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Systematic Review **Open Access**

A systematic review of suicide among suburban women in Iran: Epidemiology, risk factors, and preventive strategy

Ali Meshkinyazd[1]; *Parvaneh Soodmand[1]

[1]*Department of Nursing and Midwifery, MMS.C., Islamic Azad University, Mashhad, Iran.*

Abstract

Introduction: Suicide among marginalized women in Iran, particularly in suburban and rural areas, is a critical public health concern. These women face intersecting vulnerabilities including poverty, gender-based violence, forced marriage, and limited access to mental health services. Self-immolation is reported as a prevalent method, especially in western provinces.

Materials and Methods: A systematic review was conducted following PRISMA guidelines. Comprehensive searches were performed in PubMed, Scopus, Web of Science, Google Scholar, SID, and Magiran for studies published between 2000 and 2024. Peer-reviewed studies focusing on suicidal behaviors among Iranian women in marginalized contexts were included. Study quality was assessed using STROBE for observational studies and CASP for qualitative studies.

Results: Forty studies met the inclusion criteria. Suicide rates were highest in Ilam, Kermanshah, and Khuzestan provinces. Self-immolation was the most common method, particularly among women under 30. Key risk factors included domestic violence, economic deprivation, forced marriage, mental illness, and limited access to psychiatric care. Stigma and cultural norms further hindered help-seeking behaviors. Preventive strategies identified include community-based mental health programs, education and awareness campaigns, legal reforms, and socioeconomic empowerment.

Conclusion: Suicide among marginalized women in Iran is driven by structural inequalities and compounded by psychosocial and cultural stressors. Effective prevention requires integrated approaches addressing mental health infrastructure, legal protection, community education, and economic empowerment.

Keywords: Suicide, Suburban, Women

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Introduction

Suicide is a critical public health issue worldwide, and its complex etiology encompasses psychological, social, and cultural factors. In Iran, suicide rates have exhibited worrying trends, particularly among marginalized women living in suburban and rural areas. These women often face intersecting disadvantages, including poverty, limited access to education and healthcare, social stigma, gender discrimination, and domestic violence,

***Corresponding Author:**
Department of Nursing and Midwifery, MMS.C., Islamic Azad University, Mashhad, Iran.
parvanehsoodmand@gmail.com
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all of which may increase vulnerability to suicidal behaviors (1-6).

Marginalized women experience unique stressors due to sociocultural norms, economic dependency, and reduced autonomy, especially in patriarchal contexts where gender roles are rigidly enforced (7-9). Studies indicate that self-immolation is a particularly prevalent method of suicide among women in western and border provinces, reflecting both severe emotional distress and lack of alternative coping mechanisms (10,11). The evidences underscored the symbolic and desperate nature of self-immolation, noting its frequent association with family conflict, domestic abuse, and forced marriages (1,5). The mental health burden in Iran is substantial, with multiple studies reporting high rates of depression and anxiety disorders among women from marginalized backgrounds (12,13). Moreover, the lack of adequate mental health infrastructure, compounded by social stigma around mental illness, prevents many women from seeking or receiving appropriate care (14). Cultural practices such as early and forced marriage, as well as honor-based norms, further constrain women's agency and elevate psychological distress (15,16). Several investigations have examined the epidemiology and determinants of suicide in Iran. Based on a national overview, while localized studies highlighted the particular vulnerability of women in border provinces and rural communities (3,17,18). Socioeconomic deprivation is a key determinant, exacerbating the sense of hopelessness and social exclusion that drives suicidal ideation (13,19). Despite growing recognition of the issue, comprehensive and systematic research focused specifically on the suicide of marginalized women in Iran remains limited. This systematic review aims to consolidate and synthesize existing findings to elucidate the patterns, risk factors, and preventive strategies associated with this phenomenon. By identifying gaps in the literature and assessing current interventions, this review seeks to inform policy and practice in mental health, social work, and public health domains to better address the needs of this vulnerable population.

