

Ethnographic Research on Meanings and Practices of
Health in Tuvalu: A Community Report

Report to the Tuvaluan Ministries of Health and Education

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Contents

Stage 1: Preliminary Consultation on Vaitupu and Funafuti Island.....	2
1.2: Presentation of research report: key people and shortcomings.....	3
1.3: Major interactions and experiences with the community.....	6
Vaitupu Island’s ‘Big Days’	6
2010 drought.....	12
Local treatment for illnesses and injuries.....	16
Sports and exercising.....	18
Transportation – vehicles to obesity.....	20
Imported foods – more popular.....	20
Conclusion.....	21
Stage 2: Major Research Fieldwork on Vaitupu and Funafuti Islands.....	22
2.2: Descriptions and discussions of the major events that I experienced.....	25
Hospital encounters and observations.....	25
2011 drought.....	31
Governmental forums and summits.....	37
Community activities.....	38
Imported food/items.....	46
2.3: Thematic section: <i>Ola Lei</i> – Traditional context of ‘Living Well’	47
What is <i>Ola Lei</i> ?	49
<i>Filemuu</i> (harmoniousness and peacefulness).....	51
<i>Fiafia</i> (happiness)	54
<i>Malosi</i> (fitness)	59
<i>Ola leva</i> (longevity)	63
Ways of achieving <i>ola lei</i> in Tuvalu.....	66
Conclusion.....	67

List of Figures

Figure 1: Key people of the community listening with interest during the presentation of my research project- November, 2010.....	5
Figure 2: Community people carrying their outgoing pastor on a decorated canoe around the village, January 2011.....	7
Figure 3: Pastor’s tray (platform) of food – January 2011. After the feast, this platform of food was taken to the pastor’s house. The pastor’s guardians would decide what to do with the food, perhaps redistribute some to other people (particularly non-Vaitupuan), and keep some food for people who might visit the pastor’s house.....	9
Figure 4: Tables of food during welcoming feast for Vaitupuan students and workers, January 2011.....	9
Figure 5: Girls fanning flies off with banana leaves, January 2011.....	10
Figure 6: Kanava trees and coconut palm tree on my family’s land dying out due to drought, January 2011.....	13
Figure 7: More coconut palm trees (most important trees in Tuvalu) on my family’s land dying out due to drought, January 2011.....	14
Figure 8: Motufoua Secondary School’s staff families fetched water from the school’s water cistern during the drought. As the lid is levelled with ground-level, many toads forced their way down into the nearly empty water cistern, January 2011.....	15
Figure 9: The winning cricket team celebrated their victory by singing songs, January 2011.....	19
Figure 10: A public health nurse giving a health talk to the attentive diabetic and hypertension patients- PMH, Funafuti Island (2011). There are more female than male patients.....	29
Figure 11: A reminder notice on the Filamona Lodge’s notice-board during the drought.....	33
Figure 12: A New Zealand Air Force Hercules Transport Plane landed on Funafuti Island Airstrip during the 2011 drought.....	34
Figure 13: New Zealand army soldiers who came to install and monitor the desalination plants. Tuvaluans were often attracted to have a glimpse on those soldiers with army uniforms.....	34
Figure 14: Water rationing at the Funafuti Island community water-cistern, prior to the arrival of desalination plants. All families on the whole island flooded here every morning to fetch their 2 buckets.....	35
Figure 15: Water rationing spot at the southern end of Funafuti Island, after the arrival of desalination plants. It is now more convenient for the community people at this part of the island.....	36
Figure 16: Department of Education officials and schools’ teachers after the launching of the Tuvalu 2011 – 2015 Education Strategic Plan II at Funafuti Island, August 2011.....	37

Figure 17: Men dug the <i>lase</i> hole or oven. It took one whole day to dig and prepare this hole.....	40
Figure 18: Coconut palm tree trunks/logs were laid, in special arrangement, at the bottom of the <i>lase</i> hole. Older experienced men were directing the younger ones how to do the lay-out.....	40
Figure 19: Last day of <i>lase</i> making. The <i>lase</i> hole was filled with firewood and stones up to the top edges of the vertical coconut palm trees trunks. Note that community people were wearing red <i>sulu</i> and white tops as a way to motivate the workers and enliven the day.....	41
Figure 20: Burning time! Prior to this, the island's pastor made a short prayer to bless the work and lit the fire. It is culturally appropriate in the community to honour the pastor by letting him be the first person to light the <i>lase</i> fire. This would burn for many days; several men were selected to look after the <i>lase</i> and ensure that the fire did not die out too soon.....	41
Figure 21: Taro crops of one rival pair were weighed on a wooden balance. The heavier bundle of taro would give one point to the team.....	42
Figure 22: Chicken weighing time! Competitors preferred roosters to hens, as roosters are heavier than hens. One point is rewarded to the competitor with the heavier chickens.....	43
Figure 23: Once a team scored a point, the women of that team stood up and sang songs, made faces and shouted teasing phrases to the other team. It was a very noisy and lively community activity.....	43
Figure 24: It is often the women of the winning team who celebrate the victory. Emotions often run high, and women of the winning team would dance and call out teasing words to the losing team. Members of the losing team were painted with black charcoal and made to parade around the village, before sending them to swim in the sea.....	44
Figure 25: I joined this kava drinking group for an evening – November, 2011. This is a great time for <i>talanoa</i> (telling stories), sharing ideas and learning new concepts from the community people/men. This time, I was the story-teller, sharing my research topic and experience as a PhD student to the group. More people came to join at night time. Note the buckets of water and bowls for <i>kava</i> mixing.....	46
Figure 26: Key qualities of <i>ola lei</i> in a Tuvaluan context.....	51
Figure 27: The three aspects of <i>malosi</i> in a Tuvaluan context.....	60

List of Tables

Table 1. Dates of and general activities undertaken in Stage 1.....	2
Table 2: Movements during fieldwork.....	22

Ethnographic Research on Meanings and Practices of Health in Tuvalu: A Community Report.

This fieldwork report is part of my PhD (Development Studies) scholarship, under the NZ Health Research Council (HRC) funded project on transnational Pacific health. The project employs a syndemic framework—that is, the interaction of two or more disease or other noxious conditions (Singer & Clair, 2003; Littleton & Park, 2009)—to examine the specific experiences of people in Tuvalu and in the Cook Islands in relation to TB and diabetes. My research goal is to help develop healthy communities, including schools, in Tuvalu. In order to achieve this aim, my research proposes to examine the traditional context of ‘living well’ in Tuvalu. That is, what are the community people’s different views about, and ideas around, health? What are the government health initiatives and how suitable are those initiatives to community people? What are health situations or issues in communities and how do people in the community want the health department to deliver health programs and services? How can education (and schools) help in promoting health to young Tuvaluans and their communities? As a senior teacher¹, I feel that my PhD research, particularly this fieldwork report, will provide some kind of a starting point for anyone who is interested in researching health in Tuvalu.

This report also discusses some events and cultural practices that I observed and/or participated in during my fieldwork and their implications for health. These events and practices illustrate how Tuvaluans do things around the topic of health and cope with hazards and hardships. Moreover, this research led me to find out how people (in the communities and schools) view and understand about TB and diabetes in Tuvalu. The findings and outcomes of the research will be useful in producing “culturally specific information on the pathways to prevention, diagnosis and policy directed at TB [and diabetes] control and treatment in New Zealand and the Pacific” (This is one of the aims of the Transnationalism in Pacific Health through the Lens of TB Project. See the project proposal).

I carried out my fieldwork in two distinct stages. The first stage served as a preliminary consultation, where I introduced my research project to key informants, possible participants and

¹ I worked as a teacher at Motufoua Secondary School (MSS) for more than 10 years. MSS is the only public secondary school in Tuvalu.

the government of Tuvalu. The second stage is the main fieldwork, during which I carried out my data collection through individual interviews, focus group interviews, participant observations and document analysis. In this report, I describe, discuss and reflect on the first and second stage of my fieldwork. The first stage of my fieldwork was undertaken from mid-November 2010 to late February 2011, and the major fieldwork (second stage) was carried out from June 2011 to January 2012.

Stage 1: Preliminary Consultation on Vaitupu and Funafuti Islands, Tuvalu November 2010 – February 2011

In this section, I will describe and analyze some of the major events and activities that I experienced and participated in during my preliminary fieldwork. For the purpose of this report, I will report on and discuss three main things:

1. General activities I did and the dates
2. Presentation of research project and shortcomings
3. Major interactions and experiences with the community.

Below are the dates of and general activities in this first stage:

Date (& Place)	Activities – what I did
18 November 2010 – 17 December 2010 (Vaitupu Island)	Presentation of research project; participating in and observing the community's social functions and activities; and informal conversations with community people.
18 December 2010 – 31 January 2011 (Vaitupu Island)	Christmas and New Year Festivities, where I observed and noted what community people did and said in relation to health, education and development.
1 February 2011 – 22 February, 2011 (Funafuti Island)	Presentation of research project; participating in and observing the community's social activities; informal conversations with community people; visited schools and observed health-related activities; visited and talked with government officers.

