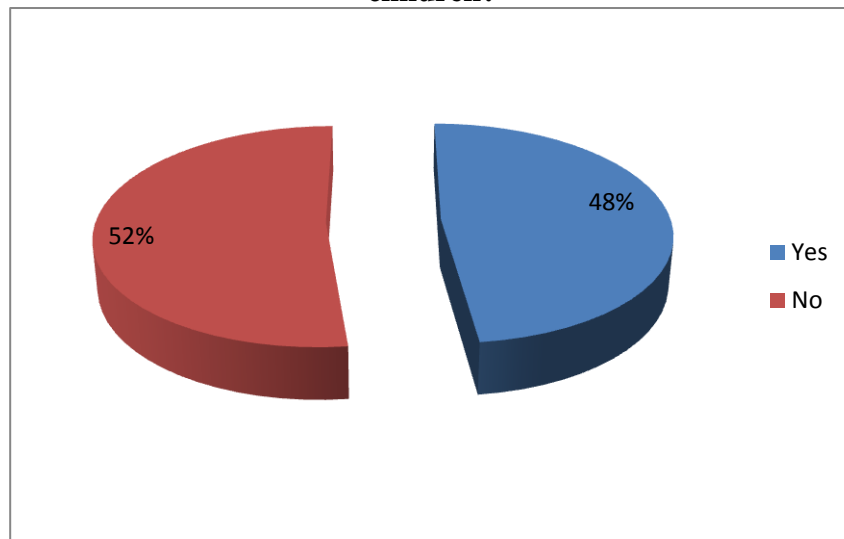
		Frequency	Percent
Valid	1.00	16	53.3
	2.00	11	36.7
	3.00	3	10.0
	Total	30	100.0

(N=30, the respondents with female children)

Table 6.4.2 gives the frequency of female children. Out of 30 of the respondents with female children, the larger group of them (16) had one female child, 11 of the respondents had two, while three of the respondents had three female children.

The profile of respondents according to type of household (Figure 6.4) shows that nearly half of the married females lived alone with their husbands and children, in their own house, independently of their in-laws.

Figure 6.4: Does anyone live in your household apart from your husband and children?



(N=54, based on respondents who were married, widowed and divorced not living alone)

The other group (52%) of respondents live with other people such as father-in-law, mother-in-law or siblings in a household with the respondent's husband and children. These families are less independent as they do not have their own house. Table 6.5 shows a detailed breakdown.

Table 6.5: Households with residents in addition to husband and children

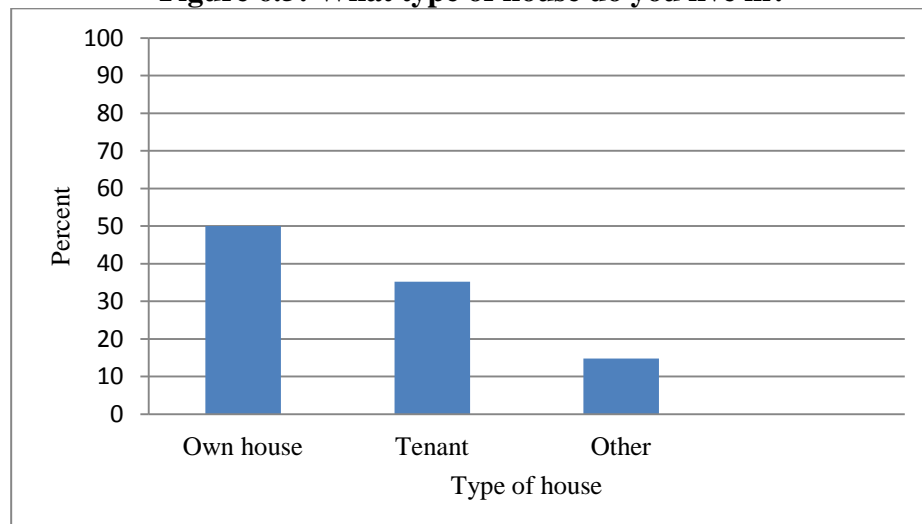
		Frequency	Percent
Valid	Father and mother -in-law	3	11.5
	Mother, brother, and sister-in-law	2	7.7
	Mother- in- law	4	15.4
	Brother and sister-in-law	4	15.4
	Father, mother, brother, and sister-in-law	10	38.5
	Other	3	11.5
	Total	26	100.0

(N=26, married women living in extended households)

Table 6.5 indicates that, out of 26 attempted suicide victims who lived with other people apart from their husbands and children, 10 lived with their fathers-in-law, mothers-in-law, brothers-in-law, and sisters-in-law, while a minority, three victims, lived with their fathers-in-law, mothers-in-law, and other people such as grandparents, sisters-in-law with her husband, and a second wife with her children. It seems that most of the participants live in a joint family, and they are not independent. Whether they live in a smaller or more extended household the women are not independently able to make decisions concerning their family life.

This section extends the analysis to the type of residence and demonstrates the relationship between the respondents and the type of house, and ownership. Half of the respondents lived in their “own” house (see Figure 6.5), and the majority (66.7%) of the respondents mentioned that their husband was the owner of the house, as described in Table 6.6.

Figure 6.5: What type of house do you live in?



(N=54, based on respondents who were married, widowed and divorced not living alone)

Figure 6.5 presents the data on the type of residence of the participants. Half of the respondents, out of 54 cases, live in a privately-owned house, while 35.2% are tenants

and a minority (14.8%) live in another type of house, such as father-in-law's house or government house. In addition, some of them do not have their own house because they live in villages (which will be mentioned in Figure 6.6). If a respondent is single they will almost invariably be living with their parents.

Table 6.6: If you live in your own house, who is the owner?

		Frequency	Percent
Valid	Husband	18	66.7
	Self	1	3.7
	Other	8	29.6
	Total	27	100.0

(N=27)

Table 6.6 shows that the majority (66.7%) of the respondents stated that their husband was the owner of the house, while 29.6% said that their house was owned by other people such as father-in-law, brother-in-law, or her father. Only one individual said that she was the owner of the house. It is clear that most of the respondents do not own or co-own the house and this issue is related to the Kurdish culture. The majority of the girls are not financially independent. When they are single they depend financially on their families, such as parents and brothers, and when they marry they become financially dependent on their husband. Even in exceptional cases when they have their own job, they are still not financially independent. For example, some of the respondents mentioned that they even sold their gold to buy the house, but it was the husband who actually owned the house.

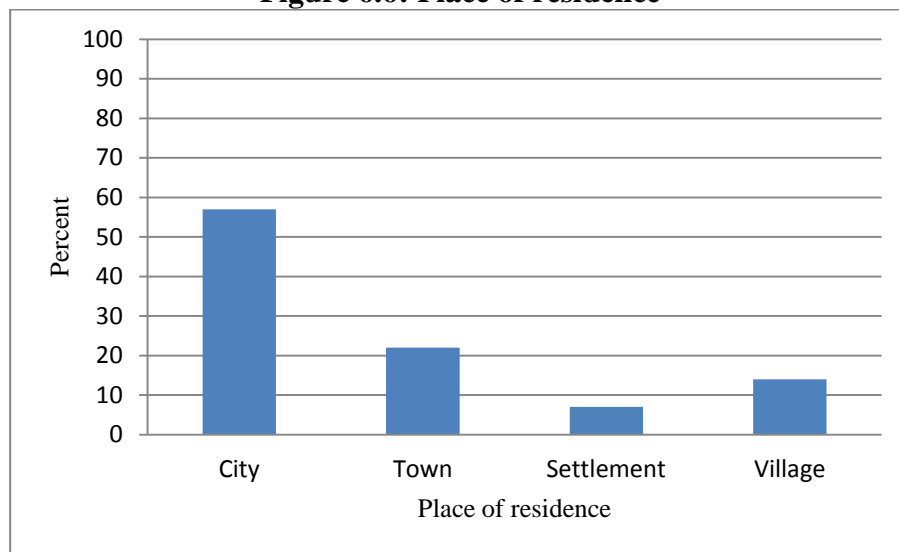
Place of Residence of Females who Attempted Suicide

It appears that the kind of place an individual lives in is linked to behavioural patterns. This section presents findings about the relationship between place of residence and female attempted suicide in the KRI. Four categories of residence, namely city, town, settlement and village⁶ are used. As shown in Figure 6.6 below, more than half of the respondents (57%) lived in a city, 22% lived in a town and 14% lived in a village. A

⁶ Administrative divisions in the Kurdistan Region shall be as follows: government, districts, counties and villages [city, town, settlement and village]. The establishment of these administrative divisions, the designation or change of their capitals, the settling or modification of their boundaries, and the separation of one administrative unit to attach it to other such units shall take place in accordance with the law (Draft Constitution of Kurdistan Parliament, 2009: 39).

small minority (7%) lived in settlement areas. Although the frequency of city dwellers was high, the researcher observed that a significant number of the participants originated from villages. However, it is also pertinent to note that significant number of the respondents had been forcibly moved to the countryside, mostly during Saddam Hussein’s regime (see Chapter 1). What is interesting in this data is that most of the respondents who lived in a city had migrated from rural areas. Living in a large city has an impact on thinking, social values, tradition, and life styles, particularly important in relationships within traditional family life.

Figure 6.6: Place of residence



(N=100, all respondents)

These findings are not exactly congruent with certain other studies, notably Othman’s, which found that a majority (390) of the 597 intentional self-harm suicides lived outside of Sulaimani City (Othman, 2010). In a similar study, Groohi et al. (2006:20) stated that:

The sociocultural factors that contribute to suicidal behavior are more prominent in rural settings, and suburban residents (mostly villagers who migrated to the large cities) comprise a significant proportion of the urban population.

This position, that there are higher suicide rates in rural areas, finds support in studies in other non-western societies including China (Philips et al., 1999:27-29), and in numerous Asian countries as well as China - including India, Japan, Sri Lanka, and Taiwan (Chen et al., 2012). For example, in rural areas in China suicide rates are 2-3 times higher than in urban areas (Chen et al., 2012). Takahashi (2008) found that in Japan statistics reveal that urban areas are likely to have low rates of suicide. Such

findings suggest that there is a significant relationship between rural settings and the likelihood of attempted female suicide in many Asian countries. Yet Groohi et al.'s (2006) study conducted in a similar environment found a contradictory result, showing that about 55% of the patients were residents of urban settings, and about 45% were residents of rural settings. The explanation for this is likely to be that the KRI research participants who originated from rural areas still uphold their "rural" traditions and values regardless of where they currently live.

Certainly, the rapid social changes in the KRI, and related cultural transformations, are introducing new ideas and values. They have spawned cultural conflict between the old and new generations. The cultural conflict was highlighted in the study by Groohi et al. (2006:20), where they state that:

The most serious obstacle in the realization of women's rights in Kurdistan and elsewhere in Iran is a cultural obstacle, which is a result of the patriarchal culture justified by traditions and customs. In most cases, this patriarchy is also given a religious association.

The strength of culture and tradition is evident in the fact that some conservative Kurdish families do not do follow the law, whether concerning family law or individual rights and freedoms. There is a tension between old values and new ones, which leads to attempts by the new generation to escape from the old values, and follow the new. This results in a cultural conflict between the new and old generations, particularly problematic for young people, as they are viewed by older people as deviant.

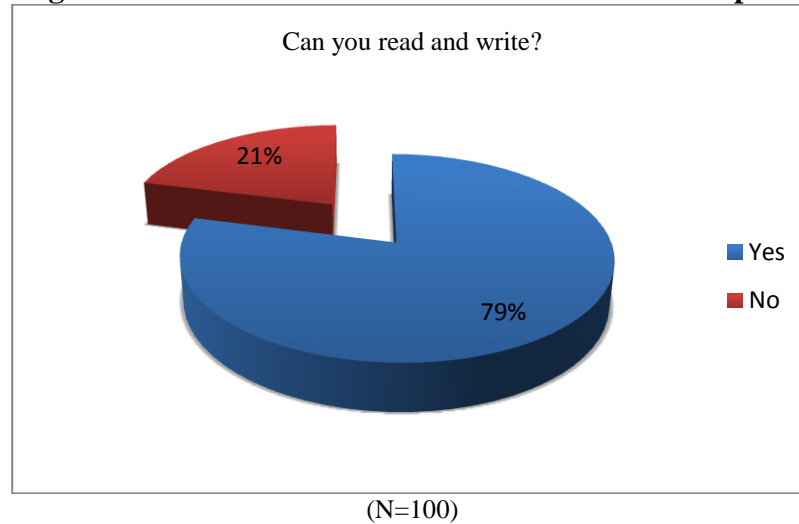
Education

This section highlights the relationship between education level and female attempted suicide in the KRI. The research participants were asked about their ability to read and write, and their level of educational qualifications. About 79% of the respondents said they could read and write, but with low-level educational qualifications; and 21% could not read and write, as seen in Figure 6.7.

Of those who could read and write, qualifications differed: 20% had primary school qualifications, 13% had secondary and high school certificates, and 12% had diploma certificates, while a small minority, 6%, had a university qualification. About 15%

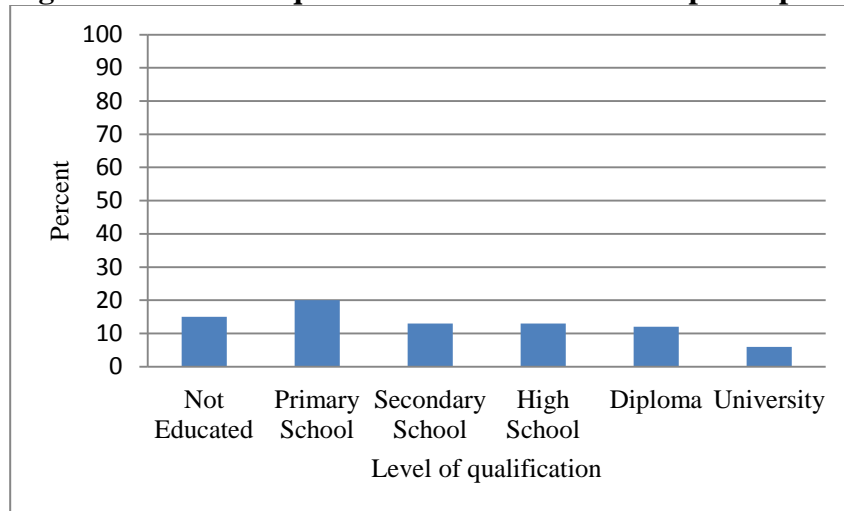
could read and write, but had no certificate. The generally low level of qualification may be related to the fact that more than half of the respondents were housewives without employment (see Figure 6.10).

Figure 6.7: Educational level of female suicide attempters



Thus, drawing on this data, one may argue that illiterate females with few or no educational qualifications are more likely to attempt suicide than females with higher qualifications. The World Bank 2009 Social Indicator reveals that the illiteracy rate among Iraqis actually increased from 74% in 2000 to 78% in 2009 (World Bank, 2011).

Figure 6.8: Level of qualifications of the research participants



(N=79, able to read and write)

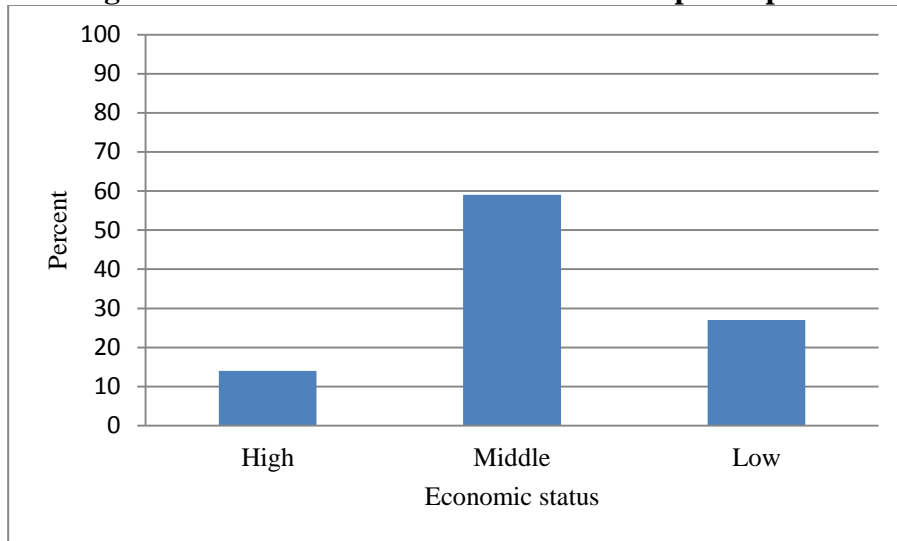
The research findings are congruent with several other studies referred to previously (see Chapter 3), which show that there is a similar positive correlation between the rates of attempted suicide and the low level of education. As a result attempted suicide is higher among females who have a low level of education than educated females, which is demonstrated in Figure 6.8. The research findings contradict Durkheim's (1952/ 1897) theory which proposes that educated people are more likely to commit suicide than illiterate people.

Economic Status and Occupations of Females who Attempted Suicide

In this section, the aim is to shed light on the relationship between the economic activity and occupations of females who attempted suicide in the KRI. It is worth noting that economic status in this section is not highly reliable in its detail, but is dependent on the definition provided by the respondents regarding their economic level.

First, we consider the economic status of the respondents according to three strata. The majority (59%) were in the middle economic class, and 27% were in the lower economic status. Only a minority (14%) were of high economic status, as illustrated in Figure 6.9.

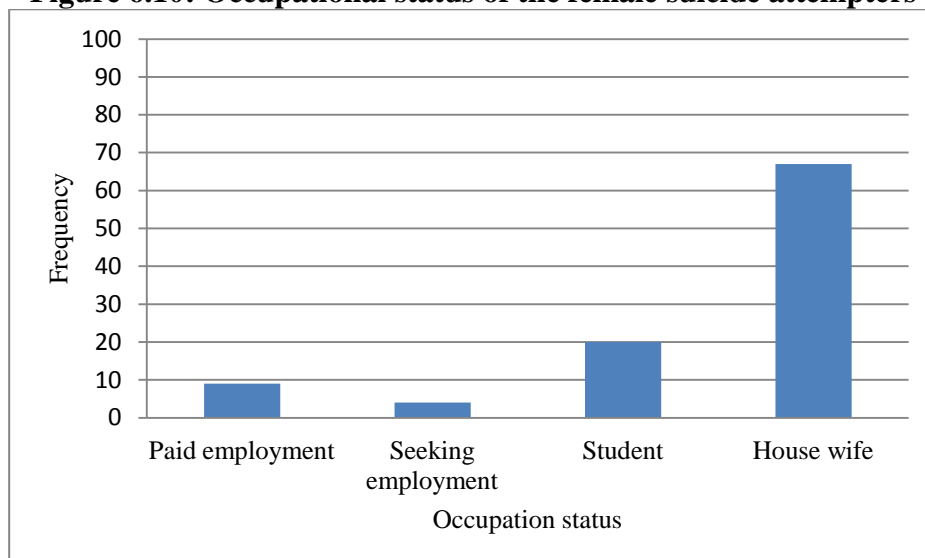
Figure 6.9: Economic status of the research participants



(N=100, all respondents)

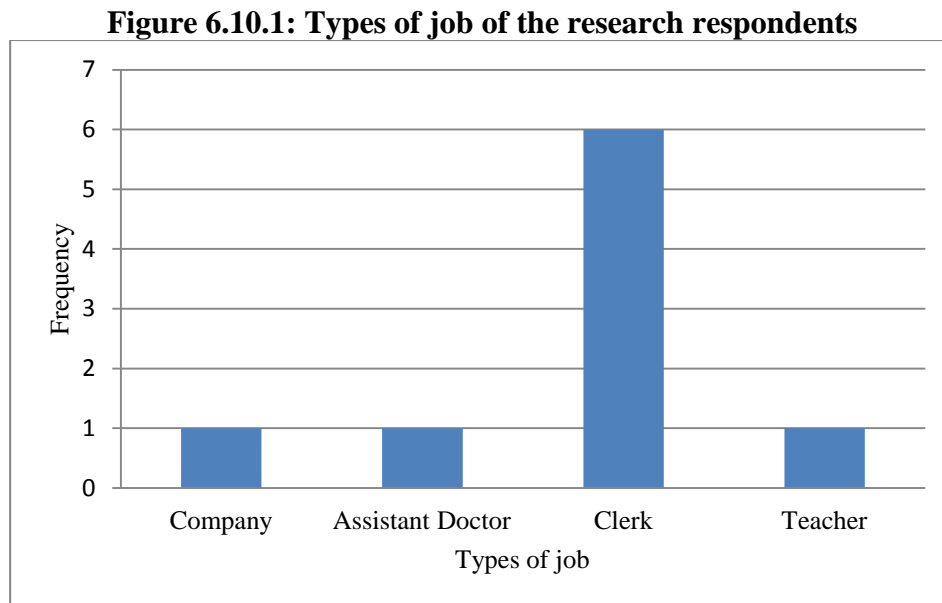
Next, we examine women's level of participation in the labour market. The data shows that out of the total number of research participants, 67% were housewives. This is in agreement with studies showing that housewives make up a significant proportion of attempted and committed suicides among females in many Asian societies (see Chapter 3, for further detail on occupation status and female suicide). These and other studies show a significant positive correlation between low levels of participation in the labour market, low levels of literacy and education, and the rate of female suicide, as illustrated in Figure 6.10.

Figure 6.10: Occupational status of the female suicide attempters



(N=100, all respondents)

Figure 6.10.1 shows that others were seeking employment or in paid employment. Only (9%) had jobs and a very small minority (4%) were employment seekers; however, students constituted about 20%. A significant aspect of this data, confirmed by research informants, is that female suicide attempts are most often carried out in circumstances where the means of self-burning is easy to access and use, that is within the domestic setting (see Chapter 7).



(N=9)

As can be seen from the data in Figure 6.10.1, from a small number of nine respondents in the category of job holders, six were working in a clerical position, while other individuals had positions in teaching, medicine, and in a private company. It seems that even the working or employed participants are not protected from suicidal impulses. The means to solve their personal problems is not in their own hands, and they do not have a person or place to turn to for help. None of the respondents was in an occupation which requires a higher education qualification, including the “Assistant Doctor” whose certification is a two-year diploma, not a higher education degree.

The data enables an analysis of the relationship between the occupational status of the respondents and the different methods of harming themselves. The majority (51 persons) of the respondents used the method of self-burning to attempt suicide, and most of them were housewives, as shown in Table 6.8:

Table 6.7: By what method did you harm yourself? What is your occupation status? Cross Tabulation

			What is your occupation status?			Total
			Paid & seeking employment	Student	Housewife	
By what method did you harm yourself?	Burning	Count	5	6	40	51
		Expected Count	6.6	10.2	34.2	51.0
		% within By what method did you harm yourself?	9.8%	11.8%	78.4%	100.0%
		% within What is your occupation status?	38.5%	30.0%	59.7%	51.0%
		% of Total	5.0%	6.0%	40.0%	51.0%
	Other way	Count	3	3	12	18
		Expected Count	2.3	3.6	12.1	18.0
		% within By what method did you harm yourself?	16.7%	16.7%	66.7%	100.0%
		% within What is your occupation status?	23.1%	15.0%	17.9%	18.0%
		% of Total	3.0%	3.0%	12.0%	18.0%
	Taking overdose	Count	5	11	15	31
		Expected Count	4.0	6.2	20.8	31.0
		% within By what method did you harm yourself?	16.1%	35.5%	48.4%	100.0%
		% within What is your occupation status?	38.5%	55.0%	22.4%	31.0%
		% of Total	5.0%	11.0%	15.0%	31.0%
Total	Count	13	20	67	100	
	Expected Count	13.0	20.0	67.0	100.0	
	% within By what method did you harm yourself?	13.0%	20.0%	67.0%	100.0%	
	% within What is your occupation status?	100.0%	100.0%	100.0%	100.0%	
	% of Total	13.0%	20.0%	67.0%	100.0%	

Out of 51 respondents, the largest group (40) were housewives who used the method of burning themselves. Self-burning is also found among the minority of non-housewives, two of whom were seeking employment, three of whom were in paid employment and six of whom were students. Fifteen of the housewives used the method of taking an overdose to attempt suicide, a method which is found among some of the respondents in paid employment. A minority of respondents used other methods, including poisoning (3), jumping (2), hanging (1), and cutting with a knife, scissors, or glass (6). Thus, the majority of the respondents were housewives, and they used the method of self-burning. Housewives generally have easy access to flammable agents. Participant number 32 says: 'I attempted suicide by the method of self-burning because only this method was available; every single day I use petrol in my daily life whether for cooking or washing.' Likewise, participant number 50, for example, mentions that she 'attempted suicide by means of taking an overdose of drugs because the means are readily accessible'.

The method of self-burning also has great and lasting impact, especially upon those who survive. It is the cause of great pain and disfigurement to the body. If a woman is married her husband may not wish to live with her any more due to the disfigurement and the shame to his family. Sometimes families use victims for begging. For instance, participant number 67 explains that after nine years' marriage, still childless, her husband married a second wife and he has six children by this wife. She attempted suicide by self-burning because she was ignored by her husband. Subsequently, she was divorced and kept destitute by her father for financial gain.

Conclusion

In this chapter, the data drawn from the questionnaire which was administered in the KRI have been presented and analysed. The findings begin to answer the earlier research questions (see Chapter 4) which ask: 'What is the connection between household relationships and female suicide?', and, more specifically, 'what is the relationship between traditional marriage and female suicide?' The data were codified into subthemes. The subthemes include the age range of females who had attempted suicide. One of the best-supported and striking findings is that about 89% of the participants belong to the age group 15-30 years old. This can be compared with other

scholarly research (see Chapter 3) and data from interviews with professionals (see Chapter 8).

A second important finding is that a high proportion of the respondents are married within a marriage which is not of their own choosing. The majority were married through “traditional” marriage processes, including exchange marriage and arranged marriage, and forced marriage was mentioned by some of the research participants. Most of the respondents mentioned that the relationships with their husbands were bad, particularly those who were in traditional marriages, and in some cases a forced marriage.

Other characteristics of the respondent group are the high proportion of housewives with young children, and their state of dependency both economically and culturally within the straightjacket of domestic relationships in a patriarchal system. The fact that few have higher educational qualifications and a high proportion has close ties to the countryside, even if they now live in cities, suggests that the weight of tradition is great and that the restrictions upon women may be experienced even more acutely as the signs of an alternative, modern existence become more and more visible. The next chapter engages in further exploration of patterns of behaviour and motives which may be linked to these social structures and institutions.

Chapter Seven

Analysis of Research Questionnaire II:

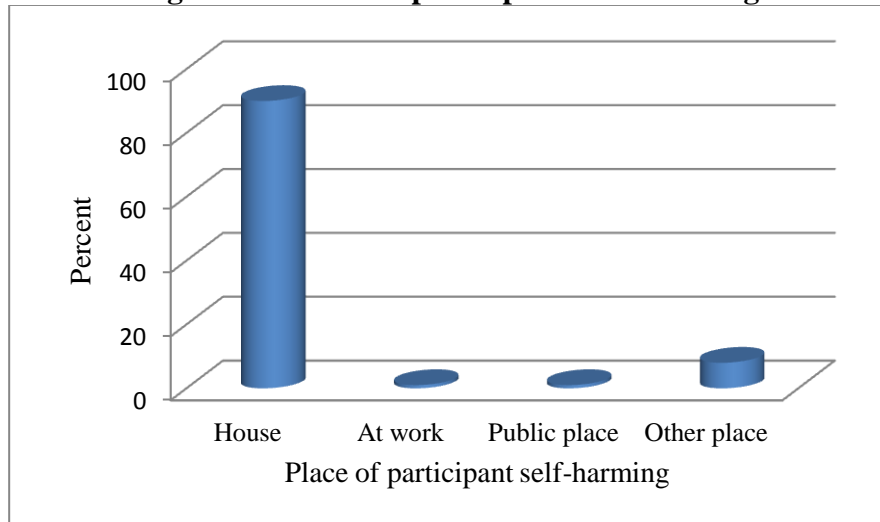
Patterns of Individual Behaviour and Motives

This chapter continues the analysis of the research questionnaire but with an emphasis on individual behavioural patterns and the motives of the research respondents. Each section will present the findings in relation to a specific topic.

Method of Attempted Suicide

According to previous studies, men are more likely to use more violent methods for attempting or committing suicide than females (Abdel Moneim, 2011; Brådvik, 2007; Byard et al., 2004; Groohi et al., 2006; Hawton, 2000b; McIntosh, 1992; Murphy, 1998; Powell et al., 2000; Scott, 1989; Shopshire, 1990; Steen and Mayer, 2003; Stengel, 1977; Thomyangkoon et al., 2005; Vaughan, 1985; Watt, 2001; and Williams, 2001). However, this contrasts with the findings of the current research, which show that women often use violent methods, even at home; more than half of the respondents admitted attempted suicide by self-burning. The acts of self-burning are cruel and violent. As stated by Mofidi et al. (2008:297), the likelihood of self-burning is higher among adolescents in Kurdistan than in other areas of Iran. Likewise, Groohi et al. (2006:16) found that 'of all methods of suicide behaviour, burns are perhaps the most dramatic, violent, and the most difficult to understand'.

