

die Übergangsverfassung einen Grundrechtskatalog beinhaltet, der eine geschlechtsspezifische Diskriminierung ausschließt. Darüber hinaus schrieb sie einen Frauenanteil von mindestens 25% für die Wahlen vom Frühjahr 2005 fest, der tatsächliche Anteil lag dann bei 31%. Andererseits haben internationale Menschenrechtsorganisationen wie auch führende säkular geprägte irakische Politikerinnen schon früh darauf hingewiesen, dass Gleichheit vor dem Gesetz nicht ausdrücklich erwähnt wird<sup>11</sup>. Mitte Mai 2004 erklärte US-Außenminister Colin Powell, dass auch ein islamischer irakischer Staat annehmbar sei, falls dies von der Mehrheit der Bevölkerung gewünscht werde. Dieses Zugeständnis auf Kosten der Frauen erfolgte beim Sondergipfel des Weltwirtschaftsforums in Jordanien im Zusammenhang mit einer Entschuldigung für die Folterungen an irakischen Gefangenen durch Angehörige der US-amerikanischen Streitkräfte<sup>12</sup>.

### Resümee

Auch im gegenwärtig andauernden Irakkrieg waren Frauenrechte zunächst ein wichtiges Argument für oder gegen den Kriegseinsatz – umso mehr, als der Kriegseinsatz in Afghanistan in

der medialen Inszenierung als Kampf sowohl gegen den Terrorismus als auch für die Befreiung afghanischer Frauen von der Burka geführt wurde. Kriege gehen mit Krisen der Geschlechterordnung einher. Das ist eine Erkenntnis der friedenspolitischen Geschlechterforschung. Im Irak zeigt sich wieder einmal, dass die Geschlechterverhältnisse einen Bereich darstellen, in dem sowohl in Kriegs- als auch in Friedenszeiten Kompromisse ausgehandelt werden: Hierzu zählt die versuchte Abschaffung des Personenstandsrechts genauso wie die Verdrängung von Frauen aus dem politischen und öffentlichen Bereich, wobei diese Form struktureller Gewalt in der internationalen öffentlichen Wahrnehmung als nachrangig gegenüber der allgemeinen militärischen Sicherheitslage angesehen wird. Die Re-Konstruktion der Geschlechterordnung macht Vertreterinnen säkularer Organisationen zu Verliererinnen. Demgegenüber konnten die religiösen Frauenbewegungen bzw. die Frauen innerhalb der religiösen schiitischen Parteien von der Frauenquote im neuen irakischen Parlament profitieren. Zu Recht hat Philipp Hansen in der NZZ vom 29.11.2005 es als einen Treppenwitz der Geschichte bezeichnet, dass ausgerechnet die konservativen religiösen Parteien von der US-amerikanischen Besatzung am meisten profitieren.

1 Vgl. Sarah Graham-Brown, Multiplier Effect: War, Occupation and Humanitarian Needs in Iraq, in: Middle East Report 228 (2003), S. 12-23, 12ff.; die Stromversorgung war im Juli 2004, beim derzeitigen Höchststand, nur knapp über 16% höher als vor dem Krieg, vgl. US-AID (Hg.), Iraq: Our Commitment to Iraq (November 2005), <http://www.usaid.gov/iraq/accomplishments/electricity.html>.

2 Vgl. Suha Omar, Women: Honour, Shame and Dictatorship, in: Fran Hazelton (Hg.), Iraq since the Gulf War (London, 1994), S. 60-71, 64.

3 Vgl. Kanan Makiya, Cruelty and Silence: War, Tyranny, Uprising, and the Arab World (New York, 1993), S. 39 FN 9 und Nadje al-Ali, Women, Gender Relations, and Sanctions in Iraq, in: Shams. C. Inati (Hg.), Iraq: Its History, People and Politics (Amherst, 2003), S. 233-246, 244.

4 Vgl. Human Rights Watch (Hg.), Climate of Fear: Sexual Violence and Abduction of Women and Girls in Baghdad, 15 (Juli 2003) 7, <http://www.hrw.org/reports/2003/iraq0703/> (23.08.2004), vgl. auch Hazem el-Amin, Iraqi Women after the War, in: Al-Raida 21 (2003) 103.

