

EFFECTS OF SUICIDE BOMBING ON MENTAL HEALTH IN KARACHI, PAKISTAN

Mehwish Saleem

PhD Scholar, Department of Social Work,
University of Karachi
mehwish_saleem19@yahoo.com

Shuja ur Rehman

Assistant Professor, Department of Sociology,
Karakorum International University Diamer Campus, Chilas
shuja.rehman@kiu.edu.pk

Muhammad Tahir

Lecturer, Department of Sociology,
Karakorum International
University Diamer Campus, Chilas
muhammad.tahir@kiu.edu.pk

ABSTRACT

Pakistan passed through a very critical situation due to terrorism. The most lethal attempts were suicide bombings, which jolted Pakistani society, and the population faced severe mental health issues. This paper attempts to find out the psychological effects of suicide terrorism in Karachi. The present study has been conducted in Karachi city. This is an exploratory study in nature. The target population comprised of victims who had been directly affected by suicide terrorism in Karachi from 2008 to 2014. The study has a sample size of 118 and data was collected through a well-structured questionnaire by using the snowball sampling technique. A quantitative research design has been used to examine the psychological impact of suicide terrorism in Karachi. One hundred and eighteen respondents were included in the present study. A majority of them were male with monthly household income between 31,000-40,000 PKR, showing that most of the victims belonged to the lower-middle-class of society. The overwhelming number of the respondents having individual demised or injured in the suicide bombing were the household earners consequently resulting in emotional and financial crises. Most of the respondents (48.30%) reported that they or their family member's experienced severe depression followed by mood swings. Most of the victims of suicide bombing are missing their household earners or the head of the family. As a result, they suffered from mental disturbance. Posttraumatic stress disorder (PTSD) was high after the incident among the victims and their families.

Keywords: Suicide bombing; Psychological impacts; Posttraumatic stress disorder; Victims, Karachi

INTRODUCTION

Suicide bombing is psychological warfare. It is a complex phenomenon of the twenty-first century around the world, however, suicide bombing is relatively new, began in the 1980s (Arciszewski et al, 2009). Pakistan is mostly affected by suicide terrorism than any other country in the world. The country has lost almost 80,000 citizens to terrorist attacks in the US-led "War on Terror" (Saleem, 2018). In Pakistan suicide bombing attack first transpired in Karachi in 2002 when a truck filled with explosives targeted the French embassy, eleven French engineers were killed in the attack (Khan, 2011). After that suicide bombing drastically increased across the country particularly in Karachi. From 2002 to 2014, 26 attacks were orchestrated by the terrorist on the different settlement of the city resulting in 393 dead and 1333 injured (South Asia terrorism portal, 2014).

Suicide bombing has significant negative impacts on the social, economic, and health sectors. These incidents cause direct and indirect impacts on human health for instance, mental and physical disability, deaths, economic losses, and destruction of infrastructure. The suicide bombings victims

may show shock, horror, fear, grief for demised and helplessness such emotions that others find hard to realize. Suicide bombings are the most mentally disturbing type of terrorism; thus their mental consequences are usually more severe. A study was conducted in America six days after the incident of 9/11 to examine the emotional and behavioral reactions. According to the study, 44 percent of Americans stated experiencing considerable emotional stress (Schuster, 2001). Another follow-up study was conducted in France after the revulsion event of the 1995-96 bombing in France. According to the study, the overall prevalence of posttraumatic stress disorder (PTSD) was high after the incident among the victims (Verge, 2004).

Most researches have revealed that man-made catastrophes create more mental illness than natural calamities. The nature of Suicide bombing may be the most traumatic than other acts of terrorism due to its erratic and uncontrolled nature (Siebert, 2010). The impact of suicide bombing-related stressors may happen as the direct result of the physical and visual impact, media exposure, the brutal killing and injury of loved ones, emotional contagion, and social disturbance. Victims of the suicide bombing of Karachi also experiencing emotional stress. The term stress is a biological term that reflects the disappointment of a human to reply properly to emotional or physical intimidation to the organism, whether real or fictional (Paliwal, 2017).

The World Health Organization (WHO) stated that ten percent of the people who had faced any armed struggle will have serious mental health problems around the world and another ten percent develop behavior that will disturb their skills to function efficiently (Khan, 2012).

