Suicidal Behaviors Among Muslim Women

Patterns, Pathways, Meanings, and Prevention

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Abstract. *Background:* The literature on Muslim women's suicidality has been growing. Comprehensive reviews are, however, unavailable, and theory needs development. *Aims:* This article reviews and integrates theories and findings about Muslim women's suicidality. *Method:* Two databases (PsycINFO and Web of Science) were searched for publications about Muslim women's suicidality. *Results:* There is significant variability in Muslim women's patterns of suicidality across Muslim-majority communities and countries. Muslim women represent half to nearly all cases of nonfatal suicidal behavior. According to the official records of Muslim-majority countries, women's suicide mortality is lower than that of men. Community studies, however, show that in some areas, Muslim women have significantly higher suicide rates than Muslim men. Both nonfatal and fatal suicidal behaviors are most common among uneducated and poor rural young women. Muslim women's typical suicide methods vary by locale, and include self-burning, hanging, and poisoning. With regard to contexts and meanings, a recurring female script is that of suicidality as protest against and desperate escape from the oppressive regulation as well as the abuse many women endure within their families and societies. *Conclusion:* Understanding and preventing Muslim women's suicidality, and the socially sanctioned oppression it is often a response to, require system-level – not just individual-level – analyses and interventions as well as a human rights perspective.

Keywords: women, Islam, suicide script, thwarted individuation, human rights, abuse

This article focuses on suicidal ideation and behavior, nonfatal and fatal, among Muslim women. The literature on suicidal ideation and behavior among Muslims is rapidly expanding. Three recent articles (i.e., Karam, Hajjar, & Salamoun, 2007, 2008; Lester, 2006) reviewed the epidemiology of suicidal ideation, behavior, and mortality in Muslim-majority countries, but without systematic attention to patterns by sex. The only review of studies focusing on Muslim female suicidality was restricted to Middle Eastern women (Rezaeian, 2010).

One aim of this article is to examine the patterns, antecedents, meanings, and consequences of Muslim women's suicidality. Separate attention to Muslim women's suicidality is important because in Muslim-majority societies, as in other societies, and even more so, by custom and/or by law, women occupy life domains that are significantly distinct from those of men – as related to Muslim ideologies of gender differences, gender segregation, and gender hierarchies. Consider, for example, the Islamic concept of *mutemmim*, that women and men are different and complementary, and "the Islamic concept of *fitrat*, a version of the 'biology is destiny' argument" (Kandiyoti, 2011, p. 10). As noted by Douki, Zineb, Nacef, and Halbreich (2007), in the Qurʾān it is written that "men are superior (*kawamouna*) to women because Allah has made some of them to excel others" (4:34). Thus, there is reason to expect that Muslim women's suicidality will differ from Muslim men's suici-

dality. With Muslims representing the majority population in 56 countries, and more than one fifth of the world population (Pridmore & Pasha, 2004), unique Muslim women's suicidality configurations by region are also anticipated.

A second aim of this article is to contribute to theory about Muslim women's suicidality. The empirical literature on Muslim women's suicidality is now substantial and also diverse with regard to research methodologies (i.e., it features quantitative and qualitative method studies). Therefore, it is now possible and, in fact, important to move beyond summary descriptions of the suicidal persons' demographic and diagnostic profiles (as was done, e.g., in the 2007 and 2008 literature reviews of suicidality in the Arab world by Karam and colleagues), and to start integrating into theory the themes that emerge from the studies (see, e.g., Rezaeian, 2010, for a theory of Middle Eastern Muslim women's suicidality based on a review of the evidence).

Suicidality everywhere is related to a complex interaction of cultural, social, economic, and individual factors. Given the variability in the history, political and social organization, economic resources, and cultural norms of Muslim-majority countries and communities (Ahmed, 1992), it could be argued that the construct of Muslim suicidality is too broad to be useful. A critical issue in this review is that one cannot assume that the suicidality of persons living in Muslim-majority countries or communities

is solely the expression of the countries' Muslim heritage – anymore that one would presume that the suicidality of persons living in Christian-majority countries is simply the outcome of their Christian heritage. Many Muslim-heritage countries share other features (such as economic underdevelopment) that could be a factor in Muslim suicidality patterns. At the same time there are commonalities, in social norms, narratives, values, and experiences, across countries and communities that share a dominant religion. Also, there are many examples in the literature, including in the literature produced in Muslim-majority countries, of reviews of mental health issues across a diversity of Muslim-majority communities and countries (e.g., Douki et al., 2007; Karam et al., 2007, 2008). Therefore, there is justification for and value in a comprehensive, critical review of the literature on women's suicidality across Muslim-majority countries and communities.

This article starts with a section on definitions of terms. To provide context to the findings, a brief review of dominant Muslim religious and legal perspectives about suicide is included prior to the method section. The result section, which focuses on patterns, contexts, and meanings of suicidality, is organized in three parts: the first covers suicidal ideation and nonfatal suicidal behavior; the second is on suicide; and the last is about "martyrdom." A section on the prevention of Muslim women's suicidality follows the discussion section.

Terminology

In this article the term *Muslim* refers to Muslim heritage, not to individual religiosity. It is recognized that there is significant variability in the history, political and social organization, economic resources, and cultural (including gender) norms and practices of Muslim-majority countries and communities (Ahmed, 1992), with implication for the patterns, pathways, and meanings of Muslim women's suicidality. As noted by Ahmed (1992), "Islam explicitly and discreetly affiliated itself with the traditions already in place" (p. 4) in the regions where it took hold, including "conceptions, assumptions, and social customs and institutions relating to women and to the social meaning of gender" (p. 5). Also, in this article, the use of the category Muslim is not to suggest that Muslims are more "unalterably religious" than non-Muslims (Ahmed, 1992, p. 9).