5 Vgl. Diana Moukalled, Editorial. Women and War, in: Al-Raida 21 (2003) 103, S. 2-3, 3.

6 Vgl. Adam Jones, Humiliation and Masculine Crisis in Iraq, in: Al-Raida, 21 (2004) 104/105, S. 70-73; Khalid Mustafa Medani, State Building in Reverse: The Neo-liberal 'Reconstruction' of Iraq, in: Middle East Report 232 (2004), S. 28-35.

7 Vgl. beispielsweise Julie Peteet, Male Gender and Rituals of Resistance in the Palestinian Intifada: A Cultural Politics of Violence, in: Catherine Besteman (Hg.), Violence. A Reader (Basingstoke, 2002), S. 244-272 und Nadera Shalhoub-Kevorkian Shalhoub-Kevorkian, Reexamining Femicide: Breaking the Silence and Crossing 'Scientific' Borders, in: Signs: Journal of Women in Culture and Society, 28 (2002) 2, S. 581-608

8 Vgl. Sidney Blumenthal: Bush's World of Illusion, in Open Democracy vom 17.03.2006, [http://www.opendemocracy.net/democracy/illusion\\_3367.jsp](http://www.opendemocracy.net/democracy/illusion_3367.jsp)

9 Vgl. Sami Zubaida, The Next Iraqi State: Secular or Religious?, in: Open Democracy vom 13.02.2004, <http://www.opendemocracy.net/debates/article-2-73-1737.jsp> (28. Aug. 2004).

10 s. Renate Kreile, Der Krise 'Herr' werden - Geschlechterpolitik und gesellschaftliche Transformationsprozesse im Vorderen Orient, in: Peter Pawelka und Hans-Georg Wehling, Opladen (Hg.), Der Vorderer Orient an der Schwelle zum 21. Jahrhundert (1999), S. 156-172, 156. und Kreile, Politischer Islam, Geschlechterverhältnisse und Staat im Vorderen Orient, in: Feministische Studien 21 (2003) 2, S. 197-212, 203.

11 Woodrow Wilson International Center for Scholars (Hg.): Building a new Iraq: Ensuring Women's Rights (Washington, 2005).

12 Vgl. U.S. Says Islamic State in Iraq is Acceptable, in: Straits Times/Agency France Presse/Reuters vom 17. Mai 2004, <http://www.truthout.org/cgi-bin/artman/exec/view.cgi/9/4501> (28.08.2004).

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## Self reporting anxiety among adolescents in Iraq

Anxiety is a universal emotion essential for the effective functioning of human behaviour and sensibility. Pathological or morbid anxiety can be a relative term, but is generally recognized as when a person complains of anxiety which is more frequent, more severe or more persistent than he has been used to or can tolerate. Anxiety symptoms commonly reported in clinical setting are usually distinguished as psychological or somatic. Psychological symptoms include malaise, insecurity and irritability, and more cognitive and imminent loss of control. Somatic symptoms are headaches, tremors, fatigue, sweating, palpitations, flushes and a dry mouth. There are wide individual and culturally related variations of normal and morbid anxiety. Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events. Although anxiety disorders were described as early as the fourth century B.C.<sup>1</sup>, psychiatrists' interest in them would remain limited throughout the first half of the twentieth century<sup>2</sup>. The realization that anxiety disorders could be successfully treated by pharmacological means (drugs), development of diagnostic criteria and modern psychiatric nosology set the stage of magnitude of anxiety disorders<sup>3-5</sup> in communities.

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A review of epidemiological studies in different countries shows that grossly differing prevalence rates have been obtained when different tools, sampling methods, interviews techniques and diagnostic classifications have been employed<sup>6-9</sup> (mood disorders, psychotic disorders, anxiety disorders ...etc).

No population-based studies on psychiatric morbidity have been carried out in Iraq before now. This investigation has been done to highlight the prevalence of anxiety among adolescents in Iraq.

