

Culture and Mental Health in Haiti: A Literature Review

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**Department of Mental Health and
Substance Abuse**



*Regional Office of the
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**Mental Health, Disabilities and
Rehabilitation Unit**

Preface

At the request of the Department of Mental Health and Substance Abuse of the World Health Organization, we have prepared a brief systematic review of the English and French-language literature on mental health in Haiti. This review focuses on relevant beliefs, help-seeking behavior, service utilization and both formal and informal resources for mental health. Our hope is that this report can provide some useful background for those unfamiliar with the local situation who hope to contribute to improving mental health services in the country.

This work was conducted by a team assembled specifically for this task by Laurence Kirmayer through the Culture and Mental Health Research Unit and the Cultural Consultation Service of the Jewish General Hospital. We would like to thank the many people who generously contributed their time and expertise: Kay Berckmans, Antonella Clerici and Teodora Constantinescu who helped locate literature; Pascale C. Annoual, Annie Jaimes, Aidan Jeffery, Dr. Myrna Lashley, Pierre Minn, Luisa Molino, and Andrena Pierre who reviewed the literature and wrote drafts of the text; Drs. Carlo Sterlin, Frantz Raphaël, Yves Lecomte, Cécile Rousseau, Danielle Groleau and Mark van Ommeren also reviewed and refined the text; and Drs. Eugene Raikhel, Rob Whitley who edited the drafts. In addition to coordinating the project, Laurence Kirmayer reviewed literature and edited the drafts and final manuscript. Producing this report in a short period has required a communal effort and all of the contributors worked intensively in the hope of making a contribution to the ongoing relief efforts and the long-term challenge of strengthening mental health services in Haiti.

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Abstract

This paper reviews and summarizes the available literature on Haitian mental health and mental health services. This review was conducted in light of the Haitian earthquake in January 2010. We searched Medline, Google Scholar and other available databases to gather scholarly literature relevant to mental health in Haiti. This was supplemented by consultation of key books and grey literature relevant to Haiti. The first part of the review describes historical, economic, sociological and anthropological factors essential to a basic understanding of Haiti and its people. This includes discussion of demography, family structure, Haitian economics and religion. The second part of the review focuses on mental health and mental health services. This includes a review of factors such as basic epidemiology of mental illness, common beliefs about mental illness, explanatory models, idioms of distress, help-seeking behavior, configuration of mental health services and the relationship between religion and mental health.

1. INTRODUCTION

Rationale

On January 12, 2010, Haiti experienced a devastating earthquake. The earthquake registered 7.0 on the Richter Scale and was followed by numerous powerful aftershocks. The epicenter of the earthquake was close to the most densely populated areas of Haiti, including the capital and largest city, Port-Au-Prince. It is estimated that around 200,000 people lost their lives and thousands more have been injured. In addition, approximately 250,000 buildings have collapsed, the vast majority being residential, and many people have been rendered homeless overnight. Many hospitals and schools collapsed in the earthquake. Governmental and commercial buildings and infrastructure were also widely damaged or destroyed. Haiti suffered from lack of infrastructure and poverty even prior to this catastrophe, and now faces the challenge of rebuilding in the wake of great loss and trauma.

Governments, NGOs and international organizations such as the World Health Organization are contributing to an ongoing humanitarian response to the earthquake. This response includes the deployment of medical teams and humanitarian workers to Haiti to assist in addressing the manifold health needs faced by the Haitian population. This report is intended to contribute to these efforts by summarizing what is known about Haitian mental health and mental health services. This includes a review of literature and background information on basic epidemiology, common beliefs about mental illness, explanatory models, idioms of distress, help-seeking behavior, configuration of mental health services and the relationship between religion and mental health. We hope this review can inform short-, medium- and long-term efforts to improve mental health care and mental health services in Haiti by outlining social and cultural issues relevant to Haitian mental health care.

Search Strategy

Given the urgency of this report, we searched the main medical and psychological databases (MedLine, PsychLit) for the relevant information. We relied on Medline supplemented by Google Scholar to retrieve key books and grey literature relevant to Haiti. Search terms included the following, with the appropriate Boolean operators: Haiti*; mental health; mental illness; psychiatry; psychology. The multidisciplinary team working on this paper includes Haitian mental health practitioners and others familiar with the region who identified additional resources. Finally, we conducted manual searches of the reference lists of key papers and books for articles relevant to Haitian mental health. We included both English- and French-language literature. The search was conducted during the month of January 2010.

