

CHANGING QUALITY OF LIFE: Women, Men and Health
Session 5.19 at the UArctic Congress 2018
Date: 7 September 2018, Time: 13.15-14.45
Place: Auditorium XIV, Main Building, University of Helsinki, Finland

SUMMARY OF THE SESSION

The session **CHANGING QUALITY OF LIFE: Women, men and health** discussed health of women and men in the Arctic Region from an indigenous and non-indigenous gender equality perspective.

MODERATOR

MP **Eva Biaudet**, the Parliament of Finland

SPEAKERS

Natalia Kukarenko, Assistant Professor in Philosophy, Northern Arctic Federal University (NArFU), Arkhangelsk, Russia

Ketil Lenert Hansen, Associate Professor, Faculty of Health Sciences, Arctic University of Norway

Eygló Harðardóttir, Project Manager, 2nd Stage-project, Kvennaathvarf - Women's Shelter Iceland, Reykjavik, Iceland

INTRODUCTION

MP **Eva Biaudet** from the Parliament of Finland gave an introduction at the session, and said that people in the Circumpolar North do not all enjoy the same health. There are substantial disparities among countries and regions, and within regions among population subgroups, particularly between Indigenous and Non-Indigenous peoples. The main gap in knowledge includes the health and wellbeing of both Indigenous and Non-Indigenous peoples in the Russian Arctic, especially those living in cities, and the health and wellbeing of Sámi in the Nordic countries. Biaudet pointed out that health is not only health care services. The environment, living conditions, culture, unhealthy working places with accidents etc. have an affect on our health. Gender inequality has also big consequences for women's and men's health, and she said gender inequality could be called a big sickness. Biologically women and men are different, and we must discuss how to address these problems. Today we e.g. know that women and men have different symptoms for hearth diseases. Violence in close relationships is not only a problem across the Circumpolar North but also a global problem. Biaudet said that sustainable human development builds on strong basic education, sustainable work, gender equality, and well-functioning health and social services.

The session discussed questions as:

- The challenges to get good health services in the Arctic Region
- How to combine traditional health knowledge with the health care system of our societies in the Arctic Region?
- Why women think they are sick and men that they are healthy?
- How to work with stereotypes within the health sector to get better health care?
- Should there be more focus on health in the schools?
- Why is it important to discuss violence in close relationships?

PRESENTATIONS

SPEAKERS

Women, Men and Health in the Arctic - Human Health in the Arctic: a gender perspective

Natalia Kukarenko, Assistant Professor in Philosophy, Northern Arctic Federal University (NArFU), Arkhangelsk, Russia

Natalia Kukarenko started to present the CLINF- project on *Climate Change Effects on the Epidemiology of Infectious Diseases and the Impacts on Northern Societies*. The project will investigate the different impacts of climate change on the wellbeing of different groups of people in Northern local communities. Kukarenko pointed out that particularly vulnerable groups in the Arctic are: the indigenous people, the elderly, women and children. She described how gender relations affect on human health and wellbeing, in the overarching contexts of environmental and climate change. The CLINF project will also look at how women and men in the Arctic region have access to available information, and which opportunities and resources they have. The aim is to find out how women and men can adapt and change to new situations, how they react on health risks and how aware they are on their own situation of life in the Arctic.

Kukarenko presented the Nordregio maps providing information on the population in the Nordic countries. The maps highlight differences within the Nordic Region. A deficit of women can generally be noticed in rural areas, and on average, only 96 women for every 100 men live in the rural areas, while more women than men live in the cities. Old age dependency rates are rising across the Nordic countries, and they are particularly high in remote rural municipalities. The highest rates can be found predominantly in insular municipalities of Finland (e.g. Kustavi) and of Denmark (e.g. Læsø).

Kukarenko described the methodological prerequisites for the research project and said that it will include both multidisciplinary aspects, i.e. gender, climate, health, and intersectional aspects, i.e. vulnerable groups as elder people, pregnant women, children etc., and gender mainstreaming methods. Kukarenko said that from previous research it is known that cultural, language, legal and even economic differences can be obstacles in developing joint methodology for data collection. An intersectional perspective is important, especially in the Russian Arctic Region with heavy industries, and it is crucial to cooperate with natural sciences, in order to develop a mutual understanding of a gender perspective in the Arctic context. Kukarenko also described the gender approach on climate change impacts on the human health, how power relations between women and men are involved and affect on climate and environmental changes on people's health. The project will focus on questions as: What are the choices and strategies available for women and men? How women and men understand health risks, health rights and health security and are they aware of how these affect them? It means that women and men have different opportunities and resources, life-styles, risk perceptions, and coping strategies depending on if they are young, old, can read and write, live in the cities, or in a remote rural area or belong to the Indigenous or Non-Indigenous population.

