

DYING TO BE HEARD



**Self-Immolation of Women in Afghanistan
Findings of a Research Project
By medica mondiale 2006-2007**

ACKNOWLEDGMENTS 7

ACRONYMS 8

MEDICA MONDIALE- BACKGROUND AND HISTORY 9

EXECUTIVE SUMMARY 10

1. INTRODUCTION 16

1.1. OBJECTIVES	16
1.2. METHODOLOGY	16
1.3. SELECTION OF THE RESEARCH PROVINCES AND LOCATIONS	17
1.4. RESEARCH ETHICS AND METHODS	17
1.5. SELECTION OF RESPONDENTS	18
1.6. LIMITATIONS	18

2. BACKGROUND 19

2.1. SUICIDE	19
Graph 2.1.2: Distribution of suicide rates by gender and age	20
2.2. SELF-IMMOLATION	21
2.3. VIOLENCE AGAINST WOMEN	22
Table 2.3.1. – Cycles of Violence	23
2.4. VIOLENCE AGAINST WOMEN IN AFGHANISTAN	23
2.4.1. Post-Taliban	25
2.5. THE DEVELOPMENT OF WOMEN’S RIGHTS IN AFGHANISTAN	26

3. GENERAL FINDINGS 29

3.1. CULTURE OF VIOLENCE	29
---------------------------------	-----------

TABLE OF CONTENTS

3.2. TRADITIONAL PRACTICES AND CULTURE	30
3.3. COLLUSION OF SILENCE	30
3.4. THE RULE OF LAW	31
3.5. POVERTY AND INSECURITY	32

4.COMPARATIVE RESULTS AND FINDINGS. 33

4.1. INTRODUCTION	33
4.2. SUMMARY OF COMPARATIVE RESULTS AND FINDINGS	33
4.3. PROFILE OF THOSE UNDERTAKING THIS ACT.	34

5. FINDINGS AMONGST THE RESPONDENTS 36

Graph 5.0. Causes of Self-immolation according to Respondents	36
5.1. COLLUSION OF SILENCE	36
5.2. THE DOCTRINE OF WOMEN’S RIGHTS	37
5.3 LEVEL OF EDUCATION	37
5.4. THE ROLE OF THE MEDIA	38
5.5. ILLEGAL MARRIAGES	39
5.5.1 Forced and child marriages	39
5.5.2. In Shariah Law	39
5.5.3. Marriage Age in international law	39
5.5.4. Exchange of girls – baad and badal	40
5.6. IN-LAW VIOLENCE	40
5.7. PREGNANCY BEFORE MARRIAGE	41
5.8. POLYGAMY	41
5.9. LIES THAT RESULT IN LOSS OF HONOUR AND LACK OF FAMILY SUPPORT	41

6. PRELIMINARY FINDINGS42

6.1. NUMBER OF RECORDED CASES	42
--------------------------------------	-----------

TABLE OF CONTENTS

Graph 6.1.1: Number of Cases of women who committed self immolation registered in hospital per province since 2003	42
Graph 6.1.2: Female cases recorded in Esteqlal Hospital – Kabul in 2006/2005	43
Graph 6.1.4: Number of recorded cases from 2003 – 2006 in Herat	44
Graph 6.1.5: Number of recorded cases from 2000 – 2006 in Wardak	44

6.2. METHODS OF SELF-IMMOLATION 44

6.3. DEATH RATE 44

Graph 6.3.1. Percentage of Death according to the level of burns	45
--	----

6.4. CALCULATION OF PERCENTAGE OF BURNS ON THE HUMAN BODY 45

6.4.1. Lund Browder Chart -Relative Percentage of Body Surface Area Affected by Growth	46
--	----

Table 6.4.2: Wallace “rule of nines”	46
--------------------------------------	----

7. LITERACY LEVELS 48

Table 7.1.1. Literacy Levels	48
------------------------------	----

Graph 7.1.2: Levels of Literacy amongst women who committed self-immolation	48
---	----

Table 7.1.3: Level of Literacy and percentage of burns	48
--	----

Graph 7.1.4: Correlation between level of literacy and percentage of burns in Herat	49
---	----

8. AGE OF THOSE WHO COMMIT SELF IMMOLATION 50

Table 8.1.1: No of cases recorded per age and the percentage of burns they sustained	50
--	----

Graph 8.2.1. Age group most prone to sustain a certain percentage of burns in Kabul and Herat	52
---	----

Graph 8.2.3 Correlation between age and percentage of burns in Kabul 2006	53
---	----

Graph 8.2.4.: Correlation between age and percentage of burns in Wardak 2000-2006	54
---	----

9. SELF-IMMOLATION AMONGST MEN 57

9.2. DEATH RATES AMONGST MEN AND WOMEN 58

Graph 9.2.1: Percentage of females v males who died of self-immolation	59
--	----

Graph 9.2.2: Comparative percentage of burns female/ male 2006/2005	59
---	----

10. CASE STUDIES - CAUSES OF SELF-IMMOLATION 60

11. CONCLUSIONS 67

11.1. MAIN CAUSES OF SELF-IMMOLATION	67
--------------------------------------	----

11.2. UNDERLYING FACTORS	68
--------------------------	----

12. RECOMMENDATIONS 72

13. APPENDICES 75

Appendix I: International framework that addresses Violence against women	75
Appendix II: Data received from UNAMA regarding suicide and burn cases between January 5 – November 10 2005- between November 5 2005 and March 16 2006 between March 16 – June 6, 2006 and between June 16 to September 1 2006 in Kandahar registered with the Mirwais hospital.	76
Appendix III: Data of burn and self-immolation patients – January – July 2006 provided by the Burns Unit - Esteqlal hospital	77
Appendix IV: Data of burn and self-immolation patients for 2005 provided by the Burns Unit - Esteqlal hospital	78
Appendix V: Herat Province. Data collected on self-immolation	79
Appendix VI: – Wardak province. Data collected on burn and self-immolation cases	79
Appendix VII –Research Consent Form	80
RESEARCH CONSENT FORM	80
Appendix VII: Registration form for self immolation cases – medica mondiale	82
Appendix VII: Cross-Section of Afghan citizens that participated in the research	83

REFERENCES 84

Dying to be Heard

“I was first introduced to the Burn Unit at the Herat Hospital by female officers working at the Family Response Unit in Herat. The idea that young women would set themselves on fire because they were so hopeless about life horrified me, as it would anyone. There is always the possibility that some of these young women did not actually set themselves on fire, but were set aflame by a family member, which is even more horrifying to me. Young women, I am told, are driven to such actions, or suffer these crimes against them, as a result of marrying too young, or being forced into marriage to pay a debt, or settle a score, or even to obtain cash to buy food for the rest of the family. If they protest, they risk punishment and humiliation. Their humanity is lost, so it becomes conceivable, *almost*, that they might resort to setting themselves on fire, as a form of rejection. Some of the young women I observed in the hospital were not really women at all, but barely pubescent girls. Some were only partially burned and recovering, while a few others had most of their body burned, and were wrapped in blankets, their eyes crazed with pain, waiting to die.”

Melinda Lord, an attorney working in Herat, Afghanistan

ACKNOWLEDGMENTS

medica mondiale acknowledges that violence against women is endemic in Afghan society and recognises the suffering and pain of all those who have endured violence in this context. medica mondiale dedicates this report to all those women and girls and hopes that the outcome of this report will contribute to an end to their suffering and that justice will finally prevail.

We want to thank all those who participated in the research including the health professionals from hospitals and clinics, the schools and teachers, the Mullahs, the Village and District leaders, the Governors, Ministry of Inner Affairs staff including police districts and Commanders and their different divisions, the survivors and their families, the relatives of victims, the Shuras, DoWAs, the AIHRC personnel from different offices, national and international civil society organizations, United Nations agencies and private Afghan citizens.

The Afghan Ministry of Women's Affairs for their support to this work.

The Afghan Ministry of Health for their support and advice .

AREU – for their contribution to the discussions and to the training of the researchers.

UNFPA – for the funding for this research.

Without the courage and commitment of the two teams of researchers – Jamila Wafa, Soodaba Khasrawi, Sohaila Hakimi and Nabila Wafeq, Said Hafizullah Hashimi, Farid Ahmad Fazli, Dr Wahid Razi and Abdul-Hadi Sadat, the research could not have been conducted and completed.

We would like to acknowledge all those other individuals and organizations that have contributed to this report, many of whose names, for different reasons - cannot be listed.

A special thank goes to Nabila Wafeq, project assistant of medica mondiale's Women's Rights and Political Lobby programme in Kabul who has worked on the framework and performance of the research.

Ms Ancil Adrian-Paul was responsible for the design and the tireless performance of the whole research project. She and Charlemagne Gomez, Women's Rights and Political Lobby project managers, in Afghanistan co-wrote and co-edited the report. Final editing was carried out by Selmin Caliskan, responsible for Women's Rights and Political Lobby in the German Headquarters, in Cologne. The report was translated into Dari by Zabiullah Ziarmal.

ACRONYMS

AIHRC	Afghanistan Independent Human Rights Commission
AREU	Afghanistan Research and Evaluation Unit
CEDAW	Convention for Elimination of Discrimination against Women
DoWAs	Department of Women's Affairs (provinces)
HDI	Human Development Index
INGOs	International non-governmental organizations
IRIN	Integrated regional Information Networks
ISAF	International Security Force in Afghanistan
LNGOs	Local non-governmental organizations
MOI	Ministry of the Interior
NGO	Non-governmental organizations
OPD	Outpatient Department
RAWA	Revolutionary Association of Women of Afghanistan
UN	United Nations
UNAMA	United Nations Assistance Mission for Afghanistan
UNFPA	United Nations Fund for Population and Development
UNGASS	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UN INSTRAW	United Nations International Research and Training Institute for the Advancement of Women
VAW	Violence against Women
WHO	World Health Organization

MEDICA MONDIALE- Background and History

medica mondiale, is a German-based international non-governmental organization working on the medical, psychosocial and legal aspects of violence against women in Afghanistan since 2002. In this respect, medica mondiale has 5 components to its work that provides direct services including training to women at risk and those that are traumatized. They include a legal aid project, a psycho-social project, support to women and girls at risk in shelters, an exiled-Afghan doctor’s assistance project to Afghan hospitals, and a women’s rights and lobby project. These components and the services that are provided are explained in the table below:

Services provided by medica mondiale in Afghanistan

1. Legal Aid Fund Project (Kabul, Herat, Mazar-i-Sharif and Kandahar)	Training to defence lawyers; legal assessment and representation of women, mediation for women released from prisons and follow-up for such women and girls
2. Psycho-social Project (Kabul – Herat)	Counselling to traumatised women in individual as well as group sessions, counselling to women and girls in prisons, target districts and in the women’s garden. Capacity-building to psychologists, other social workers and health professionals on trauma work and how to utilize a trauma and gender sensitive approach
3. Support to shelters housing women and girls at risk (Mazar-i-Sharif and Kabul)	Capacity-building of representatives of key institutions that provide direct services to women and girls at risk (Ministry of Women Affairs – MOWA, DOWA), the police, community and grassroots structures among others.
4. Doctorane Omed (Kabul, Herat)	German exiled Afghan doctors provide a service to medical personnel in Afghan hospitals using a gender based and trauma sensitive approach. Doctors spend between 1-3 months in selected hospitals
5. Women’s Rights and Lobby Project	Cross-cuts all other components identifying and highlighting issues emerging from medica mondiale’s other projects. Raises awareness on key issues relating to violence against women through qualitative and quantitative research, advocacy and lobbying and the provision of training on international human rights legislation for the protection of women and girls to selected government structures, district and community structures (including mullahs) family structures and local NGOs when requested.

EXECUTIVE SUMMARY

Since the ousting of the Taliban Regime from the Government in 2001, Afghanistan has undertaken various initiatives to support women's development, to improve the status of women and to recognise women's health and human rights. These initiatives include the signing of CEDAW, the Millenium Declaration (to improve women's development and reduce maternal mortality), and the Protocol on the Elimination of Forced and Child Marriage, as well as other important international human right instruments. Also included is ratification of the Afghan Constitution which for the first time recognizes equality of female and male citizens of the country under law. Women now constitute 27% of the parliament, and the new government has created a Ministry of Women's Affairs, which in turn has developed a special task force on violence against women in Afghanistan. In the context of these initiatives and developments, Afghanistan has never been better poised to contend with the issue of Gender Based Violence (GBV).

Despite these inroads in human rights and the recognition of the existence of women's rights in Afghanistan, GBV is still considered to be pervasive. The optimism surrounding the end of the Taliban regime and the hopes enshrined in the hearts of many are steadily being dampened and women's rights are still being relegated to the backburner in the name of culture and tradition. Women are still deemed to be the repositories of culture and girls as young as two years old are committed to marriage as a means of settlement of a male family member's debt. The majority of females (57%) are married before the legal age of 16 and up to 80% of marriages are forced. Women and girls are considered to be a mere commodity and those girls who endeavour to escape a plight of control and inequality inevitably result in being imprisoned by the state for the crime of Zina, or are ostracised by her family for alleged dishonour and non respect for Afghan tradition. Girls and women who believed that with the introduction of international norms to regulate the recognition of their inalienable human right to be free from violence inexorably find themselves in the same position as 6 years ago- under Taliban rule, and worse still, feel that despite all the initiatives by the government, renewed and enacted policies and laws are merely symbolic and do nothing to affect their reality of disproportionately suffering because of their gender.

This extinguishing hope and the lack of alternatives offered to women and girls who are suffering some form of gender based violence may explain an increasing phenomenon recently seen in the country, that of women and girls' self-immolation. Self-immolation is the act of burning oneself with the aim of committing suicide. In 2004, a government delegation was sent to the province of Herat in order to ascertain the reasons behind the increase in this phenomenon. Work has also followed on from AIHRC and UNAMA who are currently documenting and analysing cases of self-immolation across the country. All three organisations have separately found that forced marriage, child marriage, marriage to men with other wives, family violence (from husbands, parents or in-laws), and bride price are common in cases of self-immolation.

In 2006, medica mondiale, a German NGO with an office in Afghanistan dedicated to support women and girls afflicted by violence in conflict areas, was asked to conduct research, to identify documented numbers of self-immolation cases, and to determine via

EXECUTIVE SUMMARY

case study analysis *why* self-immolation occurs. A team of 8 locally recruited trained research staff carried out research in three provinces, Kabul, Wardak and Herat and contacted hospitals in the recruitment area to identify and count self-immolation cases for the period of study and conducted in-depth interviews survivors or their families for interviews, identified from the hospital cases. Key informant interviews were also obtained from community and religious leaders, health care providers, researchers and activists working on issues of women.

As is to be expected in a country which has one of the highest maternal mortality rates in the world, and where access to health is a luxury for the few, local hospitals are often ill-equipped, lacking the medical apparatus, expertise and medications necessary to deal with burns covering more than 10% of the body. Those who sustain substantial burns, an indicator of self-immolation, are sent to a central hospital in the capital of a province; hence, for the purposes of this study, researchers obtained the self-immolation records from these central hospitals in each respective area. At each hospital, burn cases from 2005-2006 were reviewed; cases were identified as self-immolation if burns were non-localized and indicated a pattern indicative of self-infliction. Identified self-immolation cases involving females were followed up via contacts with victims who survived and/or their family aware of the incident. These individuals were then recruited to participate in 90-120 minute interviews asking about the victim, her family situation and the incident in which the immolation occurred. Qualitative data collected were reviewed and coded to indicate main themes, including poverty, gender-based violence, family conflict or disputes, and migration. Qualitative data were able to be obtained for all cases identified via the hospital reviews. This study was approved by the Institutional Review Board of the Afghanistan Ministry of Health.

Review of medical records identified 77 cases of women's self-immolation in Kabul (35 cases), Herat (37 cases) and Wardak (5 cases)¹, from 2005-2006. Although self-immolation cases with men were identified in this review, such cases were far more common among females. In Kabul the ratio of female to male cases was 3:1; in Herat 37:1, and in Wardak there were no male cases of self immolation recorded. Female self-immolation cases identified involved predominantly (80%) married females, age 12 to 35 years.² Those aged 16-19 years constituted the majority (55%) of victims, commonly incurring more than 70% burns to their body. The vast majority of cases identified (95%) involved women who were illiterate, and the majority of cases identified (80%) resulted in the victim's death. Notably, reported cases are on the rise as a whole, with substantially more cases having been reported toward the end of the data collection period.

Many of the key respondents identified that the act of self-immolation is committed in the life context of gender-based disempowerment. Largely, cases were characterized by forced marriage or engagement (29%), abuse from husbands or in-laws (40%), and child marriage (30%), or a combination of all three. Key informants additionally reported that they believed self-immolation and gender based violence were a consequence of

¹ 5 cases were recorded for the years 2000 – 2006.

² The majority of these women had married before the age of 18.

EXECUTIVE SUMMARY

women's demands for control, specifying that women receipt of greater rights under the new Karzai government are resulting in their increased demands, provoking the violence against them. Self-immolation was viewed by these key informants as an illegal and horrific practice as a way to demonstrate their defiance against their self-induced victimization from GBV.

These victim-blaming attitudes only heighten the necessity for the Afghan Government and the international community to ensure respect and adherence to the promises and declarations given by the Afghan government in recent years to reduce and eventually eliminate the pervasive violence that women are still enduring in Afghan society today. These symbolic gestures are not enough to alleviate the pain suffered by thousands of women; nor are these gestures alone able to address the women's development, health and human rights in a country which still bears scars from nearly 3 decades of conflict. Like most post conflict countries, violence has become normalised, and tradition and culture aid to maintain the acceptance of violence which mainly happens in the private sphere. In the context of Afghanistan, however, due to the social and policy sanctioning of GBV under Taliban rule, women bear the burden of this potentially escalated intimate violence, in the context of maintained reduced status.

Women in Afghanistan typically live less than their male counterparts and depending on the region, over 70% of women are unable to access adequate medical care. The rates of maternal mortality are the one of the highest in the world and girls are half as likely as boys to attend primary school and one sixth as likely to attend secondary school. The vast majority of adult women (85%) are illiterate. Although this lack of access to human rights for women can be attached to Afghanistan's positioning in the human development index, this deficiency falls disproportionately on the shoulders of the girls and women. These lacunae are supported by symbolic gestures by the government, lack of adherence to international and domestic law and the maintaining of cultural and societal norms which violate international laws. If women were allowed their human rights, they would be able to become active holders of these rights instead of passive recipients of their discretionary benefits. Theoretically, states are bound by international instruments to uphold their obligations – and they are required to take steps to respect, protect and promote human rights. In practice, it appears Afghanistan may be continuing to fall short.

Overall this research demonstrates that, despite great strides in the Afghan government's efforts to address women's development and reduce GBV, there is a need for reinforcement of the policies agreed upon by the government. Furthermore, honour and ingrained culture encourage the normalization of GBV in Afghan Society; hence, rhetoric needs to be translated into reality and culture must be supported to recognize those aspects of it that speak against the degradation of women. Self-immolation in Afghanistan, as well as other related gender-based violence against women and girls, will continue to go unchecked unless the newly established and agreed upon international and domestic laws are recognized and adhered to within the country. Until this is done, the commitment by the Afghan government to these women and girls is merely symbolic, and women will continue to passively resist their invalidated circumstances via mechanisms like self-immolation.

EXECUTIVE SUMMARY

The main conclusions from the report were:

- ❖ Self Immolation is more prevalent among women than men. In Kabul a correlation was found 3:1 and in Herat 37:1 and in Wardak there were no male cases of self immolation recorded.
- ❖ Women commit self-immolation in response to violence against their person in all its forms.
- ❖ Self-immolation is present in all three provinces, and on the increase in Kabul and Herat.
- ❖ During the research Herat has the highest incidence of recorded cases, followed by Kabul and then Wardak.
- ❖ Herat is more open to talking about the phenomenon; in Kabul and Wardak a collusion of silence surrounds the issue.
- ❖ Young girls between the ages of 12-15 in Kabul are more prone to alleged accidents in the kitchen than any other age group.
- ❖ Young girls between the ages of 16-19 in Kabul, Wardak and Herat are more prone to commit self-immolation than any other age group.
- ❖ Young girls between the ages of 16-19 in Kabul are more likely to sustain more than 70% burns than any other group, and in Herat women between 26-50 are more prone.
- ❖ 95% of cases of self-immolation were committed by women who were illiterate or had little education. The remaining 5% of cases, however, were probably due to accidents rather than attempts of self-immolation.
- ❖ Nearly 80% of those who committed self-immolation were married.
- ❖ The mean age of single women committing self-immolation was 14.
- ❖ The total mean age of women committing self-immolation was 19.
- ❖ The most frequent reason for committing self-immolation emanates from forced or child marriage.

To this end, medica mondiale recommends the following to the ministries:

- **The Afghan Government is falling short of their commitment to gender equality and should promote the integration of women at all governmental levels immediately.**
- **The registration of marriage campaign was launched by medica mondiale Afghanistan and the Government on the 7th March – follow up should be made of this campaign. It is recommended that registration of marriage should be obligatory. Any person who does not register their marriage or is found to have an illegal marriage should be subject to legal prosecution. Illegal marriages may include child marriage, forced marriage or a marriage using Bad or Badal or any other marriage which is contrary to the law or to Islamic Beliefs. Already existing**

EXECUTIVE SUMMARY

laws should be adhered to and where necessary laws should be updated or introduced to combat these issues.

Ministries

The Ministry of Women's Affairs

- Ministry of Women's Affairs should be supported and their work should be encouraged on all levels. They should organise a nationwide public awareness programme on violence against women and the consequences thereof. Special attention should be made for women who are contemplating suicide due to violence and be able to seek help amongst local leaders, at health facilities or amongst their family members. Special workshops should be held for male and female and mixed shuras to equip them with the knowledge on how to talk and deal with violence against women and how to prevent them from committing suicide.

The Ministry of Education and Ministry of Higher Education

- The Ministry of Education must ensure that Millennium Development Goals, are met and that girls are encouraged to attend schools. Efforts should be made to ensure safety training of female teachers.
- Teachers at all educational levels should be trained on how to recognise violence within the home and should encourage children and young adults to talk about their problems at home and within the community.
- The Ministry of Education should develop a curriculum on human rights education and the principle of equality enshrined in Islam to be implemented at different levels of schooling.

The Ministry of Hajj

- Mullahs should give information on how to prevent and reduce violence against women in the home and talk of the consequences of not stopping this violence.