Table 1. Dates of and general activities undertaken in Stage 1

2. Presentation of research project – key people and shortcomings

I outlined and presented my research project to key people and senior officers in the:

1. Department of Education: Minister, Secretary, Director, Motufoua Secondary School's staff, Principal of Tolise Primary School (on Vaitupu Island), Principal of Fetuvalu High School (on Funafuti Island), Principal of Nauti Primary School (on Funafuti Island), and Principal of Seventh Day Adventist School (on Funafuti Island).
2. Department of Health: Secretary, Director, several nurses (on Vaitupu and Funafuti Islands), and Sanitation Officer (on Vaitupu Island).
3. Vaitupu Island Community: Chiefs, Members of the Island Council (*kaupule*), Village Leaders, and Leader of Vaitupu Island's Men and Women Association (*Limamalosi*), Members of the Vaitupu Island Volleyball Club, and Members of the Vatokami Sports Club.
4. Funafuti Island Community: Secretary of Funafuti Island Council.

There were two shortcomings in the presentation phase. First, I spent almost all of my preliminary fieldwork time on Vaitupu Island due to the unreliable shipping schedule and strong wind warnings that prevented the boats from sailing. Consequently, I did not have the opportunity and time to present to the group of key participants/ people from the Education and Health Departments based on Funafuti Island. However, I paid separate visits to the schools' principals and government officers on Funafuti Island to present my research project. The second shortcoming was that I did not manage to present my research project directly to ordinary or regular members of the community and school students on either Vaitupu or Funafuti Island. On Funafuti Island, I was only able to present my research project and discuss other practicalities of doing research on the island capital with one person, the secretary of the Island Council. I felt that it would have been ideal to have preliminary meetings with other key people such as island leaders and members of the Island Council.

I did not get any major additional or substantial concepts from the key people to whom I presented my research project. However, they did encourage me to pursue this topic for my thesis as they sensed its importance to the country. This encouragement came mainly from the

principals, teachers, medical staff and top officials of the Education and Health departments whom I talked to. Some examples of the encouraging comments or phrases were:

- “You have an interesting topic. We wish you the best in your research.”
- “Great topic! Your research will help in improving health in schools and communities.”
- “We are looking forward to working together with you to get what you need ... so do not worry”.

These assuring words and “good luck” wishes from the officers of the Education and Health departments indicated that they were also interested in this intersection between education and health in schools and communities. However, I wondered whether they were interested in my research because of their professional interests? Would accountants, lawyers or village people have the same interest in the research as officers from the Education and Health departments?

The key people (such as chiefs and village leaders) of the community, on the other hand, did not comment about the importance of the research project to education and health sectors or the community. Though they did not ask questions or comment about my research project, I saw from their expressions that they were listening with eagerness and enthusiasm (see Figure 1). This indicated to me that they were interested in the topic. The key people in the community showed their willingness to support and help me in any way. One member of the island’s council (*kaupule*) assured me that the people of the island would definitely help me, and he even asked me to send them my “questionnaires, beforehand, so that they can answer them favorably”. This indicated how these people wanted to help me with my research. I then asked myself a number of questions: Is this because I am a known person in the community? Why did these people not talk about the importance of my research?

During my fieldwork, I confirmed that there is always an advantage for researchers who conduct research in their own communities. This is because the researcher does not need time for settling in, learning the culture and making friends. However, there are some challenges or ethical issues that an insider faces. From personal experience, I saw that my close relationships with teachers, students (of the school that I work in, particularly) and members of the community as something that can influence my research. Students, for example, would act and say things respectfully if I am around. Even community members and teachers would think that because I am an academic

researcher and senior teacher, they should not discuss openly their opinions about education as they think I know more than they do.

On the other hand, there were members of my community and fellow teachers who seemed to think that the best way to help me would be to give advice on how I might find some shortcuts in data collection. For example, some teachers suggested that I should be given the bright students as participants, thinking that they will provide more reliable and solid information rather than the slow learners. These are the things that may influence the validity of the insider's data; hence it is important that such a researcher should tell members of the community and work colleagues that the best way to help is by showing honesty in their response. The participants should be told and advised that the researcher, even if he or she is a cultural "insider", will carry out interviews and participant observations as an academic researcher who is interested in the emic perspective, but not like someone who knows very well nearly all key participants.



Figure 1: Key people of the community listening with interest during the presentation of my research project, November, 2010

3. Major interactions and experiences with the community.

Below were the major happenings or events that I experienced and was involved in during this preliminary consultation stage. I also include some analysis that I produced from those events.

Vaitupu Island's "Big Days"

During my stay on Vaitupu Island, I experienced and participated in some of its 'big days':

1. *Te Aso Fiafia* (Happy Day), which commemorates an historical event in which the ancestors of the Vaitupu people paid off their debt to a foreign company. The foreign company threatened to take the island if the islanders could not repay the debt. This day particularly focuses on the day (25th November, 1887) whereby the last instalment of the debt was finally paid off.
2. Christmas and New Year Festivities.
3. Farewell feasting for the island's outgoing pastor, who had completed his four-year term on Vaitupu Island.
4. Feasting day for all Vaitupuan students and workers who spent their Christmas and New Year vacations on Vaitupu Island.

These 'big days' are important cultural practices and were celebrated like most major cultural events with feasts, playing indoor and outdoor games, singing and dancing, and delivering speeches. However, there were preliminary activities or preparations that were done, individually and communally, in order to make these festivities possible. These cultural practices included: planning; harvesting of crops; fishing; collecting mud and coconut crabs; cooking; rehearsing hymns, songs and dances; decorating halls; weaving mats; and fundraising. These are big preliminary responsibilities and tasks that the community people normally do during such big days. I noticed how happy and joyful people were during these days. However, these cultural practices on the island's big days have implications on the individuals or families in terms of their wealth, health and well-being. These implications will be explored below.

Implications of cultural practices

Let me take up an analysis of the 'farewell feasting days' for the island's outgoing pastor in order to show the implications of such cultural practices on community people's well-being. Prior to the farewell function, I observed members of the community going to their plantations to

harvest crops for the feast. Several groups of women gathered at different venues to weave mats as gifts to the pastor. Moreover, a group of men was selected to fish and catch marine species (such as coral fish, turtles, lobsters) that are culturally important in such functions. Other men constructed a canoe to carry the pastor around the village (see Figure 2), while women cleaned and decorated the hall. Dancing and singing rehearsals were carried out each night. Above all, families, from their own pockets or savings, donated or offered money to the pastor. The preparations prior to the two farewell days consumed time, demanded materials and money, and needed a volunteering or willing heart.



Figure 2: Community people carrying their outgoing pastor on a decorated canoe around the village, January 2011

On Vaitupu Island, donating and committing to church-related activities are cultural obligations of all members of the community and church. This has caused some families to convert to other newly introduced (charismatic) denominations such as Soldiers for Christ, which preach against church obligations and community functions such as dancing. Similar patterns have been noted in other Pacific countries such as Samoa (Thornton, Kerslake and Binns, 2010). In fact, I overheard some people who spoke against these cultural practices, claiming that they caused

social and financial hardships to their families and perhaps injury or illness. For instance, women sat for very long hours to weave the mats which are considered necessary for community feasts, which caused stress and back-aches. I saw several women who used strips of cloths to tie around their waists to support their backs while weaving mats. Out in the deep sea, men dived (without diving equipment) to catch turtles, lobsters and fish. This is risky as fishermen could be drowned, attacked by ferocious fish such as sharks, or burst their ear-drums. However, on the other hand, I noticed how invigorated and happy people were during the two days of planning, preparations, farewell feasts and entertainments that this celebration entailed. This is a mixed phenomenon because while the reciprocal system of gift-giving contributes to financial burdens on families, on the other hand these cultural practices generate happiness, social cohesion and stability in the community. Of course, it also increased productivity as people are motivated to plant *taro* and *pulaka* crops and raise pigs, as these are culturally important foods at feast.

Another health-related aspect of such celebrations is the prepared food. As a health researcher, I was interested to know whether the food was nutritious. I also wondered which is seen as more important in the eyes of the community people: the quantity or quality of the food? Of course, in Polynesian communities such as Vaitupu Island, the success of feasts is often assessed by the quantity of food. On the occasion of the pastor's farewell feast, the pastor's plate of food was so big that several men had to lift the plate (platform) to the pastor's seat in the hall (see Figure 3). The rest of the community got their food from set-up tables that were stacked with food (see Figure 4). From observation, I noticed that most of the people had big servings of various foods, mostly greasy and/or starchy food such as oily pig meats, coconut-creamed food and others. This means that feasts, in a way, lead community people to eat more, particularly on festive or culturally important days. The type and amount of food that individuals eat depends entirely on their choice. The choice of food (type and amount) that the individual chooses, however, may depend on the existing knowledge about healthy eating and diseases, how hungry he/ she was, and availability of his/ her favorite food on the table. I saw two people (diagnosed with diabetes) hand-picked and/or self- served pawpaw and raw fish on their plates. Most of the people, including me, just had their plates mounded with different food they like.