Kukarenko said that of the Russian Arctic Region, 2/3 is permafrost lands, with about 6,7 million inhabitants, which is about 4,7% of the Russian population. About 80% of the people in the Russian Arctic Region live in less than 150 urban areas, i.e. cities or big settlements, and there live 160.000 indigenous people of 26 different groups. Of the Russian BNP in total 20 % is provided by the Russian Arctic Region and its enormous unique natural resources. Kukarenko also pointed out that when the Russians are talking about the Arctic Region in Russia, they are talking about the big cities with heavy industries, producing a lot of pollutions, contaminating the environment and the inhabitants live with threats for explosions, fires and mine accidents. The discussions in Russian Arctic Region focus on industrial development, environment protection, health, culture and human behaviour, not so much of climate changes.

Kukarenko ended by saying that the climate and environmental changes have different impact on the wellbeing of different groups in the local Russian Arctic communities. Many

families do not wish their children to stay in the Arctic Region, and encourage them to take an education and to find jobs in other regions of Russia. In big cities, as Archangelsk and Murmansk, young women move away and young men stay. Mental health and suicides are also problems of the Russian Arctic Region.

Young Men and Health in the Arctic

Ketil Lenert Hansen, Associate Professor, Faculty of Health Sciences, Arctic University of Norway

Ketil Lenert Hansen started by saying that Sami men and health in the Arctic region is a complicated issue. Hansen said there are 25 different Sami communities and he described the Sami culture and traditions, and said that today many are proud of the Sami culture, and there are many ways to be a Sami although some have lost the Sami language. One question of today is: Are you accepted in the Sami community or not? There can also be conflicts between the generations. Hansen said that to be Sami is both a minority position and a majority position, and especially the young Sami people have a complex life in the Norwegian society, and there is no debate about what it is to be Sami in Norway. Sami persons meet ten times more ethnic discrimination than the Norwegian general population, and they meet it at working places, in the school and in the local society. Sami persons, 24% according surveys, are more afraid to lose their job, compared with only 9% of the general Norwegian population. The Sami population experience 10 times more ethnic discrimination than the general Norwegian population, and they meet it in the school, in the working places and in the local community. The youngest Sami group has experienced most discrimination, in the general Norwegian areas, i.e. the small towns close to the sea.

Sami values are contact with nature, it is: to pick berries, to hunt and to fish. Traditional Sami values are: to preserve the Sami language, traditional Sami industries, and family traditions, and modern Sami values of today are: the Sami Council, international cooperation, and modern Sami school education and modern Sami working places. i.e. to be a part of a modern society.

Sami people face culture barriers, as language problems, when they seek health care and visit medical doctors. They feel discriminated, and cannot describe the problems with the health. Sami men do not go to the medical doctors before they are very sick. The dental health is bad among the Sami population and it is worst in North Norway.

There are few studies on the mental health of the Sami people in Norway, and that is because the Sami people are officially considered and registered as Norwegian citizens, which makes it difficult to collect and produce data on them as a distinct population group. Surveys have showed that discrimination give many health consequences for Sami people, as self reported health and higher stress-level. Sami people do not have lower stress-level, but they feel they all the time have to be prepared for bullying and hate crimes, which gives mental stress. A special group with mental stress is the reindeer herders, which is related to their hard work. It is known, that climate change has an effect on the human health in the Arctic region, and indigenous people do not always understand the consequences. The new industries in the region also increase psychological distress. There are a lot of work accidents among Sami men, and the suicide rates are higher among Sami men than in the general Norwegian population. Research has showed that support from the family is very important and if young Sami people get support from the family there is almost no suicides. Hansen said there has not been any significant differences in the reported levels of distress between Sami and non-Sami women, although Sami women reported more discrimination and were more likely to be single compared to ethnic Norwegians. One reason can be that Sami women do well academically and socially. Sami men on the other hand use more time for their education. Hansen said there has not been any significant differences in the reported levels of distress between Sami and non-Sami women, that in some Sami groups women has reported less psychological problems than the other groups, although Sami women reported more discrimination and were more likely to be single compared to Ethnic Norwegians. One reason can be that Sami women do well academically and socially.

