Masculinity, Mental Health and Violence in Vanuatu

Situation Analysis

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It gives me great pleasure to acknowledge this very important publication. I congratulate the Foundation of the Peoples of the South Pacific Vanuatu on this timely initiative.

The focus of this research; youth and distress is a very important part of mental health that need to be addressed through a multi-sectoral process, a partnership we are excited to be a part of. The highlighted complex issues surrounding mental health, provides greater proof as to why all sectors, especially those remitted to serve our youth, must become active partners in ensuring our young people can cope with the unprecedented pressures of today, and are given the livelihood opportunities to realize their potential and aspirations.

It is also timely that the Vanuatu Ministry of Health recognized the health implications and economic impact related to mental health affecting the population and therefore recommended mental health a priority among it’s 14 health policies within the Vanuatu Master Health Services Plan for the next ten years.

The Ministry of Health through it’s research committee has been very supportive of this research and looks forward to future opportunities with FSPV and other community partners.

I thank the New Zealand Agency for International Development for funding this initiative, through FSP network.

_______________________________
George K. Taleo
Director of Public Health
Vanuatu Ministry of Health
INTRODUCTION

It is with great pleasure that I introduce this situation analysis highlighting the mental health challenges faced by today’s young Ni-Vanuatu males.

This study was carried out to ensure that activities undertaken by the Mental Health, Masculinity and Violence Project (MMHV), are research based, and thus appropriate to the needs of Ni-Vanuatu communities identified.

As an organization, FSP Vanuatu’s mission is to promote sustainable social, economic and environmental development with a focus on improving the quality of life for the disadvantaged communities. The strength of the organization lies in the capacity to build strong networks and partnerships with the national government, provincial governments and NGOs in the implementation of its projects, and MMHV has worked in close collaboration with the Ministry of Health, which is very supportive of the rationale of the project. And it is hoped that the findings of the study will assist in providing some policy directions on mental health for the Vanuatu Government. FSPV implements other health related projects in partnership with the Ministry of Health such as the Pacific Action for Health and Advancing Health and Development for Youth, which have a strong youth focus and the Traditional Birth Attendant Project and one can see clear linkages between these projects and what can be done at the implementation stage to incorporate and consolidate health activities generally. It is a notion for Vanuatu to move forward in its development stages, it needs a healthy population and thus a healthy economy and hence the inter-relationships of the project activities with other FSP projects have to be strengthened. We acknowledge the key documents from WHO Regional Strategy on Mental Health, the Yanuca Island Declaration on Health in the Pacific in the 21st Century, and the National Health Development Plan as a guideline policy and strategy that link up to this project.

This study calls for greater focus on mental stressors experienced by our younger generations due to unemployment, lack of good governance, the unavailability of counseling services, civil unrest, and the general lack of opportunities to ensure a decent future including the opportunity for further education. A supportive framework aimed at strengthening collaboration between the community, government, and mental health services is of paramount importance to ensure that Ni-Vanuatu who are mentally ill due to disease or stress, are given equal attention through a mental health promotion approach.

It is important to point out that although this study includes violence, mental disease itself does not necessarily lead to violence, as commonly believed. The study presents concern however, that the relationship between the increasing stressors faced by today’s youth and violence is becoming greater. Despite the male focus of this study, policies and activities realized by the MMHV project will encompass both sexes.

This situation analysis is but an attempt to gain some insight into the issues surrounding young Ni-Vanuatu males and mental health. It is my hope that other organizations and individuals will take up the challenge to carry out more elaborate research to lessen the dearth of literature on mental health and it’s impacts on Pacific island communities. Perhaps then, we will have a more complete picture as to what is happening to our younger population in this time of great change and uncertainty, and be more informed to effectively address the issues without victimizing them further.

Amon Gwens
Executive Officer
Foundation of the Peoples of the South Pacific Vanuatu.
1. PROJECT BACKGROUND

It has been recognised that there is a growing trend in the Pacific for youth to use violence (against themselves or others) as a response to stresses in their daily lives. In addition there is an increase in mental health problems such as depression and suicide. Violence has been linked to notions of masculinity - by showing strength and physical toughness. Some mental health problems in youth such as severe depression are related to worrying about the problems and future they face. Considering that a large percentage of the population are youth, violence, depression and suicide are becoming major problems in the Pacific.

This project was developed as a result of a “Youth at Risk” Baseline Study carried out by Patrick Little in 2001, which was endorsed by the Ministry of Health. The study acknowledged that up until 2000-1 there was “little or no quantitative or qualitative data that existed pertinent to Vanuatu youths’ mental health” (Little, 2001). However, the project was not funded fully and could not be completed. FSPI in Fiji later further developed the project and adapted it into a regional project comprising Fiji, Papua New Guinea, Kiribati and Vanuatu.

This report examines Vanuatu.
2. BACKGROUND INFORMATION ON VANUATU

Vanuatu has a population of approximately 196,000 people (2003) and of that 20% are youth (39,200) due to a continuing high birth rate. Vanuatu is facing a rapid increase in population especially in urban areas. For example, in Port Vila in 1988 the population was 18,000 people, while ten years later in 1998 there were about 40,000 people - an increase of 121%. This indicates that urbanization is becoming a concern especially with youths who have a school drop out rate of 53% due to lack of places and so move to urban areas looking for employment opportunities. Those lacking education find it difficult gain employment.

Rapid urbanisation and a high birth rate have led to a depletion of government resources for education, health care and development of productive occupations. Urbanisation has led to social 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 and undergo cultural changes - lose their traditional culture and gender role. These changes are at all levels - the family, community, cultural and national level.

Many young people drift away from many of their cultural practices and beliefs 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.

In addition, 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 out family members, uncertainty about their future, land inheritance disputes, black magic, not having a ‘voice’ 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.
3. THE STUDY

3.1 Overview
A literature review was carried out in Vanuatu to find out to what information already existed on violence, masculinity and mental health. Information was collected such as annual reports from Ministries, relevant statistics and existing books and papers on these issues. Few statistics were available despite asking for statistics from the police, hospital, jail, and court house. Only the police statistics were provided.

Information was also collected by stakeholder interviews such as relevant Ministries, NGOs regional agencies, personnel from two hospitals, the police, and the jail. The intention of these interviews was to find out if policies, legislation, services and resources were already available or were needed.

Interviews, focus groups and case studies were also carried out on male youth to find out what was not found in the literature. Observation and anecdotal evidence was used as well.

3.2 Definitions
The following terms are used throughout the study and have been defined to avoid confusion.

**Youth** are people between the ages of 15-29 years.

**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 people feel about themselves and others and how they meet the demands of life.

**Depression** is a continued feeling of sadness, irritability or anxiety in which some symptoms such as overreacting, sleeping too much or too little, withdrawing from relationships and social interaction, gaining or losing weight, tiredness or restless, and feel guilt or worthlessness, may be experienced.

**Stress** is any demand (force, pressure, and strain) placed on the body as well as the body's reaction to it. A critical factor in stress is how people think about a particular situation.

**Suicide** is a state where frustration or anxiety is so great a person wants to kill himself.

**Violence** is an act of aggression with the intention to harm oneself or another person.
3.3 Objectives of the study

The main aim of the project was to reduce the growing trend of youth in Vanuatu using violence to deal with their problems. It was assumed that they used their notion of masculinity to assert control over various situations.

The project objectives are to:
- raise awareness of youth mental issues and de-stigmatise mental health issues especially amongst young boys within communities,
- catalyse the development of community-based appropriate mental health interventions for ‘at-risk’ youth,
- build coalitions for services providers (NGOs, government multilateral agencies) to further support ‘at-risk’ youth, and
- gather robust data to demonstrate the linkage between youth, mental health and violence in Vanuatu and provide successful interventions.

The expected outcomes of the project are that:
- youth will become aware of mental health issues affecting their lives, seek and receive information and assistance from support structures rather than resorting to violence,
- the community will offer a supportive environment for youth facing mental issues, and
- NGOs, government and regional organisations will work together to develop effective support services for at ‘at-risk’ youth.
4. METHODOLOGY

4.1 Overview

This regional project is headed by regional health manager, FSPI, Mr Andrew Peteru who briefed each of the participant countries in a workshop in Fiji in October 2003. Mr Arnold Bani housed at FSP, Vanuatu was for a few months, the Health Manager for Vanuatu but has since been replaced by Ms Anne Brown.

In November, 2003 a KAP Advisory committee was set up and met for the first time. The stakeholders comprised George Taleo, Director Public Health; Jean Jacques Rory, Health Promotion Coordinator; Diane Sant Angelo, VSO HIV/AIDS Advisor; Jack Kaltamat, nurse who works with psychiatric patients; Ms Jenny Whyte, Environment/ FSPV; Ordina Lala, FSP Manager; Johnson Toa, Director Youth & Sport; Daniel Lamoureux, Director; Ms Jo Darras, Wan Smol Bag; Simon Boe, Manager World Vision; Dr. Desma Hughes, Lecturer, USP; Ms Evelyn Buleghi, YPP; Ps. John Liu, Environment unit; Tony Aurther, Health Inspector; Ms Jilda Shem, SCFA; David Eggie, Youth Rep; Wayne Jensen; Timothy Vatu, Youth Coordinator; Janet Ores, Nursing Manager; and Ann Pakoa, NTM Clinic. The Committee met on November 11, 2003, November 17, 2002, Jan, 2004 and Feb, 2004. The Committee assisted in developing a budget and assisting with the questions for interviews, focus groups and case studies. Attendances were poor after the first meeting with only on average 6 people taking part.

Questions were developed for the KAP Survey by Mr Arnold Bani with the help of Dr Desma Hughes (see Appendix 1). The questions were presented to the Advisory committee to find suitable ways to translate them to Bislama. Of particular difficulty was the term masculinity. Other questions were reworded slightly. Assessment of the questions was performed again later by both the FSPV (MMHV) project Manager and Mr. Andrew Petero.

A KAP survey was carried out to learn more about the knowledge, attitudes, and practices in communities relating to ni-Vanuatu youth’s mental health problems, violent behaviour and notions of masculinity. The survey was carried out by ten researchers in Vila and by David Eggie and five other researchers in Santo.

4.2 Researchers

Mr Arnold Bani and Nine Peer Educators from the Youth Drop in Centre (YDIC) were selected to be researchers. The nine researchers in Vila were Mr David Eggie (assistant to the project), Owen Batton, Seimiza Kalottiti, Annie Gavika, Leitare Joel, Brendah Tahi, Jonathon David, Leighton Tabi, and Cooksly Tabi.

The five researchers, in Santo, were Antony Andrew, Jimmy Fredie, Wesly Borugu, Donald Joel, and Ambong Johnny.
4.3 Researchers Training workshop

In Vila, ten researchers were trained for carrying out the KAP surveys at a full day workshop run by Arnold Bani on Dec 2, 2003 at Dumbea Hall. They were briefed on the background and aims of the project, terms and the questions, and information which would lead them to understand about and links between masculinity, mental health, violence; causes of stress and violence; and attitudes towards those who are stressed, depressed or suicidal. It was hoped that having a good understanding of the study would help in further probing for answers to the questions asked. In the afternoon, methods that were to be used for collecting the data (focus group, one-to-one interviews, and case studies) were discussed. The researchers also practiced recording interviews. The questions were given out to the peer educators/researchers and discussed.

On January 25, 2003, the Project Assistant Mr. David Eggie flew to Luganville, Santo. He arranged and ran a half day training workshop with the five male Peer Educators from the Santo YDIC. He used the same format as the Vila workshop. After the workshop, the Peer Educators carried out field surveys while David collected information on the case studies at the hospital and the prison. They spoke to between 200-300 people in that one week. Everyone was very cooperative and information was readily given.

4.4 Pre test

Mr Arnold Bani ran a pre test using the prepared questions and interviewed youth from Freswota who were participating in a Neighbourhood Watch workshop November 25, 2003. He was able to interview a previous prisoner to try out the case study questions for a perpetrator of violence. The questions were also tested on the chosen Peer Educators on Dec 2, 2003. No changes were made to the questions.

4.5 Data Collection

4.5.1 Overview

A variety of data collection techniques were used. Information was collected from stakeholders for the literature review and research information was conducted through discussions (focus groups, interviews and case studies) with youth, aged 13-25 years, about issues related to mental health, masculinity and violence. Research was done in Vila and surrounds and Luganville in Santo, the two main urban localities of Vanuatu. All participants gave their written consent.

4.5.2 Case studies, interviews and focus groups

People who participated in focus groups and interviews were selected at random around the towns. They mainly comprised youth who were sitting around in groups or alone in the community. The researchers walked around the streets and asked them if they were willing to participate in the research. Areas where focus groups and interviews took place in Vila were Pango, Blaksans, Melemat, Nambatu, Nambatri, Olin and central Vila town. In Santo, interviewees were from around Luganville -Sarakata, Laplas, Pepsi River, Chapius, and Solve area.

The people who became case studies were perpetrators of violence (convicted rapists and assaulters), people with mental health problems, and people with depression or had attempted suicide, and people who had appeared to have a mental illness and had come to the hospital for treatment. Those people who appeared to have mental illnesses had had violent outbursts and had been identified for treatment by their family or the police.
Rapists and perpetrators of violence were identified by the prison warden having been charged and convicted and sent to prison.

People with mental health problems were identified by Dr Tabisari, The Medical Services Manager at Vila Central Hospital. In Santo, a nurse who looked after psychiatric patients was concerned about their welfare, and identified people with mental health problems. The Matron of the Northern District Hospital had previously provided an authorisation letter enabling the researcher to make contact with the nurse in charge of such patients. She had no psychiatric training.

### Table 4.1 List of people interviewed or in focus groups

<table>
<thead>
<tr>
<th>Data</th>
<th>Categories</th>
<th>Vila</th>
<th>Santo</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Studies</td>
<td>Convicted perpetrator of violence against man, woman or child</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Convicted rapist</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Attempted Suicide</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Mental illness - severely depressed</td>
<td>2</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Focus groups</td>
<td>Masculinity, mental health &amp; violence</td>
<td>132</td>
<td>69</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td>(577 people)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviews</td>
<td>Masculinity, mental health &amp; violence</td>
<td>335</td>
<td>124</td>
<td>459</td>
</tr>
<tr>
<td></td>
<td>Nurses/doctors who care for mentally ill</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

### 4.5.3 Stakeholders Information

#### Youth Groups
Several groups of youth were identified as stakeholders. They were Peer Educators from YDIC (Vila and Santo), Melemat youth, Port Vila Referees (Youth trainees), Port Vila Coaches (Youth trainees) and LWC Youth. They mentioned the problems that they faced.

#### Education
At present no policies exist related to children at risk of mental health problems or children who become violent in school. No counsellors exist in schools to help such children. No plans have been made for the future to have and train school counsellors.

#### WHO
Discussions were held with Steve McCartney, the health advisor, for WHO. He provided support for the project and contributed some reports relevant to the research. Reports collected were authored by Pathere, Wilton, Deva, and Kalontano.