Figure 3: Pastor's tray (platform) of food – January 2011. After the feast, this platform of food was taken to the pastor's house. The pastor's guardians would decide what to do with the food, perhaps redistribute some to other people (particularly non-Vaitupuan), and keep some food for people who might visit the pastor's house



Figure 4: Tables of food during welcoming feast for Vaitupuan students and workers, January 2011

These feasts have the potential to spread multiple diseases among community members. I have heard that, at different times, several people had stomach aches or diarrhea after such communal feasting. In fact, I had also experienced stomach ache several times, after some of the community feasts that I attended. In 2010, on a tiny island of Ebeye, in Marshall Islands, a large food-borne outbreak resulted from poor food hygiene at a local funeral feast (Thein, Trinidad & Pavlin, 2009). As a matter of fact, I did not totally trust the preparation phase (cooking and making of food), in terms of hygiene, because I was never sure whether all of the people who do the cooking have washed their hands thoroughly or not before preparing food. It is also hard to be certain that food is well handled, cooked and protected from diseases-carriers such as flies. During feasts, there are many flies, so several men and women are usually assigned to keep the flies off the food by using local hand-fans or leaves (see Figure 5). In other words, communal feasts like these, where all community people eat from the prepared food and interact in a hall, may aggravate the negative health effects of any of the diseases that may exist in the community, or may be a site of introducing food-borne illnesses.



Figure 5: Girls fanning flies off with banana leaves, January 2011

Speeches are a compulsory part of the feasting days. In the feasts or celebrations that I attended, I noted that all speeches, especially the pastor's speech, mentioned the importance of being faithful to and relying on God. Spiritually and culturally, believing in and relying on God is actively promoted as a healthy thing to do on Vaitupu Island. Also in the speeches, the men (never women) praised and conveyed their gratitude for the abundant food and availability of special/ cultural dishes, such as baked turtle meats, on the tables. It was rare to hear a speech that mentioned the quality of the food. I know that delivering speeches in a *falekaupule* (community hall) is one of the most effective and powerful means of teaching or instructing the listening members of the community. Hence, if the speeches praise and encourage the quantity of food, then this custom of preparing and eating plenty of food will be hard to suppress and transform. This is true not only during communal feasting but also in family meals, and it can contribute to the members of the community becoming obese and can also lead to other diseases such as diabetes.

During the feast for Vaitupuan students and workers who spent their Christmas and New Year holidays on Vaitupu Island, the *tuku-muna* (master of ceremonies) gave an opportunity for students and workers to make speeches. I did not make a speech.² However, I enjoyed listening to tales and words of thanks from secondary school students and several civil servants. At one stage, one young civil servant made a speech in which he humbly advised the old men in the *falekaupule* to stop smoking³ in this hall during social functions as many people will inhale the smoke, which he noted as an unhealthy thing.

It is unusual for young people of the community to talk in this advising manner to elders in the *falekaupule*. By looking at their facial expressions, I noticed that the old men did not like this piece of advice. In responding, three elders (men) replied that young people (students) must try hard not to smoke like them because it is expensive and bad for health. The elders, however, did not defend the issue that smoking in the *falekaupule* is a hazard to other people who are

² It is a custom that if two or more brothers are present in the *falekaupule*, the younger one(s) should not make speeches. My oldest brother—the island's paramount chief—was in the *falekaupule*.

³ Vaitupu and Nui are the only islands in Tuvalu that still permit smoking in the *falekaupule* during communal meetings, feasts and other social functions. This is because the elders and chiefs (who make decisions for the *falekaupule*) allow it.

attending functions in the hall. It is hard to see the main reason why the elders could not stop smoking in the *falekaupule*. Perhaps they are unaware (lack of knowledge) about the harms of passive smoking or second-hand smoking. It is important for the elders to know the fact that smoking's harmful hands strike both the active and passive smokers.

Locally, a *falekaupule* is a community or village classroom where younger generations learn the moral, cultural and health expectations of the community. This means that smoking will be an ongoing activity in the *falekaupule*; it will be hard to stop as younger generations are likely to imitate or follow the existing smoking pattern. Passive smoking contributes to: delayed conception (Hull et. al., 2000); respiratory diseases including TB (Hawamdeh, Kasasbeh and Ahmad, 2003); cardiovascular diseases (Wells, 1994); and other health problems that are associated with passive smoking. It seems that though young people are taught in schools about the unhealthy impacts of smoking, that knowledge is pointless when it comes to decision making as it is the elders who will make decisions regarding island affairs.

2010 Drought

Upon my arrival in Tuvalu the islands were experiencing a severe drought. With very limited rainfall, or none at all, Tuvalu experienced one of its worst droughts since 1999. On Vaitupu Island, the drought made its mark on the environment and the community people's lives.

Environment

Needless to say, droughts can have an impact on vegetation growth (Harrison, 2000). Due to the extreme heat and lack of water, the land was dried, causing several plots of vegetation (natural and agricultural) to die. I noted and experienced the dying out of coconut palm trees and other trees during my stay on the island (see Figures 6 and 7). Even agricultural and culturally important crops such as *pulaka* (*Cyrtosperma merkusii*) and taro (*Colocasia esculenta*) were dying out due to the high temperature and dry soil. Moreover, the drought (together with some island boys' carelessness) triggered two big bush-fires during my stay on Vaitupu Island. During one bush-fire, our local game of cricket was stopped so that all men could go to the fire spot to put out the fire. A big piece of land (including coconut palm trees, *pulaka* and taro crops and shrubs) was swallowed up by the fire. From my informal conversations with community people about the drought and its implications, they were very concerned about the dying out of coconut

palm trees and other important trees and crops in their *manafa* (lands). The environment or land is important to Vaitupuans, as it is a symbol of heritage and life. Hence, it is dangerous if the lands are badly destroyed or de-valued by the drought, as it would threaten and cause stress to the community people because the lands are considered a part of their life and identity.



Figure 6: Kanava trees and coconut palm tree on my family's land dying out due to drought, January 2011



Figure 7: More coconut palm trees (most important trees in Tuvalu) on my family's land dying out due to drought, January 2011

Community people's life and well-being

A drought can also have direct and indirect implications for people's health and well-being. Tuvalu relies almost entirely on roof catchment and storage of rainwater as there are no other sources of water apart from rainfall (and ground water). During the peak of the drought, families only got two buckets of water, per day, from the community's water cisterns that are looked after by the Island Council. This means that community people used ration water for drinking and cooking and ground water for laundry, agricultural purposes, bathing and cleaning.

Ration water

The water that is rationed to community residents came from an electric desalination machine that converts ground water to pure water. Its conversion capacity could only provide two buckets of water per household, per day, on the island. From observations and informal conversations with community people, I gathered that this limited water issue had psychologically threatened many individuals. That is, it was stressful and frightening to think about and wonder what the next few days or the longer-term future would hold for them if the drought kept on going. I heard

people asking one another, would the two buckets decrease to one bucket? What would happen if the desalination machine broke down? Are we going to drink from ground water if the drought gets worse? I heard mothers scolding their children not to be active (playing and running around) as they may become thirsty, and thus they may unnecessarily need to drink the limited water. Most families, including my own, had to try to drink only during meal times. In other words, some members of the community were forced by the drought to drink less water. That is, from experience, a natural phenomenon such as a drought can limit one's freedom to drink to satisfaction – and this is not healthy! I heard a few community people talking about the danger of a drought to life and how the drought destroyed their crops; however there was not much discussion about any strategies for future droughts.

The elders always recalled the olden days when they drank well-water. In fact, they were proud that they survived those olden days' droughts when there was no such thing as a desalination plant to give them water during droughts. "That's why we [older people] are stronger and tougher...because we drank underground water" was a very common claim from the elders, who drank underground water. Now, there is a common perception and understanding that underground water is not safe or too alkaline to be consumed, hence people rely on rain water.



Figure 8: Motufoua Secondary School's staff families fetched water from the school's water cistern during the drought. As the lid is levelled with ground-level, many toads forced their way down into the nearly empty water cistern, January 2011

Diseases – influenza

In bio-medical terms, a drought can cause or be associated with cardiovascular diseases (Friel et. al., 2011) and diarrhea-related diseases (Chou et. al., 2010; Checkley et. al., 2000). During the drought on Vaitupu Island, an influenza epidemic broke out. Most of the mornings during the epidemic (mid-December 2010 to early January 2011), I went to the hospital to sit and talk with patients (and parents who brought their sick children) in the waiting area. Consequently, I caught the flu too and spread it to my daughter and wife. The island's nurse and community people believed that the epidemic was caused and aggravated by the drought's high temperature and dry atmosphere (low humidity). I now realize that the community people should not only look at education as the most effective way to achieve good health, but they should be able to cope with natural and cultural factors which could aggravate diseases and stresses in the community. Communal efforts and strategies (such as rationing of water) that the community people implemented to survive from those natural phenomenon are important practices that fairly give people some water during the course of a drought.

