

Masculinity, Mental Health and Violence in Papua New Guinea, Vanuatu, Fiji and Kiribati.

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Abstract:

This paper presents the findings of a four country study conducted by the Foundation for the Peoples of the South Pacific – International through its affiliates in Fiji Vanuatu, Papua New Guinea and Kiribati to demonstrate the linkage between young men, mental health and violence in the Pacific. The findings common among the four studies arise from the socio-cultural and economic transitions occurring across the Pacific Region, where recent years have shown that the Pacific lifestyle has become increasingly stressful and violent. Limited opportunity to participate in the modern lifestyle and its economy has led to personal mental stress, social exclusion, unemployment and the growth of a subgroup of disaffected young people, who resort to a range of means to acquire their daily needs and, among whom, the norms that govern the use of violence differ from those of the general community.

Introduction

This paper presents the findings of a four country study conducted by the Foundation for the Peoples of the South Pacific – International through its affiliates in Fiji Vanuatu, Papua New Guinea (PNG) and Kiribati. Funded by New Zealand Agency for International Development (NZAID), the Masculinity, Mental Health and Violence Project (MMHV) is aimed to reduce the growing trend of young Pacific people using violence to meet their needs and to deal with their mental stress. A four-country situation analysis carried out in 2004 contributed to the project objective of gathering 'robust data to demonstrate the linkage between young men, mental health and violence in the Pacific, and to plan and implement successful interventions'. The MMHV project is working at community, national and regional levels to raise awareness and develop strategies on these issues among parents, teachers, policy makers, traditional leaders and young people. It is anticipated that Project activities will raise awareness and help develop supportive coalitions and services for young people.

Definitions

The linkage of youth, mental health and violence carries a significant potential for misinterpretation and requires some qualification.

Mental Health is the balance between all aspects of life - social, physical, spiritual and emotional. It is an integral part of our overall health and more than the absence of mental illness. It includes how we feel about ourselves and others and how we meet the demands of life. Mental health is being able to think and behave normally within acceptable patterns of community behaviour. Mental illness therefore occurs when an individual is unable to behave normally

within the accepted patterns and cultural norms of their society.

'Youth' is defined both chronologically and socially in the Pacific. In common, the four studies define youth as between the ages of 15-30 years, and associate it with single marital status. Mental illness is associated with youth in that most major illnesses become evident in the late teens and early twenties. But it is important to note that mental illness is not necessarily associated with violence or criminality. It is widely accepted among mental health professionals that the mentally ill, as a population subgroup, are actually less violent than the general community.

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Similarly, the distinction between mental illnesses and bad behaviour is important to understand. In essence, the legal defence of mental illness hinges

on the issue of incompetence to understand situations, actions and their consequences. This is easily determined in those with psychotic disorders, but is more difficult to determine among those with functional disorders, such as the sociopathic personality disorder, where exploitive, guiltless and lawless individuals create their own rules. Although these people are 'disordered' they are more likely to be identified as criminals than as mentally ill.

Mental illnesses can be hereditary (schizophrenia), stress related (the anxiety disorders), drug induced (some psychoses), reactive to life events (depression), disturbances of mood (manic-depressive psychosis, endogenous depression) or biochemical (organic syndromes). Some mental illnesses, such as schizophrenia, have genetic predisposing factors, while others are considered as functional or developmental maladaptations to the social environmental.

Then there are those who are not mentally ill at all, but whose violence is motivated by greed, lust, envy, anger, jealousy and who rightly belong in the criminal justice system. Such people may appear to others to be 'mad' but they have no underlying mental illness.

Summary of Relevant Literature

Reviewing the international literature on community mental health¹, cites 'a close association between the mental health and the general productivity of a community'²; 'a close link between unemployment, poverty and diminished mental health'³ and a similar link 'between modernisation, rapid socio-cultural change and diminished mental health'⁴. Poor mental health is now widely regarded as an important non-communicable disease⁵ and violence is now regarded as an important public health issue⁶.