### Materials and methods:

A total of 8807 adolescents were included in this study. Their average age was 17.8 ± 1.9 years with a male to female ratio of 1.01:1. The sample was derived from the Youth National Household Survey on Knowledge, Attitudes and Practices of Youth for the year 2004. A sample of adolescents (aged 12-21 years)<sup>10,11</sup> was selected from survey files. In this survey trained teams (a general practitioner and paramedical staff) visited each household and distributed a specially designed form for young members of the family. Selected young adults were asked to complete the questionnaire by themselves. They had different educational levels, were from different family types (extend versus nuclear), with different religions and from diffe-

## Abstract – Self reporting anxiety among adolescents

**Background:** Reports have been published about the effect of war on mental health and psychological development of children in different countries. However, few reports have been from Iraq and no population-based studies on psychiatric morbidity had been carried out. Therefore, this report was drawn up to highlight the prevalence of anxiety among adolescents in Iraq.

**Methods:** A total of 8807 adolescents were included in the study. Their age mean was  $17.8 \pm 1.9$  years with a male to female ratio of 1.01:1. In this survey teams visited each household and distributed specially designed forms (Spence Child-

ren Anxiety Scale) to young members of each family, asking them to complete the questionnaire by themselves.

**Results:** Out of the total, 8012 (91%) adolescents felt anxiety. Prevalence of anxiety was significantly associated with sex, residency (at governorate level) and war, failure in school, getting a disease, the economic situation, the political situation, insecurity and future.

**Conclusion:** The prevalence of anxiety in Iraq is high as the country has been exposed to the Gulf Wars and economic sanctions; there is a need for implementation of mental health services.

rent governorates in the south and central regions of the country. The trained team was always present to help participants if necessary and to ensure confidential and independent responding.

Spence Children Anxiety Scale (SCAS)<sup>12,13</sup> is a self-reporting questionnaire measuring DSM-IV defined anxiety disorders symptoms<sup>14</sup> in children and adolescents. The scale contains items that can be allocated to subscales. These subscales include: generalized anxiety (6 items; e.g. «I worry that something bad will happen»), separation anxiety disorders (6 items; e.g. «I feel scared when I have to sleep on my own»), social phobia (6 items; e.g. «I feel afraid that I will make a fool of myself in front of people»), panic disorder (9 items; e.g. «All of a sudden I feel really scared for no reason at all»), obsessive-compulsive disorder (6 items; «I have to think special thoughts to stop bad things from happening») and fears of physical injury phobias (5 items; «I am scared of being shot in the street»).

SCAS items were rated on a 4 point scale: never, sometimes, often and always.

Multiple logistic regression was carried out to identify the variables that significantly and independently associated with anxiety. P value less than 0.05 was considered as significant.

### Results:

Out of the total, there were 8012 (91.0%) adolescents with anxiety. The prevalence of self-reported anxiety was significantly associated with sex, residency (at governorate level) and war, failure in school, getting a disease, the economic situation, the political situation, insecurity and the future ( $p < 0.05$ ). The prevalence was not significantly associated with age, educational level of the adolescent, residency (rural or urban), father's educational level, a painful accident, dealing with the opposite sex or the desire to study.

### Discussion:

This study revealed that 91% of the adolescents were complaining of anxiety. This is much higher than that reported in other countries 6,15,16 (4.2%, 15% and 36% in Iran, the United States and Egypt respectively). In a recent survey in 14 countries, anxiety disorders showed a prevalence in the range of 2.4% to 18.2%<sup>17</sup>. The differences in the methods of selecting the samples, operational definition of variables, data gathering methods and tools are considered as important

factors in inconsistencies with respect to results. Our high figure of anxiety symptoms among Iraqi adolescents is not farfetched, as it was based on a large national household survey. The high figure may reflect the effects of the Gulf wars on the psychological development of Iraqi children and adolescents.

Reports have been published about the effect of war on mental health and psychological development of children in different countries especially Israel<sup>18-20</sup>, Kuwait<sup>21-24</sup>, and Palestine<sup>25</sup>, Rwanda<sup>26</sup>, Lebanon<sup>27</sup> and Croatia<sup>28</sup>. However, few reports from Iraq<sup>29-31</sup> are available. Although the image that has been perpetuated in the West is that the Gulf wars were clean and fought with surgical precision in a manner that minimized civilian casualties in all sectors of society, the impact of these wars is incalculable. The highly distressed child population continues to experience sadness over time. Generally, the adult culture does not seem to stimulate the expression of feelings and thoughts about events of the wars. The common procedure followed by parents in Iraq was to tell the children to forget, put what happened behind them and disregard what they had experienced. Discussions, open expressions and providing facts about the war event were seldom stimulated<sup>29-31</sup>.