The term *nonfatal suicidal behavior* is used in this article to refer to suicidal acts with nonfatal outcome (instead of terms such as *suicide attempts*), while the term *suicide* is used to refer to suicidal acts that resulted in death (in lieu of terms such as *completed* or *successful suicide*). In addition, the term *suicidality* is used here to refer to suicidal ideation as well as nonfatal and/or fatal suicidal behavior. Terms such *completed*, *successful*, *attempted*, and *failed*, as applied to suicide, are misleading because they obscure the complexities of suicidal intent. Terms like attempted and failed, as applied to suicide, are problematic also because they make it difficult to appreciate the courage it takes to survive a suicidal act – especially in cultures where nonfatal suicidal behavior is, at best, considered

a sign of weakness, and at worst, a sin and a crime (see Canetto, 1992, 1997; Canetto & Lester, 1995, 1998; for discussions of suicide terminology).

Dominant Muslim Religious Perspectives About Suicide

In classical Islamic literature suicide is expressed via the term *qatl al-nafs*, literally "self-murder." *Intiḥār*, meaning "cutting of the throat," is the common word for suicide in modern spoken Arabic (Shah & Chandia, 2010).

Suicide is forbidden (*haram*) within Islam. This prohibition of suicide is often linked to the Qurʿān's statement: "*Wa-lā taqtulū anfusakum*" (4:29). The connection of this phrase with suicide, however, is tenuous because *wa-lā taqtulū anfusakum* has been interpreted as meaning "do not kill yourselves" as well as "do not kill each other" (Rosenthal, 1946).

While the Qurʿān statement about suicide may be ambiguous, within the prophetic tradition (the *ḥadīths*) there is clear prohibition of suicide. This prohibition reflects the Islamic ethic of submission and the view of life as belonging to God (Shah & Chandia, 2010). Within Islam, "It is Allāh who gives life and causes death" (Qurʿān 3:156). To kill oneself is to take over God's role (Okasha & Okasha, 2009; Rosenthal, 1946; Sachedina, 2005). It is also to give up hope, which is viewed as a non-Muslim attitude: "No one despairs of Allāh's soothing mercy except those who have no faith (*al-kafirun* or infidels)" (S12:87, as cited in Dabbagh, 2012, p. 291).

In recent decades Muslims have carried out homicides–suicides (also called terrorist or self-immolation acts) in the name of Islam. Many Muslims perceive these actions as political struggle and regard the deaths that results as martyrdom in the service of Allah (*shahādah*) rather than suicide (Abdel-Khalek, 2004; Dabbagh, 2012).

Dominant Muslim Legal Perspectives About Suicide

In many Muslim-majority countries suicidal behavior is a crime. For example, under Pakistani law, persons who engage in and survive a suicidal act can be taken to a government hospital for investigation – suicidal behavior being punishable with heavy fines and a jail term. Prosecution of persons who survive a suicidal act, however, is rare, the common practice being harassment and extortion of money. There are also serious social sanctions against those who die or are bereaved by suicide, with variability in the consequences depending on the branch of Islam and local traditions. In any case, because of the religious and legal prohibition of suicide as well as the negative legal and social sequelae of suicidal behavior, suicidality records in Muslim-majority countries and communities are generally believed to be unreliable (Khan, Naqvi, Thaver, & Prince, 2008).

Method

Surveys of the literature on Web of Science and PsycINFO databases were conducted, covering through December 31, 2014, using the following keywords, in various combinations: *women*, *female*, *suicidal*, *suicide*, *suicidality*, *Islam*, *Muslim*, and *Moslem,* consistent with search methods used in prior systematic reviews of Muslim suicidality (e.g., Karam et al., 2007, 2008). All abstracts were screened for relevance, and pertinent articles and chapters were then reviewed. Articles and chapters cited in the reference lists of articles and chapters identified via Web of Science and PsycINFO were also screened for possible inclusion.

One method issue in this review involved the definition and scope of Muslim suicidality. Two prior reviews of studies of Muslim suicidality focused exclusively on the suicidality of persons living in Muslim-majority countries (i.e., Karam et al., 2007, 2008), while the other review included studies of Muslim suicidality in both Muslim-majority and in non-Muslim-majority countries (Lester, 2006). Yet another review focused on the suicidality of Muslim and non-Muslim women living in Muslim-majority and non-Muslim-majority sub-Saharan African countries (Lester, 2008). In this article, studies of Muslim suicidality in Muslim-majority countries as well as studies of Muslim suicidality in Muslim communities within non-Muslim-majority countries were reviewed. The Muslim-majority countries represented in this review are Afghanistan, Bahrain, Bangladesh, Egypt, Indonesia, Iran, Iraq, Jordan, Kazakhstan, Kuwait, Lebanon, Morocco, the Maldives, Muscat and Oman, Nigeria, Pakistan, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tajikistan, Turkey, the United Arab Emirates, and Uzbekistan. The Muslim communities in non-Muslim-majority countries represented in this review are those of Muslim Arabs in Israel, those of Moroccan- and Turkish-origin immigrants living in the Netherlands, and those of Moroccan-origin immigrants living in France.

Results

Patterns, Contexts, and Meanings of Muslim Women's Suicidal Ideation and Nonfatal Suicidal Behavior

Suicidal Ideation Patterns

In Muslim-majority countries, women generally report higher rates of suicidal ideation than men do. Rates of suicidal ideation, however, vary significantly across Muslim-majority countries (Karam et al., 2007, 2008, covering Bahrain, Egypt, Lebanon, Morocco, and Sudan; Lester, 2006, covering Egypt, Sudan, and Turkey). According to Karam and colleagues' 2007 review, lifetime (female and male combined) suicidal ideation varied from

2.1% (among residents of four Lebanese communities) to 13.9% (among Lebanese university students) of the community samples surveyed, with women as the most frequent ideator.

