



Ahlul Bayt International
University

Muslim Women's Studies

Journal homepage: <https://womenstudy.abu.ac.ir/>



International Journal of Muslim Women Studies

Muslim women's Hijab in the Mirror of Western Visual Media

Ali Gholami  DOI: 10.22034/MWS.2024.713116

Professor of Law, University of Imam Sadiq, Tehran, Iran.

* **Corresponding author:** 1355gholami@gmail.com

ARTICLE INFO

Article history:

Received: 13 April 2024

Revised: 23 April 2024

Accepted: 8 May 2024

Keywords:

Hijab, Media, Television, West.

ABSTRACT

The important role of the media in shaping public opinion is obvious, and, clearly, visual media enjoy higher significance due to the wide scope of their audience, in comparison with print and audio media. After the Islamic Revolution [of 1979], the media started to downgrade Islam and its teachings, including hijab. This paper attempts to answer the following question using a descriptive-analytical method: What are the media tricks for the representation of Islamic hijab? It seems that methods such as presenting an unreal conception and picture of Islamic hijab, creating distorted images of the success of hijab-wearing women, giving the stage to and promoting secular preachers while introducing them as the only Muslim thinkers, completely refraining from showing hijab-wearing women, deliberate showcasing of Muslim hijabless women's abilities, justifying the maltreatment of Muslims, especially hijab-wearing women, extremely low or high focus on the news of hijab and covering and broadcasting no news on the violence against western women are some of the major strategies of these media. It should be noted that the media, especially television, have been successful in a number of cases, but Western hostile policies such as the 2004 anti-hijab law of France, on the one hand, and the revelation of the true image of Islam and hijab, especially through Western hijab-wearing women, on the other hand, have weakened, and sometimes neutralized, the effect of this kind of media propaganda.

E-ISSN: 000-000

© 2024 The Authors. Muslim Women's Studies by Ahlul Bayt International University.

How to cite this article:

A. Gholami, (2024), Performance of Friction Dampers and Rotational Friction Dampers, 1(1), 1-18. <https://doi.org/10.22034/mws.2024.713116>

1. Introduction and statement of the problem

Suicide is one of the riskiest behaviors and as a deviant behavior, social problem and social harm is one of the most common and at the same time the oldest phenomena that has appeared as a social fact in all societies during historical periods (Mohseni Tabrizi, 1993:56). This phenomenon, like other social phenomena, is not a static reality in human societies. The rate of suicide, the ways of committing suicide, and even society's attitude towards it have changed through historical periods (Ritzer, 2003: 35). Traces of this phenomenon can be found in the ancient stories and myths of societies.

In Japanese culture, the practice of seppuku involves taking one's life as a way of preserving honor or avoiding humiliation (Pierre Moron, 1988: 22 quoted by Mohseni Tabrizi 1994:52 and Fereydoni 2000:28). However, among the followers of great religions such as Jews, Christians, and Muslims, suicide is an anti-value act, against religion and divine teachings, and a person who commits suicide is considered guilty (Mohseni Tabrizi, 1994 quoted by Fereydoni 2009:4). In modern times, suicide is no longer regarded as a deviation or social harm, but rather as a social problem, a risky behavior, and a disease for sociologists, psychologists, and physicians to study. Although this phenomenon has existed in various societies for centuries, since the mid-19th century, its occurrence has increased dramatically, particularly in Western and industrialized societies. The suicide rate has risen from an average of one person per 100,000 populations in the mid-19th century to twelve people per 100,000 populations in industrialized and developed countries at the beginning of the third millennium.

Based on official statistics in Iran, it can also be said that the trend of suicide and its statistical rates, despite having a sinusoidal trend in some decades, has generally taken an upward trend (Summary of the Statistical Yearbook of the Forensic Medicine Organization of the country, 2002-2020). The World Health Organization (WHO) reported the suicide rate in Iran in 2020 with a slight decrease of 4.1 (5 for men and 3.1 for women). Regarding the global suicide statistics in 2020, Iran is ranked 149th in the world and its suicide rate is normal and non-critical compared to countries located in the suicide belt that year (Lithuania 31.6, Russia 31, Guyana 26.2, South Korea 26.9, and Belarus 26.2)) The trend of suicide in Iran during the last four decades of 1982-2021, (Mohseni Tabrizi, Alireza). Although the suicide rate in Iran during the last three decades is lower than the world average and reflects a normal situation, the suicide statistics in the country however are not uniform according to regions and provinces and there is a significant variance among the provinces of the country. Considering the sex of suicidal people in various research, the findings indicate that the suicide pattern according to gender follows the global pattern. Accordingly, women commit suicide more than men (3 women against 1 man). In contrast, men are more successful in suicide than women, and suicide rates in the last three decades suggest that the average number of suicides leading to death at the national level is more for men than for women. However, in some regions and provinces in recent decades, we see a preponderance of suicide rates in both successful and unsuccessful suicides among women compared to men.

Nonetheless, the suicide rate leading to death in men in big cities such as Tehran, Mashhad, Isfahan, Tabriz, Shiraz, etc. is higher than in women. Besides these results, meta-analysis and secondary analysis of reviewed studies indicate that married women have higher suicide rates than single women in rural areas of some western provinces and small cities. On the other hand, in single women living in big cities with high education and high SES, the suicide rate has been higher than the suicide rate of married women living in big cities with low literacy and SES during the last three decades. The results of the reviewed research also suggest that housewives in rural areas of small cities and suburban areas of big cities commit suicide more than working women in

big cities (Mohseni Tabrizi, Alireza, suicide trend in Iran during the last four decades, research report 2020, pp. 9 and 127).

Likewise, according to official statistics, between the four decades of 1981 and 2011, the number of attempted suicide cases has increased significantly, from 102 cases to 3,000 cases (Ibid., p. 12). In Japan, according to the report of the World Health Organization (WHO), the trend of suicide indicates high suicide rates for both men and women. In 2010, the suicide rate was reported as 22.7 per 100,000 population and Japan has been assigned the ninth rank among 183 countries (36.21 for men and 13.2 for women). In the WHO report for the year 2020, the overall suicide rate has reached 18.4% per thousand (26 for men and 11.4 for women) per 100,000 population, which places Japan in the 14th place in the world among 183 countries. By comparing the suicide statistics in the 2010s and 2020s, it can be said that Despite the decrease in suicide rates for both men and women and the overall rate, Japan is still among the countries with a high suicide rate (WHO-2020, WHO-2010). The available statistics suggest that between 1998 and 2011, the number of suicides in Japan was slightly more than 30,000 which is five times the number of deaths caused by traffic accidents, so that nearly 9 people kill themselves daily in Japan. The high suicide rate in Japan in both men and women compared to many countries is affected by historical, cultural characteristics and national beliefs and feelings, and Buddhist beliefs in which suicide has always been honored and praised as a praiseworthy and emotional behavior. The current research with a comparative approach while examining the motivations and causes of women's suicide in Iran and Japan, also emphasizes the role of social factors and forces such as cultural beliefs, national customs and traditions, and religious beliefs.