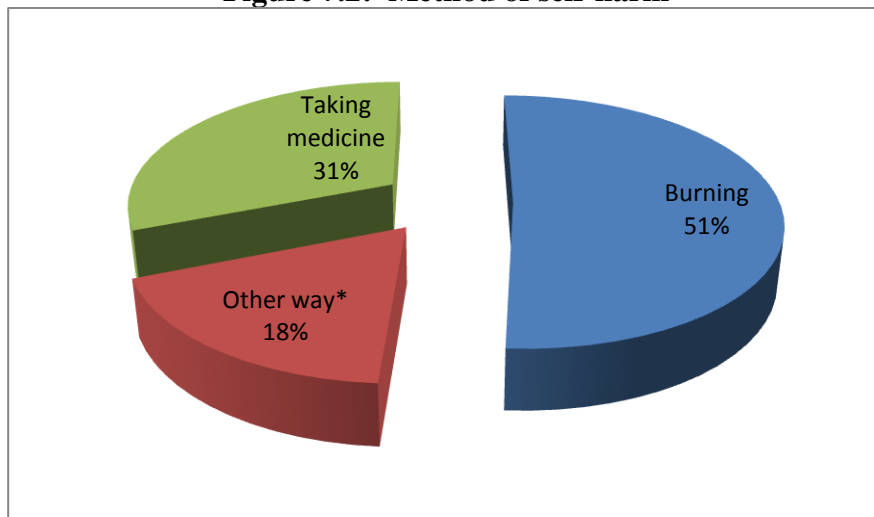
Figure 7.1: Place of participants self-harming



(N=100)

Figure 7.1 shows that almost all (90%) of the respondents attempted suicide in their own house, and only a very small minority made their attempt at work or in a public place. Most of the respondents were housewives in traditional households (see Chapter 6) who spent their time at home. The findings show a significant positive correlation between respondents' occupations, the place of self-harming, and the method used.

Figure 7.2: Method of self-harm



(N=100)

Figure 7.2 shows that a small majority (51%) of the respondents used burning, 31% used medicines, and 18% used other means. Of the 18% who chose other methods, 1% used the method of shooting, 1% hanging, 4% jumping, 5% poisoning, and 7% cutting themselves with knife, scissors or glass.

What is notable in this data is that so many of the participants used the self-burning method and, according to the observations and findings of the research, describe it as a way of showing their need for help or as a cry for help, short of wanting to succeed in their suicide. The incidence of self-burning reported by the respondents (in the questionnaire) was less than the reported cases captured by the media sources (see Chapter 5), while the incidence of medicine consumption in the media sources was less than the cases reported by respondents. This implies that KRI media do exaggerate self-burning cases in the course of their reporting. Also, the evolving findings suggest that educated people in the KRI are more likely to commit or attempt suicide by use of drugs and shooting rather than self-burning (see Chapter 5).

Many of those who attempt or successfully commit suicide spend much of their time working in the kitchen and have easy access and opportunity to commit the act. Groohi et al. (2002) support this conclusion when they argue that the high incidence rate of suicide by burning especially among women is due to the easy access to flammable agents. Panjeshahin et al. (2001:223-224) also observe that ‘...easy access to flammable agents probably contributes to the high frequency of suicide attempts’.

These circumstances were lamented by many of the research participants. One said: ‘self-burning is easier and accessible for me’. It appears that most of the respondents had been working in the kitchen, and that is how they found the opportunity to act.

Previous Suicide Attempts

Another research question aimed to find out whether the respondents had ever attempted suicide previously and, if yes, on how many occasions. Exactly half of the respondents (50%) said they had attempted suicide previously. Table 7.1 shows the frequencies for those who provided information about the number of previous attempts in Question 19 of the questionnaire.

Table 7.1: If yes, how many times?

		Frequency	percent
Valid	1.00	20	40.8
	2.00	12	24.5
	3.00	10	20.4
	4.00	3	6.1
	5.00	4	8.2
	Total	49	100.0

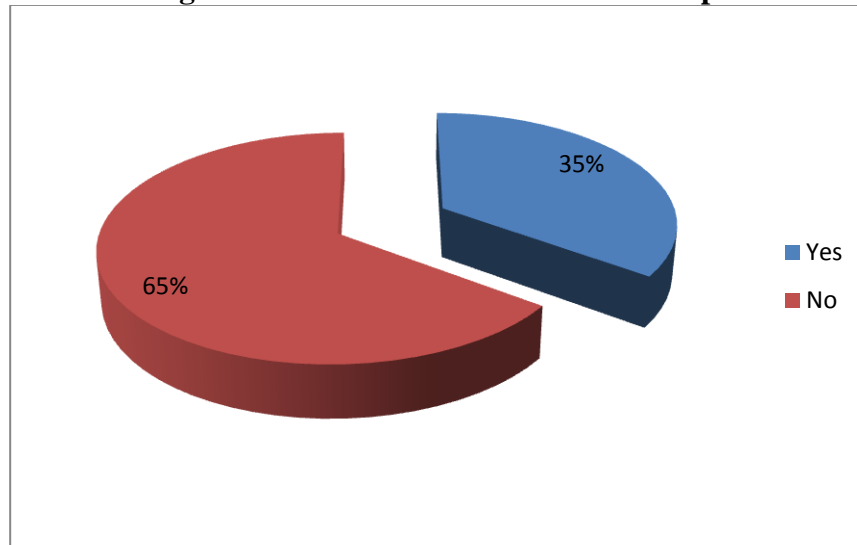
(N=49)

The largest group (20 persons) said that they had attempted suicide on one previous occasion, 12 said twice, 10 said three times, while 4 referred to five occasions. One respondent mentioned that she did not remember how many times she had attempted suicide in her life although she ticked Yes to Question 19. One possible interpretation of these results is that many respondents attempted suicide more than once because they experienced ongoing problems which had not been addressed, in spite of their persistent pleas.

Factors Contributing to Female Attempted Suicide

Questions 21, 22 and 23 were designed to identify the main factors contributing to female suicide according to the respondents themselves. Question 21 asked: ‘Did you make any plea, before attempting suicide?’ The word “plea” is a translation of the Kurdish *Dawakary* and refers to participants’ request or strong appeal/complaint to their families, husband, or society before their attempted suicide. If the respondent gave the answer “Yes”, then Question 22 followed, asking ‘What was your plea?’ Questions 23 and 24 probed the family’s response or non-response. About two-thirds of the respondents (65%) reported that they did not make any plea before their suicide attempt, while 35% of the respondents did so (see Figure 7.3). A few (9) responded to Question 21 by answering “Yes”, but left the next question blank. The first figure is rather high, suggesting that many were reluctant to go into reasons which might reflect poorly on their families or which might be used against their relatives. Given the emerging results, the implication is that the majority of the respondents made a plea prior to attempting suicide, but perhaps they did not want to share their ordeals with other people, while some of them were afraid of their family’s reaction.

Figure 7.3: Plea before the suicide attempt



(N=100)

By use of the responses of the one-third (35%) who said that they did make a plea, the factors which they refer to will now be explored. Most of these respondents gave short answers to Question 22, possibly because the subject was painful and difficult to discuss with a stranger and a man. The reasons given include the following:

Broken Promises from the Husband

Respondent 1 explained that broken promises were the main grounds for her suicide attempt: 'My husband promises a lot of things, but does not fulfil the promises.' Her plea was for 'no more broken promises'. She referred to the types of broken promise which are often made by the husband to his future wife before marriage such as: own house, continuation of her studies, freedom, buying a car, and so on. So when the husband broke his promises, the wife saw a different person from the one she knew before. She felt frustration and did not believe her husband any more.

Problems with in-laws

A problem with her brother-in-law was the issue mentioned by Respondent 3. She said that the interference of her brother-in-law in their married life and their relationship created a lot of problems in their marriage. According to the Kurdish family system, when the head of the family, that is the father, becomes weak, then the oldest son should replace him as head of the family and play the most important role in family life, making decisions, giving rights to his younger siblings (for instance, to enter into

marriage), giving permission to go out and go to work, and setting rules for their daily life. Respondent 49 described a problem with her father-in-law, mentioning that ‘my father-in-law does not leave us to be independent, for example, in making decisions about our daily life’.

Independent Family Life

This factor is most often mentioned by married female respondents. Based on Respondents 5, 7, 15, 22, 30 and 66, the lack of independence in married life played an important part in contributing to their attempted suicide. As Respondent 5 explains: ‘I have my own private house and I am away from my father; but even though I am married my father is still affecting my married life, as he prevents me from going out, seeing guests, and is driving me to get a divorce because of his jealousy’. Respondent 7 echoes this when she talks about ‘having a private house in order to separate myself from my father-in-law, and having my own married life’. Respondent 15 mentions the additional factor that she wants a private house because her husband has two wives ‘which creates a lot of problems in [my] married life’. Respondent 66 says of her suicide attempt that ‘independence was the main factor because my brother-in-law does not let us have an independent married life’. Respondents 22 and 30 use exactly the same phrase ‘independent married life’ and the need to have their own home. Thus, the aspiration to an independent family life seems to be a factor common to many cases.

Family problems

A significant number of respondents (31, 32, 46, 55, 56, 63 and 88) made reference to family problems as a factor contributing to their attempted suicide. Respondent 31 said ‘I wanted to have a proper traditional wedding arrangement, because I had been engaged for more than a year, and my fiancé always promised me a proper traditional wedding, but it never happened; he always gave an unreasonable excuse for the delay in arranging a proper traditional wedding’. Respondents 32 and 63 both mentioned that a boy was victimizing them by pressing them to have a love affair against their will and against the family tradition. Sometimes the comments are linked to the slowness of change. Respondent 46 spoke of her plea to be treated appropriately by her husband. In

a rather different kind of reference to family ties, Respondent 55 mentioned that her plea was 'not to be hurt by her family'.

Divorce

Respondent 6 refers to a problem with her husband and her desire for a divorce. She says: 'I got engaged at an early age '*Gewre be picuk*' and I want to divorce because I am unhappy with my husband, and my father does not listen to me; this is what drove me to attempt suicide'.

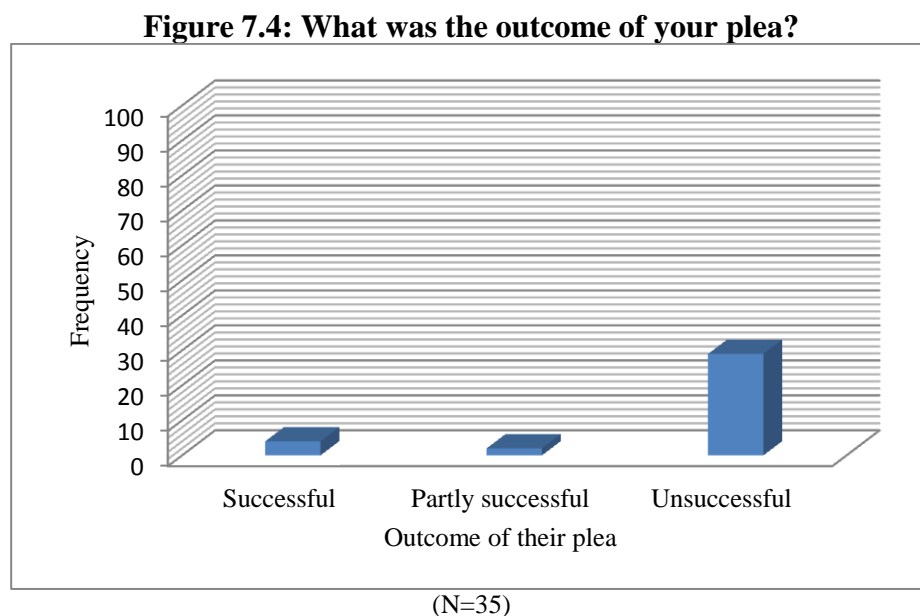
Rejection

For some respondents, emotional problems were a contributory factor. Respondents 4 and 14 both reported that they wanted to get married with the person they were in love with, but that they did not accept their family's plans for an arranged marriage. Another respondent (12) is more graphic, describing how she wants to solve 'her miserable problem.' She was in love with a boy, and had sexual intercourse outside marriage, which is very much against Islamic religious belief. This relationship led to her pregnancy and giving birth outside marriage, a shameful thing according to the Kurdish tradition. The boy then rejected her and the baby, and refused to take responsibility for them. This left the respondent afraid to go home because she knew that her brother would kill her if she returned home.

Problem of Economic Independence

Some responses indicate that economic problems are a contributory factor. Respondent 24 complains that she wants to continue her usual job but her husband prevented her. Respondent 25 said, 'I want to be more independent and make my own money instead on depending on my husband'. These women desire equal opportunities in their lives and careers, including the opportunity to save money. It is more common in rural areas and among some Kurdish families for the men who dominate the hierarchy to deny their wives these opportunities to work outside the home after they are married or have children.

There is overwhelming evidence that women’s pleas were ignored or resisted. Figure 7.4 shows the outcomes.



Out of the 35 who responded to the question, the vast majority (29 respondents) were unsuccessful in their plea, while two respondents reported partial success. The interviewees described how they did not get any response from their families, their husband or society. There was no one to listen to them or help to solve their problems, give them everyday freedom or allow them choice in their future life.

Asked whether their family had treated them differently after the incident, 31% of the respondents said that their treatment had not improved and 21% said it had become worse. Some of the respondents answered in a more positive way saying that their treatment had significantly improved after the incident (28%), or that it had slightly improved (20%). The results are set out in Table 7.2.

Table 7.2: Do you think that your family has treated you differently since the incident?

		Frequency	percent
Valid	Improved	28	28.0
	Slightly improved	20	20.0
	Not improved	31	31.0
	Treated worse	21	21.0
Total		100	100.0

(N=100)

Sharing Matters with other People

This section presents findings from the question about sharing concerns with other people. Only a minority of the respondents (19%) expressed the belief that they can share things that matter to them with other people, such as immediate family members, other family members, or friends, and a very small fraction (3%) share things that matter to them with their father. 18% of the respondents share things with their friends, and 15% share things with their mother. Meanwhile, 13% of the respondents share things that matter to them with their sister, 10% share matters with their husband, 5% share matters with their brother, and 17% share things that matter to them with combined groups (family members and friends): for example, 5% share matters with their sister and friends, 3% share matters with their mother and sister, 3% with father and mother, and 3% with mother and sister. In addition, 2% share things that matter to them with their father and sister, and 2% with mother and friends, while just 1% share matters with both father and friends and 1% with father and husband, as shown in Table 7.3.

Table 7.3: With whom do you share things that matter to you?

		Frequency	Percent
Valid	Father	3	3.0
	Mother	15	15.0
	Brother	5	5.0
	Sister	13	13.0
	Friends	18	18.0
	Husband	10	10.0
	Other	19	19.0
	Combined (Family members & Friends)	17	17.0
	Total	100	100.0

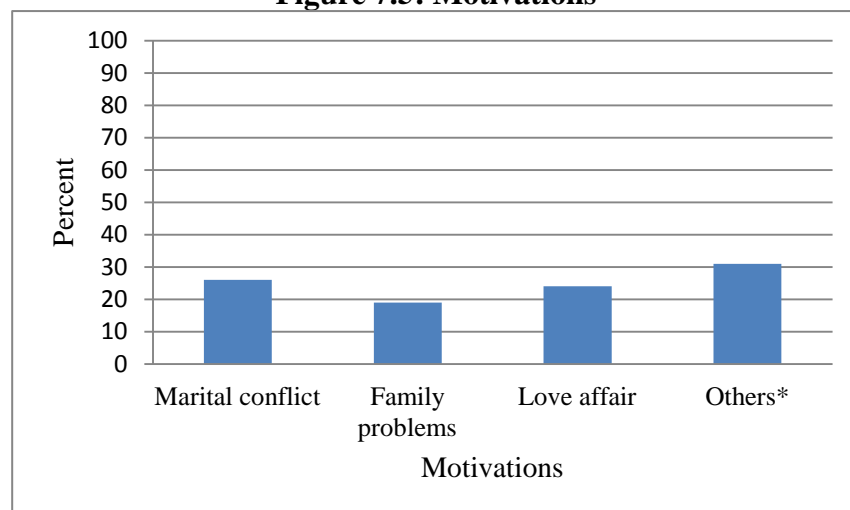
(N=100)

As shown in Table 7.3, the majority of the respondents did not share matters with their father and brothers. Although they shared things with other females such as mother, sisters, and friends, the majority still (see Table 7.4) felt isolated and that did not protect them from attempting suicide. Also, they were perhaps not sharing matters in detail with everyone because they felt that if they shared with others, for example, matters that related to attempting suicide, someone might expose or stop their plan.

Motivations

This section outlines motives behind the suicide attempts. Figure 7.5 shows that 26% identified marital conflict as the key motive, 24% linked it to a dispute or failure in an intimate relationship or love affair, 19% associated it with family problems, and the remaining 31% attributed their suicide attempt to miscellaneous factors such as academic failure, illness, gender discrimination or conflict with the spouse's relatives. Within the latter category, 7% cited conflict with a spouse's relative, 3% mentioned academic failure, 4% cited sadness, 5% spoke of gender discrimination, 6% suffered other problems including rape, and the remainder gave several reasons.

Figure 7.5: Motivations



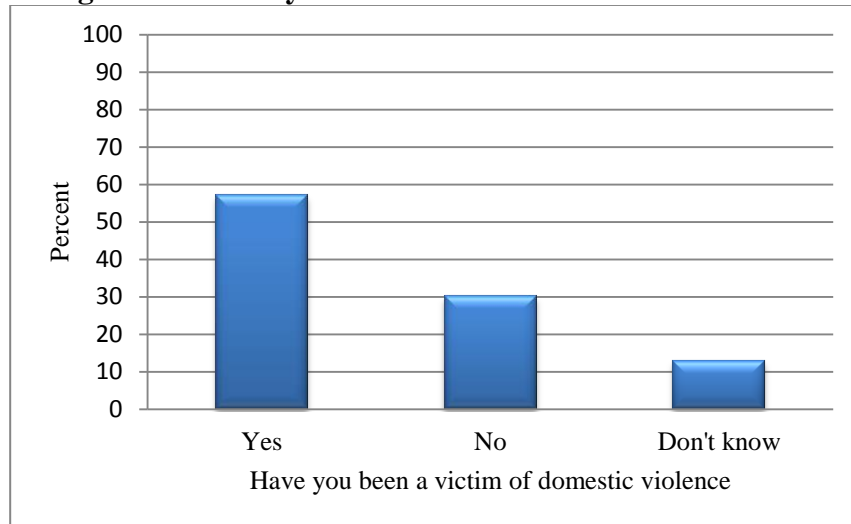
(N=100)

From the results which emerge, it could be suggested that motivations are overwhelmingly linked to the domestic sphere, and further evidence shows the often coercive nature of these relationships. Thus, the findings differ from the majority of western studies, which claim that psychological factors are the main contributors to attempted and successful suicide (Chen et al., 2012; and Headley, 1983).

Domestic Violence

This section highlights the issue of domestic violence. Well over half of the respondents (57%) said that they had been victims of domestic violence, mainly from their family members or husbands. Nearly one third (30%) said that they had not been victims of domestic violence, and a minority of 13% gave a “do not know” answer, as shown in Figure 7.6.

Figure 7.6: Have you been a victim of domestic violence?



(N=100)

The majority of the respondents were not highly educated (as shown in Figure 6.8 in Chapter 6), and the majority came from the middle or lower class (as shown in Figure 6.9 in Chapter 6). The above findings raise the question as to how widespread is the ‘norm’ of violence against women in these parts of Kurdish society (see Chapter 1).

The questionnaire provides some information about the perpetrators of the abuse. Fathers were identified as perpetrators by 22 out of the 88 respondents who answered. Next in order of frequency were brothers (mentioned by 17 respondents), husbands (14), in-laws including parents-or siblings-in-law (12), and mothers (10), while a minority (6 respondents) mentioned that their sister(s) were the perpetrators. Male relatives formed the large majority. 7 of the respondents referred to other people involved in abuse, including step-father, uncle, mother’s brother, and a boy who was victimizing her, as illustrated in Table 7.4.

Table7.4: perpetrators of the abuse.

		Frequency	Percent
Valid	Father	22	25.0
	Mother	10	11.4
	Husband	14	15.9
	In-laws	12	13.6
	Sister(s)	6	6.8
	Brother(s)	17	19.3
	Other	7	8.0
	Total	88	100.0

(N=88)

Feelings of Isolation

This section explores the question of feelings of isolation. Slightly more than half of the respondents (55%) said they felt isolated in the community, while 23% neither agreed nor disagreed. There was strong disagreement with the statement “I feel isolated” from 7% of the respondents and 15% also disagreed, as shown in Table 7.5.

Table 7.5: I feel isolated in society

		Frequency	Percent
Valid	Agree	55	55.0
	Neither agree nor disagree	23	23.0
	Disagree	15	15.0
	Strongly disagree	7	7.0
	Total	100	100.0

(N=100)

Despite the fact that the majority of the respondents were in agreement, there was a divergence which might suggest that the question was being interpreted differently by different respondents. Even though the majority of the respondents were not living alone, they felt isolated because they could not share their problems with anyone in the family or they were afraid to disclose them. Thus, it could be concluded that what constitutes “isolation” in Kurdish societies is somewhat different from that in the western world.

These findings point towards the ways in which a close, coercive and sometimes violent family setting may be linked to feelings of social isolation. The majority of the respondents both felt isolated in the community and had experienced domestic violence, as illustrated in Table 7.6.

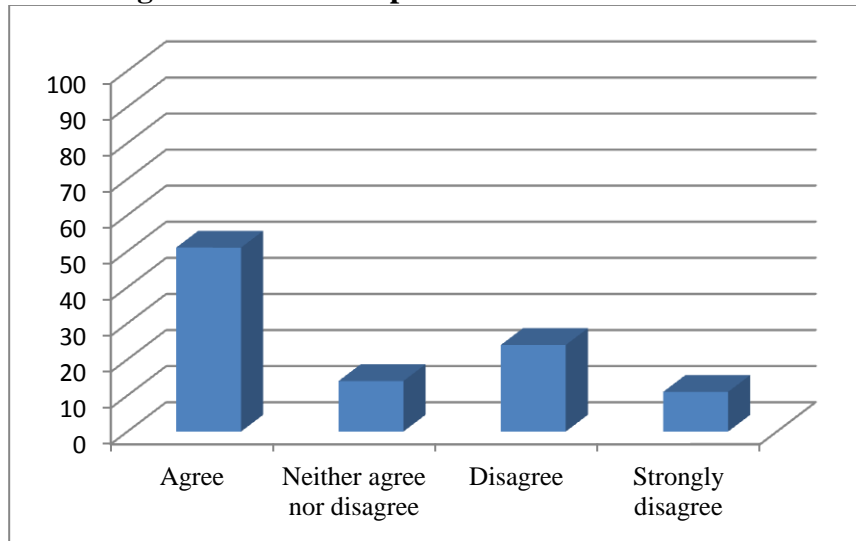
Table 7.6: I feel isolated in society * Have you been a victim of domestic violence? Cross Tabulation

			Have you been a victim of domestic violence?			
			Yes	No	Don't know	Total
I feel isolated in society.	Agree	Count	35	19	1	55
		% within I feel isolated in society.	63.6%	34.5%	1.8%	100.0%
		% within Have you been a victim of domestic violence?	61.4%	63.3%	7.7%	55.0%
	Neither agree nor disagree	Count	8	5	10	23
		% within I feel isolated in society.	34.8%	21.7%	43.5%	100.0%
		% within Have you been a victim of domestic violence?	14.0%	16.7%	76.9%	23.0%
	Disagree	Count	9	6	0	15
		% within I feel isolated in society.	60.0%	40.0%	.0%	100.0%
		% within Have you been a victim of domestic violence?	15.8%	20.0%	.0%	15.0%
	Strongly disagree	Count	5	0	2	7
		% within I feel isolated in society.	71.4%	.0%	28.6%	100.0%
		% within Have you been a victim of domestic violence?	8.8%	.0%	15.4%	7.0%
Total	Count	57	30	13	100	
	% within I feel isolated in society.	57.0%	30.0%	13.0%	100.0%	
	% within Have you been a victim of domestic violence?	100.0%	100.0%	100.0%	100.0%	

The Cross Tabulation (N=100) shows that out of the 55 respondents who agreed that they felt isolated from the society, 35 respondents had also been a victim of domestic violence. However, 19 of the respondents who agreed that they had been isolated in society had not been a victim of domestic violence. 10 of the respondents who gave a “do not know” answer to the “victim of domestic violence” question neither agreed nor disagreed that they were isolated in society. 5 out of 7 respondents who agreed that they had been a victim of domestic violence strongly disagreed with the statement that they felt isolated in society. It appears that there is a strong, but not universal, connection between the feeling of being isolated and having been a victim of domestic violence. Previous results showed that all of the respondents were living with their family whether they were single or married. They often experience the sense of isolation from the family, because no one is listening to them or helping, and family members may even be using verbal or physical violence against them. Some respondents mentioned that when they asked for help at home and no one responded, they felt isolated, voiceless, dependent and “weak in their personality.” There is nothing in their life which makes them happy, as they try in vain to get what they want. This daily suffering is the background to the majority of suicide attempts and is reflected in the answers to the question about others’ interest in the victim’s fate. Slightly less than half of the respondents (44%) agree that nobody is interested in their fate and 20% neither agree nor disagree. A minority disagree (28%) or strongly disagree (8%) and say that there is someone who is interested.

Participants were asked to state where they spent their time outside their home. Figure 7.7 presents four different responses. About half of the respondents (51%) said they liked to spend time outside their home while 35% either disagreed or strongly disagreed. Some experience deep isolation from the wider society because they have no independent life even, for example, for going out shopping, walking, visiting friends or relatives, as illustrated in Figure 7.7.

Figure 7.7: I like to spend time outside the home



(N=100)

Figure 7.7 above implies that the majority of the respondents like to spend time outside their homes.

Life worth Living

Slightly less than half of the respondents (48%) agree that life is not worth living. A minority (16%) of the respondents neither agree nor disagree. Whatever their current circumstances, 36% of the respondents either disagree or strongly disagree that their life is not worth living; they still have some hope for their life, as shown in Table 7.7.

Table 7.7: Life is not worth living

		Frequency	Percent
Valid	Agree	48	48.0
	Neither agree nor disagree	16	16.0
	Disagree	20	20.0
	Strongly disagree	16	16.0
	Total	100	100.0

(N=100)

How are these negative and positive feelings related to the sense of social isolation? This is explored in Table 7.8, which compares results on the feeling of isolation with the statement that “life is not worth living”.

Table 7.8: I feel isolated in society. * Life is not worth living. Cross Tabulation

			Life is not worth living.				
			Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
I feel isolated in society.	Agree	Count	30	8	13	4	55
		% within I feel isolated in society.	54.5%	14.5%	23.6%	7.3%	100.0%
		% within Life is not worth living.	62.5%	50.0%	65.0%	25.0%	55.0%
	Neither agree nor disagree	Count	11	4	4	4	23
		% within I feel isolated in society.	47.8%	17.4%	17.4%	17.4%	100.0%
		% within Life is not worth living.	22.9%	25.0%	20.0%	25.0%	23.0%
	Disagree	Count	7	2	3	3	15
		% within I feel isolated in society.	46.7%	13.3%	20.0%	20.0%	100.0%
		% within Life is not worth living.	14.6%	12.5%	15.0%	18.8%	15.0%
	Strongly disagree	Count	0	2	0	5	7
		% within I feel isolated in society.	.0%	28.6%	.0%	71.4%	100.0%
		% within Life is not worth living.	.0%	12.5%	.0%	31.2%	7.0%
Total	Count	48	16	20	16	100	
	% within I feel isolated in society.	48.0%	16.0%	20.0%	16.0%	100.0%	
	% within Life is not worth living.	100.0%	100.0%	100.0%	100.0%	100.0%	

Out of 55 respondents who felt isolated in society, the majority (30 respondents) agreed with the statement that life is not worth living. There is a strong association between these two sets of responses. Meanwhile a minority (4 respondents) agreed that they had been isolated in society, but strongly disagreed that life is not worth living. In addition, out of 7 respondents, most of them (5 respondents) strongly disagreed that they felt isolated in society, and life is not worth living, while a minority of 2 respondents strongly disagreed, saying that they did not feel isolated in society, and neither agreed nor disagreed that life is not worth living.

Some of the respondents used the phrase “I die every day”. They explained that they want to die once by committing suicide as they think that there is no solution to their problems. For instance, Respondent 7 mentions that ‘there is no solution to my problem because my husband always threatens me, as does my biological father. I want to separate from him, but my husband disagrees’. However, research participant 24 retains hope in the possibility of happiness: ‘Even though life is not worth living, life can be thrilling, if you are happy’.

Regret for the Act

Participants were asked to express their views as to whether they regretted their action or not. Table 7.9 presents four different responses. Over half of the respondents (61%) said they regretted what they have done and, a minority (7%) said they deeply regretted their actions, while nearly a quarter (24%) expressed their disagreement with the statement.

Table 7.9: I regret what I have done

		Frequency	Percent
Valid	Agree	61	61.0
	Neither agree nor disagree	8	8.0
	Disagree	24	24.0
	Strongly disagree	7	7.0
	Total	100	100.0

(N=100)

The above findings reveal that suicide attempters in the KRI do have regrets after committing their act. These findings may be compared with the results for the question about revenge as a motive.