Nonfatal Suicidal Behavior Patterns

In Muslim-majority countries women are generally recorded as having higher rates of nonfatal suicidal behavior than men. Across studies, women represent half to nearly all cases of nonfatal suicidal behavior (Karam et al., 2007, 2008, covering nonfatal suicidal behavior in Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, and United Arab Emirates; Lester, 2006, covering nonfatal suicidal behavior in Bahrain, Egypt, Iran, Jordan, Kuwait, Muscat and Oman, Nigeria, Pakistan, Saudi Arabia, Sudan, Syria, and Turkey; Rezaeian, 2010, covering Iran, Pakistan, Saudi Arabia, and Turkey; Shahid & Hyder, 2008, and Shahid et al., 2009, covering Pakistan; Tresno, Ito, & Mearns, 2012, covering Indonesia). Rates of female nonfatal suicidal behavior, however, vary significantly across Muslim-majority countries (Karam et al., 2007, 2008; Lester, 2006; Rezaeian, 2010) and within Muslim-majority countries, over time (Lester, 2006). Nonfatal suicidal behavior (female and male combined) rates are also *not* consistently lower in Muslim-majority countries than in non-Muslim-majority countries (Lester, 2006). With regard to variability over time, for example, in Oman, the (female and male combined) rate of deliberate self-poisoning rose from 1.9 in 1993 to 12.8 per 100,000 in 1998 (Zaidan et al., 2002). There is also variability in rates of suicidal ideation and behavior as well as in the proportion of females among those who report suicidal ideation and behavior across Muslim-majority communities situated in non-Muslim-majority countries. For example, young women represent the majority of cases of nonfatal suicidal behavior among Muslim immigrants in the Netherlands (van Bergen, Eikelenboom, Smit, van De Looij-Jansen, & Saharso, 2010). By contrast, in Israel, Arab adolescent girls have significantly lower rates of suicidal planning and behavior than Arab adolescent boys (Harel-Fisch, Abdeen, Walsh, Radwan, & Fogel-Grinvald, 2012).

Women's rates of nonfatal suicidal behavior may be higher than what epidemiological studies indicate because of underreporting. In many Muslim countries suicidal behavior is a crime reportable to the police. A custom to especially underreport women's suicidal behavior has been noted, presumably to protect women from the social and legal consequences of having engaged in a suicidal act (Dabbagh, 2012, on West Bank Palestinian women). For example, Dabbagh noted that suicidal behavior by Palestinian women who went to the hospital with a close male family member was almost never reported to the authorities. By contrast, suicidal behavior by Palestinian men who went to the hospital without family members tended to be reported. Incidentally, it should be taken into account that in patriarchal societies such as that of West Bank Palestine, suicidal women are less likely than suicidal men to go

to the hospital unaccompanied. In any case, according to Dabbagh's study (2012), hospital staff believed that women should be spared "the potential legal sequelae of being reported to the police" (p. 293). Dabbagh also observed that, in Palestine, the recording of suicidal behavior was a bureaucratic exercise, with no consequences. For these reasons, the practice, in Palestine and other Muslim-majority regions, not to report female suicidal behavior may actually serve to protect male family members from the public embarrassment associated with women making their discontent public via a suicidal act (Billaud, 2012, covering Afghanistan; Rasool & Payton, 2014, covering the Kurdistan region of Iraq).

With regard to a typical profile, suicidal ideation and nonfatal suicidal behavior are most common in young women who are uneducated or under-educated, poor, and/or live in rural areas (Ahmadi et al., 2009, in Iran; Alaghenhbandan, Lari, Joghataei, Islami, & Motavalian, 2011, in Iran; Ali, Mogren, & Krantz, 2013, in Pakistan; Aliverdinia & Pridemore 2009, in Iran; Boostani, Abdinia, & Anaraki, 2013, in Iran; Campbell & Guiao, 2004, for the Middle East and Central Asia; Dabbagh, 2012, in Palestine; Groohi, Rossignol, Barrero, & Alaghehbandan, 2006, in Kurdistan, Iran; Haarr, 2010, in Tajikistan; Lari, Alaghenhbandan, Panjeshahin, & Joghataei, 2009, in Iran; Mabrouk, Omar, Massoud, Sherif, & El Sayed, 1999, in Egypt; Maghsoudi et al., 2004, in Iran; Nazarzadeh et al., 2013, in Iran; Othman, 2011, in Iraqi Kurdistan; Panjeshahin, Lari, Talei, Shamsnia, & Alaghehbandan, 2001, in Iran; Rad, Anvari, Ansarinejad, & Panaghi, 2012, in Iran; Rasool & Payton, 2014, in Iraq; Rezaie, Khazaie, Soleimani, & Schwebel, 2011, in Iran; Shahid & Hyder, 2008, in Pakistan; Yasan, Danis, Taman, Ozmen, & Ozkan, 2008, in Turkey). In many communities, being married is a risk factor for nonfatal suicidal behavior among Muslim women (Khan & Reza, 1998, in Iran; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Rasool & Payton, 2014, in the Kurdistan region of Iraq; Rezaie et al., 2011, in Iran; Syed & Khan, 2008, in Pakistan).

The methods used in nonfatal suicidal behavior by Muslim women vary by region. For example, in some Muslim-majority communities, young women's suicidal behavior is typically enacted by self-burning (Ahmadi et al., 2009, in Iran; Billaud, 2012, in Afghanistan; Groohi, Alaghehbandan, & Lari, 2002, in Kurdistan, Iran; Groohi et al., 2006, in Kurdistan, Iran; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Maghsoudi, Samnia, Garadaghi, & Kianvar, 2006, in Iran; Othman, 2011, in Iraqi Kurdistan; Panjeshahin, et al., 2001, in Iran; Rad, Anvari, Ansarinejad, & Panaghi, 2012, in the Kurdistan region of Iraq; Rezaie et al., 2011, in Iran; Rezaie et al., 2014, in Iran; Saadat, Bahaoddini, Mohabatkar, & Noemani, 2004, in Iran). This method, which involves "dousing the body and clothing in an accelerant and then igniting the fumes," is violent, terribly painful, and potentially lethal (Rasool & Payton, 2014, p. 1). By contrast, in West Bank Palestine, women tend to use medication overdoses, which is a low-lethality method (Dabbagh, 2012). The cultural meanings of the method are more important than mere availability in its being chosen.