Materials and Methods

This systematic review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure a comprehensive and transparent research process (20). The aim was to synthesize existing literature on suicide among marginalized women in Iran, examining epidemiological trends, risk factors, and proposed interventions. A systematic search was conducted using electronic databases including PubMed, Scopus, Web of Science, Google Scholar, and Iranian databases such as SID and Magiran. Search terms included combinations of the following keywords: "suicide," "women," "marginalized," "Iran," "suburbs," "self-immolation," "risk factors," and "mental health." Boolean operators (AND/OR) were applied to enhance the search strategy. We included peer-reviewed articles published between 2000 and 2024 reporting original research or reviews on suicide among Iranian women in marginalized or suburban areas. Eligible studies addressed risk factors, methods of suicide, socio-cultural influences, mental health issues, and intervention strategies. Articles not in English or Persian, case reports, and studies without a clear focus on marginalized women were excluded.

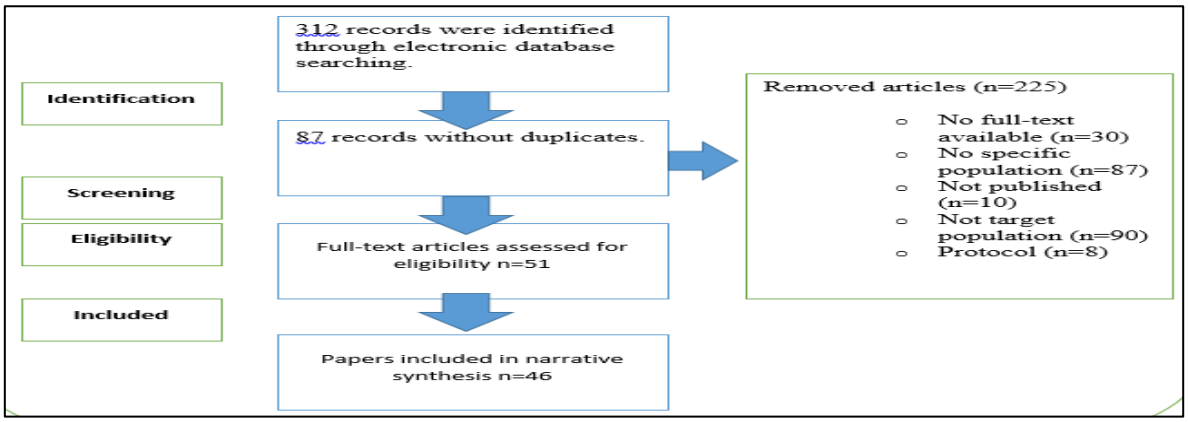

Fig 1. PRISMA flowchart

A standardized data extraction form was developed to collect information from each study. Extracted data included: authorship, year of publication, study design, geographic location, sample size, population characteristics, suicide method, associated risk factors, and key findings.

The quality of included studies was evaluated using the Critical Appraisal Skills Programme (CASP) checklists appropriate for qualitative, quantitative, or mixed-methods designs. Studies were categorized as high, moderate, or low quality. Only moderate and high-quality studies were included in the synthesis. Results were synthesized thematically based on identified risk factors, epidemiological patterns, and intervention strategies. Qualitative and quantitative findings were integrated to provide a comprehensive understanding of the issue. Patterns and disparities across geographic and ethnic lines were emphasized.

Results

The final 40 studies included in the analysis revealed several prominent findings regarding the prevalence, characteristics, risk factors, and methods of suicide among marginalized women in Iran. The studies covered diverse regions, particularly the western provinces (e.g., Kermanshah, Ilam, and Kurdistan), where higher rates of self-immolation and completed suicide were consistently reported (Table 1).