The Ministry of Health

- Establish psychological treatment centres in hospitals and in clinics, so that patients and family can talk about their problems. These should be especially prominent in burns unit but also maternity wards, and genealogical wards. Doctors and psychologists should be able to recognise signs of violence and also post traumatic stress and deal with these accordingly
- The system of registration in hospitals should be more efficient, which should note down the cause of the injury and in the example of burns cases, whether it is a suspected case of self-immolation.

EXECUTIVE SUMMARY

The Ministry of Interior

Women represent less than 1% of employees in the police. There are only 233 police women in Afghanistan. The majority of these are tasked to search and not deal with crime especially with those against women.

- **A nationwide campaign should be launched to attract more women into the police service and the women already in the police should be trained in order to deal with domestic violence.**
- **Family Response Units should be strengthened and more specialised training should be given in order to deal more efficiently with violence against women and its consequences.**

1. INTRODUCTION

1. INTRODUCTION

1. The UN Special Rapporteur on Violence Against Women, Professor Dr. Ertürk stated that Afghanistan faces perhaps the most daunting challenge in terms of women's rights. She says poverty, lack of education, and the damage left by decades of conflict are often cited as the prime causes for the current situation in Afghanistan. AIHRC states that up to 80% of marriages are forced. Against this backdrop of violence, an increasing amount of women are endeavouring to escape the endemic violence in Afghanistan by committing suicide. The trend amongst a growing number of Afghan women is committing suicide by self-immolation. In 2004 a government delegation was sent to Herat in order to investigate the causes of self-immolation, where the practice was most prevalent. The delegation concluded that self-immolation was due to forced marriages and the violence many women faced.

2. Three years on self-immolation is on the rise, with indications that figures in Herat are being surpassed by Kandahar. The issue was first discussed with national and international non-governmental organizations, medica mondiale's staff both at headquarters and in Kabul, with UN agencies – especially UNFPA, and with the Ministry of Women's Affairs. Cognizant of medica mondiale's service provision as well as lobbying and advocacy activities for women's rights in Afghanistan, the organizations with whom the ideas were consulted agreed that a systematic research project on self-immolation was necessary. UNFPA – a key funder of the Ministry of Women's Affairs was keen to fund the research project as a contribution to supporting the work plan agreed for the Ministry.

The research had the following objectives:-

1.1. OBJECTIVES

- ✚ To conduct a three month research in 3 provinces that would lead to a better understanding of the issues underlying the practice of self-immolation among young women in Afghanistan.
- ✚ To collect statistics that provide a clear understanding of the prevalence of the practice, its causes and effects and factors that perpetuate the practice.
- ✚ To ascertain if – as if suggested – self immolation takes place across other provinces than Herat.
- ✚ To elicit recommendations for its effective and systematic address.

1.2. METHODOLOGY

3. Due to the collusion of silence surrounding the issue of self-immolation, the different level of accessible information between the provinces, official records and the general delicate nature of the issue, medica mondiale geared its focus on a **qualitative** research project as the statistics collected for a quantitative study proved to be problematic. Thus,

1. INTRODUCTION

while the research team sought supporting statistics where they were able to collect these, the primary aim of the research was to understand *why* self-immolation is taking place and how best to address the practice.

4. Medica Mondiale contracted 8 researchers (4 females and 4 males) to conduct research in the provinces of Kabul, Wardak and Herat. Researchers were selected for their research experience and were subsequently trained in different types of research methodology as well as how to conduct ethical research that harms neither themselves nor the respondents. At different periods they were provided training by medica mondiale's trauma team on trauma and how to deal with it and most importantly, how to protect themselves from the trauma that they could face as a result of conducting the self-immolation research.

5. Recognizing the difficulties that the researchers would face and also with respect for Afghanistan's Islamic culture we divided the 8 researchers into two teams of 4 people – 2 men and 2 women each, so that men could focus on men and women on women. One team conducted the research in Kabul and Wardak while the second team focused on Herat.

1.3. SELECTION OF THE RESEARCH PROVINCES AND LOCATIONS

6. As was mentioned above, three provinces were chosen for this research. Kabul was chosen because it is the capital city of Afghanistan. Four urban and four rural districts as well as central Kabul were selected. The research here aimed to examine what was happening in each geographical location, and ascertain if self-immolation was more prevalent among the educated or the illiterate populations.

7. Wardak province was chosen for its proximity to Kabul, it's predominantly Pashtun population and the fact that it is densely populated. The capital of this province was chosen along with two other districts – one North and one South.

8. Herat province was chosen because the incidence of self-immolation is high. Desk research conducted on self-immolation resulted in numerous newspaper and other reports on the phenomenon in the province. Two remote districts and 10 urban areas of Herat city were chosen to avoid duplication as other organisations were at the same time, also conducting research. As far as possible we wanted to ensure coverage of as many districts in the province. However, this was hindered by chronic insecurity in some of the districts most well-known for self-immolation cases.

1.4. RESEARCH ETHICS AND METHODS

9. The research was carried out using *semi-structured interviews and focus Group Discussions* - to check information previously collected from respondents and also to observe how the group discussed the issue among themselves and *Direct Observations supplemented by the other research methods*. However, in order to eliminate bias, several visits were made to households and individuals at different periods during the research to

1. INTRODUCTION

check on the information that was provided and to further build trust between the interviewees and the researchers.

1.5. SELECTION OF RESPONDENTS

10. The researchers were provided with letters of introduction by the Ministry of Women's Affairs, the Ministry of the Interior, the Ministry of Public Health and *medica mondiale*. With these documents they were able to secure additional letters of introduction from the Governors of provinces to the Maliks and Arbabs of districts and villages who were able to advise them (once trust had been established) as to where to find cases of self-immolation and the addresses of survivors or the relatives of such individuals.

11. Across the 3 provinces – 190 households and 900 respondents participated in the research. Of these, 80 households in Kabul, 80 households in Herat province and 30 households were targeted in Wardak, The respondents included survivors and members of their immediate families, relatives and friends as well as the families and relatives of those who had died from self-immolation. Mullahs, officials from the Ministry of Hajj, provincial representatives, Shuras, teachers, shopkeepers, Ministry of Education officials, commanders, Arbabs and Maliks, the Ministry of Women's Affairs and Kabul DoWA offices, health personnel from hospitals and clinics as well as the Governor, the Ministry of the Interior officials, national and international civil society organizations mullahs and AIHRC officials.

1.6. LIMITATIONS

12. The research was challenging both culturally and methodologically. It was difficult financially, logistically and security-wise. The researchers encountered a number of challenges that they had to address – including pervasive insecurity, intimidation by warlords and various militias; lack of trust in foreign organizations and consequent reluctance to provide information; negative reactions to working women; difficulties in accessing the exact addresses of victims/survivors of suicide and self-immolation; the reluctance of some women to engage in the discussions and a general collusion of silence regarding self-immolation and suicide cases due to shame, stigma, loss of status, perceived loss of honour- but also the fear of legal prosecution. In addition, in the hospitals, lack of adequate systems for recording often led to incorrect recording of burns and the collating of accidental and homicide cases together with cases of true self-immolation.

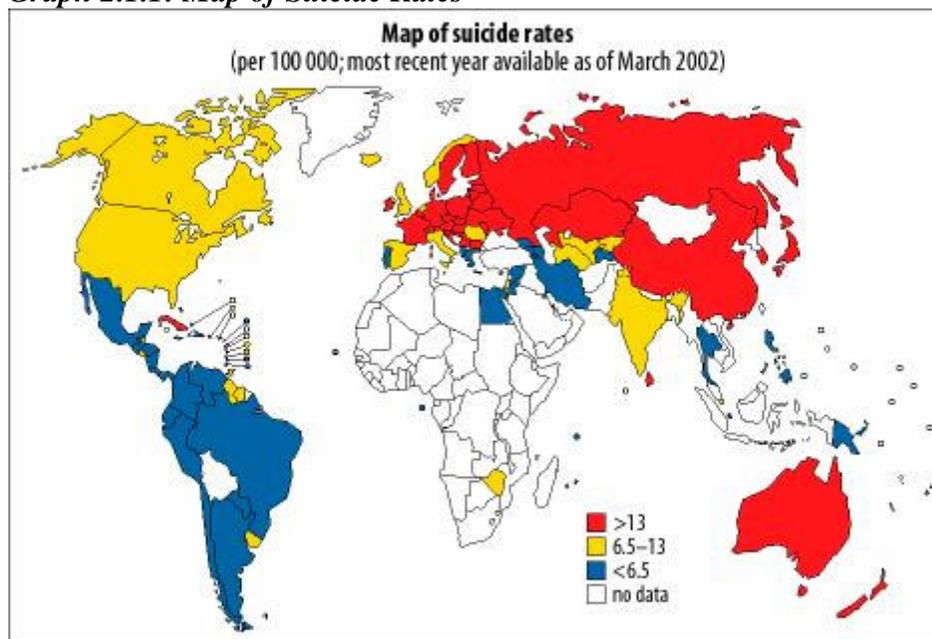
2. BACKGROUND

2.1. SUICIDE

Suicide is not chosen - it happens when pain exceeds the resources for coping with pain - [Quote From `If You're Thinking About Suicide...Read This First`]³

13. The last 45 years have been witness to a 60% increase in suicide rates worldwide. Where suicide rates have traditionally been highest amongst the elderly male population, rates of young suicide have been steadily increasing to become amongst the three leading causes of death for those in the 15-44 age bracket (both sexes). While mental disorders (particularly those brought on by depression and/or substance abuse) are associated with more than 90% of suicide cases, suicide is normally a result of complex socio-cultural factors and is more likely to occur during periods of socio-economic, family and individual crisis.⁴

Graph 2.1.1: Map of Suicide Rates



Source: World Health Organisation

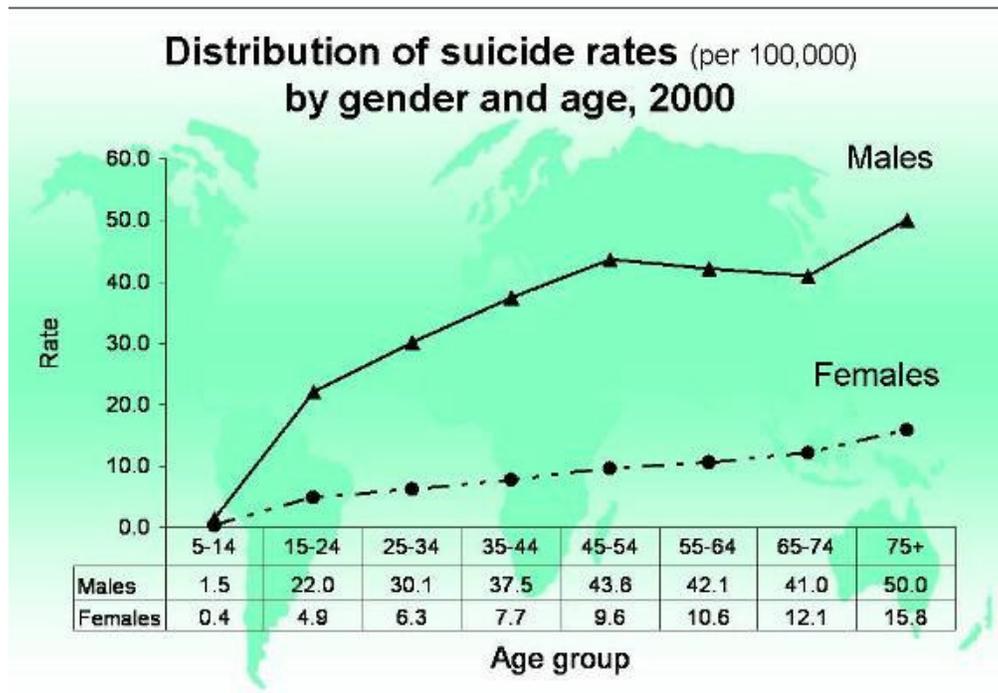
14. Nevertheless, reliable statistics for suicide do not exist and the socio-cultural factors are rarely, if ever, examined. Many countries choose to record suicide deaths as ‘accidental’ or caused by ‘mental health problems,’ and loved ones often hide the true cause of death over fear of the stigma and shame attached to the act. This lack of reliable statistics serves to further undermine an understanding of the underlying causes of suicide and the reasons for the increasing frequency of suicide. This increase in completed suicides is also accompanied by many more attempts at suicide. For every successful suicide there are 15-20 attempts to commit suicide. Global statistics indicate that while

³ <http://www.metanoia.org/suicide/>

⁴ Source – World Health Organisation

men are more likely to die by suicide - currently the worldwide correlation is 3-1, females are more likely to attempt suicide. One explanation is that males tend to use more violent, immediately lethal methods than females. Another is that females are more likely to use self-harm as a cry for help or attention while males are more likely to genuinely want to end their lives.

Graph 2.1.2: Distribution of suicide rates by gender and age



Worldwide Statistics on Suicide – World Health Organisation

15. The worldwide incidence of women committing suicide is low as compared to men. China is the only country where confirmed statistics indicate women are just as likely as men to commit suicide. No such statistics are available for Afghanistan. Stigma, shame and the silence surrounding suicide hinders proper recording of data and by extension masks the true number of deaths caused by suicide. Notwithstanding, indicators suggest that suicide is prevalent amongst young Afghan women, with methods ranging from ingestion of rat poison, pesticides, fuel, sleeping pills and other tablets, to swallowing needles, overdosing on opium and other types of drugs, jumping from rooftops, hanging and jumping into wells and self immolation (*AIHRC; medica mondiale*). *medica mondiale* Afghanistan’s research on self-immolation indicates that Afghanistan may be the only country in the world where female suicide rates strongly outweigh male suicide rates.

2.2. SELF-IMMOLATION

16. Self-immolation is variously defined as - *`destruction of the self - specifically by burning, or `the deliberate sacrifice of oneself, especially by fire` (on-line dictionary at Answers.com)*. The practice, while not tolerated under anything but extraordinary circumstances by Buddhists and Hindus, was practiced by religious or philosophical monks, especially in India, throughout the ages for various reasons, including political protest, devotion, renouncement, etc.⁵ This method of suicide does not tend to be prevalent in the industrialised world, but there have been some sporadic incidences of individuals burning themselves throughout the centuries as a way of protesting against a certain issue. The practice is commonplace in Iran, Sri Lanka, India, and Tajikistan. It is the leading method of suicide in Iran, (after hanging) where many of the victims of self-immolation are women who feel they are *`caught in a vicious cycle of social humiliation and coercion, family insecurity, constant fear for their children's lives as well as their own and the lack of legal safeguards to preserve and defend their rights` (CESS Annual Conference – Paper Abstracts 2002)*.

17. In Afghanistan, self-immolation is on the rise. Herat was considered to be the province where the practice was most common, however, 2007 indications are that Kandahar suicides by self-immolation are surpassing those of Herat. The issue has been highlighted in the country as a cause for concern and has been reported on by many journalists in both the national and international press between 2002 and the current period. The issue has been covered by diverse media, *inter alia*, *Christian Science Monitor*, *the Institute for the Secularization of Islamic Society*, *IRIN Asia*, *Nation and the World News*, *Feminist.com*, *Radio Free Europe - Radio Liberty*, *the (IWPR)*. While some question the methodological approach used by journalists to secure their information, the fact remains that they have brought attention to a pressing social issue.

18. Afghan reactions to this issue differ widely. Some condemn the act, pointing to the Islamic belief that those who commit suicide will go to hell. On the other hand, there have been real attempts at the governmental and para-statal levels to understand the issue. For example, in 2004 the Afghan Government, instigated by President Karzai, sent a high-level delegation to the western city of Herat to investigate the reasons underlying this practice. At the same time, AIHRC is undertaking self-immolation research in five provinces in Eastern, Western and Southern Afghanistan, and UNAMA is documenting cases of self-immolation across the country. The collusion of silence, the general reluctance to address the issue (despite many of the efforts undertaken to date) and the lack of reliable statistics are all encumbrances to understanding the underlying structural roots of the problem. Nevertheless, United Nations' reports have indicated that the endemic violence against women in Afghanistan is often a trigger for self immolation.⁶ According to research conducted by the Afghan Independent Human Rights Commission, forced marriages, early child marriages, multiple marriages, lack of societal awareness of women's rights, the psychological impact of 25 years of war, customary practices such as Tuyana (bride price) and family problems are the main causes of self-immolation.

⁵ Definition given by Wikipedia

⁶ Uncounted & Discounted – A secondary Data Research Project on Violence Against Women in Afghanistan – UNIFEM – May 2007

BACKGROUND – Violence against Women

Today, far too many women are subjected to violence and made to feel shame. The real shame belongs to a world that often blames women for the crimes committed against them and that allows such widespread violence to continue [Statement by Thoraya Obaid, Head, UNFPA].

2.3. VIOLENCE AGAINST WOMEN

19. Research attesting to the pervasive nature and multiple forms of violence against women, coupled with successful advocacy campaigns, has fostered a growing recognition that violence against women is global, systemic and rooted in power imbalances and structural inequalities between men and women.⁷ Women throughout the world are victims of violence on a daily basis whether in the context of peace, conflict or post-conflict. The types and levels of violence differ from one culture to another. While the extent of violence depends largely on women's integral access to indivisible and inalienable universal human rights as recognised by the 1993 UN World Conference on Human Rights. Two years later, the Fourth UN World Conference on Women adopted strong and detailed recommendations for the promotion and protection of women's human rights.

The term 'violence against women' means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. [Outcome Document - Fourth United Nations World Conference on Women, 1995 §114].

20. In developing countries, violence against women tends to be more frequent and takes many forms. In countries that have suffered many years of conflict, institutional infrastructures tend to be weak and women are more likely to be subjected to a cycle of violence that spans their life - from before birth and up to widowhood and old age. The types of violence that an Afghan woman could typically be exposed to in her life time are outlined in the table on the next page.

⁷ In-depth Study of all forms of violence against women – Report of the UN Secretary General – July 2006

Table 2.3.1. – Cycles of Violence

BEFORE BIRTH	Physical violence against the pregnant mother, lack of adequate health care
INFANCY	Withdrawal of food and adequate health care, physical, sexual and psychological violence
CHILDHOOD	Child marriage, physical labour, withdrawal of food and adequate health care, physical, sexual and psychological violence, incest, prostitution
ADOLESCENCE /ADULTHOOD	Forced marriage, physical labour, withdrawal of food and inadequate health care, forced dating violence, prostitution, bride price, Bad, Badal, Sexual harassment at school, at work in the community, rape, trafficking
OLD AGE	Forced suicide or homicide of widows for economical reasons, physical, sexual and psychological abuse.

21. Violence of this nature tends to be against women and perpetrated by men. Women statistically suffer violence at the hands of an intimate male partner. Perpetrators may also be officials of the state, police, armed opposition groups or other individuals – including family members. While they are normally not the perpetrators of violence, women have been known to engage in harmful practices and, in the societal context of Afghanistan, physical and emotional violence within the family. Violence within the family and intimate partner violence has tended to be looked upon in many societies as a private matter. As a result, development of legal mechanisms to curb domestic violence has been slow and at times non-existent.

22. At the five-year review of the Beijing Platform for Action in 2000, states specified that violence against women and girls, whether occurring in public or private life, is a human rights issue and highlighted state responsibility in addressing such violence. The persistence of violence against women in every country is a violation of human rights and is an impediment to achieving gender equality. It is therefore important to emphasise that violence against women is a human rights violation. The doctrine of human rights empowers women and allows them to become active rights holders instead of positioning them as passive recipients of discretionary benefits. Theoretically, states are bound by international instruments to uphold their obligations – and they are required to take steps to respect, protect and promote human rights.

2.4. VIOLENCE AGAINST WOMEN IN AFGHANISTAN

23. The battle for the progress of women’s rights on the one hand and the maintaining of tradition on the other, have been at constant loggerheads for decades. One of the most common harmful traditional practices to women in Afghanistan is forced marriage. Estimates conclude that up to 80% of marriages are forced in Afghanistan. Child marriages are against the law yet it is estimated that 57% of girls are married before the

BACKGROUND –Violence against Women in Afghanistan

age of 16⁸. Early and forced marriages have devastating consequences on the physical, emotional and sexual health of the girl child or woman. The recognition of this practice as harmful to not only the woman herself but also to economic progress of the country has resulted in many leaders endeavouring to change this entrenched tradition. In 1924 King Amanullah tried to stop bride price for women but he met with severe opposition as women viewed themselves as devalued if they were given away for free and men feared losing their honour if they no longer had legal control over their daughters and sisters. A repetition of this act was embarked on again in 1978 by the Taraki regime which issued Decree No. 7 with the main purpose of reducing indebtedness caused by dowry debt and to improve women's status. The decree had three parts: prohibition of bride-price in excess of a *mahr of 300 afghanis* (USD 6 dollars), provisions of complete freedom of choice of marriage partner, and fixation of the minimum age of marriage at 16 years for women and 18 years for men. In addition, it imposed the penalty of imprisonment for three months to three years for violations of the decree. This decree proved equally unpopular.

24. Any other possible attempt at progress in recognising women's rights in Afghanistan was not only quashed by invoking tradition but was hampered by 3 decades of war from 1978 to 2001. The conflict took place over three distinct periods, the Russian Occupation 1978 – 1989, the fight against factions of the Mujahideen 1989 – 1996, and the Taliban regime 1996 – 2001. Throughout the conflict and because of the conflict, women suffered enormously. The Soviet invasion of Afghanistan brought mass killings, torture, and a landscape littered with landmines. In both the Soviet invasion and the ensuing conflict against factions of the Mujahideen, mass rape took place, kidnapping and sexual violence increased, and war lords gained control over many communities. Many men fell and women's position in society became even more vulnerable. Women, who were not afforded access to economic and social rights in the first place, found themselves even worse off and were therefore forced to marry or sell their children for money.

