



Better dead than dishonored: Masculinity and male suicidal behavior in contemporary Ghana

Mensah Adinkrah*

Central Michigan University, Sociology, Anthropology and Social Work, 126 Anspach Hall, Mount Pleasant, MI 48859, USA

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ABSTRACT

In Ghana reliable official data on suicidal behavior are not available. There is also limited empirical research on suicidal behavior in the country. At the same time, police-recorded suicide data, media reports, and communication from professionals in the field indicate that suicidal behavior is a growing problem. To identify current patterns and meanings of male suicidal behavior in Ghana, the study examined official police data spanning 2006–2008. This investigation revealed that reported cases of fatal and nonfatal suicidal behavior overwhelmingly involved males. Furthermore, the majority of males who engaged in suicidal acts did so to deal with feelings of shame and dishonor of variable sources. Findings suggest changing the rigid dichotomization associated with male-female gender roles and socialization that emphasize masculinity ideals in Ghana and the need for increased research and the promotion of counseling for males facing emotional stress.

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Introduction

Suicidal behavior has been extensively investigated (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Wasserman & Wasserman, 2009). Clearly, the existing literature has contributed to the understanding of trends, patterns, etiology, prevention and treatment of suicidal behavior. A major limitation of the suicidology literature, however, is the paucity of research and information on suicidality across Africa (Lester, 2008). Although a few scholarly studies have recently been conducted in South Africa (Meel, 2006), Tanzania (Ndosi, Mbonde, & Lyamuya, 2004) and Uganda (Kinyanda, Hjelmeland, & Musisi, 2004), overall, the volume of research on suicidality in Africa remains relatively small. A primary factor for this inattention is the limited availability of reliable data. At present, most African countries do not record or report their suicide data.

The dearth of information on suicidal behavior in African societies is regrettable. First, suicide is a growing public health problem in many African countries (Schlebusch & Burrows, 2009). Second, lack of detailed epidemiological data on suicidal behavior, in a continent that constitutes one-sixth of the world's population, hampers the efforts of suicidologists to achieve a full understanding of suicidality. Third, the formulation and implementation of appropriate intervention programs for suicidal behavior are

contingent upon the successful identification of suicide risk and protective factors through appropriate research and systematic data collection (Schlebusch & Burrows, 2009).

To contribute to the suicidology literature in general and research on Africa's suicidal behavior in particular, this study analyzed the scope and patterns of suicidal behavior in Ghana, West Africa. Official police data, media reports and communication from professionals in the field, as well as the general public indicate that suicidal behavior is a growing problem in Ghana (Glover, 2008; Odame, 2008). The number of suicidal acts reported to the Ghana Police Service increased from 63 in 2006 to 114 in 2008. In July 2008, public interest in suicidal behavior increased following the suicide of a 55-year-old Ghanaian physician. The ensuing media attention focused on the improbability of a prosperous, prominent professional dying in this way, implying that the wealthy and educated are automatically equipped with resources necessary for coping with the challenges and stresses of life. Shortly afterwards, the *Network for Anti-Suicide and Crisis Intervention*, a Ghana-based NGO, expressed concern about escalating cases of suicide in the country and urged stakeholders to assist the organization in halting the trend (GhanaWeb, 2008).

Despite the surging concern, there is a dearth of empirical research on suicidal behavior in Ghana. An examination of the scholarly literature revealed that, to date, while a few published works have focused on suicide ideation among Ghanaian students and emigrants (Eshun, 2006; Hjelmeland et al., 2008), only one published work has explored the nature and patterns of suicide in Ghana (Sefa-Dedeh & Canetto, 1992). Continued systematic

* Tel.: +1 9897743367.

E-mail address: adink1m@cmich.edu.

analyses are necessary to fully understand Ghanaian suicidal behavior, to develop culturally-relevant suicide prevention and treatment strategies, and to potentially lessen its incidence in the country.

Masculinities theories and cultural notions of maleness in Ghana

Over the past three decades, the social sciences and the humanities have witnessed a burgeoning literature on masculinity (Connell, 1995; Connell & Messerschmidt, 2005; Courtenay, 2000; Sabo & Gordon, 1995). This literature has identified the multiplicity of masculinities across and within societies, in many cases hierarchically organized in relation to each other as well as in relation to femininities. First introduced by Connell (1995), the term “hegemonic masculinity” denotes the ideal-typical, normative form of masculinity embodied by the socially most powerful males of a society and which all males in that society emulate to varying degrees.

Since its formulation, the concept of hegemonic masculinity has been deployed in several areas of research (Connell & Messerschmidt, 2005; Wall & Kristjanson, 2005; Stanistreet, Bambra, & Scott-Samuel, 2005). For example, Courtenay employed the concept to generate an understanding of how the pursuit of masculinity ideals adversely impact men’s health in the United States. Courtenay (2000) also notes the plurality of masculinities based on such social variables as class, ethnicity, sexual orientation, age and educational level. In this scheme, alternative masculinities, as well as femininities, are defined in subordinate relation to the hegemonic masculinity of upper-class Euro-American men. Hence, the risk-taking that defines all masculinities in the U.S. is expressed differently for working-class men, African American men, Latino men, gay men and other groups that cannot lay claim to a hegemonic masculinity.