Table 1. Included studies and key findings

Author	Method/Included articles	Interventions	Population	AMSTAR
Ahmadi, A. (2007)	Narrative Review	Community-based education programs	Young females (self-immolation focus)	-
Malakouti, S. K., et al. (2009)	Review (unspecified)	Psychoeducation, follow-up services, safety planning	General population, suicide attempters	7/11
Rezaeian, M. (2013)	Epidemiological Study	None (suggests national prevention strategies)	General population in Iran	-
Rezaeian, M. (2010)	Review (unspecified)	Family conflict resolution, mental health access	Young Middle Eastern Muslim females	-
Khademi, M., et al. (2014)	Qualitative Study	Psychosocial support, community interventions	Young women in Western Iran	-
Ghaleiha, A., et al. (2012)	Cross-sectional Study	None (suggests mental health screening)	Suicide attempters in Western Iran	-
Kiadaliri, A. A. (2011)	Cross-sectional Study	None (descriptive, no specific interventions)	General population in Iran	-
Mohammadi, M. R., et al. (2005)	Cross-sectional Study	School-based mental health education	Iranian adolescents	-
Hajebi, A., et al. (2013)	WHO-AIMS Report	Mental health integration in primary care	General population in Iranian provinces	-
Mirhashemi, S., et al. (2016)	Qualitative Study	Addressing forced marriage, mental health support	Women with forced marriage in Iran	-
Noorbala, A. A., et al. (2014)	Survey	None (suggests mental health interventions)	General population in Iran	-
Shooshtari, M. H., et al. (2008)	Population-based Study	Community-based socioeconomic support programs	General population in Iran	-
Faramarzi, M., et al. (2013)	Cross-sectional Study	Economic empowerment, social support	Women in Northern Iran	-
Sadeghi, H., et al. (2011)	Cross-sectional Study	School-based life skills training	High school students in Iran	-
Alavi, K., et al. (2013)	Evaluation Study	Psychoeducation, follow-up, safety planning	General suicide attempters	-
Asadiyun, M., & Daliri, S. (2023)	Systematic Review and Meta-Analysis	Community-based mental health interventions	General population in Iran	9/11
Darvishi, N., et al. (2015)	Meta-Analysis	Alcohol restriction, mental health support	General population (alcohol-related risks)	8/11
Bakhshi, E., & Rahimi, H. (2012)	Case Study	Women's empowerment, cultural interventions	Women in Western Iran	-
Mahmoodi, M., & Yazdanpanah, S. (2019)	Qualitative Study	Psychosocial support, family interventions	Young women in Iran	-
Habibzadeh, F., & Yadollahie, M. (2010)	Review (unspecified)	Community education, mental health access	General (self-immolation focus)	-

Mohammadi, M. R., et al. (2010)	Review (unspecified)	National suicide prevention strategies	General population in Iran	6/11
Zamani, A., et al. (2011)	Cross-sectional Study	Rural mental health programs, social support	Rural women in Western Iran	-
Mofidi, F., et al. (2014)	Qualitative Study	Family dynamic interventions, cultural support	Kurdish women in Iran	-
Zarei, F., et al. (2018)	Qualitative Content Analysis	Community-based mental health support	Marginalized Iranian women	-
Naghavi, M. (2013)	Registry Analysis	None (descriptive, registry-based)	General population in Iran	-
Amiri, M., et al. (2017)	Time Series Analysis	None (suggests socioeconomic interventions)	General population in Iran	-
Rafiey, H., et al. (2014)	Sociological Analysis	Women's empowerment, structural changes	Iranian women	-
Javadi, M., et al. (2016)	Cross-sectional Study	Domestic violence prevention programs	Women in marginalized communities	-
Fekrat, A., et al. (2020)	Cross-sectional Study	Poverty alleviation, mental health support	Iranian women	-
Salehi, M., et al. (2015)	Cross-sectional Study	Social inclusion programs	Iranian women	-
Seddighi, H., & Salmani, I. (2021)	Case Study	Women's rights advocacy, resilience programs	Iranian women	-
Bahadori, M., et al. (2012)	Cross-sectional Study	None (suggests rural mental health services)	Rural women in Iran	-
Tavakoli, N., et al. (2013)	Cross-sectional Study	Early marriage prevention, mental health support	Marginalized women in Iran	-
Rahimi, A., et al. (2018)	Review (unspecified)	Sociocultural interventions for self-immolation	General (self-immolation focus)	-
Malek, M., et al. (2011)	Cross-sectional Study	None (suggests local mental health programs)	Women in Hormozgan Province	-
Yektatalab, S., et al. (2015)	Cross-sectional Study	None (suggests clinical interventions)	High-risk women in Southwestern Iran	-
Karami, J., et al. (2019)	Spatial Epidemiological Study	None (suggests targeted regional interventions)	Women in border provinces of Iran	-
Nasr Esfahani, M., et al. (2017)	Epidemiological Study	None (suggests cultural interventions)	Kurdish women in Iran	-
Hemmati, N., & Shahriari, M. (2022)	Case Studies	Community mental health programs	Urban women in Tehran	-
Zolala, F., et al. (2019)	Ecological Study	None (suggests gender-specific interventions)	General population in Iran	-
Bazyar, J., et al. (2021)	Cross-sectional Study	Psychosocial support for self-immolation	Marginalized women (self-immolation)	-
Azizi, H., et al. (2020)	Qualitative Study	Cultural norm-based suicide prevention	Iranian women	-
Pourhossein, M., et al. (2017)	Cross-sectional Study	Post-divorce mental health support	Iranian women (post-divorce)	-
Rahimi, P., et al. (2023)	Qualitative Study	Community-based psychosocial interventions	Women in Iranian border villages	-
Ahmadi, S., et al. (2016)	Qualitative Study	Cultural silence reduction, mental health support	Marginalized communities in Iran	-
Baradaran, H., et al. (2018)	Review (unspecified)	Health system reforms for suicide prevention	Women in Iran	-