The main question of the present research is that what are the determinant factors of female suicide in Iran and Japan, and what is the contribution of each to committing suicide.

Considering the research problem and topic, the present study pursues several specific goals:

1. Identifying the motives of women's Suicide in Japan and Iran
2. Comparison of the functioning and contribution of each of the social and cultural factors in the suicidal behavior of women in Iran and Japan, emphasizing the role of religious beliefs.
3. Comparison of patterns and practices of women's suicidal behavior in Iran and Japan
4. Comparison of suicide rates and types of female suicides in Iran and Japan

Review of Literature

Studies on Suicide in Iran

Research related to suicide in Iran does not have a long history and compared to some societies, especially industrialized and western countries, it lasts no more than six decades. One of the most important studies on suicide conducted in 1991 in the psychiatric department of Taleqani Hospital in Tehran shows that the highest rate of suicide was among the age group of 20-30 years and men were more exposed to this risk (62%). Depression is also referred to as a mental illness that makes people more prone to commit suicide (35%) (SeqatolEslami 1988 quoted by Mohseni Tabrizi 1993:140). In a study called epidemiology and etiology of suicide in Ilam, which was conducted by Mohseni Tabrizi with observational and survey research methods, the highest suicide rate is for the age group of 15 to 24 years, and women commit suicide more than men and married people commit suicide more than unmarried people. In terms of motivation, more than half of people (58.8 %) have pointed to problems in marital life, the existence of a patriarchal system and forced and expedient marriages, weak religious beliefs and convictions, mood and mental disorders in the form of depression, aggressiveness, and anxiety disorders (Mohseni Tabrizi, 1993: 640-647).

In the research of Dehganpour et al. (2002) family disputes, issues of honor, love failure, depression, low self-confidence and wavering in religious faith and religious beliefs have been mentioned as the main causes of women's suicide. Depressive disorders, drug abuse and drug addiction, conflicts with spouses and disregard for cultural norms and moral and spiritual values are the main causes of women's tendency to commit suicide in Taghizadeh's research (2005). Hassanzadeh et al. (2011) also in the investigation of the causes of suicide of women in Kurdistan province, mentioned factors such as drunken slanders, low religious beliefs, lack of commitment to morals and social values, feelings of failure and aggressive disorder as the main causes of suicide. Failure to fulfill certain desires, lack of understanding between spouses, depression, domestic violence, distance from religion and feelings of helplessness and hopelessness have been mentioned as factors involved in the suicide of married women in the research of Momeni and Arab (2020).

Suicide Studies in Japan

Okazaki (1995) in the study of the causes of suicide of elderly women in Japan, considered the Shinju suicide to be fundamentally influenced by the teachings of Buddhism. Therefore, the burden of seeing oneself, being present with the feeling of shame and embarrassment, elderly women feel ashamed and kill themselves for the comfort of others due to the conflict for their family and children and the great suffering caused by maintenance. Pearson (2001) says that the general concept of Japanese suicide can be explained by two concepts of militarism and affection and sympathy. The suicides committed by the military soldiers in Japan were considered as a sub-set of Seppuku ritual and was mainly associated with praise and social admiration. These suicides (Hara-kiri and Kamikaze) were done at the time of defeat from the enemy. Hara-kiri is mainly done to make up for guilt and to react to humiliation. Kamikaze is also a kind of heroic suicide that was done during the war by Japanese pilots by crashing their plane into the enemy ship. O'Hara (1965 and 2001) investigated Shinju's suicide in research in which two people commit suicide together and it is the most common way of suicide among Japanese women, especially elderly women. Takahashi and Yamashita (1992 and 2008) have pointed out the relationship between suicide and longevity in their research and according to them, one of the most important reasons for women's suicide in Japan is old age and long life. Takahashi (1992) with a sociological approach and based on Durkheim's theory investigated the role of religion as one of social forces in people's behavior and feelings according to Takahashi the factor of religion is involved and decisive in social integration and solidarity and guiding people in choosing goals, ways and means and unification of behaviors. And referring to the Seppuku custom in the Buddhist tradition, he believes that all forms of traditional suicide in Japan are included in the set of Seppuku rituals and this ritual is inspired and influenced by the religious teachings of Buddhism.

Theoretical Framework

By reviewing suicide theories in various fields of science, it can be argued that suicide is a complex phenomenon that depends on a large number of variables with different relative weights. The study approach of this research is based on the sociological concept of suicide, and in developing the theoretical framework of the research, the sociological theories of suicide were mainly emphasized and the views of sociologists such as Emile Durkheim, Maurice Halbwachs, Porterfield, Gibbs and Martin, Ronald W. Maris and Rene Girard have been used in the theoretical explanation of women's suicide in Iran and Japan. Durkheim is the founder of sociological model of suicide, he defines suicide as any type of death that directly results from the positive or negative action of a

suicidal person who is aware of the result of his action (Durkheim 2008: 77). Durkheim, while comparing the statistics and information related to suicide in some countries, religions, and historical eras as well as different seasons of the year, concludes that depression, hatred, alcoholism, environmental factors, race, and seasons cannot be the cause of suicide. Therefore, the study of suicide in the nineteenth century led him to the conclusion that suicide is a social phenomenon. The general conclusion of Durkheim is that the social suicide rate of any population can only be explained by referring to the results of changes in the degree of social cohesion and group integration. Durkheim in his typology of suicide places all suicides in four general categories:

- 1) Egoistic Suicide
- 2) Altruistic Suicide
- 3) Anomic or Abnormal Suicide
- 4) Fatalistic or Deterministic Suicide

Egoistic Suicide

Durkheim considers self-centered and egoistic suicide to be specific to societies and communities in which the philosophy and tradition of individualism, individual independence, self-reliance, and self-sufficiency are common and emphasized. In such societies, due to the amount of social control and very little collective pressure, the weakening of the collective spirit, the neutrality of social organizations in individual responsibility, the predominance of secondary and official relations and relationships over primary relations, and the lack of deep belonging of the individual to the group, the lack of identification with social groups causes an increase in the desire to commit suicide in critical situations (Durkheim, 2008: 218-226).

Altruistic suicide

This type of suicide is specific to societies that strongly support the unity and union of the group belonging to the primary and secondary groups and the cooperation and harmony of different social organizations. In such societies, the level of group control and pressure is extremely high, group belonging is very deep, and identification with the group is very intense. Therefore, in altruistic suicide, low individualism is evident and the connection of a person with his social group is extremely high.