For example, the choice of self-burning by Kurdish women has been connected with the Sufi symbolism of fire as providing "transcendent annihilation," and with the rites of Newroz (the Zoroastrian New Year), when "young women and men demonstrate their courage by leaping over bonfires" (Rasool & Payton, 2012, p. 12). According to Rasool and Payton, Kurdish "women who are disallowed control over … their bodies [may choose] … a method of suicide that appears to promise the body's utter destruction: a sense of reclaiming a disputed territory" (p. 12). In Iran, self-burning is the culturally meaningful and "unconsciously encouraged" way for a woman to prove herself "sinless" when she "has been exposed to harassment," with self-poisoning via pills being perceived as just making "a scene" (Rezaie et al., 2014, p. 323). "The horrific and lethal nature of self-immolation … [is considered] a better way to convey the severity of experienced pain," noted Rezaie and colleagues (p. 324). As an illustration of the psychological accessibility and power of the self-burning script in the regions of Iran and Iraq where self-burning is the most common female suicide method, "I will burn myself" is said to be a statement "women frequently recite" when faced with stress (Othman, 2011, for Iraq; Rezaie et al., 2011, p. 162, for Iran).

Suicidal Ideation and Nonfatal Suicidal Behavior Contexts and Meanings

With regard to contexts, suicidal ideation and nonfatal suicidal behavior among Muslim women are typically presented as a response to family problems (Ahmadi et al., 2009, in Iran; Alaghenhbandan et al., 2011, in Iran; Ali et al., 2013, in Pakistan; Aliverdinia & Pridemore, 2009, in Iran; Al-Jahdali et al., 2004, in Saudi Arabia; Asad et al., 2010, in Pakistan; Ayub et al., 2013, in Pakistan; Bilgin, Cenkseven, & Satar, 2007, in Turkey; Boostani et al., 2013, in Iran; Campbell & Guiao, 2004, for the Middle East and Central Asia; Dabbagh, 2004, 2012, in Palestine; Groohi et al., 2002, in Kurdistan, Iran; Groohi et al., 2006, in Kurdistan, Iran; Haarr, 2010, in Tajikistan; Khan & Reza, 1998, in Pakistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Naved & Akhtar, 2008; in Bangladesh; Nazarzadeh et al., 2013, in Iran; Rad et al., 2012, in Iran; Rasool & Payton, 2014, in Kurdistan, Iraq; Rezaie et al., 2011, in Iran; Rezaie et al., 2014 in Iran; Shahid & Hyder, 2008, in Pakistan; Syed & Khan, 2008, in Pakistan; van Bergen et al., 2010, and van Bergen, Smit, van Balko, & Saharso, 2009, for Moroccan and Turkish immigrants to the Netherlands; Yasan et al., 2008, in Turkey; Zaidan et al., 2002, in Oman). Since "quarrel with a family member" (Lari et al., 2009, p. 100), "reacting to family arguments" (Lester, 2006, p. 87), or "marital conflict" (Maghsoudi et al., 2004, p. 217) are how the family problems of suicidal Muslim women are often described, the impression can be that Muslim women's suicidal behavior is an over-reaction to ordinary family conflicts. Many studies, however, have documented that the problems Muslim suicidal women experience in their families are severe (including forced juvenile marriage, often to much older men; being forbid-

den to marry men of their own choosing; polygamy; early withdrawal from school; being prohibited the pursuit of paid work; close surveillance of their every behavior; confinement to the house; bearing and raising a large number of children; family and social harassment for giving birth to girls only or for not producing children; having to serve the husband's extended family; addiction of the husband; difficulties in obtaining a divorce; discrimination following a divorce; as well as emotional, physical, and/or sexual abuse by family members) and, most critically, without recourse (Alaghenhbandan et al., 2011, in Iran; Aliverdinia & Pridemore, 2009, in Iran; Boostani et al., 2013, in Iran; Campbell & Guiao, 2004, for the Middle East and Central Asia; Dabbagh, 2004, 2012, in Palestine; Groohi et al., 2006, in Kurdistan, Iran; Haarr, 2010, in Tajikistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Naved & Akhtar, 2008, in Bangladesh; Nazarzadeh et al., 2013, in Iran; Rad et al., 2012, in Iran; Rasool & Payton, 2014, in Kurdistan, Iraq; Rezaie et al., 2011, in Iran; Rezaie et al., 2014, in Iran). In an interview study, an Iranian woman who had set herself on fire reported she had been "accused of being a 'dokhartza', i.e. a woman … [who gives] birth to girls only" (Boostani et al., 2013, p. 3157). "My family was selling me and I did not know what else to do," said an Afghani woman "with self-inflicted burns over 90 percent of her body" who had been forced into an arranged marriage (Nawa, 2002). "Either I die or I escape from the house," declared a Palestinian woman following an intentional overdose. She spoke of "all doors … [being] closed" and of feeling hopelessly confined and entrapped. *"Kullu al-faadi,"* that is, all is futile, she repeated (Dabbagh, 2004, p. 212).

These family problems (as well as nonfatal suicidal behavior) are particularly common among young women who are uneducated or under-educated, poor, and/or live in rural areas (Alaghenhbandan et al., 2011, in Iran; Aliverdinia & Pridemore, 2009, in Iran; Boostani et al., 2013, in Iran; Campbell & Guiao, 2004, for the Middle East and Central Asia; Dabbagh, 2012, in Palestine; Groohi et al., 2006, in Kurdistan, Iran; Haarr, 2010, in Tajikistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Naved & Akhtar, 2008, in Bangladesh; Nazarzadeh et al., 2013, in Iran; Rad et al., 2012, in Iran; Rasool & Payton, 2014, in Kurdistan, Iraq; Rezaie et al., 2011, in Iran). Some studies noted the co-occurrence of suicidal ideation and nonfatal suicidal behavior with various other signs of psychological distress – ranging from adjustment disorders to posttraumatic stress disorder to depression (e.g., Ayub et al., 2013, in Pakistan; Karam et al., 2008, for Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, and United Arab Emirates; Lari, Joghataei, Adli, Zadeh, & Alaghehbandan, 2007, in Iran; Lester, 2006, for Bahrain, Iran, Jordan, Kuwait, Muscat and Oman, and Saudi Arabia). The role of psychopathology in suicidal ideation and behavior is debatable and debated, especially in cases where oppression and abuse are involved. A study found that Palestinian women interviewed after a suicidal act typically said that "their psyche (*nasfeeya*) was … tired (*nafteeyati mish murtaha* or *taabana*) … [rather than describing themselves with] the word for depressed (*muk-*

taiba)" (Dabbagh, 2004, p. 210). They also "used words for being suppressed, subdued, suffocated, and pressurized (*makboota, maktooma, makhnooa, madghuta*)" (p. 201). In any event, several authors (Douki et al., 2007; Rezaeian, 2010) have presented evidence to argue that Muslim women's psychological disorders are triggered or made worse by the oppressive life circumstances that also spark their suicidal ideation and behavior. Noteworthy in this regard are the findings of a study of suicidal Moroccan- and Turkish-origin young women living in Amsterdam. In this study, having a family that controlled these women's choices in education, sexuality, and/or marriage (e.g., a family that forced an arranged marriage) was a better predictor of suicidality than having a mental disorder (van Bergen et al., 2009).