Revenge

This section considers the motive of revenge on the family. More than half of the respondents (61%) agreed that they wanted to take revenge on their family by harming themselves, while a minority (9%) neither agreed nor disagreed (Table 7.10). However, 18% of the respondents disagreed by saying that they do not want to take revenge on their family, while 12% strongly disagreed, as illustrated in Table 7.10.

Table 7.10: I want to take revenge on my family by harming myself

		Frequency	Percent
Valid	Agree	61	61.0
	Neither agree nor disagree	9	9.0
	Disagree	18	18.0
	Strongly disagree	12	12.0
Total		100	100.0

(N=100)

The above findings imply that people who attempted suicide in the KRI were committing the act as revenge rather than for any other cause.

The following table explores the relationships between the answers to the two questions: 'Nobody is interested in my fate' and 'I wanted to take revenge on my family by harming myself'.

Table 7.11: Nobody is interested in my fate. * I wanted to take revenge on my family by harming myself. Cross Tabulation

			I wanted to take revenge on my family by harming myself.				
			Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Nobody is interested in my fate.	Agree	Count	32	3	8	1	44
		% within Nobody is interested in my fate.	72.7%	6.8%	18.2%	2.3%	100.0%
		% within I wanted to take revenge on my family by harming myself.	52.5%	33.3%	44.4%	8.3%	44.0%
	Neither agree nor disagree	Count	13	2	2	3	20
		% within Nobody is interested in my fate.	65.0%	10.0%	10.0%	15.0%	100.0%
		% within I wanted to take revenge on my family by harming myself.	21.3%	22.2%	11.1%	25.0%	20.0%
	Disagree	Count	13	4	7	4	28
		% within Nobody is interested in my fate.	46.4%	14.3%	25.0%	14.3%	100.0%
		% within I wanted to take revenge on my family by harming myself.	21.3%	44.4%	38.9%	33.3%	28.0%
Strongly disagree	Count	3	0	1	4	8	
	% within Nobody is interested in my fate.	37.5%	.0%	12.5%	50.0%	100.0%	
	% within I wanted to take revenge on my family by harming myself.	4.9%	.0%	5.6%	33.3%	8.0%	
Total	Count	61	9	18	12	100	
	% within Nobody is interested in my fate.	61.0%	9.0%	18.0%	12.0%	100.0%	
	% within I wanted to take revenge on my family by harming myself.	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 7.11 shows that out of 44 respondents, the majority (32 respondents) agreed that they had nobody interested in their fate, and wanted to take revenge on their family by harming themselves. The association is absent in only a minority of cases. A number of the research participants mentioned that they wanted to take revenge against those persons who were victimizing them. For example, Participants 17, 32, and 63 mentioned that they wanted to take revenge against boys who had victimized them by asking them to have love affairs against their wishes. Participant 9 explained that she had a problem due to the fact that she had been in love with a boy, and they ran away together leaving their homes and city. When this was discovered by their relatives she was threatened. She entered a shelter home for a year, and said that no one helped her to solve her problem, and no one enquired about her situation. Similarly, Participant 11 says that she wanted to return to her parents' home but her parents would not accept her because she lived in a shelter home, which brought shame on the family name. In addition, Number 13 mentioned that she felt bored, and wanted to die.

The Opinion of the Respondents towards the Act

In answer to the question: 'I think it was the right thing to do', 60% either disagree or disagree strongly, while 12% neither agree nor disagree. Only 28% of the respondents agree, believing that it was the right thing to do, as shown in Table 7.12.

Table 7.12: I think it was the right thing to do

		Frequency	Percent
Valid	Agree	28	28.0
	Neither agree nor disagree	12	12.0
	Disagree	37	37.0
	Strongly disagree	23	23.0
	Total	100	100.0

(N=100)

The above findings reveal that people who attempted suicide in the KRI do not believe attempted suicide is the right thing to do.

Feel Oppressed by the Traditions

Table 7.13 shows responses to the statement 'I feel oppressed by the traditions of my society'. The majority of the respondents (66%) said that they felt that they were

oppressed by the traditions in the Kurdish society. This is not a surprising result although there are minorities in the other categories.

Table 7.13: I feel oppressed by the traditions of my society

		Frequency	Percent
Valid	Agree	66	66.0
	Neither agree nor disagree	12	12.0
	Disagree	12	12.0
	Strongly disagree	10	10.0
	Total	100	100.0

(N=100)

The message drawn from Table 7.13 above is that people who attempted suicide in the KRI are largely victims of cultural / traditional oppression. This leads on to the question: how does religion influence suicide attempts?

Performing Religious Duties

This section inquires about the performance of religious duties before the incident, as well as continuing observance afterwards, and whether the respondents think of suicide as a sin. Almost two-thirds of the participants (61%) said that they performed religious duties before the incident, while a small minority (4%) indicated that they managed to perform religious duties before the incident during the Ramadan period. On the other hand, 22% of the respondents did not perform religious duties before the incident, while 13% just managed to perform religious duties some times before the incident, as illustrated in Table 7.14.

Table 7.14: Active in religious duties before the incident?

		Frequency	Percent
Valid	Yes	61	61.0
	No	22	22.0
	Sometimes	13	13.0
	Just in Ramadan	4	4.0
	Total	100	100.0

(N=100)

Table 7.14 suggests that people who attempt suicide in the KRI are committed to their religious duties before the act and they do consider the act as sinful (see Chapters 2 and 8).

Also, almost two-thirds of the participants (67%) said that they still continue to perform religious duties after the incident, while a minority of participants (5%) indicate that they continue to perform religious duties only in Ramadan after the incident. About 19% of the respondents chose not to perform any religious duties after the incident, while 9% of the respondents managed to perform religious duties sometimes after the incident, as shown in Table 7.15.

Table 7.15: Do you still perform your religious duties after the incident?

		Frequency	Percent
Valid	Yes	67	67.0
	No	19	19.0
	Sometimes	9	9.0
	Just in Ramadan	5	5.0
	Total	100	100.0

(N=100)

The results suggest that commitment to religious duties is an important aspect of life for the majority of respondents. The findings of Table 7.15 imply that people who attempt suicide in the KRI remain committed to their religious beliefs after the incident. However, the question raised here is: Do the respondents adequately understand religious principles or do they perform their religious duties as a tradition?

In terms of religious belief, a very large majority (83%) believe that it is a sin, if someone deliberately harms herself/himself, and a small minority (8%) take the opposite view, which is in contradiction to Islamic teaching. Slightly differently, 9% of the respondents say they do not know whether it is a sin or not, if someone deliberately harms herself/himself, as shown in Table 7.16.

Table 7.16: Do you think it is a sin, if someone deliberately harms herself/himself?

		Frequency	Percent
Valid	Yes	83	83.0
	No	8	8.0
	Don't know	9	9.0
	Total	100	100.0

(N=100)

From Table 7.16, it could thus be suggested that in the KRI, religious observance is a part of Kurdish customary culture and tradition rather than a guiding principle in belief

and practice. Religious doctrines may have some limited preventative effect on their action, depending on the level of commitment.

Suicide Attempt as a Crime

This section concerns the status of the act and whether the respondents regard it as a crime if someone deliberately harms herself/himself in the KRI. The majority of respondents (80%) think that it is a crime, if someone deliberately harms herself/himself. Slightly differently, a minority of 8% are not aware of the consequences of thinking whether it is a crime or not, if someone deliberately harms himself/herself. Surprisingly, 12% of the respondents think that it is not a crime, if someone deliberately harms herself /himself, as shown in Table 7.17:

Table 7.17: Do you think it is a crime, if someone deliberately harms herself/himself?

		Frequency	Percent
Valid	Yes	80	80.0
	No	12	12.0
	Don't know	8	8.0
	Total	100	100.0

(N=100)

The evidence from Figure 7.17 implies that the majority of the respondents believe that any deliberate self-harm is a crime. This indicates that the majority of the respondents were unaware that suicide is not a crime in the KRI (see Chapter 1). Comparing the emerging results summed up in Tables 7.14 - 7.17, one may conclude that suicide committers/attempters in the KRI are committed to their religious duties prior and after the suicide incident. Given the above results, it could be added that the majority of respondents did not adequately understand their religious principles, the civil law, or both.

Impact of other Attempts

This section explores research participants' views on the impact of attempted suicide in the KRI (Table 7.18). Slightly less than half (47%) of the respondents said they did not know anyone who had ever attempted suicide, while a minority (8%) gave a 'don't know' response, leaving 45% who said that they did know someone who had attempted suicide.

Table 7.18: Do you know anyone who has ever attempted suicide?

		Frequency	Percent
Valid	Yes	45	45.0
	No	47	47.0
	Don't know	8	8.0
	Total	100	100.0

(N=100)

Over half of the respondents (57.8%) in the category of knowing someone who had made a suicide attempt had friends who had attempted suicide, while a smaller proportion (17.8%) knew a family member. Surprisingly, about 24.4% of the respondents knew other people who had attempted suicide, such as a teacher, neighbour, relative, husband's aunt, or other more distant relatives, or people who lived in the same area (see Table 7.19).

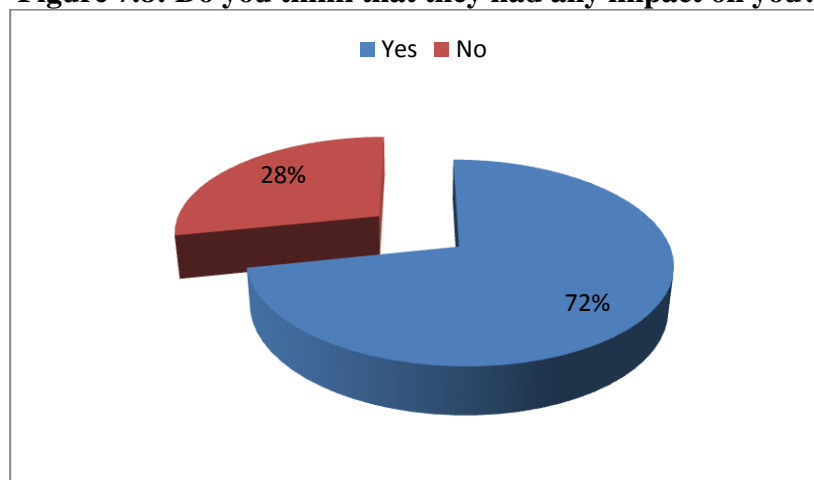
Table 7.19: If yes, who is she/he?

		Frequency	Percent
Valid	Friend	26	57.8
	Family member	8	17.8
	Other	11	24.4
	Total	45	100.0

(N=45)

This knowledge appears to be related to the sense of impact, though not necessarily evidence of 'copycat' behaviour (an issue to be discussed below in Chapter 9). More than two thirds (71.7%) said it had made an impact on them, while 28% of the respondents felt it had not (Figure 7.8).

Figure 7.8: Do you think that they had any impact on you?



(N=46)

The next table explores the relationship between victims' previous knowledge of attempted suicide and their reports of impact. The majority of the respondents knew someone who had attempted suicide, and felt it had made an impact upon them (Table 7.20).

Table 7.20: Do you know anyone who has ever attempted suicide? * Do you think that they had any impact on you? Cross Tabulation

			Do you think that they had any impact on you?			
			Yes	No	Don't know	Total
Do you know anyone, who has ever attempted suicide?	Yes	Count	32	12	1	45
		Expected Count	32.3	11.7	1.0	45.0
		% within Do you know anyone, who has ever attempted suicide?	71.1%	26.7%	2.2%	100.0%
		% within Do you think that they had any impact on you?	97.0%	100.0%	100.0%	97.8%
		% of Total	69.6%	26.1%	2.2%	97.8%
	No	Count	1	0	0	1
		Expected Count	.7	.3	.0	1.0
		% within Do you know anyone, who has ever attempted suicide?	100.0%	.0%	.0%	100.0%
		% within Do you think that they had any impact on you?	3.0%	.0%	.0%	2.2%
		% of Total	2.2%	.0%	.0%	2.2%
	Total	Count	33	12	1	46
		Expected Count	33.0	12.0	1.0	46.0
		% within Do you know anyone, who has ever attempted suicide?	71.7%	26.1%	2.2%	100.0%
		% within Do you think that they had any impact on you?	100.0%	100.0%	100.0%	100.0%
		% of Total	71.7%	26.1%	2.2%	100.0%

It seems that the majority of the research participants had some acquaintance with other people, including friends, neighbours and family members, who had attempted suicide. Friends are a significant group within this category due to the fact that the majority of the respondents mentioned that they were sharing things that matter to them with friends (see Table 7.3). This finding raises an interesting question about the nature of the impact and the possibility of imitative behaviour. For example, Participant 68 said, ‘I will never forget the situation of my friend who committed suicide, and I am thinking of her every single day’. Also, Participant 6 states that ‘three people related to my father-in-law committed suicide by self-burning’. What is interesting in this data is the existence of models of behaviour, whether in the form of persons in their surroundings, or in representations such as action movies on satellite television which are available to the majority of Kurdish families without censorship.

Television Viewing

This section explores the relationship between television sources and female attempted suicide in the KRI, using data categories of ‘How many hours do you watch television a day?’; ‘What kind of movie do you prefer?’; ‘Have you seen someone committing suicide in a movie?’ and ‘If yes, do you think that, the image motivated you to harm yourself?’ (see ‘Research Questionnaire’ in Appendix 1.1). More than half of the respondents (53%) said they watch television 1-4 hours a day, while 11% do not watch television every day. Moreover, 21% of the respondents watch television more than 8 hours a day, and 15% watch 5-8 hours a day, as presented in Table 7.21.

Table 7.21: How many hours do you watch television a day?

		Frequency	Percent
Valid	None	11	11.0
	1-4 hours	53	53.0
	5-8 hours	15	15.0
	More than 8 hours	21	21.0
	Total	100	100.0

(N=100)

Around 38.2% of the respondents prefer to watch an emotional romantic movie, while a minority (12%) prefer other kinds of movies such as historical, religious, cartoon, comedy, and so on. Some of them said that it depends on the movie or which kind of movie she likes to watch, while some of them prefer to listen to songs or music rather

than watch movies. Moreover, 31.5% of the respondents prefer to watch a programme about social or economic issues, and 16.9% prefer watching action movies, as shown in Table 7.22:

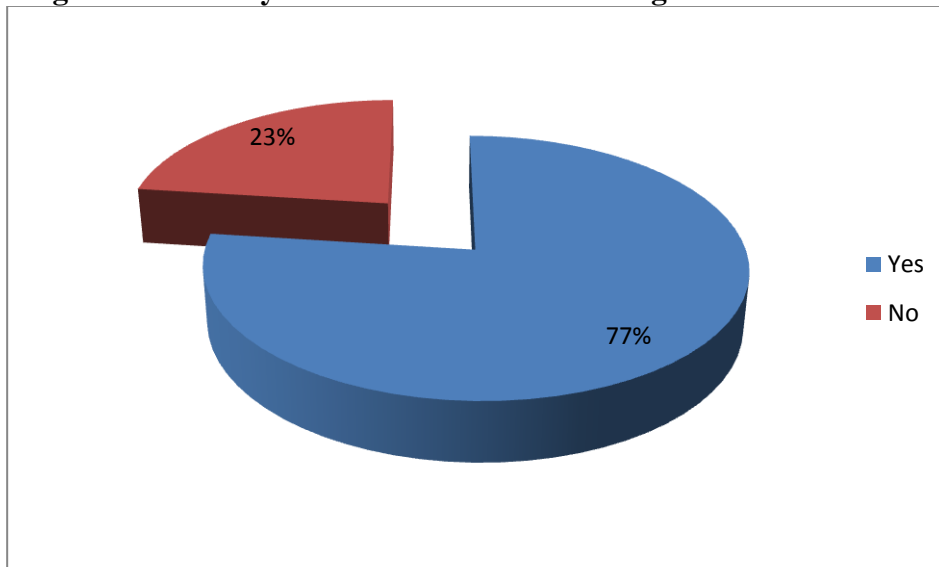
Table 7.22: What kind of movies do you prefer?

		Frequency	Percent
Valid	Romantic	34	38.2
	Action	15	16.9
	Social and economic issue	28	31.5
	Other	12	13.5
	Total	89	100.0

(N=89)

Also, more than two-thirds of the respondents (77%) said they had seen someone committing suicide in a movie, while 23% of the respondents mentioned that they had never seen anyone committing suicide in a movie, as illustrated in Figure 7.9:

Figure 7.9: Have you seen someone committing suicide in a movie?



(N=100)

In addition, half of the respondents (50%) thought that imitation from images motivated them to harm themselves from the movies, while a minority 4.4% did not think so. On the other hand, 45.6% of the respondents thought that images in movies had not motivated them to harm themselves, as shown in Table 7.23.

Table 7:23: If yes, do you think that the image motivated you to harm yourself?

		Frequency	Percent
Valid	Yes	34	50.0
	No	31	45.6
	Don't know	3	4.4
	Total	68	100.0

(N=68)

Watching Someone Committing Suicide in a Movie and having Knowledge of Someone who has ever Attempted Suicide

This section explores the relationships between watching someone committing suicide in a movie and having knowledge of someone who has attempted suicide in the KRI. The majority of the respondents said they had seen someone committing suicide in a movie, and knew someone who had attempted suicide, as presented in Table 7.24.

Table 7.24: Have you seen someone committing suicide in a movie? * Do you know anyone who has ever attempted suicide? Cross Tabulation

			Do you know anyone who has ever attempted suicide?			
			Yes	No	Don't know	Total
Have you seen someone committing suicide in a movie?	Yes	Count	34	29	5	68
		Expected Count	30.9	31.7	5.4	68.0
		% within Have you seen someone committing suicide in a movie?	50.0%	42.6%	7.4%	100.0%
		% within Do you know anyone who has ever attempted suicide?	85.0%	70.7%	71.4%	77.3%
		% of Total	38.6%	33.0%	5.7%	77.3%
No		Count	5	12	2	19
		Expected Count	8.6	8.9	1.5	19.0
		% within Have you seen someone committing suicide in a movie?	26.3%	63.2%	10.5%	100.0%
		% within Do you know anyone who has ever attempted suicide?	12.5%	29.3%	28.6%	21.6%
		% of Total	5.7%	13.6%	2.3%	21.6%
Don't know		Count	1	0	0	1
		Expected Count	.5	.5	.1	1.0
		% within Have you seen someone committing suicide in a movie?	100.0%	.0%	.0%	100.0%
		% within Do you know anyone who has ever attempted suicide?	2.5%	.0%	.0%	1.1%
		% of Total	1.1%	.0%	.0%	1.1%
Total		Count	40	41	7	88
		Expected Count	40.0	41.0	7.0	88.0
		% within Have you seen someone committing suicide in a movie?	45.5%	46.6%	8.0%	100.0%
		% within Do you know anyone who has ever attempted suicide?	100.0%	100.0%	100.0%	100.0%
		% of Total	45.5%	46.6%	8.0%	100.0%

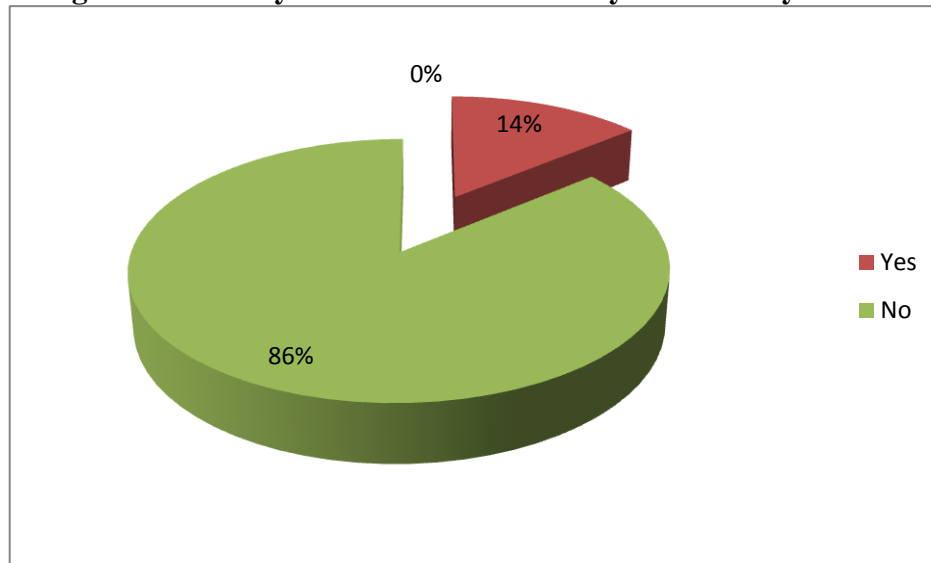
Table 7.24 above shows the relationships between seeing someone who committed suicide in a movie, and knowing someone who has attempted suicide. Out of 68, half of the respondents (34) said they knew someone who had attempted suicide, and at the same time seen someone committing suicide in a movie, while a minority of 5 of the respondents did not know whether they knew someone or not, but they had seen someone committing suicide in a movie. In addition to this, out of 19, 12 of the respondents did not know anyone who had attempted suicide, and they had never seen anyone commit suicide in a movie, while a minority of 2 respondents did not know whether they knew anyone or not, who had attempted suicide, and at the same time they had never seen anyone commit suicide in a movie. Furthermore, only 1 respondent knew someone who had ever attempted suicide, but did not know whether she had seen anyone commit suicide in a movie or not.

It appears from Table 7.24 that the majority of the respondents have seen someone commit suicide in a movie, and know someone who has attempted suicide. This finding is interesting because it shows the possibility of imitation on the act of attempted suicide. In addition, the research participants may have learnt about attempted suicide as a result of social disorganization or disappointment in their lives whereby they lost confidence in themselves and society in which they live. This implies that there is cumulative effect which encourages imitation from sources such as family, friends, and media.

Suicide Notes

This section analyses what the respondents say about suicide notes (Q.48-9 in Appendix 1.1). The majority (86%) of the respondents said they had not left any letter before harming themselves, while a minority (14%) of the respondents informed this study that they had left a letter before harming themselves, as illustrated in Figure 7.10.

Figure 7.10: Did you leave a letter before you harmed yourself?



(N=100)

Analysis Participant Suicide Notes

This part highlights the reported content of suicide notes which had been left by the participants before attempted suicide in the KRI. According to the result of Figure 7.10, the majority of the respondents (86%) who did not leave suicide notes before attempting suicide may be related to the majority of the respondents (94%) who do not have a higher level of education, as mentioned in Figure 6.8 (see Chapter 6). Another reason is that many of them did not leave suicide notes because they attempted suicide without any plan, or they did not want to create any problems for their families, and some of them attempted suicide with a high level of anger reaction against their husband or family. In addition, there are different reasons for leaving suicide notes; for example, some of them directly mentioned the reason for their attempted suicide, while some of them wrote their suicide notes as a complaint against a person. However, the majority of the respondents directly blamed their families in their suicide notes as a reason for their attempted suicide. Likewise, some of them mentioned that their suicide note was a cry for help, whether to their families or agencies / people that could solve their problems, and answer their pleas.

The following comments were made by certain participants before they attempted suicide.

6- 'I was bored with my life'.

The participant mentioned in her suicide note: 'I felt my life is boring and I wanted to end my life as no one was interested in me' (the word "boring" is a translation of the Kurdish *Bezarabun la zhyan* and refers to her losing interest in life). It appears the participant had a boring life due to the fact that she had the same problem which was repeated every day, and had the same trouble feeling there was no solution, and had no one to turn to. Also, she was disappointed that her life was hopeless, that she was isolated, and that she had no voice in her family or society.

24- 'I expressed my bad feelings several times to my relatives, but they paid no attention to me. That is why I attempted suicide'.

According to her response, she is an assistant doctor, married, and she has 4 children. Also she mentions that she wants to continue her usual job, as her husband prevented her from doing her job. She tried to solve the problem with her husband by mentioning it to her husband's relatives such as fathers-in-law, and mothers-in-laws, and other family members, and her family. However, no one listened to her problem. It appears that women want an equal opportunity in their daily married life, particularly in the working place. Also, they want the family and the society to listen to their pleas, and look after them without gender discrimination.

25- 'I accepted everything for the sake of my children, and attempted to keep the unity of my family, but it was useless. So I believe that if you feel that there is no harmony with your husband, then you should not have children, because your children will be the victims of society'.

We can conclude from the suicide note above that she loved, and was attached to, her children more than to her husband. Also, she tolerated all kinds of violence and pressure for the sake of her children. Furthermore, she sent a message to other females, and encouraged them not to have children if they were not happy with their husbands, due to the fact that the female plays an important role in the family for nursing children in the KRI. Furthermore, in Kurdish society most married females become victims as a result of divorce because their children should return to their fathers. Furthermore, in the Kurdish society most people are not ready to accept divorced females, and it is

shameful to some families if their daughter gets divorced. Consequently, many females prefer to stay with their husband even when they are unhappy with them, and some of them choose to attempt or commit suicide in order to escape from this kind of bad situation, and most of them think that suicide is the only solution to the situation. As Minwalla (2011:35) stated:

Most of the cases handled through the Personal Status Courts involved victims of domestic violence seeking divorce. Divorce continues to be highly stigmatized in Iraqi society and many women remain in abusive marriages to avoid family and societal criticism. One of the greatest challenges domestic violence victims face is trying to ensure that they and their children's rights are protected in the process and outcome. The fact that there is such a high stigma attached to divorce leads many victims of gender-based violence to give up rights to custody and dowry in return for a legal separation. Much of this is due to pressure by the abusive husband, his family, and the woman's family.

26- 'Because my husband betrayed me and degraded me, I felt that I was disregarded by him. That is why I attempted suicide by self-burning and also taking medicine'.

According to this woman's comments, she had a problem from the beginning of her married life, because she wanted to continue her study, but her family did not allow her to continue, but instead forced her into an arranged marriage. Also, she wanted to be independent and make her own money instead of depending on her husband. Likewise, her husband cheated on her because that they had ended up in a forced marriage without any love interest. As a result, her husband was not interested in her, and they did not live a normal married life. So they were not married according to their wishes, and her husband did not look after her, and had no interest in her. Consequently, he cheated on her, and she felt ignored by her husband. It appears that when she felt disregarded regularly or many times in her daily life, she thought she had a psychological problem, particularly as there was no one to turn to, listen to her, or associate with her.

30- 'To prove to my relatives that I was in a real hell and also to teach men that they should not sacrifice their wives for their relatives. Men should know that we females are also human beings and have parents who love us too much, but it is a normal way to get married in life'.

It is clear from the letter that this participant wanted to tell her husband and relatives that they should be listening to her. Also, she mentioned to her family and relatives

that her life was miserable, and there was nothing exciting because no one listened to her. Furthermore, she clearly mentioned that she did not have independence from her husband, and their married life was controlled by other people such as parents-in-law. It appears that many Kurdish families listen to men more than women because the majority of the Kurdish society is a patriarchal society and the man is the head of the family, so it is shameful to listen to women in some families. Moreover, some Kurdish families encourage their son not to listen to his wife, or women in general.

34- 'My greetings to the person I will sacrifice myself for'

It is clear from the suicide note that she sent a message to her lover. According to her response, she had been in love with someone, but her family did not approve of their relationship, so instead she married another person through an arranged marriage. It appears that she was married, but she was unhappy with her husband, and still loved her previous lover. Also, she felt that her life was not interesting as she had been in love with someone else, and she wanted to end her life, because she felt that there was no happiness without living with her lover. Likewise, she wanted to send a message to her family that she was unhappy with her husband, and she wanted to show her family that she had been tortured by them through a forced marriage.

54- 'I committed suicide and please do not accuse any one, and let my mother look after my children'.

It appears that the above respondent was married, and had children. Also, she sent a message to her relatives to let her mother look after her children instead of her husband or her husband's family. This shows that perhaps she was unhappy with her husband, and her husband was a reason for her attempted suicide. Another point is that she did not want to blame her husband, family, and her relatives as the reason for her committing suicide, due to the fact that she did not want anyone to be in trouble after her death, and did not want anyone in the community to think that there was a secret reason behind her suicide. Furthermore, she did not want her family to be in trouble with her husband's family, because if someone assisted someone in committing suicide, they would be charged according to the new Personal Status (civil) Law in the Kurdistan National Assembly (KNA). Moreover, she wanted herself to be the victim,

but no one else, and did not leave any trouble whether to her children, husband or both of the families.

55- 'I recommend my husband should look after my child, mother and my two brothers!'

We may claim from the above respondent that she clearly pleads with her husband to look after her children, mother, and brothers. It appears that she used to live in an extended family, and she had a bad relationship, whether with her husband or husband's family. In addition, she had been a victim of domestic violence, both verbal and physical.

58- 'I hope no one feels guilty for me, and no one should be accused. I did this action by myself because it was my problem and I do not feel sorry for it!'

It appears that the above respondent sent a message to her family to tell them not to feel responsible for her death, and no one should be blamed except herself. Also, she mentioned that she attempted suicide by herself without any assistant. However, according to her responses in the research questionnaire, she had been in love with a boy, and her family disapproved of her marrying him, despite her pleas. It appears that disagreement from her family to marry the boy she loved was the reason, but she wrote in her suicide note that there should not be any problem after her death due to fact that a conflict between family members might arise after her death. On the other hand, she pleaded that she should not create a problem for her family after her death, particularly as the new Personal Status Law (PSL) in Kurdistan National Assembly (KNA) clearly mentions that if someone assists a person to commit suicide, they will be charged.

61- 'Because my father and elder brother prevented me from marrying the man I loved. Therefore, suicide was the best solution!'