#### Ministry of Health
Discussions were held with the Director General of Health, Mrs. Meriam Abel who was very supportive and offered to provide more assistance in the future. She also stressed that the researchers should focus on community nurses as well as liaise with the health department to develop a network for community health psychiatric patients. For example, mentally ill patients are referred from the community health center to the hospital for treatment and when they are discharged from the hospital they should be referred back to the community. She stressed strongly that rural communities should be involved extensively in the projects future activities.
Vanuatu has never had a mental health policy although there is a health policy. There has been a move to develop a mental health policy over the past few months. A half-day meeting organized by the Ministry of Health for all relevant stakeholders was held in December, 2003 to discuss the development of mental health policies, services and mental health legislation. Although the Ministry of Health has also prepared a Health Workforce Plan for 2004-2013, to guide all training activities in health, there are no specific plans for training or recruitment of specialist mental health professionals such as psychiatrists, psychiatric nurses, social workers or psychologists. The reason may be related to the fact that there has been a 12% staff reduction (to 714 staff in 2004), a response to a 45 million vatu budget cut. At present, there are no social workers, psychiatrists or any medical specialists with training in psychiatry. The Ministry of Health has four directorates but Mental Health is not designated to any particular directorate. There is no focal person for mental health.

The Ministry of Health employs 34 nurse practitioners who are often in charge of outpatient areas in hospitals or may be the most senior health worker present when a doctor is unavailable. None of the nurse practitioners have formal training in mental health, although around 10 of the nurse practitioners recently attended a three-day training programme in mental health arranged by the Ministry of Health in collaboration with WHO (Parthare, 2004).

**Vanuatu Society for Disabled Persons (VSDP)**

VSDP is a community-based programme that provides services mainly to persons with physical handicaps and intellectual disabilities (mental retardation) but has no counsellors for families who care for the disabled. They have indicated an interest in developing a programme to support persons with mental disorders and their families.

**Vanuatu Hospitals**

At present there is little provision for mentally ill patients in either hospital, Vila or Santo. A general trained nurse who works with psychiatric patients, and a doctor, in charge of mental patients was interviewed and it was verified that there is a psychiatric unit with no trained psychiatrists, psychologists, social workers or counsellors to assist patients and their families when problems arise such as depression or suicide, or drug abuse.
5. LITERATURE REVIEW

5.1 Overview

Masculinity, Mental Health and Violence

The method in which males are socialised by families, communities and culture often determines whether they are successful in their community or whether they have problems. The concept of masculinity is the expectation for being a male and is often promoted and valued as a concept of dominance, power, and controlling others to establish or maintain manhood. This idea is supported by families, communities, music and videos for teenagers, Hollywood action films, and professional and local sports.

Often powerless young males use violence to make themselves appear more powerful. They use aggression to control others—men, women or children. In this study it was evident that men use violence to overcome anger and resolve conflict related to arguments, land disputes, and jealousy.

In society, males, who are soft, sensitive and peaceful are often perceived as weak, powerless and effeminate. They then become targets or victims of violence and so become stressed. Non aggressive and powerless men often feel inadequate, worry and become stressed. In Vanuatu, males who are sensitive and avoid violence are often viewed as having something wrong with them. They are labelled as ‘geligeli, ‘fifty fifty’ or ‘pufta’. This can lead to isolation from the peer group and feelings of loneliness and in extreme cases can lead to depression and suicide. In this study, it was evident that young men who were rejected or alienated by their families felt powerless and became depressed and even suicidal. They were vulnerable unless they had reliable and trustworthy friends to support them. Those without a strong supportive peer group were at risk of depression or suicide.

If men react to stress-provoking events and respond in a negative way, their health and happiness may suffer. By understanding themselves and their reactions to stress-provoking situations, they can learn to handle stress more effectively (Canadian Mental Health Association, 2003).

People with extreme depression may even go so far as to harm themselves and commit suicide. Suicide is a form of self directed violence whether fatal or not. Identifying the factors that place individuals at risk is vital to preventing suicide. In Vanuatu, according to Wheeler, the most common ways young people commit suicide is by drug overdose and hanging. Females usually use overdosing and males hanging.

Some of the factors that place a person at risk of suicide are psychological such as major depression, bipolar disorder, schizophrenia, personality and conduct disorders, impulsivity and a sense of hopelessness. Other factors that determine people ‘at risk’ of suicide are a family history of suicide, having a severe and painful illness, death of a loved one, a history of psychological abuse, suffering due to being gay, social isolation, economic conditions and lack of employment (WHO, 2002). These factors are present in Vanuatu just like any other place.
5.2 Mental Health in Vanuatu

Worldwide mental and behavioural disorders represent 11% of the total disease burden and it is believed that in the Western Pacific Region the burden may be even more - approximately 27% (WHO Report 2000). Vanuatu is no exception.

In 1997, Dr Noel Wilton reviewed patterns and current treatment of mental health problems and mental disorders, along with rehabilitation strategies and existing policies in Vanuatu. He stated that mental health services in Vanuatu are rudimentary. He urged that there be a review of Vanuatu's mental health status and that adequate services be developed to suit the mental health of its population. He made 10 recommendations:

1. A policy on mental health should be developed by the government.
2. A minimum of 5 mental health workers should urgently be trained as specialists to support the primary care workers and others in the provision of quality care to people with mental health problems and mental disorders.
3. A separate administrative structure specifically for the provision of mental health services (including mental health promotion and mental illness prevention) should be developed within the Department of Health.
4. Training programs on mental health issues (including management of mental disorders and mental health problems, counselling and stress management) should be planned and implemented, possibly on a training of trainers model.
5. A suicide prevention strategy, especially for youth, should be developed.
6. Protocols and procedures for the identification and management of persons with mental health problems and mental disorders should be developed and promulgated with associated training to all health personnel.
7. The lack of adequate psychiatric in-patient facilities should be addressed.
8. Planning for mental health services should be an integral part of health planning generally.
9. Strategies to increase the general community awareness of mental health issues should be developed and implemented. These might include the development of a media campaign using WHO developed material; organization of meetings with community leaders and politicians to discuss relevant issues such as youth suicide.
10. Data on mental disorders and mental health problems should be included in the monthly reporting from health facilities.

Wilton (1997:6-7)

Deva (2003) examined existing policies regarding mental health, the mental health activities at all levels. The development programs of personnel in mental health to provide information on mental health problems such as substance abuse, in Vanuatu was also studied. According to Deva little progress had been made since Wilton had made his report. She stated that there has not been a trained psychiatrist, as far as is known, since Vanuatu gained independence from the French and British in 1980, although the remains of what was once a mental ward in the old Georges Pompidou Hospital and could have had trained mental health personnel in colonial times, has now been turned into the National Archives.

Of particular concern was the continuing absence of mental health professionals such as doctors and nurses which in part caused the poorly developed health services in Vanuatu. Despite a good network and infrastructure for basic health services throughout the country, there has been no basic training of doctors and nurses by WHO to develop a basic mental health service. Although there was a satisfactory supply of psychotropic medicines throughout the country, there were no personnel trained to identify and administer medicines to mentally ill patients. Although there was a psychiatric unit in Vila Central Hospital, there were no staff to run it.
Deva recommended that:

- doctors and nurses be trained in primary health psychiatry in different parts of the country using WHO guidelines;
- and that two senior nurses be trained in psychiatry as soon as possible;
- the six bed unit in Vila hospital be made available to mentally ill patients and other beds in other hospitals be made available for mentally ill patients;
- second-generation psychotropic drugs be made available for patients needing them; and
- a community based physical rehabilitation staff of the Vanuatu Society for the Disabled be offered training in primary care psychiatry to enable them to detect and refer mentally ill patients for treatment.

Deva (2003: 6) also stated that “an application to send Mr Kaltamat Kalontano a general-trained male nurse for training in mental nursing had been made at least four times, but that no fellowship had been made available for him. At present, in 2004, Mr Kaltamat is still working as psychiatric nurse but has not received any training. The result is that, although he works as a psychiatric nurse, he is in fact not able to prescribe any medicines, as this is the responsibility of the doctors. In remote areas, nurses, in the absence of doctors, are apparently given special permission to prescribe medicines if given special training in the discipline”. However, it was reported by several people that nurses are reluctant to prescribe medicines to mentally ill patients for fear of people blamed if anything goes wrong with the patient.

Mermer (2001) surveyed teachers and health workers to examine their knowledge and attitudes on mental health. She found that teachers had little knowledge of mental health causes, risk factors, signs and symptoms of mental health whereas health workers only had a moderate knowledge of causes, risk factors, signs and symptoms. Teachers also mentioned that there was a lack of counselling service at all levels: government, church, schools and society. Of the health workers interviewed, almost 50% or more reported observing cases of depression (46.7%), self harm (46.7%), substance abuse (53.3%) and suicide (73%) in young people although caseloads were low.

In 2001, a WHO consultant, Ms Deborah Dupre Wheeler, reviewed Vanuatu patterns of suicide and related behaviour. She conducted the first Vanuatu Suicide Baseline Survey which recorded actual suicide incidences. She developed a depression questionnaire and sampled a small number of people in rural and urban areas. She used group techniques, reporting by volunteers with short training, and interviews to gather data. In her survey of 35,473 people, she found that a total of 32 suicides took place from 1998 to September 2001. In addition to this, a further 22 sudden deaths were reported by the police. The most common methods of suicide were overdoses and hanging. The main reasons for attempted suicide were found to be jealousy, poverty and small sized living quarters. Men accounted for 22 out of the 50 attempted suicides. According to Dupre Wheeler there were 3.6 suicide attempts per day and every 2.8 days there is a complicated suicide somewhere in Vanuatu. The report also concludes that there are about 130 suicides in the country every year and that these are preventable, as depression is treatable. However, with a lack of trained human resources to cope with the problem, there is a risk that seven out of 1000 people will attempt suicide every year.

At a WHO regional workshop on Human Resource Development for Mental Health in Pacific Island Countries in Sept-Oct 2003, in Fiji, Dr Kaltamat Kalontano from Vila Central Hospital, Vanuatu reported that suicide was a growing concern amongst youth because of the problems youth face. Although females had the highest number of suicides recorded in Vanuatu, violence was a contributing factor linked to many known cases. The causes of female suicide were child abuse, unwanted pregnancy, arranged marriage, relationship problems, family problems such as divorce and financial problems. He stated that overdoses of drugs were the most common methods of suicide.
According to Dr Kalontano, rates of alcohol consumption in Vanuatu male youth are rising (72.8% in 1998 in a Non Communicable Diseases Survey) even though there is no treatment or counselling for alcohol or kava abuse. Police lock up those who take in high amounts of alcohol to give them time to ‘dry out’. Kava was found to be consumed 67.2% of the male population in the NCD Survey. Both kava and alcohol have been linked to domestic violence, family disruption, breakdown and accidents. Drugs especially cannabis are becoming a concern for Vanuatu too. Cannabis has been linked to unspecified behavioural disorders.

When young people in Vanuatu experience mental health problems, they often have nowhere to go or no one to help them such as specially counsellors or rehabilitation centres or clinics. Often they seek help from traditional healers and medicines. Men tend to use kava or alcohol to self medicate for depression and other emotional pain more than women (Hughes, 2002:70). If traditional medicine does not work then no further help is sort.

Dr Soumitra Ramesh Pathare, in December 2003, collaborated with the Vanuatu Government to provide technical assistance in the review and amendment of the mental health laws in the Vanuatu recognising that the laws are out of date.

The Ministry of Health has identified mental health as a priority and to develop human resources and services to address mental health problems. A Mental Health Policy Project began and is housed in WHO’s Department of Mental Health and Substance Dependence.

Pathare states that although Vila Central Hospital and Northern District Hospital are major referral centres for the whole country, Vila Central Hospital is the only facility that offers a fragment of mental health services which consists of a lone general nurse (with no formal training) who works as psychiatric nurse, and a single rundown bed-platform for the inpatient care of the mentally ill. However, family members are required to care for the mentally ill and sleep in the corridor with the patient.

Pathare (2004:8) concludes that “the absence of professionals with training and experience in mental health policy, service development and mental health legislation is identified by all stakeholders as the key barrier to the development of mental health programmes, plans, services and legislation.”

5.3 Masculinity

No research was found on masculinity in Vanuatu. Violence is an important way for males to prove or exercise their manhood and their masculine status. For male youth, being violent can be a way to demonstrate toughness, dominance, powerful status, and bravery. Bullying other males, being extremely competitive, displaying aggression in sport, and putting down others all demonstrate masculinity. Boys also try to prove themselves or gain status among male peers by using violence directed at girls e.g. sexual violence in the form of trying to ‘get sex’ to gain status, physical violence towards one’s girlfriend, and sexual harassment (Flood, 1997). Men too are often victims of violence as well as perpetrators of violence. For example, they fight with men in the street, bully younger men and even sexually assault boys (Flood, 2003).

5.4 Violence

Violence is expressed as verbal outbursts, fighting, assault, rape, murder, self mutilation and suicide. The reason some individuals behave violently is complex and is based on an interaction between different factors such as impulsivity, no education or low educational attainment, prior history of aggression and abuse and substance abuse.

Many children live in violent homes, and often learn that violence is an appropriate form of conflict resolution and stress management. Domestic violence and violence due to alcohol use and abuse has been on the increase in Vanuatu in recent years (Kalontano, 2003)
Flood (2003) states that, “Men’s monopoly of violence is the product of a lifetime’s training in sexist models of masculinity, a lifetime’s exposure to a violence supportive culture and privileges of gender inequality”. In Vanuatu boys are subjected to ‘physical discipline’ (such as spankings or beatings) in the home although these behaviours are not seen as “violence”. In Vanuatu and the Pacific it viewed as a way to teach or show love.

Rape is another form of violence. It is used as a form of social control on women as it limits women’s autonomy, safety, freedom and their access outside the home (Flood, 1997). Rape is often viewed by the men involved as legitimate and not a crime, to discourage or punish perceived immoral behaviour such as wearing short skirts, drinking alcohol or kava or frequenting bars (WHO, 2002:160).

The Minister of CRP, Honorable Philip Boedoro at a week long workshop for men on violence against women in Vanuatu said that “it [violence] prevents victims from developing their full potential so we lose women’s full participation in the community and national development; to attend to survivors it costs governments huge amounts of money, the Reserve Bank of Fiji has made a Conservative estimate that it costs the Fijian Government $300 million dollars a year in medical costs, police costs, legal costs, welfare costs, costs of absenteeism from work, and so on, this is 7% of the national budget. I’m sure a survey in Vanuatu would show similar trends.” (Port Vila Presse, July 3, 2003).

The economic costs of mental disorders also are direct costs to the health and social services as well as lost employment and productivity, the impact on the productivity and social functions of families and premature death (WHO, 2002).

In urban areas of Vanuatu there are an ever increasing amount of social problems, and young men often resort to violence. Vincent Bulekone (September 3, 2003) stated in the Port Vila Presse that “Vanuatu now has well-organized bands which regularly break and enter into homes and attack women and people living on their own, creating a climate of terror disastrous for our economy.”

5.4.1 Crime Statistics

Crime statistics were obtained from the Vila Police for all provinces. Crime is more prevalent in Vila (64.4%) and Santo (possibility Luganville, 30.1%) than in other provinces. However, because of the way the statistics are recorded it is difficult at times to be sure how to interpret them (see Table 5.1).

