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A Cultural Approach to Gender Equality and Public Health in Ireland and Sweden

Felicia Garcia

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Abstract

This article is a discussion on the anthropological endeavour of understanding health and ill-health as they are structured through culture and social organisation. Three themes can be distinguished as; demographic specifics in health studies, ethnographic analysis and comparative studies which, I argue are some beneficial if not necessary approaches in the study of life- and health patterns among vulnerable groups in society.

Index terms— cultural diagnosis, public health, gender equality, masculinity, suicide, contrastive studies.

1 Introduction

he following arguments are based on the fieldwork I did in Ireland between 2008 and 2012 which resulted in my PhD thesis, "Coping and Suicide Amongst 'the Lads': Expectations of masculinity in posttraditional Ireland" (Garcia 2013). This work taught me the value of ethnography and 'indigenous theorising' (to be explained hereafter) in developing a fruitful analysis when studying the lives of others. Finally, it has taught me that social organisation and cultural codes really do make themselves known once you contrast one context to another. That is, that when social organisation revealed through ethnography becomes 'cultural difference', a clear contrast, it becomes visible. In what follows I will outline the approaches that I believe are necessary to better understand the link between gender, culture and public health. I will also account for the conclusions I have made in my own fieldwork by adopting these approaches.

In March 2012, towards the end of my four-year field study amongst young Irish lads in Cork I organised a symposium where I invited Irish researchers to Maynooth to speak with me on "Ethnographic Approaches to Suicide in Ireland". Ireland still belonged to the group of countries referred to as the P.I.G. countries (Portugal, Ireland, Greece) -the countries worse affected by the economic recession. A devastating effect of the recession in Ireland was a surging trend of young male suicides sweeping the nation. A curious thing was however, that not even the economic downturn could explain the very slight increase in an already large gender ratio in Irish suicide. When I arrived in Ireland the gender ratio in suicide was at a steady 4:1, meaning that for every female suicide, four men killed themselves **??**NOSP 2009). By 2011 the gender ratio had risen to 5:1 **??**Samaritans 2013:32) and amongst 20-24 year-olds the gender ratio exceeded 7:1. National averages in suicide statistics and classic sociological models like Durkheim's 'anomie' (for full discussion see Garcia 2013) were unable to explain the culturally specific expectations of masculinity that led to ill-health and suicide among young Irish men.

I had arrived in Ireland in March of 2008 to do a field study about cultural resistance and Irish lad culture for Uppsala University, Sweden. It was not until the spring of 2009 that reports started coming in regularly from different parts of my local community in Cork about young men that had either been found hanging or drowned. Many of them had known one another and devastating communities now left one funeral after another wondering 'who was going to be next'. The most obvious or perhaps easiest explanation for this dramatic rise was the economic downturn and the fact that it was traditional 'male jobs' within the building and manufacturing sectors that were the worst affected. The fact that Irish men were already much more vulnerable to suicide than Irish women and, the reason why men were coping far less with life's stressors and difficulties than women, was still difficult to explain. Or was it?

My approach in analysing suicide was to look at life and by asking "what explanatory relations are there between forms of social life and individual acts of abandoning it?" **??**Taylor 1982:12) More importantly, I never

set out to answer the overall and impossible question why do people kill themselves. Instead I wanted to be able to explain why some groups in a specific society or community were more prone to do so than others.

2 II.

3 Demographic Specifics

In 1972 Dr. Peter Sainsbury published a study on The Social Relations of Suicide where he examined suicide trends in various Western cultures between 1901 and 1961. Sainsbury found that from the beginning of the last century suicide among the elderly was high (especially among elderly men but also on the increase in elderly women) and lower in the younger populations.