2. SOCIOCULTURAL CONTEXT

History of Haiti

Haiti is located in the Caribbean Sea, about 600 miles from Florida. It makes up approximately one third of the island known as Hispaniola, the other two-thirds consisting of the Dominican Republic. Before 1492, the island was inhabited by native Taíno/Arawak people. European contact occurred in 1492 when Christopher Columbus first set foot on the island. The island was slowly settled by Spanish colonists who set up an economy based on sugar cane cultivation. They enslaved the native population, who eventually perished as a people due to maltreatment, overwork in plantations and infectious diseases (Dash, 2001). Attempts to replace the Taíno/Arawak by indigenous people from Nicaragua were unsuccessful due to mortality, rebellion and escape. As the plantation economy grew and the original inhabitants perished, there was a need for more labor. The Spanish turned to the Atlantic slave trade for people to work on the plantations. French traders and planters also began to settle on the island. This led to competing European claims on the island of Hispaniola, especially between France and Spain. In 1697 the island was divided and the Western part (modern-day Haiti) came under French administration and was renamed Saint Domingue. As time progressed, the colony became France's richest and furnished fully two-thirds of her overseas trade.

Haiti was the first Black republic—the first country where the slaves fought their colonial masters and declared independence in 1804. This victory continues to be a source of hope, pride, encouragement, and motivation to Haitians and others. In its early years, however, the sovereignty of Haiti was not recognized either by the Roman Catholic Church or by nations that controlled trade across the Atlantic, including the United States and Spain. Despite these challenges, Haiti grew and flourished in the nineteenth century. However, internal and external forces combined during the twentieth century to undermine Haiti's hard won freedoms. Foreign governments and investors exploited Haiti's fragile position to maximize profit and trade. Within Haiti, political instability, mismanagement, corruption and oppression have contributed to collective suffering and under-development.

Demography and Diversity

Haiti has a population of more than 9 million people and is growing at a rate of 2.2% per year. In 2003, almost 60% of the population lived in rural areas (Caribbean Country Management Unit, 2006). The population of the country is young, with approximately 50% under 20 years of age. About 51% of the population is single and 44% married or cohabiting.

Creole and French are the official languages of Haiti; however French is written, spoken, and understood by only approximately 20% of the population, mainly by elite and middle class urban residents. Nearly everyone speaks Haitian Creole (Kreyol) as their first language. The lexicon of Kreyol is primarily French-based, but also includes terms originating in African and Arawakan languages, Spanish, and increasingly, English.

Haiti is marked by a powerful class hierarchy based on education, language, economic background and culture (Desrosiers & Fleurose, 2002). Valdman (1984) argues that French language has acted primarily as a “social “filter” in Haiti, restricting access to spaces of political, economic and social power. Like many other Caribbean countries, as part of the legacy of colonization and slavery, Haiti also has significant social stratification (and discrimination) based on gradations of skin tone (Trouillot, 1990). Lighter skinned people are more likely to be members of the elite and of higher socio-economic status. Contrariwise, darker skinned people are more likely to be members of lower socio-economic groups and to experience more marginalization.

In terms of education, 72% of the population has only a primary school education. Only 1% of the population has a university level education. There is a low level of literacy; about 80% of people in rural areas and 47% in urban centers are unable to read French. The state plays a very minor role in education. Overall, 92% of schools are non-state schools and about 82% of primary and secondary school age students attend private schools. The top schools are elite private schools, which are affordable only to a tiny segment of the population (Caribbean Country Management Unit, 2006).

Economic Context and Social Structure

Haiti is ranked 154 out of 177 countries on the Human Development Index, and is the lowest in the Western hemisphere. In 2008, the estimated per capita GDP was \$717 (United Nations Statistics Division 2009). Income inequality is extremely high. For example, in 2001, the Gini coefficient (a measure of income inequality) for Haiti was 0.66, one of the highest in the world. Almost half of the population live in extreme poverty. The unemployment rate is also very high, reaching 49% in metropolitan areas, 37% in semi-urban areas, and 36% in rural areas.