It appears that the above respondent had attempted suicide because of her father and elder brother, who had prevented her from marrying the boy whom she loved. Consequently, she attempted suicide as the best solution. It appears that she did not have any other solution, and there was no one to turn to in order to solve her problem or help her to solve it. In addition, we can conclude that in many Kurdish families, the father should take most of the decisions for every act in the family, and after the father,

the eldest son takes charge of the family, which means that Kurdish society is mostly dominated by men. Furthermore, some Kurdish families prefer traditional marriage rather than their own choice or a love marriage, because some families feel ashamed if their daughter or sister marries because of love.

63- 'The reason behind my suicide was a man who restricted my freedom and did not let me live alone!'

The above respondent indicates that she attempted suicide because someone outside her family restricted her freedom by asking her for a love affair, and did not let her choose her future life. It appears that many Kurdish girls / females feel ashamed or afraid to tell their families if someone disturbs them, because many people do not support women when they have a problem, and perhaps do not believe them.

73- 'I burnt myself because of my husband as he gives me a miserable life. No one is to blame except him!'

We can see from the above respondent that her husband was the main reason for her attempted suicide. Also, she was disappointed with her husband. In addition, she mentioned that 'she got married according her father's wishes, and it was an under-age marriage as a result of an exchange marriage'. Consequently, her marriage made her unhappy because she felt misunderstood, lacking in independence, voiceless, and powerless. Furthermore, her marriage was traditional marriage, and not her choice of marriage. It appears that forced marriage creates many problems between couples in their married life, and some of them cannot carry on as they do not find any solution. This may be because no one supports them, and as a result they feel isolated from the society. So, they think committing suicide is the best solution to change the social tradition, particularly to change the way of marriage.

78- 'I sent a letter to my lover in which I terminated our love relationship because of my father and brother's disagreement!'

We can conclude from the above response that she had been in love with a boy but her father, and brother did not agree with her marrying him. It appears her family did not let her choose her future life, and some families in the KRI do not let their daughter or

sister get married outside their family. On the other hand, some families do not let their daughter-sister get married because they think that the boy or his family are not good enough, whether financially or socially. Consequently, some females do not find any other solution, but prefer suicide as the best solution.

83- ‘Dear mother I did my best, but it was not good enough. I could not complete my study. Forgive me and pray for me!’

It appears that the above respondent failed in her academic achievement, and she found her mother was the closest one to believe her, and share the matter to her, so she asked her mother to pray for her in her afterlife according to religious belief. It appears that some people look at their future life from just one point or one angle, and so if they do not achieve their goal, they feel unsuccessful, which leads to feelings of disappointment, unhappiness, loneliness, and at the end-point of their life. Furthermore, some persons are afraid to face their family and the society’s attitude, which blames them without accepting them, and they do not forgive them. Consequently, they find a solution by committing suicide in order to send a message to the society as a victim of culture, and tradition, and do not blame people when they have a problem. The society should find a better solution, or give them another opportunity instead of putting pressure on them which leads them to commit suicide.

Preventive Factors/Measures in Suicide Attempts

This section explores preventive measures or forces that deter respondents from attempted suicide in the KRI, as shown in Table 7.25.

Table 7.25: Is there anything that would have prevented you from attempting suicide?

		Frequency	Percent
Valid	Nothing	59	59.0
	Religion and Children	4	4.0
	Children	12	12.0
	Religion	6	6.0
	Mother	4	4.0
	Others	15	15.0
	Total	100	100.0

(N=100)

As can be seen from Table 7.25, the majority (59%) of the respondents say that nothing would have prevented them from attempted suicide, while 4% of the respondents say that their mother could have prevented them from attempted suicide; 4% also cited religious belief and children.

In addition, 12% of the respondents mentioned that children could have prevented them from attempted suicide, while 6% gave religious belief as a reason for preventing them from attempted suicide. Furthermore, 15% of the respondents mentioned that their attempted suicide could have been prevented through a variety of factors: 3% mentioned a mixture of both religion and family, 2% mentioned that religion and father; 2% husband; and 2% the fear of death; and 1% mentioned the following 6 factors: her lover; religion, mother, and children; religious, tradition, and death; ugliness of her body; parents; and finally religion and father.

Moreover, the majority of the research participants mentioned that there was nothing which would have prevented them from attempting suicide. For example, one participant said 'No one helped me; if there was a helper, I would not do that'.

However, a minority of the research participants mentioned that there was some factor which would have prevented them from attempting suicide, for example, one participant said, 'My children are in great need of me, and I love my mother, and I do not want to hurt my mother's feelings'. Another mentioned, 'I think that society needs women's experience since women should have equal opportunity and more rights in society, particularly in Kurdish society'. Another stated, 'For the fear of death according to religious belief, because I know God hates those people who commit suicide, and they will be punished in the same way in another life.' Also she mentioned that her husband did not deserve to be the reason for her committing suicide. Another participant said, 'In this life, everyone has their own problem, and the wise one is the one who escapes from the problem without surrendering their life or committing suicide'.

Conclusion

In this chapter, the continuing data drawn from the questionnaire were presented and analysed. The findings answered the earlier stated research questions (see Chapter 4) which asked: 'What is the connection between household relationships and female

suicide?’, ‘What influence do social isolation and exclusion have on female suicide?’, and, ‘What is the relationship between media representations and female suicide?’ The emerging data were codified into subthemes.

One may conclude from the findings that people who attempt suicide in the KRI do it in their own houses and use the method of self-burning. Most people who attempt suicide have experienced marital conflict and conflict with in-laws, love affairs and family problems as the key motives behind their attempted suicide.

Given the findings, it could be suggested that people who attempt suicide in the KRI are more likely to belong to the following categories:

- Victims of domestic violence;
- People wishing to take revenge;
- Isolated people in society;
- People who have lost confidence in life;
- People who feel oppressed by the culture/tradition of the society;
- People who find role models in media stories;
- Families with previous history of suicide act;
- People who are ignorant of religious doctrine including civil laws.

Therefore, we may conclude that social problems such as marital conflict, conflict with in-laws, family problems, and love affairs motivated them to harm themselves, thus answering the second research question. In addition, it has been observed that social isolation is also one of the main factors for attempting suicide due to the fact that significant numbers of the research participants felt isolated in society, and did not have any other alternatives except suicide, thus answering the third research question. Moreover, it has been observed that imitation is also one of the factors why females attempt suicide in the KRI, thus answering the fourth research question.

Chapter Eight

Analysis of the Research Interviews

The purpose of this chapter is to analyse the data from semi structured interviews with respondents who have particular knowledge of female suicide and attempted suicide in the Kurdistan Region of Iraq. The interviews were with journalists, officials of the Directorate for Monitoring Violence against Women (DMVAW), Coroners, and Clerics. The interviews were structured around 12 main questions, allowing for slight variations between the groups (see Appendix 2.1). Responses to some of the questions have been omitted because they were not directly relevant to the research objective. The findings are anonymized although the individuals in each group are identified by letter. The main sources of information used by the interviewees vary according to their professional roles. The majority of the journalists source their information on female suicide through phone calls, data from police stations / records, websites, and hospitals. The DMVAW source their information mainly from police stations and the General Communication Centre (GCC). There is close cooperation between the DMVAW and Coroners and between Coroners and police concerning the investigation of suicide cases.

There are two areas of general consensus among the four groups of respondents. First, they agree with the findings of the research questionnaire that the majority of female suicide attempters and committers fall within the age range 16-35, with some even younger cases. Secondly, almost all of the participants agree with the findings of the research questionnaire that self-burning is the most prevalent method used by females in the KRI when attempting and committing suicide. They share a similar view of the reasons for this: the accessibility of flammable substances ('Kerosene is available whenever they need it... they deal with fire in their housework daily, such as cooking' [Journalist C]); imitation ('They see burning is easier for them. It is like a culture which they learn... Consequently, people look at and imitate each other' [Coroner B]); and conducive cultural traditions ('In my opinion, self-burning is associated with Kurdish culture heritage' [Third respondent at DMVAW])

The questions which were asked were related to the professional expertise of the respondents in fields relevant to the treatment, regulation or media representation of females who commit or attempt suicide. The first issue to be addressed is the disclosure of suicide victims' identities.

Disclosing Victims' Identities

There are different opinions as to why the identities of suicide victims should be disclosed. Some media openly and without reservation disclose identities of suicides while other media do not. Newspaper Journalist D states: 'We put it on the front page to attract people to the subject and gain more readers for our newspaper'. A significant percentage of the journalists admit that they publish suicide victims' pictures, some believing that publishing a victim's picture serves to inform the authorities concerning suicide cases, which in turn will encourage them to take up the case. Others see it as normal routine in media policy to attract public attention to this kind of story in their newspaper. However, a minority do not believe in publishing pictures of suicide victims. Journalist A, for example, acknowledges that sometimes they publish a victim's picture to draw attention to a suicide case and to encourage police to follow up the problem: 'Sometimes we put a picture on the front page so that the police, the judge or the court follows it up.' Journalist B was of the view that consent should be obtained either from the victim's family or the state:

First of all, we should get permission from the family: we cannot show the picture in our reports before we get permission from the family. The family has an aim in publishing the picture: they want to publish the picture to keep it as a memory of a person dear to them ...or to attract people's attention to the oppression that has been inflicted on the person.

The same journalist continues with the argument that it is also in the newspaper's interest and the public interest, even if there is a negative aspect:

Our newspaper is for people. We may want to attract people: probably, some people have never bought a newspaper in their life, but because of those cases they buy this newspaper. At the same time, we highlight the case in Kurdish society to prevent this person's case being ignored: to prevent it being considered normal for anyone to kill a person and shed blood. At the same time, our perspective may carry negative factors as well.

Journalist F believes that they publish old pictures of victims (see Chapter 5) because Press law in the Kurdistan region, Article 2, No. 35, of the year 2007, prohibits publishing a victim's picture without due permission (Ministry of Justice –KRG, 2008). In any case, the media often do not get access to the scene for first-hand reporting:

For each incident... the security agencies arrive at the event scene first and they do not give us the right to go close to it... We are writing tragic stories which we can interpret by posting an unclear picture or by taking a statement from the relatives of the victim... They give us a picture showing that the victim was a perfect person... they want to show that the victim had the right to be as she was in the old picture.

Journalists are inclined to favour publishing a victim's picture on the front page to give more reliability to their reports: 'We believe that if we put the picture in the report, people trust it more.' (Journalist D). There is recognition of the implications for the family of using victims' pictures. Journalist E explains the legal and ethical reasons for not disclosing the identity of a victim and at the same time he acknowledges family sensitivities:

We are hiding the face of the suicide attempters or committers because the case is still under investigation. It is also not allowed in the ethics of media. We also do not show the pictures because the face of a shot or a burned person becomes distorted, which gives the public a bad feeling... We hide the face because of the family's reputation as well as to avoid causing people to feel bad... Otherwise we try hard to abide by media ethics and not post pictures. Indeed, you cannot post the picture without getting the family's permission.

However, Journalist C believes that his media company does not publish a victim's picture not just on moral grounds, but also because it may encourage intimation:

I believe that we need to abide by media ethics: not show pictures of bleeding people. The reason is, as I said, that many aspects become drama. I mean it causes imitation. For example, if I say that in one month 50 women committed suicide, it motivates other women...but we tell the relevant institutions that a woman has problems so they can solve her problem. The government has established a number of places for those women whose lives are in danger...Highlighting a subject like suicide, in my opinion, is more negative than positive... It is the decision of all of us... such reports do not serve our society at all.

This is a minority opinion. The majority of the journalists interviewed are prepared to justify the publication of portraits of suicide victims on the grounds that they promote public awareness and facilitate prosecution – as well as generate more readers for their

newspapers. These are, arguably, mixed motives which have the result of amplifying the act of suicide for gains in readership rather than to deter acts of suicide in the future. It is also possible to conclude that, despite the references to media ethics, there is no common code of conduct for journalists in relation to the topic of suicide and little evidence of investigation into the causes of suicide within families or the wider society and culture. The next section explores this further.

Do Published Suicide Reports Encourage others to Commit Suicide?

While the majority of interviewees believe that publishing suicide reports does not encourage other people to commit suicide, a minority believe it does. However, there is a belief that publishing suicide reports can have both positive and negative consequences. Journalist A, for example, argues that publishing suicide reports does not directly encourage other people; instead, a refusal to disclose suicide cases can be damaging because it hides a problem and the need for reform. Reports need to show how the (Kurdistan) laws protect women. His position is this:

Hiding things is harmful. Showing them is not harmful at all. When we publish suicide incidents, it shows people, police, and public how the event has happened. It may show many criminal sides... We have reports on cases where women are obliged to commit suicide or when a woman's husband kills her. All this has made the Government change the laws... in Kurdistan honour killing is a crime. The press had a big role in that...The media in Kurdistan have encouraged women not to keep silent...A community develops when the laws change, when awareness increases.

Also, Journalist D acknowledges that they do not explain the causes but rather the effects of suicide. The problem of suicide lies with the victim. She uses an example to defend her position:

We explain about the financial and economic damage behind it as the burning may cost her plastic surgery. Furthermore, we explain that the woman will not be able to face the community, her children and her husband. There are women whose children are afraid to see them after the self-burning. I tell the readers that although I am the same gender as her, this is not the end of her problems and that she made a mistake. I do not think people will imitate her after they see the horrifying picture... I neither make the case beautiful nor facilitate it: I will not tell the reader that the woman will be rewarded. However, I will say that this is carried out from despair. No one thinks about doing it to herself after she sees a piece of coal which does not look like a human being.

Similarly, Journalist F mentions that their newspaper is different from others in highlighting the tragic consequences of the incident.

We show the tragic dimension of it. I tell people that the person killed herself, but she left many of her children as orphans and destroyed a family. I mean, if I show the emotional side this person has become a victim... This is our difference from other newspapers... In our media office, in 2004, we decided not to report any simple news about killing and suicide... Mostly we report data from the Emergency Hospital, Ministry of Health, and DMVAW. We repost those data as well as the speeches that show the tragic side.

Equally, Journalist E contends that ways of reporting are different, for example, showing that violence cases may increase

Showing is different. We are not a visual medium... However, I agree with you that showing some violence cases increases imitation of it through television episodes, drama, or films.... On the other hand, written reports are different from visual ones.

The majority of the interviewees agree that television and films can provide visual information about suicide methods, which can serve as a lesson to potential suicides. However, this does not apply to the same extent with published suicide reports.

Journalist B sees that publishing suicide reports can have two sides:

Our newspaper stories could be a factor in committing suicide. However, the newspaper never causes someone's suicide if the person herself does not already have a problem. According to the person, her/his problem does not have a solution... suicide is the last resort: she believes that her reason for committing suicide is right. Some people tell me that they read such case stories to all the family members, narrating how and why... Thus, this newspaper causes such stories to be read among families so that their family problems are solved with its help....

Journalist C and his newspaper decided not to publish suicide cases any more in case they might encourage other persons to commit suicide. This interviewee feels that media representations of suicide may aggravate the act, and infringe privacy. In his words: 'We consider it as a people's newspaper; we do not publish a subject which is more negative than positive'.

Given the above views, in the face of ambiguous evidence, or a lack of evidence, it is not surprising that the journalists have differing views of the influence of suicide

stories on potential future victims. The most interesting finding from this question is the decision by one newspaper to highlight the suicide rate rather than individual cases. This suggests that there is some awareness that suicide is a not just a tragedy for victims and sometimes their families but is also a social problem which needs a higher level of public awareness and response.

The next section will examine how far publishing suicide cases serves as a lesson to other potential suicide attempters.

Has the Rate of Female Suicide Increased?

This section investigates expert opinions on whether the rate of female suicide has increased in the KRI. A DMVAW official is clear that ‘female suicide has increased, and I think it will rise further.’ (Interviewee C). In fact, the majority of the respondents held the view that female suicide has been on the increase in the KRI, while a minority of them were unsure. A second respondent at the DMVAW, for example, claimed that ‘... self-burning has been on the increase, compared to previous years...’ Similarly, a third respondent at the DMVAW mentions that the rate of suicide has increased, and the numbers will keep rising due to the prevailing social problems. The DMVAW view is based on a sense of the wider social context:

The problem of violence, in general, is related to the rise in the number of media channels. Probably, 20 years ago, murder cases were more than now, but people did not care about them... but now in [...], if one female commits suicide or is killed, the news will be published by more than ten channels in a single day. Suicide is a continuous phenomenon, and related to social problems in the country.

The Coroners agree that female suicide has been on the increase in the KRI. However, they point out that in some cases, suicide is presented as an accident because the families of the victims fear intimidation and stigmatisation.

We see self-burning more than before. Their families often do not regard it as self-burning, but as an accident such as burning or shooting. However, it seems that some females had committed suicide, but the families attempt to deny that. According to my view, the rate has increased among both women and men (Coroner C).

Coroner A declines to give a response because reliable data is only available at the investigation stage and, similarly, the first respondent at the DMVAW states that he would have to wait for year-end statistics in order to compare the number of cases with previous years.

Judging from the above data, it appears that the majority of respondents are inclined to see the rate of suicide as rising but that firm statistical evidence is lacking, especially because of the stigma associated with it. There is a general sense that the rates of female suicide and attempted suicide are linked with endemic problems of society and high levels of violence.

Consequences of Suicide

This section considers the views of respondents concerning the consequences of committing suicide. Specifically, this relates to the religious view that suicide has consequences in the afterlife. Significant numbers of the interviewees, not only the religious clerics, had such opinions although a few reserved their comments and referred the issue to the religious specialists. Journalist C, for example, expresses the traditional Islamic religious perspective when he says:

Suicide is not a solution. In the 'Other World' God will punish those people who committed suicide.

Similarly, Journalist D says:

I am a Muslim and I believe in God a lot.... I believe that they get punished in the 'Other World'.

Journalist B argues at some length that suicide has consequential effects, using scripture as an example:

We are living in a Muslim society...I am sure that they will be punished because God says: 'Do not kill yourselves because God is merciful with you' and our prophet 'Peace Be Upon Him' (PBUH), says that if a person commits suicide, s/he will be punished in the same way in the 'Other World'. He tells us not to kill ourselves because death is related to God as killing is disaster: God's throne shakes with the murder of someone and that the collapse of the Kaaba is easier for God than the death of a Muslim. God has set death to show his power: not everyone can commit suicide when he is bored. Those who

commit suicide believe that they have their excuses to show God. For example, someone said that she would be raped if she did not kill herself. Thus, she will tell the God that she committed suicide to keep her virginity. Only they believe in such excuses; no one around them believes in these excuses. Humans should always know that God opens a door for them.

A similar concern was also expressed by Journalist F, tempered by the view that nominal religion and lack of education are responsible.

Sure, we live in a Muslim society... those who commit suicide are from the least educated families, and if they pray, this is because they are forced through violence and beating!.... it is a traditional and habitual matter. Religion is a part of tradition in such families. Otherwise, if religion becomes a thoughtful and ethical practice, they do not commit suicide in my opinion.

A respondent at the DMVAW states that they have religious belief but do not judge.

It is a divine issue. God will decide. In Islam the one who commits suicide will be considered as an atheist. Only God knows if they will be punished or decides not to punish them because they suffered a lot in this life. I cannot decide on that.

The Clerics are unanimous in saying that those who commit suicide will be punished in the hereafter. They support this position with extensive citations from the Holy Quran. There are several Islamic injunctions that not only prohibit the act of suicide but also spell out the kind of punishments suicide committers will be subjected to hereafter. Cleric A quotes the source Hadith in Arabic: "A man was inflicted with wounds and he committed suicide, and so Allah said: My slave has caused death on himself hurriedly, so I forbid Paradise for him." (English translation, cited from Muttaqun, 2011: N.P). The same participant goes on to cite another Prophetic tradition: "Whoever purposely throws himself from a mountain and kills himself, will be in the (Hell) Fire falling down into it and abiding therein perpetually forever; and whoever drinks poison and kills himself with it, he will be carrying his poison in his hand and drinking it in the (Hell) Fire wherein he will abide eternally forever; and whoever kills himself with an iron weapon, will be carrying that weapon in his hand and stabbing his abdomen with it in the (Hell) Fire wherein he will abide eternally forever." (cited from Muttaqun, 2011, N.P). And he again cites Prophetic tradition: 'Indeed, whoever (intentionally) kills himself, then certainly he will be punished in the Fire of Hell, wherein he shall dwell forever' (cited from Muttaqun, 2011, N.P).

Cleric B explains that there are several verses in the Quran which obviously forbid suicide:

Yes. Undoubtedly as we have several verses. The great God says:

وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا (29)

وَمَنْ يَفْعَلْ ذَلِكَ عُدْوَانًا وَظُلْمًا فَسَوْفَ نُصَلِّيهِ نَارًا وَكَانَ ذَلِكَ عَلَى اللَّهِ يَسِيرًا (30)

29. (... Nor kill (or destroy) yourselves: for Verily Allah hath been to you Most Merciful! (Quran, 4:29),

30. If any do that in rancour and injustice, - soon shall we cast them into the Fire: and easy it is for Allah (Quran, 4:30).

In addition, in another verse God says:

وَأَنْفِقُوا فِي سَبِيلِ اللَّهِ وَلَا تُلْقُوا بِأَيْدِيكُمْ إِلَى التَّهْلُكَةِ وَأَحْسِنُوا إِنَّ اللَّهَ يُحِبُّ الْمُحْسِنِينَ (195)

195. And spend of your substance in the cause of Allah, And make not your own hands contribute to (your) destruction; But do good; For Allah loveth those Who do good (Quran, 2:195).

There are also a significant number of Hadith from the Prophet Muhammad (PBUH) which clearly forbid suicide and refer to future punishment. Cleric B continues:

The one who commits suicide is cursed and anyone using any method or for any reason committing suicide, s/he will be punished by the same method at the Day of Judgment... S/he should surrender their rights to God only, because the right of getting the soul can come through God only... It is as if that person takes the right from God and commits suicide, which means that God does not allow the person to die, and so as if s/he makes themselves God which is against the Islamic belief to self-own the right to kill themselves... Therefore, whoever interferes in God's right must be punished. Consequently, God will take revenge on him/her, according to their actions, as believed in the Islamic Religion.

Cleric C introduces an additional theme, the mental state of the person:

In my opinion, if a person commits suicide at the moment s/he was mentally ill and was not able to control what is right or wrong, Allah Ahlam (God knows). However, if a person has no mental problem and believes that committing suicide is right, and does not believe in God, we can call that a disaster, because human beings are created by God, and belong to God only... In addition, human beings, whatever problems and difficulties they have in life; they should not attempt or commit suicide. There are many verses in the Holy

Quran and in Islamic Prophetic traditions, which make it clear that a person who has committed suicide in the 'Other World' will be punished for ever (which I mentioned earlier), so they never finish the punishment. I would say that women should be educated and warned about unending suicide punishment in the 'Other World'. I think if people who know that there will be punishment in the 'Other World', they will never commit suicide, so the problem is with their belief. For example, the great God in the Holy Quran says:

" ومن يقتل مؤمناً متعمداً فجزاؤه جهنم خالداً فيها و غضب الله عليه ولعنه وأعد له عذاباً عظيماً... -93"

93-If a man kills a believer intentionally, his recompense is Hell, to abide therein (For ever): and the wrath, and the curse of Allah are upon him, and a dreadful chastisement is prepared for him (Quran, 5:243-244).

Thus there is a consensus among all the respondents, clerics and others, that Islamic religion, properly understood, prohibits suicide because suicide is a sin (equivalent to murder), and God alone decides the fate of human beings and has the authority to punish. The non-clerics, including the Coroners, refer the matter to religious authorities, leaving some issues open: for example, premeditation. Coroner B suggests there might be no consequence for female suicides because the act is often committed on the spur of the moment. Also, Coroner C believes that the question of punishment is linked to the presence or absence of true belief:

This relates to the religious belief of that person. In the religion of Islam, suicide is regarded as murder which means the person who commits suicide will be responsible in front of God at the Judgment Day. According to legislation and Islamic religion, that person is definitely sinful if s/he believes in her religion... If she believes that there will be a revival and a Judgment Day, she will definitely be punished according to religion and Islamic law.

Coroner A expands on this theme, claiming that persons who commit suicide are unable to continue their lives but that a true understanding of religion would prevent them being overwhelmed by external pressures:

Yes, according to my opinion a person who commits suicide has reached a point to obey the factors which affect their lives. These factors make them unable to show resistance, and continue their life. Religious people should obey their beliefs in religion, and not sacrifice their lives, because life is sacred. I have never seen a religious person commit suicide.

From the above quotation, it seems that the suicide attempters and committers had no other choice except suicide and no one to turn to (see Chapter 9). They cannot continue

their lives because no one is interested in their fate, and they have lost their interest in life.

The responses show that there is no point of view outside the religious context and only small differences between the respondents. From the religious point of view, young female suicides and attempted suicides are treated not as victims of intolerable circumstances, but as the authors of their own fate, deserving their religious punishment in this life and the next. However, this is not the full story, as the following section shows.

Should Female Suicide Attempters be Prosecuted?

According to Iraqi law as amended in the KRI Criminal Code, Article 408 of the year 1969 (amended 2001), a person who assists another to attempt or commit suicide will be punished as follows:

- 1- Any person who assists or encourages somebody to commit suicide or has been a cause of that suicide is sentenced to seven years imprisonment in the case that suicide is fulfilled. The punishment would be imprisonment in the case that the suicide does not succeed.
- 2- If the suicide victim is less than 18 years old, or has mental illness, the person who encourages her/him will be prosecuted under the provisions of Murder.
- 3- Whoever attempts suicide does not receive any punishment. [Iraqi Criminal Code amended version in the KRG, act No.111 of 1969].

This is the legal background in relation to females who attempt or commit suicide. Clearly, in current law suicide or attempted suicide is not a crime, so it is not surprising that the majority of the interviewees were of the opinion that suicide attempters should not be punished, because they appear to be in need of support rather than being prosecuted. The third respondent at the DMVAW believes that ‘suicide attempters should be referred to specialists for treatment’. This position was supported by Journalist A, who assumes that suicide attempters are a group of people who are in need. Thus, the suicide attempters’ families, and also the state, should provide solutions to their problem rather than prosecute the victims. In his interview, Journalist A stresses the need for rehabilitation of all suicide attempters:

...she [suicide attempter] really needs help. In addition, providing help to her physical needs [is important] as she burnt herself instead of being damned. No one wants to

commit suicide for fun. Without doubt, they had been under psychological pressure... Or sometimes this old culture creates the problem.

In addition, Journalist B is of the view that suicide attempters need not only to be rehabilitated, but also to be properly reintegrated:

They need care...The factors behind their suicide should be solved: we have to understand the reasons behind their ordeals such as forced marriage, or being insulted by the father or husband. They need care from therapists, social workers, doctors and clerics.

In a similar vein, Journalist C observes:

Suicide attempters should not be punished but instead should be referred to specialists for counselling. Suicide attempters are a group of people with social problems. Thus, suicide attempters should be helped to solve their problems. Punishment, in my opinion, should not be used for those who try to commit suicide. Yes, [what they need is] care and reformation. I believe that so far they have been treated in this way. They have been kept for reformation instead of being prosecuted.

Equally, Journalist F believes that females who attempt suicide need social and psychological help in order to avoid repeating the same mistakes. In this respondent's view, suicide is a phenomenon that may be repeated if it goes unchecked. Thus, victims need to be reoriented, thoroughly rehabilitated, and properly reintegrated; otherwise they may repeatedly attempt the act. In his words:

Those who get into this game [suicide] need health and social services because they have become victims once, and it is not a good idea if you make them victims for the second time. ... It is rather like a game which is escaping from the life yard. Why is this? I believe we need special agencies (institutions) for this reason, particularly now. If you look at the time when students get their exam results, this phenomenon often happens. Why? In fact, it is because of our human weakness. There should be a special agency in the media so that they strengthen people rather than encouraging them with suicide thoughts and self-destruction.

Journalist D compares suicide attempts to accidents in which the victims never dream of experiencing it again. According to Journalist D, no one attempts suicide for fun and those that do it appear to be without hope in their life. Journalist D further laments that:

No one does that [suicide] for fun. They need to be helped by the government, family and society as much as possible. I wish we had a centre to take care of those people psychologically so that they could get back to society.

Drawing from the above presentation, it appears that journalists A and D were thinking in a similar way. Both of them had the opinion that no one attempts or commits suicide without reason or for fun.

Journalist E believes that females who attempt suicide are in miserable conditions, and they should be helped to regain normality:

Those who have tried it are in a very unstable situation. Thus, their families must take care of them a lot. Factors should be facilitated for them in society and in institutions and around. Their environment should be stable and their life should be changed. The environment should be made nice for those who think about death so that they can easily come back to their normal environment.

Similarly, the third respondent at the DMVAW was of the view that suicide attempters need to undergo some thorough clinical investigation before any decision about them is taken. As he observes:

First of all, we should know the reasons for the attempted suicide and then find out the solution. This is very important, because if we attempt to prosecute or punish them [suicide attempters] in any way, they may attempt suicide again. The person should be closely monitored and be treated by specialists.

Similarly, the second respondent at the DMVAW agreed with the opinion that prosecuting suicide attempters would worsen the situation; they should rather be referred to social and psychological therapists. In their opinion:

A person who has tried to commit suicide is psychologically imbalanced and any attempt to punish them may only aggravate the situation. If you punish a person who attempts suicide we make the situation more complicated. It is better to have an institute or centre where they can be referred for treatment instead.