For these reasons, many authors (e.g., Billaud, 2012, in Afghanistan; Campbell & Guiao, 2004, for the Middle East and Central Asia; Dabbagh, 2004, 2012, in Palestine; Groohi et al., 2006, in Kurdistan, Iran; Haarr, 2010 in Tajikistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Nawa, 2002, in Afghanistan; Rad et al., 2012, in Iran; Rasool & Payton, 2014, in the Kurdistan region of Iraq; Rezaie et al., 2014, in Iran; van Bergen et al., 2009, for Moroccan and Turkish immigrants to the Netherlands; Yasan et al., 2008, in Turkey) have interpreted Muslim women's suicidal behavior as a desperate "protest against [the] abuse and violations of rights" they experience within their families and societies (Lari et al., 2009, p. 100, in Iran). According to the findings of some interview studies (Billaud, 2012, in Afghanistan; Rasool & Payton, 2012, in the Kurdistan region of Iraq), women themselves describe their suicidal behavior as a rebellion against the oppression and abuse they endure, in contrast to their community's discourse, which may attribute women's suicidality to their "emotional fragility and irrationality" (Billaud, p. 265). The potentially public dimension of suicidal behavior has been interpreted as a way for women to make visible and rebel against the oppression and abuse they are subjected to, in the absence of other socially acceptable "means of self expression and self-determination" (Rasool & Payton, p. 14).

Conclusion

There is significant variability in rates of Muslim women's suicidal ideation and nonfatal suicidal behavior across Muslim-majority communities. At the same time, Muslim women represent half to nearly all cases of nonfatal suicidal behavior in their communities, with actual rates likely higher because of underreporting. Across a diversity of Muslim-majority communities, female nonfatal suicidal behavior, particularly suicidal behavior by self-burning, appears to be a culturally scripted way for young women to speak out against and escape the suffocating restrictions and abuse they experience in their families and societies – in the absence of other socially acceptable means of self-determination and influence.

Patterns, Contexts, and Meanings of Muslim Women's Suicides

Suicide Patterns

According to official national records, suicide rates in Muslim-majority countries are generally low, relative to rates in non-Muslim-majority countries, with women's suicide rates being lower than men's. There is, however, significant variability in women's and men's official suicide rates across Muslim-majority countries – from a low of 0.0 for women (and 0.1, 0.2, 0.2, 0.7, respectively, for men) in Egypt, Jordan, Syria, and the Maldives, to a high of 9.4 for women (and 43 for men) in Kazakhstan (World Health Organization, n.d.). These suicide rates are per 100,000, and for the most recent year for each country. According to official records, suicide rates are also typically low among Muslims in non-Muslim-majority countries. Cross-national studies using official suicide data (Shah & Chandia, 2010; Simpson & Conklin, 1989) indicate that the larger the percentage of Muslims within a country, the lower is that country's suicide rate – a result that holds after controlling for various economic, social, and demographic variables.

The low suicide rates recorded among Muslims likely represent, at least in part, a real phenomenon. One reason is that low suicide rates are more common in low-income countries, with which Muslim-majority countries still largely coincide. The negative religious, legal, and social consequences of suicide in Muslim countries are likely another reason (Shah & Chandia, 2010).

Islam's condemnation of suicide likely impacts suicide records as well (Karam et al., 2007; Khan et al., 2008). Evidence of suicide underreporting in Muslim-majority countries comes from a study by Pritchard and Amanullah (2007), who found that male undetermined-death rates in 10 Muslim-majority countries were considerably higher than the non-Muslim-majority countries' male average. Pritchard and Amanullah also observed that male undetermined-death rates in eight Muslim countries, including Iran, Kuwait, and Qatar, were considerably higher than the same countries' male suicide rates. Underreporting may be particularly common in the case of women's suicides. According to Dabbagh (2012), in Muslim-majority societies women's suicides are typically disguised as deaths by falling down a well. As noted earlier, a dominant Muslim belief is that only God has the right to take lives. Another common belief is that men are to control women – a belief that some justify with the Qurʾān's statement that "men are in charge of women" (4:34). The agency implicit in a woman's suicide, however self-defeating, is a challenge to both men's and God's authority (Billaud, 2012; Dabbagh, 2012; Rasool & Payton, 2014). Thus, a reason not to report women's suicides might be to avoid making public men's failure to control women (Billaud, 2012; Dabbagh, 2012).

Evidence from community studies conducted in Muslim-majority countries, including Bangladesh (Hadi, 2005), Iran (Maghsoudi et al., 2004), Iraqi Kurdistan (Othman, 2011), Pakistan (Khan & Hyder, 2006; Kahn et al.,

2008; Kahn, Ahmed, & Khan, 2009), and Turkey (Altindag, Ozkan, & Oto, 2005; Goren, Subasi, Tirasci, & Ozen, 2004) suggests that suicide among Muslim women and men may not be as uncommon as official national records would suggest. For this reason, some commentators (Okasha & Okasha, 2009) have argued that community studies provide more reliable suicide data than national records.