25. Discussing the scale of atrocities committed against Afghans – one respondent to an AIHRC study said *‘people were damaged physically and mentally. Physical damage includes [s] loss of family members, property and the right to education. Mental damage was more severe because that destroyed our souls, our psyche. For example, as a result of sexual violations, many have lost their sanity.* This female point of view was reinforced by a male focus group participant from Kunduz who emphasised that *‘it is because of the Mujahideen that many of our sisters drowned themselves in rivers and threw themselves from rooftops. Their honour was played with....* And in a rare admission during a female focus group – a participant from Kabul admitted that *‘three of them – all girls – were captured and raped by seven militia men during the time of the Mujahideen` [A CALL FOR JUSTICE, AIHRC 2004].*

26. The infamous Taliban regime which came to power in 1996, and by 2001 occupied nearly 90% of the country, was notoriously known for the stringent measures taken against women in order to create what they considered a "secure environment where the

⁸ UNIFEM Factsheet – May 2007

2. BACKGROUND –Violence against Women in Afghanistan and Post Taliban

chasteness and dignity of women may once again be sacrosanct."⁹ The treatment of women was based on Pashtunwali beliefs that prescribe for women to live in purdah.¹⁰ The ubiquitous burqua was imposed on any woman walking in public. High heels were prohibited. Women were not allowed to work and were not permitted to be educated after the age of eight. Many girls were forced to attend underground schools where teachers, if caught, risked execution. Women's rights to health were further hindered as they were not allowed to be treated by male doctors unless accompanied by a male chaperone. Women faced public flogging and execution for violations of the Taliban's laws.

2.4.1. Post-Taliban

27. The 2001 attacks against the United States instigated the "War on Terrorism". On October 7th, American and British forces initiated an aerial bombing campaign against Taliban and Al-Qaeda Forces. By the end of November 2001, the alliance had captured back Kabul and Kandahar was the only remaining Taliban stronghold. Attack against the Taliban continued, and with an indication of their surrender imminent the alliance had consolidated and in effect ousted the Taliban by January 2002. In December 2001, a number of prominent Afghans met under UN auspices in Bonn, Germany, to decide on a plan for governing the country. The Afghan Interim Authority (AIA) - made up of 30 members, headed by a chairman - was inaugurated on 22 December 2001 with a six-month mandate to be followed by a two-year Transitional Authority (TA), after which elections were to be held.

28. Nevertheless, since January 2003, the Taliban have increasingly re-gained power, and is currently haunting the U.S. military and its allies. In 2006, opium production in Afghanistan increased by 50%, which provided a major source of funding for the Taliban. The increase in Taliban power has led to increased human rights violations against women in Afghanistan. According to Amnesty International, the Taliban commit war crimes by targeting civilians, including the killing of teachers, abducting aid workers and burning school buildings. These attacks have been especially detrimental on women, whereby female teachers are no longer able to teach and girls are dissuaded and sometimes prohibited from going to school.

29. In August 2003 NATO took on the command and coordination of the International Security Assistance Force (ISAF) in Afghanistan. This is NATO's first mission outside the Euro-Atlantic area. ISAF operates under a United Nations mandate and will continue to operate according to current and future UN Security Council resolutions. ISAF's mission was initially limited to Kabul. Resolution 1510 passed by Security Council on 13 October 2003 opened the way for a wider ISAF role in support of the Government of

⁹ Nancy Hatch Dupree. 'Afghan Women under the Taliban' in William Maley (2001). *Fundamentalism Reborn? Afghanistan and the Taliban*. London: Hurst and Company, pp145-166.

¹⁰ Peter Marsden (1998). *The Taliban: War, religion and the new order in Afghanistan*. London: Zed Books Ltd, pp88-101

Afghanistan, beyond Kabul. Today, the Alliance provides security assistance in about 50% of Afghanistan's territory.¹¹

30. Despite the presence of ISAF in many regions of the country, the situation in the provinces remains one of lawlessness and insecurity. Although the south of the country is renowned for violence, many provinces which have always been considered as safe zones are increasingly witnessing suicide attacks and criminal activities are on the rise in all parts of the country. The protection afforded by ISAF to women is very thin, thus rival warlords, the Taliban and even youths in certain areas are controlling security conditions and instilling fear in the female population. Women are being kidnapped, raped and abused. In many cases, the perpetrators are known, but impunity prevails and women are not able nor allowed to seek redress for these violations.

31. The general level of insecurity for women in the community is sometimes comparable to that available in their own home, amongst their own family. The family is often a source of constant insecurity for women as it denies them protection if they do not adjust to traditional rules and regulations. In Afghan society women's human rights and right to justice are sacrificed in favour of her husband's, her family's and her community's interests. The lack of understanding and support of girls and women within their own family and the constant abuse suffered at the hands of ones immediate family or in-laws can only be described as endemic in Afghanistan.

32. The pervasiveness of domestic violence in Afghanistan reveals the fact that violence is still perceived as a private matter rather than a structural problem. This endangers not only the health, well-being, productivity and security of women, but society as a whole. Severe traumatising - an inescapable result of violence - can have lifelong effects on the next generation. The difficult conditions under which women and girls are living and their social isolation have an additional negative effect on the development of post-traumatic symptoms (medica mondiale, Frankfurt 2004). This is compounded by the failure of the state to reform existing laws, scarce efforts on the part of public authorities to promote awareness of, and enforce existing laws and the absence of educational and other means to address not only human rights violations against women and girls but also their rights as Afghan citizens.

33. One woman said of the violence against her - including violence by police - *'my husband is my pimp. He prostitutes me. When I resist he beats me. I managed to escape and come to Kabul but when I informed the criminal Department here – a policeman took me to his house and raped me. The following night he and a number of other policemen friends raped me again until I lost consciousness [adapted from Paktribune, 2006].*

2.5. THE DEVELOPMENT OF WOMEN'S RIGHTS IN AFGHANISTAN

34. Despite the current situation of women, there is no doubt that women's rights and their societal status have improved since the fall of the Taliban. The post-2001 era is heralded as an important step forward in the process of recognising women's human

¹¹ Source - NATO

rights in Afghanistan. The new Constitution reflects this change, ensuring that women and men are equal before the law. In 2003, Afghanistan signed and ratified the Convention for Elimination of Discrimination against Women (CEDAW) with no reservations and further committed themselves by pledging support for the Millennium Development Goals.¹² The fact that Afghanistan signed up to this commitment and is aiming to achieve its goals within 17 years is commendable. The importance of these benchmarks can not be understated; non-achievement of these goals will inevitably result in the persistence of violence against women in all its forms.

36. Elections took place in 2004 and 2005 resulting in women being represented in the 249 seat parliament. A record 27% of representatives in the current parliament are women, this exceeding female representation in British and American parliaments. A Ministry of Women's Affairs was set up and a special task force on violence against women was initiated in 2004. In November 2006, President Karzai launched the Action Plan on Justice and Reconciliation which outlined five "key actions" for implementing a transitional justice process to be completed by 2009. More recently, Afghanistan has become a member of the Inter-Parliamentary Union which has highlighted the role of parliaments in combating violence against women in all fields¹³. In April 2007, Afghanistan joined the South Asian Association for Regional Cooperation (SAARC), which in 2003 passed the Dhaka Declaration for eliminating violence against women.

37. These initiatives illustrate the Afghan government's potential commitment to the promotion of women's rights. However, there is no room for complacency. Afghanistan is still a very poor country. Afghanistan finds itself at the bottom of the scale of the Human Development Index (HDI), having one of the lowest life expectancies in the world. This is exacerbated by the fact that Afghanistan finds itself only ahead of Niger and Burkina Faso in the Gender Index, which reflects discrepancies between males and females in relation to the HDI. The correlation between violence against women and poverty is resonant; poverty is a disempowering tool which inevitably affects a woman's ability to make choices. Access to economic and social rights is not in itself a guarantee for shielding women from violence, possessing sufficient economic means could increase women's chances of making informed choices, including that to escape violence and access mechanisms for protection and redress.

Afghanistan has one of the highest maternal mortality rates in the world. Many women, due to culture and tradition and the non-recognition of women's rights as human rights, are unable to access proper health facilities. According to UN reports and surveys, 80 per cent of adult women are still illiterate, some 75 per cent of girls attending primary school drop out before grade five, 57% of girls are married before the legal age of 16 and about 70 to 80 per cent of all marriages are forced.

¹² In 1990 a set of indicators were set up to measure progress over a 25 year period. In September 2000, 189 nations agreed on a set of goals at the United Nations Millennium Summit. World leaders agreed to a set of timebound and measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.

¹³ Resolution adopted at the 114th Assembly of the Inter-Parliamentary Union, Nairobi, 12 May 2006

38. There is no doubt that poverty plays a major role in the perpetration of violence against women in Afghanistan, however traditional and cultural practices further compound women's poverty and frustrates sustainable development in the country. Many states invoke tradition, culture and religious "fundamentalism" as a justification for human rights violations. This "justification" has become more potent in the wake of September 11th, whereby "The politics of fear are fuelling a downward spiral of human rights abuses in which no right is sacrosanct and no person safe".¹⁴ Afghanistan is signatory to various international instruments which specifically emphasize that customs, traditions or religious considerations may not be invoked to avoid obligations to eliminate violence against women¹⁵. Furthermore, it is not only the responsibility of governments to change laws but also to induce and channel change. "The law does not need to be restricted to articulating the current situation. It can also be looked upon as an important vehicle for change, one whose power can be mobilized to wear down resistance and encourage the emergence of new mindsets, attitudes and ways of behaving."¹⁶

39. Culture and honour interact with one another. This interaction results in many women hiding violence due to fear of stigmatization, loss of honour and status. Lack of access to legal information, protection, psychological and medical aid, compounded by inadequate implementation of the laws that prohibit and criminalize violence against women serves to further hide violence.

40. Furthermore, the concealment of this violence is embedded in Afghanistan's war ravished past. It is imperative to recognise links between the living circumstances of women in war and the post-war situation and how these contribute to the fact that violence against women in Afghanistan has become normalised. It is common for violence against women to increase in post conflict zones. In Afghanistan, disarmament and demobilisation is allegedly taken place; "although the weapons may have been removed, the models of masculinity and the ways of showing manhood persist".¹⁷

41. Furthermore, as in most post conflict settings, legal and institutional mechanisms remain barely non-existent or at their best, are weak and are therefore unable to afford women proper protection from violence and to provide them with the redress they seek. A post conflict setting's effect on a country's recovery and the attainment of human rights is monolithic. The causes and consequences of violence against women in Afghanistan have to be examined in the backdrop of a society which is emerging from decades of conflict and violence. Account needs to be taken of the still highly militarised environment and the long period of war atrocities which have been inflicted on the whole society but with especially dramatic effects on women. Afghan civil society and the government will only be able to address all forms of violence against women and girls in their society and their dramatic consequences such as self-immolation only after

¹⁴ Amnesty International's Secretary General Irene Khan comment ahead of the launch of a report on human rights in May 2007

¹⁵ See Note 19, para.124 (a); note 15, article 269, *A.T. v Hungar*: Human Rights Committee general comment No. 28 (2002), para 5.

¹⁶ See E/CN.4/2003/66/Add. 1, para. 142.

¹⁷ GAPS – Gender Action for Peace and Security - **Report on Involving Men in the Implementation of UN Security Council Resolution 1325 on Women, Peace and Security**

analysing the resonant poverty, weak institutions, the effect of a war torn society coupled with the static belief that women are the repositories of tradition and culture.

3. GENERAL FINDINGS

42. Due to the limitations of the research, mentioned at the outset of this report, it remains unclear how prevalent suicide and self immolation is in Afghanistan. Nevertheless, self immolation is present in the three provinces where research was undertaken. In many reports, violence against women has been cited as the principal factor leading women to engage in this excruciatingly painful and self scarifying method of suicide. This Research illustrates a correlation between violence against women and the undertaking of the practice of self-immolation. This serves as a reminder that Afghan women, despite the inroads made in the arena of women’s rights since the fall of the Taliban, remain unable to fully access their fundamental rights in all spheres of their everyday life.

3.1. CULTURE OF VIOLENCE

43. Women, as a consequence of almost three decades of conflict, are still suffering from a culture of war and impunity. Countries emerging from a war ravaged past are normally witness to a persistent and indeed exacerbated culture of violence. Unfortunately, as in other post-conflict countries, Afghanistan is illustrating a tendency to normalise and accept the violence, which inevitably jeopardises the advancement of women’s rights in Afghanistan and minimises Afghan women’s possibility to have a future free from violence and indeed from the practice of self-immolation.

44. In addition to the profound effect of war and decades of violence in Afghan society, the entrenched patriarchal gender order interwoven into Afghan culture and tradition over hundreds of years further intensifies the perception that violence against women is justified and is an accepted means of conflict resolution. The recurrent reference by some of the respondents that only women who were educated and knew about their human rights resorted to self immolation because they were not “tolerant” illustrates a deeply misogynistic reaction to women’s human rights and culture. Men and the community as a whole could be seen as using these “*harmful practices*” as a “way of disciplining their women for transgressions of traditional female roles or when they perceive challenges to their masculinity”¹⁸

“This is because poor people are always faced with difficulties and they learn to tolerate them but people with better living standards have lower tolerance to problems and resort to solutions like self-immolation and suicide.” *Respondent from Wardak Province*

“People in urban areas think that women who are aware of their rights try to commit self-immolation and suicide, as they believe it is a way to obtain their rights.” *Respondent from Kabul.*

¹⁸ World Health Organisation, “Intimate partner violence and HIV/AIDS”, WHO information Bulletin Series, Number 1

3.2. TRADITIONAL PRACTICES AND CULTURE

45. "Traditional practices", including but not limited to forced marriage, Bad, Badal and honour crimes are painstakingly preserved in Afghanistan. This demonstrates a general reluctance across all levels to embrace the doctrine of equality which is enshrined in its Constitution, in the international instruments it has signed up to and of course in the Quran. The notion that Culture cannot evolve and should remain static in a closed set of beliefs and practices contributes to the subordination of women. As a result, violence against women is both a means by which women's subordination is perpetuated and a consequence of their subordination. The root causes of this subordination across all planes - psychological, sexual, physical and economical – should be identified and addressed.

46. Afghanistan has been witness to fundamental changes since 2001, with male leaders readily accepting new technologies which massively affect their culture. Nonetheless, they are resistant to change in the evolution of women's rights – this "reflecting a tendency to treat women as the repositories of cultural identity"¹⁹. Culture is an evolutionary process which should be fully inclusive and allow for a societal structure which permits women to choose and not limit their ability to act. Women's agency in challenging oppressive cultural norms and in articulating cultural values that respect their human rights are of central importance.²⁰

47. The erosion of protective social mechanisms such as an effective response by the community and the proper access to health care for women have a profound effect on the causes of self immolation and have further fuelled its practice and its impact on rural households. At the community level, social norms governing how conflicts within the family or in the community should be handled create an environment that either condones or discourages violence.²¹ In the examples in the research, they tended to do the former. On the other hand, a lack of access to health care or an inadequate service exacerbates the likelihood of depression of women undergoing violence at home or in the community. Depression is likely to develop into post traumatic stress which can inevitably have profound effects on their mental health and therefore lead women to a sense of hopelessness and meaninglessness in their lives. *"If I feel that my life is entirely without any meaning and purpose, and no hope of it ever being otherwise (i.e. helplessness), then suicide becomes a progressively more and more logical and attractive option. Why put up with this pain when there is absolutely no point?"*²²

3.3. COLLUSION OF SILENCE

48. The fact that many respondents did not believe that self-immolation had taken place in their area or indeed did not admit to it taking place for fear of repercussions demonstrates the dire need for this phenomenon to be addressed. *"We are obliged to broadcast them but when we broadcast such reports we are threatened, insulted and*

¹⁹ See E/CN.4/2003/75, paras. 61, 63; and Milillo, D., "Rape as a tactic of war; social and psychological perspectives" *Afilia*, vol 21, no 2 (2006) pp196-205.

²⁰ See Raday, F. "Culture, religion and gender", *I CON*, vol I, No 4 (2003), pp 663-715

²¹ A/61/122?add.I Para 93.

²² Many languages of Suicide – David Webb

warned.”²³ “If they tell of any case of self-immolation or suicide their lives may be at risk.”²⁴ Research pertinently illustrated that the issue of self immolation is very much a taboo subject in Afghanistan as it is in other Asian countries where it takes place. The fear by many to broach the subject is very much ingrained in culture, tradition and honour. “One thing that I would like to mention that there may be self-immolation cases, but people try to hide them in terms of their culture, tradition and family honour.”

49. Notwithstanding the collusion of silence and the taboo surrounding this practice, research indicated that TV and the media, especially foreign media, have somehow idealised the phenomenon and were therefore reproached due to their insensitivity and alleged encouragement of women to undertake such drastic measures. To this end, although it is imperative to talk about this issue, it must be dealt with using caution, sensitivity, and should be a result of a holistic approach by all responsible actors involved.

3.4. THE RULE OF LAW

50. Afghanistan has come a long way since the Bonn Agreement. A constitution which reflects gender equality has been introduced, CEDAW was signed in 2003 without any reservations, the national parliament has 27% representation by females and a Ministry of Women’s Affairs has been established. Nevertheless, it is perceived that female parliamentarians do not have a real voice in the parliament and are purely symbolic. Outspoken women are viewed as disrupting the *status quo*; many feel threatened against airing their real concerns, and therefore keep issues concerning women off their agenda. One female minister out of 19 and 1 female governor out of 34 reflects the true symbolic nature of Afghanistan’s commitment to women’s rights and denotes its failure to implement such resolutions as that of Security Council Resolution 1325.²⁵ The Ministry of Women’s affairs is pivotal in the progress and realisation of women’s rights in Afghanistan. The Ministry’s efforts are currently being stymied and it lacks genuine support amongst the community, especially at the provincial level. Initiatives, such as the *Violence Against Women Task Force*, initiated in 2004 and the *Action Plan for Peace, Justice and Reconciliation* which was launched in 2006 should be highlighted. Nevertheless, these actions need to be transformed from rhetoric to reality. For any post conflict country to emerge and substantiate peace and development, actions need to be followed up on, a solid rule of law needs to exist and an end to impunity needs to come about.

51. The recent enactment of the Amnesty Bill²⁶ has relegated point 5 of the *Action Plan for Peace, Justice and Reconciliation* to the back-burner. This is particularly worrying as

²³ Representative from the media in Kabul.

²⁴ Doctor from Kabul.

²⁵ Security Council Resolution 1325 was passed unanimously on 31 October 2000. Resolution (S/RES/1325) is the first resolution ever passed by the Security Council that specifically addresses the impact of war on women, and women’s contributions to conflict resolution and sustainable peace.

²⁶ The amnesty Bill was signed by President Karzai on the 10th March 2007 – the resolution bars the state from independently prosecuting individuals for war crimes absent accusation from an alleged victim. It also extends immunity to all groups involved in pre-2002 conflicts, as opposed to only leaders of various factions alleged to have committed war crimes during the 1980s resistance against Soviet forces and war crimes committed during the country’s civil war. The Taliban and other human rights violators active before the establishment of the December 2001 Interim Administration in Afghanistan are protected under the bill.

action might have been taken to redress the reigning culture of impunity in Afghanistan. Impunity serves to perpetuate violence against women and the use of violence as a mechanism for controlling women. The failure of the state to hold perpetrators accountable, not only intensifies the subordination and powerlessness of the targets of violence, but also sends a message to society that male violence against women is both acceptable and inevitable. As a result, patterns of violent behaviour continue to be normalised.²⁷

3.5. POVERTY AND INSECURITY

52. Despite improvements in the economy, Afghanistan is still one of the poorest countries in the world. Poverty falls disproportionately on the shoulders of Afghan women and compounds their subordination. All of the case studies in this research included women who were either illiterate or had had only a few short years of schooling. Although it was not recorded whether these women were working or not, given their illiteracy, it is highly unlikely. Their inability to access social and economic rights heightened their plight and emphasises the lack of options at their disposal. The prospect of having the capacity and the right to make choices would mean that women would not necessarily have to tolerate violence and harmful practices such as Forced Marriage and Baad. They would have the choice to avoid such situations, reversing the lack of alternatives available to many Afghan women.

53. The precarious security situation further compounds this lack of alternatives. Women are constantly forced under ground, and are left unable to access certain rights, including freedom of movement, access to health, access to education and to economic redress. Furthermore, permanent confinement has a dramatic effect on mental and physical health and only aggravates women's subordination and vulnerability to violence. Cultural and traditional practices further exacerbate access to these rights, resulting in discrimination at all levels. The fact that women are being discriminated against through the persistence of all types of violence, leads to a sense of hopelessness and despondency. These feelings are combined with mitigating factors such as discrimination by the State, by the laws, the judiciary, police, community and a general lack of understanding by family members who are unable to or do not know how to support these women. Deficiencies in all areas of implementation, male despondency and ingrained societal codes combine to send women the message that there is no alternative to their plight. Dying in the most painful and perhaps powerful way is the only indent they feel they are able to make on society as Afghan women today.

²⁷ In-depth study on all forms of violence against women – Report of the Secretary General A/61/122/Add.1

4.COMPARATIVE RESULTS AND FINDINGS.

4.1. INTRODUCTION

54. Research was undertaken in three provinces - Kabul, Wardak and Herat. The research began in April 2006 and ended in July 2006. Across the three provinces a team of 8 researchers visited 190 households and interviewed over 900 respondents. In Kabul and Herat 80 households were targeted. In Kabul, due to the collusion of silence surrounding the issue it was difficult to obtain contact details of self-immolation patients and the majority of the testimonies collected were done so at Esteqlal hospital. In Herat, details and contact addresses were provided by the hospital and testimonies were obtained first hand. In Wardak, 30 households were targeted, but due to the collusion of silence and the fact that only 5 cases were reported, interviews mainly took place with teachers, mullahs and other respondents. In all three provinces, discussion groups, individual interviews and key interlocutors were consulted.

55. The existence of self-immolation was found to be present in all three provinces, with varying degrees of prevalence. The majority of cases were found in Herat and the least in Wardak where only five cases were reported. The lack of forthcoming and accurate information from the provinces, especially in Wardak and to some extent Kabul makes it very hard to make an adequate comparison between the provinces. Comparison is further hindered by the difference in population sizes between Kabul²⁸, Herat²⁹ and Wardak³⁰.

56. Notwithstanding the high incidence of this practice in Herat, the research does not indicate that self-immolation does not take place to a higher degree than reported in the other two provinces but demonstrates a profound reluctance to address the issue at all levels. This ultimately results in its under-reporting and contributes to a collusion of silence around suicide and self-immolation, and its contributory causes.

4.2. SUMMARY OF COMPARATIVE RESULTS AND FINDINGS

57. Despite the diversity of the information collected in each respective province, and the differing prevalence rates of self-immolation in each area, results of the research uncovered an underlying pattern in the age groups, levels of literacy and the reasons behind girls/women committing self-immolation. In addition, interviews with interlocutors illustrated an acute tendency to blame violence on the emancipation of women.

58. The reporting of cases of self-immolation has increased significantly in both Kabul and Herat from 2005 to 2006. Nevertheless, respondents in Kabul and Wardak tended to be reluctant to talk about the issue due to the stigma attributed to talking about suicide and violence against women – this in turn resulted in underreporting of the issue. This was particularly pertinent in Wardak.