Local treatment for illnesses and injuries

I want to share three first-hand accounts of events which took place during my preliminary fieldwork that are related to local treatment, as a means of seeing the continuous utilizing of traditional healers by community people.

On one evening, during the peak of the flu epidemic on Vaitupu Island, two mothers (teachers at Motufoua Secondary School) asked me if I could take them and their sick babies to a local masseur (*tufuga*) in the main village. We used the school's truck. The mothers told me that their babies probably had influenza as they had slightly high temperatures and were breathing with difficulty. Upon arrival, there were several patients (young and old) in the *tufuga's* house who were also waiting for their turn to be massaged.

Secondly, a couple from the main village came with their 12-year-old son to a masseur who lives near the Motufoua Secondary School campus. The son had a swollen groin and feet, and could not walk on his own. The couple approached me and asked if they could stay with me and my

family so that their son could live closer to the masseur, in order to save them time and money to bring him twice a day to the masseur's house. Every morning and evening, the masseur visited our house and gently rubbed the boy's groin and feet with oil. They returned to their family when their son recovered and walked again after three weeks. The couple never sought medical assistance from the nurses.

Last, but not least, one midnight my 10-year-old daughter complained that her left ear was very painful. I assumed that she had an ear infection. She cried for hours although we gave her pain-killer pills. I was forced to seek other medical help. However, I felt so badly about waking the nurse up in the early hours of the morning so instead, I decided to wake up a local man who is known for his skills in blending different medicines from plants for various illnesses. I knew the man well so it was not as hard to wake him up as the nurse. The man showed me how to make the ear medicine out of a pandanus (*pandanus tectorius*) tree's root, and how to apply it to the painful ear. I returned home to get a knife and a piece of cloth to prepare the ear medicine and found my daughter fast asleep. My wife assumed that the pain-killer pills had worked.

The above accounts reveal that the role of masseurs and local healers is still needed and used by community people, even though this is a bio-medical era in which they are encouraged, by health professionals, to seek medical treatments from hospitals. In my first account above, I always wondered how it is possible for a masseur to treat babies who get influenza by externally rubbing or massaging their bodies with oil. Could their hands or the oil really rub away the 'infectious' diseases? One of the old men on Vaitupu Island even told me that there were "families who knew how to make traditional medicine for tuberculosis (TB) diseases". When I went to one family (whom the old man identified as TB healers), I got a negative answer from that family. I was uncertain whether this was due to the family's fear of stigmatization, or if the old man's information was mistaken. Nevertheless, the important point here is that local treatments for illnesses and injuries are still being practised in the community. In their ethnographic study on Nanumea Island (another island in Tuvalu), Chambers and Chambers (1985, p. 32) reported that the:

... local therapies are most often used to treat minor complaints or those for which western medicine had previously been used but was believed to have been ineffectual. Thus a cut, headache, or child's fever often might be treated first with

a local remedy, but if the symptoms persist or worsen western medical care is sought. Similarly, if the western-trained doctor's medicine is judged not to work or if he has been unable to pinpoint the problem, help is sought from a traditional healer. The Nanumean approach to healing is essentially pragmatic and people often use several therapies in combination.

The community people, in times of illness and injury, choose between bio-medical and local (traditional) treatments. Some people, like the couple in my account above, choose local or traditional treatment over bio-medicine, while others, like me when my daughter experienced a painful earache, employed both bio-medical (pharmaceutical) and local remedies. The important point here is that the community people, in times of disease or injury, are able to choose between bio-medical and local therapies, or a combination of both.

Sports and exercising

The most common sports on Vaitupu Island are soccer and volleyball. On every afternoon except Sundays, the young and active people of the community played friendly and informal soccer and volleyball games. During the island's big days, local games of cricket and *ano*⁴ were played, and I noted that these games are not as popular as other modern sports such as soccer. This is demonstrated by the smaller number of people who joined the local games compared to soccer and volleyball games. However, the joy and fun were the biggest outcomes during these local games. The laughing and socializing during these sports were common and noticeable features of these events. The interactions of people during these games opened up some interesting questions, which may give me (or any other researcher) the opportunity to look at them in more depth at a later stage of research. These include: how and what do these young people think of sports in relation to health? Do they take part in sports primarily as a way of socializing and promoting better relationships among team members?

⁴ A local version of volleyball that is played with two hard balls (known as *ano*) made from pandanus leaves. The *ano* is volleyed at great speed, and the team members try not to drop the *ano* to the ground.



Figure 9: The winning cricket team celebrated their victory by singing songs, January 2011

Looking at the number and age of people who participated in afternoon sports such as soccer and volleyball, I quickly concluded that only a very small percentage of Vaitupu Island's population are participating in these activities. I noted that these sports are played only by people from approximately aged 16 to 40. Women only played volleyball, while men played both volleyball and soccer. This means that only a handful of girls played volleyball in the afternoons. I noted that sports facilities and organizations are lacking on Vaitupu Island to cater for the majority of the active population in the community. There is only one soccer field and one volleyball concrete court. What then do the community people do to stay fit or healthy? In terms of sports, there are no proper facilities. There are also no organized exercising activities for older people, especially for women. This is one probable reason why women are more obese than men in Tuvalu (WHO, 2010). Taylor and Zimmet (1981) reported this trend in Tuvalu as far back as the early 1980s. Today, obesity remains high in Tuvalu, with women still outnumbering men in this respect (WHO, 2010). This trend could become worse if community people (mainly the older men and most women) do not value, organize and participate in physical exercises and walk.

Transportation – vehicles to obesity

One of the practices that I observed and noted was the fact that Tuvaluan people used and depended very heavily on motor vehicles for transportation when in fact the island's land area is very small. I observed that the community people (including me) use motorbikes to transport them even when travelling short distances for shopping, conveying messages, fetching items from other houses, visiting relatives within the village and other chores. Vaitupu Island's main village is about 400 x 200 meters in size. However, a large number of community people, even within the village, use motorbikes to take them to the community store, private canteens, the Island Council's compound, hospital, boat harbor, meeting hall and other common places which are located within the village. This also applies to the motor boats, which I noted exceeded the number of local canoes. Looking at the boat harbor and out at the sea, there were more motor boats than canoes. The introduction of fossil fuel and other technological innovations to small islands such as Tuvalu has changed the lifestyle of the islanders.

Motorbikes (and cars) are used to transport people within the small land area, while motor boats are replacing canoes for sea travel and fishing. According to informal conversations with several elderly community people, walking and paddling were very healthy cultural activities that made the older people fit and healthy. The people of the community used motorbikes for transporting heavy loads such as bags of coconuts from one place to the other. Motor vehicles and motor boats make movements and jobs easier and quicker, but depending on and using motor vehicles/boats too much will only cause other health problems such as obesity. This is the sad consequence of depending a lot on this type of transportation. But can we reverse this lifestyle? Can we ask, encourage and convince the community people to walk and paddle instead of using motor vehicles/boats? This is not easy until one really understands how their use can cause health and other problems such as environmental degradation and financial burdens.

Imported foods – more popular

Fish and agricultural crops such as *pulaka*, taro and coconuts are common cultural foods on Vaitupu Island. However, I noted that there were families (including mine) who regularly went to private canteens and the community store to buy imported food such as corned beef, rice and sugar. Rice has now become the main staple food on Vaitupu Island. That is, local people buy these starchy imported foods, even though fish and locally-grown crops are sufficient and freely

available on the island. This is because it is quicker and easier, though more expensive, to get imported food than to catch fish and grow crops. I feel that this increasing popularity of imported foods is an important health issue in Tuvalu because depending too much on imported food such as corned beef and fast food could worsen diabetes and other cardiovascular diseases (Coyne, 2000).

Conclusion

This report describes my early reflections on what I observed and experienced during the preliminary stage of my fieldwork, and some of the questions raised by these observations. I have my own ideas and understandings about different activities and events, but I know my ideas are not necessarily shared by community residents, and may reflect my own particular circumstances. To step down further from this stage (participation and observation) to know what community people know, I knew it was essential to carry out in-depth interviews with members of the community and analyze their views. In this way, I would see how they (community people) interpret and understand different cultural activities and beliefs. That is, I wanted to explore what the community people know and think about the various issues raised here relating to health and well-being. It was important, therefore, that I did not rely or depend on what I already know about cultural activities and events.