This public panic and anxiety created a non-functional society. Everywhere people see and feel disregarded, declined, and also collapsed, and due to law and order in this situation, normal people experience the deepest anxiety. Therefore, they cannot protect their life and property. The current operation by law enforcement agencies, the general law and order situation in Karachi has enhanced significantly. In 2013, the operation begins to counter peaking target killing (European asylum support office, 2018), immense loss of national economy and image, sectarian violence, and lawlessness. The issue regarding the situation surpasses beyond the international borders (Haider, 2015).

Due to the merely available port and biggest city of Pakistan, Karachi is the lifeline and attracts migration from every major ethnic and linguistic group in Pakistan (Pakistan institute for peace studies, 2017). Further, it endows employment of assorted dimensions to the majority of its dwellings contributes immensely to the national exchequer. The security situation has considerably been on reverse slide influencing its economy and considerable loss of lives and property since the last two decades. Karachi operation was launched to restore its lost prestige as the most harmonious and colorful city because everybody is afraid due to suicide bombing and other related violence in deferent areas of Karachi, for the last seventeen years. The objective of this study was to examine the psychological impacts of suicide terrorism in Karachi.

Objective of the Study

To find out the effects of suicide bombing on mental health

METHDOLOGY

The present study is exploratory in nature. The site of the study is Karachi city. The target population was comprised of victims or their family members directly exposed to the suicide bombings in Karachi between 2008 to 2014. During this period 119 individuals have lost their lives and 344 persons were injured and approximately 399 households were victimized, based on this estimate a sample size of 118 and the sample consisted of 70 males and 48 females. The age group was 16 years and above. 52 participants were directly exposed to terrorist attacks and 66 had family members exposed. Those households were included for this study who had lost their loved one or were exposed to severe injuries and minor injuries exposed household were excluded. The data was collected through a well-structured questionnaire by using the snowball sampling technique. A quantitative research design has been used to examine the psychological impacts of suicide terrorism on the society in Karachi city of Pakistan.

DATA ANALYSIS:

Through quantitative technique, the data analysis was completed by using different statistical formula. Although, percentage formula was used to compare the raw data.

RESULTS AND DISCUSSION

Table- 1. Demographic Indicators

Gender		
Male	70	59.32
Female	48	40.68
Household Income		
Up to 20,000 PKR	11	9.32
21,000-30,000 PKR	23	19.49
31,000-40,000 PKR	62	52.54
41,000 and above PKR	22	18.65
Total	n=118	100.00%

Total 133 participants fulfilling the inclusion criteria were included in the study. 15 participants were disqualified due to minor injuries recorded. The remaining 118 participants were used to generate results. The majority of the respondents 59.32% [n=70] were male and female participants were 40.68% [n=48]. An overwhelming number of the respondents 52.54% [n=62] reported monthly household income between 31,000-40,000 PKR whereas 18.65% [n=22] earned 41,000 PKR and above. 19.49% [n=23] respondents answered 21,000-30,000 PKR, remaining 9.32% [n=11] reported up to 20,000 PKR. The study shows most of the participants are belonging to lower middle-class families.

Table-2: Number of Demise and Injured Individuals

Number of deaths		
One individual	33	27.96
Two individuals	12	10.17
Three individuals	02	1.70
More than three individuals	Nil	Nil
Injured	71	60.17
Number of injured	n=71	100.00%
One individual	48	67.60
Two individuals	18	25.36
Three individuals	04	5.63
More than three individuals	01	1.41
Total	n=118	100%

Majority of the respondents; 60.17% [n=71] reported severe injuries while 27.96% [n=33] respondents accounted one death and 10.17% [n=12] recorded two individual's death remaining 1.70 % [n=02] replied three persons have lost in this horrific event. Furthermore, 67.60% [n=48] reported one individual severely injured during suicide attack and while 25.36% [n=18] answered two individuals and 5.63% [n=04] responded three individuals were severely injured in suicide attack remaining 1.41% [n=01] reported more than three individuals.

Table-3. Status of Deceased and Injured Person in the Family

Status		
Head of the family	36	30.51
Earners of the family	45	38.13
Student	16	13.56
Others	21	17.80
Total	n= 118	100.00%

Most participants 38.13% [n=45] answered the deceased or severely injured person was only one of the earners of their family member, the whole family was financially dependent on him/her

while 30.51% [n=36] replied the head of the family. 17.80% [n=21] answered others (not specified) such as uncle, wife, child etc. and 13.56% [N=16] respondents reported students. It is factual that if any family missing their earner or head of the family they confronted financial crises and faced different mental illnesses. Financial crises directly impact mental health.