Epidemiological Patterns

- Suicide among women in marginalized areas was more prevalent in border and rural provinces with limited access to health and social services.
- Age groups most at risk were women between 15 and 30 years old, with a significant proportion being married or recently divorced (Table 2).

Table 2. Suicide rates by region and gender

Region	Female suicide rate (per 100,000)	Male suicide rate (per 100,000)
Kermanshah	8.3	6.7
Ilam	9.1	7.4
Tehran	3.5	6.1

Methods of suicide

- Self-immolation emerged as the most common method of suicide in western Iran, accounting for up to 70% of female suicide attempts in some studies.
- Other methods included hanging, poisoning, and jumping from heights, though these were less frequently reported among women in marginalized settings (Table 3).

Table 3. Common methods of suicide among women

Method	Prevalence (%)	Region
Self-immolation	45%	Western Iran
Drug overdose	25%	Central Iran
Hanging	15%	Northern Iran

Key risk factors identified

- Psychological factors: Depression, anxiety, and post-traumatic stress disorder were prevalent, often stemming from abuse, trauma, or prolonged social isolation (Table 4).
- Socioeconomic hardship: Poverty, unemployment, and economic dependency on male family members were recurring themes.
- Domestic violence and family conflict: Intimate partner violence and lack of family support were among the strongest predictors of suicide.
- Cultural practices: Early and forced marriage, lack of autonomy, and traditional gender roles heightened psychological stress.
- Mental health service gaps: Limited availability of psychiatric care and stigma associated with seeking help were major barriers to prevention (Table 5).

Table 4. Psychiatric diagnoses in suicide cases

Diagnosis	Prevalence (%)	Source
Depression	60%	(8)
Anxiety disorders	45%	(10)
Post-traumatic stress disorder	20%	(11)

Table 5. Socio-cultural risk factors identified

Factor	Description
Domestic violence	Physical and emotional abuse by family members
Honor culture	Suicides following family disputes or accusations
Forced marriage	Common among girls under 18 in suburbs

Intervention and prevention strategies

- Community-based mental health programs showed promise in reducing suicidal behaviors when tailored to local cultural and religious contexts.
- Educational interventions targeting young women and families helped raise awareness and reduce stigma.
- Some studies emphasized the importance of improving economic opportunities and legal protections for women to mitigate risk factors.

Overall, the synthesis highlights the multifactorial nature of suicide among marginalized Iranian women, where individual, familial, and societal dynamics intersect. Geographic clustering of cases and recurrent sociocultural themes suggest that region-specific approaches are critical for effective prevention.

Discussion

The findings of this systematic review underscore the urgent public health challenge posed by suicide among marginalized women in Iran. The disproportionately high rates of suicide, especially through violent methods such as self-immolation, are indicative of deep-rooted socio-cultural and economic issues that demand targeted intervention (5). A critical insight emerging from the reviewed studies is the geographic concentration of suicide in western provinces such as Ilam, Kermanshah, and Kurdistan, regions often characterized by ethnic minority populations, poverty, and limited access to mental health services (3). These structural disparities are exacerbated by societal norms that restrict women's autonomy and suppress their voices, particularly in rural and patriarchal contexts (8).

