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SOCIO–DEMOGRAPHIC STUDY OF SELF–IMMOLATION IN KABUL

Self-immolation is a dangerous method of committing suicide which is prevalent in individuals who attempt to escape a stressful situation and is considered a significant social and medical disorder in both the economically developed and developing countries.

To find out demographic characteristics (age, sex, marital state, level of education and occupation), and complication of Self-immolation cases in 2012 - 2014 in Kabul Afghanistan.

The research was designed as a descriptive-cross sectional study. The data collection were done in a census manner. Target population were all self-immolation cases that were referred to burn surgery ward of Isteqlal Hospital, the only hospital in Kabul which has burn surgery ward which were referred during 2012-2014. Data which include demographic characteristics and complication of burning obtained from hospital medical record, and data analyzed in SPSS version 21.

The results of the study indicate that the incidence of self-immolation in Kabul is rising and the highest incidence has been observed in young and adolescents, most of it occurred between the ages of 15-30 and mostly among married house wife women who had a low level of primary education. The number of fatalities was much higher than the number of improved cases.

Key word: self-immolation, demographic, cross-sectional.

Introduction

In most countries Suicide is one of the large challenges and the 15th cause of death in the world by 800,000 deaths each year. More than 80% of the suicides happened in low-and-middle-income countries (WHO,2014) [1]. Suicide is an indicator of a society mental state [2] September 10th is announced as the annual world suicide prevention day by The World Health Organization (WHO) and the International Association for Suicide Prevention (IASP) to pay more attention to such a problem and make a call for a global urgent action [3], which shows its high incidence around the world. There are many ways to commit suicide and of them is self-immolation which is mostly prevalent in people who try to run away from stressful situation and is considered as a strange and unusual method. [4]. Self-immolation is a big social and medical problem in both the economically developed and developing countries. Whereas suicide by self-immolation is incredibly rare within the developed world, [3] in developing countries suicide by Self-immolation is one of the most violent methods [5]. in keeping with statistics, Middle Eastern and East Asian countries have a high rate of self-immolation. [2]. Indeed, suicide by deliberate self-burning is quite common in countries like Tunisia, Afghanistan, Iraq, and Iran [6]. self-immolation isn't a typical style of suicide in

European countries. However, it is highly prevalent in developing countries notably in Asia and Africa. [7]. in contrast to the developed countries and Western societies, self-immolation in developing countries is a common method of suicide [8]. Suicide is presently the fourth leading reason for death in individuals aged 15- 44 and also the sixth leading reason for disability worldwide. [2]and second-leading reason of death in individuals aged 10-24-years [9]. in the Eastern Mediterranean region, the Annual prevalence of self-immolation has been reported to be 2.9 to 21 per 100,000 [2]. The high rate of mortality (70-90%) and morbidity caused by self-immolation is considerable in Middle East countries in which self-immolation is a common method for suicide [10]. in 2004 Laloł reviewed 55 studies from all countries from last 20 years; he has found that the highest rate of deliberate self-immolation was observed from Iran, Sri Lanka, India, and Egypt, [11]. People commit self-immolation mostly due to different social and economic reasons and as political protest [12]. the bulk of self-immolation attempters showed history of previous suicide attempts and psychological disorders such as personality disorders, schizophrenia, economic and social problems [4]. This is mostly happening inside a house and usually during the afternoon[10] during 2002 A statistical evaluation of self-immolation which 55 countries

in 20 years and revealed 3,351 cases of immolation, 2,296 of which died. India had the highest dead rate, the high rate of self-immolation belonged to Sri Lanka, European countries and United States have the lowest rates. In the Middle East and India women are more likely to attempt self-immolation, while in western countries Men are more likely to commit self-immolation, in Europe victims are 10 years younger than Asian victims [7]. the incidence of self-immolation is considerably higher amongst the women than the men. The same gender-based differences have also been reported from Egypt, Zimbabwe, Sri Lanka, India, Afghanistan and Uzbekistan. In distinction, studies from Australia, North America and European countries show that men have committed suicide by self-burning more than women [13]. self-immolation in Afghanistan, where women are under the beneath of his father, brother, husband and cannot have the chance to claim economic and social independence, nor to enjoy their human rights, is increasing and kinds of violence against women in Afghanistan include Bad and Badal, along with the practice of exchanging girls for cattle or material goods. Majority of self-immolation victims had tried to kill themselves as a result of violence in the family practice of exchanging girls for

cattle or material goods. Involved motives are; psychological illnesses, political protest, and ritual suicide including imitation of others' symbolic acts, Meanwhile, circumstances that can put people at increased risk of self-immolation. Following risk factor may cause or associate with self-immolation; drug addiction, smoking, alcohol consumption, age differences, lack of understanding with the spouse, lack of children or their difficulties, bigamy, lack of interest in the family affairs, lack of love, premature marriage, low socio-economic status, genetic and congenital factors and excessive sensitivity in regard to the taboo of divorce might be the case for initiation of familial tensions leading to depression and suicide attempts. Both socio-cultural and psychiatric factors have been found to be associated with self-immolation[3].