The first respondent at the DMVAW attempts to explain and build his position from a legal perspective; he argues that the current Penal Law in Iraq, as discussed earlier, does not cover “attempting suicide”, so any female who attempts to commit suicide can repeatedly perform the act and go free. This respondent drew attention to the current Penal Code that says:

The Iraqi Criminal Code, Article 408, [stipulates] no punishment for suicide attempters... Laws do not have punishment for suicide... It depends on the case.

This position was supported by Coroner A, who in his capacity as coroner states that:

No, instead of punishment they should get advice from a specialist. Some female suicide cases are caused by slander and fabrication of moral issues...Persons who attempt suicide should not be treated in a bad way, but you should simplify the problem for them, and make it a problem which is less important or something which is not worth ending your life for. Nothing is more valuable than life, and life has a special sacredness. It is really necessary to simplify the problem for her because she is collapsed psychologically, and is about to end her life. When a person says things like 'life is useless', 'life is nothing', and 'it is better to die', we should take it seriously, and notice that s/he is at the level where they are seeking help.

The notion of referral services for suicides attempters was not only supported, but also elaborated in some detail by Coroner C in the form of a typology.

No... There are two types of those who attempt suicide: the first type is the one, who really wants to commit suicide, but she fails or her attempt might be disclosed and she is rescued. This one is certainly ill and she should be treated by the psychologist as she might repeat her attempt next time. This type of person should not be punished by the law. However, the second type unreasonably tries to commit suicide, in order to gain something, for instance, to get leave from her office or to draw her family's attention to be loved more by scaring them. In fact, when the doctor looks at them, s/he can distinguish the one who really wants to commit suicide from the one who does not.

'Genuine' suicide attempters should be referred for social and psychological therapy.

In Cleric A's view, suicide attempters should be rehabilitated, not prosecuted:

[She] should be clinically treated, punishment will make her situation harder. There should be help centres for such situations. Sending the attempters to prison will make the situation more complicated... Furthermore, they should see the reason why one tries to commit suicide. Also, they should find out the factors behind this attempt. There are no such aspects as punishment for those who attempt suicide. Centres should be available in society for treating such people who need help... In fact, there should be a big centre composed of Clerics, psychological and social consultancies to treat such cases and identify the causes during the treatment... They should be given good treatment.

However, Cleric B believes that female suicide is a crime, but one that should not be punished. To this respondent a suicide attempt is a deviant act. To Cleric B, these suicide attempters do not just incapacitate themselves but also damage their families and society's image at large. They should therefore be referred to specialists for

treatment. According to Cleric B, punishing suicide attempters is like revenge and not the solution.

[They]...are regarded as sick people. Revenge is not the solution. Likewise, as revenge is a mistake, they should be put in an environment full of sympathy and kindness to restore their consciousness and develop their personality. The causes that led her to attempt suicide such as pains, problems, hard time and bad luck, should be removed. For instance, inability to marry, unemployment, lack of love, or abuse, should be removed before they lead to suicide, or else she is killed by society, and she attempts to end her life... The family, parents and siblings, should cooperate with each other. If one member of the family is not well, the others should provide a good environment away from violence, and inferiority... A Muslim family should provide a good environment for their family members as God in The Holy Quran says:

و من آياته ان خلق لكم من انفسكم ازواجا لتسكنوا اليها و جعل بينكم موده ورحمه ان في ذلك لايت لقوم - 21
!يتفكرون!

21. And among His signs is this: that He created for you wives from among yourselves, that you may find repose in them, and He has put between you affection and mercy. Verily, in that are indeed signs for a people who reflect (Quran, 30:1142).

He says the family, together with all the institutions such as mosque, school, university, society and other public social fields should ‘cooperate together to stand against this phenomenon. The whole range of institutions should collaborate and work for each other to combat the “virus” of suicide.

Cleric C is of the opinion that female suicide attempters should not be prosecuted but should be referred for clinical therapies instead.

As we said, we have to find the reasons for suicide, and doing more research in this area is required. The person who attempts suicide should be treated and reformed instead of receiving punishment...The centre should be managed by professionals such as sociologists, psychologists, psychiatrists, and clerics. Sometimes, there are several people involved in the suicide case, and when we talk about punishment, we should include all of them. I think government, society, and family are the main factors responsible for female suicide. For example, when a girl is treated badly by her brother or husband or parents, the family are responsible when the girl attempts suicide. Sometimes, the problem comes from outside the home such as bad treatment from supervisor at work. Suicide is not sudden behaviour from a person, but it is a kind of depression building up from day-to-day pressure until it reaches the point which makes the person attempt suicide.

However, Coroner B believes that female suicide attempters should be prosecuted immediately – after clinical treatment. To this respondent, both the prosecution team

and the clinical specialist should work hand-in-hand in order to save life and to deter the deviant act and potential attempters. Coroner B proposes:

Yes punishment. Also, social, and psychological therapies... At this stage in our society it is good to have both punishment, and psychiatric management and treatment... As we say, it should not be an isolated medical case. I do not say we should put them in a madhouse. You will have a big team and centre; meaning half-by-half, half therapy with the family, and the other half, specialists in a centre not in prison... Prison makes things more deep and complicated... Prison is prison always.

This is a minority view. From this evidence it appears that a significant majority of the interviewees are strongly of the opinion that female suicide attempters should not be punished. This is to be expected given the Iraqi Criminal Code [Article 408 of 1969, (as mentioned above)] which does not treat attempted suicide as a punishable offence. Instead, the majority consider suicide attempters to be socially and psychologically unstable, deserving treatment. This raises questions about some of the core reasons why females decide to attempt suicide instead of exploring other ways out of their situation.

Interpretations of Motive

Drawing upon the data gathered through the survey ('In your opinion, what is the motivation for female suicide in Kurdistan?'), different factors were uncovered to explain why females chose to attempt suicide. There were two key sets of factors: reasons within the individual, and reasons such as institutional inadequacies. In relation to the factors within the individual, the majority of the expert interviewees believe that suicide attempters decide to use suicide because of the availability of models and images which can lead to imitation, and the weakness of religious norms and values. Forces outside the individual – weak or failed social institutions – are portrayed by only a minority of the interviewees. Beginning with factors within the individual, Cleric B, for example, observes that female suicide attempters and committers lack social and religious knowledge because they do not know that suicide is forbidden in Islamic religion. Also, they do not have patience:

Religious knowledge is absolutely weak. Their conceptualizing of religion is not strong. This means that she does not know that suicide is a serious sin. She does not realize that self-killing does not erase her dishonour; on the contrary, her defamation will be fixed on

herself and her family as well. For example, she commits suicide because she believes that self-destruction is better than family or tribal defamation. Likewise, she does not grasp the fact that they will say 'Why did this girl kill herself'? And another one will say she did that because she was involved in betrayal. Also, she does not know that she stains her name and her family's name as well. Therefore, she kills herself, and at the same time her family and tribe as well. Others believe that she would save herself and her family as well if she did that and then she becomes a victim to her family... Thus, this has become part of culture and a bad tradition... Therefore, she does not realize that self-immolation proves her crime, on the one hand. On the other hand, she will be punished at the doomsday 'God protects us'; she does not have that religious knowledge, and neither does she have patience.

There are a considerable number of reasons as to why females choose suicide rather than other measures such as seeking divorce or separation, because often females who attempt suicide are rejected by their families, and divorce or separation in Kurdish societies is seen to be taboo or something bad. Thus, she resolves to attempt suicide.

According to Cleric C:

The woman feels bored and wants to end her life in the easiest way...The people who commit suicide by burning believe that there is no other way...Unfortunately, our society misunderstands divorce. There are women who think they will lose their personality if they get divorced. For example, there are women who have more than five children, but cannot continue with their husbands. The women do not have any option except suicide, because their families (parents and brothers) are not accommodating them, and they feel that is dishonourable for their families. If society understands the meaning of divorce, sometimes divorce is the best solution. It is true that an Islamic Prophetic tradition says the 'most hated thing to Allah is divorce' (ابغض الحلال الى الله الطلاق), but sometimes it is a solution.... When somebody is divorced society looks at her in a bad way and this leads her to commit suicide, but if the divorced women receive support from society, parents, and relatives, usually she approaches the problem in an easy way and feels it is not the end of her life. Also she can marry another man... As I mentioned they cannot find any other solution. For example, solving their problems by law takes four-five years in the court, and ends up with divorce. Educated women rarely commit suicide, but uneducated people who do not have knowledge about religion and culture see the best solution is suicide. Women need to be educated, and to solve their problems, and not to commit suicide.

Cleric A also expresses the view that those females who choose suicide rather than other measures are less educated and appear to be ignorant of Islamic doctrines and practices. Consequently, these kinds of persons decide to take suicide:

... This is evidence that some women in a state of depression and failure in thinking or due to their ignorance become so weak that they cannot even think 'How can I get rid of this problem?'... They are ignorant about Islam and they are also ignorant about the punishment. Those who voluntarily end their lives will be expected to be in hell and fire for ever.

As the thought of killing is in the mind of this person, this is why I understand it is the ultimate failure and weakness of this person and a situation that she does not think about. There are many other things that one can do when s/he faces a problem...

The main emphasis here, among the religious professionals, is the “weakness” and “ignorance” of women who attempt to take their own life. They do not specify the “other” ways out those women could take.

Suicide, Kurdish Culture and Society

This section attempts to investigate whether there is a significant relationship between the act of suicide by females and the Kurdish culture. Interestingly, there are two versions of this perspective. A significant number of the interview respondents claimed that there is no significant relationship between the female suicide and Kurdish culture, while a significant number also hold the opposite view. Cleric A, for example, believes that female suicide is not related to Kurdish culture because the act has no position in Kurdish history. He sees it as “imitation”.

She hears a woman did not get something and then committed suicide. Her husband said something tough so she burnt herself. Consequently, she says "Well, I will also do that". It is not in Kurdish culture, and it is not part of our history. However, some weak people and some people who are lost will do such things. Many times the media exaggerate about suicide cases. I personally heard some of these victims say ‘I saw on TV or read in a newspaper that someone attempted suicide so I said I will do that.’ It is imitation, but it is not in Kurdish culture.

Similarly, Cleric C sees no significant relationship between Kurdish culture and female suicide; it is a foreign phenomenon. He asserts that over the past ten decades in the KRI, suicide cases were rare, but recently the rate has grown alarmingly. The increase in the rate of female suicide could be attributed to external factors such as movies, cultural transformation, and sudden social changes. According to this respondent:

Originally Kurdish culture was not related to suicide. It is a foreign phenomenon. As we can see, there were very rare suicide cases in the past, but recently the number has increased, so that means there is no relation between Kurdish culture and suicide... Divorce and suicide is a result of external factors from films and social change; and the women cannot accept that sudden change in society, compared to the traditional culture and religion, so this encourages women to commit suicide... The social change was not gradual but it was sudden change. Social changes should go with personal mind changes

in society. I think some changes are unacceptable in our society. Nowadays, for example, girls who are employed have increased, and have freedom. This gives girls opportunity to meet boys and have relationships, but sometimes their parents will not agree to let them get married with the person they love, which leads them to attempt or commit suicide. In the past Kurdish females did not have that much freedom. We do not support forced marriage, but the given freedom should be limited, just to prevent the girl from choosing the wrong person for her future life.

On the other hand, Cleric B does see a connection between female suicide and Kurdish culture. To him, the connection relates to imitation and the female choice of suicide as a sort of revenge over society and a challenge to society's customs and traditions. The media play an important role by exaggerating the size of this problem, depicting the person who committed suicide as a hero (adolescents like to follow their hero):

Undoubtedly, there is a relationship between them, but how has this relationship been created? This needs investigation: for instance, when a girl does not pass the exams in her education within one or two years or she cannot succeed in her last stage in high school while her friends succeed, consequently, she commits suicide... Self-burning is a sort of revenge over society and disagreement with the customs and traditions of society. In addition, the media also play an important role. The media exaggerate this issue in the way that they show the person who committed suicide as a hero.

It is evident that there is no clear consensus on the relationship between the females' suicide attempts and the Kurdish culture, except that the availability of models of behaviour through the media is seen as a contributory factor.

Of course there are a considerable number of reasons why persons attempt or commit suicide, which are sometimes documented if the victims willingly disclose this information. On the other hand, precise causes of suicide are difficult to establish due to the complex nature of the act. In this section, the views of the expert respondents are compared with the data obtained in the survey on the topic of social factors. The journalists are inclined to acknowledge the importance of social factors. For example, Journalist B states that 'social factors are the main reason for female suicide in Kurdistan', observing that the pattern of suicide is different from western countries:

... in Kurdistan, for example, teenagers may not succeed in their love, or a girl may be suppressed by her father, preventing her from her desires or choosing the boy she likes because the father knows that he is not suitable for her. In this case, the father does not discuss the matter with his daughter, but rather uses violence against her to solve the

matter or he may prevent her from wearing some kind of dress or going out. As a result, the girl cannot stand her father. For married people, it is the divorce factor or being away from their children after divorce which pushes them to commit suicide. In addition to this, mostly it is a family problem with their wife, such as financial incapability which makes them unable to solve their family problems, or buy a house to be separated from his parents or to make his wife happy... or she proves her decency, or she wants to keep the honour of her family.

And Journalist A makes similar claims, adding that:

... Nowadays, a love affair is easier than it used to be because of cell phones, internet and Facebook. All those have a role to play... The development of communication tools has helped that a lot. Culture matters: men do not believe in a woman's abilities, not listening to her opinions, not giving her freedom, family honour, or causing her to commit suicide, etc... The married woman may be mad at her husband, or may want to go shopping as she wishes to, or may want her husband to provide her with her needs. Many women commit suicide when their husbands do not spend money to satisfy their needs.

To Journalist C, suicide attempts are mainly a result of love affairs for unmarried females and marital conflict for married females. To this respondent, conflict often arises when the female conceives without the consent of her partner. Also, females may attempt suicide when sexual transgressions are made public. As the respondent notes:

... Many girls have love affair problems...For married women, the problems occur, for example, if the husband is financially badly-off, which then causes problems. There are cases which we have heard about... Women get frustrated by being beaten by husbands coming home drunk. Another factor is the problems between the woman and in-laws which is common in Kurdish society. So the main factors are either a woman's love affair or their problems with their husbands... Thus, we can say that the two factors are pretty close to each other.

Journalist D relates female suicide attempts to the KRI's cultural values and customs which in many ways deny females the opportunities open to their male counterparts:

Tradition and practices: the practice whereby men are in control in their families, and a father may not admit his daughter's existence. A woman gets into big troubles due to sending an SMS. In addition, when couples are in love and make promises, the woman asks the man to marry her in order to avoid getting into trouble. I do not say that the law is mainly responsible. I would say that the practice and tradition of men being in control is the main factor... Social traditions such as dominant system and men have all power.

He adds that there are major differences between city and country.

In the cities females can go out to work, but in villages they cannot... hm.hm.hm, when a woman finds out about her husband's adultery or he neglects her, they do not live as husband and wife, he never spends money on her, he is drinking alcohol and practising immoral behaviour, and he does not take any family responsibility, they argue all the time about their private house.

Other respondents attribute attempted suicide to multiple interconnected factors but with family pressures as the leading cause. Journalist E explains:

There are many factors: marital conflict, family problems, unstable economical situation, conflict with in-laws, and love affairs, are the main ones to me. Failure in academic achievement... sickness and depression are less influential factors. Forced marriage for girls and having no right to have an opinion are other factors. These make them violate and challenge their family... Thus, it reaches a degree where the woman cannot see any open door or any light in her life, which results in her committing suicide.

For Journalist F, the failures are in the social institutions:

I think that the first factor is that our society is bound by old habits and traditions that give some rights to men, but not to women until now. There are some natural rights for women which are ignored. In addition, I believe, Kurdish society is in a transitional step which has led the way for new traditions to enter society which are not accepted by some people. This is another result of it. Moreover, marriage conflict is the first, in my view; and love affairs are the 2nd; then, family problems such as misunderstanding between husband and wife, and adultery; fourth, failure in academic achievement, gender discrimination, conflict with in-laws, and depression.

The first respondent at the DMVAW relates females' attempted suicide to pressing family issues.

Family problems are a strong factor driving women to commit suicide... There are such cases. This is also a family problem. For example, when a boy asks for marriage with a girl, and her brother does not agree. There is a love relationship, but who is responsible? Her brother does not agree, so she commits suicide.

The second respondent at the DMVAW cites a wide range of reasons, including poverty and illiteracy, within the general context of a conservative culture that limits the freedom of women.

There are a considerable number of reasons for committing suicide... According to our data and monthly statistics, most of the social problems happen with uneducated families and those with low-level economic class. Another reason is residence; married couples

usually have fewer problems when they live in their own houses, while when they live with their families such as with their father-in-law's family, they have more problems. The problem occurs between the wife and mother-in-law or other residents in the house such as sister-in-law, and brother-in-law. These problems lead them into unstable marriage relationships, and the reason for having problems is interference from their families in their private life. When a girl gets married to a boy, she becomes like a slave for the boy and his family, and this leads the female to feel depressed and commit suicide or attempt suicide. Moreover, culture and traditions play a negative role in increasing suicide cases such as through gossip and false accusation. The cause of unmarried girls committing suicide is, firstly, because they are in love with a boy, but their families disagree with the marriage and they show resistance. Secondly, the girl wants to attend school, but their families do not agree. Thirdly, the girl wants to have a job, but their families disagree, and they want her to stay at home rather than to be out working or studying. Finally, the overall reasons are that girls do not have freedom, and social tradition is in control of their life.

A third respondent at the DMVAW acknowledges that there are a considerable number of causes: firstly, social problems; marital conflict, forced marriage, love affairs and infidelity among married couples; secondly, the role of new technologies such as mobile phones, the internet, and the media:

Firstly, the main cause is social problems, secondly, the role of new technology and the media, for example, mobile phones, the internet, and newspapers. Last year I saw in a newspaper a big headline that a high school girl committed suicide, because she was not successful in obtaining high marks. Publishing this kind of news has an impact on people with negative psychological effect, and this may motivate other people to repeat what the girl did, or we can say that it is a kind of motivation for abnormal behaviour... Social factors such as love relationships have more impact on them to attempt suicide. Marriage problems, such as love relationships, forced marriage, jealousy, cheating, and mobile phones. For example, a girl is in love with a boy, and they have pictures together, then after their relationship breaks down the boy threatens the girl by publishing the pictures on the internet or showing them to her husband or her family just to force her to have sexual relation with him. The girl will be in a bad situation because these photos are not acceptable in a traditional society, and she cannot continue with this relationship, and in the end she commits suicide. Sometimes, they come to us to solve their problems. Furthermore, we usually try to solve their problems.

The coroners also acknowledge the importance of social problems, as well as religious and psychological factors. In the opinion of Coroner A:

... There are social, economic, religious, and psychological factors, but most of the problems have a social background... For example, a man marries a second woman, and neglects the first wife, and forces her to work on the farm. The first wife with her baby decides to commit suicide, which is the social factor. There are also economic factors, and these factors can affect people psychologically. People at a low-level economic state should face the situation, and think positively, also attempt to escape from this stage; this

can be seen with wise people. Other people who are not wise may attempt suicide because of their bad economic situation... This is also regarded as social problems.

Coroner B states that there are a considerable number of factors: marital conflict, family problems, failure in academic achievement, gender discrimination, and love affairs. Even so, gender discrimination could be described as the main factor.

There are a considerable number of factors such as marital conflict, family problems, love affairs, failure in academic achievement, sadness, and gender discrimination. In my opinion, gender discrimination in the Kurdish society is the main factor which affects the female suicide rate, and this is related to Kurdish social reality. In (...) city, for example, they give the same rights to both genders, for instance, both can study, have mobile phones, and have their own car. In addition, the girl should predict her parents' limitations, which means her parents and brothers can change their minds in a second. We can say that in our society the permission for females is based on money not mind. I mean it is acceptable in terms of money, but they do not accept it in their mind. For example, if someone says to the girl's brother that he has seen his sister with a man in a car... So, I do not know what the decision is going to be, but generally it is not acceptable at all. However, even educated people in the Kurdish society cannot accept this situation...

Similarly, Coroner C identifies the same range of factors, adding the use of mobile phones, and modern styles of dress:

The causes are mostly social as if facing a problem such as marital and social conflicts. Currently, the problems mostly occur as a result of using mobiles. A brother investigates why his sister speaks with that boy or has a relationship with him, or a husband suspects his wife, or when a girl asks her father for something, but her father cannot afford to get her, for example, a particular dress... women have some wishes in their life that husbands might not provide, or when a man, religiously and socially, is conservative, but that woman likes to show off and wear beautiful attire, consequently, conflicts occur between them.

Cleric A refers to multiple factors including the lack of, or non-compliance with religious principles and practices. He lists these and, interestingly, includes references to social (in-) justice and human rights, seeing them as essentially different phenomena. It is worth quoting at length from his interview:

... there are many factors: firstly, as I said, lack of awareness such as social awareness. Many who are illiterate will do that, and coming from rural areas or villages will commit suicide. However, people who are educated and live in cities do commit suicide, but it is rare.

Secondly, lack of religious awareness. They pray, but they do not enjoy praying, and do not understand it. Believe me, if you just understand the wisdom of praying, many psychological problems will be solved.

Thirdly, other factors, for example, bad economic situation.

Fourthly, lack of social justice: there is very little about social justice in the Islamic world...

Fifthly, too much talking about women's rights in theory, particularly during these several years. Women should have this right, and that right...it comes from abroad, the media, and some organizations who talk about women's rights, and make them feel that they are so pressured, and oppressed ...Such talk in the media will affect women and make women think they are oppressed and deprived. She attempts to achieve that level, and situation; however, she cannot. It is beyond her imagination. Thus she will be desperate and commit suicide.

Sixthly, family conflict based on misunderstanding causes them to commit suicide. The father does not understand his daughters and sons. In addition, when a daughter talks to a boy by mobile phone, the father will misunderstand, and quarrels with and beats her. She reacts and commits suicide. She is adolescent, and does not know about it. Her father has to give advice to her instead of beating her. ...

Seventhly, marital conflict: if the relationship is not well-built, and the man does not give love, passion, and respect to the woman, then this provides the grounds to display anger, bad words and revenge in their relationship instead of love and passion. Consequently, marital conflict and lack of respect will lead women to commit suicide.

Eighthly, thinking of revenge: many times a woman commits suicide as she wants to take revenge on the people who mistreated her. She realizes that she would be a victim. She says: "Because my father did not let me marry this boy, I will commit suicide"; or she says: "I will commit suicide to take revenge because my husband treated me badly". Women use suicide for taking revenge on those who mistreated her.

Finally, quick decision of women: she decides quickly, and says I will do that without thinking carefully about what she does. These are some of the factors.

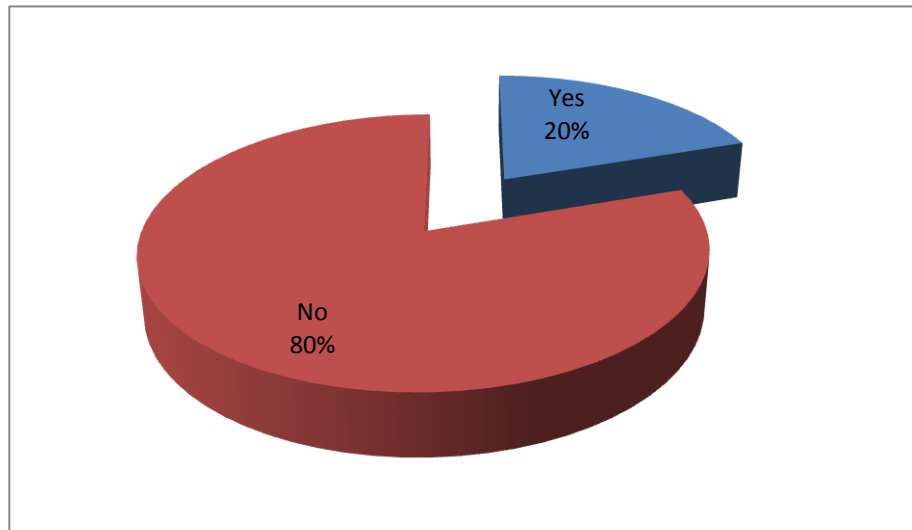
While talk of human rights is seen as a western intrusion, this interviewee admits that issues of social injustice (he gives the example of a woman being well-qualified but excluded from the labour market) can drive women to despair. Again, in these interviews there is recognition of social factors but a strong inclination, especially among the clerics, to see traditional religion as the remedy along with better education and a more responsible media.

Support for Women

How do we explain the criticism from the clerics (women NGO's not supporting women correctly)? The role of women's organizations in female emancipation became

an issue in this research because significant numbers of the interviewees believe that women do have rights, and some support exists, however limited. The women's support movement in the KRI exists in theory, but the practice has a long way to go. Xarabay (2010), for example, presents a public survey conducted by the Women's Union on their website (*Zhyanawa*). The survey included the question: 'After 18 years of work, do you think they have been successful in supporting women's rights?' Figure 8.1 illustrates the responses.

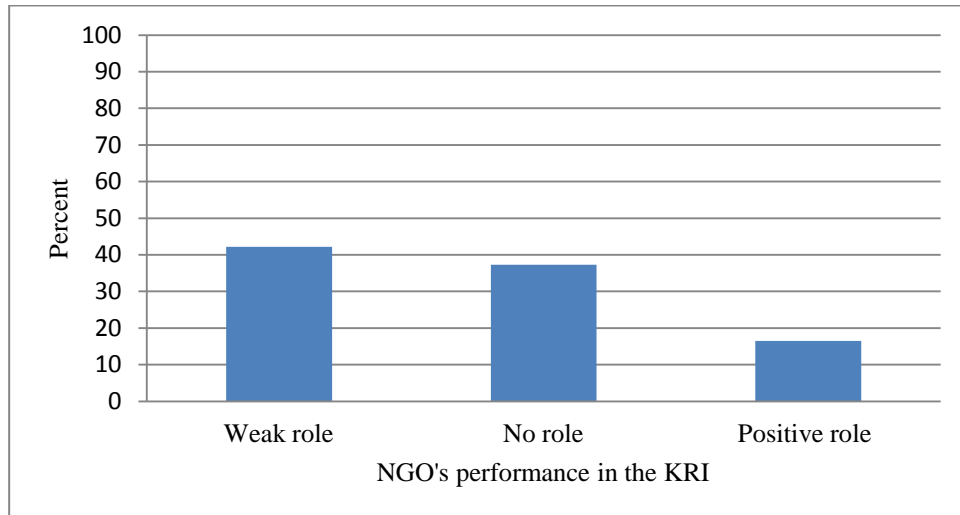
Figure 8.1: Public perception of the women's support programme in KRI



Source: Xarabay (2010:21)

In a similar vein, the Eastern organization conducted a survey in Hawler, Dohuk, and Sulaimani provinces in the KRI, on the activities and effectiveness of women's unions, associations and organisations. In their findings, as shown in Figure 8.2, a significant percent of the participants believe that such NGO's played little part in emancipating women, and that unions' or associations' performance was ineffective and weak.

Figure 8.2: NGOs' performance in the KRI



Source: Xarabay (2010:23)

In another survey on legal assistance for women in collaboration with the Association for Crisis Assistance and Solidary Development Co-operation “WADI” organization, a report was published about the level of service and transparency in women’s centres and shelters in the KRI. The German “WADI” organization confirmed that some of those centres refused to give information for the report and also did not allow homeless women in the shelters to give information (Xarabay, 2010). This data strongly suggests that the valuable work done by the women’s organizations does not have a great impact on the women who are in most need of help.

Issues of Responsibility

Among the interviewees from the DMVAW, Kurdish culture and traditions are most likely to be blamed for the rate of female suicide because the majority of Kurdish families adhere to Kurdish traditions rather than modern patterns. The second respondent at the DMVAW, for example, is quite explicit:

Society is the first responsible factor: our Directorate is established for solving such kinds of problems, but we cannot cover all problems. There are too many difficult cases: for example, there was a woman who wanted to get married with a person based on love, but her family did not agree; even after several times of asking for her hand, they did not agree. According to law any girl who reaches 18 years old can get married to a man without asking for her parents’ permission (see Chapter 6). Also, in Islamic religion this is allowed, but the girl never goes to the court because she does not want her family to be involved in a problem in court because of social tradition and culture. Also, there will not be any other choice and she will probably attempt suicide. In this case her family is the

reason, and they will not accept that because it is shameful for the family in society if their daughter gets married in this way. In the end we conclude that the reason is cultural. If we work according to religion and law instead of tradition we will have few problems because there are some things which are accepted in religion and law, but not allowed in tradition. For example, honour killing is not allowed in religion and law, if it depends on gossip; as regards having sexual relationships there should be four witnesses, and she should be seen by witnesses in a situation which is not easily seen; so that means her family is not allowed to kill her because of suspicion, although some people do kill their daughters with no evidence or witnesses.

Similarly, the third respondent at the DMVAW observed that the government and the victim's family should be held responsible because of their uncritical support for the KRI's traditions and customs. According to this respondent:

As I mentioned, this problem has now become a phenomenon in Kurdish society. It is a big responsibility for the government and the educational institutions. They should raise people's awareness that suicide is tragic and unacceptable. Furthermore, it is a family's responsibility to work against suicide at home, and advise their children to never think about suicide. This challenge needs a lot of work and requires a long time, because it is a matter of changing social tradition. The cultural and traditional changes are a long-term process, and need team work, and the family should take the main role, because the problem comes from the family. The female suicide is the result of family problems after the female feels that her problem is an unsolved problem, and is impossible to solve.