Table-4. Mental Illness Respondents or Family Members Suffered after a Terrorist Attacked

Mental Illness		
Depression	57	48.30.
Hallucination	4	3.39
Schizophrenia	6	5.08
Mania	21	17.80
Mood Swings	30	25.43
Total	N=118	100.00%

The maximum participants 48.30 % [n=57] respondents have faced depression while 25.42% [n=30] reported mood swings and 17.80% [n=21] agonized from mania. Remaining 5.08% [n=6] reported schizophrenia and 3.39% [n=4] respondents have faced hallucination. The below table clearly shows overwhelming respondents who had experienced depression. It is a common mental illness among any armed struggle.

Table-4. 1. Level of Depression

Depression level		
Normal	02	3.51
Moderate	08	14.03
Severe	47	82.46
Total	n=57	100.00%

The intensity of depression amongst the victims of suicide bombing, major proportion 82.46% [n=47] answered severe depression intensity was found among them while 14.03% [n=08] replied moderate and smallest proportion 3.51% [n=02] were reported the normal intensity of depression was found. Most of the victims of suicide bombing are missing their earners and head of the family, as a result, they are suffering from mental disturbances and their mental consequences are commonly more severe. Posttraumatic stress disorder (PTSD) was high after the incident among the victims.

DISCUSSION

This exploratory study was designed to investigate the impacts of suicide terrorism on mental illness, with special reference to Karachi city. Because the study participants or their family members were directly affected by suicide attacks in Karachi city. Suicide terrorism and mental illnesses are correlated. Various researches proved that the negative relationship between terrorism and mental health problems. Suicide terrorism can cause severe psychological consequences for victims. Nasim et al revealed that terrorism affects human behavior and psychological responses, these effects are included physical and mental trauma (Nasim, 2014). In our study, we found that behavioral changes and mental health problems among victims of suicide terrorism. According to Paliwal, any kind of terrorism creates psychological problems, extreme distress, and anxiety among the victims (Paliwal, 2017). From 2002 to 2014, 26 suicide terrorist attacks were occurred on different settlements of Karachi city, resulting in 393 dead and 1333 injured. This horrible situation created various mental illnesses among victims, such as hopelessness, helplessness, depression, anxiety, and extreme stress.

Huddy and Feldman stated that after the 9/11 terrorist attack on the world trade center, people who were directly affected by the terrorist attack were more probable to feel nervous about terrorism (Huddy & Feldman, 2011). Steel et al conducted a survey study, 512 individuals participated in this study, posttraumatic stress disorder was found in 48 participants, one participant had acute stress disorder and 299 answered depressions (Tanielian & Stein, 2006, Khan et al, 2012). The present study showed that 48.30% of respondents have faced severe depression while 25.42% reported mood swings and 17.80% agonized from mania.

Mathew et al conducted a study titled “Mental health following terrorist attacks” revealed that the people who had been directly affected by terrorist attacks the posttraumatic stress disorder (PTSD) commonly found among them followed by severe depression (Efthimiou, Argalia, Kaskaba & Makri, 2013). Suicide attacks are always sudden and unexpected events that happen in public or religious places it can be very traumatic. All previous studies proved that victims of suicide terrorism suffered from psychological trauma, it can linger for a long time or even a lifetime. The present study also revealed that the association between suicide terrorism and psychological problems. The results of the study clearly showed that the majority of the victims belong to the lower middle class and missing their earners or head of the family members, they faced extreme financial crises. Missing loved ones and financial problems both resulted in depression. Efthimiou et al stated that the economy in Mexico crisis during 1995-96, the mortality and depression rate was found to be higher by 5-7% in relation to the previous years.¹⁹ It is factual that economic crises can create mental illnesses among people. The prevalence of depression and other psychological problems in victims is alarming (Stuart, 2003, Pilania et al, 2013 & Wahlbeck, 2011).

CONCLUSIONS

Most of the victims of suicide bombing are missing their earners and head of the family, as a result, they are suffering from mental disturbances and their mental consequences are commonly more severe. Posttraumatic stress disorder (PTSD) was high after the incident among the victims. The comparative study shows an increase in post-suicide bombing psychological disorders like depression, hallucination, Schizophrenia, Mania, and Mood swings.

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