²⁸ 3,071,600 – source Census Department – April 2007

²⁹ 1,544,800 – source Census Department – April 2007

³⁰ 563,000 – source Census Department – April 2007

59. Research reveals that girls as young as 12 commit self immolation and that young girls/women between the ages of 16-19 are particularly prone to committing this act throughout the three provinces. Girls/women of this age are not only prone to carry out self-immolation but also tend to incur more than 70% burns indicating a genuine desire to end life. The correlation between age and the percentage of burns tended to differ slightly between the provinces. In Herat, women between the ages of 20-25 are more prone to sustain high percentage burns, whereby in Kabul and Wardak this is slightly reversed – 16-19 years old are the ones more prone to incur a higher percentage of burns.

60. Finally, the research reveals that men are also committing self-immolation although the percentage of men recorded in the hospital for self-immolation decreased in 2006 as compared to 2005. Many of the men, especially over 20 sustained very high percentage burns, with some of the men incurring 100% of burns. Nevertheless, cases were only found in the hospital in Kabul, with some of the patients emanating from other provinces. No male cases of self-immolation were found in Wardak and only 1 suspected case was recorded in Herat – although it is believed that this was not necessarily a case of self-immolation.

4.3. PROFILE OF THOSE UNDERTAKING THIS ACT.

61. Prior to analyzing collected data, and prior to evaluating indicators of self immolation – it may be useful to identify the typology of women who either committed or attempted self-immolation. Five types of women will be discussed. It must be emphasized that these profiles were identified within the context of the present research and do not negate the existence of other tendencies.

1. Girls and young women under twenty years old. These girls and women are normally victims of forced/child marriages or are denied access to education. There were some incidences of young girls and women whose honour were called into question, and the lack of understanding or support from family members resorted in them committing self-immolation. A common denominator of this group was that the violence whether physical or psychological did not continue for a long length of time. These girls/women tended to set themselves alight in an isolated area where it was very difficult to get to them in order to put the fire out.

2. Young girls who threaten to commit suicide. These are normally girls who are subject to the threat of some type of violence, be it emotional or physical. If their call for help is not listened to, or the violence continues, the girls carry out their threat of suicide, normally ensuring that they are alone or shut up in a room.

3. Women who have endured constant violence and get to a point of *no return*. More often than not the act is carried out in the presence of others. It is unsure whether this is a legitimate cry for help or a genuine attempt to end their lives. Unfortunately many of these women do die, due to the fact that those present do not react in time, do not react at all, or due to ignorance do not put the fire out in an appropriate way, thus aggravating their chances of survival. It must also be highlighted that those women over 25, and who

CHAPTER 4 – COMPARATIVE RESULTS AND FINDINGS – *Profile of Those Undertaking This Act*

have normally endured years of violence succeed in killing themselves and use all available means to ensure their death.

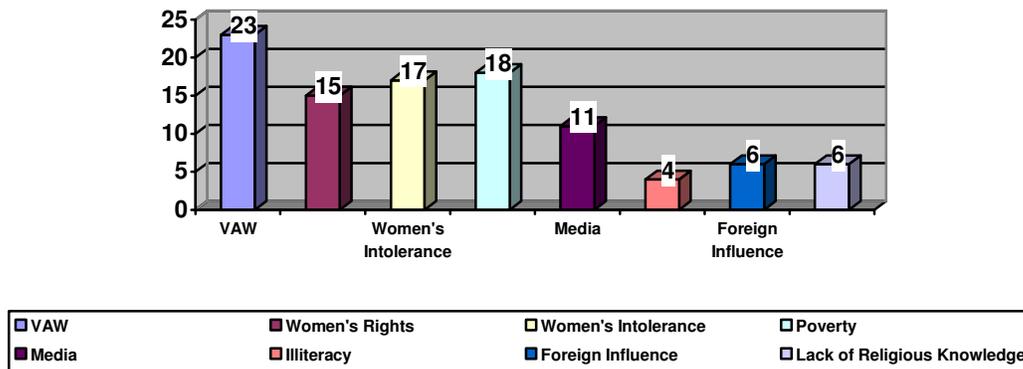
4. Women who may have been abused and are more than likely displaying symptoms of post traumatic stress. Many do not remember the actual act of self-immolation, but state that they go “numb” just before they discover they are on fire. These women very rarely die of their burns.

5. Women and families who claim that it is an accident. There are numerous cases where the researchers could not obtain further information. There was a strong collusion of silence surrounding some of the cases, despite a strong indication that violence was present and intent to self-harm was evident. In these cases it was very difficult to distinguish between an attempt to genuinely end a life, a call for help, mental illness or an accident.

5. FINDINGS AMONGST THE RESPONDENTS

62. Research was not only done on case studies, talking to those who had committed this act and their families; but extensive interviews were held with other respondents which included teachers, Ministry of Women’s Affairs, Maliks, Mullahs and those from the media to mention but a few. Discussions with these actors often contradicted the findings from case studies. This may be indicative of a strongly entrenched patriarchal order. Some respondents openly blamed violence on the emancipation of women, and inferred that violence did not exist before the introduction of women’s rights in Afghanistan. This apparent normalisation and acceptance of violence in Afghan society reveals that the messages from government, civil society and others advocating equal rights are failing at all levels.

63. The following graph illustrates the respondents view as to what are the causes of self-immolation. As one will note from the graph, the majority of respondents identified Violence against Women as a major cause for self-immolation, but quite a significant proportion of respondents highlighted that women self-immolated because of their intolerance or because of the introduction of women’s rights to the culture.



Graph 5.0 Causes of Self-immolation according to Respondents

5.1. COLLUSION OF SILENCE

64. The collusion of silence surrounding the practice of self-immolation mainly stemmed from respondents in Kabul and Wardak. The subject of self-immolation was more openly discussed in the province of Herat. This candidness was to be expected due to the pervasiveness of the practice in the province.

65. The high incidence of self-immolation in Herat was more often than not associated by the respondents with its close proximity to Iran, the influence of the foreign media and the higher standard of living and education perceived to take place in the province.

CHAPTER 5 – FINDINGS AMONGST THE RESPONDENTS – *Polygamy and Lies that Result in Loss of Honour and Lack of Family Support*

“This is because poor people are always faced with difficulties and they learn to tolerate them but people with better living standards have lower tolerance to problems and resort to solutions like self-immolation.” Governor in Wardak Province

66. The silence surrounding self-immolation in Kabul and Wardak stemmed from a perception that this act was not locally practiced. It was a commonly held belief that talking about violence and suicide in the public sphere constituted a taboo and was deemed to be shameful and result in a loss of honour.

“It is shameful for a family to reveal cases of self-immolation and suicide.”

5.2. THE DOCTRINE OF WOMEN’S RIGHTS

67. Many of the respondents in all three provinces displayed a **worrying** tendency of disdain towards the issue of violence against women in general and insinuated that violence would not exist if women were more “patient and tolerant”.

“Women loose tolerance in facing the problem and attempt to commit self-immolation”

“If we always say that what is a woman’s right when she sees that nothing is given to her of course she burns herself.” Mullah of Mosque in Kabul

68. Furthermore, the existence and recognition of women’s rights was often blamed for the woman’s predicament and the increase in this phenomenon as a reaction to family violence.

“This word (Women’s rights) has made men more offensive and has affected their minds - there is no other problem in our society except women’s rights.” Focus group in Herat with Department of Haq and Awqaf

“Lobbying about women’s rights has made a negative impact on the society” – Mullah in Mosque in Herat

“Women are diverted with knowing about their rights, when a husband asks his wife to prepare tea or his clothes she replies him back that now our rights are equal why don’t you prepare it yourself, here the dispute starts and ends with wife’s self-immolation”. Mullah in Herat

69. This lack of understanding for the victims and the indicative lack of response by the community as a whole will have huge repercussions on the fabric of society if such despotic commentaries persist. It is therefore up to all actors to promote the rights of the woman and initiate a response to those women in need of an ally.

5.3 LEVEL OF EDUCATION

70. According to respondents, especially in Wardak and Kabul provinces, the level of education of women who committed self-immolation indicated the probability of their engaging in this practice. It is interesting to highlight that these respondents tended to

CHAPTER 5 – FINDINGS AMONGST THE RESPONDENTS – *Polygamy and Lies that Result in Loss of Honour and Lack of Family Support*

associate self-immolation with women who came from a background that permitted them knowledge of women's rights. This knowledge coupled with their supposed "intolerance" to violence made them the ones most likely to commit self-immolation as an alleged demonstration of their rights.

"The second kind of women are educated and they know their rights and understand the rights of women and men in terms of Islam and they also realise their rights as stated in the charter of human rights. When such women are faced with violence and injustice they do not find any other way to escape from their situation and commit self-immolation." Malik from a district in Kabul Province.

71. On the other hand, it was generally respondents from Herat who cited illiteracy as a common denominator in the act of self-immolation. According to the research, illiteracy is one of the principal indicators for committing self-immolation.

"this attempt is few among the working women but the illiterate ones because they are not educated and they also want freedom." Chairman of the Council in Herat.

5.4. THE ROLE OF THE MEDIA

72. The role of the media was cited by many as a reason for many women in Afghanistan for committing self-immolation.

"There are many factors for self-immolation, but one major one is that in Iranian Films self-immolation is shown and people try to imitate that."

73. Many respondents from Kabul and Herat cited these programmes as a contributing factor for self-immolation. There was a specific referral to the importance of talking about this issue, not only in the media but in other spheres. However, respondents' portrayal of these programmes seemed to indicate they "idealised" the practice and thus encouraged women to commit the act. Respondents believed that the actual act or victim should not be shown on TV, nevertheless the issue should be raised and talked about on TV and in the media in general.

***It should be noted, however, that not one person who had committed self-immolation quoted the TV as being an influencing factor for them.**

74. Some respondents also pointed to the bad influence of the media, indicating that shows which advocated for women's right fuelled a catalyst for further violence.

"If the self-immolation cases are shown in TV the attempts have increased instead because men are sensitised with the word of equality so they show more resistance to their wives, and sometimes the wives family become offensive with their son –in law so this creates more problems and ends in self immolation."

75. Women's rights and the advocacy thereof, prove to be an "easy" scapegoat for violence against women and the impact this has on self-immolation. The way women's

CHAPTER 5 – FINDINGS AMONGST THE RESPONDENTS – *Polygamy and Lies that Result in Loss of Honour and Lack of Family Support*

rights are portrayed in the media and the community as a whole needs to be reconsidered. This research reveals that the message being currently portrayed is negatively impacting on society, and may have repercussions at a community and family level.

5.5. ILLEGAL MARRIAGES

5.5.1 Forced and child marriages

76. Some of the respondents acknowledged that forced and child marriages were responsible for violence against women which subsequently culminated in self-immolation. Forced and child marriage are common practice in Afghanistan. The AIHRC estimates that up to 80 percent of Afghan women have endured either forced or early child marriages. These practices are prohibited by both the Afghan Constitution 2004 and the Afghan Civil Code.

77. The Civil Law states in **Article 40** that marriage is a contract between a male and female for the establishment of a family. It specifies the rights that both sides have with respect to each other.

Some of the basic conditions for a legally valid marriage are that:

1. Both parties have legal capacity
2. In the case of under-aged partners, a guardian be present.
3. The contract be made in the presence of beholders.

78. Legal capacity as a condition for marriage is fulfilled if the party has reached the legal age as specified by law and is mentally competent.

The **Civil Law** specifies the legal age for marriage:

Article 70 – Legal capacity for marriage is accepted for boys when they have completed 18 years and for girls when they have completed 16 years.

Article 71: Subsection 1: When a girl has not reached the age written in **article 70** of this law, her marriage rights belong to her father or a competent person.

Subsection 2: Marriage contracts for minors younger than 15 are not allowed by any means.

5.5.2. In Shariah Law – Islamic Scholars agree that

- There should be adulthood and sanity of both parties
- In case of non-adulthood, guardianship of father or grandfather is required for marriage.
- Father and grandfather are proprietors of their children and can marry them off.

5.5.3. Marriage Age in international law

79. The declarations of the International Women's Conference in Beijing in 1995 held that marriage of underage children should be illegal, and that efforts should be made to

CHAPTER 5 – FINDINGS AMONGST THE RESPONDENTS – *Polygamy and Lies that Result in Loss of Honour and Lack of Family Support*

establish an official minimum age for marriage. In most western societies the legal age for marriage varies between 18 and 21 for men and between 16 and 18 for women.

80. The first article of the international convention for Children's Rights states "A child is a person aged less than 18 years." Afghanistan is one of the countries that has ratified this Convention and agreed to abide by its rules.

81. However, in Afghanistan, for a variety of reasons, tradition and culture appear to take precedence over both Afghan Civil law, Islamic tenets and international law. Many Afghans believe that the Afghan tradition is more powerful than religion. They say *`in Islam, women have rights. Islam does not forbid love marriages but in tradition it is haram/taboo. Women know that it is their right but tradition does not allow her this freedom`*.

5.5.4. Exchange of girls – *baad and badal*

82. The research revealed many cases whereby girls had been exchanged between families or been given to their husband in order to appease an ensuing conflict between two families. The exchanging of women or girls i.e. the practice of *bad* or *baad* remains a customary method of resolving disputes or satisfying debts and is common in certain provinces of Afghanistan – it is criminalized in the Afghan Penal Code, Official Gazette, Ministry of Justice, 1355, Article 17, Paragraph 2.

83. In **baad**, a girl is submitted by the family of a perpetrator of a crime – usually murder – to the family of the victim in order to settle disputes between two tribes, clans or families. This means that when a father or a brother commits a murder, the tribal Jirga is summoned to peacefully settle the inter-family dispute by deciding that a girl from the perpetrator's family must marry someone from the victims' family. *The practice specifically affects, sister, brothers and husbands [university lecturer]*.

84. **Badal** – another type of exchange – involves a girl being exchanged with a family that has a son. The practice is that two families exchange a boy for the daughter of the other family or even a daughter and a son with a family that can reciprocate. These practices are upheld by village and district authorities as legitimate ways to marry a son or a daughter. Little has been done by the central government to counter this practice.

5.6. IN-LAW VIOLENCE

85. In-Law violence is very common in Afghanistan. In the majority of the cases researched, women had undergone some form or another of violence at the hands of their in-laws. The type of violence experienced ranged from taunting the girl/woman on issues such as housework to not being able to conceive a child to physical violence which was either perpetrated by the female in-law or in some cases the female in-law encouraged male members of the family to commit violent acts. Many women in Afghanistan are traumatised and see it as a natural progression to inflict violence on the girl/woman just as they had been subject to, when they entered a new family. The girls/women, who endeavoured to return to their own families, were often turned back and told to tolerate and accept the marriage or risk bringing shame on the family and on themselves.

CHAPTER 5 – FINDINGS AMONGST THE RESPONDENTS – *Polygamy and Lies that Result in Loss of Honour and Lack of Family Support*

5.7. PREGNANCY BEFORE MARRIAGE

86. Sexual relations before marriage are strictly forbidden in Islamic societies. If a girl/woman gets pregnant before marriage, they are taunted and ridiculed and are seen as dishonouring the family, herself and society. Even in cases of forced pregnancy or rape, women are generally perceived as “loose women” and their honour is tainted. There are very few cases whereby women can prove that they have been raped and the rapist is subsequently unpunished. Furthermore the crime of statutory rape does not exist in Afghanistan.

5.8. POLYGAMY

87. Polygamy is the marriage of a man to more than one wife. In the Islamic tradition and under both Islamic law and the Afghan Civil Code, polygamy is a legal institution that allows a man to have four wives at the same time – but this is based on conditions of equality. **Articles 86 – 89** of the Afghan Civil Code outline the conditions for this practice and state that the wife’s consent is needed before a man can embark on a second/third/fourth marriage. In Afghanistan few men are rich enough to marry 4 wives and to accord them equal treatment, and in some cases women are not in agreement for a man to take another wife. The unequal treatment of wives and the mistrust and friction between multiple wives often lead to violence and abuse, detention of a wife or wives at home, separation of a wife or wives from living in the same house as the husband may lead to problems of child custody and inheritance.

5.9. LIES THAT RESULT IN LOSS OF HONOUR AND LACK OF FAMILY SUPPORT

88. Honour is entrenched in Afghan Society, and the losing of honour can signify loss of status, result in stigma and lead to violence. Due to the low status of women in Afghan Society, many girls and women are not believed when their honour is questioned, and therefore many men lie about a certain situation when, for example, their advances are rejected. The research revealed certain cases whereby a girl/woman rejected an older man’s advances, and, in retaliation, stories were made up about the woman which inevitably called her honour into question. In all the cases, the girls/woman’s version of events was not believed and it was assumed the lies were true. In response to this, many girls/women suffered violence at the hands of her own family and some became so scared to the extent that they commit self-immolation to avoid the ensuing loss of honour that the lies had caused.

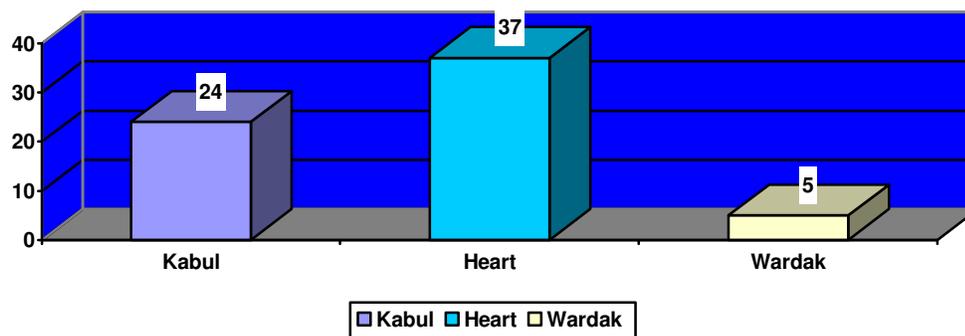
6. PRELIMINARY FINDINGS

6.1. NUMBER OF RECORDED CASES

89. In Afghanistan, there are very few hospitals which can adequately treat burns patients. Many of the people who sustain substantial burns will often be transferred to the central hospital in the capital of the province, as local hospitals are ill-equipped and unable to deal with burns over 10%. Furthermore, even in the hospitals that are able to treat substantial burns, pain killers and drugs to ease the excruciating pain are rarely available. In the three provinces where the research took place, researchers were able to obtain the records for self-immolation cases from the central hospital in each respective province. The accuracy and efficiency in which the cases were recorded in each province differed. Adequate recording of contact details and other information was readily available in Herat but not in Kabul³¹ or Wardak. The information from these two provinces was more fragmented and accurate information on individual cases was more difficult to obtain.

The graph below shows how many cases were recorded for each province.

Graph 6.1.1: Number of Cases of women who committed self immolation registered in hospital per province since 2003³²



90. It must be highlighted that the data provided by the specialist burns unit of Esteqlal hospital in Kabul³³, includes cases emanating from other provinces as well. A total of 24 cases were recorded in 2006³⁴ and 11 in 2005, (16 of these patients emanated from Kabul in 2006 and 6 in 2005). The graph below signals that the hospital recorded twice as many cases of burn victims in 2006 than in 2005³⁵ (from 11-24 persons). It is unclear whether this increase is a result of more accurate recording, more families and victims breaking their silence or whether Kabul is experiencing the same upward trend in the incidence of self-immolation as in Herat and other western provinces.

³¹ Subsequent to the international conference held by medica mondiale in November 2006, Esteqlal hospital has installed a more proficient system of recording cases for self-immolation.

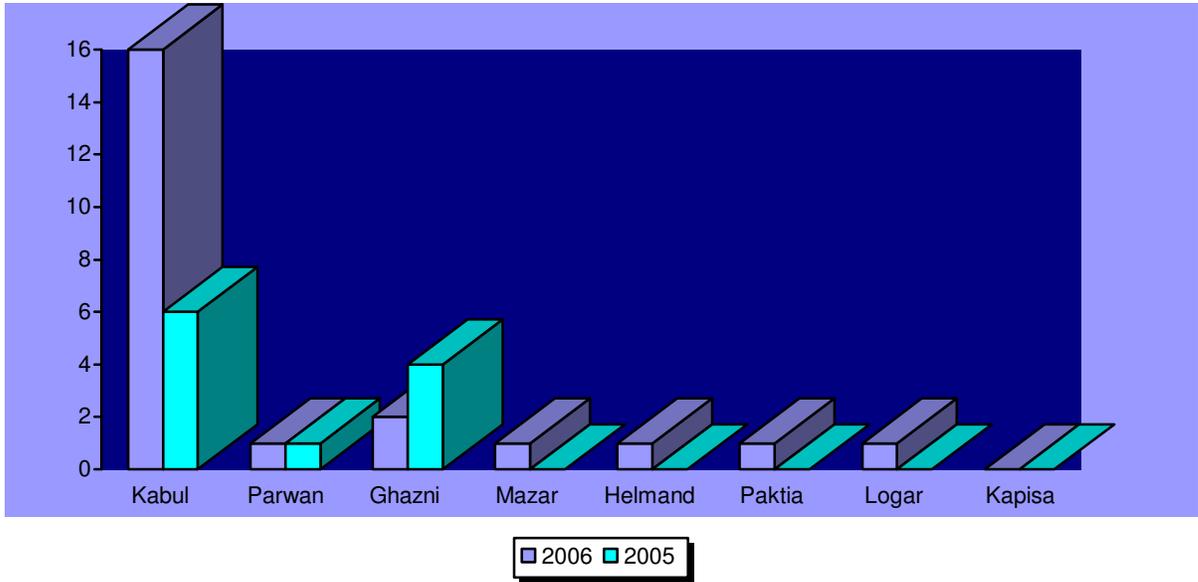
³² Cases for Wardak date back to 2000. One case is from this year, with the remaining from 2004-2006

³³ Graph only highlights those cases from Kabul and not in the other provinces.

³⁴ Uptil August 2006

³⁵ lbed

Graph 6.1.2: Female cases recorded in Esteqlal Hospital – Kabul in 2006/2005³⁶

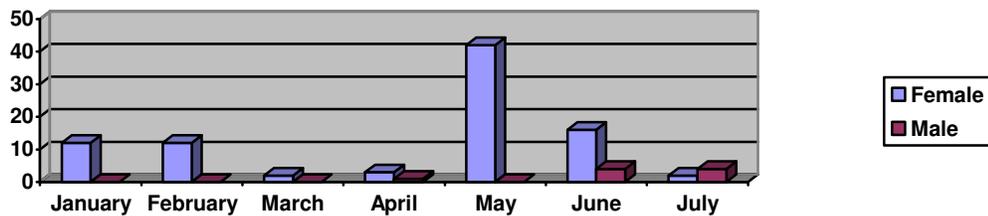


91. As one can note from the graph, there was a drop in cases from Gahzni in 2006 and an sharp increase in cases in general from 2005 to 2006.