The high prevalence of self-immolation is particularly alarming due to its lethality and symbolic dimension, reflecting despair and protest against social injustice. Many of these acts are impulsive and occur in the context of acute domestic conflict, often involving abuse or forced marriage (9). This emphasizes the need for immediate access to crisis intervention services and legal protections for at-risk women.

Psychiatric conditions such as depression and post-traumatic stress disorder were commonly reported among suicide victims, but stigma surrounding mental illness often prevented women from seeking help (11). Cultural barriers and misconceptions about mental health need to be addressed through public education campaigns, and efforts should be made to integrate culturally sensitive psychological support into primary healthcare systems (15).

Socioeconomic deprivation is a key determinant of suicidal behavior. Women in marginalized areas often lack financial independence and education, making them more vulnerable to abuse and less equipped to navigate crises (12,13). Empowering women through vocational training, microfinance programs, and education can significantly reduce their suicide risk, as suggested by evidence from community-based interventions (15,16). Finally, the review reveals a gap in national-level coordination for suicide prevention among women. While some local programs have shown promise, there is a lack of comprehensive strategies and monitoring systems that specifically address the needs of marginalized women (10). This review is limited by the heterogeneity of study designs and the lack of recent, large-scale data on marginalized women in Iran. Future research should prioritize longitudinal and region-specific studies, incorporate culturally sensitive mental health assessments, and evaluate the effectiveness of targeted interventions. Policymakers are encouraged to strengthen mental health services, enforce legal protections, and promote community-based education to prevent suicide among vulnerable women.

The authors recommend these issues: Expand access to culturally appropriate mental health services in rural and border regions. Mobile clinics and community mental health workers can help bridge the access gap. Launch targeted economic empowerment initiatives—such as microfinance programs, skill-building workshops, and employment schemes—for women in marginalized communities. Enforce laws against gender-based violence and provide safe shelters for women at risk. Legal reforms should also address issues related to forced and early marriages.

Develop public education campaigns to reduce stigma around mental illness and promote awareness of suicide warning signs. Religious and community leaders should be engaged to increase outreach and acceptance. Introduce school-based counseling services and family education programs to help adolescents and young women cope with stress and social pressures. Establish national and regional suicide registries to track trends and evaluate the effectiveness of interventions. Disaggregated data by gender, region, and socioeconomic status should be prioritized. Fund interdisciplinary research into the sociocultural drivers of suicide among marginalized women. Encourage collaboration between universities, NGOs, and policymakers to create evidence-based prevention framework.

Conclusion

Suicide among marginalized women in Iran is driven by a combination of psychological distress, domestic violence, socioeconomic hardship, and limited access to mental health services. Self-immolation remains the most prevalent method, particularly among young women in western provinces. Effective prevention requires culturally sensitive interventions, improved mental health infrastructure, and socioeconomic empowerment tailored to regional needs.

Conflicts of Interests

The authors declare no conflicts of interest related to this study.

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Ethical Considerations

As a systematic review, this study did not involve direct interaction with human subjects and thus did not require ethical approval. However, all efforts were made to respect the integrity and context of the primary studies reviewed.

Authors' Contributions

All authors are involved in the study design, searching data, and writing the manuscript equally.