Hansen pointed out that violence has health consequences for persons, who meet violence in close relationships especially children exposed to violence need help and support. A project funded by the University of Oslo, studies violence against Sami people. Today also the focus is on rape and assault in remote areas and Hansen said that the Norwegian Police has uncovered 150 cases. Although people have known about violence and assaults in the Sami communities, people have not taken enough actions to stop the violence and assaults in close relationships. Hansen also said that disability is a theme to be discussed in a Sami perspective, because the Norwegian health service does not understand Sami disability issue.

In considering gender differences, it is important to note that young Sami girls and boys are raised differently within traditional Sami culture. Sami girls typically remain the responsibility of their mothers until they are married and move out of the childhood home, while boys, while nursed by their mothers in the early years, are expected to become the responsibility of their fathers as soon as they have past early childhood. Education has been a protective factor for women, while income has been a protective factor for men, and this can be the reason for the gender differences within Sami settlement areas, where education is more important for women and paid employment in primary industries is most important for men.

Hansen ended by saying that today a good anchoring in the own Sami culture and a good identity protect against bullying and discrimination.

Health Services for women and men in the Arctic - Is it equal? Challenges in implementing Istanbul Convention

Eygló Harðardóttir, Project Manager, 2nd Stage-project, Kvænnaathvarf - Women's Shelter Iceland, Reykjavik, Iceland

Eygló Harðardóttir started by presenting the *World Health Organisation's* (WHO) definition of health: "State of complete physical, mental, and social well-being and not merely the absence of disease." and said that health is about how you feel. Harðardóttir also referred to Michael Marmot, who has said: "Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue." and she pointed out that equality is the main issue of health in social terms of health and that access to clean water is crucial steps to better health.

Harðardóttir described five determinants to health:

- Biology and genetics, which is the age and the sex
- Individual behaviour
- Social environment
- Physical environment
- Health services

The social determinants of health are economic and social conditions that influence the health of people, but also the communities, money, power and resources are very important factors. She said that maternal health and maternal leave influences the development of the first years of children. Access to health care and good quality of the services are important for the wellbeing of all people. Education plays a role, especially for women, and to get jobs you like and to keep these jobs, and it is important for persons to have jobs they like, because it keeps them healthy. All people need the security to know that they have enough food for themselves and their families. Housing is also a social determinant for people's health and wellbeing. All people need an income in order to live a decent life. WHO has stated that: "Gender is a determinant of *health inequities* – both separately, as well as intersecting with socio-economic status, age, ethnicity, disability, sexual orientation etc." and Harðardóttir said that we must look at many different aspects at the same time as we are discussing health issues.

Harðardóttir discussed violence against women and referred to Eva Lundgren, who has said: "Girls and women are almost universally less powerful, less privileged and have fewer opportunities than men." Harðardóttir stressed that we have to look what is happening in our societies today and pointed out that violence has been referred to a minority group problem

and is the historical trauma of our time. She said that it is important, as Lundgren also has said, to focus on violence when we fight violence, and to discuss violence as violence and not as anything else. Men's violence is never about powerlessness, but about exercising a power that humiliates and destroys women. Harðardóttir also said that it is important to focus on the perpetrators and on the conditions that let the perpetrator to continue to use violence.

Harðardóttir said that she followed the Icelandic *#Me too campaign*, which is stories about different forms of sexual harassment and violence against women, and she realized that the last groups to tell their stories in the *#Me too campaign* were sport women, disabled women and immigrant women. The immigrant women are the most vulnerable, especially if they are married to men from the country they have moved to.

Harðardóttir discussed the *Istanbul Convention* and said the purpose of it is to:

- Protect, prevent, prosecute and eliminate violence
- Eliminate all discrimination, promote equality, empower women
- Create framework, policies, measures for protection and assistance to victims
- Promote international cooperation
- Provide support and assistance to organisations and law enforcement agencies

and she said that the *Istanbul Convention* also states that: „Recognising that the realisation of de jure (legal) and de facto (actual) equality between women and men is a key element in the prevention of violence against women". Harðardóttir said that Iceland has made all the changes in the legislation but it is hard to get the Istanbul convention implemented. She stated that the societies have to work with the judicial system on how to interpret the laws, and to use the laws in the way the politicians have meant, the laws to be used. It is important to put efforts to work with changing the attitudes of people on violence against women, girls and boys and men. It is also important to change the attitudes of all experts working with prevention of violence as the police, prosecutors, judges, social worker, etc. as well as all other groups in our societies.