Methods

The four country studies reviewed here were all conducted at the start of the project and have used slightly different methodologies. The PNG study conducted a literature review, stakeholder interviews and a Knowledge, Attitude, and Practice (KAP) study among young men in the National Capital and in the Port Moresby prison system. The Vanuatu study conducted a review of available statistics, held focus group discussions and key informant interviews, and examined selected case studies. The Fiji study conducted a literature review, held focus group discussions and key informant interviews and interviewed young violent offenders in the Suva prison system. The Kiribati study conducted stakeholder interviews, and a randomised KAP survey in the general community on issues of mental health.

Findings in Common

The common issues among the four studies point towards a regional phenomenon, suggesting they will require regional solutions, while individual nations will need to deal with the many internal problems resulting from social change. The most common feature of all of these studies is the lack of opportunity for young people to participate in modern society.

Two central issues, education and employment, are at the core of the transitions that Pacific nations are making, from communal effort and shared resources to individual effort and capital accumulation. The need for education to access work and capital are central to the modern way.

Yet education alone is not enough, as lack of opportunity now means that even high school graduates are unable to find work. Meanwhile, continuing high population growth rates and large proportions of the population under 15 years of age (40% in PNG and 37% in Kiribati) are placing significant pressure on governments to find solutions to these problems.

The list of common findings reveals:

1. Rapid population growth in urban centres and high-density living in low standard squatter settlements.
2. Political problems and poor national governance have limited new opportunities for young people.
3. Slow economic growth and poor economic diversity limit employment prospects for young people. Unemployed and non-productive young people are accumulating in urban centres, but with limited opportunity to participate in the cash economy.
4. High population growth rates are projected to continue and to place continued pressure on educational and employment opportunities.
5. Both 'urban pull' and 'rural push' factors are operating. Population increase in rural areas is creating pressure on limited arable land, which 'pushes' people out of rural production. Meanwhile, common perceptions of a better and more stimulating life 'pulls' young people to urban centres.
6. Failure of education systems to address varied vocational needs and to interface in forward planning with primary and secondary industry.
7. Lifestyle changes and the need for individual capital accumulation suggest to young people that 'everyone is out for themselves'.
8. Crimes of opportunity occur when immediate want or need overwhelms social considerations.
9. Alcohol is commonly associated with and contributes to the impulsivity and violence of opportunistic crimes.
10. Marijuana use is common. Young men may use violence to acquire the money to buy it but, once affected, are less inclined to violence than when drunk.
11. Crimes of passion are directed to family members, neighbours or close associates, suggestive of high levels of stress and disorders of impulse control.
12. Violent role-modelling by parents, siblings or teachers appears to be common.
13. Neglect or rejection by parents leads to negative attention seeking behaviour and/or domicile among extended family, commonly grandparents.
14. Negative emotions are culturally suppressed until some trigger allows their release, often in the form of anger.
15. Peer pressures are influencing young men to use physical intimidation as a means of asserting themselves.
16. Ex-inmates are forming gangs comprised of people with similar life experience (crime, prison and social rejection).
17. The need for professional counselling services is commonly identified yet it is not a feature of public sector workforce planning.
18. Community based mental health follow-up or rehabilitation services are virtually non-existent, or are seriously limited in scope and professional expertise.

Extracts from country studies.

Extracts from the four country studies illustrate the common issues.

Papua New Guinea: "Young people have trouble obtaining capital, and when they do it is either shared with relatives to purchase the basics of daily living, or used to consolidate other social bonds. Either way, it does not accumulate. Youths have been exposed to social dislocation, economic poverty, changing cultural roles, systematic drop-outs from educational institutions, alcohol and drug abuse, and violence. When young men (and women) are mentally unhealthy, productivity declines and overall socio-economic development stagnates". "Though education reforms have increased chances of children attending educational institutions, employment opportunities have remained unchanged. Jobs are very limited. Many young people turn to illegal activities like drugs, prostitution, armed robbery and street vending to finance their education and livelihoods. Gambling and misuse of funds, land disputes, sexual offences, adultery, rape, gossip, boasting and backbiting are contributing to social breakdown. Alcohol and other beverages, especially cartons of beer, have become an element of male display and prestige in traditional exchanges".

Vanuatu: "Rapid urbanisation and high birth rates have led to a depletion of government resources for education, health care and development of productive occupations. Urbanisation has led to change which is reflected by increased domestic violence, family breakdown, child abuse, substance abuse (alcohol and kava in particular), depression, suicide and crime. Young people often adapt to a more modern lifestyle rather than a traditional one which usually means they undergo changes in culture and in their gender role.

