

FORCED MARRIAGE IN AFGHANISTAN: A HUMAN RIGHTS VIOLATION AND A MODIFIABLE SUICIDE RISK FACTOR IN WOMEN

Partam Manalai, M.D., Khisraw Nawa, M.D., Gull Parkha Osmani, M.D., Mohammad Ghairatmal, M.D., Najeeb Ur Rahman, Manalai, M.D.; M.A.

Abstract

Keywords:
SUICIDE Risk.

Background: Suicide is among the leading causes of death in women worldwide. Afghan women were reported to have the lowest suicide rates in the world in 1960s; however, the rates have increased substantially in the past decades. This increase in suicide rate for other reasons overshadows the number of suicides that have been observed historically for decades in the wake of forced marriage; nevertheless, Afghan women still commit suicide to avoid forced marriages. **Method:** naturalistic observational report of copycat suicides in one of the northern provinces of Afghanistan. **Results:** In this particular region of Afghanistan, every year three to four women take their own lives by jumping from a bridge (ironically name “Bridge of Friends”). **Conclusion:** Suicide is an increasingly common public health burden in Afghanistan especially in women; forced marriages are can predispose women to taking their lives. Copycat suicides are among few instances where a public education and assistance can be effective in lowering the rate of suicide. We advocate that improving women’s rights would not only improve their quality of life, but also could be a suicide prevention method in this select vulnerable population in Afghanistan. We also discuss the challenges in studying suicide in Afghan women.

Introduction

Suicide is among the leading causes of death in women around the world [1]. Recently, the rate of suicide in Afghan women has soared, most notably in progressive provinces[2]. However, there is also a historic chronic suicide trend in women in response to relationship problems [3, 4] and forced marriages[3]. Forced marriage is a single specific modifiable risk factor that may prevent some suicides in one specific remote area in Afghanistan. Here we describe a phenomenon observed for decades in the Badakhshan Province in order to advocate for improved human rights for rural Afghan women as a suicide reduction strategy.

Clinical Observation

The observation is based on Dr. Nawa’s service in the Badakhshan Province of Afghanistan where he served as a medical officer for three years. For the past half-century, every year, three or four women took their lives by jumping from a bridge ironically named “Bridge of Friends (Pol-e-Dostan)” which passes over Kokcha River in the Padakhshsha province of Afghanistan. All of the suicides appear copy-cat and are reported to be in the aftermath of facing forced marriages.

The victims that attempt suicide from this ironic bridge appear quite concerned with how their bodies would “looks” even after their unfortunate premature deaths. The victims know the lethality of their attempts; nevertheless, they make every effort to preserve the integrity of their dead bodies. They usually put on multiple layers of clothes, and roll down and tie their sleeves and pant-cuffs tightly to their wrists and ankles. On top of the many layers of clothes, the women put on burqas (traditional cover that women wear in Afghanistan) and tie it tightly to their legs and cover their faces.

Another unique aspect of these suicides is that, to minimize the risk of being rescued, most of the women jump from the bridge early in the morning. In the past 10 years, only one woman has been rescued by a young man. As usual, the reason for that suicide attempt was forced marriage. Both the rescued woman and her family were angered by the Good Samaritan’s deeds. The family would have rather seen their daughter die than hear about her “disgraceful act.” The woman clearly preferred death to forced marriage. Unfortunately, this was not the last suicide attempt at the bridge, and women continue to kill themselves by jumping off this bridge.

Discussion

Recently, the unofficial statistics published by the Ministry of Public Health in Afghanistan brought to light the disturbing trend of attempted and completed suicides by Afghan women [2]. These statistics need systematic exploration for identification of their etiology and methods to devise prevention programs [5, 6]. However, in spite of influx of aid from the international community, obtaining statistics on disease in general and suicide in particular remain a daunting challenge in Afghanistan. Medical literature is, thus, scant on suicidality in Afghan people. Since 1970 [3], no paper has originated from Afghanistan addressing this major public health concern. Without adequate evidence of the risk factors, devising preventive strategies geared toward suicide reduction in Afghan women is impractical.

The suicides that occur at the “Bridge of Friends,” provide public health authorities and human rights officials an opportunity to make an impact in the Badakhshan Province. This is observed phenomena is among the very few instances where there is a clear etiology for suicidal behavior and a clear method. Since these suicides are “foreseeable,” therefore, some would logically be considered “preventable”.