Anomic or Abnormal Suicide

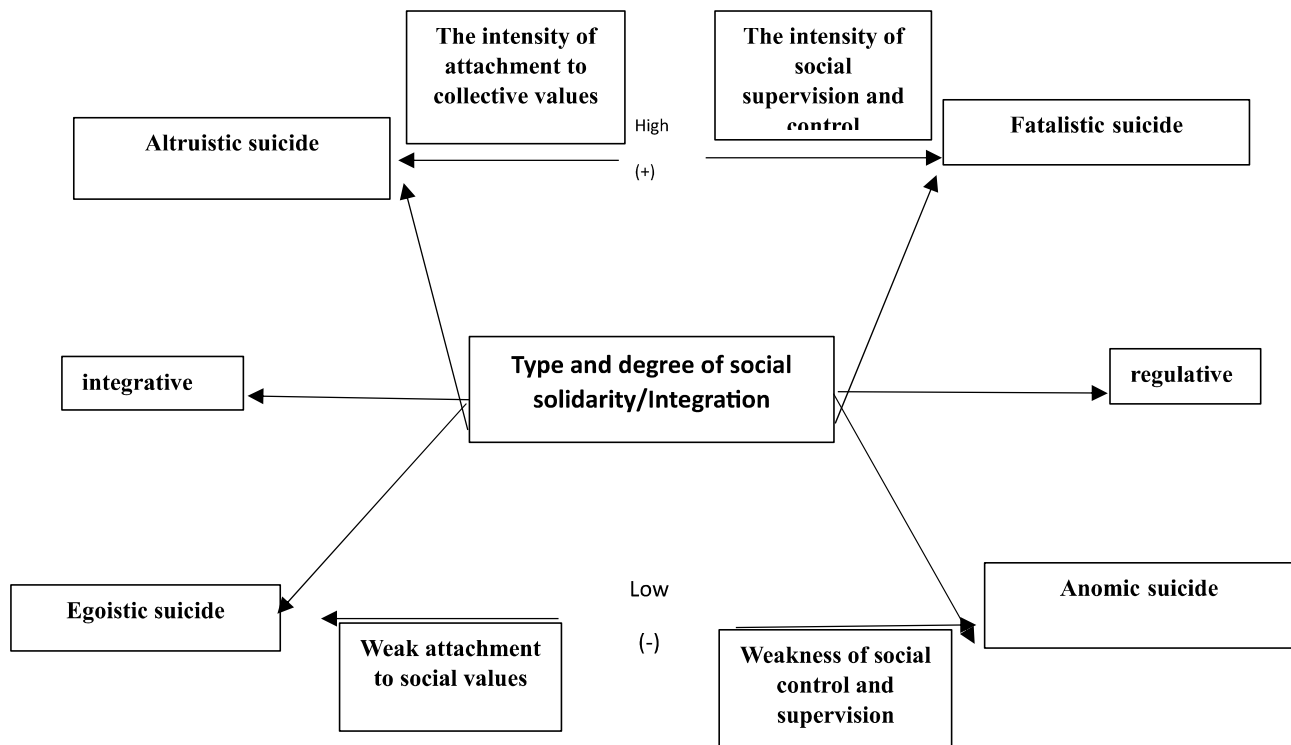
According to Durkheim, anomic suicide is a consequence of structural transformation imbalance with deep and rapid changes in organizations and social systems. Such situations are the result of sluggish economic organization, disintegration of traditional values, rapid disorganization of social classes and revolution. Against such social conditions, the established adaptation of some people and groups undergoes rapid transformation and their psychosocial mechanisms are paralyzed so that their re-adjustment becomes impossible and prepares the ground for self-destruction. According to Durkheim, the only phenomenon that reduces the suicide rate is war.

He believes that enemy attack reduces the sense of unity and belonging to a group in people and reduces the number of suicides in society. Therefore, Durkheim considers anomic suicide as the result of a temporary and sudden shift in the norms of a society.

Fatalistic or Deterministic Suicide

Fatalistic or deterministic suicide has been considered in Durkheim's theory of suicide in a limited way. In explaining this type of suicide, Durkheim mentions that suicide caused by determinism is a kind of reaction to the excessive social control and regulation of the society. In such a situation, the person is strongly under social subjugation and the intensification of social inhibitions causes him to have an asymmetric relationship with society, so that he has no hope of getting rid of such conditions, as a result, his feeling of helplessness is intensified and he feels inclined to commit suicide (Ibid., p. 85).

In the following diagram, the four types of suicide are displayed according to the occurrences:



Source (Mohseni Tabrizi, Clinical Sociology 2017:189)

Halbwachs, influenced by Durkheim's point of view, considers social vacuum to be the most important cause of suicide. According to him, every society has common suicide trends that work in three different ways:

- Through the individual's separation from the social group (exaggeration of individuality, egoistic suicide)
- Through excessive dependence in social groups (altruistic suicide)
- Through the destruction of the social group with chaos (lack of performance and occurrence of anomic conditions)

Porterfield, in the tradition of the Social Facts Paradigm and based on the sociological concept of suicide, considers the breakdown of social relationships as a cause of suicide (Mohseni Tabrizi 1993 quoted by Sadeghi 2008: 50).

The Status Integration Theory of Gibbs and Martin is an extension of Durkheim's main topic. They start with the assumption that suicide has an inverse relationship with the strength and durability of social relationships (Mohseni Tabrizi 1993 quoted by Sadeghi 2008:53). Ronald Maris also

completed Durkheim's theory by adopting a social psychological approach while pointing out the shortcomings of Durkheim's theory and considered the role of biological and psychological factors in suicide along with social factors (Ibid., p. 23). By adopting a social psychological approach, Girard explains the suicide of women. Suicide is a response to life-changing events that threaten a person's self-concept. The self-concept is the knowledge of each person about himself and his surroundings, and when self-understanding is endangered and events threaten his identity, suicide is the final way out of potential conflict for a person (Mohammadpour 2004:58).