On the whole, I noted that local communities experienced changes in their lifestyles and struggled through natural hazards—all of which had an impact on community people's health and well-being. I also realized that in order to achieve or improve health in communities, health promoters and community people need to look together at different aspects of life in the community such as culture, water, sanitation, sports and exercise, traditional medicine, food and others—not just education. Despite these changes and their impacts on the health and financial state of the community people, I am not ignoring the happiness that they showed every day.

Stage 2: Major Research Fieldwork on Vaitupu and Funafuti Islands, Tuvalu
June 2011 – January 2012

This was the major fieldwork stage. Qualitative and other relevant data were produced through my interactions with people from various places such as schools, hospitals, communities, Education and Health Departments, consultation forums and others. Similar to the presentation style of my stage 1 report, I describe here what I observed, experienced and collected during my major fieldwork trip. That is, I will analyze some of the major events that I experienced, and also present some themes that were derived or produced from the data that I collected on Vaitupu and Funafuti Islands. There are three main sections of this report's second stage:

1. A brief account of my movement between Funafuti and Vaitupu islands
2. Descriptions and discussions of the major events that I experienced
3. Discussion of some themes that were produced out of the interviews with research participants, which explain and bring forward how Tuvaluans conceptualize health or what they understand about health (or *ola lei*).

1. Brief account of my movement between Funafuti and Vaitupu Islands, in Tuvalu

The table below shows my movements within my research islands/sites during this second stage.

Dates	Fieldwork island
15/06/11 – 21/06/11	Funafuti Island
22/06/11 – 06/08/11	Vaitupu Island
07/08/11 – 12/10/11	Funafuti Island
13/10/11 – 15/01/12	Vaitupu Island
16/01/12 – 02/02/12	Funafuti Island

Table 2: Movements during fieldwork

The original plan when arriving on Funafuti Island was for me to remain on the island from late June to early October before proceeding to Vaitupu Island. However, this schedule was changed due to an unexpected incident, a family commitment that arose when my daughter fell sick and was admitted to hospital on Vaitupu Island, prompting my early travel there. I realized that it is

possible for the researcher, during the course of the fieldwork, not to follow the original plan or schedule when unexpected matters arise as in my case, without compromising the quality or major outcomes of the research project.

Vaitupu Island

Going to Vaitupu Island to see my sick daughter was useful and valuable because although her illness was a misfortune, at the same time it afforded an opportunity to observe and directly witness the health facilities and services provided at the health clinic on an outer island to admitted cases like my daughter. In addition, I was able to observe how relatives and community members treated sick people or acted around those who are admitted to the health centers. I used my stay on Vaitupu to also conduct interviews in schools and make participant observations and other research-related activities such as involvement in informal conversations, community work like hunting down unlicensed dogs, and other activities.

A delay in shipping, due to storms and mechanical problems, meant that I was later to arrive back in Funafuti Island than I had originally anticipated. Carrying out research in places like Tuvalu where boats carrying cargo are the only means of inter-island transportation, but are very unreliable and in fact infrequent, is a hindrance in terms of travel between islands. It makes the movement of the researcher difficult and can create challenges in keeping to a schedule. I had to wait a long time to get back to Funafuti to start my research there, as I knew that that it is where most of the work should be done as most of the government key people and departments are all on the capital island of Funafuti.

Funafuti Island

When I arrived on Funafuti Island in early August 2011, I tried hard to plan things out and hold interviews with the various selected key people. I also did participant observations in several places like hospitals, schools and water-rationing stations. Meanwhile, the 2011 drought, which was perhaps the worst drought in Tuvalu's history, was at its peak at this time, and Funafuti Island was one of the islands severely affected. Therefore, this was a very opportune time for me to observe and take notes on how communities, the government, NGOs and development partners (donors) interacted during this drought. Also, at this stage, I attended three major governmental consultations or summits on the Tuvalu Education Strategic Plan (TESP) II,

Tuvalu Millennium Development Goals (MDGs) Report, and *Te Kakeega II* (National Strategy for Sustainable Development) Review.

Vaitupu Island

Since I still needed to complete interviews with students and community people, especially MSS students, before school finished, and also to escape from the severe drought at Funafuti, I boarded the first boat that was scheduled to sail to Vaitupu Island in October 2011. Vaitupu Island was also experiencing the drought, but fortunately it has good underground water, hence community people and MSS students use well-water for bathing, laundry, cleaning and agricultural purposes. From this, I realized that not only economic factors like unreliable shipping could affect my movement as a researcher, but natural factors such as drought could also force me to change course. This was my last visit to Vaitupu Island during which I finished up my individual interviews, focus group interviews, participant observations, scouting for relevant documents, and consultations. In January 2011, I returned to Funafuti Island.

Funafuti Island

This was the last course of the second stage of my fieldwork. I tried to complete my individual interviews, focus group interviews and the collection of any relevant documents such as primary schools' health science prescriptions, reports, strategic plans, *Falekaupule* Acts and others. On top of these, on this final leg of the fieldwork, I had separate meetings with politicians and senior officials of the Ministries of Education and Health. These included:

- Minister of Education, Sports and Youth
- Minister of Health
- Secretary of Education, Sports and Youth
- Acting Secretary of Health
- Director of Education
- Acting Director of Health.

In these meetings, we talked about the intersection of education and health in Tuvalu. We also talked about the ministries' priorities and future plans. Reciprocally, I briefly shared with them some of the preliminary information or findings that I had gathered and found in the course of

my fieldwork, though I was unsure to what extent it was appropriate to share preliminary data that had yet to be thoroughly analysed.

On the whole, during this second stage of my fieldwork I visited, observed and conducted in-depth and semi-structured interviews with a range of people, in various communities. I also visited and observed the schools' environments, infrastructure, canteens, kitchens, ablution blocks and dormitories with the assistance of appropriate staff.

2. Descriptions and discussions of the major events that I experienced

There are numerous different events, occasions and happenings (big and small) that I experienced and/or got involved in during the 7 or 8 months that I spent on Vaitupu and Funafuti Islands. However, for the purposes of this part of the report, I will only discuss the health-related events or happenings that explain and enlighten how Tuvaluans (in communities, including schools) view and understand 'health'. These events show how Tuvaluans conceptualize and understand health; respond to health problems and diseases such as diabetes and tuberculosis; and think about health services and initiatives and other issues. Note that I will not include, in this section, the data collected and produced from my semi-structured and in-depth interviews, as these will be discussed in the thematic section, which comprises the third part of the report.

Hospital Encounters and Observations

The two places where I did most of my participation observations were the Princess Margaret Hospital (PMH) on Funafuti Island and the Community Health Centre on Vaitupu Island.

Facilities and staffing.

I had an opportunity to visit and observe the entire PMH hospital complex where I saw the big difference with the health clinic on Vaitupu, as PMH has x-ray machines, a dental department, an operating theatre, a pharmacy and other advanced facilities and equipment. Moreover, the staffing of the two hospitals is another big difference as PMH has doctors, while Vaitupu hospital is operated by a senior nurse, junior nurse, assistant nurse and a sanitation officer. I also had a chance to have my teeth cleaned by a qualified dentist who is also the senior dentist, Dr

Poma⁵. I saw how fortunate people living on Funafuti are to have such qualified medical officers and better medical facilities and services.

Patients and Families in Hospitals

In addition to undertaking participant observation and conducting interviews with staff members, I also had the opportunity to visit the wards that are allocated to the patients and to observe the practices that the community people carry out for their family members who are patients in the hospital. I saw the support of the families given to patients. When my daughter was in hospital, nearly all the families of patients came with food and also stayed for evening devotion in the ward. This is partly because at the clinics on outer islands, a patient is to be fed by his/her family members, unlike at PMH on Funafuti, where patients are fed by the hospital (government). The patients on the outer-islands, particularly on Vaitupu Island, seem to go along well with this unequal treatment, as they never complain about this difference.

Moreover, even if only one sick patient had been admitted, the ward was always full of people and this could disrupt the work of the nurse. For instance, when the nurse came to check on and give medicine to my daughter, the ward was packed and the nurse had to find space to move around my daughter.

Delayed services

Shortage of staff, particularly at PMH, delayed the services that were to be provided to the people. I personally saw this at PMH where patients were waiting in the out-patient area, some even lying on wooden benches in pain, waiting for their turn⁶. Every time I sat with patients in the out-patient area, I overheard people complaining about having to wait so long for their turns with the doctors. They sometimes had to wait from morning until late afternoon. It was observable that not only a large number of patients came for consultations and treatment, but there were also a large number of people, mainly seamen and emigrants, who came to do their medical checkups, that are required for their visas. This is too many for a hospital that has so few staff! I remember that during one participation observation at PMH, a senior government

⁵ A high school mate. Many medical officers are also school mates; therefore, it is an advantage to me as it was easy for me to approach them. An advantage of having a one public high school in the country!