This upward trend has been repeated in Herat but to a lesser extent in Wardak. Recording of cases demonstrated over a four-fold increase in 2006 in Herat.

In 2007 up till July, a total of 89 (Female) and 9 (Male) cases have been recorded in Esteqlal hospital. These records do not include other burn cases, which according the doctors were not necessarily suspected as self-immolation.

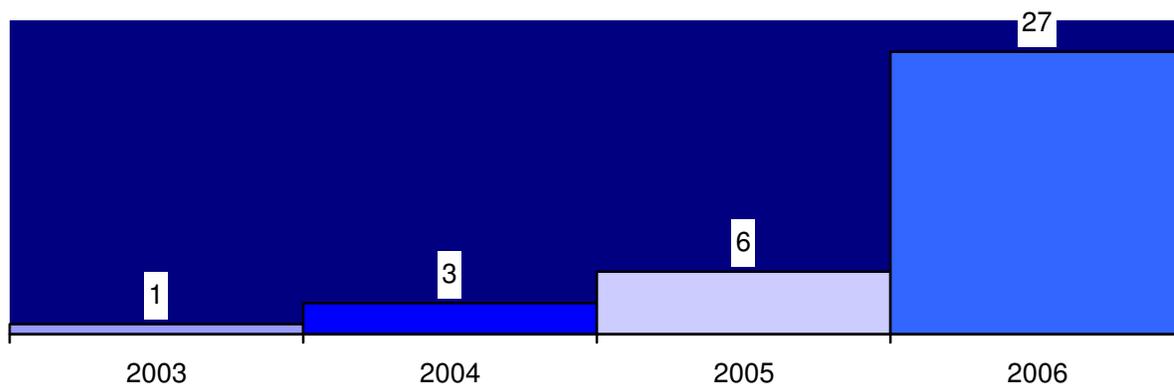
Number of recorded cases of self-immolation in Esteqlal Hospital from January to July 2007



Graph 6.1.3: Number of recorded cases by month in Esteqlal Hospital from January 2007 to July 2007

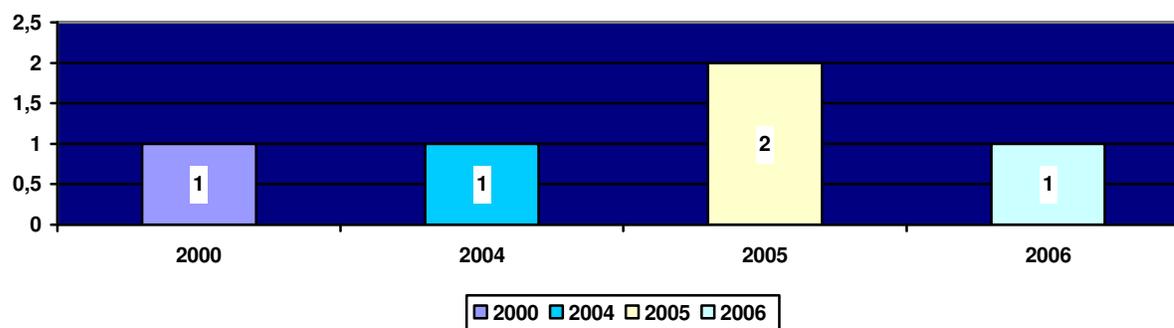
³⁶ Data correct uptil August 2006

Graph 6.1.4: Number of recorded cases from 2003 – 2006 in Herat



92. In Wardak, very few statistics were available, therefore it is very difficult to ascertain to which extent cases in 2006 had really increased compared to 2005.

Graph 6.1.5: Number of recorded cases from 2000 – 2006 in Wardak



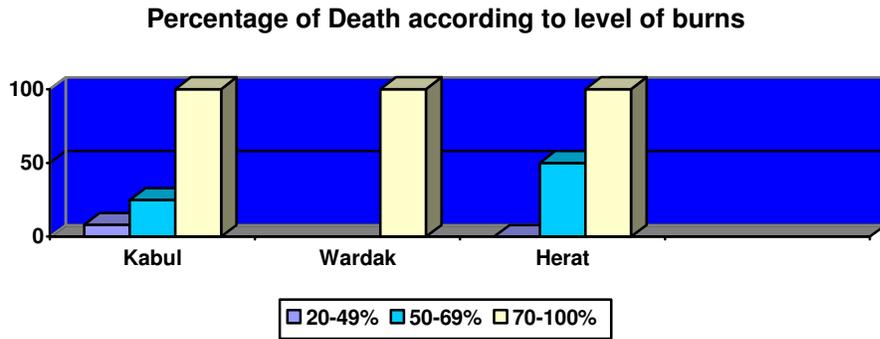
6.2. METHODS OF SELF-IMMOLATION

93. Young women and girls commit self-immolation in various ways including throwing themselves into clay ovens (used to bake bread) or pouring fuel over themselves and lighting a match. The fuels most commonly used are petrol, oil, kerosene, gas and a mixture of kerosene, petrol and aeroplane fuel known as T-1.

6.3. DEATH RATE

94. According to doctors, the percentage of burns is a good indication of whether self-immolation has taken place. If the burns are above 50%, there is a fair chance that the act was not an accident but rather a result of someone trying to commit self harm. The higher the percentage of burns, the less chance one has of surviving. In all three provinces, those women with over 70% burns died.

Graph 6.3.1. Percentage of Death according to the level of burns

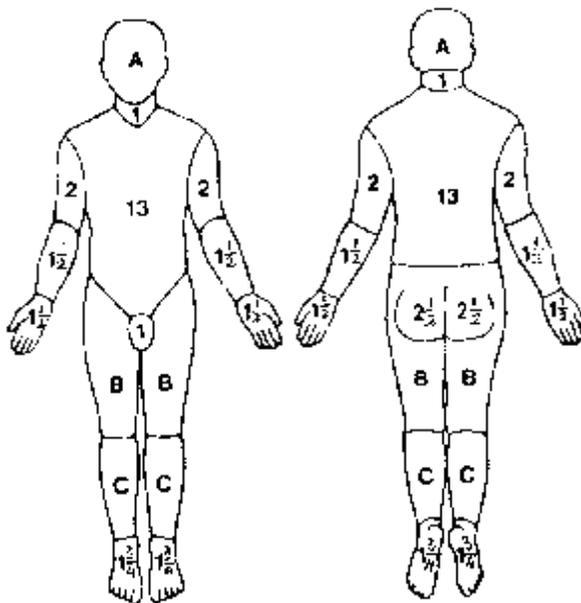


95. As the above graph illustrates, all those with above 70% of burns died. In Wardak, no records were found for women with fewer than 70% burns. In Herat and Kabul, victims with between 50-69% burns had a 50% to 25% chance of survival respectively. It was interesting to note that the two women in this category who died were female, over 30, and from Kabul. In Herat, there were five people in this second category - the fate of one of them is unknown and is therefore not included in the statistics. In Kabul, one patient who had less than 50% burns died. She was recorded as coming from Ghazni. It is likely that a delay in her travelling to the hospital in Kabul lessened her chances for survival.

6.4. CALCULATION OF PERCENTAGE OF BURNS ON THE HUMAN BODY

96. In order to calculate the percentage of burns, one of two methods is used: - The Lund-Browder method which is also applicable to children and the Wallace rule of nines which is inaccurate for paediatric patients.

The Lund-Browder Method

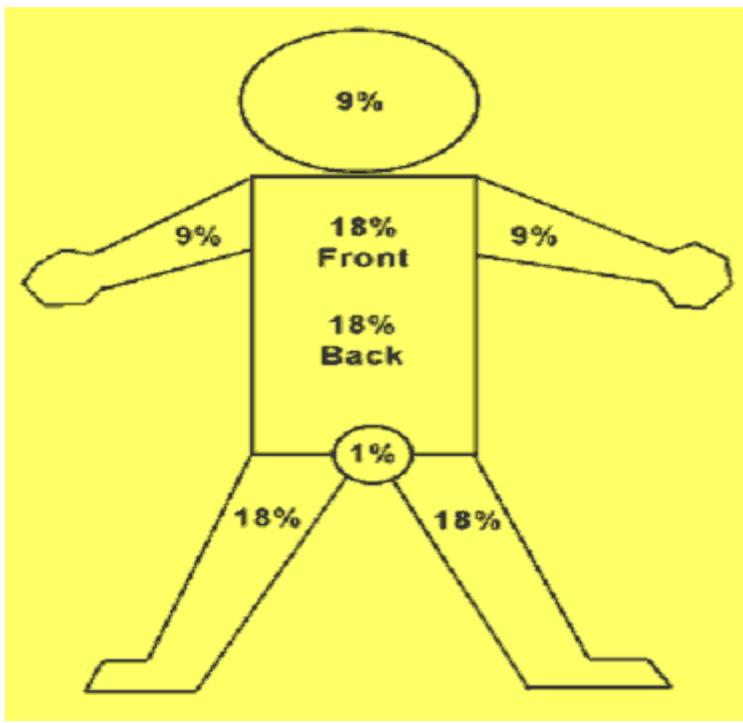


6.4.1. Lund Browder Chart -Relative Percentage of Body Surface Area Affected by Growth

Age in Years	0	1	5	10	15	Adult
A-head (back of front)	9½	8½	6½	5½	4½	3½
B-1 thigh (back or front)	2¾	3¼	4	4¼	4½	4¾
C-1 leg (back or front)	2½	2½	2¾	3	3¼	3½

Wallace “rule of nines”. This method is not normally used for children as the body mass area is smaller for children and therefore an accurate calculation cannot always be made.

Table 6.4.2: Wallace “rule of nines”



Doctors in the OPD section (Outpatient Department) informed that those who have been burned less than 50 percent are sometimes accidental and that those who have been burnt more than 50 percent have died and it is self-immolation. They said that *the patients do not tell the truth - they hide the reasons but we do know from the types and situation and percentage of burns on their bodies. For example, we divide their bodies into back, front, head from left-hand side, left arm and right arms. Sometimes their bodies smell of oil and those who come with the patients sometimes produce words of self-immolation regarding burns patients.*

97. In addition to the percentage of burns, many other factors are paramount to the survival of a burns victim.

- **If the person is not taken to the hospital or not taken soon enough**
- **If incorrect methods are used to put out the fire – many people pour water on a victim that is in flames – rather than smothering the flames with a blanket**
- **In cases with high degree of burns victims cannot be treated in their villages and districts and are referred either to Kabul, Esteqlal or Pansher Hospitals, thus prolonging the treatment time**
- **If the burns become infected in the hospitals (the skin is the largest organ and is easily infected)**
- **If hospitals do not have sufficient or the right type of medicines to treat the patients**
- **If patients suffer failure of respiratory organs, which is quite common in burn victims.**

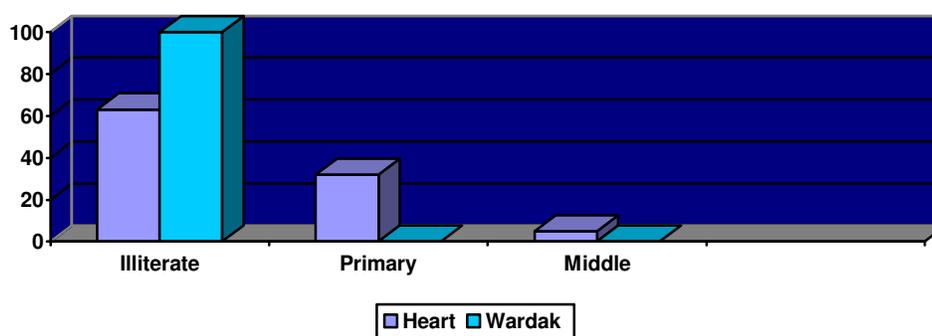
7. LITERACY LEVELS

98. The research revealed that illiteracy or a low level of education was a common factor amongst all the women who committed self-immolation in Herat and Wardak. An analysis of the data indicates that most victims tended to be illiterate or had a primary level of education. In the case of Wardak, all five women were illiterate. (Unfortunately, literacy levels were not generally recorded in Kabul).

Table 7.1.1. Literacy Levels

Province	Illiterate	Primary	Middle
Herat	63%	32%	5%
Wardak	100%	0%	0%

Graph 7.1.2: Levels of Literacy amongst women who committed self-immolation



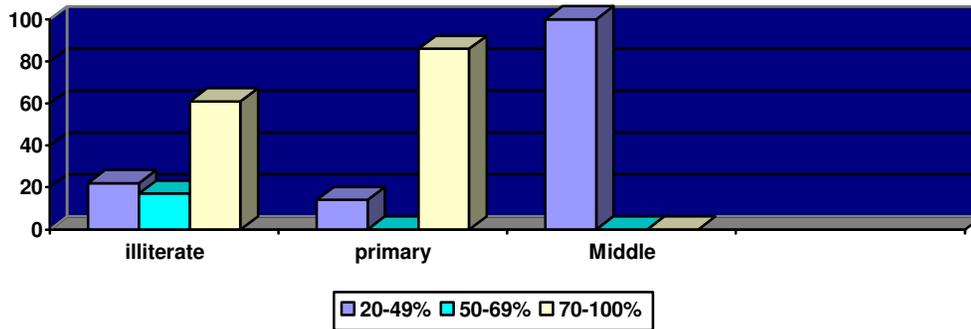
99. Contrary to respondents' belief, this graph demonstrates that those with little education or no education tended to commit self-immolation. The probability that these women knew about women's rights and the equality afforded by the Constitution, the Quran and international instruments is remote. Notwithstanding, the major common denominator was a life of violence, whether it was physical, emotional, sexual or psycho-sociological. Due to the very fact that they were illiterate or possessed little education meant that even had they known of the existence of equality and women's rights they had no means of accessing these rights due to their pre-condition of being uneducated women in an Afghan society.

It should also be highlighted that the two women with mid-level education (9 years of education) had the lowest percentage of burns.

Table 7.1.3: Level of Literacy and percentage of burns

Level of Literacy	Illiterate	Primary	Middle
HERAT			
20 -49%	22%	14%	100%
50-69%	17%	0%	0%
70-100%	61%	86%	0%
WARDAK			
20-49%	0%	0%	0%
50-69%	0%	0%	0%
70-100%	100%	0%	0%

Graph 7.1.4: Correlation between level of literacy and percentage of burns in Herat



100. In Herat, patients with mid-level education suffered lower percentage burns as compared to patients who were illiterate or educated only to primary level. The percentages of burns were 30% and 45% respectively, indicating a probable accident or a cry for help rather than a genuine attempt to end life. On the other hand, a patient living amongst a family with a higher level of education would probably have more knowledge on how to correctly extinguish a fire, which would result in a lesser percentage of burns being sustained. Nevertheless, the research highlights that only 2 out of 43 recorded cases³⁷ were women with mid-level education. In short, the research clearly indicates that the practice is more prevalent amongst those with little or no education. The research also reveals that those who are illiterate or have a primary education are more likely to commit self-immolation and die of their injuries.

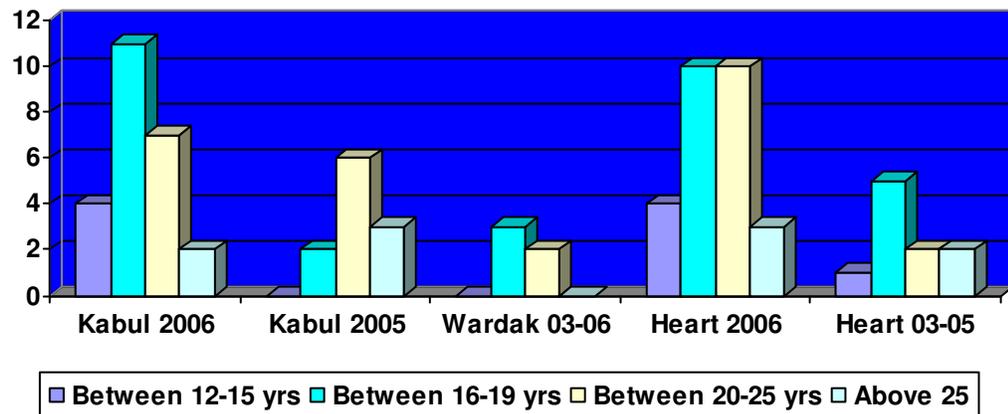
³⁷ Before 2006 no cases were recorded amongst women who had a middle level of education.

8. AGE OF THOSE WHO COMMIT SELF IMMOLATION

101. In Iran, self-immolation is the second most frequent method of suicide. The average age is 27. In Afghanistan, although no reliable statistics are available on suicide and its prevalence, this research can reveal that the practice of self immolation is more prevalent among young teenage girls/women. In the research, over 40% of the patients of self-immolation were between the ages of 16-19 years.

Table 8.1.1: No of cases recorded per age and the percentage of burns they sustained

AGE	20-49%	50-69%	70-100%	Total Number of Cases
KABUL – 2006				
12-15	2	0	2	4
16-19	3	2	6	11
20-25	0	3	4	7
Above 25	1	1	0	2
Kabul 2005				
12-15	0	0	0	0
16-19	1	0	1	2
20-25	2	0	4	6
Above 25	1	1	1	3
Herat 2006				
12-15	2	1	1	4
16-19	2	2	6	10
20-25	3	0	7	10
Above 25	0	0	3	3
Herat 2005				
12-15	0	0	1	1
16-19	0	2	3	5
20-25	1	0	1	2
Above 25	0	0	2	2
Wardak 2000-2006				
12-15	0	0	0	0
16-19	0	0	3	3
20-25	0	0	2	2
Above 25	0	0	0	0
Total	18	12	47	77



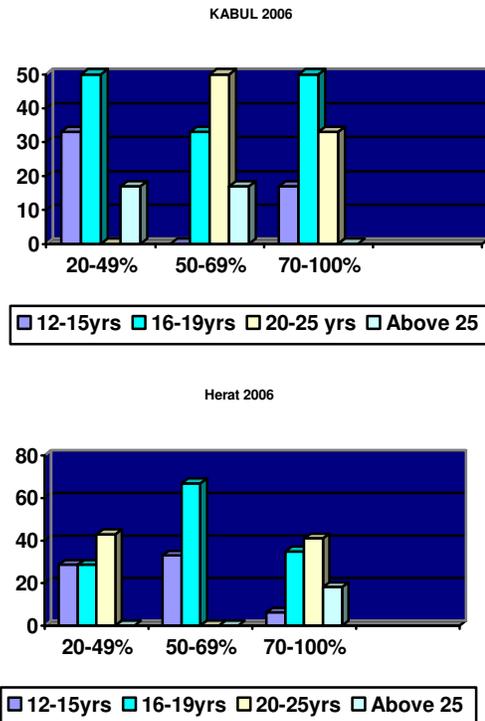
Graph 8.1.2: Comparison of ages between the provinces

102. As stated above, the majority of the victims tend to be between 16 – 19 years old. This is particularly true in 2006, whereby self-immolation amongst the 16-19 age bracket was prevalent both in Herat and Kabul. In Kabul the amount of girls/women between 16-19 years old committing self-immolation in 2006 increased, whereby the amount of older women between the ages of 20-25 decreased. In Herat, those girls/women in the 16-19 age bracket went slightly down but the amount of girls between 12-15 went up by 5% and those between the ages of 20-25 went up by 13%. In both Kabul and Herat the actual number of victims recorded in the hospital more than doubled. No such comparison was available for Wardak as only five cases were found to be recorded since 2000. There was only one case recorded for 2006.

103. Just as the present research demonstrates there is a tendency not to talk about self-immolation and in many cases it is denied that self-immolation has taken place, both doctors from Afghanistan and indeed doctors from other burn units in the rest of the world coincide that burns of more than 50% tends to demonstrate a purposeful act of self-immolation.

104. The table 8.1.1 illustrates the number of cases recorded per age and the percentage of burns they sustained. From the table we can not only deduce that self-immolation is particularly prevalent amongst the 16-19 year olds but they are also the ones who tend to sustain the highest percentage of burns.

CHAPTER 8 – AGE OF THOSE WHO COMMIT SELF-IMMOLATION



Graph 8.2.1. Age group most prone to sustain a certain percentage of burns in Kabul and Herat

105. Graph 8.2.1 indicates the percentage of burns sustained in correlation with the age group more prone to sustain a certain percentage of burns.

20-49% Burns: In the case of **Kabul**, one will note that 12- 15 years old and 16-19 years old are more prone to sustaining a lower percentage of burns compared with the other two age groups. Very few case studies were available for Kabul and it is therefore difficult to ascertain whether these are as a result of accidents, or are genuine “cries of help”.

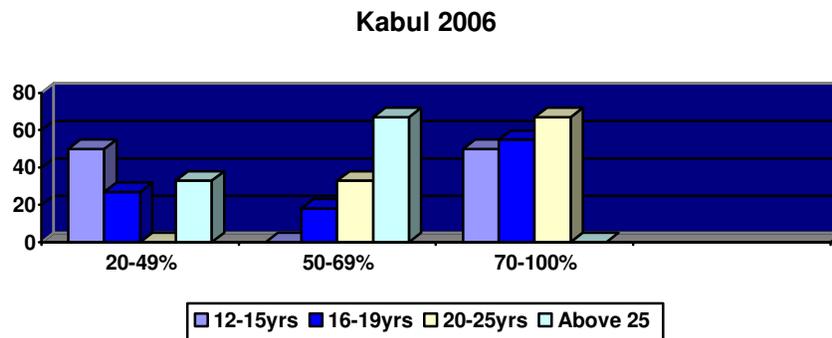
106. In **Herat**, there was evidence that the two younger age brackets suffered a sufficient amount of low burns. In all cases, none of these were attributed to an accident, but were either mental illness or a cry for help in an attempt to bring attention to the violence they were suffering.

107. **50-69% burns:** In **Kabul**, the 50-69% burns category is more prevalent amongst the 20-25 year old age group. The fact that nobody from this age group was in the first category of burns would seem to indicate that this particular age group commits self-immolation and does not use this practice as a cry for help but a genuine means of escaping their plight. No young girls are found to be in this category of burns. In **Herat**, it is interesting to see that only the 12-15 and 16-19 age group are found in this category. Further indicating that young girls are increasingly committing self-immolation in **Herat**.

