Punishing Women for Self-Immolation Raises a Critical Question: Where is the Necessary Social Support?

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Dear Editor-in-Chief

Self-immolation, the act of setting oneself on fire, is one of the most destructive forms of suicide, resulting in severe psychological and physical trauma for both individuals and their families. The primary issues assumed to be related to self-immolation include attention-seeking behavior, lack of life control, making family members feel guilty, being in a discordant marriage, and feeling resentment towards the male-dominated community. Additionally, self-immolation is sometimes used as a form of coercion. Additional risk factors for this type of suicide include advanced age, lower educational achievement, marital status, psychiatric disorders, cultural and social contexts, and a history of previous suicide attempts. Female self-immolation is common and presents significant challenges to healthcare professionals who may not understand the behavior's origin, severity, or social and cultural context (1,2).

Furthermore, violence against women in the form of domestic violence, rape, sexual harassment, and traditional practices like honor killings, along with the disregard for women's social and individual rights in certain societies due to prevailing cultural rules, are still prevalent. These rules contribute to anxiety and depression, leading some women to resort to self-immolation as a way to escape life's challenges (3).

Patients who have self-immolated face significant obstacles in accessing adequate care and rehabilitation due to limited healthcare resources, insufficient knowledge, and inadequate rehabilitation plans, leading to suboptimal treatment outcomes. Non-compliance with medical adherence and interruptions in treatment hinder recovery, while societal pressure complicates reintegration and intensifies feelings of isolation (4).

Promoting the availability of professional counseling in local communities can help reduce the occurrence of female self-immolation. Social institutions and community interventions, such as counseling centers, family support, well-equipped hospitals, and financial assistance, play a crucial role in raising awareness about the daily physical and psychological distress faced by women. Involving social leaders in prevention efforts can

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facilitate the recovery and reintegration of those affected by self-immolation. Additionally, examining the role of social media, developing educational curricula, providing healthcare provider education, and establishing self-immolation prevention centers can help prevent or reduce such serious incidents. Public health measures and program evaluations are essential for addressing this grave societal issue (5).

In conclusion, self-immolation remains a complex and devastating form of suicide, especially among women, with profound psychological, social, and cultural implications. The factors that contribute to this tragic act are numerous, including gender-based violence, societal oppression, marital discord, and mental health struggles, all exacerbated by inadequate healthcare resources and societal stigma. To address this crisis, it is crucial that we prioritize comprehensive prevention and intervention strategies, such as enhancing access to mental health counseling, raising public awareness, and strengthening social support systems. By involving communities, healthcare professionals, and social leaders, a more supportive environment can be established that not only helps reduce the occurrence of self-immolation but also offers better care and reintegration for those impacted. Ultimately, addressing the underlying causes of self-immolation and providing effective support systems can help prevent this tragic outcome, providing individuals with a path to healing and hope.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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