"Further studies were undertaken to test the hypothesis that in later life men and women, in their different ways, have come to lack a useful function in our society: Their occupational and domestic responsibilities are diminished and consequently their lives have lost purpose and meaning." **??**Sainsbury 1972:189) By the late 1960's there had been a definite increase of suicide among young men which suggested that the vulnerability of specific age and gender groups also varied over time as social conditions changed. Sainsbury conducted contrastive studies in countries were culturally, the elderly were revered and social status was gained with age (in this case China and Nigerian tribal communities). He found that the trends were indeed reversed, that it was the younger age groups, rather than the elderly that showed higher numbers of suicide. **??**Sainsbury 1972:189-90) I soon discovered in my own research that there were vast discrepancies between the ethnographic experience, 'ear-to-the-ground reporting' and national statistical data. National averages did not reflect the local, social realities where gender, ethnicity, class, age, and sexuality, structured suicidal tendencies within a specific population. For instance, the charity Console has stated that the "national rate of 11 deaths per 100,000 of the population masked some "alarming" regional data. When analysed by region, the suicide rate in Limerick city was 26.6 per 100,000, while it was 25.6 in Cork city". (The Irish Times 01-06-2013)

Statistics and averages are but starting points for analysing the vulnerabilities of specific groups in society. For Sainsbury it was important to know how suicide figures varied between age groups and over time. Cultural contrast and social organisation also revealed how peoples' social roles and functions diminished or advanced with age. Coping and Suicide Amongst the Lads drew attention to the downsides of being young and being male in Ireland. I discussed how youth, especially those on lower or uncertain incomes, were at a disadvantage socially and economically. I accounted for some of the most relevant changes to the traditional Irish family structure and how adolescence now extended into adulthood delaying autonomous, individuated living. Socioeconomic circumstances brought on by the Irish property bubble made independent living arrangements, which has become an important marker for adulthood, extremely difficult. The only viable options left to the young working class and often jobless men was to stay in the family home (often into their thirties), move in with a partner to half the rent (although most of the lads were single) or, move in with other lads in a similar situation. This house-sharing setting provided the lads with a limited support system and through ceremonial drinking sessions -the distraction and oblivion sought in times of boredom and distress.

Long term participant observation and in-depth analysis revealed how stereotypical dichotomies in the Irish gender order had become inverted. Public concerns now centred on exaggerated masculinities and the reactionary ethos that made young men 'weak', 'vulnerable', inherently 'immature' and too mentally frail to mind others, themselves and their general well-being. An expected lack of responsibility, accountability and undervalued contribution, and, an increasing focus on young men's "inability" were having devastating implications for the emotional and personal development of young lads as they tried to build social standing and dignity on these very markers of adulthood and an autonomous self. Discourses of male immaturity and low expectations of men's contribution to society left many young men locked in an impossible situation, isolated and undervalued with few coping mechanisms to rely on.

One of the researchers who spoke at the symposium in Maynooth in 2012 was Mary Rose Walker, a social worker who had taken it upon herself to do the first national count of suicides among the Irish Traveller community. Walker showed that suicide among Irish Travellers was on average three times higher than the national average due to marginalisation, discrimination and 'minority stress'. Also, the rules and boundaries for masculinity as it is played out in the Traveller community is an even more rigorous structure than the gender segregation within the settled population in Ireland and, not surprisingly: "the male suicide rate is 91%, over nine times as common as female suicide" **??**Walker 2008:xi).

Two contributors to the special edition of the Irish Journal of Anthropology dedicated to the "Ethnographic Approaches"-conference were Dr. Paula Maycock and Dr. Audrey Bryan.

Their study "Supporting LGBT Lives" (2009) investigated the damaging health-effects homophobic bullying had on lesbian, gay, bisexual and transsexual lives in Ireland. They had found that over a third of those aged 25 or under had thought seriously about ending their lives and that this was linked to how they had been treated based on their sexuality. **??**Maycock et.al. 2009) It was also clear from the testimonies provided by the lads and their female peers in my study that it was these same structures of gender segregation, gender appropriateness and homophobic bullying in all spheres of the lads' lives -regardless of their sexuality -that resulted in stifled coping mechanisms, ill-health and suicide. These ethnographic accounts all suggest that when it comes to the

contributing factors to suicide we must not, as the Irish Health Research Board so oddly suggested, ”remain in the dark” (Walsh 2008).