Suicide in Religions

The view and position of religions and rituals, including Abrahamic religions such as Judaism, Christianity and Islam, and non-Abrahamic religions and religions such as Brahmanism, Buddhism and Confucius are different towards suicide so that in Abrahamic religions, suicide is basically considered as suicide and a reprehensible act and an unforgivable sin and a tainted sin. However, in non-Abrahamic religions, it is considered acceptable and praised by the society. In societies such as India, China, Tibet, and Japan, which are characterized by Brahmanism and Buddhism, suicide is a desirable and acceptable practice. In India, under the teachings of Brahmanism, wise men and women who were in search of "Nirvana" (freedom from all pains and sufferings and reaching the world of absolute annihilation) committed suicide during religious celebrations. Until the end of the 19th century, in many parts of India, widow suicide after the death of her husband was quite customary and accepted. Such behavior was influenced by the teachings of Brahma religion, and it was strongly propagated by religious groups and leaders of the Brahma religion (Fabiro, 1961: 796 quoted by Mohseni Tabrizi 2017:175). In Tibet and China, according to the teachings of the Buddhist priests, suicide is considered a voluntary act and a license to enter heaven. In Tibet and China, especially when suicide was done for the purpose of revenge, it was considered as a defensive weapon against the enemy. In this way, the person who committed suicide not only humiliated and shamed the enemy with his death, but also tricked him into hunting the enemy in the world of spirits (Mohseni Tabrizi 2017: 175-176).

In Japan, suicide is always considered as a very ancient tradition and has special sociological aspects that are specific to Japanese culture. Ohara (2001), a contemporary Japanese sociologist, believes that the phenomenon of suicide in Japan is influenced by the history of Japanese culture and national emotions and causes the thinking that suicide is a praiseworthy and emotional behavior. Okazaki (1995) also mentions that in Japanese literature and art, poets, writers, and artists have called suicide a special and humanitarian phenomenon and praised it. Suicide is not a criminal act in traditional Japanese culture. Takahashi (1992) considers the suicide of the older generation of Japanese women to be influenced by the traditional Japanese suicide. Pierre Moron also believes that in the Buddhist tradition, there are different types of suicide, and all forms of traditional suicide in Japan are included in the seppuku ritual. These suicides were committed when defeating the enemy, admitting a mistake, preserving one's pride and dignity in an ignominious situation or to avoid humiliation. Among the samurai, the warriors of Japan's feudal era, seppuku suicide was performed as a ritual called Bushido. Bushido is a set of rules that a samurai follows. The law of Bushido required the warrior to kill himself to accompany his dead master in the other world when there is no possibility of revenge for the murder of his master, with the risk of being captured by the enemy (Pierre Moron, 1987:22).

Harakiri, Kamikaze and Shinju are types of traditional and ritual Japanese suicides. The custom of Harakiri was performed by distinguished men of the society to save their social identity and was a sign of courage and bravery. After the military defeat, they chose to commit suicide to avoid being

captured by the enemy, or to avoid confession, punishment, torture, and humiliation (Mohseni Tabrizi 1993:57 and O'Hara 1965). Kamikaze is also one of the customs of Japanese warriors. During World War II, Japanese soldiers used to commit suicide attacks to destroy the enemy. Kamikaze is a kind of heroic suicide that was carried out by Japanese volunteer pilots during the war (Pierre Moron 1987:22). Shinju was also used as a traditional suicide and as a pact among lovers and faithful people. O'hara (1965 and 2001) define Shinju as a two-person suicide practiced by the Japanese such as lover-beloved, mother-child, father-son suicide, couple suicide, and so on. In Shinju suicide, the suicidal person has a partner and an accomplice. In this type of suicide, two people who are deeply in love with each other, such as mother-child, and lover-beloved prefer death over the current situation and commit suicide together. Shinju takes place for several reasons:

1. A type of religious belief (Buddhist) regarding the hereafter and the transitory nature of this world
2. A kind of belief regarding the life after death, for example lover and beloved who cannot get married due to circumstances, kill themselves to get together in that world.
3. A type of samurai belief based on the idea of innocence and chastity, in which a samurai man commits suicide to gain his honor and reputation, and his wife commits suicide by showing love and loyalty. Ohara (1965), Ohara (2001) and Okazaki (1995) mention a new form of Shinju suicide, which has recently become common in Japan among elderly women. In this way, the elderly woman feels embarrassed and disturbed due to fatigue from taking a lot of care from the family, so they identify a person who is inclined to commit suicide through the Internet, so that they commit suicide (Quoted by Mohseni Tabrizi 2017: 177).

In Judaism, Christianity, and Islam, unlike non-Abrahamic religions, suicide is a reprehensible behavior and a great sin. The Jewish religion has placed a great value on life, and those who commit suicide are considered sinful people who have taken their lives against God's will. Nevertheless, rare cases of suicide can be found in the history of the Jewish people. Fapiro mentions several cases of suicide in the history of the Jewish nation, one of them is mass suicide. This type of suicide was committed in order to avoid being humiliated, tortured, and humiliated by captivity in war. For example, after realizing the danger of being captured by the Philistines and being threatened with disrespect and torture, Souel committed suicide with a sword (Fapiro 1982:196 quoted by Mohseni Tabrizi 2017:179). Abimelech, who did not want to be humiliated by being killed by a woman, committed suicide (Ibid., p. 179). Joseph Gendal, the Jew, after finding it impossible to break the Roman siege, decided to surrender his defeated army but his soldiers reasoned that they would rather die than surrender to the enemy, and they all committed suicide (ibid., p. 179). In Christianity, suicide is self-murder and a kind of sin. In the 4th century AD, at the same time as the influence of Roman civilization in the Christian world declined, the church's attitude towards the subject of suicide changed and became more hostile, and turned from the previous cautious displeasure into a strong condemnation. Saint Augustine's writings in the book "City of God" written in the 4th century show that suicide is self-murder, and just as no one should commit the murder of another person, he has no right to kill himself. Suicide is the worst of sins because it prevents any divine forgiveness (ibid., p. 180). Later church laws imposed more severe punishments for those who committed suicide including preventing the body from being buried without performing religious acts, plunging a stick into the heart of a person who commits suicide, and burying the body in public roads that will be kicked underfoot (ibid., p. 180). In the Middle Ages, suicide was condemned in all Christian lands according to religious laws. With the French Revolution and the issuance of the Declaration of Human Freedom and Human Rights, the

severity and amount of punishment for suicide is gradually reduced. Therefore, by reducing the number of punishments related to suicide, the suicide rates increase relatively. The 19th century in Europe and America witnessed an increase in the statistical rates of suicide so that at the end of the 19th century, suicide clubs and clubs were established in England and the United States (ibid., p. 181).

In the religion of Islam, like Judaism and Christianity, self-murder including suicide and homicide is forbidden and reprehensible. Islam presents self-murder as an abominable and unforgivable act contrary to divine principles. In Islam, those who commit suicide are considered sinners who disobey God's commands and instructions, and God will punish them. The Holy Qur'an states that "a Muslim and a believer in the divine essence will never negate or deny his existence because suicide is against divine laws." (quoted by Mohseni Tabrizi, 2017: 180).