108. **70-100% burns:** In **Kabul**, 16-19 year olds are more prone than any other group to sustain 70-100%. The 20-25 age bracket follows behind them. In **Herat**, the trend is slightly reversed, whereby 20-25 years old are more prone to sustain 70-100% burns and then are closely followed by young girls of 16-19. Nevertheless more cases of the 16-19 age bracket were recorded in both **Kabul** and **Herat**. These girls had sustained over 50% burns thereby indicating a strong indication that this particular age group are more prone to commit self-immolation than any other age bracket.

The next set of graphs for the three provinces illustrates how many girls/women in each age group sustain what percentage of burns.

Graph 8.2.3 Correlation between age and percentage of burns in Kabul 2006



109. **Above 25:** It is apparent that those women who are above 25 in **Kabul** tend to sustain either low percentage of burns or 50-69% of burns. Unfortunately due to the lack of forthcoming information on the exact details of the cases, it is difficult to ascertain why these women committed self-immolation. It is interesting to see that no woman above 25 sustained burns above 70. A theory could be that these women were more prone to call attention to their plight by burning themselves but did not seem to be committing self-immolation with the intent to kill themselves.

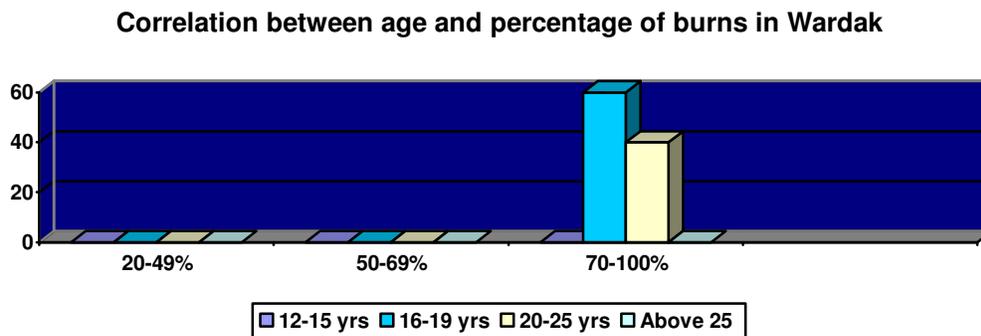
110. **20-25:** The women between the ages of 20-25 were more prone to commit self-immolation, than any other age group in **Kabul**. No women were found to be in the first category of burns. The fact that almost 70% of women in this age bracket incurred more than 70% burns indicates that this particular age group self-immolates with the intention to die from their injuries.

111. **16-19:** The statistics for this particular age group is spread across the board. On examination of the statistics, it demonstrates that this age group is more prone to self-immolate with over 70% of this age bracket sustaining burns of over 50%. Due to the lack of information, it is difficult to ascertain why these young girls committed self-immolation and whether the 27% girls in the lower percentage bracket are due to accidents or used the act of burning as an attempt to bring attention to their plight.

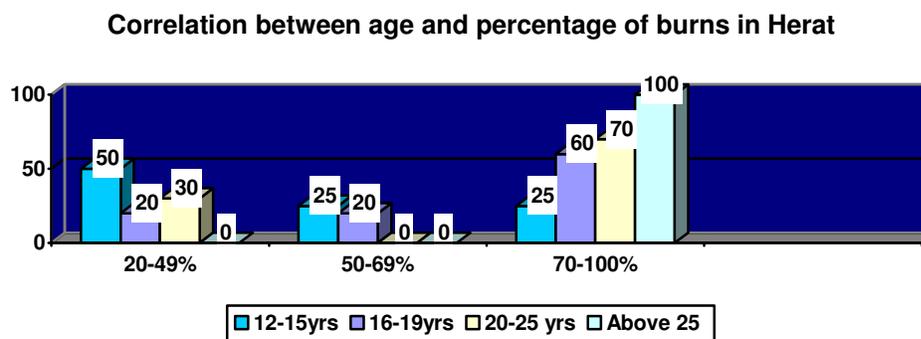
112. **12-15:** The figures for this age group are equally shared between the lower percentage of burns and the higher percentage of burns. It is worrying that girls of such a young age are sustaining burns and that 50% of them are sustaining over 70% burns indicating a heavy conviction to set themselves alight and to die of their injuries. Further investigation would be needed to ascertain whether the other 50% of the girls in this age group of sustaining lower percentage burns due to a genuine cry for help or as a result of an accident.

113. It is important to note that many genuine accidents happen in the kitchen because of the fuels and petrol used in cooking. The likelihood of accidents of this type occurring is even more likely should a young child be using such dangerous materials. During the research, it became clear that women suffer burns due to inadequate care in cooking and also that T-1 – a contaminated fuel – can cause sudden explosions resulting in accidental burns. The relevant governmental authorities should take action to monitor the purchase and use of this fuel and also to provide information to the population on the dangers of fire and burns - including how to take adequate care in the home. The dissuasion of very young girls in the kitchen should also be encouraged.

Graph 8.2.4.: Correlation between age and percentage of burns in Wardak 2000-2006



114. As discussed above, all 5 cases recorded in the **Wardak** hospital resulted in death. Although very few cases were recorded in **Wardak**, the statistics coincided with the other two provinces, whereby the girls/women were mainly in the 16-19 age brackets. It remains to be seen why the hospital does not have any other records on burns lower than 70% and why there was not a wider age group. It would seem apparent that cases are not being adequately recorded in the hospital. The collusion of silence around the issue of self-immolation is very prevalent in **Wardak**. A death of a young girl which is related to violence against women would generally not become public knowledge as this is perceived as resulting in a strong sense of loss of honour for a family.



Graph 8.2.5: Correlation between age and percentage of burns in Herat 2006

115. **20 – 25 and 25 and above:** Research in **Herat** indicates that 100% of the women aged 25 and above self immolate and die from their injuries. It is very probable that these women are in point 4 of the typology described above – i.e. they reach the “point of no return” and they self immolate. The same tendency seems to be repeated to a slightly lesser extent with the women aged 20-25 whereby 70% of women in this age bracket clearly self-immolate. The remaining 30% which are in the lower category of burns could indicate an accident, but it could also indicate that they are endeavouring to bring attention to their plight by setting themselves alight. In the research, women with a connection to Iran tended also to be between the 18-25 age brackets, which could also indicate that women of a certain age returning from Iran are more prone to self-immolate. Nevertheless, the research did not reveal specific statistics in this regard, and a detailed study would need to be undertaken in order to ascertain if indeed there is a direct link between Iran and self-immolation.

116. **16-19:** Research in **Herat** indicates that 60% of the 16-19 age groups have burns above 70%. The fact that another 20% have burns on between 50-70% of their body indicates a high intention amongst young teenage girls to commit self-immolation. Burns of less than 50% tend to indicate an accident, nevertheless in the cases which were reported, one girl admitted to burning herself in order to call attention to her plight, and the second girl was allegedly suffering from a type of mental illness and did not have any recollection of the incident.

117. **12-15:** The statistics are split between 50% of the cases suffering 20-50% burns and the other 50% of the cases are between 50-69% and over 70% burns. With regards to the lower percentage of burns, both cases were once again attributed to a “cry for help” and a suspected mental illness. The fact that a girl as young as 12 needs to use such a dangerous and violent method of drawing attention to her plight is worrying and illustrates the severity of the alienation that many girls and women feel with regards to violence in Afghanistan today. The second case was also an incidence of mental illness, which illustrates just how many girls and young women are affected by post traumatic stress and are unable to gain sufficient access to health facilities and are unable to talk about their problems openly. On the other side of the scale, both cases were self-immolation with one girl committing suicide due to an impending forced marriage and the other girl due to the fact that she had been deprived of going to school. Both these

CHAPTER 8 – AGE OF THOSE WHO COMMIT SELF-IMMOLATION

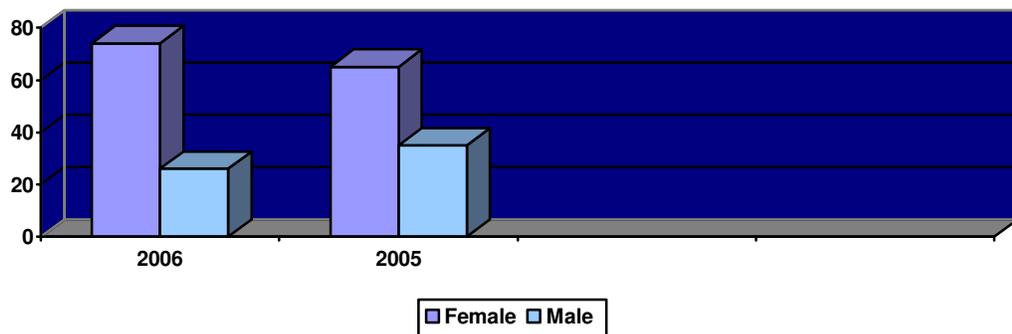
cases demonstrate the desperation of these young girls who feel that they are unable to turn to anyone in their family or an outsider in order to discuss their problems. They feel that the only way out is to end their torment and to self immolate.

9. SELF-IMMOLATION AMONGST MEN

118. Contrary to worldwide statistics, women in Afghanistan tend to commit suicide more often than men. The research carried out by *medica mondiale* Afghanistan confirms this. When explaining the reasons behind men committing self-immolation, doctors pointed to family violence, weak economy, unemployment, falling in love with girls and addiction to hashish and other drugs.

The following graph demonstrates, a significant percentage of men were treated in Kabul for self-immolation.

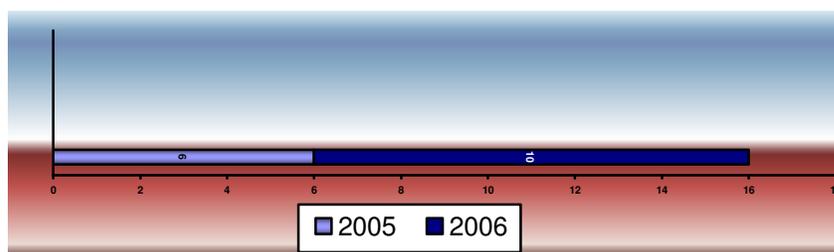
Graph 9.1.1. – Percentage of men v women treated for self-immolation in Kabul



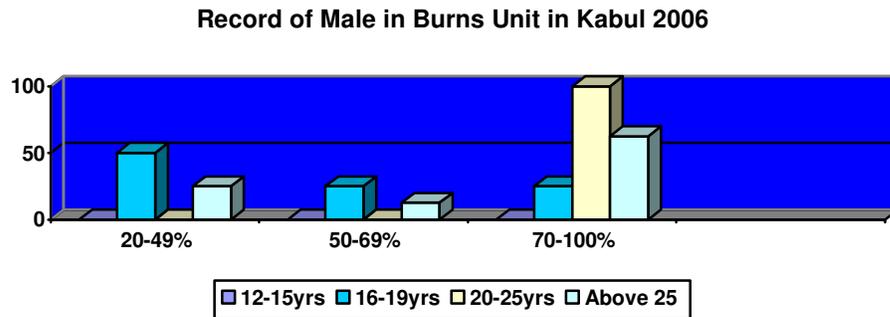
119. No men were amongst those who committed the act in Wardak. With regards to Herat, out of 38 cases, there was one male case of burns. Nonetheless, it is doubtful whether this was a case of self-immolation as he only had 25% of burns. Furthermore, he was 16 years old. If the typical profile of a man committing self-immolation in Kabul is used, male children as young as 16 were not found amongst the cases.

120. In Kabul, although statistics recorded more cases of possible male self-immolators, in percentage terms the number of males who committed this act went down by 6% from 2005 to 2006.

Graph 9.1.2: – Number of male cases recorded in Kabul in 2005 and 2006

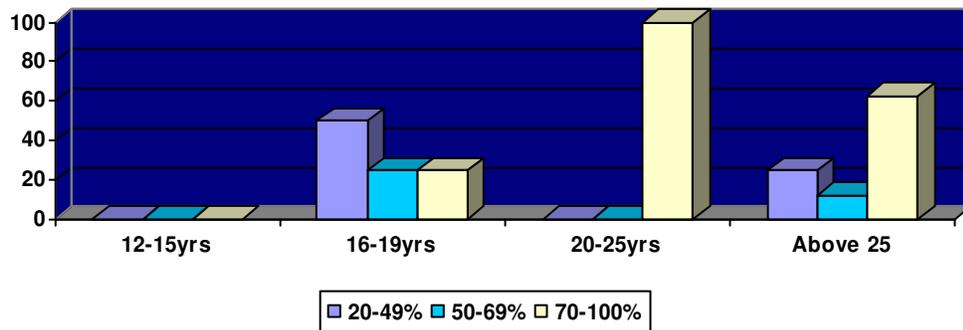


Graph 9.1.3: Age of male patients in Kabul 2006



121. The above graph demonstrates that there were no male victims under the age of 15 and in fact there were no males under the age of 18. Given that the principal cause of self-immolation points to child marriage and forced marriage amongst girls, it is to be expected that no males under 18 are self-immolating. Another reason boys under 18 are not found in the 20-50% category of burns is due to the fact that very few males go into the kitchen. As a result, accidents involving explosions in the kitchen would not affect young boys. Furthermore it is interesting to see that the grand majority of males are over 20 and tend to sustain a very high percentage of burns.

Graph 9.1.4: Percentage of burns sustained in correlation to age

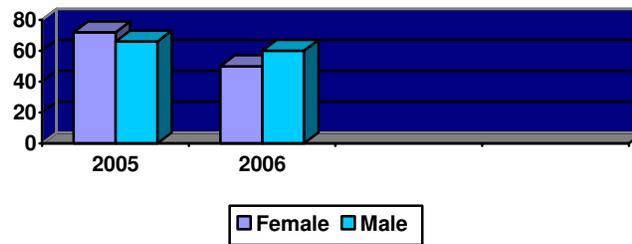


122. Furthermore, it would seem that the majority of 16-19 years old (18 and above) are more prone to sustain lower percentage of burns, indicating that these might be as a result of an accident. Males above 20 years are more prone to incur burns of over 70% more than any other age group, thus indicating a genuine attempt to end life amongst the more mature men. The research confirms the truth of a worldwide trend indicating that males are more prone to carrying out completed suicides.

9.2. DEATH RATES AMONGST MEN AND WOMEN

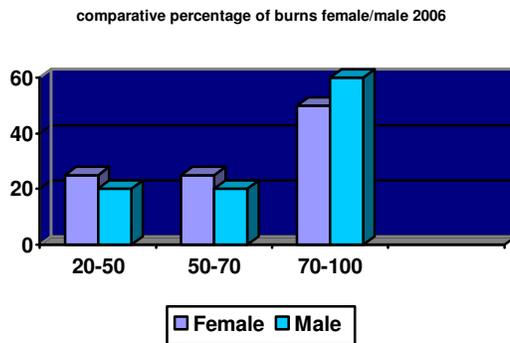
123. This intent on the part of men to carry out a completed suicide is further substantiated by the fact that of all the male patients admitted to hospital, the men were more prone to die of their injuries.

Graph 9.2.1: Percentage of females v males who died of self-immolation

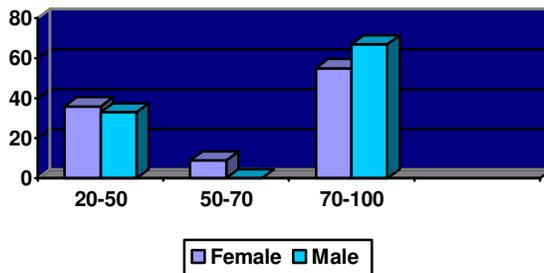


124. It is interesting to see that in 2005 there were more completed suicides for females than in 2006. Nevertheless, in 2006, consideration must be taken of the 20% of the cases for males and 25% of the cases for females which had a lower percentage of burns indicating an increase in the survival rate. It could also mean that there were better services provided

Graph 9.2.2: Comparative percentage of burns female/ male 2006/2005



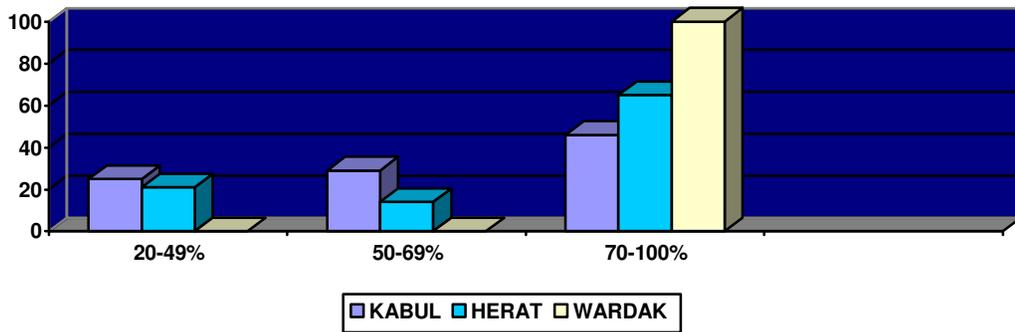
Comparative Percentage of Burns female/male 2005



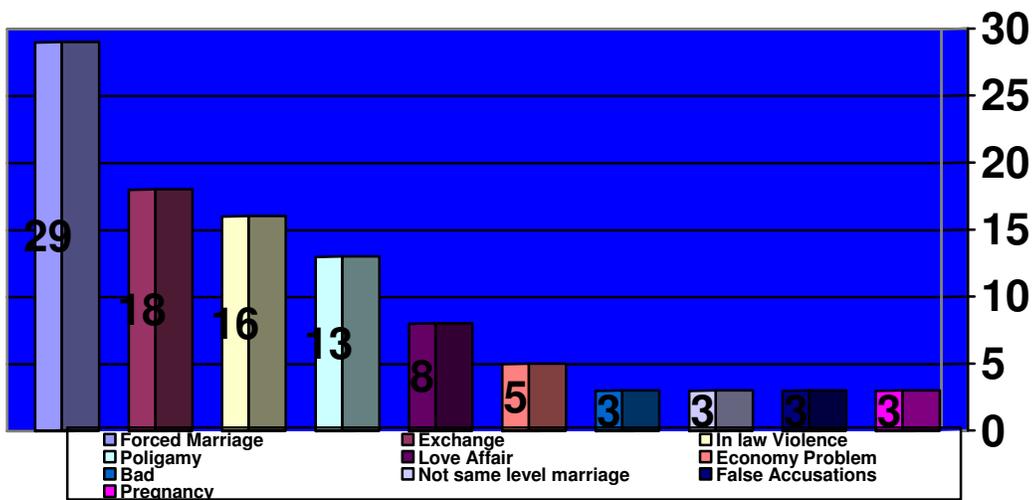
125. Comparing the two years, although male self-immolation “success rates” slightly overtake that of women, account must be taken of the correlation of women to men engaging in self-immolation. In Kabul it was 3 women to 1 man, demonstrating that self-immolation and suicide is principally a phenomenon amongst women. Women are not merely calling for help; they genuinely want to commit suicide due to no other alternative being given to them.

10. CASE STUDIES - CAUSES OF SELF-IMMOLATION

126. In all confirmed cases of self immolation the common denominator was that the victim had previously been subject to some form of violence. The chart below shows the percentage of burns for each province. Statistics reflect cases between 2004-2006 (in the case of Wardak one of the records dates from 2000). Wardak is reflected as having the highest percentage of burns where self-immolation resulted in death. It is worth mentioning that perhaps there were other cases where people survived but no such cases were uncovered. The amount of cases which had more than 50% burns (50-70% and 70-100%) is slightly higher in Herat than in Kabul, with an average of 79% of cases as opposed to 75% of cases.



127. The chart below cites the major causes for self-immolation identified in the research. Respondents reported that forced marriage (usually before 18 years of age) was the principal reason for self-immolating.



128. All of the above mentioned causes are forms of violence against women. They could be in the form of sexual, physical, emotional or psychological violence. In some

cases, although not recorded above, women and girls suffered more than one form of violence at the same time.

My father married me with a man who had neuron sickness and he didn't ask my consent [participant from Wardak].

My marriage was not with my consent. In fact, my father didn't ask for my consent. So when I went to my husband's house my mother in law was always filling up my husband against me and he was beating me. They only allowed me to visit my family in five or six months. One day he beat me even my father in law, and then I poured fuel on me and burnt myself. I want to complain against my husband to the authorities and government if they can do anything [Herat]

My 18 years old sister did not want to marry this man and requested my father several times not to give her to the farmer but he ignored her pleas. One day I heard that my sister had taken petrol and committed self-immolation {sister of victim – Wardak province}

129. The percentage of burns tends to indicate the seriousness of the intention to self-immolate. As has been repeated throughout this research, burns normally under 50% do not necessarily indicate self-immolation. Nevertheless, research in Herat demonstrated that there were cases of confirmed self-immolation amongst patients who had less than 50% burns. The fact that they had a lesser degree of burns indicated however that they were using self-immolation as a means to draw attention to their torment, rather than a genuine attempt to end life.

The following endeavours to explain the underlying causes of self-immolation – classifying the reasons under the percentage of burns they sustained.

20-49%

130. For Herat 21% and for Kabul 25% of cases reported 20-50% burns. There was one case in Kabul where a female died with 40% burns, the rest apparently survived. The pending life situation of self-immolators refers to the time up until completion of this research; others may have died in the interim period. The mean age of those who committed this act was 18 years old.

131. Herat experienced 8 cases of women with less than 50% burns. The researchers were able to get firsthand accounts of all of these cases from the victims.

132. In two cases, it can be concluded that the girls suffered from post traumatic stress disorder. These married girls were respectively 15 and 22. Both had no memory of the incident and only recalled “going numb,” then suddenly finding they were alright. Both burnt themselves in the kitchen. In both cases a present family member extinguished the fire quickly. The 22 year girl had a connection to Iran.

CHAPTER 10 – CASE STUDIES – CAUSES OF SELF IMMOLATION

133. The other six cases involved girls/women from the ages of 13 to 30. Burns ranged from 30 -40%. All were married except one. These cases could be categorised as a “cry for help”.

134. The first case refers to a 13 year old who was forced into a marriage with a man who was 55 years old and already had 3 wives who he had allegedly beaten to death. It appears that this girl’s burning constitutes a desperate cry for help. Fortunately this cry was heard. The girl is now filing for divorce, while her husband is in prison.

“He was always beating me, until I burnt myself. Now I want to take my divorce. I don’t want to go back and live with him.”