Many young people are drifting away from many of their cultural practices and beliefs especially in the urban areas because the urban areas offer new technologies and influences such as night clubs, alcohol, videos and television. With such large changes to their lifestyle there is a need for cash and employment. These changes are at all levels - the family, community, cultural and national level". "Many of ni-Vanuatu urban youth are trying to cope with having little power and dominance stemming from living with poverty, unemployment, lack of adequate finances for personal use or to help family members, uncertainty about their future, land inheritance disputes, black magic, not being heard and relationship problems. Many become frustrated and try to become powerful by being violent and aggressive while some become severely depressed. Many break into homes, drink alcohol or kava and "kilim taem" negatively".

Fiji: "Issues have arisen related to: obtaining essential needs, poor parenting, limited personal development, stresses of cultural and socio-economic transition, rural push and urban pull factors, appropriate education, employment and small business opportunities, tensions surrounding human rights and responsibilities, the lack of general youth counselling

services, the lack of rehabilitation programs in the prison system and the many pressures related to living in crowded accommodation and squatter settlements".

Kiribati: "The increased number of people living in urban areas of Betio and South Tarawa is now a real problem that has to be addressed at the community level as well as the government level. The number of people living in these two urban areas is now almost reaching half the total population of the entire nation – 88,000 in the last census in year 2000. This is a very big number indeed and has brought with it social problems never seen nor experienced in the past and for which government is now challenged to find solutions". "Due to the increasing number of people in the urban areas and the limited employment and income generating activities, unemployment is skyrocketing and social problems never imagined before have now come to surface. The change from a subsistence way of life to one of cash dependence also contributes to the increasing social problems which have now become an integral part of our everyday lives. The pressures associated with life which depends on cash are now on the rise with alcohol abuse, mental problems, school drop-outs, thefts, teenage prostitution, break-ins,

arson and suicides are the more common ones. Fighting amongst young men under the influence of alcohol is a common occurrence throughout South Tarawa and especially in Betio where the majority of nightclubs are. Violence is also known to

result in land disputes, which in turn affect family dynamics and movements". The Kiribati study also identifies a lack of family planning as a contributing factor leading to population increase, land pressure, early pregnancy and financial stress.

Recommendations

The recommendations presented in Table 1 reflect the slightly different approaches taken by the four studies but, overall, indicate an internally consistent set that could be considered across the Pacific Region. The recommendations are presented at four levels – family, community, services (government and non-government) and the broader national context.

The most consistent feature of the recommendations is the frequent suggestion for extending counselling services to the general community and in the community's institutions. But also of note is the need for community leaders to learn and disseminate information about the contribution of childhood development to adult outcomes, and to participate in active preventative strategies at the community level.

Also of interest is the suggested increased involvement of local government. While many local governments have some responsibility for youth issues, they may not be adequately prepared or resourced to contribute to the prevention of mental stress related problems. Given the proximity of local government to family and traditional community structures, the strategy to strengthen local government capacity in this area is compelling. Identified 'helpers' in the community

include parents, school teachers, community leaders, chiefs, teachers, police, prison wardens, local councillors, pastors, health workers and vocational trainers.

Service and national level issues require the involvement of all sectors of government but particularly, health, education, social welfare, trade and industry, non government organisations, churches, the private sector and politicians

The studies include general recommendations for youth development but also target specific groups of people seen to be 'at risk'. These include discharged psychiatric patients and released prisoners, early school leavers, unemployed young men, primary and high school children, squatters and those who come to the attention of services as being 'under stress', substance abusers or those unable to manage their anger.