Research Methodology

Research Method

The research method of the present study is a documentary-comparative method which has been conducted using available information (such as official statistics, WHO statistical reports, censuses, etc.) and secondary data. In this method, by using the statistics related to women's suicide in Iran and Japan, we have compared the units of analysis (country, province, region, etc.) and sought to discover the features and commonalities between them. Similarly, the comparative method is a kind of comparative and documentary study to examine the differences and commonalities between several social units or one social unit at different times. The main advantage of this method is that in addition to increasing the range of changes in the analysis variables, it can also be used to avoid applying the test method at the macro level.

Statistical Population

According to the subject of study and the type of research method of the statistical population, the present research is made up of suicidal women in Iran and Japan in the period 1990-2020. Accordingly, the phenomenon of female suicide in Iran and Japan during the considered time period, according to cultural patterns and religious beliefs, demographic variables such as residential area, marital status, socio-economic status (SES), as well as the method and pattern of suicide, the causes and motives of suicide have been compared and analyzed.

Data Collection Technique

The available information and secondary data required for this research are based on the findings of previous researches and the researches conducted regarding suicide of women in Iran and Japan during the last three decades 29-99 (1990-2020), as well as reliable domestic and international reports and statistics related to suicide in the two countries of Iran and Japan. In Iran, the statistics of the Iranian Statistics Organization, the report of the Islamic Republic of Iran's police force, and data from field research, as well as the statistical reports of the World Health Organization (WHO), the Iranian Civil Registry Organization, and the information available on the Internet have been used. In Japan, the statistics and statistical reports of the National Police of Japan, the statistical reports of the Cabinet Office of the Government of Japan, as well as the statistical reports of the World Health Organization, and websites such as (<http://www.Japan.now>) have been used.

Research Findings

Suicide as a social problem in Iran and Japan

The available statistics about the suicide phenomenon of women in Iran and Japan indicate that this phenomenon is considered a social issproblemue in general. As American sociologist C. Wright Mills has noted that when the issue with a problem spread and affects a large number of people in the society, it is necessary to consider it as a social problem and look for the cause not in individuals but in the social, economic, political and cultural structures of the society (Mills 1967 quoted by Fereydoni 2008:2). Durkheim also believes that suicide is a characteristic of every social group to a certain extent, and therefore it is acceptable to a certain extent. However, when its amount exceeds a certain limit and its rate increases indiscriminately in the society, it becomes a social problem, which itself is the result of a normal situation in the society (Durkheim 2008:15). Despite the obvious differences in suicide rates between Japan and Iran, this phenomenon is considered a social problem for both societies. The successful suicide rate of women in Japan in 2010 was 13.2 per 100,000 people and 3.1 per 100,000 people in Iran. This rate was 36.2 for Japanese men and 6.30 per hundred thousand people in Iran. Also, the overall rate of successful suicide in Japan was 22.7 per 100,000 people and 6 per 100,000 people in Iran in 2010. A decade later (2020), according to the official statistics of the World Health Organization (WHO), the suicide rate in Iran has slightly decreased to 2.1 per hundred thousand population (5 for men and 3.1 for women). According to the same statistics, the suicide rate in Japan has also slightly decreased to 18.2 per hundred thousand population (26 for men and 11.2 for language). By comparing suicide statistics in the 2010s and 2020s, it can be said that the suicide rate in Iran and Japan has been slightly reduced. This reduction in the suicide rate of men in Iran and men and women in Japan is noticeable. On the other hand, the suicide rate of Iranian women in the two decades of 2010 and 2020 has remained unchanged at 3.1% per thousand population. However, despite the low rate of suicide in Iran (in both men and women) compared to Japan, and the global average of suicide rates inside the country is not uniform according to regions and provinces and there is a significant variance among the provinces of the country. Despite the low rate of suicide in Iran (for both men and women) compared to Japan, according to the available statistics, suicide has been on a growing trend for the past three decades, and its gender and age pattern has changed (Mohseni Tabrizi, 2017: 169). In addition, the rate of suicide for both men and women has a growing trend, and in some regions, the statistics indicate that women commit suicide more than men (Askari, 1997: 37). Due to the existence of the phenomenon of female suicide as a social problem in the society of Iran and Japan, it is necessary to investigate and analyze the characteristics of the process of changes in the causes and motives of suicide and the methods and patterns of committing it in Iran and Japan.

Women's Suicide in Iran: characteristics and trends of changes

The findings and results of the research conducted on suicide in Iran (Mohseni Tabrizi 1994, Dehganipour 2003, Taghizadeh 2004, Asadi 2007, Feridouni 2009, Momeni 2021, Mohseni Tabrizi 2018 and 2021 and...) shows the changes in the amount according to the city and village area, gender, age, marital status, socio-economic status, education level and its increase in the last few decades. In general, official statistics indicate that women commit suicide more than men (3 women against 1 man). However, men die by suicide more than women (about 3 men versus 1 woman). It should be noted that there are regional differences in the suicide rates of men and women in Iran.

Table 1. It shows the cases of suicides for both men and women in Iran between 2002 and 2020.

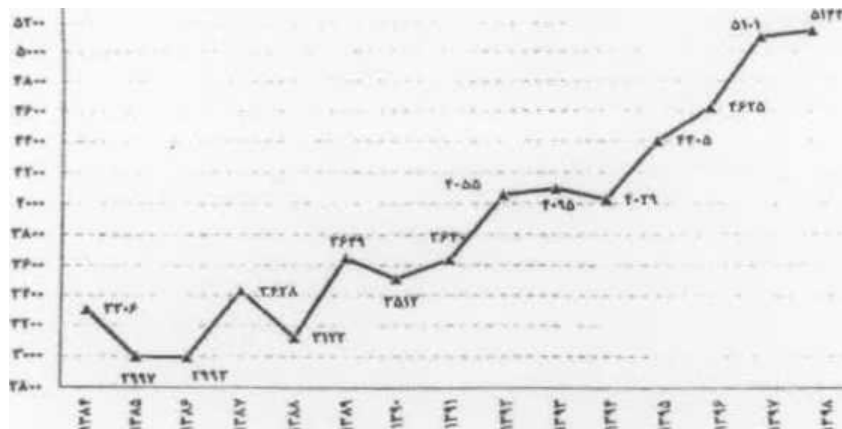
Year	Male(man)	Female (woman)
2002	1100	1700
2006	1200	1800
2007	1400	2000
2008	1600	2400
2009	1800	2600
2010	1600	2500
2020	2536	2607

Source: WHO, 2010, 2012, and 2020; Civil Registration Organization of the Country 2014; Ministry of Interior 2014; Statistical Yearbook of the Forensic Medicine Organization of Iran 2020-2021

Looking at the trend of suicide cases in Iran between 2002-2020, It is possible to see the increase in suicide rates for both sexes and the high number of suicide attempts in women compared to men.