Research on masculinities in Ghana is not new. For example, Obeng (2003) and Miescher (2005) affirm the multiplicity and dynamism of constructions of, and notions about, masculinity in Ghana. Focusing on Asante society, Obeng (2003) observed that pre-colonial Asante notions of masculinity emphasized men’s capacity to exercise authority over women and junior males, their ability to accumulate wealth, and their demonstration of personal courage and bravery through heroic military actions or valiant deeds. Miescher (2005) identified multiple masculinities operational among the Kwahus during the late nineteenth and late twentieth centuries, including adult, senior, and Presbyterian masculinities. “Presbyterian masculinity” promoted by the Basel missionaries embodied such ideals as hardwork, moderation, law-abiding behavior, monogamous marriage, primary allegiance to wife, children and church, and only secondarily to the *abusua* (lineage). Conversely, the missionaries spurned local notions of masculinity that prevailed through systems of matrilineality, polygyny and the maintenance of separate residences by spouses.

The cultural construction of masculinity and femininity in contemporary Ghanaian society includes a belief in fundamental biological distinctions between male and female human nature and corresponding behavioral prescriptions. For example, societal notions that attribute greater mental as well as physical strength to males coincide with a general cultural prohibition against men’s public expression of such emotions as fear, anxiety, pain or sadness, which are interpreted as forms of weakness. Men should be physically and mentally resilient in the face of adversity and demonstrate a capacity to endure in the face of pain and suffering. It is considered unmasculine for a man to express or admit feelings of weakness and emotional dependency. While wailing, weeping or crying are regarded as unmanly ways of dealing with

pain or loss, these behaviors are tolerated and even expected of females (Warren, 1973). An Akan refrain, *ɔbarima nsu* (a man doesn’t cry) is an exhortation to men to face pain or difficulty with courage and strength. Such expressions as *ɔbarima nsuro owuo* (a man does not fear death) and *ɔbarima na ɔnom aduro a eye nnwono* (it’s a real man who takes bitter medicine) encapsulate the social expectation that men be daring and demonstrate fortitude and invincibility. Signs of hesitancy or cowardice are equated with femininity and are the basis for mockery of males (Miescher, 2005; Obeng, 2003).

Ghanaian society subscribes to a number of patriarchal features. Males occupy a dominant social status vis-à-vis females in most social domains. There is a general cultural expectation that women acquiesce toward men, particularly with respect to husbands’ wishes and demands. Family responsibilities are organized along sex lines. Husbands are regarded as the providers even when the wife earns a higher income. Women are responsible for housework, cooking, and childcare, and while women are increasingly working outside the home, fulfillment of this domestic role is regarded as their primary obligation (Adomako Ampofo & Boateng, 2007; Sarpong, 1991).

Ghanaian males tend to subscribe to a premarital and post-marital sexual double standard. This is evidenced by polygyny as a culturally-permitted practice among all ethnic groups in the country. Despite a decline in practice, for many men, having multiple wives or concubines remains denotative of male power, prestige, and virility. Intimate partner violence occurs frequently, as many men consider it their marital right to discipline and control their wives (Amoakohene, 2004; Takyi & Mann, 2006). Although there are laws that sanction domestic violence, many cases go unreported to law enforcement authorities (Adinkrah, 2008).

Masculinity is also cast in sexual terms. Among all ethnic groups, the ability to “perform” sexually and to have children is the ultimate test of masculinity. Indeed, a primary objective of marriage is procreation (Sarpong, 1991). In addition to signifying high economic and social status, having multiple wives or sexual partners and several children is demonstrative of male sexual prowess. Moreover, male sexual impotence is more than a private matter (Miescher, 2005). If pregnancy does not occur within the first few months of marriage, community members become inquisitive, wanting to know the source of the problem. As one informant described it, “sexual impotence is like a crab. It cannot be chewed in silence.” Among male compeers, male sexual impotence becomes the basis for innuendoes and public ridicule that is persistent and relentless in form and a source of deep anguish and humiliation. So central is sexual prowess to masculinity and a male sense of self-worth that for others to question it is a major violation of masculine space and integrity and a personal affront.

For the married man, successful masculinity is also measured by the ability to meet the material needs of wives and children. A good husband provides the “chop money” for all daily expenditures. Many a man feels emasculated when he is unable to fulfill this economic role. Indeed others may dismiss him as *ɔbarima hunu* (useless man). Men generally lose face and become socially stigmatized within the family and community whenever there is a significant role reversal, with the woman as the economic provider (Adomako Ampofo & Boateng, 2007). Men lose stature when they repeatedly seek loans from others to take care of their family. While seeking financial assistance is acceptable as a last resort, men are expected to make their own way financially and to find solutions to any economic difficulties as a mark of their independence and personal strength. The consequences of failure not only place high expectations and tremendous pressure on men to be successful in material terms, but define economic success as another expected masculine trait.

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