Muslim-majority community studies indicate that in some communities, women, particularly young women, have significantly higher suicide rates than men (Ahmadi, 2007, in Iran; Altindag et al., 2005, in Turkey; Coskun, Zoroglu, & Ghaziuddin, 2012, and Goren et al., 2004, in Turkey; Hadi, 2005, in Bangladesh; Khan et al., 2009, in Pakistan; Maghsoudi et al., 2004, in Iran; Othman, 2011, in Iraqi Kurdistan). For example, in a community in Southeastern Turkey, women's suicide rate was 9.3 per 100,000 (compared with a male rate of 5.4 per 100,000), with suicide (usually by hanging) most frequently involving women in their 20s (Altindag et al., 2005). Similarly, a study conducted in France found that suicide rates were higher among Moroccan-origin females aged 10–24 years than among Moroccan-origin males of any age (Khlat & Courbage, 1995). In Muslim-majority regions where women's suicide rates are higher than men's (e.g., in Afghanistan, Iran, Iraq, and Uzbekistan), young women often kill themselves by self-burning (Ahmadi, 2007, in Iran; Alaghehbandan et al., 2011, in Iran; Campbell & Guiao, 2004, for the Middle East and Central Asia; Groohi et al., 2002, in Kurdistan, Iran; Hanna & Ahmad, 2013, in Iraqi Kurdistan; Othman, 2011, in Iraqi Kurdistan; Maghsoudi et al., 2004, in Iran; Maghsoudi et al., 2006, in Iran; Othman, 2011 in Iraqi Kurdistan; Panjeshahin et al., 2001, in Iran; Rasool & Payton, 2014, in Iraqi Kurdistan; Rastegar, Joghataei, Adli, Zadeh, & Alaghehbandan, 2007, in Iran). For example, the rate of female suicide by self-burning in Iraqi Kurdistan was reported as 15.5 per 100,000 in females and 1.2 in males (Othman, 2011). As in the case of nonfatal suicidal behavior, the suicide methods used by Muslim women vary by region, reflecting local method acceptability and accessibility. For example, a study of suicide in 35 Pakistani cities found that the most common method, for women and men, was ingestion of organophosphate insecticides, despite medications such as psychotropics being easily available (Khan & Reza, 2000).

At the same time, there are indications that women's suicide records may be unreliable by way of overreporting as well, with a portion of women's suicides being indirect or direct homicides (Campbell & Guiao, 2004, for the Middle East and Central Asia; Coskun et al., 2012, in Turkey; Dabbagh, 2012, in Palestine). For example, in some Turkish communities, women accused of "sexual improprieties" may be forced to kill themselves or may "willingly" suicide "to avoid family conflict or . . . being killed by male relatives" (Coskun et al., 2012, p. 67). Women's agency in the sexual domain, however minor, is in some communities, including in Muslim-majority communities, considered a blemish "on the family's reputation, especially men's reputation, because men's prestige is linked to the sexual control of their female relatives" (Trott & Canetto, 2014, p. 5). The killings, by male relatives, of women who

have been raped may also be reported as suicides in some Muslim-majority communities (Aliverdinia & Pridemore, 2009, in Iran; Coskun et al., 2012, in Turkey; Rasool & Payton, 2014, in the Kurdistan region of Iraq).

Suicide Contexts and Meanings

With regard to contexts, Muslim women's suicides have been linked to family problems (Ahmadi, 2007, in Iran; Ahmed, Van Ginneken, Razzaque, & Alam, 2004, in Bangladesh; Alaghenhbandan et al., 2011, in Iran; Aliverdinia & Pridemore, 2009, in Iran; Altindag et al., 2005, in Turkey; Campbell & Guiao, 2004, for the Middle East and Central Asia; Coskun et al., 2012, in Turkey; Goren et al., 2004, in Turkey; Groohi et al., 2006, in Kurdistan, Iran; Hadi, 2005, in Bangladesh; Hanna & Ahmad, 2013, in Iraqi Kurdistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Oner, Yenilmez, Ayranci, Gunay, & Ozdamar, 2007, in Turkey; Othman, 2011, in Iraqi Kurdistan; Rezaeian, 2010, for the Middle East). The language of some reports could be interpreted to imply that Muslim women who kill themselves overreact to minor relationship problems. For example, studies link women's suicide to a family "quarrel" (Lari et al., 2009, p. 98), a "family disruption" (Altindag et al., 2005, p. 480), or simply "marital conflict" (Alaghenhbandan et al., 2011, p. 164). When reading this literature more closely, however, it becomes clear that the family problems Muslim women experience are serious, persistent, and without recourse – and include (as in the case of nonfatal suicidal behavior) forced juvenile marriage, often to much older men; early withdrawal from school; being barred from paid work; dowry disputes; polygamy; confinement to the house; bearing and raising a large number of children; harassment for not producing children or for having female children only; being forced to serve the husband's extended family; as well as emotional, physical, and sexual abuse by family members (Ahmed et al., 2004, in Bangladesh; Alaghenhbandan et al., 2011, in Iran; Aliverdinia & Pridemore, 2009, in Iran; Altindag et al., 2005, in Turkey; Campbell & Guiao, 2004, for the Middle East and Central Asia; Coskun et al., 2012, in Turkey; Groohi et al., 2006, in Kurdistan, Iran; Hadi, 2005, in Bangladesh; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Othman, 2011, in Iraqi Kurdistan; Rezaeian, 2010, for the Middle East; Yusuf, Akhter, Rahman, Chowdhury, & Rochat, 2000, in Bangladesh). For example, Ahmed and colleagues describe the case of a woman who hanged herself following "frequent quarrels" with her husband and his family about not having become pregnant after several years of marriage. The authors reported that, in rural Bangladesh, a woman who does not have a child soon after marriage is considered an 'opoa,' meaning a woman with bad luck, and may be subject to humiliation or violence by family members (2004, p. 317).

These family problems, as well as suicide, are particularly common among young women who live in rural areas, are uneducated or under-educated, and are poor (Ahmadi, 2007, in Iran; Ahmed et al., 2004, in Bangladesh; Alaghenhbandan et al., 2011, in Iran; Aliverdinia &

Pridemore, 2009, in Iran; Altindag et al., 2005, in Turkey; Campbell & Guiao, 2004, for the Middle East and Central Asia; Coskun et al., 2013, in Turkey; Groohi et al., 2006, in Kurdistan, Iran; Hadi, 2005, in Bangladesh; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Othman, 2011, in Iraqi Kurdistan; Rezaeian, 2010, for the Middle East; Yusuf et al., 2000, in Bangladesh). For example, an Iranian study (Aliverdinia & Pridemore, 2009) found that female suicide rates were highest in provinces with low levels of urbanization, female education, and female labor-force participation. Also, as in the case of nonfatal suicidal behavior, marriage for Muslim women is a risk factor for rather than a protection against suicide (Khan & Reza, 2000, and Khan et al., 2009, in Pakistan; Yusuf et al., 2000, in Bangladesh).