⁶ I did not see this 'delay of service' problem on Vaitupu Island.

official was there and we were talking. He suddenly realized the delay in the service, noticing that people were waiting and still no doctor had arrived after lunch. He finally erupted and headed towards the rooms calling out to one nurse and expressing his disappointment to this nurse. He demanded that the doctors attend to the patients who were waiting. I noticed the people's supporting expressions, which indicated their appreciation for this senior government officer's genuine actions. It is obvious that this is due to the shortage of staff; however, the people (patients) saw this ongoing problem as unfair for them.

Some observations of and interactions with diabetic and TB patients

Every Tuesday afternoon, diabetic and hypertension patients are checked at PMH. About 20 to 24 of the total documented diabetic and hypertension patients on Funafuti Island are selected to be checked at the hospital each week. Due to the high prevalence of these diseases in Tuvalu, the health department concentrates heavily through the PMH on checking and treating the current patients and also providing health talks to those patients. Before these patients came individually to the consultation room to check their blood pressure, weight and cholesterol level, a public health officer gave a talk to the patients. This seems a very useful time for advice but unfortunately it was not possible for all patients because of the shortage of public health officers.

I saw the interest of the patients during these brief health talks. In one health talk session that I observed, the nurse talked about foods that diabetic patients should eat more and foods that should be consumed less. She had a tray of different foods, in which foods were grouped into two major categories: 'eat these food more' and 'eat these food less'. The patients were listening very carefully and were very quiet, which I interpreted as an indication of being keen to learn. After the brief talk, the patients asked questions. It was good to see a lively discussion between the public health nurse and the patients, which indicated that patients desired to learn more about this 'new disease'. I still vividly remember how patients reacted to some health information that was passed to them.

First reaction: Patient: *Ko tena uinga nei a te niu e tai too i meakai kolaa e tau mo
tatou o see kai malosi ki ei?*

Does this mean that coconut is also included in the foods that we
should not eat more of?

Nurse: *Ao! Masaua me i te niu e lasi a te lolo `sinu i loto, telaa e see naa loa ko `lei ki a tatou kolaa e maua ne te masaki ko te suka. Kai fua ki ei [niu] fakatasi i te vaiaso.*

Yes! Remember that the coconut has a lot of creamy oil within it, so it is not quite good for us who have diabetes. Just eat it (coconut) once a week.

Patient: *Tapa! Ko fai a te mea! Au nei e fia kai `ki loa ki niu. Ko fai te mea! [kata]*

Oh! Oh my!! I really like to eat coconut. Oh my! [laughed]

Second reaction: Nurse: *Te aofaki o laisi e `tau o kai ne koe i te `kaiga, e `tau o penei fua mo tou lima mana kumi penei ...[te neesi e kumi tena lima kae fakaasi ki tino masaki]*

The amount of rice that you should eat a meal, should only be a handful... [the nurse was making almost a fist to show to the patients]

Patients: *[kata loa i luga kae ko niisi e luuluu a olotou ulu...]*
[laughed sarcastically and some shook their heads with disbelief...]

The cultural importance of coconut as a food remains great in Tuvalu. Hence, it was hard for some locals to take in the fact that coconut flesh should be consumed less. This is because coconut is a cultural crop, which has been a staple food for hundreds of years. Not only that, but eating large portions of food is the norm, so to eat less food such as rice is also a hard thing to carry out. It can be seen here that controlling diabetes through diet may clash with Tuvaluans' cultural ways of eating.



Figure 10: A public health nurse giving a health talk to the attentive diabetic and hypertension patients- PMH, Funafuti Island (2011). There are more female than male patients

After the health talk program, I slipped into the consultation room to be with the medical staff who would check and interview the patients. One by one, diabetic and hypertension patients were called in, to do their blood pressure test, measure their body weight, check their cholesterol level, and do some consultations and paperwork. I sat in the consultation room and pretended to be a quiet medical staff; but some patients who knew me stirred me by repeatedly asking: “aren’t you are a teacher, Tufoua?” Most of the patients were elderly people, mostly between the ages of 50–80+ years old. However, the nurse told me that according to their records, diabetes and hypertension are now hitting the younger people as well.

From where I sat, I saw the different feelings and expressions of patients when they came in for checkups. Pain, stress and a sense of being overwhelmed were common expressions. It was a pity to see patients feeling so devastated when the nurse told them that their cholesterol level measured higher than the previous reading. Some patients even showed their disappointment by complaining that they had been taking their medications regularly and had been careful with their diet, so “what is wrong here?” One interesting thing I saw when a patient walked out of the consultation room was that those waiting patients often asked: “*e fia?*” (how much?). This referred to the cholesterol level of the patient who had been just been checked. The emerging

patient would reply by either putting his/her thumb up or down to indicate his/her cholesterol level or by actually saying out his/her cholesterol level reading.

On Vaitupu Island, the diabetic patients formed their own organization, in which they support each other and organize health-related activities such as walking. It is an initiative by the diabetic patients, in an effort to control and learn more about diabetes. The nurse on the island is an important member of this group. However, due to lack of motivation, funds and organized activities, their activities are intermittent. I always think that the whole community has a role to play in supporting the diabetic patients, and also in preventing the prevalence of diabetes and hypertension in the community. Providing alternative meeting place for the diabetic patients, organizing 'balanced diet' days, and other healthy activities are some ways that the community can support the diabetic patients.

My identification of and interaction with TB patients presented a problem. Due to stigmatization, it was hard to get TB patients to agree to an interview. The TB project, which has a space within the PMH complex, did a good job in recording the number and names of people who have been diagnosed with active and latent TB. The project was also working closely with outer-islands' health centers in their TB campaigns. On Vaitupu Island, the TB workshops in the communities were very much appreciated and praised by community people. Community people indicated the need for more TB workshops, as they found these TB workshops very useful and important.

The nurse who coordinated the TB project⁷ tried to ask several TB patients, on my behalf, for their consents to be interviewed; however stigmatization caused the reluctance of these patients to talk to me. One TB patient nevertheless accepted my request (through the TB project's coordinator) for an interview. She described how she got TB disease and spoke about the social impacts of the disease to her life in the family and community. Now, she had learnt many lessons out of her experience as a TB patient.

I also interviewed some traditional healers, who talked about their capabilities of healing TB disease. They were all from Funafuti Island. They supported their claims with stories about

⁷ The TB Project is externally funded but it is still under the umbrella of the Tuvalu Public Health Department.

some TB patients whom they had previously treated. One traditional healer energetically told me this story – the names used at the extract below are pseudonyms:

I am one of those people who know how to treat this TB disease with our local herbal medicine... I had a relative, who got TB disease...whom I treated with my TB herbal medicine. He was recovered well...but he broke one of the medicine's taboos, which is not to drink any more alcohol. I caught him knocked out in his house with a carton of beer beside him. His wife told me that her husband drank alcohol all night, until morning. His name is Inu, the husband of Mili. Do you know him? I gave him my medicine, because his wife came to me and asked if I could make Inu's medicine because Inu lost his voice. So, I gave him my herbal medicine, and he regained his voice. But when I went to his house, one day, I found him lying on the floor with a six pack of beer beside him. His wife told me, "Kali [traditional healer & interviewee], all night he [Inu] drank alcohol". Inu begged and made excuses that his nephew came from overseas, and his nephew asked him if he could accompany him to the Matagi Gali Bar to drink alcohol. So, I told him, "Goodbye. This is the end of our treatment, as I have told you, if I caught you drinking alcohol or smoking, that's the end! There is no use of the medicine, because that bug is alive again because you consume alcohol". Until his sickness got to the worst stage, his wife returned and begged if I could provide another medicine. But I told her that I could not. In terms of the herbal medicine's effectiveness, there is no second chance...You know, if he had listened to me not to drink alcohol, Inu would have been recovered, as you see, his voice that was lost did recover when I treated him. But when I caught him drinking alcohol, then I have to give up on him.

It is hard for some to believe in such accounts or claims. However, it is important to consider these traditional practices, along with bio-medical practices, because these traditional practices had looked after and treated our people before bio-medicine came into Tuvalu. Further, many people still turn to traditional healers as an alternative to, or supplement to, biomedicine for a variety of health problems. Thus, it is important to understand the role of traditional healers as part of the health landscape in Tuvalu.

2011 Drought

The 2011 drought mostly hit Funafuti (the capital and most densely populated island), Nukulaelae and Nanumaga Islands, in the latter half of 2011. I was in Funafuti during the peak of the drought. In late September 2011, the government declared a state of emergency. Many times, I tried to imagine what would happen to the people in Funafuti Island if this drought carried on for another 4–6 months. I felt scared.

