

Outbreak of Zar Disease in Hormozgan Province

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Abstract: Mental disorder or mental disease is a behavioural and psychological pattern that occurs in person and is as with distortion in function due to biologic, social, psychological, genetics, physical or chemical disorder. Zar disease is a mental disorder. The aim of present research is to determine morbidity to Zar in Hormozgan city. This research is descriptive and performed in Hormozgan city. The statistical society consists of all persons who are higher than 18 years old as 1800 people and the sampling was done by random classification method. Collection data has been done by using questionnaire for Zar disease and clinical interview checklist. All information were analysed by SPSS-22 and K-Square OR tests. The results showed that 2.27% of Hormozgan population are exposed to Zar which the much abundance is pertinent to women, elders, and illiterate people. Based on findings, one can result that Zar disease is serious in Hormozgan and the specialities shall replace new treatment methods and minimize the factors for outbreak.

Key words: Checklist, Hormozgan population, Zar disease, mental disorder, Iran

INTRODUCTION

Mental disorder of mental disease is behavioural and psychological pattern which occurs in person and is as with distortion in function due to biologic, social, psychological, genetics, physical or chemical disorder. Mental disorder is estimated in terms of deviance from natural limit (Cumbie *et al.*, 2004). Mental disease involves discrimination person in social and professional activities as well suffers and limitations, effect of mental disorder is so important upon society because of protect and physical protection and reduce its product (Kaplan and Sadouk, 1996). In 2010, world Health Organization said that nearly 55 million suffer mental disorder and one people from 4 experiences symbols of mental disorder (Yasamy *et al.*, 2010). Review study on 2005 shows that 27% adults of European countries had mental disorder in 12 past months, another descriptive study on 2004 showed that in Europe, one people from 4 experienced period of life by mental disorders in terms of DSM-IV (Wittchen and Jacobi, 2005).

People of south and southeast of Iran especially people of ports and islands of Persian Gulf regarded prairie and elf as wind and believed that the wind or elf enter into body of human and captures it and makes him as windblown and aerial. The winds are classified in different groups in terms of geographical domain, shape, specification and manner. Saedi classified dispersed winds in coasts and islands of Persian Gulf to 7 groups including Zar, Nouban, Mashayekh, Elf, Prairie, demon

and giant. And Riyahi classified dispersed winds of Baluchistan to 5 groups including Zar, Winds, Elf, Demons and Mashayekh. Someone who has been captured by the winds and treated, are regarded as airy me. Airy men have the tamed during their life and are as tool for communicating. Airy men are on safe when they satisfy needs of winds. Each wind has doctor magic which is named.

Like Father Zar, Mother Zar. Some of magic therapists confront with different winds and can capture them. Zar is the most dangerous and prevalent wind. Most people who exposed airy men are in involved by the same wind. The winds are pagan and Muslim and the Zar are pagan. Language of Zar shows which country belongs to it. When Zar sucks blood, he made below (Zir) and introduces mother and father on the skeleton of person. The main centre of Zar is coasts. When Zar enters into body, makes him patient and no doctor is effective. Different Zar makes different diseases. They are up 72 types and one can observe 72 types of changes in Zaran (Saeed and Aslmarz, 2013). Symbols of reincarnation of wind are slow and follow with vibration and tremor. From psychological point of view, some of symbols of winding are regarded as insane or hysteric nature which is due to reactions of windblown against tensions and pressures on social status (Blockbashi, 2002).