The finding that the prevalence of anxiety was significantly associated with sex is consistent

with other studies<sup>10,16,31</sup>. This finding may be due to the influence of biological and psychosocial factors on females<sup>32</sup>. Others<sup>17</sup> stated that men in Oriental cultures tend to somatise their psychological symptoms as the latter may lower their prestige.

Residency at governorate level was significantly associated with the prevalence of anxiety, which could reveal the heterogeneous effect of the Gulf wars on Iraq as there were variations in the burden of wars on different areas on Iraq<sup>33</sup>.

The finding that war, a painful accident, failure in school, economic and political situations and the future were significantly associated with anxiety reflects the effect of stressful situations. Socio-cultural constraints experienced by adolescents are interfering with their coping styles in the face of stress due to limited social relations and a monotonous life style.

This survey was conducted as Iraq entered the new world of globalization - a process in which the traditional boundaries separating individuals and societies gradually and increasingly recede<sup>34</sup>, and which is likely to influence idioms of distress and pathways to care in a way that is difficult to predict<sup>35</sup>.

In conclusion, the prevalence of anxiety in Iraq is high as the country has been exposed to the Gulf wars and economic sanctions and the provision and implementing of mental health services are much needed.

1. Regier DA et al. One month prevalence of mental disorders in United States: based on Epidemiology of Catchments Area sites. *Arch Gen Psychiatry* 1988; 45: 977-986.
2. Klerman GL. Approaches to co morbidity. In: Maser JD, Cloninger CR (editors), Comorbidity of mood and anxiety disorders. Washington DC, American Psychiatric Press. 1990. pp. 13 - 37.
3. Klein DF, Fink M. Psychiatric reaction pattern to imipramine. *Am J Psychiatry* 1962; 119: 432 - 438.
4. Feighner JP, Robin E, Guze SB, Woodruff RA, Winokur G, Munoz R. diagnostic criteria for use in psychiatric research. *Arch Gen Psychiatry* 1972; 26: 57 - 63.
5. Stein MB, Kean YA. Disability and quality of life in social phobia: Epidemiological findings. *Am J Psychiatry* 2000; 127: 1606 - 1613.
6. Chen KW, Jones LA, Vega W. Prevalence an co-occurrence of psychiatric symptoms cluster in US adolescent population using DISC predictive scales. *Clinical Practice and Epidemiology in Mental Health* 2005; 1: 22 -
7. Noorbala AA, Yazdi SA, Yasamy MT, Mohammad K. Mental health survey of adult population in Iran. *Br J Psych* 200; 8: 70-73.

8. Bhugra D, Mastragianni A. Globalization and mental disorders: overview with relation to depression. *Br J Psych* 2004; 184: 10-20.
9. Chien C, Chou YJ, Lin C, Bin S, Chou P. Prevalence of psychiatric disorders among national health insurance enrollees in Taiwan. *Psychiatr Serv* 2004; 55: 691 -697.
10. Paxaman JM, Zuckerman RP. Laws and policies affecting adolescent's health. WHO, Geneva, 1987. pp. 4 - 10.
11. Health problems of adolescents: report of WHO Expert Committee. WHO technical report series. No. 308, 1965.
12. Spence SH. The structure of anxiety symptoms among children: a confirmatory factor analytic study. *Journal of Abnormal Psychology* 1997; 106: 280 - 297.
13. Spence SH. A measure of anxiety symptoms among children. *Behaviour Research and Therapy* 1998; 36: 545 - 566.
14. American Psychiatric Association. Diagnostic and Statistical manual of Mental Disorders, 4th edition, Washington DC, American Psychiatric Association, 1994.
15. Mohammadi M, Davidian H, Noorbala A et al. An epidemiological survey of psychiatric disorders in Iran. *Clinical Practice and epidemiology in mental health* 2005; 1: 16 - 23.