Even though media coverage does not exist in remote parts of Afghanistan, the similarity of the suicides from the “Bridge of Friends” in the Badakhshan Province, Afghanistan suggest copycat suicides. In the West, copycat suicides have been linked to publicity [7] but data is non-existent in Afghanistan. The recent increase in the suicide rate in Afghanistan can be explained by the theory of copycat suicides. Thus, freedom of information and increased access to information has had the unintended consequences of increasing suicidality. It is argued that now women “know” what rights they are denied that other women in the world freely enjoy. This notion of disproportionate despair contributes to the “helplessness” that Afghans, especially Afghan women, subjectively experience. However, the only study that has looked at self-immolation systematically reported that the vast majority of women who attempted self-immolation were unaware of such reports [8]. Although there has never been a media report on women committing suicide by jumping in the Kokcha River, it is possible that “word of mouth” serves a similar function to that of the media in the West in remote areas of Afghanistan.

Like many countries in Asia, domestic issues account for a large number of suicide attempts in Afghan women [3, 4, 9-11]. In the only systematic study ever complete on suicidal behavior in Afghanistan; Gobar reported that domestic and relational problems were the most common reason for women taking their own lives [3]. In the past few decades, the challenges that Afghan women face have worsened exponentially. Most of these women are under immense social pressure and suffer from psychiatric disorders [12-14]. A vast majority suffer from mood disorders and trauma related disorders [14, 15]. In the recent decades, economic hardship and the availability of drugs add to the social stigma that Afghan women already face in a repressed society, factors which increase the risk of suicidal behavior in Afghan women [2]. For instance, Abadi et al. reported that 41% of women addicted to substances have suicidal thoughts and 27% have had prior suicide attempts [16]. In spite of these statistics, there is little published evidence on suicidality in Afghan women. Even though the insecurity in the country and cultural differences make such studies impossible in modern day Afghanistan, the lack of interest in systematically evaluating suicidality in Afghan women cannot be explained solely by geopolitical realities in the country. Inadequate research resources and small number of professional researchers are more likely to be the reason for this lack of evidence in Afghanistan.

Studying suicide in Afghans women has remained unexplored worldwide. A large number of Afghans live in other countries as refugees; however, there is very little information on suicide among the Afghan population in these countries. For instance, millions of Afghan refugees live in the North Western Frontier Province (NWFP) of Pakistan. Women live a difficult life in NWFP, yet there is little information on the psychiatric condition of Afghan refugees in the NWFP [17]. It appears that suicidal ideations are quite prevalent in Afghan women residing in these camps. For instance, Rehman et al. reported a high rate of suicidal ideations in Afghan refugee women in Peshawar [18]; in their study, almost all of the clinically psychiatric patients had suicidal ideations. Thus, it would be logical to expect that some of the suicides reported in the NWF would be carried out by Afghan refugee women [9]. However, there is no data to suggest that. It is most likely not because Afghan women do not commit suicide but because data is not collected on Afghan women.

Compared to Pakistan, somewhat greater attention has been given to the challenges that Afghan refugees face in Iran. However, exploration of psychiatric disorders is less than optimal in Iran as well. In a recently published large study which included over twelve thousand Afghan women seeking medical attention, psychiatric disorders were not mentioned [19]. In spite of such limitations, medical literature originating from Iran is the best source of information on the health status of Afghan refugees. The lack of interest in exploring psychiatric disorders in such studies in Afghan women follows a general trend of ignoring Afghan women’s basic human rights both in and outside of the

country. This lack of interest could be due to poor resources or fear of alienation of the population by public health authorities and researchers (like many Muslim societies, suicide is considered a taboo in Afghan culture).

A large number of Afghans live in the Western countries, however, research on the psychiatric needs and the suicidality of Afghan women in these countries is scarce. There is very little information, for example, in PubMed databases on suicidality in Afghan women. Afghans appear at higher risk for suicide in the western countries, but no statistics are available on the population. With only two suicide victims in their study, Paraschakis et al. Noted that Afghan immigrants were the third largest immigrant group in Greece at risk for suicide [20]. In spite of the fact that tens of thousands Afghan women live in the United States, surprisingly there are no studies originating from the U.S.

It is clear that studying suicide in countries like Afghanistan is a challenge. However, such systematic disregard, for whatever reason, is unethical. Women in Afghanistan need assistance from the international community until they are educated and liberated to a degree that they can advocate for their basic needs. Thus, suicide prevention strategies specifically geared towards vulnerable Afghan women are not only a public health concern but also a basic human rights issue.