It was interesting to see how people re-adjusted their ways of living during droughts. Many people went down to the lagoon to bathe and then rinsed with a little bit of water. For some families, including the family I stayed with, people stood in a big basin or tub while having their shower so that the collected waste water would be used for flushing toilets and watering plants. Moreover, in the mornings and afternoons, people gathered at some public water-cisterns for water rationing⁸. People mingled and socialized in these spots. I saw quite a number of primary school students in the mornings, fetching water for their families, even though school had started already. These were new ways of living during the course of natural hazards such as droughts. I always enjoyed my participant observations in these water rationing spots because it provided an opportunity to get to know new people; and also I learned, from listening to various conversations, of the different struggles that people/families had gone through in this drought.

In order to ease the pressure on the family whom I stayed with, I moved in to a private lodge/accommodation. Unfortunately, however, the lodge also strictly rationed their water. Water was running for only 1 hour in the mornings and afternoons. Sometimes, we were only given a bucket of water for the whole day. I also heard that the Vaiaku Lagi Hotel, the only hotel in the country, was facing the same problem. Buying bottles of drinking water was something that I did daily. People who could afford to buy bottles of water would do so; hence occasionally it was hard to find bottles of water in the several canteens/stores on the island. As my contingency fund budget ran out, I moved back into my family's household.

⁸ Four buckets of water per family; it then decreased to 2 buckets (probably 40 litres) when the drought got worse.

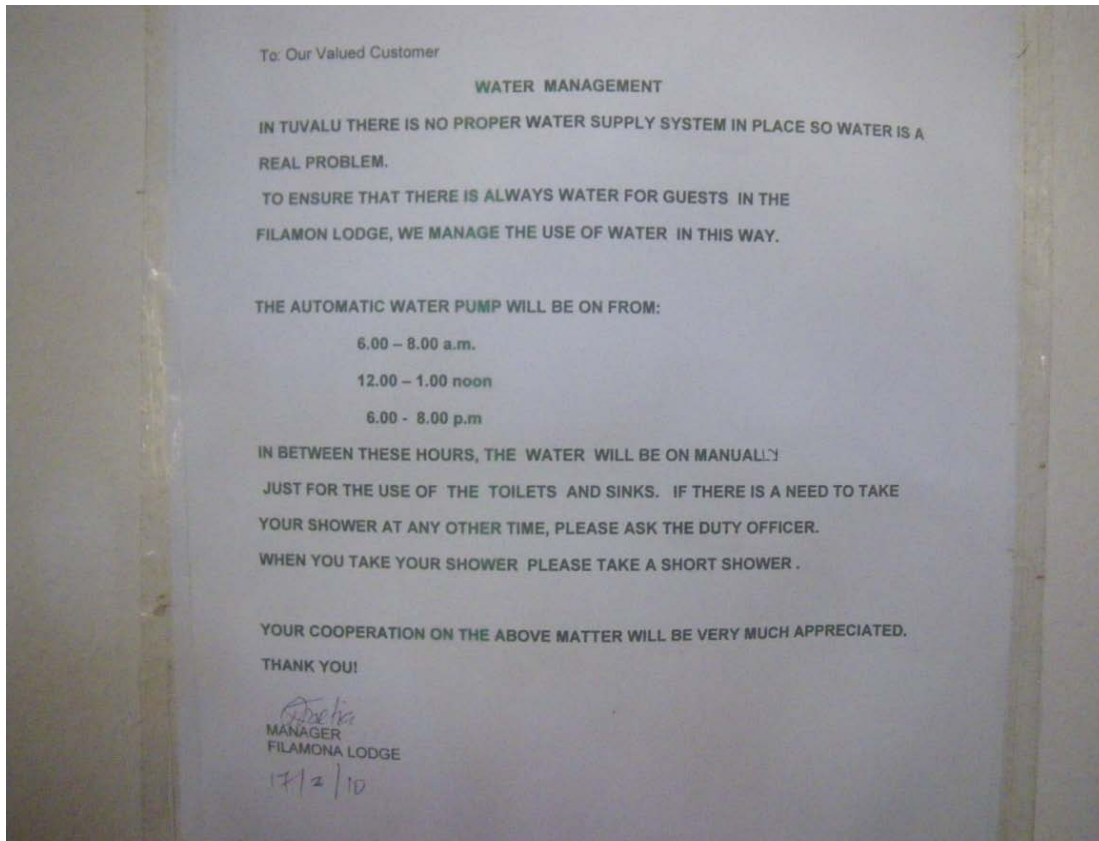


Figure 11: A reminder notice on the Filamona Lodge’s notice-board during the drought

My family’s tanks’ water level had dropped dramatically, and dirt from the tanks’ bottom began to show. Fortunately, by this time, New Zealand had sent a couple of desalinization plants. It was always an exciting day for people to go down to the airstrip and witness as the New Zealand Hercules transport planes landed and unloaded desalination plants and army soldiers. Australia also sent a desalination plant.



Figure 12: A New Zealand Air Force Hercules Transport Plane landed on Funafuti Island Airstrip during the 2011 drought



Figure 13: New Zealand army soldiers who came to install and monitor the desalination plants. Tuvaluans were often attracted to have a glimpse on those soldiers with army uniforms

As a result of these international aid efforts, water tanks were put up on five or six spots around Funafuti Island, and the Public Works Department (PWD) filled those tanks and also monitored rationing of water at those spots. Families were encouraged to go only to the nearby water-tanks to fetch their water, which continued to be rationed. This marked an improvement, however, over the previous practice, whereby all people went to one spot for water rationing.



Figure 14: Water rationing at the Funafuti Island community water-cistern, prior to the arrival of desalination plants. All families on the whole island flooded here every morning to fetch their 2 buckets



Figure 15: Water rationing spot at the southern end of Funafuti Island, after the arrival of desalination plants. It is now more convenient for the community people at this part of the island

In mid-October 2012, I escaped to Vaitupu Island. On Vaitupu Island, the drought was also severe, but not as bad as on Funafuti and Nukulaelae islands. There was water rationing for the community people. We lived at Motufoua Secondary School (MSS) in staff quarters, as my wife was still a teacher there. When I arrived, our water tank was still half-full, but it would run out quickly if it did not rain sooner or later. Fortunately, the school gave four buckets of water, from the school's water cisterns/supplies, to teachers who resided in the school compound. I felt much safer with these more generous rations.

MSS students did not feel the sting of the drought because they have a good underground water system. There is sufficient water for their toilets, showers and laundries. A desalination plant was on stand-by if water-cisterns dried up before it rained. The only problem for the students was the hardness of the underground water. That is, girls complained about the thriving of hair lice due to the hardness, alkalinity and scummy nature of the underground water that was used to wash their hair. They desired to wash their hair with pure rain water, but rain water was reserved only for cooking and drinking purposes.

Governmental Forums and Summits

I attended the following summits: Tuvalu Education Strategic Plan (TESP) II; Tuvalu Millennium Development Goals (MDGs) Report; and *Te Kakeega II* (National Strategy for Sustainable Development) Review. These were important forums as they provided insights and information on the development status of Tuvalu, particularly in terms of its health and education sectors.

I took part in the TESP II summit. I presented to the audience, on behalf of the Department of Education, why the Department of Education (and individual schools) need to have a genuine partnership/relationship with communities, and how they could enhance that partnership. Moreover, one of the goals of this summit was for the Ministries of Education and Health to sign a memorandum of understanding (MoU). This is a good sign as this may draw the two ministries closer in terms of promoting better health outcomes in the schools. About 70 to 80 participants attended the TESP II consultation, which indicated the great interest by school officials and other stakeholders in the development of education in Tuvalu.



Figure 16: Department of Education officials and schools' teachers after the launching of the Tuvalu 2011 – 2015 Education Strategic Plan II at Funafuti Island, August 2011

The launching of the Tuvalu MDGs 2010/2011 Progress Report was another useful (at least to me) forum that I attended. This is because, here, I learnt how Tuvalu has progressed (or not progressed) with its millennium development goals. I am not going to discuss in detail about Tuvalu's progression, as this information can be found in the available report (see [www.undp.org/fj/pdf/MDG%20Report/MDG\(tuvalu\)%20web.pdf](http://www.undp.org/fj/pdf/MDG%20Report/MDG(tuvalu)%20web.pdf) for the report). However, it is worth mentioning, for the sake of our Transnational Pacific Health Research Project, that for MDG 6 Target C, "tuberculosis has already met its target. The main issue for Tuvalu is heart related diseases and kidney failure with poor diet the main cause" (Government of Tuvalu, 2011: p. 61). The representative from the public health department, in her presentation, metaphorically supported this fact, by saying that "non-communicable diseases such as diabetes and heart failure are the current tsunamis of Tuvalu".