For these reasons, Muslim women's suicide is increasingly related to their oppression and abuse within their families and societies (Ahmed et al., 2004; in Bangladesh; Alaghenhbandan et al., 2011, in Iran; Aliverdinia & Pridemore 2009, in Iran; Altindag et al., 2005, in Turkey; Campbell & Guiao, 2004, for the Middle East and Central Asia; Coskun et al., 2012, in Turkey; Groohi et al., 2006, in Kurdistan, Iran; Hadi, 2005, in Bangladesh; Hanna & Ahmad, 2013, in Iraqi Kurdistan; Lari et al., 2009, in Iran; Maghsoudi et al., 2004, in Iran; Othman, 2011, in Iraqi Kurdistan; Rezaeian, 2010, for the Middle East). For example, Altindag and colleagues reported that in a Southeastern-Turkey region where young women have higher suicide rates than young men, women are rarely allowed to leave the house, even for cultural activities, and "violence [against women] is common" in the family. Suicide then becomes "a means to escape from unbearable lives" (p. 480). Similarly, Alaghenhbandan and colleagues wrote that self-burning by Iranian young women is "a means of both escaping from intolerable conditions and speaking out against abuse" (2011, p. 168). As another example, the conclusion of a study of suicide by self-burning in Iraqi Kurdistan was that "suicide of women by self-burning must be explored in the broader context of the rights of women and their situation in the society" (Othman, 2011, p. 248). According to some scholars (Okasha & Okasha, 2009), in Muslim-majority societies a woman's suicide is viewed as an indirect admission of a moral failing, usually intended as a sexual transgression. Presuming guilt and shame where there is desperate defiance may be a way Muslim-majority societies attempt to obscure the social protest dimension of women's suicides.

Conclusion

Muslim women's suicide rates vary within and across Muslim-majority communities and countries. According to official national records, Muslim women have lower suicide rates than Muslim men. In some regions, however, Muslim women have significantly higher suicide rates than Muslim men. Across a diversity of Muslim-majority communities, suicide, particularly suicide by self-burning, seems to be a culturally scripted way for young women to protest against and end the deprivations and abuse they ex-

perience in their families and societies – with non-self-destructive means of exerting influence and obtaining change not being available to them.

Patterns, Contexts, and Meanings of Muslim Women's Martyrdom

Muslim women are not absent from the ranks of those who die by suicide as political martyrs, although they are a minority. The reasons for their rarity are likely multiple. First, there are Islam's restrictions on women's agency, particularly about their own body, their fate, and in the public sphere. Female political martyrs defy conventions of Muslim femininity. "Instead of remaining within the home space and remaining silent and hidden from society, women bombers implode themselves in the most public of ways … Instead of being nurturing and the object of violence, they … [kill and injure] not only themselves but also others … thereby objectifying others" (Rajan, 2011, p. 25). Another likely reason for women's rarity is the absence of positive narratives of female martyrdom. Female martyrs are trivialized, sexualized, and even vilified, rather than glorified (Perez Sedeño, 2012). For example, a frequent assumption is that women's martyrdom is instigated by personal problems rather than political ideals: Presumably, women who become political martyrs experienced or did something considered shameful (e.g., they had sex outside of marriage; they could not find a husband; they could not conceive a child; or they were sexually abused) and they turned to martyrdom as a means of redemption and escape from social disgrace (Gentry, 2011). Yet another reason for women's rarity among the political martyrs may be that the material compensations for the bereaved as well as the after-life incentives for the martyr are significantly less substantial for female than for male martyrs. For example, it has been reported that the family of a Palestinian female martyr receives half the compensation awarded to the family of a male martyr (Victor, 2003). It is also believed that male martyrs obtain special paradise rewards, including the sexual attention of 72 beautiful, dark-eyed virgins. By contrast, female martyrs, upon arrival in paradise, are believed to be made pretty, and, if unmarried, assigned a single husband to whom they have to be faithful (Cook, 2005; Rajan, 2011). Perhaps the negative narratives of women taking lives, their own and others', as warriors and martyrs, together with the unimpressive postmortem benefits of female martyrdom, are Muslim societies' attempts to suppress what is perceived as gender-transgressive and system-subversive behavior (Rajan, 2011).

Discussion

Suicidal behavior everywhere is culturally patterned, with its rates, forms, precipitants, typical scenarios, methods, meanings, and consequences varying across cultures, and at different historical times. In other words, there are different suicide scripts in different cultures (Canetto, 1997, 2008, 2009), including cultures that share important features, such as a religion.

This is also true of Muslim women's suicidality. As this review has shown, Muslim women's likelihood to engage in suicidal behaviors and the ways they do it (e.g., the methods they use) vary by community and region. This is not surprising, given that Islam is diverse, between and within Muslim-majority countries and communities, in its beliefs and practices – including beliefs and norms about women and men, and those about suicide. In fact, a limitation of the Muslim suicidality literature is that it does not consistently include information about the culture of the communities it focused on, or about the subjective experience of the suicidal individuals – making it difficult to develop a contextually grounded and psychologically nuanced understanding of Muslim suicidality.

At the same time, several themes emerge from studies of Muslim women's suicidality. One theme is that in Muslim-majority countries and communities, suicidal behavior, both nonfatal and fatal, is most common among women of reproductive age, and among women who are poor, uneducated, or under-educated. Another theme is that for Muslim women, social integration (the social binding to others) and social regulation (the normative demands that come with membership in a group) are often *risk* factors for suicidality – not protectors, as is typically the case for men in non-Muslim-majority societies. For example, being married (a form of social integration) is often associated with high levels of suicidal behavior, nonfatal and fatal, among Muslim women. Similarly, for Muslim women to be part of a Muslim community that enforces high levels of regulation of women's lives (as is more often the case in poor, rural communities) can be a risk factor for suicidality, nonfatal and fatal. While women's suicide rates in some Muslim-majority communities may not be as high as, for example, the suicide rates of men in non-Muslim-majorities countries, in some Muslim-majority communities women's rates are high relative to those of men in the same community. Yet another theme is that various forms of social and family oppression and violence are antecedents of women's nonfatal and fatal suicidal behavior in many Muslim-majority countries and communities. As stated by Maghsoudi and colleagues (2004), "research on [Muslim] women who have taken their lives shows that they have suffered degradation in the family" and in society (p. 219).