<table>
<thead>
<tr>
<th>Place</th>
<th>Reported</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vila</td>
<td>2172</td>
<td>64.4%</td>
</tr>
<tr>
<td>Santo</td>
<td>1017</td>
<td>30.1%</td>
</tr>
<tr>
<td>Tanna</td>
<td>179</td>
<td>5.3%</td>
</tr>
<tr>
<td>Epi</td>
<td>4</td>
<td>0.01%</td>
</tr>
<tr>
<td>Tongoa</td>
<td>4</td>
<td>0.01%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3376</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

NB. No crimes were reported in Lakatoro, Sartamata, Ambori, Lamap or Sola.

The category of crime that is most frequently reported is offences against property (55.5%) - possibly the unlawful entry and theft although it is unclear from these figures (see Table 5.2). Newspapers and people in Vila continually comment of the number of burglaries around Vila and its surrounds. The next frequently recorded category is offences against a person (26.8%) which is assumed to be mostly violence.
Table 5.2 Crime categories

<table>
<thead>
<tr>
<th>Offence Category</th>
<th>Established</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Against a person (homicide, assault, threats, abusive words, etc)</td>
<td>295</td>
<td>26.8%</td>
</tr>
<tr>
<td>Against morality (rape, incest, indecent assault, unlawful intercourse,</td>
<td>105</td>
<td>9.6%</td>
</tr>
<tr>
<td>prostitution, homosexual acts, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Against property (unlawful entry, theft, damage, arson, forgery,</td>
<td>611</td>
<td>55.5%</td>
</tr>
<tr>
<td>trespass, fraud, cruelty to animals, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Against public order (drunkenness, riot, corruption, escape, unlawful</td>
<td>89</td>
<td>8.1%</td>
</tr>
<tr>
<td>assembly, obscenity, obstruction, treason, mutiny, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1100</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is interesting to note that the most common age of offenders (42.11%) is in the 31 years plus age group rather than teenagers. The second highest crime rate is in the 21-25 years age group (26.18%). This is surprising because most people assume that youth crime is more common (see Table 5.3).

Table 5.3 Age group of males who commit crimes

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Number of males</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>4</td>
<td>0.64%</td>
</tr>
<tr>
<td>14-17</td>
<td>12</td>
<td>1.89%</td>
</tr>
<tr>
<td>18-20</td>
<td>93</td>
<td>14.67%</td>
</tr>
<tr>
<td>21-25</td>
<td>166</td>
<td>26.18%</td>
</tr>
<tr>
<td>26-30</td>
<td>92</td>
<td>14.51%</td>
</tr>
<tr>
<td>31+</td>
<td>267</td>
<td>42.11%</td>
</tr>
<tr>
<td>Total</td>
<td>634</td>
<td>100%</td>
</tr>
</tbody>
</table>

More unemployed males commit crimes than employed or self employed. The assumption is that having a lot of time, little to do and resentment of having few possessions are contributing factors (see Table 5.4).

Table 5.4 Employment status of males who commit crime

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Student</th>
<th>Employed</th>
<th>Self employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>14-17</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>18-20</td>
<td>5</td>
<td>13</td>
<td>2</td>
<td>67</td>
</tr>
<tr>
<td>21-25</td>
<td>0</td>
<td>48</td>
<td>15</td>
<td>129</td>
</tr>
<tr>
<td>26-30</td>
<td>0</td>
<td>36</td>
<td>24</td>
<td>42</td>
</tr>
<tr>
<td>31+</td>
<td>0</td>
<td>114</td>
<td>28</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>212</td>
<td>69</td>
<td>336</td>
</tr>
</tbody>
</table>

In conclusion, understanding about the causes of violence, how masculinity leads to violence and or poor mental health are the first steps to preventing violence. The interviews, focus groups and case studies attempt to understand the situation in Vanuatu.
6. FINDINGS

6.1 Overview

Most youth who participated in the research were from all over Vanuatu although they were interviewed in only Vila and Santo. Participants were aged mainly in the 18-25 range and were mostly Anglophone rather than Francophone. The majority were schooled as far as secondary school compared to primary school (2:1 respectively). However, most youth were unemployed despite having an education (unemployed /employed was 2:1).

The majority of the youth who participated in the research lived with their parents with 5-9 family members in mostly cramped conditions. Only a small number of family members worked in each household and the majority of participants believed their incomes were insufficient to cope with expenses.

6.2 Attitudes

Education is not available for all children in Vanuatu. There are a large number of youth who have not been to school or if they have they have only attended primary school. In secondary school, there are no personal and life skills courses to learn about anxiety, conflict resolution and so on. Therefore, it is not surprising to find that many of the youth that were interviewed had little knowledge of strategies to deal with anger other than violence. Many men use violence at home and to resolve conflict with other men, women and children. Men who used violence while angry often lose control. Many men were unaware that what they were doing was wrong until they had been charged and committed for a crime especially rape. For example, a convicted rapist from Santo said “I didn’t know it was an offence, I just thought it was enjoyment. I realise my mistake now”.

Traditional attitudes towards women in many Vanuatu cultures perceive women as having to obey their husbands and not as intelligent or important. This attitude has developed because most women don’t inherit land and were often uneducated. They often attract a bride price in marriage and so are viewed as possessions. Therefore, women are frequently the targets of violence because they are not seen as having rights. Men learn about women’s rights in court. A convicted rapist from Vila stated after to being asked how he felt about rape now, “I feel so guilty and I want to tell her I am sorry that I violated her rights”.

The majority of participants in the research had not heard of the English terms ‘mental health’, ‘depression’, ‘suicide’ and ‘violence’ nor did they have a Bislama word for each term. The only people to have a knowledge of depression, suicide and mental health issues were those who had experienced these problems. Mental health was translated to “healthy tingting”, depression was explained as “wari o harem nogud tumas”, suicide as “Wanem i kilim hem wan nomo i ded”, and violence as “man i kilim hem wan”. After explaining the terms respondents were able to give their answers (see Appendices 2 and 3).

People with mental illness are often not understood by most community members nor supported by their families. One person with a mental illness from Santo said, “I felt for a long time I would rather be dead... If I had stayed with my family I would have hung myself by the neck.” Another person said when he was mentally ill, “I did bad things and my parents wouldn’t talk to me.” Many of these people with mental illness came from parents who had remarried and had step parents who favoured his biological children and did not treat the step child fairly.
When talking to people about depression and suicide many commented on people who had studied hard in secondary school or even university who had breakdowns. Some came back from overseas study, started jobs and then ‘fell down’. It seems that the pressure is often too great for them to achieve and live up to the expectations of others.

People with disabilities in Vanuatu are not viewed as worthwhile by many and are often rejected by people in their community. This lack of consideration and understanding is reflected in the lack of services for them. Our researchers interviewed personnel from the Disabilities Society of Vanuatu about services available to the disabled with mental health problems. He said, “Few are violent because they have a slow brain. Most have communication problems and lack understanding… there might be some violent ones but we don’t know about them.” He also mentioned that there were no qualified counsellors or trained people to help and they had to deal with problems in their own way.

6.3 Understanding of terms such as “depression”, “suicide”, “mental health”, “violence” and “masculinity”

Depression was explained as worrying, being sorry, thinking constantly about a problem without a solution, and being lonely and then not wanting to talk, eat, or sleep but crying and wanting to die (see Table 6.1). Many respondents were able to give a reason why someone would become depressed such as losing someone close, having no money, having family or relationship problems (see Appendices 2 & 3).

<table>
<thead>
<tr>
<th>Explanation</th>
<th>Vila</th>
<th>Santo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking constantly about a problem without a solution</td>
<td>63%</td>
<td>21%</td>
</tr>
<tr>
<td>Man who is lonely and doesn’t want to talk, eat, or sleep but</td>
<td>42%</td>
<td>5%</td>
</tr>
<tr>
<td>cries and wants to die</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loses someone close</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>No money</td>
<td>11%</td>
<td>8%</td>
</tr>
</tbody>
</table>

* More than one answer was often given

When asked about suicide, youth from Vila were more familiar with its meaning than youth from Santo (see Table 6.2). Some males thought it meant murder. Many gave reasons why people killed themselves (parents disapproved of a girlfriend, people had problems). The most common response for how people killed themselves was from an overdose and hanging themselves (see Appendices 2 & 3).

<table>
<thead>
<tr>
<th>Explained suicide</th>
<th>Data type</th>
<th>Vila</th>
<th>Santo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus groups</td>
<td>38.5%</td>
<td></td>
<td>14.5%</td>
</tr>
<tr>
<td>Interviews</td>
<td>65%</td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td>Focus groups</td>
<td>0%</td>
<td></td>
<td>15.9%</td>
</tr>
<tr>
<td>Interviews</td>
<td>6.5%</td>
<td></td>
<td>23%</td>
</tr>
</tbody>
</table>

The term ‘mental health’ was not well explained. In Vila 64% (the most common answer) thought it meant being smart and having a positive attitude. Santo youth said it was the absence of brain disease. Most thought it was being well behaved and happy.

In both Vila and Santo, violence was explained as physical violence only, such as bashing a man or a woman (see Table 6.3). No one mentioned it included sexual or verbal abuse.
Table 6.3 Violence

<table>
<thead>
<tr>
<th>Most common explanation - Bashing another</th>
<th>Data type</th>
<th>Vila</th>
<th>Santo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focus groups</td>
<td>77.8%</td>
<td>56.5%</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
<td>65%</td>
<td>32%</td>
</tr>
<tr>
<td>No idea</td>
<td>Focus groups</td>
<td>0%</td>
<td>15.9%</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
<td>6.5%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Although many youth reported that they had experienced depression, little was known about how to deal with it.

The term masculinity was difficult to translate into a Bislama phrase and in the end was given the term ‘ril man’ (real man). In Santo, most respondents thought it was a man with a good education or was rich. In Vila, most respondents thought about a ‘ril man’ in terms of goodness, honesty, Christianity and respect.

However, when asked about why men fought, 39% in Santo and in Vila 48% of men said it meant to show off, show strength or be popular. Therefore, we can assume that the masculinity concept was misinterpreted by the Bislama phrase and that many men think that being tough is part of their image or masculinity.

Suicide was not well understood by all - they had not heard of it and some thought it meant homicide.

6.4 Trends from interviews and focus groups

6.4.1 Childhood

The majority of young men described their family relationships positively although almost half said they had negative relationships with their family (see Table 6.4). Many had difficult relationships because they felt over-controlled by very strict parents, had difficulties due to divorce or were treated badly and felt rejected. Many respondents blamed themselves for being ‘naughty’ or disobeying. Many youth mentioned being beaten harshly (wipem strong) or frequently (wipem tumas) and said that they lost respect for their parents because of this. Some who were beaten said their mothers were beaten too or they lived in a household with domestic violence (see Appendices 2 & 3).

Table 6.4 Type of life in childhood

<table>
<thead>
<tr>
<th>Belief about childhood</th>
<th>Vila</th>
<th>Santo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive, loving family</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Difficult relationship (control, divorce, rejected)</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Beaten severely or too frequently</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Was bad/ disobeyed or showed no respect</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>19%</td>
</tr>
</tbody>
</table>

6.4.2 What Worries Male Youth in Vanuatu?

Youth in focus groups and interviews identified the most common worries of young men in Vanuatu were lacking opportunities (insufficient money, no work, no education, no land), family problems (relationship disputes, land disputes, loss of parents, parent rejection), girlfriend issues (parents reject girlfriend or girlfriend is not trustworthy) and daily life problems (black magic, envy of material possessions, abuse of rights, theft of their property, and gossip). In the interviews but not the focus groups in Vila and Santo, many talked about school pressures such as failing exams, being expelled, fee problems, and lack of support (see Table 6.5). See Appendices 2 & 3.
### Table 6.5 Worries of youth in Vanuatu

<table>
<thead>
<tr>
<th>Reason for violence</th>
<th>Santo</th>
<th>Vila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of opportunities</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>29%</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>Girlfriend problems</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td>19%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Family/relationship problems</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Daily life problems</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>School problems</td>
<td>11%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Respondents were asked if they talk about their problems. Of those interviewed, 75% from Vila and 71% from Santo indicated they would talk to someone about a problem. Those who indicated that they don't talk about a problem (or seek help) stated the reason was because they are too embarrassed, they didn't trust anyone enough to keep the problem confidential or were worried about being teased or gossiped about later. Those who said they do talk about their problems mentioned they would only talk to a best friend, a relative or another man they could trust. A few mentioned they would talk to their parents, their girlfriend or a pastor.

### 6.4.3 Violence

When asked why men hit women, the most common answers were related to lack of trust between a man and woman (woman flirts, is unfaithful, goes to night clubs, swears, lies or drinks) and a woman not taking her traditional role and attending to her household duties in both Santo and Vila, in focus groups and interviews (see Table 6.6).

### Table 6.6 Reasons for violence against Women

<table>
<thead>
<tr>
<th>Reason for violence</th>
<th>Santo</th>
<th>Vila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jealousy/flirting</td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>33%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Woman neglects her housework/cooking</td>
<td>62%</td>
<td>70%</td>
</tr>
<tr>
<td>11%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Doesn’t obey/ respect to husband/refuses sex</td>
<td>24%</td>
<td>44%</td>
</tr>
<tr>
<td>14%</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

With regard to violence against children, in both focus groups and interviews, respondents stated that children were beaten because they disobeyed the adults - they lied, swore, drank or smoked (see Table 6.7) (see Table 6.7). Respondents also noted that beating children was a way to teach them and for parents to show their love. No sexual or emotional abuse was mentioned.

### Table 6.7 Reason for violence against Children

<table>
<thead>
<tr>
<th>Reason for violence</th>
<th>Santo</th>
<th>Vila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disobey/strong willed</td>
<td>54%</td>
<td>37%</td>
</tr>
<tr>
<td>40%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Lying stealing, swearing, drinks, smokes</td>
<td>19%</td>
<td>35%</td>
</tr>
<tr>
<td>13%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>To teach them/ show love</td>
<td>33%</td>
<td>34%</td>
</tr>
<tr>
<td>Lazy</td>
<td>16%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Most people stated that men hit other men to show off masculinity, or because of alcohol, land disputes and relationship problems especially if men get jealous when someone flirts with their wife or girlfriend (see Table 6.8).

**Table 6.8 Reason for violence against Men**

<table>
<thead>
<tr>
<th>Reason for violence</th>
<th>Santo</th>
<th>Vila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show off /be popular/strength</td>
<td>39%</td>
<td>48%</td>
</tr>
<tr>
<td>Drug use/abuse (alcohol)</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Land Disputes</td>
<td>6%</td>
<td>19%</td>
</tr>
<tr>
<td>Jealousy /relationship problems</td>
<td>8%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Young men were asked what stopped them from hitting someone when they felt really angry. In interviews in Vila (70%) and in Santo (73%), many youth reported that they do not act violently despite being very angry. The reasons they didn’t hit were they stopped to think first and realised it wouldn’t achieve anything, someone else topped them, and they walked away or controlled the feeling. Many had no idea why they didn’t hit.