The coroners also recognize the collective responsibility of public authorities. Coroner A believes that:

The family, educated people, government...why? For example, a teacher in a school should include advice about suicide in the lessons, talking about abnormal behaviour in society and telling them self-burning causes them to have an ugly face just to make them not commit suicide in any situation. Clerics can tell people at Friday prayer that suicide is forbidden in religion, and it is crime according to religion...Of course, the government takes a big responsibility by following up suicide cases with serious investigation. A person who assists a person to attempt or commit suicide should be taken to prison. According to the KRI Criminal Code, this person should spend 7 years in prison. Suicide is also the responsibility of civil society and NGOs. In the end, I think we are all responsible, and it is difficult for the problem to be solved by one person. Actually this needs a universal campaign.

However, Coroner C partly differs: females themselves are to be held responsible for their ordeals because committing suicide is an attempt to escape rather than face problems:

Women themselves are responsible for doing that, because suicide means escaping from problems. It is obvious that they cannot face their problems. Therefore, they choose suicide... In my opinion, women are more responsible in this issue, and their families might also contribute to that because a woman will not commit suicide if she feels comfortable at home or if her family treats her well and is open-minded with her. Thus, family, society, and government are responsible for dealing with female suicide....However, in my opinion, at the first level, the woman is responsible: if a woman is calm and wise, she can face her problems without resorting to committing suicide.

However, Coroner B believes that culture and traditions are most likely to be blamed for female suicide:

It is all Kurdish culture... We as Kurdish society have three outlets. They do not work rationally. When I have a religious outlet, I do not agree with other outlets such as tribal or law. If I do not think religious style is good I go with the tribal one. The last aspect here is the law for us. Why? Because laws are not followed and cannot be followed, so there are many cases of violence... Culture is the cause, and no one can prevent that, whether it is the family, the law, or the government.

Ultimately, even the professional experts do not fully agree on the issue of responsibility, although they recognize the importance of the social context as well as individual behaviour. The first respondent at the DMVAW speaks for many when he says that he does not know or cannot make a final decision on who should be blamed: government, society, family, or females themselves, except on a case-by-case basis:

We cannot decide who is responsible for suicide unless we study case by case. Suicide is a personal issue. Consequently, it should be studied thoroughly to see what kind of social, psychological problems the woman has. What social problems did they have? ...When we have identified these we can say whether the factor is social or something else.

Conclusion

In this chapter, interview data from knowledgeable professionals was used to investigate the themes and research questions (see Chapter 4) which asked: ‘What is the relationship between media representations and female suicide?’, ‘What is the significance of religious belief in relation to female suicide?’, and ‘What is the relationship between Kurdish culture and self-burning in the KRI?’ One of the strongest findings to emerge is that journalists as well as members of the religious and public authorities are all aware of the patterns, including the high proportion of young people and females attempting suicide, and the prevalence of female suicide by self-

burning. In this respect the findings from the interviews are consistent with results from the questionnaire (see Chapters 6 and 7), as well as research data from a wide range of non-western societies. They also underline the problem that reliable statistics on suicide rates are unobtainable.

The interviewees held strong views about the relationship between the rates of female suicide and the manner in which suicide is reported and represented in the KRI media. The journalist interviews and the references to the press in other interviews suggest that there is repeated high-profile reporting of individual cases. The interviews contain frequent references to the media's role in possibly encouraging imitative behaviour. This points to a process of amplification described by some media scholars as the 'deviancy amplification spiral' (Wilkins, 1965). However, the difference is that KRI reporting does not extend to "moral panic" – because the reports of suicide cases are not used to signify a wider social problem, feed a public campaign, or challenge public authorities to respond.

In the KRI, suicide is not classified as a crime. However, the views of the respondents are strongly informed by religion and the view that punishment in the afterlife awaits those who commit suicide. These views are held not only by the clerics, but the other professions as well. This suggests that the boundaries between the legal framework and the religious framework of interpretation are blurred and poorly understood, especially, but not only, among those who are either illiterate or have a low level of education.

One of the most problematic areas of discussion for the respondents concerns the motives for suicide, the attribution of responsibility, and the significance of social factors. It is clear that the majority of females who attempt and commit suicide in the KRI have experienced one or more of the following: traditional marriage, marital conflict and conflict with in-laws, lack of freedom for love relationships, gender discrimination, and family problems. The interview respondents generally acknowledge these factors but do not appear to have access to an alternative framework, in order to discuss what can be or should be done. There is, of course, no single straightforward explanation for female suicide or who should be held

responsible. However, institutional factors are clearly important and the interviews broadly reflect the view that problems would be reduced if individuals were to conform more closely to tradition and religious belief. The alternative possibility, that gender discrimination and the denial of women's rights are at the root of the problem, is either ignored or marginal to nearly all the responses.

Chapter Nine

Conclusion and Discussion of Findings

This research project has examined evidence of the social factors in female suicide in the Kurdistan Region of Iraq. This final chapter aims to review the main research findings and use the results as a basis for further exploration of the social factors underlying suicide patterns.

Kurdistan: Tradition and Modernity

Chapter One provided a brief overview of Kurdistan. It opened up the important question of the impact of modernization on what is still essentially a traditional society. The history of the Kurdish people is one of cultural and political repression, genocide, ethnic cleansing, and destruction, most notably in the An-Anfal campaign mainly between 1986 and 1989, and the Halabja chemical attack in 1988. The chemical weapons used still have an impact on the Kurdish people: victims die every year, and the effect remains on the whole generation (Kurdiu, 2012). This troubled history has profoundly affected Kurdish life, particularly social life, the level of literacy, female lifestyles and population movements. The incident forced migration from rural to urban areas and to some extent challenged the traditional ways of life. At the same time, historical events have strengthened the sense of distinctiveness. As Abdulla (2012:103) states: '[F]rom 1940 and onward Kurds realized that they are nationally and culturally distinct'.

The recent history of the KRI represents a major new departure. After the Gulf War and the downfall of Saddam Hussein's regime in 1991 the region gained political autonomy. The first democratic government was elected in May 1992. Over the past two decades, Kurdish society has experienced significant changes, particularly in its social institutions and relationships. However, its society and culture retain many traditional features. The majority of the Kurds are from the moderate Sunni Muslim sect, and Islamic Sharia principles are considered to be the main source of legislation. Especially in rural areas, traditional marriage customs persist in the form of forced marriage, exchange marriage or arranged marriage. Underlying changes are not always

visible. For example, the potential for conflict between the old and new generations has increased due to the fact that after the region gained autonomy in 1991 most Kurdish people originally from villages returned to their own places. During their stay in urban areas, they were exposed to new things, and became familiar with, and started to adopt or develop, new social behaviours and customs which deviate from tradition.

This applies to patterns of marriage, where traditional features persist but sometimes in tension with recent developments. Minwalla (2011) explains that Kurdish law prohibits any form of marriage for couples under the age of 16 years. Nonetheless, the current research shows that in the KRI, the practice of couples marrying below the age of 16 years is still common (mostly in rural areas). Kurdish families are mainly based on extended family arrangements as well as a patriarchal system, which means that kinship networks have ample ways of checking and maintaining their cultural traditions and habits. But a new generation (15-25 years old) is exposed to new lifestyle opportunities different from parental and community norms for courtship and marriage and choosing a marriage partner. The new generation may aspire to choose a future life according to their own choice and free selection of a partner.

Social changes are being encouraged by urbanization and the diversification of city populations, the development of higher education, participation in the labour market, exposure to media sources, and also technologies such as the mobile phone and internet. As explained in Chapters 5 and 8, television has been transformed since Saddam Hussein's regime, when there were few television channels, none of which were independent, and there was only one political party in Iraq. Diversity has entered the media and politics: there are now almost 505 newspapers and magazines in the KRI. According to Ministry of Interior-KRG, in KRI alone there are 39 political parties, and 1300 Associations, Centres, and Organizations (Rudaw, 2012). In addition, according to the KRG's Ministry of Culture and Youth, in 2011 there were 100 Radio channels, 80 local television stations, and 25 Kurdish satellite channels (Ministry of Culture and Youth, Directorate of Media, 2011). Thus, these rapid changes have helped to undermine tradition and control by families, including attitudes towards the choice of marriage partner. While the local television channels and Kurdish satellite channels are controlled by local authorities who uphold traditional values, for example by banning sexual content, other satellite channels are out of local government control.

It is apparent that some of the population, particularly young people, is watching all types of programmes, particularly when they are alone.

The development of modernity alongside the persistence of tradition is illustrated by education and literacy. Some policies and institutions have been modernized. The KRI's educational policy provides free and compulsory education for all. In 2010, the KRG Ministry of Education claimed that the number of illiterates in KRI had dropped to 16%. However, there are no precise or accurate statistics to support this claim. The UN and World Bank continue to report significant levels of illiteracy and unemployment, particularly among young people, and more specifically females (see Chapter 1). This matches the study findings: the majority of the questionnaire respondents who had attempted suicide were young and illiterate or had minimal formal education.

Abdulla (2012:100) notes that the

Ottoman Empire colonized Kurdistan for more than three hundred years but did not establish an educational system in the country and built only very few schools in the main cities. No more than one government school was built in every major city and teaching was done in Turkish. The only other teaching was done in mosques where the Quran was taught in addition to religious subjects.

During Saddam Hussein's regime females did not have the opportunity to attend formal education because at that time schools were not available in most of the Kurdish villages. At all levels of education in the KRI the policy was to change the language of teaching from Kurdish to Arabic. This is another reason why the illiteracy rate is high among the older generation.

The traditional legacy is equally influential in relation to employment. A significant proportion of Kurdish families do not allow their daughters or sisters to study or continue their studies or to be employed. Conservative Kurdish families expect females to stay at home and work in the household. Most Kurdish girls therefore depend financially on their parents or families until they get married, and when they get married they depend on their husbands.

In their comparative typology of individual and group intervention with battered women Haj-Yahia and Sadan (2008:7) describe the above social characteristics as “collectivist”:

The husband’s power advantage over the wife can be attributed to the patriarchal structure of collectivist cultures, which justifies inequality between the sexes. The husband’s position at the apex of the family pyramid gives him considerable power, which is based on his economic, social, cultural, religious, and political status as well as on stereotyped division of gender roles. In societies with those values, the father expects his wife and children to respect him and to obey his rules and requests. When he fears that his power and rights are threatened, he may resort to numerous measures, including violence, to restore his “lost dominance” and “restore their damaged power”.

They discuss the implications of this for personal identity (Haj-Yahia and Sadan, 2008:4):

Collectivist cultures emphasize the importance of the collective self and identity, and are less concerned with individual identity. In these cultures, the self is mainly an appendage of family identity - although it is also sometimes an integral part of ethnic, community, and national identity. Therefore, collective identity - particularly family identity - is a significant component of personal identity.

Similarly, they state that in collectivist societies the success and failure of one person is not only his or her concern but it is the concern of the entire family.

In collectivist cultures, people tend to maintain positive attitudes toward their own collective, which are largely expressed in relationships with their extended families. Because people in those cultures derive their identity from their collective, they attribute considerable importance to family ties and believe that their family’s good name and status reflects on their own reputation (Haj-Yahia and Sadan, 2008:5).

Triandis (2001:914) claims that the largest distinction in collectivist cultures is between in-group and out-groups while in individualist cultures it is between self and others. He observes that people in collectivist societies are rather shy when they enter new groups. However, people in individualist societies are rather skilled in entering new groups and in dealing with others in superficial ways. The strength and depth of the collectivist culture helps to explain the particular patterns of female suicide and attempted suicide in the KRI.

In spite of the strength of gender and family norms, there are growing possibilities for young females to become acquainted with alternative role models through education, the media, and consumer culture generally. For example, for choosing a future life partner or friendships, new opportunities have emerged for couples to meet, such as at university campuses, in work places and through modern communication technology such as the internet and mobile phones. It is likely that, as well as being sources of opportunity, they engender conflicts which in some circumstances will be irresolvable.

Theories of Suicide: the KRI in Context

This research has examined theoretical discourses of suicidal behaviour. In addition to the problem that suicide statistics in non-western countries are unreliable (see Chapter 3), the international literature shows that patterns of suicide are very variable and explanations are often contentious due to different approaches to scientific method, languages and cultures. The common definitions of suicide offered by western scholars do not have a good match with the patterns of female suicide in the KRI. Indeed, our research has identified a gap in suicide theories because until recently few western scholars related their theories to the social conditions in non-western societies and Middle Eastern societies in particular. The major exception is Girard, who hypothesized differences in role performance between genders in industrial and non-industrial societies (see Chapter 2).

The social correlates of female attempted suicide in the KRI were described in detail in Chapter 6. Suicide rates are higher among females than males and most of the victims are young and more likely to be married than unmarried. These results contrast with western studies which show that suicide rates increase with age and are higher among males than females (Durkheim, 1952/1897; Giddens, 1971; Halbwachs, 1978; Kwiet, 1984; Lester, 2008; and Moscicki, 1995). In comparative perspective, the KRI is closer to the pattern of suicide in other non-western countries – for example China (Baudelot and Establet, 2008; Canetto, 2008; and Lester, 2008). Laloë (2004), for example, also notes that in Asia the majority of victims are females and they are about 10 years younger on average than in Europe. The “western” sociological interpretation of suicide has its origins in the work of Durkheim, who wrote: ‘Man is the more vulnerable to self-destruction the more he is detached from any collectivity, that is to

say, the more he lives as an egoist' (Giddens, 1972:113). The evidence, including from our research, from non-western societies clearly shows that the collectivity itself can render its young and female members powerless, voiceless and vulnerable to self-destruction for quite the opposite reasons.

The contrast between western and non-western countries is sustained in the evidence concerning methods of suicide. Self-burning is the most prevalent method used by Kurdish females, tending to confirm Haarr's (2010:765) observation that 'throughout Central Asia, the Middle East, and South Asia, self-immolation is a dramatic and deadly form of suicide' that is commonly used by women as a response to marital violence and family problems. Our findings are consistent with this and contrast significantly with the evidence from research in developed countries, which suggests that self-burning is a rare method of suicide (Ahmadi et al., 2009; Kanchan et al., 2009; Saadat et al., 2004; and Theodorou et al., 2011). It resembles the pattern in some Asian contexts: for example, Laloë and Ganesan (2002) show that in Sri Lanka, the self-burning method is used by young, married females with children, who have suffered marital conflict. The same authors believe that, in Muslim countries, flammable substances are easy to use and accessible in every household and that is the reason why females use self-burning. They have limited access to other methods because they usually have to stay indoors. Similarly, Maghsoudi et al. (2004) found that in Iran the main victims of self-burning are women.

In terms of education, the western literature consistently reports that educated people are more likely to commit suicide than the less educated. Rates decrease at higher levels of education and employment. The results of our study show that the less educated are more likely to commit suicide than the educated. Low levels of education are closely associated with the traditional, collectivist institutions which limit women's autonomy. These findings confirm previous studies conducted in non-western countries. Education alone is not a sufficient escape route for women who are vulnerable although it is a necessary condition for positive change.

Theories of suicide have explored the link between suicide rates and economic circumstances, showing that economic slump is generally associated with an increase in suicide (e.g. Chen et al., 2012 found this in Asia) and that there is a significant

positive relationship between unemployment and suicide behaviour. According to a recent BBC report (10 September 2012), middle-aged men in England are at the highest risk of committing suicide, as a result of current economic problems. The results of the present study indicate that economic factors are unlikely to play an important part in female attempted suicide because the majority (67%) of the respondents were housewives, not directly exposed to the pressures of the labour market or the need to make an independent living.

It is interesting to consider the theoretical implications of recent political and social changes, the so-called “Arab Spring”, using the distinction between suicide as intentional (personal) behaviour and suicide as a (institutional) sacrifice (Fedden, 1938, cited in Shneidman, 1985:209). Sociologists look to changing social conditions for explanations of why people attempt and commit suicide. The recent Arab revolutions resulted mainly from societal or governmental failure to control individuals’ behaviour. The Tunisia uprisings in January 2011 began after a 26-year-old man, Mohamed Bouazizi, set himself on fire. Recent findings suggest his action was due to Tunisia’s high unemployment, corruption and dictatorial regime (Abouzeid, 2011). His act became the source of the Tunisian uprising which subsequently extended to other countries. Bouazizi was not the first Tunisian to set himself on fire in an act of public protest. Abdesslem Trimech, one of many cases which happened without any significant media attention, burnt himself in the town of Monastir after facing bureaucratic hindrance in his own work as a street vendor. There were similar clashes between protesters and police, but the major difference in the Bouazizi case was that locals fought to get news of what was happening out, and succeeded (Ryan, 2011). Bouazizi has become a popular symbol among Arabs, and there have been about a dozen copycat self-burnings in Arab countries including Egypt, Algeria, Yemen and Saudi Arabia. Some of them provoked the same popular reaction as Bouazizi's martyrdom did in Tunisia. Egyptians, for example, reacted to high unemployment, corruption and autocratic rule (Abouzeid, 2011). In Egypt, 12 people burnt themselves following the Tunisian revolution (Kurdiu, 2011a). In some Arab countries self-immolation occurred but did not provoke the same reaction as in Tunisian or Egypt. In Algeria on 18 January 2011 a man burnt himself as a protest (Kurdiu, 2011b), and in Saudi Arabia a 60-year-old man burnt himself (Peyamner, 2011), but in neither case did it provoke a change of government. Public self-

immolation, it seems, is not a new phenomenon and if we look back in history there are many cases worldwide. Such an event in 1989 provoked a demonstration which eventually led to the fall of the Romanian dictator, Nicolae Ceausescu (Whitaker, 2010), and in Prague in 1969 a 20-year-old student burned himself in protest against the lack of freedom and passivity of citizens at the Soviet occupation. Tibetans have continued to protest against Chinese government policy in this way (Burke, 2012). Also, in Kurdish history demonstration through self-immolation is a known phenomenon. In 1999, for example, when the former leader of the Kurdistan Workers' Party (PKK) "Abdulla Ojalan" was arrested, many Kurdish people worldwide demonstrated against Turkish government policy, including a woman who burnt herself in front of the Turkish embassy in London (Biggs, 2005). In addition, for the same reason a man set himself on fire at a demonstration in Sulaimani province in the KRI (Rasool, 2004). Almost every year at the same time Kurdish persons set themselves on fire as a memorial, particularly in the Kurdistan region of Turkey. In Amed, Kurdistan region of Turkey, for instance, on the 15 February 2011, a 17-year-old burned himself in protest against the arrest of "Abdulla Ojalan", and as a memorial of that event (Awena, 2011). In a very recent example, in April 2012, in the Kurdistan region of Turkey, a 22-year-old woman set herself on fire in protest against the Turkish prime minister's policy against Kurdish people in Turkey (Hawlati, 2012).

One may conclude that public self-immolation is a different phenomenon from the suicides in the current study. Self-burning in political protest is a high profile and sometimes enduring symbol. It is clearly a public form of "institutional" suicide. The women of the KRI who commit or attempt suicide within their homes are clearly carrying out a personal, "private" act. However, can it be considered an equivalent, if inarticulate, form of protest against overbearing traditional authority – and be remembered as such?

Social Factors in Suicide

Shiner et al. (2009:740) found that 'Suicide usually occurs in the context of several compounding social and psychological problems'. Similarly, Hunter (1991) and Leenaars (1995) claim that suicide is not only a biological and/or psychological event

but also an event in which socio-cultural factors play an important role (Hunter, 1991 and Leenaars, 1995 cited in Leenaars, 2006:105). The main focus of this study has been on a sociological approach, which interprets the act of suicide in the context of social relations and the degree of integration between society and individual. Sociological theories have concluded that a person who has less integration with society is more vulnerable to suicide, and research has found significant positive relationships between social isolation and the suicide act. The chapters describing the findings presented evidence that supports the general interpretation although it strongly suggests that an individual can feel isolated even within marriage or when surrounded by close networks of relatives. The majority (55%) of the questionnaire respondents felt isolated in society, 44% agreed that nobody was interested in their fate, and the majority (66%) also felt that they were oppressed by the traditions in Kurdish society. Significant numbers believed that there was no way out of their ordeals; 59% said that nothing would have prevented them from attempting suicide. There was no one to turn to for help when they needed it the most. The sense of entrapment was exacerbated by physical violence or verbal violence. Williams (2001) interprets suicide behaviour as a cry of pain: 'a response elicited by this situation of entrapment—and only secondarily as an attempt to communicate or change people or things in the environment' (p:139). The research findings are consistent with this view. He adds that:

When an individual first becomes aware that they lack control over important areas of their circumstances or of their mental life, the cry of pain may be one of anger and rage: a protest against the feelings of entrapment... the predominant motivation in suicidal behaviour is escape. The person feels trapped. They can see no way out of their prison, and take little account of the possibility that some of their feeling of entrapment comes from a biased view of their own past life that feeds into their hopelessness about the future (2001:217 -218).

Similarly, Stengel (1977:113-115) claims that:

Suicide attempts act as alarm signals and have the effect of an appeal for help, even though no such appeal may have been consciously intended... a suicide attempt acts as an appeal, as a cry for help. Every suicidal attempt has an appeal function. Therefore, a suicidal act must aim either at appealing for help or at death.

It appears that in the KRI, the victims are not living socially alone, they live with their parents and siblings and they have a relationship with parents, relatives and wider society. However, the victims felt lonely and without any one to turn to because when

they needed help they could not tell their parents and siblings or disclose their problems to them. They were convinced that they would not accept their problems and feared they would be punished or killed by their parents, brothers or relatives. There is not only great reticence to tell problems to relatives, but even greater reluctance to approach government agencies because this is seen as a family issue which should not be disclosed outside one's family. It seems that victims cannot find any person to believe them or who can sort out the problem. The exact conditions under which a search for help can be formulated analytically are described by the ethnomethodologist Harvey Sacks (1995, 1967, 1972) when he explains that "someone to turn to" is a category-bound activity which normally yields a category of persons as the candidates to be turned to. When the "search for help" yields the result that a problem is not sharable with them because it would undermine the very relationship that made them "turnable- to", theirs is a "nonsharable problem" ("no one to turn to").

In addition, Konradsen et al. (2006) found that the use of self-harm is the last remedy-coping response for living under oppressive circumstances or stressful events for a long period. Self-harm means to send a 'powerful message to the outside world or toward a specific individual in particular, conveying misgiving, anger, sadness, hopelessness, or frustration' (Konradsen et al., 2006:1715, cited in Haarr, 2010:765). Shneidman (1985:144) adds that suicide intention is not at all times a cry; it can be a shout or the loud communication of unspoken silences. Also, suicide is not always a cry for help; it can be for autonomy or any of a number of other needs.

This study's results support previous research on non-western female suicide which identifies social factors contributing to female suicide. It is useful to summarise the results from the KRI and also compare them with other evidence in order to explore the underlying conditions. The first conclusion is that traditional marriage patterns are a frequent background to female suicide and attempted suicide. The majority of the respondents were married with children. As discussed earlier, child or underage marriages are illegal according to new legislation in the KRI. However, this researcher's observation suggests that minor and exchange marriages are still practised in rural areas despite the prohibition of *Chgar* "exchange marriage" in Islam (Hadith, cited from Islamweb, 2012, N.P). They are arranged by clerics not the court, but are still considered to be legal. Obviously the victims are young people, particularly

females. It appears that even some clerics are not complying with Islamic principles, but rather following their traditions, social status, and personal benefits. The results are consistent with previous research findings in non-western countries which show that being married according to “traditional” marriage processes increases the risk of family conflict, domestic violence, and cultural conflicts, and hence suicide.

A second finding is the frequency of domestic violence, mainly from husbands or family members, in the background to suicide attempts. Haarr (2010:764) believes that thirty years of research on the relationship between female suicide and marital violence shows that females who experience physical or/and sexual violence in their marriage are significantly more likely to have suicidal thoughts and to attempt suicide. In addition, Moscicki (1995) found that suicide among young people was associated with family violence and physical and sexual abuse. Despite the fact that KRI law (see Chapter 1) now prohibits all forms of domestic violence it continues to increase (or is increasingly likely to be reported). According to the DMVAW in Sulaimani, the reported figure in 2008 was 381 females, and by 2010 this had risen to 460 cases in the year. In the three-year period 1206 girls and women experienced domestic abuses and 1409 men were arrested for investigation. However, 1009 men escaped prosecution, mostly due to out-of-court settlements (Rudaw, 2011). Likewise, according to the most recent DMVAW statistics in 2012, in a three-month period, 665 women filed complaints over abuses: 272 women in Hawler, 195 in Sulaimani, 143 in Dohuk, and 55 women in Garmyan (Rudaw, 2012). According to the UN report in 2010, one out of every five women is a victim of family physical violence (Awena, 2010). In collectivist societies, victims of their husband’s violence see it as being aimed directly or indirectly at their families of origin, and at their extended families, as well as themselves (Haj-Yahia and Sadan, 2008:4). In some cases it is even considered to harm their collective identity more than their personal identity (Haj-Yahia and Sadan, 2008:4). The authors also explain that victims may keep their pain to themselves rather than reveal it to others, for fear of harming their own or their family’s reputation (2008:5, 10). They feel they must pay for revealing the secret of the abuse, so do not ask for help from formal agencies. Therefore, domestic violence can be considered to be a proximal risk factor in suicide and suicide attempts, especially in the KRI context.

The third conclusion is that a majority of the respondents who had attempted suicide were from rural areas or rural backgrounds, some having been forcibly moved during Saddam Hussein's regime (see Chapter 1). This finding challenges previous western claims that 'suicide increases with the development of modern civilization' (Zilboorg, 1936, cited in Atkinson, 1978:52). Almost all (90%) of the respondents attempted suicide within their homes. This again confirms the strong link between traditions, gender roles and suicide.

Fourthly, social factors are influential in the motives of the respondents. More than half (61%) of the respondents agreed that they wanted to take revenge on their family. They felt that they would bring about changes in the manner in which their families treated them and that the act might give them a greater degree of freedom. According to Fluehr-Lobban (1977), in Muslim countries females threaten suicide '...in order to pressure their families into accepting their will' (Fluehr-Lobban, 1977:135, cited in Counts, 1980:336). This is not a realistic threat in most cases. It does not exactly correspond to the revenge form of suicide which Jeffreys (1952) defines as a new type, in addition to Durkheim's types of suicide (anomie, egoistic, altruistic), namely samsonic suicide. Jeffreys names this type of suicide 'after the Biblical hero who pulled the pillars of a house down on his own head in order to kill his enemies' (Jeffreys, 1952, cited in Counts, 1980:336). Jeffreys (1952) explains that:

[O]ne of two criteria must be present for suicides of revenge to occur: the social structure or the native court must impose a penalty on the person who provoked the suicide, or people must believe that the ghost of the suicide has the power to torment the living provocateur (Jeffreys, 1952:122 cited in Counts, 1980:336).

It is unlikely that the cases studied in this research match these criteria. To discover the extent to which the revenge motive includes the desire to directly punish those responsible for the victim's maltreatment would require further investigation.

The present study has not attempted to explore the psychological factors in suicide although it has produced evidence of conditions such as hopelessness, helplessness, pressure, pain, revenge, and ambivalence. Most of the female respondents felt that their life was lacking in meaning and value, but by comparison with western countries, the mental health of those at risk of suicide is not taken seriously. Murphy

and Robins (1967) mentioned that in metropolitan areas in the US, in a study of 134 consecutive suicides, 98% of the suicide cases were reported to have been clinically ill, and 95% psychiatrically ill. Mental health care services are rarely made available in many non-western countries (Chen et al., 2012) because they lack personnel and capital resources, and their priorities are mainly other pressing health issues such as fever and deadly illnesses. Also, it may be socially unacceptable to visit hospital to receive mental health care. In the KRI people still use abusive language for those who have mental health problems or who are being treated; they do not accept these problems as diseases like others. Consequently, people are often not supported by their family members or relatives and are afraid of visiting mental health centres or even special doctors. However, when someone attempts suicide, family and relatives often consider them to be having psychological problems, in order to avoid possible legal implications (Rudaw, 2009). The family of the victim will seek to evade the legal consequences of proven domestic violence or assisting in suicide. However, they will equally seek ways to minimize the shame brought on the family. To blame the victim's "psychological problem" is a way to divert attention from the social factors in suicide.

Religion, Culture and Suicide

Research on suicide patterns from Durkheim onwards has found that religion often protects people from attempting and committing suicide, and that there are low suicides rates in religious societies (see Chapter 2). Stack's theory of religious commitments and suicide argues that 'belief in a few life-saving principles (as opposed to the many that Durkheim posited) may be enough to prevent suicides' (Stack, cited in Stack, 2007:2).

In Islamic religion, life is a gift from Allah and no one has the right to decide his/her future life. Islam forbids anything that damages human life either directly or indirectly under any circumstances. All the research participants were Muslims, and their actions were against Islamic principles. This religious view of suicide as a sin or a crime, with consequential effects in the hereafter, is strongly present in the findings of this study. The majority of the respondents (83%) believed that it is a sin if a person deliberately harms her/himself, and the majority (80%) of the interviewees considered it a crime if

someone deliberately harms her/himself, even though current KRI law does not regard it as a crime. The responses beg some questions about the relationships between religious beliefs, practices and traditions. In the Quran (see Chapter 8) all types of action that damage human life, such as driving too fast, smoking, or injuring oneself intentionally, are prohibited under any circumstances. However, the question here is how many Muslim people understand that and how many of them practise it?