## Association of studied variables with anxiety

Variable		SE	P value
Age	+ 0.008	0.15	0.6
Sex	- 0.17	0.08	0.03
Residency (at governorate level)	+ 0.04	0.006	0.001
Educational level	- 0.02	0.03	0.6
War	- 0.12	0.02	0.001
Residency (rural or urban)	+ 0.06	0.08	0.5
Educational level of father	- 0.01	0.04	0.8
Painful stress	- 0.01	0.23	0.8
Failure in school	- 0.13	0.02	0.001
Getting a disease	- 0.2	0.02	0.001
Economic status	- 0.16	0.02	0.001
Political status	+ 0.3	0.01	0.001
Insecurity	- 0.04	0.01	0.001
Future	+ 0.2	0.01	0.001
Dealing with the other sex	- 0.05	0.03	0.05
Desire to study	- 0.05	0.13	0.7

16. Okasha A. Focus on psychiatry in Egypt. *Br J Psych* 2004; 85: 266-272.
17. WHO World Mental Health Survey Consortium. Prevalence, severity and unmet need for treatment of mental disorders in the World Mental Health Survey. *JAMA* 2004; 291: 2581 – 2590.
18. Ben-Zur H, Zeidner M. Anxiety and bodily symptoms under the threat of missile attacks: The Israeli scene. *Anxiety Research* 199; 4: 79-95.
19. Klingman A. Stress reactions of Israeli youth during the gulf war: a quantitative study. *Professional Psychology: research and Practice* 1992; 23: 521 – 527.
20. Klingman A. School psychology services: community based first – order crisis intervention during the gulf war. *Psychology in the Schools* 1992; 29: 379 – 384.
21. Zeidner M. Coping with disaster: the case of Israeli adolescents under threat of missile attack. *Journal of Youth and Adolescence* 1993; 32: 709 – 713.
22. Llabre M, Hadi F. Health related aspects of gulf crisis experience of Kuwaiti boys and girls. *Anxiety, Stress and Coping* 1994; 7: 217 – 228.
23. Nader KO. Childhood traumatic loss: the interaction of trauma and grief. In: figley CR, Bride BE, Mazza N (editors). *Death and trauma, the traumatology of grieving*. Washington DC: Taylor and Francis. 1994. pp. 17 – 41.
24. Nader KO, Pynoos R, Fairbanks L, Aljeel M, Al-Sofour A. A preliminary study of PTSD and grief among the children of Kuwait following the gulf crisis. *Br J Clin Psych* 1993; 32: 407 – 416.
25. Kostelny K, Garbarino J. Coping with the consequences of living in danger: The case of Palestinian children and youth. *International Journal of Behavioral Development* 1994; 17: 595 – 611.
26. Dyregrov A, Gupta L, Gjestad R, Mukanohele E. Trauma exposure and psychological reaction to genocide among Rwandan children. *Journal of Traumatic Stress* 2000; 13: 3 – 21.
27. Macksoud M, Aber J. the war experience and psychological development of children in Lebanon. *Child Development* 1996; 67: 70 – 88.
28. Zivcic I. Emotional reactions of children to war stress in Croatia. *Journal of American Academy of Child and Adolescent Psychiatry* 1993; 32: 709 – 713.
29. Ahmed A. symptoms of post traumatic stress disorder among displaced Kurdish children in Iraq, Victims of a man – made disaster after the gulf war. *Nordic Journal of Psychiatry* 1992; 46: 315 – 319.
30. Dyregrov A, Raundalen M. The impact of gulf crisis on the children in Iraq. In: International study team: Health and welfare in Iraq after the gulf crisis. A report introduced to MOH.
31. Dyregrov A, Gjestad R, Raundalen M. Children exposed to warfare: a longitudinal study. *Journal of Traumatic Stress* 2002; 15: 59 – 68.
32. Kringlen E, Torgersen S, Cramer V. A Norwegian psychiatric epidemiological study. *Am J Psychiatry* 2001; 158: 1091 – 1098.
33. Hoskins E. Public Health and Persian Gulf War. In: Levy E, Sidel V. *War and Public Health*. Washington DC, American Public Health
34. Kunitz S. Globalisation, States and health of indigenous people. *Am J Public Health* 1990; 10: 279 – 283.
35. Bhugra D, Mestrogiani A. Globalization and medical disorders. *Br J Psych* 2004; 10 – 20.