CONCLUSION

With a fragile recovery from almost half century turmoil, Afghan society needs international assistance in rebuilding itself. Thus far, the rehabilitation of Afghanistan has been mostly heuristic, but is quite clear that this method is not in the nation's best interest. The international community can assist Afghans in developing methods to measurably improve the quality of life in Afghanistan. Afghan women in particular are a group of vulnerable individuals who lack support, both in Afghanistan and around the world. Although it is a politically correct stance to stand up for Afghan women's human rights and write news articles on suicidal events [2, 4], doing so should be ethically matched with efforts to reduce the risk of suicide. The first step to accomplish this involves gathering information from the population and devising culturally sensitive methods to address such pressing issues. Our clinical observation indicates that, at least in theory, small efforts based on evidence could have dramatic outcomes for a select group of people: if families are discouraged in culturally sensitive and nonthreatening ways from marrying their daughters in forced marriages, some of these suicides can be prevented in this Badakhshan region. Studies show that evidence based low cost measures can have a dramatic outcome for Afghans [21]. Any measure aimed at improving the situation in Afghanistan should include addressing women's mental health and suicide risks. Advocating for women in nonthreatening, culturally sensitive ways and educating families will most likely reduce the number of women losing their lives to suicides in the country.

REFERENCES

1. WHO, Improving Maternal Mental Health. 2008.
2. Majidy, T., Women Comprise 95 Percent of Suicides in Afghanistan: Officials, in Tolo News. 2013: Kabul.
3. Gobar, A.H., Suicide in Afghanistan. *Br J Psychiatry*, 1970. 116(534): p. 493-6.
4. Ahmed, A., 2 Afghan Sisters, Swept Up in a Suicide Wave, in *The New York Times*. 2013.
5. Bertolote, J.M., et al., Suicide attempts, plans, and ideation in culturally diverse sites: the WHO SUPRE-MISS community survey. *Psychol Med*, 2005. 35(10): p. 1457-65.
6. Wu, K.C., Y.Y. Chen, and P.S. Yip, Suicide methods in Asia: implications in suicide prevention. *Int J Environ Res Public Health*, 2012. 9(4): p. 1135-58. Epub 2012 Mar 28.
7. Stack, S., Media coverage as a risk factor in suicide. *Inj Prev*, 2002. 8(Suppl 4): p. IV30-2.
8. Adrian-Paul, A. and C. Gomez, DYING TO BE HEARD: Self-Immolation of Women in Afghanistan Findings of a Research Project By *medica mondiale* 2006-2007. *medica mondiale*, 2006-2007.
9. Khan, M.M., et al., Epidemiology of suicide in Pakistan: determining rates in six cities. *Arch Suicide Res*, 2008. 12(2): p. 155-60.
10. Mendez-Bustos, P., et al., Life cycle and suicidal behavior among women. *ScientificWorldJournal*, 2013. 2013:485851.(doi): p. 10.1155/2013/485851. Epub 2013 Feb 28.
11. Nazarzadeh, M., et al., Determination of the social related factors of suicide in Iran: a systematic review and meta-analysis. *BMC Public Health*, 2013. 13:4.(doi): p. 10.1186/1471-2458-13-4.
12. Cardozo, B.L., et al., Mental health, social functioning, and disability in postwar Afghanistan. *JAMA*, 2004. 292(5): p. 575-84.
13. Bhutta, Z.A., Children of war: the real casualties of the Afghan conflict. *BMJ*, 2002. 324(7333): p. 349-52.

14. Exeer, N.A., Afghan Depressed Youth Do not Seek Treatment. 2013: Kabul.
15. Rasekh, Z., et al., Women's health and human rights in Afghanistan. JAMA, 1998. 280(5): p. 449-55.
16. Abadi, M.H., et al., Examining human rights and mental health among women in drug abuse treatment centers in Afghanistan. Int, 2012. 4:155-65.(doi): p. 10.2147/IJWH.S28737. Epub 2012 Apr 3.
17. HELID, If Not Now, When? - Addressing Gender-Based Violence in Refugee, Internally Displaced, and Post-Conflict Settings - A Global Overview . 2001.
18. Rahman, A. and A. Hafeez, Suicidal feelings run high among mothers in refugee camps: a cross-sectional survey. Acta Psychiatr Scand, 2003. 108(5): p. 392-3.
19. Otoukesh, S., et al., A retrospective study of demographic parameters and major health referrals among Afghan refugees in Iran. Int J Equity Health, 2012. 11:82.(doi): p. 10.1186/1475-9276-11-82.
20. Paraschakis, A., et al., Characteristics of immigrant suicide completers in a sample of suicide victims from Greece. 2013.
21. Zainullah, P., et al., Establishing midwifery in low-resource settings: Guidance from a mixed-methods evaluation of the Afghanistan midwifery education program. 2013: p. S0266-6138(13)00330-6. doi: 10.1016/j.midw.2013.10.026.