By examining the chart related to the number of suspected suicide deaths from 2014 to 2018, it can be concluded that there was an upward trend between 2006 and 2020 so the number increased from 3306 to 5123 (Chart 1).

Chart 1. of the number of suspected suicide deaths from 2003 to 2019



Source: the summary of the 2020 Statistical Yearbook of the Forensic Medicine Organization of the country

Causes and Motives

The research findings also confirm the difference in the suicide rate of women according to the variables of marital status, education level, socio-economic base, age, and immigration. In some regions, according to the marital status, the rate of suicide is higher among married women than single women. On the other hand, single women living in big cities with high education and high socioeconomic status had a higher suicide rate than married women living in big cities with low

education and socioeconomic status. The statistics presented by official organizations suggest that suicide in general has a direct relationship with immigration so according to the statistics of the civil registration organization, the suicide rate among immigrants to big cities, especially from rural areas, has increased significantly and was about 12.5% in 2009. So that according to the statistics of the Civil Registration Organization, the suicide rate among immigrants to big cities, especially from rural areas, has increased significantly and was about 12.5% in 2009. Research findings indicate a wide range of causes and factors. Family and marital problems are one of the most important causes of women's suicide in Iran. These issues are the result of structural changes in various social, economic, cultural, political and educational fields of Iranian society and the product of unbalanced modernity and unbalanced development which, on the other hand, provides the basis for many issues and problems at the level of society, from unemployment to class gap, inconsistency of values (especially parents-children) and failure of parents in institutionalizing cultural, moral and spiritual values, reducing practical commitment to religious duties and rules in the young generation, divorce crisis, identity crisis and feeling of alienation, feeling of depression, feeling of abnormality and social anomie, substance abuse, tendency to risky and suicidal behaviors and the like (Ibid.)

Patterns and Methods of Suicide

The findings and results of research conducted in Iran during the last three decades regarding suicide indicate that the methods of suicide are different according to the intention of the suicidal person, the sex of the suicidal person and the residential area of the city and the village (Mohseni Tabrizi 1994, Taghizadeh 2004, Asadi 2007, Fereydoni 2009, Mohseni Tabrizi 2018 and 2020). In general, in urban areas, the use of pills and chemicals, hanging, jumping from a height, and self-harm are the most common suicide methods for women. However, women who are determined to commit suicide, often use violent methods such as jumping from a height, hanging, or self-harming. On the other hand, in rural areas, the most common method of suicide for women is to eat poison, especially pesticides, self-immolation, etc. Based on the findings of the research conducted, self-immolation in women, especially in the western regions of the country, and hanging and jumping from a height in men, especially in urban areas and big cities, are among the most common methods of suicide in Iran (Fraydoni 2008, Asadi 2006, Mohseni Tabrizi 2017).

Based on the results of research conducted in Iran, it can be said that not only suicide has had a growing trend, but its gender and age patterns have also changed, so, in the past, the suicide rate was higher among older age groups. However, in the last few decades, this pattern has been disrupted and the suicide rate has tended towards younger age groups (Mohseni Tabrizi, 2018: 169). Additionally, based on available statistics, the suicide rates of both men and women in Iran have been growing, and in some regions, statistics indicate that women commit suicide more than men (Asgari 1376: 1997). In general, research shows that women are prone to harm due to a range of factors that indicate fundamental social trends, maybe being a woman does not create a special vulnerability, but fundamental social trends and problematic structures make women vulnerable (Kalamkar, 2012: 262). The waves of modernity that have brought with them cultural invasion, generation gap, the unbridled spread of Social networks, development of urbanization, immigration, reduction of moral and spiritual density, individualism, weakening of the family foundation, secularism, weakening of spiritual foundations and religious beliefs, sexual violence, stubborn competition for material and worldly success and so on, It has affected many societies that are experiencing transformation, development, reconstruction of their social, economic and political infrastructures and structures and the transition from underdevelopment to development

and by creating anomic conditions, it has intensified the vulnerability of social groups, including women. Iran as a country with ethnic, cultural, geographical, natural, historical, and social characteristics is a society that is undergoing reconstruction and transition from the stage of underdevelopment to the stage of development based on its values, norms, worldview, and national and cultural identity, and must inevitably accept many consequences of this transition (ibid., p. 266). Suicide is one of the results of this transition so its rate has been increasing both in the country as a whole and in terms of gender groups (male-female) during the past three decades (Quoted by Miri Ashtiani 2003, Faridouni 2008, Mohseni Tabrizi 2017).

Aliverdinia (1994) in his research entitled "Comparative study of suicide in Iran and the world" concludes that the dominant type of suicide in Iran is fatalistic and altruistic, while in other countries it is often selfish and atomic.

Female Suicide in Japan: characteristics, and trends of changes

In the classification of countries, Japan is one of the countries with high suicide rates. The available statistics show that between 1998 and 2011, the number of suicides in Japan was consistently slightly more than 30,000 which is almost five times the number of deaths caused by traffic accidents, so that nearly 90 people kill themselves in Japan every day (WHO, 2009). The WHO 2020 statistics reported the suicide rate in Japan to be 18.4 per hundred thousand population (26 for men and 11.2 for women) which places it in the 14th place among 183 countries in the world. According to the report of the World Health Organization in 2009 in 102 countries, the suicide rate for men was 8 per hundred thousand and for women 15 per hundred thousand. According to 2009 statistics, the suicide rate for men in Japan is 36.2 and for women is 13.2, which shows that men commit suicide more than women in Japan. However, when the suicide rate of women in Japan is compared with the suicide rate of women in the United States and England, the high rate of suicide among Japanese women becomes apparent so that according to 2009 statistics (WHO), the rate of male suicide in America was 2.2 times higher than the rate of female suicide, and in England it was 3.6 times higher than female suicide and in Japan it was 273 times higher than female suicide. This indicates that although the suicide rate of women is lower than that of men in Japan, it is high compared to some industrialized countries (Riko Nara, 2014: 83).

In table number 2, suicide cases in Japan between 2002-2020 are presented according to the gender of the suicide victims:

Table 2. Cases of Suicide in Japan between the years 2002-2020

Year	Female	Male
2002	12200	25000
2003	112600	26700
2004	1119700	24830
2005	113500	24469
2006	12150	24633
2007	14890	25030
2008	15030	25114

2009	14773	25109
2010	15021	25018
2011	15103	24191
2020	13826	20134

Source: The National Police Agency of Japan: Transition of Number of Suicide throughout the year in Japan 2003, WHO & .2010, 2020

Causes and Motives

Suicide in Japan has various causes and motivations. In this country, it varies according to gender, age, marital status, social and economic status, activity status of the region (city and village) education level, migration status, peace and war periods, and the like. One of the most important reasons for women's suicide in Japan is old age and long life. Old age makes Japanese women full of pain and despair and they feel isolated and find medical care difficult and overwhelming. Especially, the difficulty of caring and nursing for the people around them makes them anxious and distressed. In such a situation, women consider themselves to be a burden to others. As a result, he sees death as his preferred way (Takahani 1992, Ohara 2001, Morioka 2012). Other factors such as individualism, urbanization, industrialization, social exclusion, natural disasters, migration, being influenced by Buddhist teachings and cultural traditions, chronic mental and emotional illnesses, and sterility have been proposed as other reasons and motivations for women's suicide in Japan (Oha 2001, Takahashi 1992, Miyajima 1979, Yamashina 2008, Kawahito 2008, Morioka 2012).