There is a fairly broad consensus among the interviewees that the attempters and committers of suicide lack religious knowledge; they do not realize that suicide is forbidden in Islamic religion. Cleric B, for example, observes that, ‘Religious knowledge is absolutely weak; their conceptualizing of religion is not strong.’ Illiteracy or a low level of educational attainment may be partly responsible, but another possible reason is that most Islamic principles are articulated through the medium of Arabic language and all participants were Kurdish. On top of that, it seems, significant numbers of Kurdish people follow cultural traditions rather than Islamic principles. They practise religious duties (almost two-thirds before the incident, and a similar number after, according to the research data) but more as a tradition rather than a religious commitment.

The majority of the interviewees argued that females who attempted suicide should not be prosecuted but rather they should be “reformed” and reintegrated into society. Thus, suicide victims should be referred to social and psychological counselling, positive intervention rather than punishment. However, there is no special centre for people who have attempted suicide in the KRI. The only specialist services in hospitals are for those patients who are mentally disordered or in need of medical treatment, and they do not provide a service for those people who attempted suicide because of social problems. Thus, the research highlights the need for special centres to care for those who have experienced the desperation that leads to attempted suicide.

The majority of the research participants took the view that there is no connection between female suicide and Kurdish culture, but rather it is a learned behaviour – imitation influenced by examples and ideas from public media such as films or newspapers. The cultural aspect should not go unremarked, however. Some of the interviewees claimed that there is a relationship between Kurdish culture and female

suicide. This view is supported by Othman's study (2011), which found that self-burning is higher in spring than in other seasons in the KRI. This is possibly related to Kurdish culture because the Kurdish calendar starts in spring and the first day of spring, 21 March, is called Newroz 'New day', when Kurdish people traditionally celebrate by lighting bonfires, and then picnics continue in holidays throughout the season. Kurdish people use fire to start New Year, the image of enjoyment and pleasure. Fire has particular symbolic importance in Kurdish culture, and self-burning may be associated with the 'cultural environment where the individual grows' (Othman, 2011:247). Similarly, Husni et al. (2002:368) believe that 'attitudes to self-immolation within Kurdish culture seem similar to those in many other Middle Eastern countries'. Theodorou et al. (2011:1) believe that worldwide, suicide by self-burning has a long background of powerful cultural meaning and political impact. The findings of the present study lend support to the belief of Counts (1980:336) that 'suicide is a mode of social interaction that is adopted by women of many cultures because they lack an effective, more direct means of affecting the behaviour of others'. We can add that it is likely that the forms of suicide will be consistent with an existing cultural and symbolic repertoire.

Media and Suicide

The study examined media sources in the KRI, and found that reports of female suicide cases have a high profile in the press. Al Arabia reported in November 2011 that since 1991, 14,000 females had burnt themselves, and in every 20 hours one girl commits suicide (Al Arabia, 2011). The current research has found that the Kurdish newspapers are either inclined to exaggerate information about female suicide in the KRI through their presentation of data, or to give individual stories without context. The first can lead to "statistical panic." However, this rarely amounts to "moral panic" in Cohen's (2002) sense of the term. In media reporting of bombings or natural disasters such as earthquakes Cohen considers the presence of three different aspects: 'exaggeration and distortion; prediction; and symbolization' (Cohen, 2002, cited in Jewkes and Letherby, 2002:130). Suicide reports in the KRI rarely display all these aspects. The Kurdistan Regional Government (KRG), which controls the majority of the press, prefers to hide the rate of female suicide from the public, deny the high rate of female suicide, and neglect the issue.

Nevertheless, a significant number of the interviewees claimed that the media played a role in the rise in the female suicide rate, particularly newspapers. The arguments assume that newspaper reports encourage imitation. This issue has been explored in previous research. Motto (1970) compared the rate of suicide during a 268-day newspaper strike in Detroit and found a significant decline in the number of female suicides, particularly those under the age of 35, during the strike (Motto, 1970, cited in Phillips et al., 1992). Stack (1987) states that from 1948-1983, types of suicide stories in U.S. politics and entertainment had a significant effect on the raised suicide rate in the U.S. However, the study found that other types of celebrity did not have an effect (Stack, 1987, cited in Phillips et al., 1992). Kopping et al. (1990) found a significant relationship between monthly increases in the Dutch suicide rate and front-page suicide stories. Short suicide stories had less effect than long suicide stories (Kopping et al., 1990, cited in Phillips et al., 1992). Also, Bograt (1984) mentions that in newspapers the front-page stories are read more often than stories from other pages (Bograt, 1984, cited in Phillips et al., 1992).

There is further evidence from television output. Phillips and Carstensen (1986) found a statistically significant increase in teenage suicide after television stories broadcast between 1973 and 1979 (Carstensen, 1986, cited in Phillips et al., 1992). Phillips (1982) examined suicide and attempted suicide stories in soap operas which were broadcast in the U.S. in 1977. He found a significant peak in actual suicides, and the peak was larger for women than men (Phillips, 1982, cited in Phillips et al., 1992). Ostroff et al. (1985) reported that from October 1984 to February 1985, four television movies dealing with suicide were broadcast in the United States. They discovered evidence for imitation of fictional suicide, observing a significant increase in the number of adolescents who attempted suicide after the February broadcast of the fourth movie, which depicted the suicide of a teenage couple (Ostroff et al., 1985, cited in Phillips et al., 1992). Phillips et al. (1992:516) draw the conclusion from these and other studies that 'The more publicity given to the stories, the greater the increase in suicides thereafter'.

Stack (1992b) claims that there is a relationship between different types of media and suicide as a copycat act. He suggests that 'given that suicidal people need to identify

with the victim involved in a suicide news story, stories on persons with marital problems should be apt to trigger ‘copycat’ suicide’ (Stack, 1992b:550). Similarly, Stack (2007) states that celebrity suicide, the cases of well-known and admired persons, have a particularly significant impact. He states that among the 106 research papers on this issue, the widely publicized suicides of political celebrities or entertainers are 14 times more likely to show a copycat effect than ordinary suicides (Stack, 2007). Hawton et al. (2000) reported that the suicide rate and Deliberate Self-Harm (DSH) increased in England and Wales following the death of Diana, Princess of Wales, and there are many more such examples. The sample of newspaper stories in the present research does not include celebrity cases, so imitation is unlikely to follow this particular pattern.

There is some evidence of imitation in ordinary cases. A number of teenage suicides were defined as ‘cluster suicide’ in Bridgend, South Wales, after Natasha Randall, a 17-year-old girl, committed suicide. After January 2007, 25 persons aged 15-28 years committed suicide, all by hanging except one who lay down on the train tracks. Copycat suicides or the Werther Effect (Philips, 1974 and Wasserrman, 1984) are a documented phenomenon. However, in Bridgend tributes were left on websites, for example Bebo, a popular social networking website. Often a victim’s friends would put up a memorial page dedicated to her or him and these new media seem to have contributed to the impact on teenagers (Shoumatoff, 2009). It appears that the media in the KRI play a similar role in providing examples and sometimes exaggerating the scale of the suicide phenomenon. At the very least they provide information about methods. The data in Chapter 7 showed that more than one third (77%) of the respondents have seen someone committing suicide in a movie, and half of them (50%) thought that the image motivated them to harm themselves. Journalist C, for example, explains how details of suicide methods can be used: ‘Many reports ... mention that a woman took kerosene and a matchstick to the house roof and looked around. ...she poured kerosene on herself and fired it’. Furthermore, the reporter talks about another woman who tells him how she took a piece of rope and hanged it on the fan. She then brought a chair and went up to it. ‘All these show people ... how to do it’.

There is an unresolved theoretical debate in sociology between the position of Gabriel Tarde, who said ‘All human progress could be explained by imitation’ (Tarde, 1903:215, cited in Wasserman, 1984:427) and that of Emile Durkheim (1952/1897:129-140) who believed that ‘Imitation exists when the immediate antecedent of an act is the representation of a like act, previously performed by someone else; with no explicit or implicit mental operation which bears upon the intrinsic nature of the act reproduced intervening between representation and execution... imitation never seems to propagate it so as to affect the social suicide-rate’. Nevertheless, it is likely that imitation effects operate at the individual level in certain circumstances and among younger rather than older people. There is evidence that the media display the person who commits suicide as a hero. Cleric B expresses this view when he claims that ‘the ways of the media encourage people to self-immolation because they show it like the act of a champion; on the contrary, they have to condemn this phenomenon’. It is relevant to note that the present study showed that published suicide reports typically print pictures of the young female victims in their wedding attire or traditional Kurdish costume (see Chapter 5). Clearly, KRI journalists do not follow the ethical guidelines which are generally respected by the media in countries with longer experience of media codes of ethical conduct.

Further research on suicide rates and patterns needs to be carried out. Concerted action is required from the Kurdistan Regional Government to address suicide issues including steps to plan for preventive measures. Future studies should include both genders, with larger samples to further illuminate the factors, especially the role that social tradition and values play in attempted and actual suicides in the KRI. Also, the use of different methods, for example, a qualitative study on both genders’ attempted suicide, may be helpful in exploring more factors and the influence on them and their families, and also the influence of suicide committers to know the impact on their families, friends and Kurdish societies.

Implications for Prevention Policy

The purpose of this research was not to deliberately explore policy issues or make recommendations. However, the findings have a number of important implications which should not be overlooked. They stem directly from the research and the primary

data sources which indicate that a societal response is needed if suicide rates are to be reduced. Suicide exists in every society, and every society must devise its own way of mitigating it. Nonetheless, the preventability of suicide remains contentious. On the one hand, some have argued that due to its complexity, suicide cannot be prevented (Takahashi, 2008). Such advocates of non-preventability of suicide argue that instead of devising preventive policies, attention should be paid to providing care to suicide survivors who are left behind with psychological effects (Takahashi, 2008). Often, there is insufficient information about suicide cases, so that designing preventive policies is not only challenging but also ineffective (Liu and Yip, 2008). On the other hand, suicide is believed by others to be preventable although the complex nature of the phenomenon requires that programmes to address it should be multidimensional and should reflect the society's socio-cultural, economic and educational orientation (Vijayakumar, 2008).

According to Yip (2008:142), suicide prevention, particularly in developed countries such as the USA and Europe, shares a number of common elements:

- The use of educational settings as sites of intervention;
- Attempts to change the portrayal of suicidal behaviour and mental illness in the media;
- Efforts to increase and improve the detection and treatment of depression and other mental illness;
- An emphasis on reducing the stigma associated with help-seeking behaviours;
- Strategies designed to improve access to services;
- Promotion of effective preventive efforts with rigorous evaluation; and
- Efforts to reduce access to the means of suicide.

The KRG policy on suicide currently focuses on treatment rather than prevention and has some way to go to catch up with the above list of priorities. A comprehensive suicide management and prevention strategy for the KRI will need to build on the following elements, as shown in the research.

1. *Public Awareness*

There is an urgent need to raise public awareness of suicide problems and social factors in suicide and to develop programmes for this (Lotrakul, 2008). Among young people, the emphasis should focus on fostering better relationships between children

and parents, and providing counselling centres where young people can go to seek help (Chia and Chia, 2008). More importantly, the KRG should recognize the social and economic loss of suicides, and the cost of self-burning, especially among young people. This may be achieved through workshops and house-to-house education on suicide prevention. The campaign should not only be limited to suicide attempters, but should also be for people who are dealing with suicidal behaviour or victims, such as social workers, teachers, parents, family members, police officers, female organizations, and government institutions (Vijayakumar, 2008).

2. *Statistics*

In the KRI, like other Islamic countries, statistical data on suicide is inadequate (see Chapter 2). Two problems need to be overcome: the reluctance to disclose government information for fear of public or political opposition criticisms; and the lack of professional skills in the statistical service, where few roles are allocated on the basis of technical training and competence.

3. *Helpline:*

The KRI should provide 24-hour helpline counselling to everyone who is in need, not only for suicide prevention, but also for those people who are under pressure or who do not have anyone to turn to.

4. *Counselling:*

It is important to open counselling centres for those who have social or psychological problems, with services provided by professional practitioners in sociology, psychology, psychiatry and religion, working and coordinated as a group. The counselling centre should cover all cities, towns, settlements, and villages in the KRI. Also, workshops should be opened for those who face a problem in order to teach them how they can sort out and solve problems which they face instead of harming themselves. In addition, support should be provided to suicide survivors and they should be encouraged to return to life in society. Services should be provided to prevent those who attempted suicide from thinking about suicide behaviour, through solving their problems and helping those who are in need of such services.

5. *The Role of the Media*

The media, with the help of the KRG, should develop a policy or a code for publishing suicide cases. This should take advantage of the experience of media ethics in western countries, for example the UK (see Chapter 5). Instead of publishing suicide cases directly, the media should focus in their reports on prevention, counselling or solving social or psychological problems. Satellite channels, local television and the internet should be monitored to identify web sites/blogs that publicize knowledge or harmful substances that can aid self-destructive behaviour or promote internet suicide pacts (Park and Lester, 2008).

6-*Religious Education*

The Ministry of Endowment and Religious Affairs should provide religious education more widely, particularly for females and more specifically for young people. Teaching the consequences of suicide behaviour should be the responsibility of clerics, through workshops, general awareness raising, and during Friday congregational prayer.

7- *Reducing the Availability of Means*

Given the prevalence of self-burning as a method, one of the most important prevention strategies should be to reduce or limit access to flammable substances in order to reduce the availability of the means to attempt and commit suicide (Vijayakumar, 2008).

8- *Law*

In the KRI suicide is not classified as a crime (see Chapter 8), but assisting someone to attempt or commit suicide is a crime (see Chapter 1). Some suicide cases are classified as an accident or psychological problem in order to avoid legal actions. Thus, the KRG should investigate more about suicide cases in order to ensure equality in law. More rigorous steps should be undertaken to uphold the existing law which prohibits under-age marriage.

9- *Women's Rights*

The KRG and Kurdish societies should give equal rights to both genders. It has been observed that females in the KRI tend to suffer more than males due to poor education

and unemployment. Thus, Kurdish females should have equal job opportunities in education and employment, as well as the right and freedom to decide on their daily and future life.

It would be unrealistic to expect that the underlying social factors in suicide could be addressed through a short or even medium-term strategy. This study concludes that the KRG should redefine suicide as a social problem and design a long-term policy plan for the victims in terms of treatment, resettlement, and also preventive measures. This research has provided an account of the factors which must be considered beyond the individuals' states of mind and which will need to be understood if such a strategy is to be successful in reducing the toll of ruined lives and preventable deaths from suicide.

APPENDICES

15- Can you read and write?
 Yes No

16- If Yes, What qualifications do you have?
 Not Educated
 Primary School
 High School
 Diploma
 University
 Post graduate

17- Where did you harm yourself?
 Home
 At work
 Public place
 Any Other place (please describe)

18- By what method did you harm yourself?
 Burning
 Shooting
 Hanging
 Taking medicine
 Jumping
 Poisoning
 Other way (please describe)

19- Have you attempted suicide before?
 Yes No

20- If yes, how many times?

21- Did you make any plea, before attempted suicide?
 Yes No

22- If yes, what was your plea

23- Was your plea?
 Successful
 Partly successful
 Unsuccessful

24- Do you think that your family has treated you differently since the incident?
 Improved
 Slightly improved
 Not improved
 Treated worse

25- With whom do you share things that matter to you? (Tick as many as apply).
 Father
 Mother
 Sister
 Brother
 Friend (s)
 Husband
 Other (please describe).....

26- Which of the following motivated you to harm yourself? (Tick as many as apply).
 Marital conflict
 Family problems
 Love affair
 Conflict with spouse's relative
 Failure in academic achievement
 Illness
 Sadness
 Social discrimination
 Neighborhood problems
 Others (please describe).....

27- Have you been a victim of domestic violence?
 Yes No don't know

28- If yes, who is/ are the perpetrator of the abuse?

How much do you agree with the following statements (28-35)?

29- I feel isolated in society.
 Agree Neither agree nor disagree Disagree strongly disagree

30- Nobody is interested in my fate.
 Agree Neither agree nor disagree Disagree strongly disagree

31- I like to spend time outside the home.
 Agree Neither agree nor disagree Disagree strongly disagree

32- Life is not worth living.
 Agree Neither agree nor disagree Disagree strongly disagree

33- I regret what I have done.
 Agree Neither agree nor disagree Disagree strongly disagree

34- I wanted to take revenge on my family by harming myself.
 Agree Neither agree nor disagree Disagree strongly disagree

35- I think it was the right thing to do.
 Agree Neither agree nor disagree Disagree strongly disagree

- 1- تمەن: () سان
- 2- لايەنى كۆمەلەيتى؟ سەلت ()
 دەستگىراندار ()
 خېزاندار ()
 بېتوۋىن ()
 تەلاقدراۋ ()
- (ئەگەر شووت كوردوۋە، تىكايە دەلامى پىرسپارەكانى 3-11 بىدوۋە، ئەگەر سەلتى بىرۇ بۇ پىرسپارى -12)
 3- كام لە مانەى خواروۋە گونجاوترىنيانە بۇ دەسلف كوردنى شوو كوردنەكەت؟
 بەخۇشەويستى ()
 بە بى خۇشەويستى بەلام بەرەزامەندى خۇت ()
 بە رېكەوت ()
 بىرەزامەندى خۇت ()
 بەرېگاي ۋن بە ۋن ()
 ھى تر (تىكايە ئاماژەى پى بەكە)
- 4- ئايا پەيوەندىت لەگەل ھاوسەرەكەت ؟ تۆر باشە ()
 باشە ()
 خېرا خېرا دەگۆرىۋاتە ھەندى جار باشە و ھەندى جار خراپە ()
 تۆر باش نېپە ()
 خىراپە ()
 5- ئايا مندالت ھەپە ؟ بەلئى () ، نەخېر ()
 6- ئەگەر دەلامت بە (بەلئى) ھە، چەند مندالت ھەپە ؟ نېر () مندال ، ھى () مندال
 7- تەمەنيان چەندە ؟ (تىكايە ئاماژە بە تەمەنى گەورەترىنيان و بچوكترىنيان بەكە)
 تەمەنى بچوكترىن مندال () سان
 تەمەنى گەورەترىن مندال () سان
- 8- جگە لەھاوسەرەكەت و مندالەكانت كەسى تر لەگەلتا ئەزىت لەمالوۋە ؟ بەلئى () نەخېر ()
 9- ئەگەر دەلامت بە (بەلئى) ھە، ئەو كەسە كېپە ؟ بساوك و دايبك ()
 خىزەزور ()
 خىسەسو ()
 برا و خوشكى ھاوسەرەكەت ()
 خوشك و براى خۇت ()
 ھى تر (تىكايە ئاماژەى پى بەكە)

- 10- لە چ جۆرە خانوويەك دەزىت ؟ خانووى خۇتتانه ()
 كرىچىن ()
 خانووى حكومت ()
 ھى تر (تىكايە ئاماژەى پى بەكە)
- 11- ئەگەر خانووى خۇتتانه، كىن خاۋەنپەتى؟
 ھاوسەرەكەت ()
 خۇت ()
 ھى تر (تىكايە ئاماژەى پى بەكە)
- 12- ئايا لە كۆى نىشتە جىتت ؟ ئاۋەندى شار ()
 قىزا ()
 ناھىيە ()
 لادئ ()
 ھى تر (تىكايە ئاماژەى پى بەكە)
- 13- چ جۆرە پېشەپەكت ھەپە ؟
 فەرمانبەر () تىكايە ئاماژەى بە جۆرى نېشەكەت بەكە
- بەدوای كار ئەگەرئى ()
 قوتسابى ()
 ئافرەتى مالىوۋە ()
 پېشەى تر (تىكايە ئاماژەى پى بەكە)
- 14- تىكايە ۋەسفى ئاستى گوزەرانت بەكە ؟ تۆر باشە ()
 مام ناۋەندىپە ()
 خىراپە ()
- 15- ئايا خويئندن و نووسىن دەزائىت ؟ بەلئى () ، نەخېر ()
 16- ئەگەر (بەلئى)، ئاستى خويئندنت ؟
 بىر بىروانامە ()
 سەرەتايى ()
 ئاۋەندى ()
 ئامادەى ()
 پەيمانگا ()
 زانكۆ ()
 خويئندنى بالا ()

- 17- ئايا لە چ شوپىنك نازارى خوتدا؟ مـالـهـوـه ()
 شوپىنى كاركردن ()
 شوپىنى گىشتى ()
 ھى تر (تكاپە نامازەى پى بکە).....
- 18- بە چ شىوازىك نازارى خوتدا؟ خوسوتـانـدن ()
 گولە لە خـقـودان ()
 خۇھەلـواسپن ()
 حەب خـواردن ()
 خۇھەلدان لە شوپىنى بەرز ()
 ژەھر خـواردن ()
 ھى تر (تكاپە نامازەى پى بکە).....
- 19- ئايا پىشتەر ھەولى خۇ كوشتنت داوھ؟ بەلئ ()، نەخىر ()
 20- ئەگەر (بەلئ)، چەند جار؟ () جار
 21- ھىچ داواكارىيەكت ھەبوو، پىش ئەوھى ھەولى خۇكوشتن بەدەى؟ بەلئ ()، نەخىر ()
 22- ئەگەر (بەلئ)، داواكارىيەكت چى بوو.....
 23- ئايا لە داواكردنى داواكارىيەكت؟ سەرکەوتوو بوويت ()
 لە بەشىنگدا سەرکەوتوو بوويت ()
 سەرکەوتوو نە بوويت ()
- 24- باوھرت وايە دواى رووداوەكە خىزانەكت ھەلسوگەوتيان لەگەلت جياواز بووھ؟
 باشتر بوو ()
 كەمىك باشتر بوو ()
 باشتر نەبوو ()
 مامەلەيان خراپتر بوو ()
- 25- لەگەل كام لەمانەى خراوھە گرفتەكانت باس دەكەى؟ (دەتوانىت لە پەكۆك زياتر ھەلئىزىرى)
 باوك ()
 داوك ()
 برا ()
 خوشك ()
 برادەر (از) ()
 مئىرد ()
 ھى تر (تكاپە نامازەى پى بکە).....

- 26- كام لە مانەى خواروھە ھۆكار بوون بۆ ئەوھى نازارى خوت بەدەى؟ (دەتوانىت لە پەكۆك زياتر ھەلئىزىرى)
 ماملانئى ھوسـەرى ()
 گرفتى خىـزانى ()
 كىشەى خۇشـەويستى ()
 ماملانئى لەگەل خۇزمانى ھوسـەرەكت ()
 سەرنەكەوتن لە خوئىنـدن ()
 نەخـقوشى ()
 خەمـقوكى (خەم) ()
 جياكارى كۆمەلايەتى (بۆنموونە پىتتواپە زياتر رىز و نازادى بە كورپان دەدرىت) ()
 بوونى گرفت لەگەل دراوسى ()
 ھى تر (تكاپە نامازەى پى بکە).....
- 27- ئايا ھىچ كاتك بووى بە قوربانى توندوتىزى خىزانى؟
 بەلئ ()، نەخىر ()، نازانم ()
- 28- ئەگەر (بەلئ)، كىن بوو ئەو كەسە (ئەى) مامەلەى خراپى لەگەل ئەنجامداى؟
 تا چەند لەگەل ئەم رىستانەى خواروھە رازىت؟ (29-36)
- 29- ھەست بە تەنباى دەكەم لە كۆمەلگادا.
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()
- 30- كەس گىنگى بە چارەنووسى مەن نادا.
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()
- 31- حەز دەكەم كاتەكانم لە دەرەوھى مالمەوھە بەسەر بەرم.
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()
- 32- ژيان شاپانى ژيىن نىيە (ژيان خۇش نىيە).
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()
- 33- پەشىمانم لەم كارەى ئەنجامدا.
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()
- 34- دەمويست تۆلە بسىنمەوھە لە خىزانەكەمان لە رىگاي ئەزىتدانى خۆم.
 رازىم ()، رازىم و رازى نىم ()، رازى نىم ()، بە توندى نارازىم ()

35- پېموايه كاريكي راستم نه جامداوه.

رازيم ()، رازيم و رازي نيم ()، رازي نيم ()، به توندى نارازيم ()

36- ههست به چهوسانهوه دهكهم له لايهن داب و نهریتی كومهلگاكه مهوه.

رازيم ()، رازيم و رازي نيم ()، رازي نيم ()، به توندى نارازيم ()

37- تايا پېش رووداكه نركه تاينبیهكانت جی به جی دهكرد ؟

به لئ ()، نه خیر ()، هه ندیک جار ()، ته نها مانگی په مه زمان ()

38- تايا پاش رووداكه نركه تاينبیهكان جی به جی دهكی ؟

به لئ ()، نه خیر ()، هه ندیک جار ()، ته نها مانگی په مه زمان ()

39- تايا به گوناھی ده زانیت، نه گهر په كيك تازاری چهسته ی خوی بدات ؟

به لئ ()، نه خیر ()، نازانم ()

40- تايا به تاوانی ده زانیت، نه گهر په كيك تازاری چهسته ی خوی بدات ؟

به لئ ()، نه خیر ()، نازانم ()

41- تايا كس ده ناسیت كه هه ولی خوكوشتنی دابیت ؟

به لئ ()، نه خیر ()، نازانم ()

42- نه گهر (به لئ)، نه كهسه كتيه ؟

پــــراوه ()

نه ندای خیزان ()

هی تر (تکایه ناماژه ی پئ بکه).....

43- نه گهر له پرسپاری (40) وهلامت به (به لئ) په تايا ههست دهكی نه كهسه كاريگه ری به سه رته وه هه بووه ؟

به لئ ()، نه خیر ()، نازانم ()

44- تايا رۆزانه چه ند كاتژمیر سهیری ته له فزیون دهكی ؟

هــــی ()

1-4 كاتژمیر ()

5-8 كاتژمیر ()

زیاتر له (8) كاتژمیر ()

45- سهیری چ جزوه فیلمیک دهكی ؟

رۆمانتیک ()

شهر ()

بابه تی كومه لایه تی و ئابوری ()

هی تر (تکایه ناماژه ی پئ بکه).....

46- تايا له (فیلم)، كه سیكت بینیه خوی بـكوژیت ؟

به لئ ()، نه خیر ()، نازانم ()

47- نه گهر (به لئ)، تايا نه دیمه نه كاريگه ری به سه رته وه هه بووه ؟

به لئ ()، نه خیر ()، نازانم ()

48- تايا پېش نه وه ی هه ولی خوكوشتن بدیه ی هیچ نوو سراویكت به جی هیشته بوو ؟

به لئ ()، نه خیر ()

49- نه گهر به لئ، چیت تیانوسیبوو ؟ (تکایه نه گهر نه كرت له خواره وه بینوسه)

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50- تايا هیچ شتیك نه بوو وات لیبكات هه ولی خوكوشتن نه دهی ؟ (تکایه ناماژه ی پئ بکه).

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تکایه دووباره پیداجوونه وه به وهلامی پرسپارهكانت بکه و: زۆر سوپاس بق
هاوکاریکردنت

Appendix 1.3: Research Questionnaire in Arabic Language

University of Bangor-UK
School of Social Sciences



جامعة بانكور – بريطانيا
قسم العلوم الاجتماعية

استبيان حول

انتحار و المحاولة الانتحارية للنساء في إقليم كردستان/ العراق: دراسة في الاسباب الاجتماعية

عزيزي المواطن...

نود أن نطمئنوا أن إجاباتكم تكون في سرية تامة، وتيقنوا من أن إجاباتكم لا تُعطى لأية جهة حكومية، ولا تحتاج أصلا إلى كتابة الأسماء، وتضع من بين الاستمارات الأخرى، ولو شئت أن تترك الإجابة عن سؤال ما لغرض ما فلك ذلك، نرجو أن تضع علامة (✓) أمام الإجابة المناسبة. تعاونكم يسرنا ويكون سببا لنجاح أطروحتنا، شكرا لتعاونكم..