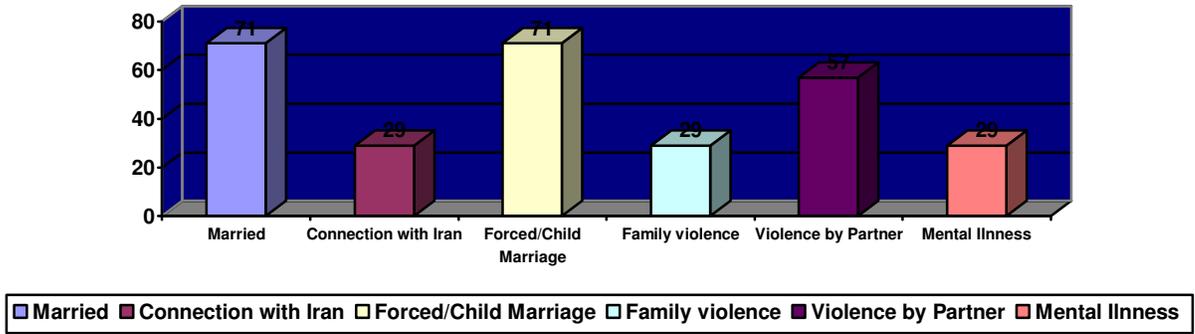
135. The second case was an 18 year old who was brought up in Iran. This young woman suffered many problems at the hand of her in-laws. One of the main reasons cited for her self-immolation was her refusal to wear a *burqa*. Her self-immolation may indicate a cry for help or a form of protest at her new found conditions within Afghanistan as compared with those she had in Iran.

136. The third case is of a 20 year old who had threatened to commit suicide if her in-laws continued to taunt and beat her. She carried out her threat, but did not suffer extensive burns. She was able to get a divorce.

137. The fourth case is of a 17 year old who was not happy with her marriage because her in-laws were beating her. Her wish is to divorce.

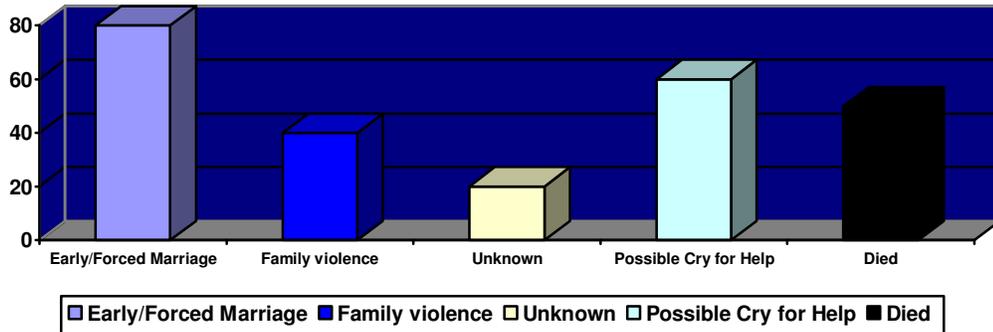
138. The final recorded case is of a 30 year old who had an “arranged marriage” with her cousin. He had left for Iran to save money for their marriage. Upon his return the woman discovered that he had taken an Iranian wife. The two women fought continuously. The husband divorced the Iranian wife. Following this, the Iranian woman came to Afghanistan to live with the couple and proceeded to burn herself after a fight with the Afghan wife. The Iranian wife and husband returned to Iran leaving the Afghan wife in Afghanistan.

139. The following graph indicates some reasons for self-immolation. It must be noted that some of the issues are cross-cutting where more than one reason was cited.



50-69%

140. In Herat, there were five cases of women who suffered between 50-69% burns. Two out of the five died, two survived, and one case is unknown. Ages ranged from 15 – 18 years. Of the two who died, one was 18 with 50% burns and the other was 17 with 65% burns. Researchers attained information for all five cases, while details about two of the cases were fragmented. The mean age was 18 years old. All but one was married.



141. The above graph illustrates that 4 out of 5 cases were examples of forced or child marriages. In one case, research did not reveal sufficient information to conclude the reason for self-immolation. (The young woman died as a result of her injuries, and family concur that it was an accident.) In at least 2 out of 5 cases research indicates that the setting alight to themselves was probably a cry for help. In the first case, the woman set herself alight after only 20 days of marriage as her husband and the husband’s family were abusing her. Nevertheless, she set herself alight in the presence of others, and they were quickly able to come to her rescue. Despite her apparent cry for help, her burns, and her state of pregnancy, her husband continues to beat her.

“I got pregnant and during my pregnancy, I was beaten several times. But then I never tried to burn myself and I have to bear and tolerate these all and live with them. Even now the spots on my skin from the burns bother me. My husband’s family abuses me and taunts me but I tolerate.”

CHAPTER 10 – CASE STUDIES – CAUSES OF SELF IMMOLATION

142. In the second case, the father of a 15 year old girl was going to force his daughter into a marriage. She set herself alight and died from her injuries. She only had 50% burns, but according to her father, nobody was in the house at the time and there was a delay in getting her to the hospital. Despite nobody being present in the house, her father claims to know exactly what happened to her and says that it is an accident, despite some shortcomings in his version of events.

70-100%

143. Researchers were able to gather information pertaining to 20 out of 24 cases in Herat. 70% of these women were married, 20% single and the remaining 10% it is unknown. All of the victims died of their injuries, except for one, who was still alive at the time of the research.

144. The ages ranged from 12 to 35 with both females at each end of the scale sustaining 100% burns. Four of them were single the others were married. The mean age was 21. The four people who were single, were 12, 16, 19 and 20 respectively. With the case of the 20 year old researchers were unable to substantiate enough facts to come to any conclusion. The 12 and 16 year old had been taken out of school. They both burned themselves.

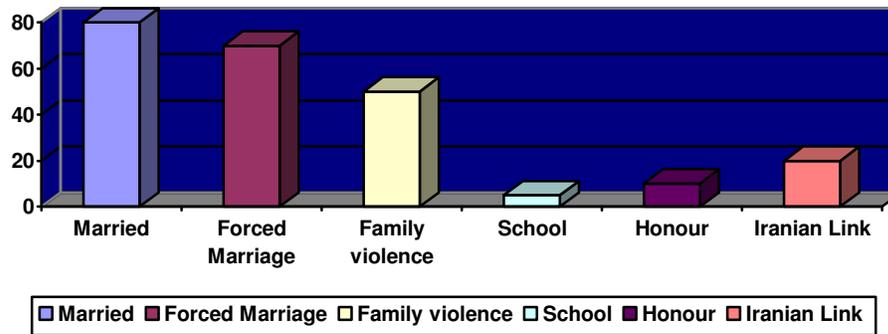
“Since she loved studying and school and once more she was prohibited from going to school so this time she was scared of her father and she committed suicide by burning herself. She went to a room and poured fuel on herself, locked the room and burnt herself”

145. In the fourth case of the 19 year old, rumours had been spread that she was pregnant by her neighbour, her brothers beat her and questioned her honour. She set herself alight and when in hospital it proved that there was no pregnancy.

“When I went out I saw her burning, we tried to extinguish the fire. After extinguishing we took her to the hospital and there it was proved that she was not pregnant but it was only a rumour. This caused this incident.Now I realise that if I were educated, I would have taken my daughter to the doctor in the beginning, at least I could have saved my daughter from burning.”

146. In a further six cases, four claimed an accident and in two cases no information was available.

147. The other ten cases all involved a forced or exchanged marriage. Three of them had a link with Iran. Nine out of ten claimed family violence as the cause. One blamed it on her husband’s constant beatings.



”One death is better than dying every day”

148. In Wardak the five cases all had over 70% burns and all five died. The girls were between the ages of 18-21. All were married, and all except one (the exact details of her marriage are unknown) were either forced or exchanged marriages. Four self-immolated due to family violence; one implied that she self-immolated due to violence from either her husband or in-laws. Two of the women had a connection with Iran.

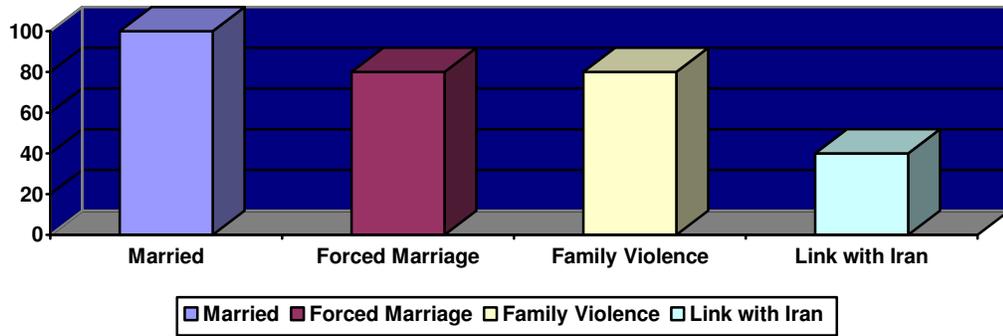
149. One of the cases involved an 18 year old girl who was forced to marry a “mad man.” She endeavoured to remedy the situation but was unable to obtain a divorce from the court. One day when nobody but her husband and herself were at home, she poured petrol over herself and set herself alight.

“ I am her sister, and I saw her before she died and asked her why she had taken this step. She cried and said “Now I have got rid of this torture. Why did you give me to a mad man? What can I say? I had no alternative but to do this!”

150. Another case involved a girl who was unable to become pregnant and was taunted by her family. She could no longer take the pain of the torment of her husband and family and so she self-immolated. When asked why she had done this – she replied.
“One death is better than dying everyday.”

151. In the final case, a father attempted to impose a forced marriage on his daughter. The daughter threatened to commit suicide if the marriage took place. The father threatened her, and after a few days she set herself alight. When asked by the doctors how she had gotten burnt she said –
“ My father is a murderer. He sold me for money. Why did he do that?,”

CHAPTER 10 – CASE STUDIES – CAUSES OF SELF IMMOLATION



11. CONCLUSIONS

152. The main conclusions from the research were:

- ❖ Self Immolation is more prevalent among women than men. In Kabul a correlation was found 3:1 and in Herat 37:1 and in Wardak there were no male cases of self immolation recorded.
- ❖ Women commit self-immolation in response to violence against their person in all its forms.
- ❖ Self-immolation is present in all three provinces, and on the increase in Kabul and Herat.
- ❖ During the research Herat has the highest incidence of recorded cases, followed by Kabul and then Wardak.
- ❖ Herat is more open to talking about the phenomenon; in Kabul and Wardak a collusion of silence surrounds the issue.
- ❖ Young girls between the ages of 12-15 in Kabul are more prone to alleged accidents in the kitchen than any other age group.
- ❖ Young girls between the ages of 16-19 in Kabul, Wardak and Herat are more prone to commit self-immolation than any other age group.
- ❖ Young girls between the ages of 16-19 in Kabul are more likely to sustain more than 70% burns than any other group, and in Herat women between 26-50 are more prone.
- ❖ 95% of cases of self-immolation were committed by women who were illiterate or had little education. The remaining 5% of cases, however, were probably due to accidents rather than attempts of self-immolation.
- ❖ Nearly 80% of those who committed self-immolation were married.
- ❖ The mean age of single women committing self-immolation was 14.
- ❖ The total mean age of women committing self-immolation was 19.
- ❖ The most frequent reason for committing self-immolation emanates from forced or child marriage.

11.1. MAIN CAUSES OF SELF-IMMOLATION

153. This research concludes that women are increasingly committing suicide by self-immolation. According to the research carried out, the phenomenon tends to affect young girls although the death rate is higher amongst those who have reached adulthood. Inadequate hospital records, scarce resources to treat burn patients and the general collusion of silence, taboo and stigma attached to this issue, all work to bring about a situation in which many cases of self-immolation go un-reported, concealing the real extent of the problem. This research concurs with that of other stakeholders which indicates that violence against women remains endemic and pervasive. The cycle of violence which the average Afghan woman endures during her lifetime limits her access to fundamental rights and reduces her ability to make life choices in order to avoid or reduce this violence. The accessibility of fuel or petrol, the high incidence of women suffering post traumatic stress and the apparent lack of alternatives are some of the causes which drive these women to commit this violent and excruciatingly painful act.

CHAPTER 11 – CONCLUSIONS – *Main Causes of Self-Immolation and Underlying Factors*

154. The main causes of this phenomenon are forced and child marriage. The practice of forced marriage is carried out in the name of both baad and Badal. Girls and women who resorted to the act of self-immolation rarely, if at all, had support to prevent or stop the violence from their family members. These females were methodically returned to their abusers and were told to “tolerate” violence in all its forms. The general neglect of the girl/woman’s family members is compounded by her in-laws who regularly taunt, physically and psychologically attack and make her life unbearable. Furthermore, the community rarely reacts to violence against women, and tends to ignore it or normalise it in a family context. In the situations where the girls/woman’s family approached local elders for help, although they offered aid, it did not normally result in the end of violence for the woman.

155. In situations, where the girl child or sometimes adult woman, was not married, events such as her questioned honour or the lack of prospects and deprivation of education or health facilities led these females to commit self-immolation. Girls as young as 12 committed this act because they were promised into a forced marriage, or could not bare the thought of being taken away from school and face a life of torment and pain without access to their economic and social rights. As a result of 23 years of conflict and what is for many girls a life time cycle of violence, psycho-social problems contribute to their desperation. In situations of ongoing traumatic stress, such as in war/post-conflict situations and in cases of systematic societal abuse and oppression, a complex form of post traumatic stress disorder may result. One hallmark of this disorder is an alteration in the function which regulates emotions, sometimes leading to chronic suicidal preoccupation and self-injury.³⁸

156. Research also illustrated a casual link with Iran. Some of the females who had committed this act, had either lived previously in Iran or their husband had lived or worked there. Self immolation in Iran accounts for 25-40% of all forms of suicides. It is the second (after hanging) cause of death among completed suicides.³⁹ The influence of Iran cannot be ignored, especially with regards to the over “sensationalisation” and “idealisation” of this act in the media. Nonetheless, the causes run more deeply, and it is suggested by medica Mondiale Afghanistan that a study should be carried out on whether returnees, and IDPs are more prone to commit this act than other sectors of society. For the present research this was not the case. At the same time, the research only touched the surface of the problem and although key groups were identified, the relation between the status of returnees was not compared to those who have always lived in the country.

11.2. UNDERLYING FACTORS

157. The situation of Afghanistan is unique, as are the interlinking causes of the lack of human rights and treatment of women’s rights. Afghanistan is one of the poorest countries in the world, it has suffered over 23 years of conflict, with an estimated 6

³⁸ Adapted from the writings of : Herman, Dr. Judith, Trauma and Recovery, 1992

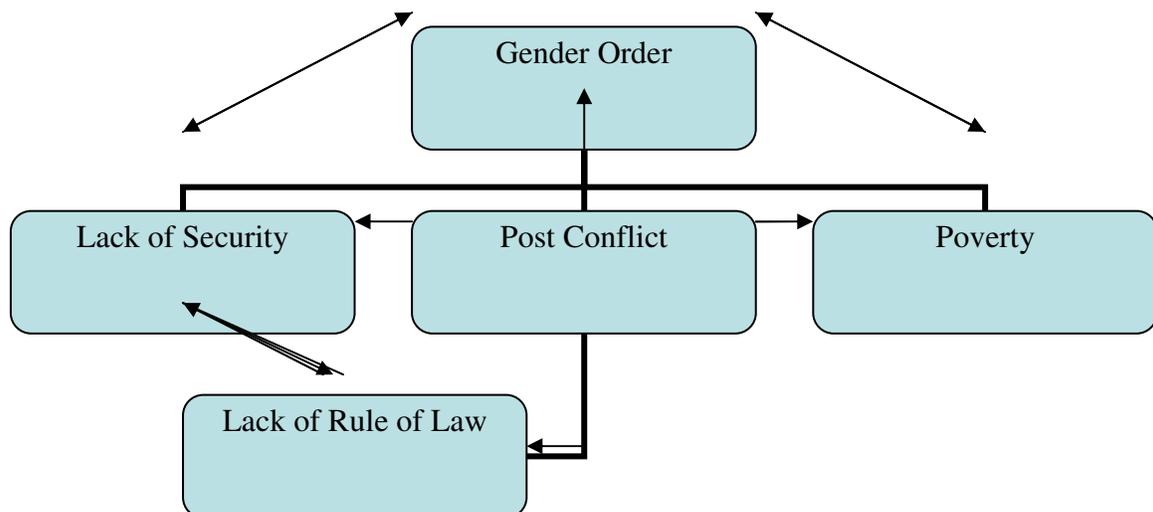
³⁹ Zarghami M, Khalilian AR. Deliberate Self-burning in Mazandaran, Iran. *Burns* 2002; 28:115-9

CHAPTER 11 – CONCLUSIONS – *Main Causes of Self-Immolation and Underlying Factors*

million Afghans being displaced and approximately 3.4 million of these still remaining outside the country. Life expectancy for women is less than men – estimated at 44 for women and 45 for men. Despite male war casualties men outnumber women with an average sex ratio of 104 for all ages. 53% of the rural population lives in poverty, with extreme regional disparities. Although precise figures are unavailable, the level of malnutrition is estimated at somewhere between 45 and 55%, with women and infants particularly at risk.

158. The maternal mortality rate is among the highest in the world, with 1,900 deaths per 100,000 live births. In Badakshan, this number climbs to as high as 6,500 deaths per 100,000 live births. In other words, one woman dies giving birth approximately every 30 minutes. According to official figures, only 28.7% of the population over the age of 15 can read and write. The real figure may be much lower, and as low as 10% for the general population and 5% for women. Four million children have enrolled in school since the fall of the Taliban. Despite great progress since 2002, the primary school enrolment rate is among the lowest in the world, with only half as many girls enrolled in primary education as boys. This wide gender disparity prevails across entire country and is particularly acute in the southern provinces, where girls represent only 15% of the primary school population.

159. These statistics are only a backdrop to some of the underlying causes of violence against women in Afghanistan. In order to examine the reasons for violence against women, it is not enough to take one cause and eradicate it. Violence against women is ingrained in Afghan society and a multi-faceted approach must be taken to eradicate it. Within this approach, one must take into consideration the effect of Afghanistan's war ravaged past. Post conflict countries are inevitably characterized by poverty, lack of rule of law and poor security conditions. These in turn affect the types of violence experienced and the extent to which women's rights are affected.



160. In general terms, Afghanistan's commitment to the progress of women's rights is commendable. Nevertheless, these commitments are by and large considered to be symbolic and do not hold any real ground. Implementation is weak and justice for women is sometimes inexistent. Many women find themselves being detained for "running away" and are put in prison for an offence which does not even exist in law. Thousands of women were raped during the conflict and many thousands are still being raped by family members, commanders and sometimes representatives of the state. Despite this, the crime of statutory rape does not exist in Afghan Law.

161. International standards need implementing and domestic laws need to be upheld. New initiatives, such as the registration of marriage campaign, require encouragement. Within Afghanistan, the AIHRC estimates that between 60 and 80% of marriages are forced and involve girls below the age of 15 – especially in rural areas. Nevertheless, this translation of rhetoric into reality is not enough. A major finding of the research is the normalisation and acceptance of violence against women across all sectors of society. Furthermore, girls and women are inevitably blamed for the violence. Implementation of women's rights and enactment of relevant laws will take time, but there will be a trickle down effect that permeates at all levels. On the other hand, violence is far more ingrained in society and an integrated approach especially at the community level is key to facilitating change. Many of the cases researched involved female in-laws taunting and physically abusing family members, illustrating a pattern of violence that is endemic on all planes. Women and girls are unable to turn to their own families for fear of repercussions. Honour and stigma prevent many women from abandoning a violent household, alienating her further from society and often resulting in severe depression.

162. To this end, although a top-down approach is what is called for, the condition of Afghan society necessitates integration of this approach at strategic levels, including the judiciary, education and healthcare. The role of women in the parliament cannot be underestimated – their voice needs strengthening through further capacity building. This is especially true in rural areas, where perhaps the provincial councils could integrate at a more local level shaping the more influential leaders in society such as mullahs and community leaders to advocate against violence against women. The Ministry of Women's Affairs, especially at provincial level needs also to be afforded more support. Participation of women should be encouraged across the board. The importance of health facilities and education are paramount. A recent initiative by GTZ which is currently piloting the training of teachers to be counsellors is a good example. Teachers are taught to recognise trauma and identify family abuse or an impending child marriage. Initiatives of this genre should be encouraged. The Government should use the Afghan Compact and the pledges therein to permeate the issue of women's rights into the community and make civil society part of an inclusive process. Without integration at the lower community levels, government actions will remain symbolic and tradition and culture will continue to serve as a justification for violence against women

163. If women and girls and communities as a whole continue to be threatened by gender-based violence such as forced marriages and if they continue to result in the suicide and self-immolation of women, then not only the victims and their families and

communities will be affected – but also the state. Without the mental and physical health of the population, there is no real chance for peace and security. If the needs of victims of sexual violence are not recognized and addressed, then the opportunity for building a more peaceful and equitable society is wasted. If families and communities are not helped to cope with this issue, then the cycles of violence and revenge will continue [*Statement by Thoraya Ahmed Obaid UNFPA Executive Director, 2004*].

164. *medica mondiale* Afghanistan highlights the rights of women that have survived violence, or that are at risk of violence, and focuses on providing direct services to women subject to violence. The organisation provides professional support to safe houses and shelters, legal services, psycho-social support, political lobbying and advocacy activities. One aspect of support to women that is crucially important in Afghanistan (as in other post-conflict and crisis countries) is the psychological and trauma support and dealing with women survivors of violence in a trauma-sensitive and women-friendly manner. *medica mondiale* Afghanistan supports the belief of Afghan women activists that the urgent and continuing need for women in Afghanistan is physical security. In turn, physical security would enable developments in education, healthcare, and fuller social and political participation.

165. To this end, *medica mondiale* calls on the Afghan Government, the community as a whole, and on all relevant stakeholders in the sustainable development of Afghanistan to contribute to the realisation of women's rights and an end to a life time of violence for each and every Afghan woman. To be free from violence and the results of self immolation, women need to be afforded the ability to make informed choices and to access their rights on an equal plane to men.