In Japan, there is a direct relationship between age and committing suicide, the Ministry of Health, Labor, and Welfare of Japan announced in its report in 2005 that 20% of all suicides are related to people over 65 years old (elderly). In this age group, the ratio of male suicides to female suicides was 36.1% versus 12.9%, and 3 main reasons for the high suicide rate in the elderly were mentioned:

1. Weakness of physical strength and Physical Burden
- 2- Mental burden and disorders such as depression
- 3- The feeling of exclusion and isolation from society.

The findings show that suicide is not the result of a single cause but rather a complex phenomenon that depends on many factors with different relative weights. Takahashi has considered these factors under five categories: Circumstantial Elements, personal tendencies, family state and situation, biological elements and psychological elements (Takahashi 1992:28). Based on the findings of Takahashi (1992), the factors involved in suicide can be defined according to the characteristics and examples of each one and the contribution of each one in the suicidal behavior can be defined:

Table 3. Indicators and Examples of Five Factors Involved in Suicide

Indicator	Frequency	Percent
Health problems	29	29
Economic problems	17	17
Domestic problems	8	8

Occupational Problems	13	13
Men and Women Problems	10	10
School problems	6	6
Following religious beliefs and Buddhist teachings	5	5
Other unanswered cases	2	2
Total	100	100

Patterns and Practices

According to the pattern and method of suicide, hanging, using poisonous substances, drowning oneself in water, throwing oneself in front of a train and car, jumping from a height and committing suicide by briquette are the most common suicide methods in Japan. Hanging is the most common suicide method in Japan for both men and women. Okazaki (1995) reported that 98.4% of women who succeeded in suicide used the hanging method. Jumping from a height, especially high buildings or rocks and mountains, and throwing oneself in front of trains and cars is also the second most common way of suicide for women, especially young women. However, with increasing age, the use of this method for men and women should decrease, at the same time, the method of jumping is more popular and prevalent in urban areas than in rural areas in Japan (Okazaki, 1995).

Conclusion

This study aimed to explain the phenomenon of female suicide in two societies of Iran and Japan as a social problem based on the sociological model of suicide. For this purpose, the characteristics of female suicide in both societies have been examined based on various variables and the differences and similarities of the phenomenon of female suicide in the two societies have been compared. Social and cultural forces play an important role in the phenomenon of female suicide in Iran and Japan. The sociological model developed by the French sociologist Durkheim and then completed by scholars such as Halbwachs, Porter Field, Gibbs, and Martin, Maris, Girard, and others consider suicide to be a product of social, economic, cultural, and political structures dominating individuals and incompatibilities governing the relationship between the individual and the society. Based on this pattern, different social situations such as class base, ethnicity, gender, age, marital status, employment status, educational status, migration to urbanization, industrialization of culture and traditions, and the like are related to suicidal behavior as social variables.

The suicide rate of women and its changes over the past few decades show that the phenomenon of suicide is prevalent in a large number of women in two societies. A look at the available statistics shows that despite the obvious differences in the suicide rate of women in Iran and Japan, the suicide rate of Japanese women is more than twice as (the suicide rate of women in Iran is 13.2 versus 3.1), this phenomenon is considered a social problem for both societies. Another point of similarity between the two countries is the process of change and the increase in the suicide rate of women in the two societies. In Iran, over the past few decades, suicide has increased and its gender and age patterns have also changed so that the suicide rate has changed towards the younger age groups of women and immigrants, so that the suicide rate of women has increased from 0.97 in the first years of the revolution (1981) to 3.1 in 2013. In Japan, the suicide of women shows a growing growth between 2002 and 2013.

The results of the research show that the reasons and motives of women's suicide in Iran and Japan are different. In Iran, the most important motive for suicide, especially in areas with a high suicide rate, is honorable slanders, feelings of anomie, forced marriages, forced migrations, unfavorable social economic status, social exclusion, divorce, rapid social changes, low level of morality and the like. However, in Japan the main reasons for women to commit suicide are old age, senility, illness and health and medical issues, individualism, being influenced by Buddhist teachings and cultural traditions, emotional failure, loneliness, refusal to be a burden and the like.

The type of suicide of women is also different in Iran and Japan based on the forms of suicide. In urban areas, especially the big cities of Iran, suicide is egoistic and anomic and is committed by women with relatively high education between the ages of 18 and 35, who are employed and immigrants. In the rural areas of the western provinces and nomadic areas, women's suicide is more fatalistic, altruistic, and atomic. In Japan, on the contrary, the suicide of women is affected by the modern structure and the traditional structure. In the modern structure, Japanese women are influenced by the values of industrial and modern society, such as competitive individualism and selfish suicide. On the other hand, in rural areas and small towns and among some social classes and groups loyal to traditional Japanese rituals such as Seppuku and Bushido, it is desirable in another way. The types of views and attitudes towards suicide are different in Iranian and Japanese cultures, even though suicide is affected by social and cultural factors in both societies. However, in Iran, religious beliefs and cultural beliefs consider suicide as an abnormal act and contrary to Islamic moral and human values. On the other hand, Japanese culture, especially the culture influenced by Buddhism and Seppuku custom, considers suicide as a pleasant, normal, and acceptable act and a sign of bravery. On the other hand, Japanese culture, especially the culture influenced by Buddhism and Seppuku custom, considers suicide as a pleasant, normal, and acceptable act and a sign of bravery. Another obvious difference between the two societies, in my case, is suicide and the manner of committing it. In Iran, suicide is more common among young and married women than among middle-aged and old, and unmarried women, and the highest number of suicides occurs among women in the age group of 15 to 29 years. Thus, there is an inverse relationship between age and the suicide rate of women but on the contrary, in Japan, the suicide rate is higher among elderly women and shows a direct relationship with increasing age. The practices and patterns of suicide are also different in Iran and Japan.

The most common pattern of female suicide in Iran, especially in the western regions of the country, rural areas, small towns, and nomadic areas, is self-immolation, and the use of poisonous substances, especially rice tablets and pesticides. In Japan, hanging, poison, jumping from a height, throwing oneself in front of cars and trains, drowning in the sea, hara-kiri, and suicide with briquet are the most common ways.