Limitations and opportunities for men and women’s life and health patterns are structured through social and cultural context. The motto within anthropology is to make the exotic familiar and make the familiar exotic. Comparative studies reveal society’s underlying structures, cultural codes, references and values. While Walker (2008), Maycock and Bryan (2009) focused on a cultural minority (ethnicity) and sexuality, the main theme in my study was gender and how cultural expectations of masculinity dictated the lad’s behaviour and impacted on their health. The underlying question in ’Coping and Suicide Amongst the Lads’ was this: Would increased gender equality lead to a convergence of health outcomes for men and women? This was a question that had already been put forward by Karolinska Institutet in Sweden (Backhans, Lundberg and Månsdotter, 2007). I asked further in my research: Would it lead to a convergence in young people’s development of life skills and coping mechanisms and would it lessen young men’s vulnerability to selfdestructive behaviours and suicide in Ireland?

It is of enormous importance that we understand how ideas about gender equality are rooted in traditional expectations of femininity and masculinity and how this is given expression within different groups in society. The definition of gender equality I use in this text is borrowed from Swedish research which suggests that gender equality is: ”more or less similarity between women and men in every sphere of human life, including the private sphere.” **??**Backans et.al. 2007 **??**Backans et.al. :1893)) Women’s advancement into spheres and social roles previously occupied by men, so called one-sided roll expansion, is not gender equality and has proven to have negative health effects on both women and men. **??**Månsdotter et.al. 2009:7) My main concern is the manner in which male role expansion -gender equality reached through men’s and women’s equitable shares of public and domestic life -affects public health-that is, the health of men, women and children! What makes the comparison between Ireland and Sweden particularly enlightening is that Sweden is world-leading in issues of welfare, gender equality and particularly male role expansion, while men and women in Ireland are segregated into separate living-and health patterns from a very early age and by strict social codes.

The gender gap in suicide in Sweden is lower than in Ireland and lands at approximately 1:2-2.5 which means that more than twice as many men than women die by suicide (Socialstyrelsen 2011). Suicide numbers in the general Swedish population have decreased since the 1970’s into the last decade. The exception to this decrease is seen among the younger age groups where in more recent years a slight increase has been noted, particularly among young women who are often seen to be the biggest sufferers of post-modernity, flexible service sector work, conflicting gender roles and overburdening workloads. **??**Socialstyrelsen 2009:9) It should also be noted that the over-proportionate suicidality among Swedish men is represented in the older age groups. Suicides in Sweden are 40 per cent more common among men over 65 than among the younger male age brackets and three times higher than among women. ”Younger and middle aged men have seen a significant decline in deaths caused by accidents and suicide, particularly during the 1990s.” (Statistiska Centralbyrån 2011)

From a limited knowledge base on the everyday experience of Swedish men and their roll expansion in Swedish society evidence suggest that male role expansion does benefit both men and women. That is to say that ”equality which also includes family life can benefit women by reducing stress parallel to the men who also benefit by their role expansion” **??**Månsdotter et.al. 2009:21 my translation). One conclusion was for example that ”more equal parenting associates with reduced gender differences in hazardous drinking.” (2009:22 my translation) Many useful differences in social organisation between these two very different contexts suggest that the expected roles of men and gender equality translate into different possibilities; life styles and health outcomes. For instance, in Sweden, parental leave consists of 480 days to be divided between parents as they see fit. An equal share of parental leave between the custodians is rewarded with an ’equality bonus’. Irish fathers have no days to take out under Irish law and can only take out the mother’s 26 week paid maternity leave if she dies within 40 days of the birth of the child (Garcia 2013).

The conclusion made from this is that research must be dedicated to subjective experiences of everyday life. To repeat Sainsbury’s argument once more, one has to look at when in people’s lives they get most out of living; when needs are best met, what roles are available to people and, the personal fulfilment that makes life meaningful. By this I mean that we must identify both health-promoting and unfavourable social structures that bear important effects on people’s quality of life. Suicide statistics, other mortalities and health issues measured in national and cross-national averages can, kept at arm’s length, tell us something about where we need to gather more information and take a closer look. Absolute suicide rates are not the primary indicator of suicidal trends. In fact, suicides are only the point of departure from which to investigate the copings, health patterns, and suicidalities among particular demographics. Put in this way: the fact that people that find themselves in unfavourable social structures that has a damaging effect on their quality of life bare worse and have higher mortality statistics than those that do not, seems rather uncontroversial or even banal.