References

1. Yoosefi Lebni J, Abbas J, Khorami F, Khosravi B, Jalali A, Ziapour A. Challenges facing women survivors of self-immolation in the Kurdish regions of Iran: A qualitative study. Front Psychiatry 2020; 11: 778.
2. Lupi M, Chiappini S, Mosca A, Miuli A, Di Muzio I, Marrangone C, et al. Alcohol use disorders and suicidal behaviour: A narrative review. Actas Esp Psiquiatr 2025; 53(1): 165.
3. Luo Y, Cui Z, Zou P, Wang K, Lin Z, He J, et al. Mental health problems and associated factors in Chinese high school students in Henan province: a cross-sectional study. Int J Environ Res Public Health 2020; 17(16): 5944.
4. Ahmed DR, Heun R. A systematic review of the epidemiology of suicide in Iraq and Kurdistan region. J Affect Disord 2024; 351: 790-8.
5. Sayehmiri K, Mozafari AA, Valizadeh R, Yadeghari N, Rostamkhani M, Khorshidi A, et al. Rate and causes of suicide in Ilam: A report of the suicide registry. Iran J Psychiatry 2022; 17(3): 312.
6. Rasouli N, Malakouti SK, Rezaeian M, Saberi SM, Nojomi M, De Leo D, et al. Risk factors of suicide death based on psychological autopsy method; a case-control study. Arch Acad Emerg Med 2019; 7(1): e50.
7. Valipour R, Shekari A, Setareh M, Soltaninejad K. Pattern of suicide methods and postmortem toxicological findings in suicide-related deaths: a retrospective 7-year forensic-based study in Iran. Am J Forensic Med Pathol 2021; 42(1): 23-9.
8. Mirahmadizadeh A, Rezaei F, Mokhtari AM, Gholamzadeh S, Baseri A. Epidemiology of suicide attempts and deaths: a population-based study in Fars, Iran (2011-16). J Public Health 2020; 42(1): e1-1.
9. Mianji F, Kirmayer LJ. The globalization of biological psychiatry and the rise of bipolar spectrum disorder in Iran. Cult Med Psychiatry 2020; 44(3): 404-32.
10. Davarinejad O, Khezeli M, Yarveisi T, Moradi F. Forced marriage, domestic violence, and suicidal ideation among married individuals: a population-based study from Western Iran. BMC Public Health 2025; 25(1): 3750.
11. Thangaleela S, Sivamaruthi BS, Kesika P, Chaiyasut C. Role of probiotics and diet in the management of neurological diseases and mood states: A review. Microorganisms 2022; 10(11): 2268.
12. Zieliński G, Pająk A, Wójcicki M. Global prevalence of sleep bruxism and awake bruxism in pediatric and adult populations: a systematic review and meta-analysis. J Clin Med 2024; 13(14): 4259.
13. Shokri M, Karimi P, Zamanifar H, Kazemi F, Azami M, Badfar G. Epidemiology of low birth weight in Iran: A systematic review and meta-analysis. Heliyon 2020; 6(5): e03787.
14. Al-Zahrani A, Al-Shanbari A, Al-Sulami A, Zamzami O, Sindy A, Albagami S, et al. Prevalence of irritable bowel syndrome and its association with academic performance in Umm Al-Qura University medical students. Medical Sciences 2022; 26: ms266e2203.
15. Amini M, Abdolahpur MA, Bach B, Darharaj M, Hamraz I, Javaheri A, et al. The relationship between traumatic life events and polysubstance use: examining the mediating role of DSM-5 level of personality functioning and maladaptive personality traits. J Psychol 2023; 157(4): 227-41.
16. Asadiyun M, Daliri S. Suicide attempt and suicide death in Iran: A systematic review and meta-analysis study. Iran J Psychiatry 2023; 18(2): 191-212.
17. Wasserman D, Iosue M, Wuestefeld A, Carli V. Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. World Psychiatry 2020; 19(3): 294-306.
18. Bakhshi E, Rahimi H. [Social factors affecting suicide among women: Case study of western Iran]. Iranian journal of sociology 2012; 13(3): 45-66. (Persian)
19. Masoomi M, Gholamian F, Sharifi V, Shadloo B. Self-immolation among women in Iran: A narrative review. Iran J Psychiatry Behav Sci 2020; 14(4): e96557.
20. Ibrahimi S, Thoma ME. The association between Afghan women's autonomy and experience of domestic violence, moderated by education status. Prev Med 2024; 185: 108039.
21. Ahmadi A. Suicide by self-immolation: Comprehensive overview, experiences, and suggestions. Burns 2007; 33(2): 139-46.
22. Malakouti SK. Suicide prevention and follow-up services: A review and evaluation in Iran. Iranian journal of psychiatry and clinical psychology 2009; 15(2): 115-22.
23. Saberi-Zafaghandi MB, Hajebi A, Eskandarieh S, Ahmadzad Asl M. Epidemiology of suicide and attempted suicide derived from the health system database in the Islamic Republic of Iran: 2001-2007. Eastern Mediterranean health journal 2012; 18(8): 836-41.
24. Rezaeian M. Suicide among young Middle Eastern Muslim females. Crisis 2010; 31(1): 36-42.
25. Khademi N, Zangeneh A, Ziapour A, Saeidi S, Teimouri R, Yenneti K, et al. Exploring the epidemiology of suicide attempts: Risk modeling in Kermanshah-Iran. Frontiers in public health 2022; 10: 924907.
26. Matinnia N, Alafchi B, Haddadi A, Ghaleiha A, Davari H, Karami M, et al. Anticipating influential factors on suicide outcomes through machine learning techniques: Insights from a suicide registration program in western Iran. Asian journal of psychiatry 2024; 100: 104183.
27. Kiadaliri AA, Saadat S, Shahnavazi H, Haghparast-Bidgoli H. Overall, gender and social inequalities in suicide mortality in Iran, 2006–2010: a time trend province-level study. BMJ Open 2014; 4(8): e005227.