**Table 6.9 Strategy used to avoid violence**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Vila</th>
<th>Santo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought about it (wrong, solve nothing or consequences)</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Someone else stopped them</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>Were scared</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Walked away</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>No idea</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**6.4.4 Mental health**

In Vanuatu, youth with mental illnesses escape notice from the community in general if they are not violent nor act out. If most cases they remain unseen and receive no help until it is too late. Those who do act out and cause concern are usually brought to the hospital by their family or the police. At Vila Central Hospital, patients have been treated in the past by a general nurse in charge of emergencies (no psychiatric training), a nurse in charge of mental health (no psychiatric training); the matron (no psychiatric training) and the medical registrar (see Appendices 4). Patients are often diagnosed by the ward physician or nurses in the medical ward. They are often medicated for a short time and have little or no follow-up health care. The matron stated that accommodation for the mentally ill is unsatisfactory as patients who are admitted, are locked up in a dark place. There are no single lockable rooms for violent patients in the hospital - just one room for quiet and violent patients. Staff face other problems such as no documented patient histories, poor communication between patients and staff and no transport to provide follow-up for patients after they are released.
Although there is basic health care available in most parts of Vanuatu, there is little care for mentally ill patients. Eleven youth were identified by doctors and nurses from Vila Central hospital and Santo Hospital as having mental health problems and were interviewed as case studies. Of the eleven participants only three had a good home life. The other eight were beaten severely, came from broken families and most felt rejected (see Appendices 5). They struggled with feelings of resentment from their rejection which later lead to depression. Most of these worries stemmed from their early years. Their depression was manifested in feelings of anger, worry and worthlessness. The depression became so great that ten of them had wanted to die to end the negative feelings. Very few had strategies to cope with these feelings. Most participants said they didn’t know what to do, they did ‘bad things’ or did nothing. One tried to overdose with medicine while one tried to hang himself.

6.5 Case Studies

6.5.1 Violence

Men convicted of violent crimes such as assault, murder, incest, and wife beating were interviewed to find out the reasons for and views on violence (see Appendix 6). They were inmates at Vila Prison and Santo Prison. They were mostly aged between 20-25 years. Seven had completed primary school and three had completed secondary school. Most from were from families with insufficient financial resources with 6-9 people living in their home.

Twelve men were studied- seven convicted of assault, three of murder and two of beating their wives. Eleven of the twelve men came from families who received harsh treatment or were from broken homes. Most reported being beaten ‘strongly’ and frequently even the one who loved his parents. The others were resentful of the beatings and acted out. A few were beaten by stepfathers while others mentioned they were beaten by their father. All men mentioned that they were angry at the time they committed the crime. Four of the men reported that they were under the influence of alcohol and that alcohol makes ‘crazy’ or to lose their head’ and then become them violent. All of them admitted that violence only causes them problems and they have now made a commitment to stop using violence. A few said that it was against the law inferring that therefore they should not use it.

6.5.2 Rapists

Ten men convicted of rape (one who had raped his own daughter) were studied to find out their reasons for and views on rape (see Appendix 7). Four were inmates at Vila Prison and seven were in Santo Prison. They were mostly aged between 20-25 years although 2 were more than 25 years. Five youth had not been to school, four had completed primary school and four had completed secondary school. Most were from families with insufficient financial resources.

Four men had been brought up in good families (some mentioned Christian families) while others had problematic relationships or did not live with their parents. One felt rejected. Three were beaten regularly, five were beaten sometimes when naughty but two were not beaten at all.

Most were not clear on the term ‘violence’. When asked the reasons for raping women, a variety of reasons were given. Five men indicated that men rape when they are aroused. They stated that arousal occurred as a result of seeing women in sexy clothing, seeing their body parts, hearing women swear or by seeing pornographic movies and reading sexy books. Some men said that they can’t talk to girls or girls aren’t interested if they are unemployed so they rape them. One man indicated that men rape out of frustration when parents do not accept a girlfriend - the man wants the girl so much.
Four of the men who raped had been drinking kava and/or alcohol at the time. They said they drink kava and alcohol to make them forget about life or to get rid of their inhibitions.

Many of the rapists stated that they are now sorry or feel guilty and wouldn’t do it again as they realise they violated the women’s rights. The man who raped his daughter was very sorry after he realised what he had done. Some said that they did not know that it was wrong to rape and thought a way to get pleasure. Three men said they were not sorry as they felt satisfied or felt the woman deserved it. One man who raped his estranged wife said he didn’t think it was wrong.

When asked if they had any advice to give to other men most of them said don’t do it because the prison penalty is long. One man said, “If you have no self discipline and no control, then attend youth activities, church, and respect women’s rights. To adopt foreign ways you need to have plenty of community activities.”

6.5.3 Suicide

Suicide is violence against oneself and is a sign that a person is not mentally healthy. Ten people who had attempted suicide were referred to the researchers by Vila Central Hospital (six) and Northern District Hospital, Santo (four). Most men were in the 20-25 age group, had all been to school and one even as far as university. Approximately half had sufficient financial resources for their family.

Most case studies understood the terms ‘mental health’, ‘depression’ and ‘suicide’. Most interviewees had had a difficult home life. They mentioned that they felt rejected or were frequently beaten. Many did not live with their parents or had been adopted. One male said he was frightened of his father.

The main reason for their deep depression was rejection by their family. Two males were depressed because of parents not accepting a girlfriend. Another thought he wasn’t good enough to get a girlfriend and another was ashamed of being in jail. All case studies reported feelings of anger and shame and wanted to die to end the pain.
7.1 Worries, Mental Health and Violence

‘Youth’ is a period when young people are neither adult nor child. They seek independence and are forming their identity. They are often in conflict with adults and need peer and family support to feel accepted. They are often self absorbed and become worried. Some young men worry and become depressed when they think of their future while others are very sensitive to pressure.

7.2 Depression and Suicide

When youth experience rejection by peers or family; loss of a parent, close relative, friend; break up with a girlfriend, have low self esteem or feel they are not achieving, then they may be at risk of depression and suicide. Youth experience many pressures such as to conform socially, to perform academically, and to act responsibly. At the same time they must endure an awakening of sexual feelings, a growing self-identity, and a need for independence that often conflicts with the rules and expectations set by families and the community. Young people need an adequate support network of friends, family, religious affiliations, peer groups, or activities such as work, sport etc to have an outlet for feelings and to deal with his everyday frustrations. Without these support networks and activities a young person may feel disconnected and isolated and be at risk of suicide.

Those young people at risk are those whose families undergo divorce, face poverty, alcoholism, kava abuse, and experience domestic violence, physical and sexual abuse and are all on the increase in Vanuatu. Some families have a family history and a predisposition to suffer major depression.

Youth who experience feelings of helplessness or worthlessness due to high expectations in school or university or lack of security for future employment are also at risk for depression. During interviews many people mentioned how young people had gone away to university and had breakdowns while away or after they came home. Sometimes employers have a small pool of qualified people and place those who come back from overseas study into positions where they lack practical application and so the responsibility and job pressure is too great. Many such people then have breakdowns. Sometimes the pressure comes from families expecting too much from their children and they feel like failures because they can’t live up to the family expectations.

Many youth who have problems try to numb the pain with kava and alcohol. This often leads to their violent expression of feelings. Some of the people convicted of violent crimes mentioned that they lose their inhibitions, become aggressive and do things they regret later. Some try to take their own life.

In this study, many of the participants reported rejection by the family early in their life due to a mother remarrying or taking a new partner who did not appear to be fair. Others were sent to live with aunts, grandparents or other relatives and they felt resentment at being sent away even though they loved living with their new family. They said that their real parents still expected them to live by their rules rather than their adopted parents (or extended families) rules and led to the young people feeling confused. Others felt rejected during adolescence when their family did not accept their choice of girlfriend. Many youth felt frustrated by the lack of opportunities for school, work and recreational activities in Vanuatu.
Many young men also mentioned that their parents were too controlling and strict which leads to frustration. “I had a girlfriend but my parents didn’t accept her. I wanted to die when I thought about my girlfriend too much”. They mentioned that they wished their parents could respect their decisions.

It is important that young people talk about their problems as it often reduces stress and helps them see their problem from another point of view. Many men in the study felt they could talk to a friend or family but many didn’t believe they could talk to anyone. They stated that they fear sharing their worries and feelings. They were worried about shame or people gossiping. They mentioned that it was hard to find people whom they could trust. Confidentiality was a key issue. Therefore, there is a need for trained counsellors who understand confidentiality and can take away the fear of gossip and just listen to them discuss their problems.

By providing youth centres in Vanuatu with qualified counsellors who can provide help with issues such as boyfriend/girlfriend relationships, family conflict, violence, drug and alcohol use and abuse, depression, young people can be supported. Counsellors could also assist youth offenders in detention and community education in schools.

For those with major problems such as severe depression and suicide, there are no trained counsellors nor trained psychiatrists or psychiatric facilities and therefore training should be a priority for the government.

### 7.3 Masculinity and Violence

Masculinity is often linked to violence in males. Young men through socialisation have learned that males must be ‘tough’ and can express masculinity through fighting and showing strength. Males must learn that being strong can mean having mental and physical toughness which does not involve violence. In Vanuatu men need to learn about the rights of others and showing respect. This could be taught through workshops for young males or through radio campaigns.

When families use strong physical punishment they are modelling violence. Harsh physical punishment awakens feelings of resentment, rebellion and disobedience in the victim or child. Children learn from harsh punishment that violence is acceptable. Therefore, they hit and use violence as a method to control people. This then perpetuates a cycle of violence from one generation to another. In this study, most of the people who were in jail (perpetrators of violence) or had attempted suicide had received harsh physical punishment as children. Harsh physical punishment was problematic. If these people had not endured such beatings they may have been very different people today.

Parents in the Vanuatu and other parts of the Pacific believe physical punishment teaches children how to behave and is a way to show love. Children will accept physical punishment only when they commit a major wrongdoing and when the punishment is used occasionally and non harsh. To learn about right and wrong, children require discussion rather than being beaten. Discussion leads to understanding, beatings model violence.

Many of the city dwelling youth are unaware at times of what is right as wrong. Many have lived away from their island of origin for 2-3 generations and have become isolated from their ‘kastom’ and traditions. They are no longer brought up by their whole cultural community and often become lost in the modern lifestyle. This was the case with some of the rapists.

Children, who live in violent homes, often learn that violence is an appropriate form of conflict resolution and stress management. They use it to solve their problems or to act out against their families. Domestic violence and violence due to alcohol use and abuse has been on the increase in Vanuatu in recent years (Kalontano, 2003). Therefore, more and more children are accepting violence as a way of life.
In the Vanuatu study, many participants mentioned that one cause of violence is linked to people being jealous of other people’s possessions. There seems to be resentment of those who have possessions. Some youth reported that they resorted to break-ins and bashings to ‘pay back’. Perpetrators of violence in this study learned that violence is not a good way to resolve conflict when it was too late. Some of the men in jail for violent crimes in Vanuatu were beginning to understand that violence solved nothing just created more problems. One inmate said, “After I realized what I had done, I felt bad but it was too late, I’d done it.”

Violence is widespread in some cultures because cultural norms support violence. For example, many ni-Vanuatu stereotype Tannese and Tongoans as violent. In some areas there are gangs of young men who use force and violence to control others eg Olin. Many youth feel powerless, rejected or have low self esteem and get together to form allegiances. Often when young men are ‘angry at the world’ they form gangs and are likely to display violent behaviour. Some neighbourhoods have high levels of crime, gangs and use alcohol. There are strong statistical relationships between alcohol consumption and crimes of violence in most western countries and a similar trend was shown in Vanuatu.

Increased alcohol consumption has been linked to increased homicide and rape because males do not think they should be held accountable. Counsellors are needed to help with drug abuse (kava, marijuana and alcohol) because it has been reported to be on the increase.

According WHO (2002:12-13), violence is viewed as acceptable when the norms are use of violence used to resolve conflict; when parental rights are given priority over child welfare; when male dominance over women and children is entrenched; when the use of excessive force by police against citizens is supported; when people have the attitude that suicide is choice rather than a preventable act; and when norms support political conflict. Most of these attitudes are widespread in Vanuatu and so it can be concluded that culture supports violence.

In Vanuatu, many women are subjected to violence. Men look on women as possessions of whom they can control and believe they have a right to punish ‘their’ women. They believe violence is a legitimate form of punishment. This was mentioned by several interviewees when asked about what makes a man violent towards a woman. They said they punish their woman for not living up to their domestic expectations such as having food on the table at the correct time or not having completed the laundry. Many men mentioned getting jealous as a reason for beating their women. They did not like their women to go out or to flirt and many didn’t seem to trust their spouses and girlfriends. Men’s domestic violence also can be the product of possessiveness and jealousy or a way of maintaining and exercising status and authority over women (Adler, 1992: 269). For the victim, the woman, control produces feelings of powerlessness.

Rape is a form of social control over women because it limits women’s autonomy, safety, freedom, their access to paid work and political decision-making (Flood, 1997). Rape is often viewed by rapists as legitimate and not a crime, and it is done to discourage or punish perceived immoral behaviour such as wearing short skirts, drinking alcohol or kava or frequenting bars (WHO, 2002:160). In many of the interviews the young men said they were aroused by swearing, girls exposing their body parts, or girls going out to the discos. They seemed to think when they get aroused, the girl is at fault rather than that they have a responsibility to control themselves. Only one man mentioned learning control.

7.4 Shaping attitudes and behaviours

Beliefs, behaviours, attitudes, and values are shaped by many people in a community from family to peers to teachers, general community members and even the government in the way they allocate funding.

The education system has a role to play in creating understanding and de-stigmatisation of mental health issues and violence. The education system in most Pacific island nations usually focuses on facts / exams and does not teach personal and social values formally. A child must be viewed holistically and children's
social, emotional, cognitive, physical and spiritual needs should be addressed. Schools could help children from an early age to understand about mental health issues (depression and suicide) violence, prosocial values and social relationships. In the past in schools, subjects which relate to personal information and life skills (mental health issues, violence substance abuse, taking responsibility for your behaviours etc) were part of the school curriculum. With a breakdown in society as in urban areas of Vanuatu, prevention of violence and mental health issues should be included in the school curriculum.

In Vanuatu schools, there are no counsellors. Perhaps the Ministry of Education should opt to have some trained to assist youth with problems especially to help them adapt to a dynamic and a rapidly changing world.

The community have a role to play in understanding and preventing mental health issues. Community education is needed to create understanding of the pressures that youth face and how these pressures relate to mental health issues and violence. Parents, families, pastors, chiefs can all play an active role in supporting young people by understanding youth problems and discussing them. Community members need to be to be aware that youth need to discuss problems and that gossip and disregard of confidentiality can cause damage. In addition, awareness of reasons and symptoms of depression and suicide are needed. Behaviours associated with troubled youth such as promiscuity, violence, substance use and abuse should be made known too.

Parents have a large role to play in preventing and mental health issues and supporting young people with problems. Parenting information and skills should be provided to help parents understand the affects of rejection. In this study it was evident that a majority of males who attempted suicide had felt rejected by their families. It was also reported that children from previous relationships were often treated very differently to other children from within a marriage especially by stepfathers. Children who live in such a family are at risk of depression and suicide and need support.