4 IV.

5 Ethnographic Analysis

So what research methods must we use to gather information on the subjective experience of everyday life? Methodology -the possibilities and limitations to our research methods-are bound by the same cultural structures

that we study. Looking back at my own experience, I had not made it easy on myself by choosing suicide as a topic to be evaluated on the basis of and amongst a group of young lads whose cultural codes did not allow them to discuss a sensitive and to them uncomfortable issue like male vulnerabilities to suicide. Before 1993 when suicide was decriminalised in Ireland it was more stigmatised than it is today. However, it was not too long ago when those who died from suicide could not be buried in consecrated ground. Some Irish studies have also shown that many open ended deaths, especially those that occur on the roadand especially those of men-can be read as a cover up of intent where the individual has tried to make it look like a road traffic accident to spare the family the stigma of a suicide **??**Connolly et.al. 1995).

The difficulty I faced talking to the lads should not be simplified as a 'male thing' although it is certainly a gender issue. By that I mean that ideas about masculinity vary culturally and are therefore not a universal or essential male characteristic. The young women who participated in 'Coping and Suicide' were interviewed either alone over a cup of tea or in groups where conversation and debate lasted over hours accompanied by wine and snacks. Compared to the relatively lengthy interviews with the girls, a different social setting was required when engaging with the lads. I had to interview all the young men individually and anonymously because of their own admitted concerns about being exposed, mainly to their own friends. In a previous masculinity-study conducted in a barrio in Caracas about Venezuelan malandros, or 'gangsters' (Garcia 2006) I was able to interview the young men in groups. The male participants were very eager to declare their views not only to me but to the other participants in the group, both male and female. For them, gang violence and the kind of apathy and depression that come out of it was very much a political issue. There were no inhibitions when it came to sharing personal narratives of stress, sadness and loss, violence and trauma. In many cases these group sessions were both intimate and emotional with men openly crying and hugging. 1 As it were, there was only one medium so valued within Irish lad culture that enabled me, an outsider, to talk to young lads about masculinity, emotions and men's particular vulnerabilities suicide. 'The drink', which must be understood as a cultural practice, had the properties for the intimate bonding that was required. Alcohol plays a large part in 'doing masculinity' because it also allows for displays of affection, intimacy, sharing and emotionality, aspects that in this cultural setting are inappropriate and openly ridiculed among Irish men. Alcohol is so much part of the cultural fabric that it must be engaged in order to 'enter the field'. Put bluntly, the study had not been possible without the drink. The properties of 'the drink' as a social lubricant serves me as an ethnographer whose analysis is about and depends on the very same social fabric that operates in my field of study.

There is an intimacy gained from mutual and regular binging-occasions that would otherwise have taking considerable time, like growing up together, to achieve. I spent four years with 'the lads'. For two of these years we also shared a house. This enabled me to better understand how the everyday workings of gender segregation and 'gender-appropriateness' affected the lads' lives. Trust was gained in the pubs, at house parties and the parties held in our front room. My conclusions were developed through my interviews with the lads and by observing their strategic coping strategies, ceremonial drinking, social surveillance and the ridicule facing anyone who stepped out of the boundaries of appropriate male behaviour.

The most effective coping mechanisms as acknowledged by the lads themselves (addressing and sharing personal problems) were labelled 'gay', meaning feminine. This meant that even when the lads said that the most important way to deal with angst and depression was to 'talk to someone' they were afraid that if they did, they would be ridiculed and called 'gayboy', 'homo', 'queer'. One of the lads explained it when I handed him an information pamphlet from one of Cork's suicide prevention groups. On the front page there was a picture of two male hands gripping each other with the text "Reach Out". He took one quick look at the pamphlet and said immediately: "Great! That's just what I need. So the lads can mock me to death!!" In the same way, boys also developed anti-school attitudes and unhealthy drinking habits and affirmed their masculinity by recklessness and bravado. These rules were directed towards and amongst young lads and did not apply to girls who had no male identity that would be questioned and ridiculed when adopting more responsible and healthier practices. This meant that girls and boys from the same background and many times the same families had come to develop different levels of maturity, health patterns, coping skills, and different attitudes towards education.