Outcome of belief in dichotomy in soul and body is to belief in superior power of soul world in all cultures and religions. The followers to world unseen regard recourse to good powers of world during involve in problems. It is

difficult to getting help from hidden natures and it is necessary to recourse in subjective aspect of the forces, the symbols are sacred because of submission part of saint forces. The soul's especially evil spirits control life of the blacks and people who live in coasts of Persian Gulf like invisible threads. The spirits have force beyond human and human needs another force to confront it as well bodily force and at same time, preternatural forces help human and exit disease from body by different mode like prayer, reading Koran, songs and local poems and save him from death. Local people don't use doctor and his treatment and believed that treatment with remedial hands of old mom and father are effective. It is believed that some of evil spirits came to south of Iran as well migration of the blacks from Africa during slaveholding era. All creatures that are not seen by eye are wind and air, the winds can be good, bad, Muslim, Pagan, smooth and lumpy and blind and seeing, if someone is getting problem and can save, he is of airy men. Magic therapist treats windblown and enter them into new social group. The patient finds new personality like his therapist and it is possible to be mom or father. Zar ceremony remained from primitive east tribes of Africa and rooted in Shemism Siberia. Shamn is main circle of Shemism and natural magic who is discriminated from other magic, magician and sage because of his combined role. The main indicator of Shemn is role of ecstasy and ultra. The amateurs, voluntaries and persons who are selected as inheritable and inadvertent for enemy, when deserve to position that involve to ecstasy mode after spending hard ceremonies of initiation and success in hard situations of life. Shemn communicates with helper spirits, protective spirits and Gods of underground world in order to treat diseases, dispersion and capture spirits and getting help them. Shemn communicates with ultra-world and aware from what people don't know.

For the first time, Gholamhossein (1976) discussed Zar in literature of anthropology of Iran. An airy man was the first book in the form of monograph as report about Iran. Zar and wind and Baluch book from Riyahi (1977) was compressed report on samples of Zar ceremony in Sistan and Baluchistan. Mohammadreza Darvishi considered musical aspect of ceremony in his works. One of the most analytic articles on Zar ceremony is Ali Bolokbashi on anthropology letter which discussed structure of personality of human in Zar. Of non-Iranian writers was Janic who wrote book wombs and alien spirits: women and men and Zar in north of Sudan. He considers archaeology and description of ceremony in Sudan. Another source is article of Zar between Shayegheh tribes of north of Sudan from Ahmad Shahi which translated by Mehrdad Vahdati.

As for importance of mental health, and problems pertinent to Zar disease, the study was performed to determine expose to Zar in Hormozgan city. The results can recognize mental health status and scale of expose to Zar from qualitative and quantitative to perform suitable plan to minimize problems pertinent to prevention which can prevent from clear and hidden aspects of the disease and the specialities are allowed to find new solution to replace new methods with traditional ones.

MATERIALS AND METHODS

This descriptive research was performed in 2016 at Hormozgan city. The statistical society consists of persons who are older than 18. Sampling was determined by $z = 1/96$, $D = 0/05$, $p = 24\%$ and the sampling was performed by random classification method. Collecting data was as if one referred to all health centres (41 centres) and by using list of families who were under centre, provided list including persons 18 in terms of age and gender and share of each was determined in terms of Kockran formula and selected by random sampling table. After determination of people, they have been called to refer health centre of their residence. About someone who did not refer to health centres that were men employed and elders, the researcher referred them and after giving explanation about his aim, gave them questionnaire with demographic specifications and after completing, those obtained high points recognized and in second step, participated in terms of DSMIC-TR clinical interview checklist by psychiatrist.

Collecting data has been performed by using researcher' questionnaire on Zar disease and clinical interview checklist which has been performed by two psychiatrists on recognition in terms of validity of questionnaire simultaneously. Questionnaire consisted of 10 questions which have been pointed in Lickert 5 scales. The minimum point is 10 and maximum is 50 for people. Symptoms of Zar are inserted in questions and having Cronbach alpha, 81%. Points higher than 22 are for people who have symptoms. Sound validity of questionnaire was confirmed by the experts.

All information were analysed by SPSS-22 Software after collecting and analysed by K-Square OR test. In this study, all information of patients is confidential and result will be informed.

RESULTS AND DISCUSSION

In this study, in first step (screening), totally 1800 people participated which the demographic specifications are on Table 1.