The rural population depends on farming and agricultural production. Most houses have no indoor plumbing. Rural residents are often cut off from basic facilities and services. For instance, only 10% of the rural population has access to electricity compared to about 91% in metropolitan areas (Verner & Edset, 2007). The few state-supported hospitals are located in cities and larger villages. In terms of security, rural areas remain peaceful and are characterized by high levels of social cohesion. People living in rural areas may feel

safer in their daily lives than their urban counterparts who are confronted with much higher levels of crime and violence (Caribbean Country Management Unit, 2006).

In recent years, improving one's economic livelihood has involved three common strategies: (i) mobilizing assets such as cattle or food that can be sold following a natural disaster or during an economic slump; (ii) gaining access to labor markets and infrastructure that can generate income; and (iii) the ability to migrate to the capital (more than 75,000 migrants per year) or to industrialized countries (Caribbean Country Management Unit, 2006).

Given the country's political and economic situation, large numbers of Haitians have migrated to Canada and the United States in search of a better life and economic advancement (Gopaul-McNicol, Benjamin-Dartigue, & Francois, 1998). There are at least 500,000 Haitians in the United States, mostly in New York, Boston, Miami and coastal cities of Texas and Louisiana (Miller, 2000). There are also about 100,000 Haitians in Montreal. Smaller numbers of Haitians have migrated to countries such as France or other Caribbean island nations. About 30% of Haitian households (up to 44% of households in metropolitan areas) have relatives living in high-income countries (Caribbean Country Management Unit, 2006). The diaspora sends more than US \$800 million annually to family and friends in Haiti.

Family and Gender Relations

Craan (2002) underlines the great importance of family in Haitian society, which is heightened in times of stress and difficulties. The family in Haiti is elastic and extended and usually includes a large network of relatives, neighbors, and friends (Dauphin, 2002).

In rural Haiti, the family is organized around the *lakou* (courtyard), in which clusters of extended family units form an interdependent community sharing a common courtyard. Work and child-care are divided among the families sharing the courtyard. Urban families are described as less interdependent, except in shantytowns where *lakous* are numerous. Middle class families in urban centers are organized around a model combining Haitian and Anglo-American elements. While authority is said to be held by the father, who is often absent, the mother remains the *poto mitan*, the central pillar of the family. In general, mothers have responsibility for the spiritual and emotional life of the family; fathers are responsible for finances, although mothers take care of the details (Bijoux, 1990, p. 31). Female-headed houses in Haiti are very common, particularly in urban areas (Magloire, 2008). In recent years, the pressures of poverty have disrupted the *lakou* system, leaving many families without the support and shared parenting afforded by the *lakou* (Edmond, Randolp & Richard, 2007).

Common-law unions (“*viv avek*” or “*plasaj*”) are the most common conjugal patterns. *Plasaj* refers to a system in which a man may have several common-law wives and is expected to provide for each of them and for each child borne of that union. However, religious/legal marriage is still considered the most prestigious form of union (N’Zengou-Tayou, 1998). According to Danièle Magloire, who directs an organization for women’s rights in Port-au-Prince,

“In Haiti, the great majority of families are characterized by customary unions “*viv avek*” [“living with”] and by female single-parenting. Life conditions in these families are often very difficult especially when fathers refuse to take [financial] responsibility for their children. Moreover, an important proportion of children born from unknown [or undeclared] fathers, poses a serious problem at filial and social levels. The *viv avek* status also has consequences on the number of children (between 5 and 7 per woman) and on [the spread of] the AIDS epidemic... In the matrifocal system of Haitian families, given the economic context of the country, women shoulder several essential functions but face important discrimination on economic, judicial and educational levels” (Jaimes, Lecomte & Raphaël, 2008).

Gender roles are well defined within couples: women are responsible for market transactions, management of the family budget, food preparation, and care of the children. Generally, men are responsible for agricultural work, providing for the family, and repair and maintenance of the home (Miller, 2000). Various degrees of status exist for women, from *fanm mariye* (spouse), to *fanm kay* (house woman) or *fanm jaden* (garden woman). Rural women migrating to the city constitute one of the most marginalized groups in society. Many are unemployed, single parents, and end up living in the slums of Port-au-Prince, Cap-Haïtien and Gonaïves. Single mothers may have to resort to exchanging sex for cash or other resources for their families, or can be found vending goods and food on the street (Bell, 2001).

Elderly parents are highly respected and often cared for by their children or their relatives. If three or more generations are living in the house, power and authority are

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