V.

6 Indigenous Theorising

Unlike theoretical contributions made in other studies I did not collect life biographies or suicide narratives. None of the participants were asked if they had considered taking their own life nor were they asked to speculate on their friends', relatives' or acquaintances' specific suicides. I do recognise the many benefits of so called 'psychological autopsy studies' where retrospective information is retrieved by survived relations. Instead I adopted a cultural perspective. I see this type of interrogation into local knowledge and even local analyses as an indigenous cultural diagnosis. In my interviews the participants reflected on the rigid gender order in their local context to shed some light upon, not individual reasons behind suicides, but the causes behind the many cases of young male suicide in their own communities. The thesis addressed suicide as a sociological problem. This problem was addressed through anthropological methods, local enquiry and local knowledge. The discussion was then carefully balanced between the abstract theoretical models used within social theory and suicide research in Ireland, and the actual realities presented by my informants, -'the lads' and 'the girls'. Some participants had of course experienced suicidal thoughts, some have also attempted suicide and all of my informants knew several friends and many

times family members who had died by suicide. Although none of the participants were asked about specific cases or their personal stories, it was on the basis of these experiences that they reflected on the increasing suicide rates among young working class men in their own communities.

This type of analysis comes from the idea that structural explanations are best provided by those who actually live within those structures. My informants did not try to reconstruct the potential reasons behind their lost friends' suicides. Instead they described the eerie atmosphere in the community and how the local soccer teams had to take down their goal posts after every match after a number of young men have hung themselves by these goal posts after dark. They were adamant that there was something to do with 'masculinity' and how lads were unable to talk and unable to cope. As the lads and their female peers attempted to answer and reflect upon the link between locally held expectations of gender and suicide, the focal point -the linking key-was coping; wellbeing and quality of life. Throughout my fieldwork my most dedicated participants became not only informants, but co-analysts. Suicide had become an urgent matter even to those lads who found it most difficult to address the emotional issues of masculinity, vulnerability and suicide. It was in the end worth their while to try their best to reflect on the difficulties facing them as young lads also when it involved their own fears, angst and sorrows. Bit by bit we were able to reveal the constraints, taboos and strict behavioural rules that dictated over the lads' drinking behaviours, emotional seclusion, and ultimately suicide.

7 VI.

8 More Research

Much research is still needed to explore the various links between health and ill-health and other cross-cultural demographics. Last but not least, suicide cannot be understood without the subjective analysis of health and quality of life that is structured by culture and social organisation. Karolinska Institutet and their report by saying that research on the link between gender and public health should be given more attention. It is suggested that future projects "could be studies on how people's opinions and experiences of equality within family and in the workplace affect people's health, and, studies designed to develop and evaluate strategies to facilitate equality of women and men's everyday lives, and ultimately their health and life expectancy " (Månsdotter 2009:25 my translation): "Most people today agree that all people should be allowed to live as long a life as possible with good health, and that the ability to control their own life to apply regardless of gender." (Ibid.) Future research, I suggest, should also include those parts of civic society whose goal is to disentangle the very narrow forms of masculinity that lead to ill-health not only among men but their families, female relations and children. The male feminist movement that operate in Sweden, in Ireland and elsewhere are key components in developing the type of gender equality that greatly benefits public health. Their resonance within the cultures and welfare structures that they represent deserves more attention. For instance: If Sweden is world-leading in the type of gender equality that also involves men (!) and this has proven to have a positive impact on public health -then this is a trend born out of social and cultural structures that have guided thoughts, beliefs, policies and practices into real experiences that we can draw important lessons from.

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