Material and Method

This research was conducted as a descriptive-cross sectional study. Target population were all self-immolation cases that referred to burn surgery ward of Isteqlal Hospital which is the only hospital in Kabul which has burn surgery ward and dead body referred to forensic during 2012-2014 (figure 1).

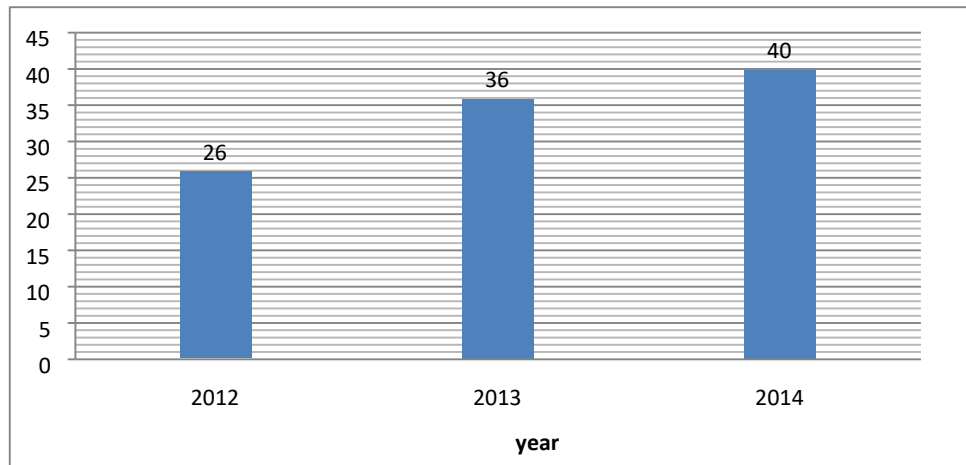


Figure 1 – Number of cases per year.

Data which include demographic characteristics (age, sex, marital state, occupation and level of education) and complication of burning obtained from hospital medical record and forensic report, then the data were analyzed by SPSS version 21.

Results

According to study which was conducted over three-year period, of 102 self-immolation cases, 60% (86) of self-immolation committers were female, and 40% (16) were male. Of the subjects, 26% (26) were single, 47% (48) were married, 24% (24) were engaged and 3% (3) were divorced (figure 3) (figure 2).

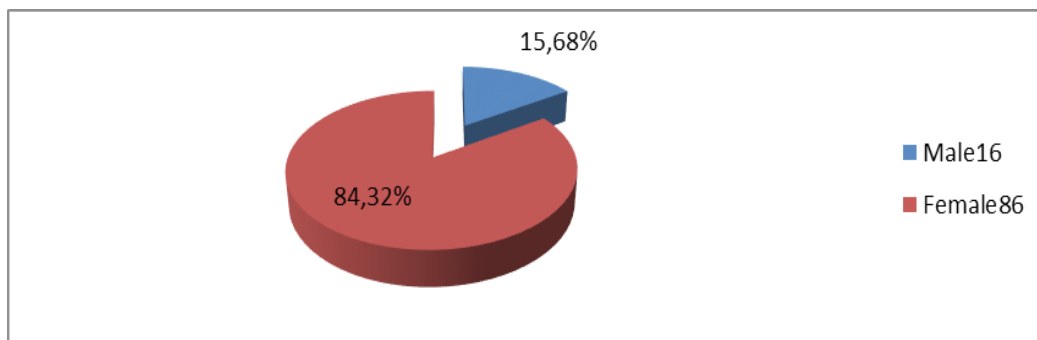


Figure 2 – Number of cases according to gender

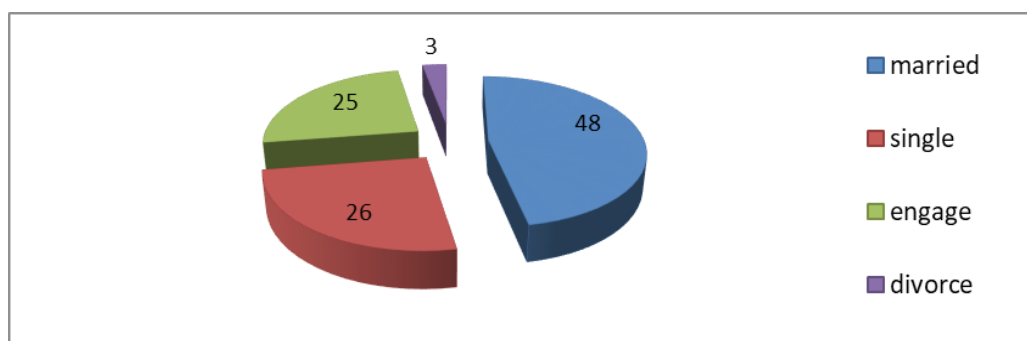


Figure 3 – incidence of self-immolation according to marital state

Furthermore, 44.1% (45) were in the age range of 11-20 years, 33.3% (34) in the age range of 21-30 years, 14.7% (15) in the age range of 31-40 years, 5.8% (6) in the age range of 41-50 years, and above 51-60 years old there was no self-immolated case (table 1). As for the level of education, 36% (37) were illiterate, 25% (25) had elementary education,

17% (17) high school graduate, 8% (8) were Bachelor and 15% (15) were unknown (table 2). According to duty, 48% (48) were house work, 11.7% (12) were employed, 4.9% (5) were university students, 6.8% (7) were school student, 6.8% (7) simple worker, 9.8% (10) unemployed, and 12.7% (13) were unknown (Figure 4).