# Salim Matar

## Herausgeber der Zeitschrift Mesopotamia

Salim Matar lebt als «Schweizer irakischer Herkunft» mit Frau und Sohn in Genf. Geboren und aufgewachsen in Bagdad in einer schiitischen Familie aus dem Süden des Iraks, war er aktives Mitglied einer linken demokratischen Bewegung und musste daher nach der Machtergreifung Saddams Husseins 1979 den Irak verlassen. Die ersten Jahre verbrachte er vor allem in Syrien und im Libanon, zusammen mit anderen jungen linken Demokraten, die davon träumten, in ihre Länder zurückzukehren, um dort gerechte Verhältnisse zu schaffen. Die Erfahrung, dass seine politischen Idole, Führer jeglicher politischer Couleur im Mittleren Osten, sich kaufen liessen und schlussendlich doch nur Partikularinteressen vertraten, veranlasste ihn, sich endgültig von der Politik abzuwenden. Er wollte nach Europa gehen: Da würde es möglich sein, zu lernen und zu studieren. Er ging zuerst nach Rom und gelangte 1981 dann nach Genf. Die Kunde von einem unbekanntem Land Schweiz, das als Asylland in Frage kommen könnte, hatte in der irakischen Exilgemeinschaft in Rom die Runde gemacht, nachdem ein Iraker zufälligerweise auf der Bahnreise von Rom nach Mailand eingeschlafen und erst in Genf wieder erwacht war – ohne Grenzkontrolle.

### Beitrag über Armeeabschaffung

Salim stellte in Genf einen Asylantrag und begann sofort Französisch zu lernen: Er wollte lernen, studieren und schreiben. Aber: «Zu uns kommt man nicht, um zu studieren, sondern um zu arbeiten», beschied ihm die Sachbearbeiterin auf der Asylstelle. So wurde ihm nach wenigen Monaten die Unterstützung als Asylsuchender gestrichen: Er wurde der Putzquipe der Coop zugeteilt. Und sein Asylgesuch wurde abgelehnt. Salim war schockiert. «Ici à Genève, ils préfèrent l'étranger malheureux», ist er überzeugt, selbstbewusste Asylsuchende seien weniger ge-

fragt. Also schlug er sich auf eigene Faust durch, heiratete seine Genfer Freundin und machte einen Studienabschluss am IUED. Er schrieb nun regelmässig in den arabischen Zeitungen al-Quds und al-Hayat als Korrespondent für die Schweiz. Sein erster Beitrag war, so erinnert er sich, ein Bericht über die Armee-Abschaffungsinitiative.

Die Zurechtweisung zu Beginn seines Aufenthaltes in der Schweiz hat Salim Matar sehr geprägt: Es war sein Traum gewesen, sich total in der Schweiz zu integrieren und ein Schweizer Schriftsteller französischer Sprache zu werden. Die erlebte Ablehnung hat ihn aber zu tiefst verunsichert. Für ihn hiess dies, dass er doch nicht ganz dazugehören könne. Daher schreibt er heute seine Bücher und Schriften ausschliesslich auf arabisch, trotz Schweizer Pass und obschon er die französische Sprache gut beherrscht. Er hält damit einen gewissen Abstand zur schweizerischen Gesellschaft. Gleichzeitig tut er alles, um seinem Sohn die Liebe zur Schweiz und ihren Werten mitzugeben; er möchte ihm die eigene innere Zerrissenheit ersparen.

### Kein Kino ohne Pistole

Er hat Kontakt zu seiner Familie in Bagdad, wo zahlreiche Brüder und Schwestern mit ihren Familien leben. Kurz nach dem Sturz Saddams war er für eine Woche auf Besuch in seiner Stadt – nach 25 Jahren Abwesenheit. Alles hatte sich in den langen Jahren verändert, viele tiefe Verletzungen waren sicht- und spürbar. Als Kind sei er heimlich und sehr oft ins Kino gegangen, erzählt Salim. Kino sei für ihn wie eine Droge gewesen: die Sicht auf eine andere Welt, das Paradies. Kino bedeutete damals für die kleinen Leute die einzige Möglichkeit, eine «andere Luft» zu atmen. Daher wollte er bei seinem Besuch in Bagdad als erstes ins Kino gehen. Doch das war nicht möglich. Kinos waren unter Saddam zu einem Ort der Delinquenz und der Repression geworden, wo Geheimpolizei und Gang-