Table 1. Main Recommendations: Four Country Studies on Masculinity, Mental Health and Violence

	PNG	Vanuatu	Fiji	Kiribati
Family Level		Parent education on problems caused by rejection, unfair treatment and physical punishment.	Family and community-based strategies to avoid unnecessary detention of young people.	
		Educate on symptoms of depression and suicide and how to support youth at risk.	Training in parenting skills, anger and stress management and in conflict resolution.	
Community Level	Monitor former inmates with assistance of NGOs and church groups.	Support for youth not in school.	Integrate community development at village level to reduce rural-push factors.	Focus awareness on alcohol's relationship to violence.
	Vocational training and income generating schemes for unemployed youth funded from provincial revenues.	Drop-in Centres for youth with problems.	Strengthen local councils' role in projects to help young people learn skills in villages and rural townships.	Define helper roles and diffuse information within communities.
		Train pastors, chiefs, police, wardens, teachers, etc to help with awareness issues.	Inform parents and teachers of alternative ways to discipline children without resort to physical violence.	
		Educate community leaders on awareness of violence, depression and suicide.	Lobby private sector for short-term employment and work experience opportunities for young people.	
Services Level	Community rehabilitation for psychiatric patients.	Incorporate personal and life skills in primary school curriculum.	Address health and social needs of children and young people in squatter settlements.	Work with police and social welfare in cases of violence.
	Extend mental health and ex-prisoner follow up services.	Trained school counsellors in provinces.	Extend mental health outreach programs to squatter settlements.	
	Volunteer teachers trained to provide counselling to students in primary and high school levels.	Trained counsellors, social workers, psychologists, psychiatric nurses and psychiatrists in health, police and prisons.	Agreed government policy on the provision of jobs for young people.	

(cont. on next page)

	PNG	Vanuatu	Fiji	Kiribati
	Provide counselling services for prisoners and ex-prisoners.	Youth Counselling Centre staffed by qualified counsellors, social worker and psychologist.	Develop rehabilitation services and provide counselling within prisons, and establish a visitors program for inmates with no family.	
		Campaigns on coping with conflict, anger, violence and masculinity.	Adapt school-based education programs to the varied needs of students.	
		Psychiatric units in hospital with trained psychiatric nurses and medical staff.	Improve quality of health services to squatter settlements and people experiencing extreme mental distress.	
		Build coalitions of NGOs, government multilateral agencies to further support 'at-risk' youth.	IEC information on international conventions and government policies.	IEC materials on mental health, mental sickness and disability.
			Revise Public Health Act for prisons to be inspected annually by Central Board of Health.	
			Enforce the Family Law Act 2003.	
National Context	Support rural agricultural development.		Identify traditions within cultures that are aligned with human rights.	
			Support social pluralism, constructive interaction and peaceful co-existence among different groups.	
			Increase national investment in primary and secondary industries.	
			Conduct research on living in a squatter settlement and mental stress.	

Discussion

The four country studies summarised here have identified the social determinants of violence in each country and, indirectly, in the Region. Although each study used a slightly different approach, the common features identified suggest a need for the nations of the Pacific Region to determine their place within the global community and market, while also addressing the many internal issues associated with rapid social change.

The contribution of clinical mental illnesses to the amounts and levels of violence in Pacific communities is not determined in these studies, but it is thought to be small. It is reasonable to assume that the prevalence of clinical mental illnesses is essentially unchanged from past decades; and that its contribution to violence is also unchanged. The literature reviewed and the Fiji study of prison inmates

indicates that the effects of alcohol on violence is much larger than the effects of mental illness *per se*.

Although the violence associated with young, psychotic males seen elsewhere in the world is also seen among Pacific communities, it is not seen at a disproportionate rate. The only significant environmental change in the past decade is the increase in marijuana use, whose contribution to precipitating mental illness is still hotly debated. It would be a mistake to attribute to clinical mental illness too large a part of the amount and level of violence observed in the Pacific in recent decades.

The mental factor that emerges from these studies is mental stress rather than mental illness. While there is no doubt that stress contributes to mental and physical illnesses, most people cope with the stresses of life without resorting to

violence. Yet many studies have shown that aggression is a fact of human nature and is triggered by unmet basic needs. The needs and stresses associated with the modern emerging urban Pacific lifestyle are quite substantial, and occur in a context of the breakdown of traditional support structures. Many young men, trying to establish themselves in the cash economy are disconnected from traditional arrangements of reciprocity and live in poverty on the urban fringes. Needs that would previously have been met in traditional ways are now the individual's concern. Young men make new, non-clan alliances that are not governed by traditional norms.