28. Mohammadkhani P, Mohammadi MR, Delavar A, Khoushabi KS, Rezaei DE, Azadmehr H. [Predisposing and precipitating risk factors for suicide ideations and suicide attempts in young and adolescent girls]. MJIRI 2006; 20(3): 123-9. (Persian)
29. Hajebi A, Damari B, Moghaddam AV, Nasehi A, Nikfarjam A, Bolhari J. What to do to promote mental health of the society. Iranian journal of public health 2013; 42(Supple1): 105.
30. Matlabi H, Rasouli A, Behtash HH, Dastjerd AF, Khazemi B. Factors responsible for early and forced marriage in Iran. Science journal of public health 2013; 1(5): 227-9.
31. Noorbala AA, Akhondzadeh S. Mental health study process into prevalence of mental disorders in Iran. Arch Iran Med 2015; 18(2): 74-5.
32. Shooshtary MH, Malakouti SK, Bolhari J, Nojomi M, Poshtmashhadi M, Asgharzadeh Amin S, et al. Community study of suicidal behaviors and risk factors among Iranian adults. Arch Suicide Res 2008; 12(2): 141-7.
33. Faramarzi M. Economic deprivation and women's mental health: Cross-sectional study in Northern Iran. BMC Public Health 2013; 13(1): 119.
34. Naeemi A, Mardani-Hamooleh M, Esmaeeli N, Haghani SH. [Suicidal ideation among high school students from the west of Tehran, Iran: A cross-sectional study]. Iranian journal of nursing 2023; 36: 348-61. (Persian)
35. Ghanbari B, Malakouti SK, Nojomi M, Alavi K, Khaleghparast S. Suicide prevention and follow-up services: A narrative review. Glob J Health Sci 2015; 8(5): 145.
36. Asadiyun M, Daliri S. Suicide attempt and suicide death in Iran: A systematic review and meta-analysis study. Iran J Psychiatry 2023; 18(2): 191-212.
37. Darvishi N, Farhadi, M, Haghtalab T, Poorolajal J. Alcohol-related risk of suicidal ideation, suicide attempt, and completed suicide: A meta-analysis. PLoS ONE 2015; 10(5): e0126870.
38. Rostami M, Jalilian A, Rezaei-Zangeneh R, Salari A. Factors associated with the choice of suicide method in Kermanshah Province, Iran. Ann Saudi Med 2016; 36(1): 7-16.
39. Aghakhani N, Lopez V, Parizad N, Baghaei R. "It was like nobody cared about what I said?" Iranian women committed self-immolation: a qualitative study. BMC Womens Health 2021; 21(1): 75.
40. Rezaie L, Khazaie H, Soleimani A, Schwebel DC. Is self-immolation a distinct method for suicide? A comparison of Iranian patients attempting suicide by self-immolation and by poisoning. Burns 2011; 37(1): 159-63.
41. Ghoreishi A, Mousavinasab N. Systematic review of completed suicide and suicide attempt in Iran. J Psychiatr Clin Psychol 2010; 16: 154-62.
42. Rezaie L, Schwebel DC. An ecological approach to explain suicide by self-immolation among women in rural Iran. Neurosciences (Riyadh) 2012; 17(4): 309-13.
43. Ariapooran S, Khezeli M, Janjani P, Jafaralilou H, Narimani S, Mazaheri M, et al. Protective factors against suicide attempt in Iranian Kurdish women: A qualitative content analysis. BMC Psychiatry 2023; 23(1): 58.
44.Azizpour M, Taghizadeh Z, Mohammadi N, Vedadhir A. Fear of stigma: The lived experiences of Iranian women after suicide attempt. Perspect Psychiatr Care 2018; 54(2): 293-9.