Harðardóttir presented some examples of practical activities in Iceland. She said that first if all the laws should be changed, so that they give protection to persons facing violence. The Icelandic project *Keeping the Window Open* started as a project in the Suðurnes Police District, when the police found out that too many cases of violence had not been investigated and had not been followed up. The police started to look at the cases and invited all sectors, which are involved with the families facing violence to cooperate with the police to be more efficient in actions and prevention against violence. The police invited the social and health sectors, the schools, etc. and started to compare available data and go through the working processes in handling cases on violence. It is important that the police have access to all information authorities have about these families. Today the process, which started as a pilot project, has been implemented in all police districts in Iceland. A *Family Justice Center*, *Bjarkarhlíð*, has been established in Reykjavik and is a centre, a one-stop shop, where women and men survivors of violence, who need help and support, can come to get help, both psychological and legal. At the *Family Justice Center* survivors can report crimes of violence, also old ones, to a police officer from Reykjavik Police working at the center. Harðardóttir is today working with the 2nd stage housing project, which the Women's Shelter in Iceland, started to provide apartments to women and their children, who have survived violence. It is important for these families to get a home where they can stay and establish a life without violence. <https://www.bjarkarhlid.is/>

Harðardóttir referred in the end to the *Istanbul Convention*: "Recognising that violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women." and she said "we do not know all the questions we have to answer in the fight against violence".

SUMMARY OF THE SESSION

Eva Biaudet summed up the discussion at the session on changing quality of life for women and men in the Arctic region, and said that health is not only health services, it is also the

culture, school, environment and our participation in the society that have consequences for our health and wellbeing.

Violence has enormous consequences for all societies in the Arctic region, and it has physical, psychical and economic consequences for women and men, girls and boys who face violence. In small communities it can be hard to reveal violence within the families, as it is taboo to discuss violence and people are ashamed to talk about violence. More information about violence is needed in the Arctic region, both the big cities, but also in remote small rural villages. Harðardóttir said that there is a need to change peoples mind about violence against women and men, that it is not accepted that people meet violence in their own homes in our societies. Hansen pointed out that it is also important that the police investigate the cases on violence that are reported to them, also in the rural areas in small villages.

Mental health is also a problem for people living in the Arctic region. Both Kukarenko and Hansen talked about the big numbers of suicide among especially young men in the big cities in Northwest Russia and in the Sami population in Norway. For people's health it is important to have access to work, and research has showed that also the support of the family play a role. When people get support from their families, there are seen fewer suicides among young Sami people.

The pollution from the heavy industries in the Russian Arctic region, and the climate change has consequences for the human health in the Arctic Region. People living in the Arctic region have experienced these changes on their health. The most vulnerable groups are children, Indigenous and elderly people.

Eva Biaudet ended by saying that the human health is a complex issue and research and knowledge is needed to inform people living in the Arctic on the consequences of the climate and environmental changes that are going on in the Arctic region. It is important to promote health and include all groups, both Indigenous and Non-Indigenous, and to have respect for traditions and culture. The focus must be on a safe and secure future in the Arctic Region.

ADDITIONAL INFORMATION

Read about the session at UArctic Congress 2018

<https://congress.uarctic.org/program/science-section/sessions/5-other/session-36082/>

<https://congress.uarctic.org/congress2018/>

Arctic Council, Finland's Chairmanship 2017-2019:

"The wellbeing of the people living in the Arctic is supported by the three indivisible pillars of sustainable development: economic, social and environmental. The human dimension of the Arctic Council's work covers such areas as health, water, energy, infrastructure, and indigenous cultures and languages, and thus contributes to the implementation of the Sustainable Development Goals (SDGs) of the United Nation's 2030 Agenda.

Health risks are increasing because of the changes in the living environment in the Arctic. Health security requires the ability to prevent, detect and respond to health threats across borders.

Finland proposes to explore how the SDGs can be further used in strengthening the economic and social progress and cultural self-expression of Arctic communities.

Finland supports the strong participation of indigenous peoples in the work of the Arctic Council and the integration of traditional and local knowledge into the programs and projects of the Council."

<https://arctic-council.org/index.php/en/our-work/finnish-chairmanship>

<https://um.fi/finland-s-chairmanship-of-the-arctic-council-in-2017-2019>

Arctic Human Development Report, Nordic Council of Ministers, 2015

<http://norden.diva-portal.org/smash/record.jsf?pid=diva2%3A788965&dswid=-1037>