Although appealing to many, it is naïve to suggest a social reversion to past arrangements of clan-based communal support and shared resources, as the secular trends appear to be working in the other direction, towards individualism, nuclear families and, for many, migration. Nevertheless, clan allegiance is a fundamental and valid Pacific social support system that should be invigorated and may ultimately be reverted to if Pacific economies fail. But if economies continue to grow, the tension between clan values and capitalism will continue to divide Pacific communities for some decades to come. It will be important to decentralise development to rural areas to provide land-based subsistence and chances to develop skills among the young people who remain, while others will move on to cash-based employment in urban settings. Similarly, it may be simplistic to think that growth in secondary industry will solve all issues of unemployment and violence in the Pacific, as the reality of competition with China suggest that secondary industry in the Pacific Region will continue to struggle on a small scale.

Tertiary service industries, such as tourism, offer potential for growth but remain dependent on external economic conditions and offer employment only to those in nearby landowning villages, or with specialist skills. Yet despite the enormity of the task of economic positioning within the global community, these studies suggest that many local arrangements can help to mitigate some of the mounting pressures. The provision of counselling services for the general public and within education, health and penal institutions will contribute to managing the problem, if not reducing its incidence.

But national attention paid and services directed towards improving parenting and child support does offer some hope of reducing the incidence of both mental illness and violence. Similarly, new locally based arrangements for dealing with misdemeanours, such as village courts and community based supervision, will avert many young men from associating with criminals and going on to develop criminal 'careers'.

Although clinical mental illness is not contributing much to this scenario, the widespread misunderstanding of the nature and causes of mental illness in Pacific communities seriously limits the ability to respond to it. Segregation from the rest of the community in long stay facilities (either hospitals or prisons) helps neither the individual nor society (see Roberts this volume).

While individuals suffer the isolation, societies fail to develop an understanding of, or capacity to respond to, people with

mental illness or mental stress. Cultural explanations for mental illness in the Pacific are largely inconsistent with modern explanations. They tend to demonise the phenomenon (black magic and/or demonic possession) or attribute some moral failing to the sufferer (poor peer group relationships, religious failing or drug use).

In each of the four studies, teams struggled with the distinctions between stress and mental illness, with the definitions of mental illness and with its association with violence. This suggests that new community-based responses to mental illness will need to commence with clarifying meanings and developing new cultural explanations that include the principles of developmental psychology and an understanding of the organic and treatable nature of many mental illnesses.

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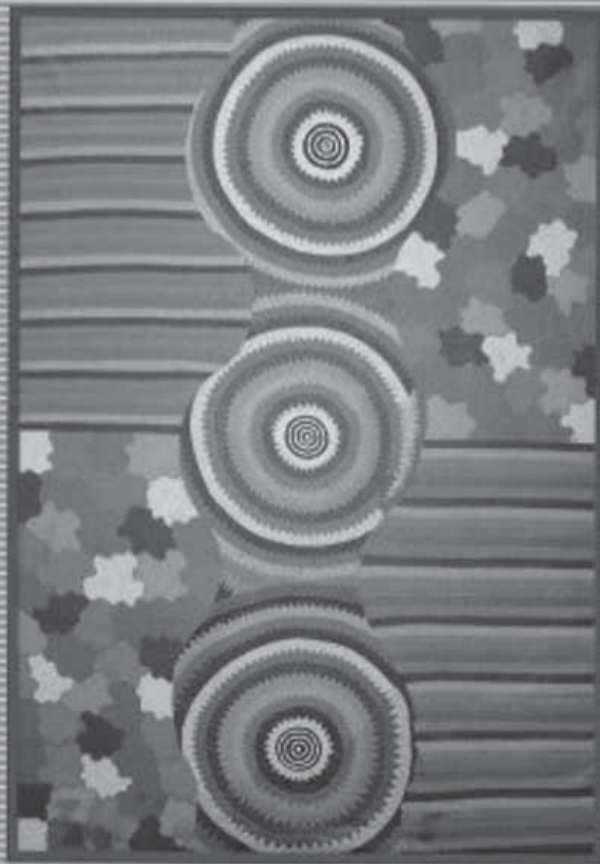
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*"I find that the harder I work, the more luck I seem to have."
- Thomas Jefferson (1743-1826)*

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