Another issue that requires community education is corporal punishment. Children who are beaten regularly and harshly build up resentment and break the bonds with the person giving the punishment. Severe punishment also teaches the children to behave well in front of the punisher and badly when out of sight of the punisher. Children become sneaky. They also behave badly for the purpose of retaliation and retribution against their parents. Such children also use violence as a way to solve problems. Therefore, parents must learn about the harmful affects of harsh physical punishment on children and learn other strategies to ‘teach’ their children. Alternative disciplinary measures are needed and this will prevent some of the problematic youth behaviours.

Parents who use frequent and harsh punishment often do so to gain control over their children. Having too much control stifles independence and creates feeling of frustration, powerlessness, worthlessness and despair in children. Children must become independent and look after themselves as adults. Feelings of extreme frustration and worthlessness can lead to depression and suicide.

In Vanuatu, knowledge about mental health and related issues is needed for many community members. Parents need awareness to help them support their children, teachers require it so as they can recognise who is at-risk. At a higher level professionals need to be trained to educate community members and work as professional with those youth at risk.

Since many ni-Vanuatu have little or no understanding of terms related to mental health (depression and suicide) and/ or strategies to deal with these issues, it is suggested that they become educated. People need to recognise the symptoms or signals that put youth at risk of depression and suicide. Lack of understanding is responsible for little family support given to youth. With understanding and support depression and suicide may be prevented.
8. CONCLUSION

Youth in Vanuatu are at risk of facing depression, suicide, violence because of lack of support and understanding from family, community, and government ministries. In many cases these problems are preventable with programs and support for youth. Programs need to be at the community level and address young people who are not in school. For those who are lucky enough to attend school some of these can be addressed in the school curriculum as part of a personal and life skills subject. However, such some issues should be incorporated into the primary school curriculum. In secondary school, these issues can be dealt with in more depth. Schools may also need to have one or a few trained school counsellors who work around the various provinces.

Other personnel such as trained counsellors, social workers, psychologists, psychiatric nurses, and psychiatrists are needed in Vanuatu to work in the health, police and jail sectors. Young people need a place to go when they have problems such as depression, domestic violence, abuse, drug and alcohol use and abuse, relationship problems, etc. They need a centre to provide guidance and give strategies to help young people manage their problems. Youth also need to know that their problems will be kept confidential. Staff from the centre could work in the community to train others such as pastors, chiefs, police, wardens, teachers, etc to help with awareness issues.

Families and communities also need community education. This education could assist them in developing awareness of youth issues such as mental health, depression, suicide, and violence. Families must learn about children's vulnerability to rejection and harsh treatment and its relationship to mental health and violence.
9. RECOMMENDATIONS

Awareness of mental health and issues needs to be addressed at family community and government levels. It is recommended that at the:

9.1 Family level

- Parent education should be given to help parents understand the problems caused by rejection or unfair treatment.
- Parent education should be given to help parents understand the problems caused by frequent and harsh physical punishment and give new strategies to replace physical punishment.
- Parent education should be given to help parents understand the problems caused by too much control and lack of acceptance of youths’ decisions and partners.
- Parent education on mental health issues such as who is at risk, the symptoms of depression and suicide, and how to support children at risk.

9.2 Community Level

- Organize meetings with community leaders and politicians to discuss relevant issues such as violence, youth depression and suicide.
- Strategies should be developed and implemented to increase the general community awareness of mental health issues through radio campaigns, posters, newspapers articles, Wan Smol Bag and workshops.
- A Community Youth Counselling Centre should be created to assist youth with mental health issues including people with disabilities - for problems related to alcohol, kava, and drug use and abuse, depression, suicide, schizophrenia, etc. It should be noted that the centre must have staff such as counsellors, a social worker, and a psychologist with formal training and qualifications.
- Community workshops can be conducted to increase awareness of mental health issues and vulnerability of youth and be facilitated by trained staff who assist in developing skills for youth, pastors and chiefs/elders to work with youth with problems such as feelings of rejection, alcohol and kava use and abuse.
- Community workshops with young males can be conducted to deal with issues of violence and masculinity i.e. change males’ attitudes towards women and develop respect for their rights, teach that rape is not acceptable, and help develop conflict resolution techniques and show that violence is not a satisfactory way to deal with conflict.
- Community workshops, newspaper articles and a radio campaign can be conducted to give young males strategies to cope with conflict and anger and take control and responsibility for their own actions.
- Community workshops with young males can be conducted to create awareness about the dangers of alcohol, kava and substance use and abuse.
9.3 Government Level

Ministry of Education
- There is a need for primary and secondary school programs to teach about mental health issues, violence, people rights, attitudes towards females, and taking responsibility for your own behaviours.

Ministry of Health
- To set up well serviced and structured psychiatric units in the hospital.
  Provide trained psychiatric nurses and medical staff.
- Train and provide a qualified counsellor to deal with mental health patients and community education.
- Train and provide a qualified counsellor to deal with young male offenders who perpetrate violence.
- Build coalitions between NGOs, government multilateral agencies to further support ‘at-risk’ youth.
10. REFERENCES


Kalontano, K. (2003). A brief Summary of the Mental Health Situation in Vanuatu, presented to a WHO Regional Workshop on Human Development Mental Health in Pacific Island Countries, Nadi, Fiji

Michael Flood (1997). Domestic violence, boys, men and masculinity


WHO Regional Office for the Western Pacific (2002). Regional Strategy for Mental Health, Manilla: WHO Regional Office for the Western Pacific.

### APPENDIX 1: Focus Group, Interview and Case Study Questions In Bislama

#### Focus groups questions

<table>
<thead>
<tr>
<th>Location</th>
<th>Number in group</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Wanem save blong yu long toktok ia suisaed? (mankilim hem wan i ded)

2. Wanem save blong yu long toktok ia healthy tingting? (Mental Health)

3. Wanem save blong yu long toktok ia violens?

4. Wanem i make mol man i stap kilim nogud ol naraman?

5. Wanem nao ol samting we i mekem wan man i kam olsem wan rilman?

6. Taem yu gat wan problem, yu searm problem blong yu long ol naraman blong helpem yu?
   
   Yes
   
   No

   Hu ia?

   From wanem?
7. Wanem ol samting we woman i mekem, i save mekem se man blong hem save kilim nogud hem from?
   a) 
   b) 
   c) 
   d) 

8. Wanem ol samting we pikinini i mekem, i save mekem pap blong hem i kilim hem from?

9. From wanem sam man nomo oli no save kilim ol woman o pikini blong olgeta?

10. From wane mol man i stap gat tingting blong faetfaet?

11. Wanem i save mekem ol young fala man i wari o harem nogud tumas long Port Vila mo Vanuatu long taem nao ia. (Tikem stretwan).

   No Money  No work
   No education Family problems
   Marriage problems No land/land dispute
   Girlfriend issues Black magic
   Perceived as useless Modern life vs traditional
## Interview questions - General

<table>
<thead>
<tr>
<th>Age: 15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Skul Level:
- No skul Komplit primary
- Komplit sekondri
- Kasem univestiti

### Skul lanwis:
- English
- French

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wanem save blong yu long toktok ia “healthy ting ting”?</td>
<td></td>
</tr>
<tr>
<td>2. Wanem save blong yu long toktok ia wari oharem nogud tumas? (depression)</td>
<td></td>
</tr>
<tr>
<td>3. Wanem save blong yu long toktok ia suisaed? (Wanem i kilimhem wan nomo i ded?)</td>
<td></td>
</tr>
<tr>
<td>4. Wanem save blong yu long toktok ia violens?</td>
<td></td>
</tr>
<tr>
<td>5. Yu save storian smol long laef blong yu taem yu smol?</td>
<td></td>
</tr>
<tr>
<td>6. Taem yu gat problem yu save searem long wan naraman blong helpem yu?</td>
<td></td>
</tr>
</tbody>
</table>

- Yes
- No
7. Wanem nao ol samting we i mekem wan man i kam olsem wan ril man? (masculinity)

8. From wanem ol man i stap kilim ol woman?

9. From wanem ol man i stap kilim ol pikinini?

10. From wanem ol man i stap kilim ol naraman?

11. Sam taem yu kros tumas, yu no filim se yu save kilim nogud wan man?

12. Wanem nao I bin mekem se yu wari tumas o harem nogud tumas?
### Interview Questions - Nurse and Doctor

Name of personnel interviewed: ____________________________

Job Title: ____________________________ Date: ____________________________

Place of work: ____________________________

1. Have you ever treated a mentally ill patient in your working life? Yes / No

2. If yes, was the patient treated as a “known case”? Yes / No

3. If your answer is yes, who did the principle diagnosis?

4. Did you face any difficulty while giving out medications for this patient? Yes / No

5. If your answer is yes, what difficulty did you face?

6. Did this patient turn up at all times on the dates given for his/her medication? Yes / No

7. If your answer is yes, did she/he come alone or accompanied by friends and relatives.

8. Are you happy with the way the medical and nursing profession treated the mentally ill patient at the time? Give reasons for your answer.

Thank you for taking time to answer these questions. We appreciate your time and answers very much.

Anne Brown and David Eggie
For the Masculinity, Mental Health and Violence Project - FSP
### 10.2 Questions for Case Studies - Mental Health Problems

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skul Level:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No skul Komplit primary</td>
<td>Komplit sekondri</td>
<td>Kasem univestiti</td>
<td></td>
</tr>
<tr>
<td>Yu blong wea?</td>
<td>Stap I liv wea?</td>
<td>Hamas ia nao?</td>
<td></td>
</tr>
<tr>
<td>Yufala hamas i liv sem hoas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamas famili i wok?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Storian smol long famili blong yu taem yu smol?

2. Yu bin stap harem nogud tumas mekem se yu no save mekem ol sam we i streit?

3. Hmas taem yu bin feel olsen?

4. Wanem I mekem yu stap feel olsen?

5. Yo no bin feelim se bae yu tet?

6. Wanem nao yu bin mekem taem yu feel olsen?
### Questions for Case studies - Rapist

<table>
<thead>
<tr>
<th>Age: 15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skul Level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No skul Komplit primary</td>
<td>Komplit sekondri</td>
<td>Kasem univestiti</td>
</tr>
<tr>
<td>Skul lanwis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>French</td>
<td></td>
</tr>
<tr>
<td>Yu blong wea?</td>
<td>Stap I liv wea?</td>
<td>Hamas ia nao?</td>
</tr>
<tr>
<td>Yufala hamas i liv sem hoas?</td>
<td>Papa /Mama i laef?</td>
<td></td>
</tr>
<tr>
<td>Hamas famili i wok?</td>
<td>Oli kasem gud money?</td>
<td></td>
</tr>
</tbody>
</table>

1. Plis save storian smol long laef yu taem yu smol?

2. Kopersen blong yu wetem ol parens blong yu taem yu smol i olsem wanem?

3. Ol parens blong yu i kilim yu taem yu smol? Yes / No  From Wanem?

4. Wanem nao yu tink se hemi tok tok violens?

5. From wanem yu tink se ol man i repem ol woman?

6. Wanem i mekem se yu rep?
7. Taem ia yu bin drinl alkol o kava i kat long yu?

8. Suppos yes! Wanem efekalkol ol kava i kat long yu?

9. Wanem reli i mekemse yu repem woman ia?

10. Afta long ol samting ia, hoa nao yu fil abaot woman we yu repem?

11. Wanem advaes yu save givem blong stopem any man we i plan blong?
## MAN WE I WANTEM KILIM HEM I WAN (SUISAED)

<table>
<thead>
<tr>
<th>Age: 15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Skul Level:
- No skul Komplit primary
- Komplit sekondri
- Kasem univestiti

### Skul lanwis:
- English
- French

<table>
<thead>
<tr>
<th>Age: 15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Questionnaire:
1. Wanem save blong yu long toktok ia “helthi ting ting” mo mental helth?

2. Wanem save blong yu long ia wari mo harem nogud tumas (depressed)?

3. Wanem save blong yu long toktok ia suisaed? (man i kilim hem wan i ded)

4. Plis yu save storian smol long laef blong tu taem yu smol?

5. Wanem nao yu tink se i mekem ol man i stap wantem kilim ded olgeta bakekgen?

6. Wanemi mekem yu wantem kilim yu wan i ded?

7. Yu filim olsem wanem bifo yu traem blong kilim ded yu wan?

8. Yu bin wari mo harem nogud tumas long wanem? (depressed)
<table>
<thead>
<tr>
<th>Age: 15-19 years</th>
<th>20-25 years</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skul Level:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No skul Komplit primary</td>
<td>Komplit sekondri</td>
<td>Kasem univestiti</td>
</tr>
<tr>
<td><strong>Skul lanwis:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
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<td></td>
</tr>
<tr>
<td><strong>Yu blong wea?</strong></td>
<td>Stap I liv wea?</td>
<td>Hamas ia nao?</td>
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<td>Yufala hamas i liv sem hoas?</td>
<td>Papa /Mama i laef?</td>
<td></td>
</tr>
<tr>
<td>Hamas famili i wok?</td>
<td>Oli kasem gud money?</td>
<td></td>
</tr>
</tbody>
</table>

1. Olis yu save storian smol long laef yu taem yu smol?

   

2. Wanem save blong yu long toktok ia violence?

   

3. From wnaem ol man i stap kilim nogud ol:
   a) woman?
   b) pikini?
   c) naranman?

4. Wanem is mekem yu blong yu kilim nogud woman blong yu? Mo man ia?

   

5. Wanem i happen mekem se yu reakolsem?
6. Yu binfilim olsesem wanem bifo yu kilim hem?

7. Yu drink alkol mo kava long laef taem ia?

8. Sapos yes! Wanem efek blong alkol mo kava long laef blong yu?

9. Wanem save blong yu long tok tok ia vaelens?
FOCUS GROUPS RESULTS & ANALYSIS

Vila
Age of participants: 12-18 yrs 40 19-25yrs 74 26-28yrs 2
Anglophones - 107 Francophones - 42
School level: primary 56 secondary- 94
Employed - 40 Unemployed 70

* Some people gave more than one answer

1. What do you know about suicide?
   Santo (69) Most common answers
   • Parents talk to you if you are angry and want to kill yourself (15)
   • Parents disallowing a relationship (15)
   • When you have big problems or too much worry (30)
   • Very angry, overdose, hang by the neck stab yourself (10)
   • Worrying about a problem so much he wants to die - have no hope. (10)
   • Murdering another man (8)
   • Don’t know (4)
   Vila (132) Most common answers
   • Man who kills himself (51)
   • Man who hangs himself (20)
   • Person who overdoses (18)
   • Person with big problems (9)
   • Other (21)

2. What do you think mental health means?
   Santo
   • Fresh thoughts (24)
   • Absence of disease of the brain (14)
   • A creative mind that makes up good plans and not evil ones (10)
   • Good and healthy state at all times (8)
   • Good education (5)
   • Not consuming kava or alcohol (5)
   Vila
   • Smart brain & healthy positive attitude and thoughts (85)
   • Good behaviour & always happy (13)
   • Others (15)
   • No answer (2)

3. What do you think the word violence means?
   Santo
   • Man bashing his wife (21)
   • Abusing another man’s right (8)
   • Bashing a woman and child (3)
   • Man bashing another man or woman (15)
   • Man going against another’s will (7)
   • Bashing others (4)
   Vila
   • Takes action against another man (47)
   • Man who beats people (14)
   • Man who rows & fights all the time (16)
   • Hitting women & children (45)
   • Divorced parents (7)
   • Whips bad children (9)
   • Others (8)
4. What makes another man hit others?