This paper is based on a doctoral dissertation submitted to University of Tehran

Faculty of Social Science in March 2015 by Reiko Nara; *Motalee Tatbighi-Moghaysehei, Khodkhoshi Zan dar Iran va Japon: Elal va Olguha : A Comparative Study of Female Suicide in Iran and Japan- Focused on Motive and Pattern*

Sources and References

1. Afshar, H. 2000. The position of women in an Iranian village. Tailstock publication. Pp. 66.82
2. Alivernia, Akbar (1373) Comparative study of suicide in the domestic and international analysis unit of Tarbiat Modares University, master's thesis.

3. Arab, Khadijeh (1379), investigation of social, cultural, and psychological factors of suicide in people who commit suicide in Sari city, master's thesis in the field of sociology, Islamic Azad University, Tehran branch.
4. Asadi Nemini, Oldoz (2008), investigation of the causes of suicide increase in Gilan province (a case study of Rasht city) and master's thesis of Tehran University, Faculty of Social Sciences
5. Asadi, N. O. 1385: 2006. The study of cause of suicide increase in Gilan province University of Tehran, faculty of social science.
6. Askari, S., 1998. Special report women. Farhange tosee jepp. 37-42.
7. Azkia, Mustafa (2016) Causes of Suicide in Tehran, Tehran: Institute of Studies and Research, University of Tehran
8. Bake Lake Sardabe (1354) Investigating the causes of suicide of married men and women Hospitalized in Jaber Ansari Hospital, University of Tehran, Faculty of Communication
9. Civil Registration Organization (2012) Suicide in Iran statistical report
10. Dadgar, Ali (2008) Experimental study of the effects of family variables on children's tendency to commit suicide, Shahid Beheshti's Master's Thesis of Social Research
11. Dehganpour Mohammad et al. (2019) frequency of causes and risk factors in suicide attempters admitted to Luqman Hakim Hospital in (2009-2008)
12. Durkheim, Emil (2008) Suicide, translated by Dr. Nader Salarzadeh Amiri, Tehran: Allameh Tabatabai University.
13. Farbiro, N.h, and Schneidman (1961), The Cry for Help, New York: Mc. Grow Hill.
14. Feridouni, Fatemeh (2008) Examining the trend of changes in the factors affecting women's suicide in Iran during the last five decades, master's thesis in the Department of Women's Studies, Islamic Azad University, Department of Research Sciences
15. Hassanzadeh Habibolah et al. (2012) Suicide in Kurdistan Province, National Conference on Suicide in Iran 2014
16. Interior National Organization for Civic Registration (Suicide in Iran), 2013.
17. Kalamkar Mahdis (2008) The position of gender in the vulnerability caused by the consequences of the earthquake, Social Sciences Quarterly, third year, number 19
18. Kawahito, H. Yamashita, T. 2008, Karou jisatsu no genjyou to kadai(current status and issue of overwork suicide). Tokyo songai hoken kyokai.
19. Khosravi Khosro (2011) Suicide in Iran, University of Tehran, Faculty of Social Sciences
20. Kianfard, Khadijah (1353) study of family disorder and attempted suicide, University of Tehran, Faculty of Social Communication
21. Lewis A. Coser (2008) The life and thought of great sociologist Mohsen Talasi, Scientific and Cultural Tehran
22. Macionis, J. (2011). Society. The Basics, NY: Prentice Hall.
23. Macionis, J. (2018), Society: The Basics, NY: Prentice Hall.
24. Miri Ashtiani, Elham (2012), An Introduction to the Pathology of Social Issues in Iran, Tehran: Farhang Gaftman
25. Mohammadpour Ahmad (2008) Suicide is a social phenomenon and multi-dimensional. Papers of the first national conference on social harms in Iran June 2003, suicide book, Tehran: Agh.
26. Mohseni Tabrizi, Alireza (1372) Epidemiology and epidemiology of suicide in Ilam, Institute of Social Studies and Research, University of Tehran, research report

27. Mohseni Tabrizi, Alireza (2013) Investigating the trend of suicide in Iran in the last four decades (2013-2014) Research report of winter 2014
28. Mohseni Tabrizi, Alireza (2013), Vandalism, Tehran, Aan publications
29. Mohseni Tabrizi, Alireza(2012) Clinical Sociology, Vol.1, University of Tehran Publications, first volume
30. Mohseni Tabrizi, Alireza(2016) Clinical Sociology, Vol.1, University of Tehran Publications, Volume II
31. Momeni Hossein et al. (2019) Investigation of suicide attempts in the affiliated cities of Semnan University of Medical Sciences. Thesis for obtaining a general doctorate degree.
32. Moron, Pir (1365) Suicide, causes, Causes and Treatment, Translated by Maziar Sahand, Tehran: Rasam Publications
33. Nooryan, Zohra (1353) Investigating the Causes of Suicide Attempts Among Young People up to 28 years of Age Hospitalized in Jaber Ansari Hospital, Tehran University, Faculty of Social Sciences and Communication
34. Police Force of the Islamic Republic of Iran, Suicide Statistics, Vice President of Plan and Program and Budget of Statistics Department (1996-2001) and (2001-2006)
35. Primary Prevention of Suicide (1378) General Department of Prevention and Combating Diseases, Deputy Ministry of Health, Treatment and Medical Education
36. Reiko, Nara (2015) Motalee Tatbighi-Moghaysehei, Khodkhoshi Zan dar Iran va Japon: Elal va Olguha: A Comparative Study of Female Suicide in Iran and Japan- Focused on Motive and Pattern (Doctoral Dissertation), Supervisor Dr. Mohseni Tabrizi, Faculty of Social Sciences, University of Tehran
37. Ritzer, George (2012), Sociological Theories in the Contemporary Era, Mohsen Solasi, Tehran: Scientific and Cultural
38. Sadeghi Maliheh (2008) Studying and Examining the Causes and Social Factors Affecting the Suicide of Unmarried girls 22-15 in Qaim Shahr (Mazandaran) in 2005, Azad University Master's Thesis, Department of Research Sciences
39. SeqatolEslami, Tahereh (1367) Suicide and its psychological factors in the Department of Medical Drug Poisoning, Tehran Faculty of Medical Sciences
40. Statistical yearbook of the country (2018) of the country's statistical organization
41. Summary of the statistical yearbook of the Forensic Medicine Organization of the country (2015-2015)
42. Taghizadeh Hamed (2014) Examining the Frequency of Symptoms of Mental Disorders in Suspected Suicide Patients at Vali Asr Hospital in Arak in the year (2013), a thesis for obtaining a general doctorate degree