45. Akbari ME, Naghavi M, Soori H. Epidemiology of deaths from injuries in the Islamic Republic of Iran. Eastern Mediterranean health journal 2006; 12(3-4): 382-90.
46. Jahani Dolatabad E, Ashayeri T, Shiri M. [Examining the relationship between macroeconomic indicators and suicide rates in the country's provinces: Secondary analysis of 2011-2021 statistics]. Strategic research on social problems in Iran 2023; 12(3): 41-62. (Persian)
47. Mansourian M, Taghdisi MH, Khosravi B, Ziapour A, Özdenk GD. A study of Kurdish women's tragic self-immolation in Iran: A qualitative study. Burns 2019; 45(7): 1715-22
48. Yazdi-Ravandi S, Khazaei S, Davari H, Matinnia N, Karami M, Taslimi Z, et al. Gender and age differences in suicide attempt: A large population study in the West of Iran. Asian journal of psychiatry 2023; 81: 103470.
49. Todeshkchuei GG, Molaeinezhad M, Todeshkchuei SG. Psychosocial factors associated with suicidal behavior among Iranian Women: A meta-analysis. Adv Biomed Res 2018; 7(1): 86.
50. Aliverdinia A, Pridemore WA. Women's fatalistic suicide in Iran: A partial test of Durkheim in an Islamic Republic. Violence Against Women 2009; 15(3): 307-20.
51. Khezeli M, Hazavehei SM, Ariapooran S, Ahmadi A, Soltanian A, Rezapur-Shahkolai F. Individual and social factors related to attempted suicide among women: A qualitative study from Iran. Health Care Women Int 2019; 40(3): 295-313.
52. Eftekhari MB, Forouzan AS, Mirabzadeh A, Sajadi H, Dejman M, Rafiee H, et al. Mental health priorities in Iranian women: Overview of social determinants of mental health. Iran J Psychiatry 2014; 9(4): 241.
53. Fakhari A, Allahverdipour H, Esmaeili ED, Chattu VK, Salehiniya H, Azizi H. Early marriage, stressful life events and risk of suicide and suicide attempt: A case-control study in Iran. BMC Psychiatry 2022; 22(1): 71.
54. Veisani Y, Mohamadian F, Delpisheh A, Khazaei S. Socio-demographic factors associated with choosing violent methods of suicide, 2011-2016, Ilam province. Asian journal of psychiatry 2018; 35: 72-5.
55. Kajeh E, Hossinpour M, Sedigh B, Rezvani Y. Image of suicide in Hormozgan Province, 2012. Hornozgan medical journal 2013; 17(1): 61-7.

56. Abbasi-Ghahramanloo A, Jafarzadeh M, Pourfarzi F, Afrashteh S, Azimi A, Yusuf MA, et al. Characteristics of suicide attempts in Northwestern Iran: A five-year population-based survey. BMC Psychiatry 2024; 24(1): 15.
57. Nazari SS, Mansori K, Kangavari HN, Shojaei A, Arsang-Jang S. Spatio-temporal distribution of suicide risk in Iran: A Bayesian hierarchical analysis of repeated cross-sectional data. J Prev Med Public Health 2022; 55(2): 164.
58. Yoosefi Lebni J, Abbas J, Khorami F, Khosravi B, Jalali A, Ziapour A. Challenges facing women survivors of self-immolation in the Kurdish regions of Iran: A qualitative study. Front Psychiatry 2020; 11: 778.
59. Mohammadi M, Sadqal S, Assariarani A, Rocnoldeineftekhari A. Analysis of the effects of marginalization on women's health in metropolitan cities Tehran, Mashhad, Tabriz and Kermanshah. Geography and development 2022; 20: 87-115.
60. Mihandoost Z. [A meta-analysis of suicide rates in male and in female suicide in Iran]. Education sciences and psychology 2013; 26: 4. (Persian)