Santo
- Swearing at another man and having no respect and stealing (21)
- Consumed too much alcohol (18)
- Land disputes (13)
- Has a flirting wife and causes him to fight the lover (9)
- Swearing at another man (6)

Vila
- Land dispute (24)
- Influence of alcohol (24)
- When another man steals his woman (21)
- Jealousy (29)
- Has no respect (14)
- Being sworn at (7)
- Woman behaves badly eg has affairs (2)
- Others (3)

5. What qualities make a ‘real man’? (masculinity)

Santo
- Real good education (40)
- A rich man with everything (20)
- A man who has love and respect and wants to help others (14)
- Active man (11)
- Popular in sport & music (11)
- Honest man (6)
- Has confidence in himself and is not dependent on other people (4)
- Witchcraft or a man who knows how to fight another man (5)
- A man who never faces a bad situation (3)

Vila
- Respectful, honest, kind & good behaviour (57)
- Christian (26)
- Rich man with plenty of money (8)
- Other (2)
- A man who can fight (6)

6a. If you have a problem do you seek help? From whom do you go to for help?

Santo
- Best friend or man you trust (23)
- Girlfriend (7)
- Pastor & chief (8)
- Parents (11)
- Police (2)

Vila
- Best friend (33)
- Parents (32)
- Chief (21)
- Pastor (17)
- Nurse /Police (3)
- Relatives (10)

6b. Why don’t you seek help when you have a problem?

Santo
- Too embarrassed (10)
- Trust no one (5)
- Don’t want others to know (1)
- I’ll be mocked later (1)

Vila
- Shamed (6)
- No trust (5)

7. Why do men hit women?

Santo
- Woman’s lazy (38)
- Unfaithful wife (30)
- Woman flirts/jealousy (27)
- Refuses sex (24)
- Woman doesn’t cook (24)
- Talks too much (17)
- Can’t sit still at home (8)
- Woman takes over man’s authority (8)
- Swearing (9)
- Others - spends money 3, (53)
SITUATION ANALYSIS

Masculinity, Mental Health and Violence in Vanuatu

8. Why do men hit children?

**Santo**
- Disobey parents (26)
- Strong head /strong willed (11)
- Stealing (4)
- Lazy (11)
- Swearing (9)
- Others (7)

**Vila**
- Disobedience (49)
- Drinks, smokes & lazy (16)
- Beating up other kids (9)
- Answering back, lying, cheating, stealing (46)
- Other (11)

9. Why do men not hit woman and children?

**Santo**
- Good decisions are made between husband and wife (5)
- Woman and children obey the father (5)
- Respectful kids (1)
- The father is educated (3)
- Obedience (6)
- No answer (6)
- Husband loves his wife & kids (23)
- Home has respect, obedience & cooperation (32)
- Woman makes black magic (4)
- Other (12)

**Vila**
- Christian family (34)
- Good teaching at home (18)
- Good dad (3)
- Woman makes black magic (4)
- Other (12)

10. Why do men fight?

**Santo**
- They show off (13)
- Drug use (11)
- Long term family problem (5)
- Ill treatment by others (3)
- To be popular (14)
- Land dispute (4)
- No work (4)
- Other (3)

**Vila**
- Show off /pride (38)
- Drugs/women/sex/alcohol abuse (27)
- Other (5)
- Land dispute (25)
- Show strength (17)
- Peer pressure (8)
- Negative thoughts (3)
- Jealousy (15)
- Black magic (10)

11. What really upsets and worries young men in Vila or Vanuatu at present?

**Santo**
- No Money (81)
- Family problems (30)
- Girlfriend issues (25)
- Modern life vs traditional (4)
- No work (61)
- Marriage problems (30)
- Black magic (21)
- No education (31)
- No land/land dispute (25)
- Perceived as useless (13)

**Vila**
- No Money (81)
- Girlfriend issues (141)
- Modern vs kastom (29)
- No work (55)
- Black magic (40)
- No land/land dispute (52)
- Money for family (67)
- No education (36)
- Marriage (57)
- Other (28)
**APPENDIX 3**

## GENERAL INTERVIEW ANALYSIS

### Vila (335)

<table>
<thead>
<tr>
<th>Age of participants:</th>
<th>131 were 15-19 yrs</th>
<th>204 were 20-25 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglophones</td>
<td>292</td>
<td>Francophones: 37</td>
</tr>
<tr>
<td>Bilingual:</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>School level:</td>
<td>5 no school</td>
<td>94 primary</td>
</tr>
<tr>
<td>Employed:</td>
<td>40</td>
<td>184 secondary</td>
</tr>
<tr>
<td>Unemployed:</td>
<td>70</td>
<td>52 university</td>
</tr>
<tr>
<td>Lived in Vila:</td>
<td>1-5 yrs: 118</td>
<td>6-10 yrs: 68</td>
</tr>
<tr>
<td></td>
<td>11-14 yrs: 28</td>
<td>15-20 yrs: 28</td>
</tr>
<tr>
<td></td>
<td>+20 yrs: 15</td>
<td>since birth: 50</td>
</tr>
<tr>
<td></td>
<td>Other: 28</td>
<td></td>
</tr>
<tr>
<td>Mainly from:</td>
<td>Pentecost, Efate, Malekula Tanna, Ambryn, Paama, Tongoa, and Banks.</td>
<td></td>
</tr>
<tr>
<td>Number live in house:</td>
<td>1-4 people: 106</td>
<td>5-9 people: 163</td>
</tr>
<tr>
<td></td>
<td>15-19 people: 2</td>
<td>20-24 people: 1</td>
</tr>
<tr>
<td></td>
<td>Other: 120</td>
<td></td>
</tr>
<tr>
<td>Live with parents:</td>
<td>Yes: 188</td>
<td>No: 6</td>
</tr>
<tr>
<td></td>
<td>Only father: 8</td>
<td>Other: 120</td>
</tr>
<tr>
<td></td>
<td>Only mother: 3</td>
<td></td>
</tr>
<tr>
<td>Number of workers at home:</td>
<td>1-4: 206</td>
<td>5-9: 18</td>
</tr>
<tr>
<td></td>
<td>15+: 1</td>
<td>10-14: 3</td>
</tr>
<tr>
<td></td>
<td>None: 3</td>
<td>No answer: 104</td>
</tr>
<tr>
<td>Earnings:</td>
<td>Substantial: 39</td>
<td>Enough: 148</td>
</tr>
<tr>
<td></td>
<td>None: 3</td>
<td>Small: 42</td>
</tr>
<tr>
<td></td>
<td>Other: 103</td>
<td></td>
</tr>
</tbody>
</table>

### Santo (124)

<table>
<thead>
<tr>
<th>Age of participants:</th>
<th>50 were 15-19 yrs</th>
<th>74 were 20-25 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglophones</td>
<td>77</td>
<td>Francophones: 47</td>
</tr>
<tr>
<td>School level:</td>
<td>10 no school</td>
<td>44 primary</td>
</tr>
<tr>
<td>Employed:</td>
<td>40</td>
<td>58 secondary</td>
</tr>
<tr>
<td>Unemployed:</td>
<td>70</td>
<td>8 university</td>
</tr>
<tr>
<td>Lived in Santo:</td>
<td>1-5 yrs: 20</td>
<td>6-10 yrs: 26</td>
</tr>
<tr>
<td></td>
<td>11-14 yrs: 20</td>
<td>15-20 yrs: 24</td>
</tr>
<tr>
<td></td>
<td>21-25 yrs: 16</td>
<td>Other: 18</td>
</tr>
<tr>
<td>Mainly from:</td>
<td>Malekula Santo, Epi, Paama, Ambae.</td>
<td></td>
</tr>
<tr>
<td>Number live in house:</td>
<td>1-4 people: 29</td>
<td>5-9 people: 64</td>
</tr>
<tr>
<td></td>
<td>15-19 people: 1</td>
<td>Other: 17</td>
</tr>
<tr>
<td></td>
<td>Other: 17</td>
<td></td>
</tr>
<tr>
<td>Live with parents:</td>
<td>Yes: 66</td>
<td>No: 30</td>
</tr>
<tr>
<td></td>
<td>Only father: 6</td>
<td>Only mother: 14</td>
</tr>
<tr>
<td></td>
<td>Other: 8</td>
<td></td>
</tr>
<tr>
<td>Number of workers at home:</td>
<td>1-4: 104</td>
<td>5-9: 4</td>
</tr>
<tr>
<td></td>
<td>15+: 0</td>
<td>10-14: 0</td>
</tr>
<tr>
<td></td>
<td>None: 12</td>
<td>No answer: 16</td>
</tr>
<tr>
<td>Earnings:</td>
<td>Substantial: 9</td>
<td>Enough: 65</td>
</tr>
<tr>
<td></td>
<td>None: 12</td>
<td>Small: 35</td>
</tr>
<tr>
<td></td>
<td>Other: 3</td>
<td></td>
</tr>
</tbody>
</table>

1. **Meaning of term ‘mental health’**

### Vila

- Positive health 227
- Balance in life 59
- When you have good thoughts 80
- Looking after yourself and family 97
- No idea 12
- Others 31

### Santo

- Fresh thoughts 32
- Body & mind are healthy 22
- Not spoiled by drugs 13
- Healthy body 10
- Brain is healthy and works well 8
- Brains not sick 9
- Other 30
2. **Meaning of term ‘depressed’**

*Many people gave more than one answer*

**Vila**

- Thinking about problems too much with no solution 211
- Man who is lonely and doesn’t want to talk, sleep, eat, want to cry & want to die 141
- Lose wife, girlfriend/boyfriend, friend, have no friends or worry about child 73
- No money to pay school fees and worry about it 11
- No good money or employment 25

**Santo**

- Has life problems 26
- To worry about something 19
- Sorry about something 11

3. **Meaning of term ‘suicide’**

**Vila**

- Someone who kills himself because things aren’t good 219
- Someone who hangs themselves by the neck 65
- Worry a lot about a big problem they can’t solve so kill themselves 66
- Drink medicine or overdose 34
- Drink too much alcohol 25
- Stab or shoot themselves, jump over cliff or from tree, drive off road to kill themselves 24

**Santo**

- Unhappy & kills himself 40
- Hangs by the neck 16
- Kills another man 10

4. **Meaning of term violence**

**Vila**

- Fighting or beating up 219
- Action against another man, woman or child 104
- Criminal activities (rape, discrimination, adultery, stealing, alcohol abuse & harassment) 149
- Going against rights of women and children (hits & verbally abuses women & children) 210

**Santo**

- Beating a woman 37
- Fighting 19
- Murder 11

5. **Participants childhood memories**

**Vila**

- Supportive relationship/good boy 191
- Difficult relationship (too controlling, abused, divorced parents) 42
- Beaten severely by parents 34
- Bad boy/ disobeyed/ showed no respect 56
- Sometimes good/sometimes bad 5

**Santo**

- Supportive relationship/good boy 54
- Difficult relationship (too controlling, abused, divorced parents) 15
- Beaten severely by parents 21
- Bad boy/ disobedey/ showed no respect 11

*Some gave more than one answer.*
6. Problems

Vila
Talked with someone about problems 252   Didn’t talk about problems 83

Santo
Talked with someone about problems 89   Didn’t talk about problems 35

Who helped you when you had problems?

Vila
- Best friend 127
- Parents/brother/sister 94
- A person you trust 31
- Family (uncle, aunty, grandparent, cousin, neighbour) 46
- Church leader or pray 30
- Chief, youth leader, teacher, counsellor, principle, lecturer 44
- School mate, girlfriend, someone else, YDIC 18

Santo
- Parents/family 35
- Friends 36
- Leader, chief, police 12
- Wife/girlfriend 4

Why didn’t you talk about your problems?

Vila
- Was worried about gossip and shame (can’t trust people) 40
- My secret and not anyone else’s 36
- Too hard to share - solve problem by praying 11

Santo
- Can’t trust anyone 14
- Shame 6
- Don’t want to 6
- Might tell your parents 3
- No answer 4

7. What features make a man a man?

Vila
- Kind to everyone 69
- Respectful 71
- Honesty 58
- His actions (hardworking, helps others, good behaviour & attitude, polite, etc) 204
- A Christian man (goes to church, obeys rules, is trusted, shows good example, forgives, doesn’t hit women, looks out for his family) 176
- Good education, rich, works in high job, has a good house 67
- A sports man, football star, knows how to fight, has good muscular body 57
- Leader, with rank, young chief, has authority, family leader, talks to lots of people 19
- Others 144

Santo
- Good worker, good business man earns good money 37
- Well educated 19
- A Christian man (goes to church & helps people) 17
- Is respected/good character 13
- Is trustworthy 11
- Has nice house 4
- Strong & knows how to fight 11
- Takes responsibility 4
- Other 7
- No answer 1

8. Why do men hit women?

Vila
- Jealous 164
- Woman has an affair 112
- Woman is lazy, doesn’t cook, clean, do chores or look after children well 92
- Woman disobeys and shows no respect (swear, drinks, gossips, lies, argues, has a ‘strong head’) 154
- Man’s fault (he drinks, is nasty, woman becomes a slave, no respect for woman’s rights, is not Christian, is a show off, doesn’t want his woman, takes money from woman, loses his head 119
- To do with sex (woman commits adultery, woman bears no children, man’s needs not fulfilled, no understanding between couple) 82
- Woman does not obey or follow family plan, is late from work, misuses money, dresses wrongly, does not follow man’s custom 59
- Others 54
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9. Why do men hit children?

Vila
Children are strong willed 156 Disobey parents 163
Lazy, steal, swear, answer back, show no respect, take no responsibility, fight with other siblings 194
Children do the wrong thing, help them learn their lesson, to show love 114
Don’t want to go to school, drink alcohol, smoke, misbehave, adopted child 76
Others 39

Santo
Are strong willed /disobey 49
To learn to work & get respect in life 11
Doesn’t listen to mother/father 5

10. Why do men fight or hit other men?

Land or property dispute 193
Drink leads to fighting 121
Man is jealous of other man who is has a business or has more belongings 129
Marriage or relationship problem 161
Show that he is strong, is mean or for revenge 135
Problem between them (swore, stole, trespass, lied, destroys goods, owes money, gossip) 165
Anger (wants to fight, conflict, relationship, broken home, is cheeky, peer pressure, is bad) 50
Other 62

Santo
Drink too much alcohol 20
Fight over a woman 11
A way to solve a problem 6
Stole from him 5

11. Have you ever got angry and wanted to hit someone but didn’t?

Vila
Yes 237
No 98

What made you stop and not hit?