Table 1 – according to age

Age range	Number of cases	Percentage
11-20	47	46%
21-30	34	33.3%
31-40	15	14.7%
41-50	6	5.8%

Table 2 – according the level of education

Percentage	Number of cases	Level of education
36%	37	Illiterate
25%	25	Elementary education

17%	17	High school graduate
8%	8	Bachelor
15%	15	Unkown

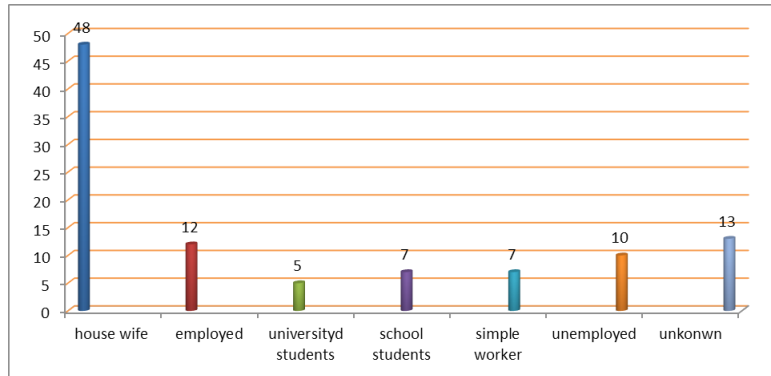


Figure 4 – according to occupation.

Table 3.4 - number of cases depending on the season. Most of the self-immolations occurred in the summer, and most of them occurred in the house using flamibala liquid (oil). With complications of self-immolation leading to death by 91.18%

Table 3 – number of cases according to season

Percentage	Number of cases	Season
25.49%	26	spring
34.31%	35	summer
16.66%	17	fall
23.52%	24	winter

Table 4 – complication of self-immolation

Percentage	Number of cases	complication
0%	0	complete healing
8.82%	9	Healing with disability
91.18%	93	Leading to death

Discussion

The aim of this research is to determine the socio-demographic charactersitics of selfimmolation cases, which was conducted over the period of three years and the total number of cases were 102, most of them were female (86 cases) which corresponds to a

research conducted by Zamani SN, Bagheri M, Abbas Nejad M in Iran [4]. As the age rang in this research most cases were in age group 11-20 (46%) which is samiler to a research conducted by Ahmadi M, Ranjbaran H, Azadbakht M, Heidari Gorji M, Heidari Gorji A in the northern Iran [9]. According the level

of education most of them were illiterate women (36%) which this result is same as the research conducted in Iraq by Amin PM MS, Mirlashari J PhD, Nikbakht Nasrabadi A PhD [2]. As the marital state most of the cases were recorded in married women (47%) which is in contrast with high number of cases in singles in a research conducted in one of our neighboring county (Iran), conducted by Zamani SN, Bagheri M, Abbas Nejad M in Iran [14]. Different, different aspect of self-immolation as a painful social tragedy should be explored. The majority of families conceal the truth of the case, and try to bury the bitter truths with the body. Suicide is not only condemned by Islam and laws of some developing countries, but also since long ago the majority of people around the world have considered suicide to be wrong, as in ancient Athens even the bodies of people who committed suicide were punished. Therefore, serious support for women in the family and society is one of the important ways to reduce this type of suicide. In this study, most cases of self-immolation have occurred in adolescence and youth, and the results of studies show similarity in the region which conducted in some countries. Of course, the higher incidences of self-immolation in adolescence and youth may be due to problems related to this age, such as: youthful feelings, lack of experience in life problems, their misunderstanding of ways to deal with psychological, family, environmental and economic pressures [15]. In this study, like the results of studies conducted in other countries in the region, the most common method of

self-immolation is using of flammable liquids, especially oil, the possible reason for this choice was the accessibility of the victims with these materials (Table 3, Figure 4). People who self-immolated were severely burned and their chances of survival with the available facilities in the burn service of Isteqlal Hospital were very low, so in this study, the death rate due to self-immolation was about 91%. Research's results show a high incidence Comparing with other communities.

Conclusion

The results of the study indicate that the incidence of self-immolation in Kabul is increasing and the highest incidence has been observed in young and adolescents and mostly among married women who are at a low level of primary education and are busy with household chores. The number of fatalities was much higher than the number of improved cases.

Suggestions

To reduce the increasing incidence of self-immolation, better treatment and to prevent casualties and complications, the following suggestions are respectfully presented.

1. implementation of strategies to reduce illiteracy.
2. Implementing educational programs to raise the level of awareness of families in order to struggle and deal with violence, and problems through media.
3. Propaganda against domestic violence by officials, clergy, and professors at schools and universities.

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