Table 1: Demographic specifications of people higher than 18 in Hormozgan city at 2016

| Demographic factors | Number | Percent |
|------------------------|-------------|------------|
| Age | | |
| 18-27 | 292 | 16/3 |
| 28-27 | 300 | 16/6 |
| 47-38 | 477 | 26/5 |
| 57-48 | 497 | 27/6 |
| 66-58 | 130 | 7/3 |
| 66 and up | 104 | 5/7 |
| Married/single | 257 | 14/3 |
| Married | 1543 | 85/7 |
| Gender | | |
| Male | 981 | 54/5 |
| Female | 819 | 45/5 |
| Illiterate | | |
| Illiterate | 265 | 13/1 |
| Elementary | | |
| Elementary | 586 | 32/6 |
| Guidance school | | |
| Guidance school | 316 | 17/6 |
| Diploma | | |
| Diploma | 416 | 23/1 |
| Higher diploma | | |
| Higher diploma | 247 | 13/6 |
| Total | 1800 | 100 |

Table 2: Abundance distribution of suspected to mental disorder of zar in terms of questionnaire and clinical interview

| Abundance | Number | Percent |
|---------------------------|-------------|------------|
| Questionnaire | | |
| Suspected to disorder | 52 | 2/8 |
| Without problem | 1748 | 97/1 |
| Total | 1800 | 100 |
| Clinical interview | | |
| Disorder | 41 | 78/8 |
| Without disorder | 11 | 21/2 |
| Total | 52 | 100 |

In second step of research (clinical interview), 4 people did not participate to interview between people who exposed to Zar (52) and 48 people have been interviewed as clinically. After evaluation of questionnaire for symptoms, of 1800 participants, 52 people (2/8%) are suspected to Zar and results of questionnaire for 1718 people (97/1%) evaluated without problem. In clinical interview step, between 52 people suspected to Zar, 41 people (78/8%) were exposed mental disorder and as for results of clinical interview, 11 people (21/1%) had not problem by psychiatrist (Table 2).

From age point of view, abundance of mental disorder was obtained in ages 56 to 65, that there was not significant difference between age and mental disorder (PV = 0/432).

From gender point of view, 26 of women (63/4%) and 15 of men (36/5%) had Zar which there is significant difference between gender and mental disorder (p<0/001). In this study, there was not significant difference between married and zar and 19 people (46/3%) were single and 22 people (53.6%) were married. The 16 people had elementary graduation and had the much abundance for mental disorder and the lowest mental disorder was seen in people who had graduation higher than diploma which significant (p<0/001). In this research, the people who had more background for mental disorder and had family background had more symptoms.

CONCLUSION

The present research was performed by determination of outbreak of Zar disease in people higher than 18 in Hormozgan provinces. Rate of outbreak was 2/27% although, there were not similar researches but rate of disease is significant in other researches. As if, in Ahmadvand *et al.* (2008) research, bipolar disorder (2/4%), schizophrenia (2/2%), psychotic and stress after accident (2%), Phobia disorder (2/8%) in Kashan province. The witnesses showed that higher outbreak of Zar in women than men were due to limitation of women in social participation, biologic factors, environmental stress (Ahmadvand *et al.*, 2008). Also, as for results of research, illiterate persons and someone who have lower graduation expose to zar more which conform to findings of Zaviyeh and Asl Marz. There is not similar research in other fields.

Based on findings, one can conclude that Zar disease is serious in Hormozgan and the authorities and policy makers shall compile and administer mental health by aware from it. And as for past outbreak of Zar, it is advised to enhance and establish consulting centre and establish organizations and outpatient centres for people who refer it and prevent from its complications. Of most important, based on present study, housewife, illiterate, unemployment, women and persons who are on 56 and up are most dangerous group which shall administer psychological evaluation test in order to help said groups and as required, refer them to experts (psychiatrist) or change negative insight of people against Zar disease and explain effective methods to confront with it and prevent from its outbreak and the experts replace new treatment methods and minimize the outbreak factors.

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