Thought about it (know it’s wrong or doesn’t solve anything) 41
Thought - afraid of being charged, police, going to jail, he’ll seek revenge 12
Thought of relationship going wrong (Girlfriend, friend, God) 28
Thoughts about the kind of life it leads to frightens me 10
Walked away or controlled feeling 20
Someone talked me through it (mama, parents, sister, friends) 8
No idea 118

Santo
Yes 91
No 33

Thought about it - consequences 26
I got scared of the thought 8
No idea 36
### 12. What makes you worry?

#### Vila
- Relationship problem (break-up, partner has affair, partner’s family doesn’t like me) **154**
- No job or money (also money to support a partner) **187**
- School problem (fail exam, expelled, fee problem, lack of support) **68**
- Family problem (dispute, loss of parent - death or divorce, parent rejection, arguments) **71**
- Daily life problem (land dispute, black magic, parents won’t buy something, envy of material possessions, no food, hard town life, abuse of rights, gossip, theft of my goods) **123**
- Others **142**

#### Santo
- Worry about girlfriend **24**
- Can’t find a job **14**
- Death of friend or family **10**
- People gossiping about me **7**
- Parents divorcing **4**
- Other **10**

#### No idea **8**

#### Others **142**

#### No answer **5**
NURSES INTERVIEW

Name: O.
Job title: Nurse practitioner in charge of emergency
Qualifications: General nursing
Date: 17/02/04
Workplace: Hospital

1. Have you ever treated a mentally ill patient? Yes
2. If yes, was the patient a known case? Yes
3. If yes who diagnosed the patient as having a mental illness? The ward physician
4. Did you face any difficulties? Yes
5. If yes what were they? Communication problems with the patient. It is also hard to get close when they are aggressive.
6. Did the patient turn up for medications? Usually they turn up the first time, feel the effects and do not follow up again.
7. Was the patient accompanied by family or a friend? They come with relatives or we go and get them.
8. Are you happy with the way the medical and nursing profession treat mentally ill patients at the moment? Give reasons.
   Yes I am happy with the professionals at the hospital but only a few support these patients which often makes things difficult. We find it hard to follow up on patients because of lack of transport and patients moving about.
NURSES INTERVIEW

Name: K.  
Job title: Mental health Nurse  
Qualifications: General nursing. No psychiatric training  
Date: 17/02/04  
Workplace: Hospital

1. Have you ever treated a mentally ill patient? Yes
2. If yes, was the patient a known case? Yes
3. If yes who diagnosed the patient as having a mental illness? The ward physician
4. Did you face any difficulties? Yes
5. If yes what were they? How to manage them. Transportation. Communication
6. Did the patient turn up for medications? No, there was poor follow up.
7. Was the patient accompanied by family or a friend?  
   They come with relatives or we go and get them.
8. Are you happy with the way the medical and nursing profession treat mentally ill patients at the moment? Give reasons.  
   No because there is no psychiatric nurse here so all nurses can treat patients. There is no patient history taken before they are admitted. They just send them along to the ward.

MATRON’S INTERVIEW

Name: J.  
Job title: Nurse Vila Central Hospital  
Date: 17/02/04  
Workplace: Hospital

1. Have you ever treated a mentally ill patient? Yes
2. If yes, was the patient a known case? Yes
3. If yes who diagnosed the patient as having a mental illness? The nurses in the medical ward
4. Did you face any difficulties? Yes
5. If yes what were they?  
   He was trying to fight, the police had to hold him, he was violent and communication with him was not great.
6. Did the patient turn up for medications?  
   Before we used to look for them to give them their medication but this year I am not sure if we still do it.
7. Was the patient accompanied by family or a friend?  
   They come with relatives but most of the time we visit them.
8. Are you happy with the way the medical and nursing profession treat mentally ill patients at the moment? Give reasons.
Before we just locked them up for treatment. I’m not happy with the treatment because they are really locked up in a dark place for treatment. It is good to have separate rooms for violent and quiet ones. I hope this survey with help get Kaltamat’s job recognised.

SENIOR MEDICAL OFFICER

Name: G
Job title: Medical Officer
Date: 17/02/04
Workplace: Hospital

1. Have you ever treated a mentally ill patient? Yes

2. If yes, was the patient a known case? Yes, some new ones

3. If yes who diagnosed the patient as having a mental illness? Me

4. Did you face any difficulties? Yes.

5. If yes what were they?
They have difficulties. They are hard to deal with, communication is not good, you need other people to help you handle them, and some need families to help them.

6. Did the patient turn up for medications?
No, many of them depend on the family so we can’t blame the patient.

7. Was the patient accompanied by family or a friend?
They mostly come with relatives but some come alone.

8. Are you happy with the way the medical and nursing profession treat mentally ill patients at the moment? Give reasons.
There is no psychiatric nurse at the moment but only a medical nurse doing the job. I think we do the best we can. Communities should look out for the mentally ill before things get serious.
**MENTAL HEALTH INTERVIEWS**

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<tr>
<th>Come from?</th>
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<th>Santo</th>
<th>Ambryn</th>
<th>Paama</th>
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1. Tell me about your family life when you were a child.
   1. I didn’t go to school. I didn’t live with my parents and my brothers hated me.
   2. Lived with my parents. Went as far as secondary school and I fell down when I had my problem.

   **Santo**
   1. When I was growing up, I was a very bright student in my class and I never drank alcohol.
   2. My daddy hit me every time I didn’t do what he wanted.
   3. Since I was small my mother & father had a lot of rows. Every time I didn’t want to stay at home.
   4. When I was a child my parents loved me a lot. When I got older they got angry because I am strong willed.
   5. When I was small I didn’t want to go to school and my father hit me all the time.
   6. When I was young my family looked after me well. They beat me sometimes when I was strong willed.
   7. I lived with my parents. Frequently I carried a stick and they hit me.
   8. When I was young my family hurt me badly and they said I knew nothing. They treated my brothers and sisters more fairly than me.
   9. When I was small I stole small amounts of my father’s money. When he died there was no more school for me.
2. **Have you ever felt so sad that you couldn’t do the normal things you usually do?**
   1. I worried about my land because they sold my land to a white man.
   2. Yes, I talked too much and I get angry and then my head went a little bit wrong.

   **Santo**
   1. Didn’t answer.
   2. I was worrying about what people said about me.
   3. Yes. When I worry too much, I start thinking about alcohol.
   4. Yes, when I realised that they didn’t treat me nicely like they did my brother and sister.
   5. Yes, but my parents didn’t love me much.
   6. Yes I listened to my mother who didn’t like my girlfriend.
   7. Many times I felt sad.
   8. When I was excluded by the family.
   9. My father died and when I looked at other children who had support,
      I thought, I have none.

3. **How many times have you felt this way?**
   1. Plenty of times when we had meetings
      I didn’t say much so the worry stayed inside me.
   2. Many times when I talk strongly to myself.

   **Santo**
   1. First the stress comes 3 times a day, but it’s improving
      because now I only have it 2 times a month.
   2. Since I was a child.
   3. Since I finished school.
   4. A bit when I realised that they no longer talked nicely to me but criticised me.
   5. Whenever they got angry with me.
   6. Every time my mother talked about the girl.
   7. Many times.
   8. All my life.
   9. Most of the time - when I was angry and when I had no support from a father.

4. **What caused you to feel that way?**
   1. When men talk about land they are not honest with the owners.
   2. I was very angry and I swear at myself.

   **Santo**
   1. When I am worried or feeling hungry.
   2. Every time I am a bit angry.
   3. Worry, anger, and when someone is angry with me.
   4. I got worried when they were nice to the others but not me.
      I wondered why I was born and why they treated me like this.
   5. I had a girlfriend but my parents didn’t accept her.
   6. They showed they didn’t like my choice
   7. Because my parents didn’t accept my girlfriend.
   8. They didn’t like me at home.
   9. When my real father wasn’t there to support me and my step father didn’t want me or my brothers and sisters either.
5. **Did you ever feel like you wanted to die?**

1. When I felt like dying I talked about my problem and it went away.
   It is coming good so now I don’t feel like killing myself.
2. Yes one time when I felt tied down so I wanted to kill myself with a knife to be free.
   
   **Santo**
   1. No.
   2. Sometimes when I walk around, I think a lot about something
      then I fall down and people think I am dead.
   3. Yes, when I feel like I am losing control.
   4. I felt for a long time that I would rather be dead but instead
      I would walk out and go and see friends and forget about them.
      If I had stayed with my family I would have hung myself by the neck.
   5. I wanted to die when I thought about my girlfriend too much.
   6. Yes I tried to hang myself but my girlfriend stopped me.
   7. Sometimes I thought if I was dead it would all go away.
   8. I continually thought about making the decision to die.
   9. Yes so I didn’t eat.

6. **What did you do when you felt like this?**

1. The landowner would stop selling my land.
2. I went to the hospital and they made me better again.
   
   **Santo**
   1. I would either sit still or fall down.
   2. I didn’t know what to do.
   3. Nothing. Sometimes, I was taken to the hospital.
   4. I did bad things and my family wouldn’t talk to me.
   5. I did bad things and I didn’t like anyone at this time.
   6. I tried to hang myself.
   7. I sat alone and thought about what it would be like if my life should stop
   8. Sometimes I did bad things, I just walked about, and
      went some place where I couldn’t see my family.
   9. I tried to overdose on medicine one day.
### APPENDIX 6

## CASE STUDIES

### MEN CONVICTED OF ASSAULT/MURDER - Jail

#### Vila

- **Age:**
  - 15-19 years: 0
  - 20-25 years: 4

- **School Level:**
  - No school: 0
  - Didn’t complete primary: 1
  - Completed primary: 2
  - Completed secondary: 0
  - Went to university: 0

- **School language:**
  - English: 2
  - French: 2

- **Come from?:**
  - Vila, Tanna, Ambryn, Malekula.

- **Live where?:**
  - Vila: 3
  - Santo (in jail in Vila): 1

- **How long have you lived there?:**
  - Since birth: 1
  - A long time: 1
  - 3 yrs: 1
  - Not known: 1

- **How many live in your house?:**
  - 6-9 people: 4

- **Live with?:**
  - Mother & father: 6
  - Other: 2

- **How many family members work?:**
  - None: 1
  - 1 person: 1
  - 3 people: 2

- **Do you earn sufficient money?:**
  - Yes: 1
  - No: 2
  - Don’t know: 1

#### Santo

- **Age:**
  - 15-19 years: 0
  - 20-25 years: 8

- **School Level:**
  - No school: 0
  - Completed primary: 5
  - Completed secondary: 3
  - Went to university: 0

- **School language:**
  - English: 5
  - French: 3

- **Come from?:**
  - Malekula: 2
  - Santo: 6

- **Live where?:**
  - Santo: 1

- **How long have you lived there?:**
  - 1-4yr: 3
  - 5-9yr: 1
  - 10-28yrs: 4

- **How many live in your house?:**
  - 6-9 people: 4

- **Live with?:**
  - Mother & Father: 6
  - Other: 2

- **How many family members work?:**
  - None: 2
  - 1 person: 2
  - 2 people: 2
  - 3 people: 1
  - 8 people: 1

- **Do you earn sufficient money?:**
  - Yes: 1
  - No: 6
  - Don’t know: 1
  - No salary: 1

1. **Tell me about your life as a child**

   **Vila**
   - Loved my parents but they beat me all the time because I was strong willed
   - Life was hard because parents were divorced
   - Lived with grandmother & strong willed
   - Father didn’t let me go to school but had no work so I made trouble

   **Santo**
   - ‘Whipped’ frequently
   - Was strong willed
   - Obeyed parents
   - Mother talked to me sometimes
   - Father died and stepfather beat him so he ran away
   - Was violent from young age (with peers or teacher)
   - Didn’t go to school after
   - Lived with grandmother & had a bad life
2. **What do you understand by the term ‘violence’?**

**Vila**
- Man beats a woman
- Not a good meaning
- Causes big problem and needs custom to deal with it

**Santo**
- When you beat a woman
- When you beat a man or a woman

3. **Why do men beat:**
   a) **woman?**

**Vila**
- Jealous
- Past behaviour
- Family are broke
- Teach them right from wrong
- No food
- Come home late

**Santo**
- Badly behaved (poor in bed, runs around, swears, has affairs)
- She talks back/disobeys
- Has no respect for the woman

b) **children?**

**Vila**
- To teach them
- To teach strong willed children

**Santo**
- Is strong willed
- Doesn't go to school
- Disobedient/talks back
- Is lazy

**c) other man?**

**Vila**
- Family problem
- Land dispute
- Another man steals his woman
- Someone swears at you or gives you cheek or gossips about you

**Santo**
- Land dispute
- Is drunk
- Family argument
- Accuses him of being ‘no gud’
- Over a woman

**Vila**

**Story of Violence against another man**

1. A man stole my girlfriend four times so I warned him and told him next time I would beat him up. He did not listen so I beat him up. A friend questioned me about this issue of my girlfriend and pressured me to beat him.
2. I had a land dispute and I was given a court order to vacate this land. The other man did not follow the court order and came to the land, twisted my head which made me angry and I beat him up. I was very angry.
3. The problem was not mine because I was helping a brother defend himself against another man. I killed him without intending to. At the time I was not angry but we argued and I lost. I didn’t realise the trouble I had caused until my family cried.
Story of Violence against a woman

4. My wife was tense and was grating on me because she was angry with my sisters husband. She talked back chatted me and I reacted and I beat her up. I lost control because she put pressure on me.

Santo

Violence against another man

5. He murdered (stabbed) a man who had cut his face when he found he was alone. They were constantly arguing about land. He was really angry after his face was cut. 1

6. A man stole his pig & damaged his house - he hit and he reacted violently because he was very upset and worried that it would damage the future of him and his children. He hoped it would stop him. 1

7. A man sexually abused his daughter. His wife pressured him to do something as she was very concerned about the girl. He didn't feel really sore about it until the man cheeked him and then he murdered him. 1

8. He got angry and reacted violently because he lost control of his thoughts. He was very angry. 1

9. Something another man did made him angry and he reacted violently. 1

10. The man didn’t listen so he wanted to teach him a lesson. He reacted violently because he gets angry when people don’t listen. He felt cold inside before he beat him. 1

11. Police arrested me so I didn’t have any money to go back to my island so I beat up a Chinese man and stole his money. I reacted violently because I felt that there was no hope to get money and I didn’t want to live in Santo so that made him determined to get money. He was so angry. 1

Beat wife

12. He hit his wife because she wouldn’t let him go out with his friends to the dance. He reacted violently because when he came home she had packed the van and was ready to go with his children so he sent them home. 1

7. Do you drink alcohol and kava?

Vila

<table>
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Santo

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<th>Alcohol &amp; kava</th>
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8. If yes! What effect does alcohol and kava have on you?

Vila

Whenever I drink alcohol I lose control but I realise it and have stopped it since being jail. 1

Santo

Alcohol makes me crazy and leads me to violence especially when I get angry and then I am finished.

I know it causes problems.

Alcohol makes me angry and I lose his head.

Makes angry thoughts.

Alcohol makes me drunk and I want to dance and then I beat my wife after the dance.
9. **What do you now think of violence?**

**Vila**
I have realised to today that violence is not good and
I will stop it as I don’t want to come back to jail ever again.
Violence is against the law and I have made a commitment to stop.
I have learned my lesson and I will never commit violence again.
I should have stuck to the court order and not hurt another man.
I look on violence as bad. If I follow the court order I won’t be back in jail again.