12. RECOMMENDATIONS

Afghan Government and Parliament

- *Afghanistan signed the Bonn Agreement on 5th December 2001 and committed to a “broad based, gender sensitive, multi-ethnic and fully representative government”;*
- *The Afghanistan Constitution was approved on 4th January 2004. Article 22, 44 and 54 highlight that “the citizens of Afghanistan – whether woman or man – have equal rights and duties before the law.” ;*
- *Elections in 2005 resulted in 27% of the National Assembly being represented by women;*
- *Nevertheless, only one cabinet member is female, 4% of the sitting judges in Afghanistan are female, 6.4% of prosecutors are female, 6.1% are attorneys and no women members are in the Supreme Court Council⁴⁰.*

Therefore Afghanistan and its government are falling short of their commitment to gender equality and should promote the integration of women at all governmental levels immediately.

- *The majority of the cases researched concluded that forced and child marriages led to self-immolation. Forced and child marriage is contrary to the law and to Islamic beliefs, yet 57% of girls are married before the legal marriage of 16 and it is estimated that 70% to 80% of women faced forced marriages in Afghanistan. Furthermore, Afghanistan signed the Protocol on the Elimination of Forced and Child Marriage on the 24th November 2005, aiming at the elimination of child and forced marriage by 2008.*

The registration of marriage campaign was launched by medica mondiale Afghanistan and the Government on the 7th March – follow up should be made of this campaign. It is recommended that registration of marriage should be obligatory. Any person who does not register their marriage or is found to have an illegal marriage should be subject to legal prosecution. Illegal marriages may include child marriage, forced marriage or a marriage using Bad or Badal or any other marriage which is contrary to the law or to Islamic Beliefs. These new laws should come before the Parliament for approbation as soon as possible.

Ministries

The Ministry of Women’s Affairs

Ministry of Women’s Affairs should be supported and their work should be encouraged on all levels. They should organise a nationwide public awareness programme on violence against women and the consequences thereof. Special attention should be made for women who are contemplating suicide due to violence

⁴⁰ Source – UNIFEM Afghanistan – Fact Sheet May 2007

and be able to seek help amongst local leaders, at health facilities or amongst their family members. Special workshops should be held for male and female and mixed shuras to equip them with the knowledge on how to talk and deal with violence against women and how to prevent them from committing suicide.

The Ministry of Education and Ministry of Higher Education

- *Afghanistan became the 191st signatory to the Millennium Development Goals in 2004 – pledging amongst other things to “achieve universal primary education; to promote gender equality and to empower women; to reduce child mortality and to improve maternal health.*

- *Estimated literacy rates for women stands at 15.8% and at primary level there is one girl student for every two boys and at secondary level there is one girl for every five to six boys. Only about one quarter of teachers in Afghanistan is female.*
 - **The Ministry of Education must ensure that Millennium Development Goals, are met and that more girls attend schools. Training of female teachers is paramount.**

 - **Teachers at all educational levels should be trained on how to recognise violence within the home and should encourage children and young adults to talk about their problems at home and within the community.**

 - **The Ministry of Education should develop a curriculum on human rights education and the principle of equality enshrined in Islam to be implemented at different levels of schooling.**

The Ministry of Hajj

- **Mullahs should give information on how to prevent and reduce violence against women in the home and talk of the consequences of not stopping this violence.**

The Ministry of Health

- **Establish psychological treatment centres in hospitals and in clinics, so that patients and family can talk about their problems. These should be especially prominent in burns unit but also maternity wards, and genealogical wards. Doctors and psychologists should be able to recognise signs of violence and also post traumatic stress and deal with these accordingly**

- **The system of registration in hospitals should be more efficient, which should note down the cause of the injury and in the example of burns cases, whether it is a suspected case of self-immolation.**

The Ministry of Interior

Women represent less than 1% of employees in the police. There are only 233 police women in Afghanistan. The majority of these are tasked to search and not deal with crime especially with those against women.

- **A nationwide campaign should be launched to attract more women into the police service and the women already in the police should be trained in order to deal with domestic violence.**
- **Family Response Units should be strengthened and more specialised training should be given in order to deal more efficiently with violence against women and its consequences.**

13. APPENDICES

Appendix 1

Appendix 1: International framework that addresses Violence against women

Year	Instrument
1974	the <u>Declaration on the Protection of Women and Children in Emergency and Armed Conflict</u>
1979	the <u>Convention on the Rights of the Child</u>
1979	the <u>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</u>
1993	the <u>Vienna Declaration and Programme of Action</u>
1994	the <u>Declaration on the Elimination of Violence against Women</u>
1994	the <u>Cairo Programme of Action</u>
1994	the <u>Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women</u>
1995	the <u>Copenhagen Programme of Action</u>
1995	the <u>Beijing Platform for Action</u>
1998	the Rome Statute on the International Criminal Court
1999;	the Optional Protocol to CEDAW
2000	the <u>Millennium Declaration</u> and the Millennium Goals
2000	<u>Security Council Resolution 1325 on Women, Peace and Security</u>
2001	<u>Declaration of Commitment from the UNGASS on HIV/AIDS</u>
2003	the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime

Table adapted from INSTRAW, December 2006

ANNEXES

Appendix II: Data received from UNAMA regarding suicide and burn cases between January 5 – November 10 2005- between November 5 2005 and March 16 2006 between March 16 – June 6, 2006 and between June 16 to September1 2006 in Kandahar registered with the Mirwais hospital.

No of women burnt cases registered	Date /year	Suicide or self-immolation and the reason given
94 cases registered	January 5 – November 5 2005	suicide by shooting herself with her husband's gun. and complained of disputes with her mother in-law self-immolation due to fights with her mother-in-law self-immolation as a result of husband's polygamy self-immolation because her dowry was used by e her parents used her dowry money to fund their business 3 women self-immolated due to domestic violence (fighting with husbands) One case of burning was unexplained and could have been accidental due to defective gas capsule
44 cases registered	November 5 2005 – March 16 2006	2 women self-immolated due to fights with their husband and their other wives Self-immolation due to in-law violence These three women all died after one night in hospital
28 cases registered	March 16 – June 6 2006	Self-immolation due to family violence
17 cases registered	June 6 – August 17 2006	Self-immolation due to family violence and died after a few days in hospital
14 cases registered	August 18 – September 17 2006	Burns probably due to contaminated fuel - victim complained that shop-keeper mixed petroleum with kerosene Multiple self-immolation in family - 2 sisters committed self-immolation One woman burnt – probably due to defective gas capsule Two sister-in-law burnt themselves at the same time One case of family violence

Note: The data does not provide details as to age, percentage of burns etc and in most cases – apart from those listed - does not provide causes for the actions taken

ANNEXES

*Appendix III: Data of burn and self-immolation patients – January – July 2006
provided by the Burns Unit - Esteqlal hospital*

<u>No</u>	<u>Sex</u>	<u>Age</u>	<u>percentage of burn</u>	<u>Date</u>	<u>Province</u>
1.	Female	24	50	2006	Kabul
2.	Female	24	50	2006	Baghlan
3.	Female	26	63	2006	Kabul
4.	Female	17	80	2006/Died	Kabul
5.	MALE	35	40	2006	Kabul;
6.	Female	16	23	2006	Kabul
7.	Female	20	95	2006/Died	Parwan
8.	Female	37	50	2006/Died	Kabul
9.	MALE	50	50	2006	Parwan
10.	Female	17	90	2006/Died	Kabul
11.	Female	14	85	2006/Died	Kabul
12.	Female	15	90	2006/Died	Kabul
13.	Female	16	45	2006	Kabul
14.	Female	15	35	2006	Kabul
15.	Female	18	60	2006	Ghazni
16.	MALE	18	70	2006/Died	Kabul
17.	Female	19	75	2006/Died	Mazar-i-Sharif
18.		17	95	2006/Died	Kabul
19.	Female	14	20	2006	Logar
20.	Female	16	70	2006/Died	Kabul
21.	MALE	18	20	2006	Kabul
22.	Female	25	95	2006/Died	Ghazni
23.	MALE	20	90	2006/Died	Baghlan
24.	Female	16	20	2006	Kabul
25.	MALE	29	90	2006/Died	Kabul
26.	Female	22	85	2006/Died	Helmand
27.	Female	21	70	2006/Died	Kabul
28.	MALE	19	60	2006	Kabul
29.	MALE	30	90	2006/Died	Kabul
30.	Female	16	90	2006/Died	Kabul
31.	MALE	33	90	2006/Died	Mazar-i-Sharif
32.	Female	30	20	2006	Kabul
33.	Female	19	60	2006	Paktia
34.	MALE	25	100	2006/Died	Kabul

ANNEXES

Appendix IV: Data of burn and self-immolation patients for 2005 provided by the Burns Unit - Esteqlal hospital

<u>No</u>	<u>Sex</u>	<u>Age</u>	<u>Percentage of burn</u>	<u>Date</u>	<u>Province</u>
1.	Female	30	95	2005/Died	Kabul
2.	Female	20	100	2005/Died	Kabul
3.	Female	20	30	2005	Ghazni
4.	MALE	35	100	2005/Died	Kabul ⁴¹
5.	MALE	20	90	2005/Died	Logar
6.	Female	30	50	2005/Died	Kabul
7.	MALE	47	20	2005	Kabul
8.	MALE	19	20	2005	Kapisa
9.	Female	18	25	2005	Kabul
10.	Female	27	40	2005/Died	Ghazni
11.	Female	25	21	2005	Ghazni
12.	Female	17	92	2005/Died	Ghazni
13.	Female	20	95	2005/Died	Kabul
14.	MALE	20	100	2005/Died	Kabul
15.	Female	20	100	2005/Died	Parwan
16.	MALE	20	100	2005/Died	Kabul
17.	Female	20	90	2005/Died	Kabul

⁴¹ One male admitted that he had committed self-immolation but gave no reason as to why he had done so.

ANNEXES

Appendix V: Herat Province. Data collected on self-immolation

1)	2006	Female	20	100 percent	Illiterate	Died
2)	2006	Female	15	50 percent	Illiterate	Alive
3)	2006	Female	16	100 percent	Primary	Died
4)	2006	Female	20	75 percent	Illiterate	Died
5)	2006	Female	17	80 percent	Primary	Died
6)	2006	Female	19	85 percent	Primary	Died
7)	2006	Female	20	40 percent	Illiterate	Alive
8)	2006	Female	18	45 percent	Middle	Alive
9)	2006	Female	20	85 percent	Primary	Died
10)	2006	Female	12	100 percent	Illiterate	Died
11)	2006	Female	13	30 percent	Illiterate	Alive
12)	2006	Female	20	80 percent	Illiterate	Died
13)	2006	Female	18	90 percent	Illiterate	Died
14)	2006	Female	19	55 percent	Illiterate	Unknown
15)	2006	Female	25	90 percent	Illiterate	Died
16)	2006	Female	17	65 percent	Illiterate	Died
17)	2006	Female	22	45 percent	Illiterate	Alive
18)	2006	Female	17	85 percent	Primary	Died
19)	2006	Female	16	85 percent	Illiterate	Died
20)	2006	Female	15	30 percent	Primary	Alive
21)	2006	Female	20	80 percent	Illiterate	Died
22)	2006	Female	17	35 percent	Illiterate	Alive
23)	2006	Female	22	30 percent	Middle	Alive
24)	2006	Female	18	98 percent	Primary	Died
25)	2006	Female	35	100 percent	Illiterate	Died
26)	2006	Female	27	75 percent	Illiterate	Died
27)	2006	Female	30	90 percent	Illiterate	Died
28)	2006	Male	16	25 percent	Illiterate	Alive
29)	2005	<i>Female</i>	20	90 percent	<i>Primary</i>	<i>Died</i>
30)	2005	<i>Female</i>	15	95 percent	<i>Primary</i>	<i>Died</i>
31)	2005	<i>Female</i>	27	75 percent	<i>Illiterate</i>	<i>Alive</i>
32)	2005	<i>Female</i>	16	90 percent	<i>Primary</i>	<i>Died</i>
33)	2005	<i>Female</i>	19	90 percent	<i>Primary</i>	<i>Died</i>
34)	2005	<i>Female</i>	18	60 percent	<i>Illiterate</i>	<i>Alive</i>
35)	2004	Female	18	50 percent	Primary	Died
36)	2004	Female	22	40 percent	Illiterate	Alive
37)	2004	Female	30	90 percent	Illiterate	Died
38)	2003	<i>Female</i>	18	80 percent	<i>Illiterate</i>	<i>Died</i>

Appendix VI: – Wardak province. Data collected on burn and self-immolation cases

No	Year	Sex	Education Level	Age	Status
1	2000	Female	Illiterate	21	Died
2	2004	Female	Illiterate	18	Died
3	2005	Female	Illiterate	20	Died
4	2005	Female	Illiterate	18	Died
5	2006	Female	Illiterate	18	Died

Appendix VII – Research Consent Form



**Self-Immolation in Afghanistan
A proposed research project
medica mondiale
April – September 2006**

RESEARCH CONSENT FORM

Date: 7 May 2006
From: Women Rights and Political Lobby Program – medica mondiale
Kabul. Telephone 079905 44 65
Subject: Re: Self-Immolation among Afghan women
To: Multiple respondents from Kabul, Wardak and Herat provinces

Dear Respondents

Thank you for agreeing to participate in this study that will take place from May 7, 2006 to 31 st July 2006. This form outlines the purposes of the research and provides information about your involvement and rights as a participant.

The purposes of this research project are:

- to undertake a three month research project on self-immolation in Kabul, Wardak and Herat provinces in order to understand the causes and impact of self-immolation on women in Afghanistan. The research also seeks to elicit recommendations on how best to address the practice in Afghanistan.
- to secure findings and recommendations that when analyzed can lead to an integrated response strategy that will empower and assist the populations of the areas where the research is undertaken.

Methodology of the research project

The methods to be used to collect information for this study are semi-structured interviews where the researcher has been given a guideline with questions that he can possibly ask you. He/She will not ask all the questions on the sheet but will use his/her skill to understand what you say.

Researchers will also organize focus group with shuras, village heads and others to check general data.

This information and all the others collected – will be analyzed and will be the basis of the research reports that will be published and disseminated widely to government and non-government officials, UN and EU structures.

ANNEXES

You can ask questions at any time about the research and the methods that are being used. Your suggestions and concerns are important to us. Please contact us at any time at the address/phone number listed above.

Guaranteeing confidentiality

We guarantee that the following conditions will be met:

That your real name will not be used at any point during and after the information collection, or in the written report; instead, you and any other person place names involved in the research will be given pseudonyms that will be used in all verbal and written records and reports.

If you grant permission for audio taping, no audio tapes will be used for any purpose than this research and will not be played for any reason other than as a part of the research. Once the research is completed, the tapes will be destroyed or will remain the property of medica mondiale.

Your participation in this research is voluntary; you have the right to withdraw at any point, for any reason, and without any prejudice, and if you wish, the information collected and records and reports written about you will be returned to you

The research findings and recommendations will be checked with you before being finalized and you will receive a copy of the final report before it is published. This is so that you have the opportunity to suggest changes to the researcher, if necessary. We will use the report and the information contained to advocate for improved services for your community.

Do you grant permission to be quoted directly?

Yes _____ No _____

Do you grant permission to be audiotaped?

Yes _____ No _____

I agree to the terms

Respondent _____ Date _____

I agree to the terms:

Researcher _____ Date _____

Appendix VII: Cross-Section of Afghan citizens that participated in the research

- Provincial Police Commanders
- Health officials of hospitals and clinics (nurses, doctors midwives and others)
- Criminal departments of hospitals and of the Ministry of the Interior
- Criminal Departments of provinces
- UN agencies in the provinces
- Victims of partial self-immolation
- Families of victims of partial and complete self-immolation
- Police districts and units – including criminal divisions
- Village, District and provincial structures (shuras, ulemas)
- Schools
- Journalists
- AIHRC offices (central and provincial levels)
- Ministry of Women Affairs
- Provincial Departments of Women Affairs (DoWAs)
- Religious leaders (mullahs and others)
- Centres for the protection of women and girls at risk
- Local NGOs working on the issue
- Shopkeepers
- INGOs and LNGOs
- International organizations

REFERENCES

REFERENCES

Abirafeh, L. (2005) *Lessons Learned from Gender – Focused International Aid in Post-Conflict Afghanistan*. Friedrich Ebert Stiftung.

Afghan Mania 2005. <http://www.afghanmania.com/en/> - 27k

AIHRC (2004). *A CALL FOR JUSTICE: A National Consultation in Past Human Rights Violations in Afghanistan*. <http://www.aihrc.org.af>

Amnesty international (2005). *Afghanistan: Women still under attack – a systematic failure to protect*.

Astill, James. (2005) *Suicide the only escape for desperate Afghan women*. The Guardian.

Canadian Mental Health Association

http://www.ontario.cmha.ca/content/about_mental_illness/suicide.asp?cID=3965

Dr. Mukhabbat Nuritdinova, Tashkent Medical Psychiatric Institute, *Phenomenon of Self-Immolation in Central Asia as the Reflection of Socio-Cultural ...*
casww.iatp.az/casww/calarc/calarc_conf33.html - 66k –

Ertuerk, Yakin, Professor (2005) Special Rapporteur of the United Nations Commission on Human rights on Violence against women, its causes and consequences. Press Statement, Kabul July 2005.

Fifty Crow Social Change Photography, (2004). *Afghan Women Cry Out for help*.<http://www.fiftycrows.org/photoessay/sinclair/index.php>

Fifty Crow Social Change Photography, (2004). *Afghan Women Cry Out for help*.<http://www.fiftycrows.org/photoessay/sinclair/index.php>

FPIF Special Report. Foreign Policy In Focus Report
March 2004.

Government offices of Sweden. Sweden 2005. *Patriarchal violence – A Broad Survey of an attack on Human security*:

<http://www.metanoia.org/suicide/>

Hugger, Justin (2005) *Opium farmers Sell Daughters to cover debt to traffickers*. The Independent, London. Laghman, Afghanistan. 2005.
<http://www.rawa.org/opium5.htm>

Human Rights Watch Briefing Paper

May 2002 1. *Taking Cover: Women in Post-Taliban Afghanistan*.

REFERENCES

<http://www.hrw.org/backgrounder/word/afghan-women-2k2.pdf>

International News Electronic Telegraph. Issue 1087. May 1998.

<http://www.rawa.org/suicide.htm>

IRINNews 2006.

Journal of Burn Care and Research Abstract: Volume 26(1) January 2005 pg 75-7. *Burns in Athens. Greece. A Six-Year Retrospective Study.*

<http://www.burncarerehab.com/pt/re/jburnercr/abstract.00004630-2000501000-00016.htm>

Kamal, Sarah. (2006) *Development Communications Strategies and Domestic Violence in Afghanistan.*

Kolkatar, Sonali (2004) *Afghan Women Continue to Fend for Themselves.*

Max Planck Institut (2005). *Family Structure and Family Law in Afghanistan. A Report of a Fact-Finding Mission to Afghanistan- January – March 2005.*

medica mondiale (ed.)(2005) *Violence against women in war. Handbook for professionals working with traumatised women.*

Mills, Margaret Ann (2005) *'Afghan Women Leaders Speak': An Academic Activist Conference, Mershon Center for International Security Studies, Ohio State University, November 17-19, 2005*"NWSA Journal - Volume 18, Number 3, Fall 2006, pp. 191-201
[Indiana University Press](http://www.indiana.edu/~indianauniversitypress/)

Moghadam, Val. (2005) *Globalizing the Local: Transnational Feminism and Afghan Women's Rights*

http://www.peuplesmonde.com/article.php3?id_article=20

Morbidity and Mortality Weekly report. June 11, 2004/Vol 53/No. 22

Neal, Robert (1998) Social Medicine.

http://focus.hms.harvard.edu/1998/feb6_1998/socmed.html

Nyrop, Richard F and Donald M. Seekins (eds). *Afghanistan Country Study, 1986*, Foreign Area Studies, The American University.

OUTLOOK (2004) Afghanistan

O'Toole, Pam (2006). *No 'real change' for Afghan women.* BBC News

http://news.bbc.co.uk/1/hi/world/south_asia/6100842.stm

Pajhwok Afghan News 2005

REFERENCES

Paktribune. (2006). *Violence against women on the rise in the North*.
<http://paktribune.com/news/index.shtml?160601>

RAWA. (1993-2002). *Reports from Fundamentalism blighted Afghanistan*
<http://www.rawa.org/reports.html>

Salihi, Zarghona and Habiburrahman Ibrahim. *AFGHANISTAN: Women, Socially Bound and Officially Neglected*. Pajhwok Afghan News
<http://ipsnews.net/news.asp?idnews=32657>

Sisodia, Rajeshree (2006) *Lifting the Veil on the Afghan Sex trade*. South China Morning Post.
<http://www.rawa.org/rospio6.htm>

Socialist Worker Online. (July 2005. *Afghanistan: The Myth of Liberation*). Interview with Elaheh Rostami Povey.
http://www.socialistworker.co.uk/article.php?article_id=6934

Suicide rates in China, 1995-99.
Suicide in the UK and Ireland, 1996, Amazon.com

The Wikipedia Encyclopaedia

The Afghanistan Justice Project: Casting Shadows – War Crimes and Crimes against Humanity 1978-2001: Documentation and Analysis of major patterns of abuse in the war in Afghanistan. 2005. <http://www.Afghanistanjusticeproject.org>

The Samaritans. 10 The Grove, Slough, Berkshire SL1 1QP.
<http://www.a1b2c3.com/suilodge/figuk1.htm>

US State Department (2006). *Afghanistan Country Reports on Human Rights Practices - 2005*. Bureau of Democracy, Human Rights and Labour.

Women and Children Legal Research Foundation (2004) *Bad Painful Sedative: Final Report*. (WCLRF).

Women's self-immolation under the Taliban's domination.
<http://www.rawa.org/reports.html>

UN (2006) *New Report says Violence against Women is a Human Rights Violation*.

UNDP (2005) Afghanistan. National Human Development Report, 2004.

REFERENCES

UN Resolution adopted by the General Assembly [*on the report of the Third Committee (A/57/549)*] 57/179. Working towards the elimination of crimes against women committed in the name of honour.

UN. Economic and Social Council. Commission on the Status of Women – 50th Session. December 5 2005. E/CN.6/2006/5.

UNIFEM (2006). Uncounted and Discounted. Secondary research study on Violence against women

UNFPA 2004. Statement by Thoraya Ahmed Obaid UNFPA, Executive Director, 2004.

United Nations International Research and Training Institute for the Advancement of

Women's Security Council Germany (2004). Shadow Report on the Implementation of UN SC Resolution 1325, Germany. www.1325.de

<http://www.uninstraw.org/en/index.php?option=content&task=view&id=1059=view&id=1059>