Taken together, these themes have been interpreted to suggest that, at least in some Muslim communities, suicidality is a culturally scripted way for women to escape from the oppression and abuse they endure within their families and societies. According to several scholars, this suicidality script fits Durkheim's fatalistic model. Durkheim defined fatalistic suicidal behavior as that which results "from excessive regulation, that of persons with futures pitilessly blocked and passions violently chocked by oppressive discipline" (1951, p. 276). Within this model, Muslim women's suicidality is a response to thwarted individuation under conditions of suffocating social regulation (Aliverdinia & Pridemore, 2009, Maghsoudi et al., 2004, and Rezaie et

al., 2014, based on research with Iranian women; Coskun et al., 2012, based on research with Turkish women; Dabbagh, 2004, 2012, based on research with Palestinian women; Haarr, 2010, based on research with Tajik women; van Bergen et al., 2009, based on research with immigrant women of Moroccan and Turkish origin in The Netherlands). Some scholars (Billaud, 2012; Dabbagh, 2004), however, contend that Muslim women's suicidality is not fully accounted for by the fatalistic script. Together with the hopelessness of fatalism, Muslim women's suicidality includes dimensions of heroic protest and defiant rebellion, they argue. By inflicting violence upon themselves and gambling with death, Muslim women both reinforce and subvert dominant feminine scripts of suffering and passivity, self-effacement and submission, wrote Billaud, whose research was conducted in Kabul, Afghanistan. "The highly visible and public dimension of the act" is, according to Billaud, both "a reminder of the potential danger of women's 'uncontrollable nature' and … a means for women to communicate their discontent by creating public scandal revealing secrets supposed to be kept within the family" (p. 269). Granted, suicide is not unequivocally powerful behavior. After all, in a suicidal act, power is exerted and awe is generated via self-destruction, or its potential. Ultimately, many Muslim women resort to suicide because non-self-destructive means of exerting influence and obtaining change are not available to them (see Counts' [1980] studies of suicide among the women of Kaliai, Papua New Guinea, for a similar script). As noted by Bourdieu, the weapons of the weak are weak weapons (2001, p. 32). Still, suicide is a relatively strong stance taken by women in societies where women's self-determination and agency are severely restricted. It is probably because of its undeniably subversive connotation that Muslim societies put much effort in containing and disguising female suicidality.

The Prevention of Muslim Women's Suicidality

In the literature on Muslim women's suicidality it is generally recognized that Muslim women's suicidality is not simply a private act or a symptom of a mental disorder, but a social phenomenon requiring a social response (e.g., Ahmed et al., 2004; Ali et al., 2013; Aliverdinia & Pridemore, 2009; Campbell & Guiao, 2004; Dabbagh, 2004, 2012; Devries et al., 2011; Groohi et al., 2006; Haarr, 2010; Hanna & Ahmad, 2013; Maghsoudi et al., 2004; Rasool & Payton, 2014; Rezaeian, 2010; Rezaie, & Schwebel, 2012; Rezaie et al., 2014; van Bergen et al., 2009). A recurring Muslim female script is that of suicidality as a response to thwarted individuation and to abuse within the family and in society in the absence of other possibilities for self-determination and recourse.

There is also growing consensus in this literature that the oppression and abuse endured by many Muslim women in their families and communities (oppression and abuse that are implicated in suicidal behavior and in a host of physical and mental problems) are first and foremost human rights violations (e.g., Ahmed et al.,

2004: Alaghehbandan et al., 2011; Ali et al., 2013; Aliverdinia & Pridemore, 2009; Campbell & Guiao, 2004; Devries et al., 2011; Douki et al., 2007; Groohi et al., 2006; Hanna & Ahmad, 2013; Rasool & Payton, 2014; Rezaeian, 2010). Therefore, it is generally recommended that interventions on behalf of women, suicidal and not, who live in communities where their human rights are violated, aim first at upholding women's rights (including their right to safety, education, freedom of movement, free consent in marriage, and paid work). A human rights lens in suicidality prevention is viewed as critical to avoid medicalizing Muslim women's suicidality and reducing it to a mental disorder. Some authors have made specific suggestions to ensure a human rights focus in the prevention of Muslim women's suicidality. For example, at the end of a literature review of suicidal behavior among young Middle Eastern Muslim women, Rezaeian (2010) urged Muslim societies to commit to equal educational, economic, and social rights and opportunities for women and men, consistent with "Islamic values rather than traditional customs" (p. 40). Rezaeian also argued that "recognizing the rights of females, tackling illiteracy among both males and females, prohibiting forced child marriage, providing economic and social support especially for young females" are a human rights priority *and* a suicide prevention strategy in Muslim societies (p. 40). Similarly, Aliverdinia and Pridemore (2009), Groohi and colleagues (2006), Maghsoudi and colleagues (2004), as well as Rad and colleagues (2012) recommended expanding Iranian women's access to education and paid employment as a way to support their emancipation from patriarchal oppression and also boost their protection against suicidal behavior. The strong association, among Muslim women, of suicidality and experiences of abuse within the family, together with the evidence on the role of violence in women's suicidality across a diversity of communities around the world (see, e.g., Devries et al., 2011), point to the necessity of prioritizing violence prevention in human rights initiatives and in suicide prevention strategies targeting women.

In conclusion, this review has documented a unique script of Muslim women's suicidality across several regions of the Muslim world, that is, *suicidality as a desperate way to protest against, and escape from family and social oppression and abuse*. These oppression and abuse are first and foremost human rights violations, with suicidality being one of their many negative consequences. Therefore, at least in the regions of the Muslim world where this script is present, the prevention of Muslim women's suicidality requires attention to human rights violations as well as consideration of the systems and values contributing to suicidality being some women's only way out of family and social oppression and abuse.

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