**Santo**
Violence is not good and I should put a stop to it or I will end up in jail long term. 1
Violence causes problems. 2
It causes you beat up a man or a woman. 4
Violence is not good but before you realise it, you have been violent. 1
CASE STUDIES RAPISTS (Interviewed in Jail)

Vila

Age: 15-19 years 0 20-25 years 4 25+ yrs 2
School Level: No school 3 Completed primary 2
Completed secondary 2 Went to university 1
School language: English 4 French 2 Bilingual 1 Neither 3
Live where? Vila 4 Santo 3 Pentecost 1 Eromango 1 Tanna 1
How long have you lived there? Since birth 8 A short time 1 3-6 yrs 1
How many live in your house? 6-9 people 9 Other 1
Live with? Mother &/or father 9 Other 1
How many family members work? None 3 1-2 people 3
3-4 people 1 5-6 people 3
Do you earn sufficient money? Yes 2 No 6 Don’t know 2

Santo

Age: 15-19 years 1 20-25 years 2 25+ yrs 3
School Level: No school 2 Completed primary 2
Completed secondary 2 Went to university 0
School language: English 3 French 1 Bilingual 0 Neither 2
Live where? Santo 6
How long have you lived there? Since birth 1 1-2 yrs 1
3-6 yrs 2 10 yrs 2
How many live in your house? 1-4 people 2 5-9 people 4
Live with? Mother &/or father 6
How many family members work? None 1 1-2 people 5
3-4 people 0 5-6 people 0
Do you earn sufficient money? Yes 1 No 5 Don’t know 0

1. Tell me about your family life like when you were a child?
   Vila
   1. Strong willed, fight with others at school, suspended from school, stole, drank, and was into witchcraft.
   2. I was independent and didn’t go out much.
   3. I was born into a Christian family, was a good boy and enjoyed my family.
   4. I lived with my grandmother for longer than my parents
      (I stayed 2 years with my mother after my father died).
   Santo
   1. Stayed with my grandmother and went to school. I didn’t pass and had to repeat class 6.
   2. When my parents both died, we were just floating about causing me not to go to school.
   3. When I was growing up, I was always stealing eggs causing my Mum to beat me everyday.
   4. I lived with my parents and went to school. I helped my parents all the time.
   5. I lived with my parents and I always helped my father.
   6. I grew up with my parents on the island.
   7. When I was young, I lived in the island and helped my Dad.
2. Did you get on well with your parents?

Vila
1. I didn’t cooperate with my family because they tossed me out and didn’t look after me.
2. I cooperated with the family and was very responsible.
3. My family had a dispute after they married and split up.
   I lived independently and did not get along with them well.
4. I only got on well with my father.

Santo
1. I always cooperated with my grandmother.
2. Parents were dead.
3. I didn’t cooperate as I was strong willed and they didn’t like me much.
4. I was first born and they loved me.
5. I was cooperative.
6. I got on well with them.

3. Were you ever beaten as a child?

Vila
1. Yes all the time. They never stopped whacking me.
2. Sometimes I made a mistake and he beat me.
3. Yes a bit when I was strong willed.
4. Never.

Santo
1. She never hit me.
2. Parents dead.
3. Yes when I stole.
4. When I did wrong my father hit me.
5. I was whipped every time I did something wrong.
6. Yes once because I was naughty.

4. What do you understand by the term “violence”?

Vila
1. It’s about crime.
2. It’s about a problem and you protecting yourself.
3. Hitting is more than talking. It has power to talk. Man is born to be violent and he hasn’t any respect.
4. It a problem at home and it’s pressure about something.

Santo
1. It’s about fighting. It’s problems that men have caused against women.
2. I’ve heard of violence against women but I don’t know much about it.
3. Badly bashing up a woman.
4. A man must not cause any problem. When you are with a woman, you mustn’t treat her badly.
   I realize the meaning ‘violence when they take me to court and now in prison because of how I treated my wife.
5. I don’t know.
6. I don’t know.
5. **Why do you think men rape women?**

**Vila**
1. When parents disapprove of a girl and so out of frustration the boy goes and rapes a girl.
2. He doesn’t know how to talk to a woman. Or a woman is arouses a man and he acts on it.
3. The man thinks nothing of the woman’s life, he cannot control his feeling, he sees too many movies, he can’t handle jokes and the outside world.
4. Man has a large asexual appetite, was abused when he was small, read too many books with rape, or he finds it hard to get a lover.

**Santo**
1. Girls don’t like them so they have to find ways to make girls like them.
2. Because they drink too much alcohol, but in my case, the woman I raped was always swearing at me when I was walking on the road minding my own business so I decided to rape her.
3. Because of the bad thoughts I had when I looked at women who wears sexy dresses/clothes.
4. If a man works, lots of girls will like them but if a man doesn’t work, girls will not like him and that’s how a man rapes a woman.
5. If men don’t have money to give to women, women don’t like them anymore.
6. When you look at a girl sometimes you get aroused and rape her.

6. **What caused you to rape?**

**Vila**
1. Parents talked about my girlfriend and asked how much money she could pay.
2. I was aroused and had sex but I didn’t know I was raping.
3. I didn’t know it was an offence, I just thought it was enjoyment. I realise my mistake now.
4. I was just witnessing my husband raping my friend so I would get jealous.

**Santo**
1. The girl I raped was my girlfriend but her relatives think she is underage but I had to have sex with her.
2. I think men rape because of their cock, and it seemed to me that this woman likes them because that’s why she was always swearing so I raped her.
3. Because I watched bad movies and magazines and that caused me to want to try out what I have seen.
4. I broke the court order and went to sleep with my wife again.
5. My girlfriend was following the modern fashions which show too much of her body. My girl was always showing off her body in her dressing as a result of today’s fashion.
6. I made the decision on my own to have sex with my daughter and when I asked her, she let me do it without hesitating.

7. **Had you been drinking alcohol or kava?**

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<th>Kava</th>
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**Vila**
1. No.
2. No.
3. Yes I drank kava and alcohol and it lead me to it. It remains with me today.
4. I drank kava and alcohol all night.

**Santo**
1. No kava, no alcohol.
2. Nah, I wasn’t even drunk.
3. Yes, I was drunk with alcohol.
4. Neither
5. I had been drinking kava.
6. No.
8. If yes, what affect does alcohol or kava have on you?

Vila
1. N/A
2. N/A
3. It makes me forget about life.
4. My husband tried to get me drunk so he could have sex with my friend.

Santo
1-2. N/A
3. I was really drunk.
4. N/A
5. Kava makes me uninhibited but when it wore off I was frightened.
6. N/A

9. Why did you really rape that woman?

Vila
1. She changed into her bra and panties and I reacted.
2. Family talked too much about my girlfriend and pressured me. Two women were planning.
3. Because of the influence of alcohol.
4. I was forced by my husband to do it.

Santo
1. She’s my girlfriend so I had to have sex with her.
2. Just because of her swearing (bad language).
3. I really liked her but she didn’t like me
4. I had concern for my kids so I really wanted to find another mama for my kids.
5. I saw her body parts when she was getting changed. I got aroused.
6. Because she (my daughter) changed into her clothes but some parts of her body were still showing.

10. How did you feel about the woman you raped?

Vila
1. Now I think back I don’t think it was good and I won’t do it again.
2. Now that I have thought about it I know it wasn’t a good thing for my girlfriend.
3. I feel so guilty and I want to tell her sorry that I violated her rights.
4. I don’t feel good and I think about her rights. I feel sorry for the woman my husband raped.

Santo
1. When I had sex with her, I realized that some other man has already been there so I feel that it’s alright that I did that.
2. She deserved it and now she got what she wants.
4. Well, I didn’t think it was wrong because my intension was to take her to look after my kids.
5. Good sense came back but it was too late and I knew I had a problem.
6. After I realized what I have done, I felt bad but it’s too late, I’ve done it.
11. Is there any advice you would give to prevent a man from raping a woman?

Vila
1. When you think about it, you don’t want to do it again. You can’t stay with a woman when here.
2. Try to be faithful to one partner and don’t have lots of partners. Punishment here is really bad and it is not good to not trust women.
3. If you have no self discipline and no control, then attend youth activities, church, and respect women’s rights. To adopt foreign ways you need to have plenty of community activities.
4. Don’t go out to be free too much. Attend church activities and don’t be hard on people who lead a good life. In jail it is not good.

Santo
1. The rape penalty is very bad so you must not try to rape because you can be in prison for life-time.
2. No it’s not good to do it. It destroys your life.
3. Don’t try to rape so you won’t go to prison.
4. Don’t try it you go to prison.
5. Now that the rape rate is very high, you must always ask permission from the girl’s parents before you take her out.
6. Something like this is not good because it has a very bad penalty.
### CASE STUDIES SUICIDE

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19 years</th>
<th>20-25 years</th>
<th>25+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Level</td>
<td>No school</td>
<td>Completed primary</td>
<td>Went to university</td>
</tr>
<tr>
<td>School language</td>
<td>English</td>
<td>French</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Come from</td>
<td>Ambae</td>
<td>Santo</td>
<td>Pentecost</td>
</tr>
<tr>
<td>How long have you lived there?</td>
<td>Since birth</td>
<td>1-2 yrs</td>
<td>3-6 yrs</td>
</tr>
<tr>
<td>How many live in your house?</td>
<td>1-4 people</td>
<td>5-9 people</td>
<td></td>
</tr>
<tr>
<td>Live with</td>
<td>Mother &amp;/or father</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>How many family members work?</td>
<td>None</td>
<td>1-2 people</td>
<td>3-4 people</td>
</tr>
<tr>
<td>Do you earn sufficient money?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

1. **What do you understand by the term “mental health”***?

   **Vila**
   1. Problem with mentality
   2. Is someone who is not sick on the mind.
   3. Someone who doesn’t have any illness in his brain.
   4. When someone does something in a good way and gives something out with a good heart.
   5. When a man has good thoughts.
   6. I have no idea.

   **Santo**
   1. It’s when someone does something in a normal way.
   2. Someone who has a good mind
   3. The brain is in a healthy and good state.
   4. Having good thoughts all the time

2. **What do you understand by the term “depression”***?

   **Vila**
   1. Someone sits alone, have a bad or worried face with a long hanging mouth, looks unhappy and wants to be alone.
   2. It’s when I am worried about work and lack of finances
   3. It’s when a man does not feel and is not happy about the way he is being treated by his friends and family.
   4. When someone worries too much about his girl/boyfriend. He sleeps all the time and doesn’t want to socialize with other people.
   5. If you have a problem.
   6. Feel guilty.

   **Santo**
   1. When someone has a problem.
   2. When you don’t feel like talking or you are upset.
   3. It’s when I worry too much about something that this thing stays in my mind.
   4. He has a problem.
3. **What do you understand by the term “suicide”?**

**Vila**
1. Someone who wants to kill himself, overdosing themselves or cutting themselves with knives.
2. When a boy and a girl like each other but the parents refuses the friendship so they commit suicide.
3. It’s when someone wants to kill himself because he has a lot of problems.
4. When someone wants to kill himself.
5. When someone tries to kill himself.
6. Caused by too much alcohol.

**Santo**
1. When someone does something to stop his life.
2. Hanging by your neck
3. It’s when someone kills themselves on their own accord.
4. When I want to kill myself.

4. **Tell me about your family life like when you were a child?**

**Vila**
1. I lived and spent most of my time with my Mum, I was always frightened of my Daddy. My parents were always fighting but they liked me.
2. When I was little, my dad was always beating me up because of all the money I used to ask for.
3. When I was little, I never lived with my parents because my step-dad never liked me because I was from a different father.
4. My parents liked me very much but I was a bit naughty. Because of my misbehaviour, my parents beat me sometimes.
5. I lived with my parents and went to school and obeyed my parents.
6. I didn’t live with my parents as they didn’t like me - I was adopted. My adopted parents put me through school.

**Santo**
1. I was always naughty (strong head) when I was growing up. My parents were always bashing me up and I never wanted to go to school.
2. I never lived with my parents. I was always naughty and doing silly things.
3. No answer.
4. I had a strong head (strong willed).

5. **Why do you think men commit suicide?**

**Vila**
1. Man going against the will of the other person, if this person sexually harasses me and gives me a problem.
2. Because if a girl wants a boy and her parents doesn’t approve her of befriending him, she could commit suicide.
3. Because if they to marry a woman and then she goes and sleeps with another man, they are hurt so much that they would like to kill themselves.
4. Because they are too angry.
5. When they get too angry about things.
6. They have a bad time and everyone is against them.

**Santo**
1. They have bad thoughts.
2. When they are so upset that they don’t want to see their parents anymore.
3. They worry about girlfriends and worry that they’re not good enough.
4. When I am worried and I think I have no solution.
6. **What caused you to not want to live?**

   **Vila**
   1. Many people gossip about me from this kind of problem. My parents go against me, no one wants to provide me counselling. My workmates don't like me then I felt that no one likes me at all.
   2. Because I had an argument with my family.
   3. Because my family found out that I wanted to have sex with my sister but she refused and let the family know. I felt so embarrassed that I wanted to hang by my neck in the kitchen but they found me and cut the rope.
   4. I was very angry with my family.
   5. I was having a bad time and my head was full of bad thoughts.
   6. My real parents wouldn't let me go with my girlfriend, they didn't support me.

   **Santo**
   1. I thought if I kill myself and die, then the sentence that was given to be in jail would end then.
   2. My family were always angry with me and I decided I did not want to see them anymore.
   3. I thought that I wasn't good enough for a girlfriend.
   4. I really wanted to die and I did not want to think.

7. **How did you feel before the suicide attempt?**

   **Vila**
   1. I was very angry for a very long time and thought if I die then everything would come to an end.
   2. I felt all right, I wasn't scared because I was so angry.
   3. I felt so ashamed and guilty.
   4. I felt that I never wanted to see my family again.
   5. I had too many thoughts inside my head which made me take too much panadol.
   6. I just wanted to die.

   **Santo**
   1. I felt so bad because I was in jail and life wasn't easy for me.
   2. My family were always angry with me and said nasty things to me.
   3. I felt if I died, I would die and not even care.
   4. I don't want to talk about it.

8. **Why did you worry for a long time?**

   **Vila**
   1. People gossip about me because of sexual harassment. My workmates gossip and were against me for the sexual harassment. At work, my bosses go against girls on sexual harassment, which is really bad so that's why all these things can lead to suicide.
   2. Because of a friendship that wasn't settled at all.
   3. I felt so bad when my sister let the news out.
   4. Because my family didn't approve the girl I was going out with.
   5. I had been depressed for a week.
   6. I wanted to go with my girlfriend. I didn't like my real parents but I did like my adopted parents who had similar thinking to me. So I thought I should just die.

   **Santo**
   1. Because my friends who are outside are enjoying themselves while I just stay inside this prison and sleep.
   2. There is no one else who likes me anymore in my family.
   3. My girlfriend's family sent her away to Vila.
   4. I can't tell you.