طالب الدكتوراه
عزالدين عبدالصمد رسول

بإشراف
بروفيسور هاوارد ديفيس

1- العمر: () سنة

2- الحالة الاجتماعية: عزباء ()

مخطوبة ()

متزوجة ()

مطلقة ()

أرملة ()

(المتزوجة تجيب على الأسئلة 3-11، وتذهب العزباء إلى السؤال 12)

3- إذا كنت متزوجة هل تم زواجك؟ عن حب ()

ليس عن حب بل بالرضا ()

بالاتفاق ()

من دون رضا ()

عن طريق الزواج المتبادل ()

غيرها تذكر

4- إذا كنت متزوجة كيف كانت علاقتكما الزوجية؟ جيدة جداً ()

جيدة ()

من وقت لآخر تتبدل ()

غير جيدة ()

سيئة ()

5- هل عندك اطفال؟ نعم ()، لا ()

6- إذا كان الجواب ب (نعم)، عدد الأطفال؟ الذكر () اطفال، الأنثى () اطفال

7- عمرهم؟ (رجاء يُذكر عمر أكبرهم و عمر أصغرهم)

عمر أصغرهم () سنة

عمر أكبرهم () سنة

8- هل يقيم معكم أحد في الدار باستثناء زوجك وأولادك؟ نعم ()، كلا ()

9- إذا كان الجواب ب (نعم)، من هو الشخص؟ اب و ام ()

عم ()

عممة ()

إخوان وأخوات الزوج ()

إخوان وأخواتك ()

غيرها تذكر

10- عائدة السكن؟ مالك ()

إيجار ()

حكومي ()

غيرها تذكر

11- إذا كان البيت ملكاً، فلن تعود ملكيته؟

للزوج ()

للزوجة ()

غيرها تذكر

12- محل الإقامة الحالي؟ مركز المدينة ()

قضاء ()

ناحية ()

قرية ()

13- المهنة؟

موظفة ()، «ماتور الوظيفة

تبحث عن العمل ()

طالبة ()

ريسة بيت ()

غيرها تذكر

14- الحالة الاقتصادية؟ جيدة ()

متوسطة ()

متدنية ()

16- هل تعرفين القراءة والكتابة؟ نعم ()، لا ()

17- إذا كان الجواب ب (نعم)، المستوى التعليمي؟

بدون شهادة ()

ابتدائية ()

متوسطة ()

إعدادية ()

مهمد ()

جامعة ()

دراسات عليا ()

17 - مكان المحاولة؟ البيت ()

مكان العمل ()

مكان عام ()

غيرها تذكر

18 - ماهي الوسيلة التي لجأت إليها؟ المحرق ()

سلاح ناربي ()

الشتق ()

القفز من مكان مرتفع ()

حبوب ()

السموم ()

غيرها تذكر

19 - هل سبق لك أن حاولت الانتحار؟ نعم () ، كلا ()

20 - إذا كان الجواب ب (نعم)، كم مرة حاولت الانتحار؟ () مرة

21 - هل كان لديك أي طلب قبل الانتحار؟ نعم () ، كلا ()

22 - إذا كان الجواب ب (نعم)، ماهو الطلب

23 - هل ما طلبته حصلت عليه؟ حصلت عليه ()

حصلت على جزء منه ()

لستم يحقق شيء ()

24 - بعد محاولة الانتحار هل تغيرت معاملة العائلة اتجاهك؟

تغيرت الى احسن ()

تغيرت لسوء ما ()

لم تتغير الى احسن ()

معاملة اسوء ()

25 - مع من الذين ادرج اسمائهم كانت لديك مشاكل تعجبين التحدث عنه؟ (الذي فهمته وترجم كالاتي: مع من من

الذين ادرجت اسمائهم تعجبين الحديث عن مشاكلك؟

اب ()

ام ()

اخ ()

اخت ()

اصدقاء ()

26 - اي من الاسباب التالية كان وراء الانتحار؟

الصراع الزوجي ()

مشاكل اسرية ()

مشاكل عاطفية ()

صراع مع اهل الزوج ()

الفشل في الدراسة ()

مرض ()

كآبة ()

التمييز بين الجنسين (التمييز في المعاملة بين الجنسين) ()

المشاكل مع الجيران ()

غيرها تذكر

27 - هل كنت تعاني من العنف الاسري؟

نعم () ، كلا () ، لا اعلم ()

28 - إذا كان الجواب ب (نعم)، من هو الشخص الذي تعاملت معك سوء المعاملة؟

.....

الى أي مدى تتفقين مع الجمل الآتية؟ (29-35)

29 - احس بالوحدة في المجتمع.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

30 - لا يهتم احد بمصيرى.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

31 - احب قضاء وقتى خارج البيت.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

32 - لا تستحق الحياة ان نعيشها.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

33 - احس بالندم من اقدامي على الانتحار.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

34 - اردت الانتقام من عائلتي عن طريق الاقدام على الانتحار.

اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()

- 46- هل شاهدت احداً يقدم على الانتحار في الافلام؟
 نعم () ، كلا () ، لا اعلم ()
 47- اذا كان الجواب بـ (نعم)، هل المشهد أثر عليك؟
 نعم () ، كلا () ، لا اعلم ()
 48- قبل شروعك على الانتحار، هل تركت أية رسالة؟
 نعم () ، كلا ()
 49- اذا كان الجواب بـ (نعم)، ما هي فحوى الرسالة التي تركتها؟

50- هل هناك شيء آخر كان من الممكن ان يجعلك لا تحاولين الانتحار؟

رجاءاً راجع الاستبيان مرة اخرى، وشكراً لتعاونكم

- 35- اعتقد بانني فعلت الصبح.
 اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()
 36- احس بالظلم من قبل العادات والتقاليد الاجتماعية
 . اتفق () ، اتفق ولا اتفق () ، لا اتفق () ، لا اتفق بشدة ()
 37- هل كنت تؤدين الفرائض الدينية قبل محاولتك للانتحار؟
 نعم () ، كلا () ، بعض الأحيان () ، فقط في شهر رمضان ()
 38- هل تقومين بالفرائض الدينية بعد محاولتك للانتحار؟
 نعم () ، كلا () ، بعض الأحيان () ، فقط في شهر رمضان ()
 39- هل تعتبرين الاقدام على اذية النفس خطيئة؟
 نعم () ، كلا () ، لا اعلم ()
 40- هل تعتبرين الاقدام على اذية النفس جريمة؟
 نعم () ، كلا () ، لا اعلم ()
 41- هل تعرف احداً حاول الانتحار؟
 نعم () ، كلا () ، لا اعلم ()
 42- إذا كان الجواب بـ (نعم) من هو؟
 صديق ()
 اعضاء العائلة ()
 غيرها تذكر
- 43- اذا كان جوابك على سؤال (41) بـ (نعم) هل احسست بانك تأثرت به او اثر عليك؟
 نعم () ، كلا () ، لا اعلم ()
 44- ما هي عدد الساعات التي تشاهدين فيها التلفزيون يومياً؟
 لا اشاهد ()
 1-4 ساعات ()
 5-8 ساعات ()
 اكثر من (8) ساعات ()
 45- ماهي نوعية الفيلم الذي تشاهدين؟
 رومانسي (عاطفي)
 عنف (حرب)
 مواضيع اجتماعية واقتصادية
 غيرها تذكر

Appendix 2.1: Research Questions for Interview with Journalists, Clerics, Coroners, and DMVAW

A- Journalists

1- How long have been working on media?

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.....
.....

2-Where did you get information or know those cases on suicide?

.....
.....
.....

3-What is your reaction when you see the victim?

.....
.....
.....

4-Do you publish victim's picture in your reports?

.....
.....
.....

5- Do you usually put the victim's picture at the top of the page?

In the FrontPage at the top of other page where did you put it exactly?

.....

6- Why?

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7- According to your expertise or professional experience which method is mostly used by Kurdish female to commit suicide?

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8- Why did Kurdish females use fire to committing suicide?

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9- Do you think publishing these reports will not influence or encourage other people to commit suicide or increase suicide rates?

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10- Don't you think publishing those reports will show the method to other people how to suicide?

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11- Do you think that who committed suicide will get punishment in the 'Other World'?

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12- According to your opinion do you think that people who attempt suicide should be punished or how to deal with them?

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.....

13- In your opinion, what is the motivation of female suicide in the Kurdistan?

Marital conflict

Family problems

Love affair

Conflict with spouse's relative

Failure in academic achievement

Illness

Sadness

Social discrimination

Neighbourhood problems

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B- Coroners

1-How long have you been working as Coroner?

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2-Do you think female suicide has been increasing in the Kurdistan, and Why?

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3-How do you diagnose the people who commit suicide?

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4- Which method is mostly used and why?

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5- In your opinion who is responsible in committing suicide, why?

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6- According to your belief do you think that who committed suicide will get punishment in the 'Other World'?

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7- According to your opinion do you think that people who attempt suicide should be punished or how to deal with them?

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8- What is the age of victims mostly commit suicide?

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.....

9- Do you communicate with police in regard with suicide investigation issue?

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10- In your opinion, what is the most difficult case, and why it is difficult?

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11- In your opinion, what is the motivation of female suicide in the Kurdistan?

- Marital conflict
- Family problems
- Love affair
- Conflict with spouse's relative
- Failure in academic achievement
- Illness
- Sadness
- Social discrimination
- Neighbourhood problems

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C- Clerics

1-What do you think about female suicide in Kurdistan?

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2-Why do Kurdish female choose the way of suicide more than other ways for solving their problems?

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3-Do you think self-burning has something to do with Kurdish Culture?

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4- According to your belief do you think that who committed suicide will get punishment in the 'Other World'?

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5- According to your opinion do you think that people who attempt suicide should be punished or how to deal with them?

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6- In your opinion, what is the motivation of female suicide in the Kurdistan?

Marital conflict

Family problems

Love affair

Conflict with spouse's relative

Failure in academic achievement

Illness

Sadness

Social discrimination

Neighbourhood problems

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D- Directorate of Monitoring Violence against Women

1- How long have you been working as Directorate of monitoring violence against women?

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2- Where did you get information or know those cases on suicide?

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3- Do you think female suicide has been increasing in the Kurdistan, and Why?

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.....

4- How do you diagnose the people who commit suicide or how they make decision?

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5- Which method is mostly used and why?

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6- According to your belief do you think that who committed suicide will get punishment in the 'Other World'?

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7- According to your opinion do you think that people who attempt suicide should be punished or how to deal with them?

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8- In your opinion who is responsible in committing suicide, why?

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9- What is the age of victims mostly commit suicide?

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10- Do you communicate with Coroner in regard with suicide investigation issue?

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11- In your opinion, what is the most difficult case, and why it is difficult?

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12- In your opinion, what is the motivation of female suicide in the Kurdistan?

Marital conflict

Family problems

Love affair

Conflict with spouse's relative

Failure in academic achievement

Illness

Sadness

Social discrimination

Neighbourhood problems

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Appendix 2.2: Research Questions for Interview with Journalists, Clerics, Coroners, and DMVAW in Kurdish Language

پرسیاره کان بۆ چاوپێکەوتن له گه‌ل:

أ: رۆژنامه نووسان

1 - ماوه‌ی چه‌نده له بواری پاگه‌یانن کار ده‌که‌ی؟

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.....

2 - له کوێ یاخود چۆن زانیاری ده‌ریاره‌ی حاله‌ته‌کانی خۆکوشتن کو ده‌که‌یه‌وه؟

.....

.....

.....

3 - ئایا کاردانه‌وه‌ت چی ده‌بیت کاتێک قوربانیه‌کی خۆکوشتن ده‌بینی؟

.....

.....

.....

4 - ئایا له راپۆرته‌کاندا وێنه‌ی قوربانیه‌که نیشان ده‌ده‌ی؟

.....

.....

.....

5 - ئایا عاده‌ته‌ن وێنه‌ی که‌سی قوربانی له سه‌رووی لاپه‌ره‌که نیشان ده‌ده‌ی؟

له‌لاپه‌ره‌ی به‌که‌م له‌سه‌رووی لاپه‌ره‌ی تر به‌ ته‌واوی له‌ کوێی ده‌ده‌ی؟

.....

.....

.....

6 - له‌به‌ر چی؟

.....

.....

.....

7- به گویره‌ی شاره‌زایی یاخود پسیوری به‌ریتان کامه نامراز بۆ خوکوشتن زیاتر به‌کار ده‌هینتریت له لایهن ئافره‌تی کوردهوه؟

.....
.....
.....

8- له‌به‌رچی ئافره‌تی کورد ئاگر به‌کار ده‌هینتریت بۆ خوکوشتن؟

.....
.....
.....

9- به‌رای به‌ریتان ناماده‌کردنی ئەم راپۆرتانه نابیتته هۆی هاندانی خه‌لکانی تر بۆ ئەوه‌ی په‌نا بۆ خوکوشتن به‌ه‌ن؟ یاخود نابیتته هۆی زیادبوونی پیژە‌ی خوکوشتن؟

.....
.....
.....

10- ئایا هه‌ست ناکه‌یت ناماده‌کردنی ئەم جۆره راپۆرتانه ده‌بیتته هۆی نیشاندانی رینگا بۆ خه‌لکانی تر که چۆن خۆیان بکوژن؟

.....
.....
.....

11- به‌ه‌روای به‌ریتان پیتتوایه‌ ئەو که‌سانه‌ی خۆیان ده‌کوژن به‌ سزای خۆیان ده‌گه‌ن له‌ دونیای تر؟

.....
.....
.....

12- به‌رای به‌ریتان ئەو خه‌لکانه‌ی هه‌ولی خوکوشتن ده‌ده‌ن پیتتوایه‌ سزا بدرین؟ یاخود پیتت وایه‌ ده‌بیتت چۆن مامه‌له‌یان له‌گه‌ڵا بکرت؟

.....
.....
.....

13 - بەپاي بەپۇزتان ھۆكاری خۇكوشتنى ئافرهتان لە كوردستان چييه؟

ململانئى ھاوسەرى

گرفتسى خىزانى

كيشەى خۇشەويستى

ململانئى لەگەن خزمانى ھاوسەرەكە

سەرئەكەوتن لە خويئەدن

نەخەشى

خەمەئۇكى (خەم)

جياكارى كۆمەلايەتى

بوونى گرفت لەگەن درلوسى

.....
.....
.....

ب - كۆرنەر

1 - ماوهى چەندە ۋەكو كۆرىنەر كار دەكەي؟

.....
.....
.....

2 - ئايا بەرپاى بەرپىتتان رېژەي خۇكوشتنى ئافرهتان لە كوردستان زىادى كرىوۋە؟ ۋە ھۆكار جىيە؟

.....
.....
.....

3- ئايا چۆن حالەتى خۇكوشتن ديارى دەكەي؟

.....
.....
.....

4- كامە ئامراز زياتر بەكار دەھىتيرت؟ لە بەرچى؟

.....
.....
.....

5- بەرپاى بەرپىتتان كى بەرپىسيارە لە خۇكوشتنى ئافرهتان؟ لە بەرچى؟

.....
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6- بەرپواى بەرپىتتان پىتوايە ئو كسانەي خۇيان دەكوژن بە سزاي خۇيان دەگەن لە دونياى تر؟

.....
.....
.....

7- بەرپای بەرپزتان ئەو خەلکانەى ھەولەى خۆکۆشتن دەدەن پتووستە سزا بدرن؟ یان پتتوایە دەبیت چۆن مامەلەیان لەگەڵدا بکرت؟

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.....
.....

8- بەرپای بەرپزتان لە کامە تەمەن زیاتر خویان دەکوژن؟

.....
.....
.....

9- ئایا ھىچ جۆرە ھاوکارىیەك ھەبە لەگەڵ پۆلیس لە حالەتى لیکۆلینەوہ لە کەیسەکانى خۆکۆشتن؟

.....
.....
.....

10- بەرپای بەرپزتان کامە کەیس زۆر زەحمەت بوو؟ لەبەرچى زەحمەت بوو؟

.....
.....
.....

11- بەرپای بەرپزتان ھۆکارى خۆکۆشتنى ئافرەتان لە کوردستان جیپە؟

- مەملەتتى ھاوسەرى
- گرفتسى خىزانى
- كيشى خۆشەويستى
- مەملەتتى لەگەڵ خزمەنى ھاوسەرەكە
- سەرئەگەوتن لە خۆتەند
- تەخىشى
- خەمىكى (خەم)
- جياكارى كۆمەلەيتى
- بوونى گرفت لەگەڵ درلوسى

.....
.....
.....

1 - بەرپای بەریتان خۆكوشتنى ئافرهتان چۆن دەبىنى لە كوردستان؟

.....
.....
.....

2 - لە بەر چى ئافرهتى كورد رىگای خۆكوشتن زياتر لە رىگاكانى تر هەلە بەریتىت بۇ چاره سەر كوردنى كىشە كانى؟

.....
.....
.....

3 - ئايا پىتوانىيە پەيوەندىيەك هەيە لەنتوان خۆسوتاندن و كۆلتورى كوردى؟

.....
.....
.....

4 - بەرپواى بەریتان پىتوايە ئەو كەسانەى خۆيان دەكوژن بە سزای خۆيان دەگەن لە دونىای تر؟

.....
.....
.....

5 - بەرپای بەریتان ئەو خەلكانەى هەولى خۆكوشتن دەدەن پىويستە سزا بەریتىن؟ ياخود پىت وایە دەبىت چۆن مامەلەيان لەگەلدا بەریتىت؟

.....
.....
.....

6- بەرپاى بەرپۆزتان ھۆكارى خۆكوشتنى ئافىرەتان لە كوردستان چىيە؟

مىلاننى ھاوسىرى

گرفتسى خىزانى

كېشى خۆشەويستى

مىلاننى لەگەل خىزانى ھاوسىرەكە

سەرنەگەوتىن لە خۆتىدىن

نەخىشى

خەمىكى (خەم)

جىكارى كۆمەلەيتى

بوونى گرفت لەگەل دراوسى

.....
.....
.....

ح - بەرپۆە بەرى بەدواداچوونى توندوتىژى دژى ئافره تان

1 - ماوى چەند دەپىت وەكو بەرپۆە بەرى بەدواداچوونى توندوتىژى دژى ئافره تان كار دەكەى؟

.....
.....
.....

2 - لە كوئى ياخود چۆن زانىارى دەريارهى حالەتەكانى خۆكوشتن كۆ دەكەپتەو؟

.....
.....
.....

3 - ئايا بەرپۆە بەرى ئافره تان لە كوردستان زىادى كرپوه؟ ھۆكار چىپپە؟

.....
.....
.....

4 - ئايا چۆن حالەتى خۆكوشتن ديارى دەكەى؟ ياخود چۆن پىپار دەدەى؟

.....
.....
.....

5 - كامە ئامراز زياتر بەكار دەھىتتت؟ لە بەرچى؟

.....
.....
.....

6 - بەرپۆە بەرى پىتتوایە ئەو كەسانەى خۆيان دەكوئىن بە سزای خۆيان دەگەن لە دونىايى تر؟

.....
.....
.....

7 - بەرپۆە بەرى ئەو خەلكانەى ھەولى خۆكوشتن دەدەن پىتتوایە سزا بەرپۆە بەرى؟ ياخود پىتت وایە دەپىت
چۆن مامەلەيان لەگەلدا بكرىت؟

.....
.....
.....

8- بەرپاى بەرپىزتان كى بەرپىرسياره لە خۇكوشتنى ئافرهتان؟ لە بەرچى؟

.....
.....
.....

9- بەرپاى بەرپىزتان ئەو كەسانەى خۇيان دەكوشن زياتر لە چ تەمەنىكىدان؟

.....
.....
.....

10- ئايا ھىچ جۇرە ھاركارىيەك ھەيە لەگەن كۆرنەر لە حالەتى لىكۆلېنەۋەى كەيسەكانى خۇكوشتن؟

.....
.....
.....

11- بەرپاى بەرپىزتان، كامە كەيس زۆر زەحمەت بوو؟ لە بەرچى ؟

.....
.....
.....

12- بەرپاى بەرپىزتان ھۆكارى خۇكوشتنى ئافرهتان لە كوردستان چىيە ؟

مىملانىتى ھاوسىرى
گرفتسى خىزانى
كىشىلى خۇشەويستى
مىملانى لەگەن خىزمانى ھاوسەرەكە
سەرنەكەوتىن لە خويىتىدىن
نەخىشى
خەمىكى (خەم)
جىكارى كۆمەلەيتى
بوونى گرفت لەگەن درلوسى

.....
.....
.....

Appendix 3.1: Supporting Letter to Gain Access from Academic Supervisor

COLEG BUSNES, GWYDDORAU CYMDEITHAS A'R GYFRAITH
COLLEGE OF BUSINESS, SOCIAL SCIENCES AND LAW



May 2010

To Whom It May Concern

**PhD research project
Factors in Attempted Female Suicide in the Kurdistan Region - Iraq**

This is to confirm that **Mr Izaddin Rasool** is a doctoral student in the School of Social Sciences at Bangor University, working under my supervision. He has been registered for the degree of PhD since April 2009.

His topic on attempted suicide by females in the Kurdistan Region – Iraq requires research using questionnaires and interviews. Any assistance you can give to facilitate the process of data collection will be greatly appreciated.

I can confirm that Mr Rasool is compliant with the Bangor University Research Ethics Framework, which encourages the highest professional standards, especially in research on sensitive topics.

Professor Howard Davis, BA (Cambridge) PhD (Edinburgh)
Director of Postgraduate Studies
School of Social Sciences

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YR ATHRO/PROFESSOR IAN REES JONES
PENNAETH YR YSGOL/HEAD OF SCHOOL

www.bangor.ac.uk

Appendix 4.1: Example of Local Authority Official Letter to Gain Access to all Official Institutions and NGOs in the KRI.

<p>حكومة إقليم كردستان وزارة الصحة دائرة صحة اربيل قسم التخطيط والتعليم الصحي شعبة الإحصاء</p>		<p>حكومة إقليم كردستان وزارة الصحة فهرمانگه‌ی تهنندروستی ههولێر به‌شی پلان دانان و فێرکردنی تهنندروستی هۆبه‌ی ئامار</p>
<p>به‌روا / ٢٠١٠ / ٢٧١٠ /</p>		<p>ژماره :</p>

بۆ / نه‌ خۆشخانه‌ی فریاکه‌وتکی ناوه‌ندی ههولێر
/ په‌یمانگای پزشکی داد
/ نه‌خۆشخانه‌ی نیمیر جنسی ههولێر
ب / ئاسانکاری

ناماره‌ به‌ نووسراوی . زانکۆی صلاح الدین / ههولێر / کۆلیجی ئه‌ده‌بیات ژماره (١٤٧٠ / ٢ / ٣) له (٢٠١٠ / ٦ / ١٣) له به‌شی
تکایه ئاسانکاری به‌ریز (عزالدین عبد الصمد رسول) بکه‌ن که یه‌کیکه‌ له قوتابیانی خۆبندی بالا (دکتۆرا) له به‌شی
(کۆمه‌ڵنسی) ی له زانکۆی بانکۆر به‌ریتانییا . به‌ مه‌به‌ستی کۆکردنه‌وه‌ی زانیاری تایبه‌ت به‌ کاری توێژینه‌وه‌که‌ی به‌
ناوینیشانی (هۆکاره‌کانی ههولێر خۆکوشتنی ئافره‌تان له هه‌ریه‌می کوردستان - عیراق) .

.. له‌گه‌ڵ ریزماندا ..

د. خالد علي عبدالله
به‌ریوه‌به‌ری گشتی

ههولێر
توێژنه‌ی

وێنه‌یه‌ک بۆ /

- نووینگه‌ی به‌ریز به‌ریوه‌به‌ری گشتی / بۆ زانین له‌گه‌ڵ ریزماندا .
- به‌شی پلان دانان / هۆبه‌ی ئامار له‌گه‌ڵ به‌راییه‌کان .
- نووسراوی زانکۆی صلاح الدین / ههولێر / کۆلیجی ئه‌ده‌بیات ژماره (١٤٧٠ / ٢ / ٣) له (٢٠١٠ / ٦ / ١٣) بۆ زانین له‌گه‌ڵ ریزماندا .

Appendix 5.1: Example of Dean of the College of Arts, Salahaddin University-Hawler Official Letter to Gain Access to all Official Institutions and NGOs in the KRI.

Iraqi Kurdistan Regional Government
 Presidency of Ministerial Council
 Ministry of Higher Education & Scientific research
 Presidency of Salahaddin University \ Hawler
 College of Arts
 Postgraduate studies

حکومهتی هه‌ریمی کوردستانی عێراق
 سه‌رۆکایه‌تی نه‌ه‌نجومه‌نی وه‌زیران
 وه‌زاره‌تی خوێندنی با‌لا و توێژینه‌وه‌ی زانستی
 سه‌رۆکایه‌تی زانکۆی سه‌لاحه‌ددین / هه‌ولێر
 کۆلیژی نه‌ده‌بیات
 خوێندنی با‌لا

حکومة اقليم كردستان العراق - وزارة التعليم العالي و البحث العلمي - رئاسة جامعة صلاح الدين - أربيل

ژماره: ٤٤٥٦/٤٢ / ١ / ٢٧١٠ / ١ كوردی ٢٠١٠ / ٦ / ٢٤ زایینی

بۆ سه‌رۆکایه‌تی ته‌ندروستی / سلیمانی
 ب/ پشتگیری

سه‌لاحه‌ددین هه‌ولێر
 ده‌ركه‌سه‌رده
 كۆلیژی نه‌ده‌بیات

سه‌لاوریز.....

پشتگیری له به‌ریز (عزالدين عبدالصمد رسول) كه‌یه‌كێكه له قوتابیانی خوێندنی با‌لا(دکتۆرا) له‌به‌شی (زانسته كۆمه‌لایه‌تیه‌كان) له زانکۆی بانگۆر/ به‌ریتانیا، هیوادارین لای خۆتان هاوکاری بکه‌ن به‌مه‌به‌ستی کۆکردنه‌وه‌ی داتا و زانیاری پتویست بۆ توێژینه‌وه‌که‌ی كه به‌ناونیشانی(هۆکاره‌کانی هه‌ولی خۆکوشتنی ئافره‌تان له‌هه‌ریمی کوردستان-عێراق)، سوپاسی هاوکاریتان ده‌که‌ین.

له‌گه‌ن ریزدا.....

پ.ی.د. عبدا‌لعزیزه‌ هه‌ولێر
 راگری کولێژ

٤٤١٨٣
 یه‌زاره‌تی - ٢٠١٠ / ٦ / ٢٤

سه‌لاحه‌ددین هه‌ولێر
 کۆلیژی نه‌ده‌بیات
 خوێندنی با‌لا

وێنه‌یه‌ك بۆ:
 • ده‌ركه‌ده
 • ناویراو
 • دو‌سه‌ی كه‌سه‌ی

یاسین شهاب هاشم
 لێپرسراوی به‌شێر

٢٠١٠ / ٦ / ٢٤

په‌ڕه‌سه‌ی ده‌سه‌ڵاتی کوردستان

Appendix 6.1: Distributed Questionnaire at Government Institutions and Non-government Institutions.

Agencies	No. Of full responses	Not fully responded
Emergency Management Centre in Erbil (Burn centre)	5	1
Burn and Plastic Surgery Hospital/ Emergency in Sulaymaniyah	9	1
Burns and Plastic Surgery Hospital in Dohuk	7	1
Ministry of Health. Directorate of Health/Erbil, Erbil Teaching Hospital- Emergency Section	8	1
Ministry of Health. Directorate of Health/Dohuk, Azadi Teaching Hospital, Psychiatry Department	5	2
Ministry of Health. Directorate of Health/ Sulaymaniyah, Abdomen Teaching Hospital, Sulaymaniyah, Psychiatry Department	11	-
Ministry of Labor and Social Affairs, General Directorate of Social Reformatory, Directorate of Public Prosecution Reformatory for Females and Juveniles in Erbil, and Sulaymaniyah	11	-
Ministry of Labor and Social Affairs, General Directorate of Social care and Development, Women Preparation and Rehabilitation centre in Erbil, and Dohuk	6	-
Kurdistan Women's Union/Dohuk and Erbil	13	2
Women Union of Kurdistan/ Secretarial Bureau, and Aram Shelter in Sulaymaniyah	16	8
Al-Mesalla organization for Human Resource Development	2	-
Other places in the KRI	7	1
Total	100	17

Appendix 7.1: Participant Consent Form.



Bangor University's 'Code of Practice for the Assurance of Academic
Quality and Standards of Research Programmes' (Code 03)
<https://www.bangor.ac.uk/ar/main/regulations/home.htm>

COLLEGE OF BUSINESS, SOCIAL SCIENCES & LAW

Participant Consent Form

Researcher's name

The researcher named above has briefed me to my satisfaction on the research for which I have volunteered. I understand that I have the right to withdraw from the research at any point. I also understand that my rights to anonymity and confidentiality will be respected.

I agree to having the interview/discussion recorded. (delete if not relevant)

Signature of participant

Date

This form will be produced in duplicate. One copy should be retained by the participant and the other by the researcher.

Appendix 7.2: Participant Consent Form in the Kurdish Language



Bangor University's 'Code of Practice for the Assurance of Academic Quality and Standards of Research Programmes' (Code 03)
<https://www.bangor.ac.uk/ar/main/regulations/home.htm>

زانکۆی بانگۆر – بەریتانیا
کۆلیجی بازرگانی، زانسته کۆمه‌لایه‌تییه‌کان و یاسا

فۆرمی رازیبوونی به‌شداربووان

..... ناوی توێژه‌ر

ئهم توێژه‌ره‌ی ناوی له‌سه‌ره‌وه نووسراوه ئاگاداری کردمه‌وه له‌سه‌ر به‌شداریکردنی توێژینه‌وه بۆ پێدانی زانیاری ده‌ریاره‌ی توێژینه‌وه‌که‌ی. من تێده‌گه‌م که مافی کسانه‌وه‌م هه‌یه له توێژینه‌وه‌که له‌هه‌ر خالیکدا. هه‌روه‌ها تێده‌گه‌م که رێز له نه‌ینی و نه‌ناسراویه‌که‌م ده‌گیریت.

پازیم به‌ تۆمارکردنی چاپیکه‌وتن / گفتوگۆکه‌.

..... واژووی به‌شداربوو

..... پیکه‌وت

ئهم فۆرمه کۆپیه‌کی له‌به‌رده‌گیریه‌وه. کۆپیه‌کیان پێویسته بگه‌پنرێته‌وه بۆ به‌شداربوو و نه‌وی تریان بۆ توێژه‌ر.

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