Attending the National Strategy for Sustainable Development Review Summit was a new experience for me. The government invited high status people from the islands of Tuvalu: paramount chiefs, heads of *kaupules* (Island Council), members of parliaments, women organizations' leaders, youth leaders, educated Tuvaluans who work overseas, governmental department officials, NGO representatives, private sector representatives and others. It was a big event. However, I noted that the summit was still very much government-oriented and dominated by educated people. I believe (and confirmed) that representatives from the outer islands did not understand all of the concepts and/or technical language that governmental officials talked about. Sometimes, presenters used English terms to elaborate what they would like to express, but this did not help the chiefs and other less educated representatives at all. Also, I felt that many community people could not stand up to ask questions about or comment on any presentation because of two possible reasons: first, the fear that 'the educated people or experienced governmental officials know more or better than you, so don't embarrass yourself'. Secondly, there is a cultural custom that directs young and ordinary people not to comment, give advice or talk in gatherings/meetings that consist of elders and important people. I fell in the second/latter category.

Community Activities

I often found community activities fun and interesting, as I was able to mingle with elders and learn from them various skills and fascinating stories. There were many events or community

activities that I witnessed and/or became involved in during my second phase of fieldwork. What I found or confirmed from these activities was that they created fun, happiness and excitement; required cooperation, communal/group work and willingness to work voluntarily; and were in direct or indirect ways associated with or promoted health. I will select only two community activities and use photos to illustrate those activities and their relevance to the questions explored in this report.

1. *Lase* (local paint) making

The making of *lase* requires energy, time and skills. *Lase* is made by burning a large amount of dead coral stones/boulders, in a big pile of various types of firewood, until molten red hot. When it cools down, it produces a whitish powder. Mixing this whitish powder with water produces a very white paint locally known as *lase*. It will be used to paint the church, community buildings, and even peoples' houses. It makes the buildings and whole community to look clean and beautiful, an important dimension of *ola lei* (health) on the island. The making of *lase* might happen only once in one or two years. It is not a regular activity, thus people often try their best not to miss out on such an activity as it represents a special event.

For the *lase* making event I participated in, the community people flooded to one end of the island early in the morning, to dig the hole for the *lase* making, clear bushes and logs out of the *lase* making area; gather fire-woods and stones; and lay out logs and firewood in the *lase* hole. The men did the hard manual work such as digging, carrying heavy logs and preparing the actual *lase* oven. The women and children cooked and collected firewood and stones. Making of *lase* generally takes two to three whole days.



Figure 17: Men dug the *lase* hole or oven. It took one whole day to dig and prepare this hole



Figure 18: Coconut palm tree trunks/logs were laid, in special arrangement, at the bottom of the *lase* hole. Older experienced men were directing the younger ones how to do the lay-out



Figure 19: Last day of *lase* making. The *lase* hole was filled with firewood and stones up to the top edges of the vertical coconut palm trees trunks. Note that community people were wearing red *sulu* and white tops as a way to motivate the workers and enliven the day



Figure 20: Burning time! Prior to this, the island's pastor made a short prayer to bless the work and lit the fire. It is culturally appropriate in the community to honour the pastor by letting him be the first person to light the *lase* fire. This would burn for many days; several men were selected to look after the *lase* and ensure that the fire did not die out too soon

2. *Nafa Moa & Talo* (Taro crops and chickens competition)

This community activity comes once a year. Sometimes, due to unexpected and upcoming events that clash with this competition, the community has to cancel this great activity. In such a competition, the community is divided into two sub-communities. Almost every man from one team is paired up with another man from the rival team. These partners compete for who will have the bigger or heavier taro crops and chickens. This competition is locally known as *nafa*. The men who take part in the *nafa* have to grow at least five taro plants and feed three chickens. The wives (or whole family) of the men who take part in the *nafa* are often responsible for feeding the chickens and ensuring that the three chickens are fat and heavy.

Again, like the *lase* making, *nafa* is also a cultural community activity that creates happiness, coheres the relationships between community people, and encourages community people to grow taro plantation and farm chickens, not only for *nafa*, but also for their family's consumption. I see this cultural activity as a good way to maintain and enhance food security and health, in general, in the community.



Figure 21: Taro crops of one rival pair were weighed on a wooden balance. The heavier bundle of taro would give one point to the team



Figure 22: Chicken weighing time! Competitors preferred roosters to hens, as roosters are heavier than hens. One point is rewarded to the competitor with the heavier chickens



Figure 23: Once a team scored a point, the women of that team stood up and sang songs, made faces and shouted teasing phrases to the other team. It was a very noisy and lively community activity



Figure 24: It is often the women of the winning team who celebrate the victory. Emotions often run high, and women of the winning team would dance and call out teasing words to the losing team. Members of the losing team were painted with black charcoal and made to parade around the village, before sending them to swim in the sea

Bingo & Yaqona drinking

Bingo and *yaqona*⁹ drinking are new activities from other countries that have been introduced on the island. On Vaitupu Island, there are 7 bingo businesses¹⁰ and this shows how common and well-liked this new activity is on the island. Every day and night of the week, there is always bingo, except Sunday. As a result, nearly all the women and men played bingo. With this many bingo operations on the island, it is hard to fathom the amount of money and time that is spent on bingo. A portion of the family income is reserved for bingo and there would be frustration and anger if the bingo were cancelled due to other island functions such as funerals that people of the community are expected to attend. Many times, when I met with relatives and friends, they

⁹ The other name for *yaqona* is 'kava'. *Yaqona* or *kava* is a crop plant of the western Pacific. Roots of the plant are used to produce a *kava* drink.

¹⁰ Vaitupu Island has the highest number of bingo businesses in Tuvalu. On Funafuti Island, the capital, there are only two bingo businesses. Nui Island is to the best of my knowledge the only island in Tuvalu which still bans bingo businesses on its shores.

would ask for money – not for food, but for bingo. The Island Council (*kaupule*) had allocated certain times and days for bingo businesses to operate their games. Despite the negative impacts of bingo, such as losing money and spending less time with children, I gathered from the bingo goers that they found this game relaxing and a good time, providing a desired break from their work. One woman told me: “bingo makes me happy and relaxed [which is] good for my health”. I always wonder how true this statement is for the other bingo goers and members of the community.

Similarly, a lot of people comment on how popular this new practice of drinking *yaqona* has become on the island. This is a cultural practice in some South Pacific countries, such as Fiji, Tonga, Samoa and Vanuatu, but not in Tuvalu. However, now it is becoming very common on the island. On Vaitupu Island, I saw that many men joined these groups, every night, to drink *kava*. As *kava* plants can not be grown on Tuvalu’s soils, the groups have to buy *kava* powder from private *kava* businesses on the island. They are very expensive, about AUS\$40.00 for 1 kg of *kava* powder. So, people who joined the *kava* drinking had to pay a AUS\$1.00 or AUS\$2.00 as an admission fee (this money contributes to the cost of the *kava* powder). On several occasions, I was summoned to the *kava* drinking party, so that I could pay for the whole packet of *kava* powder!

Apart from the high financial cost of this *kava* drinking practice, I also noted the unhygienic aspect of it. Some health-related risks that are associated with this practice that I noted were: the mixing of *kava* powder with unboiled water, by bare unwashed hands; and staying up until dawn, almost every night. On the other side, however, *kava* drinking is often a practice that is associated with the melodious sounds of guitars and songs. I always love to join a *kava* drinking group just to listen to the beautiful old and new island songs that these men sang. In addition, great stories and advice about fishing, farming, healing practices, and others were shared during these *kava* drinking sessions. I often found this *kava* drinking practice very peaceful, relaxing, rewarding and melodious.



Figure 25: I joined this kava drinking group for an evening – November, 2011. This is a great time for *talanoa* (telling stories), sharing ideas and learning new concepts from the community people/men. This time, I was the story-teller, sharing my research topic and experience as a PhD student to the group. More people came to join at night time. Note the buckets of water and bowls for kava mixing

Imported Food/Items

One of the things I saw during the time of my research was how much reliance people have on imported foods. I mentioned this issue in the first stage (see page 19), but I would like to elaborate more on this problem. On one particular occasion, towards the end of 2011, the two motor vessels of Tuvalu which bring supplies to the islands got stuck in Fiji and Funafuti Island, due to mechanical problems and bad weather. Consequently, the private canteens and Vaitupu Island Store ran out of food and fuel. I noticed the sadness and anxiety among the people as imported foods that they are used to eating, such as rice, sugar, flour, biscuits, canned foods and meats, ran out. I heard many people complaining about the late arrival of the vessel as they now wanted to drink “tea mixed or sweetened with sugar”. Moreover, smokers got very frustrated and stressed out as they had limited or no tobacco and cigarettes for smoking. Many people’s motorbikes stopped running as there was no more petrol on the island. One person, who had a few gallons of petrol left in her canteen, sold it for AUS\$3.00 per liter! This was a very expensive sale for community people on an outer island. The important point here is that Tuvaluans were and are still are relying heavily on imported food and other items such as petrol. Thus when these imported items run out due to the unreliable shipping, people get frustrated and

worried. When the ship finally arrived, people quickly flooded to canteens to buy sugar, butter, meats, smokes, petrol and other items. It seems that people prefer imported food to local food. I heard people saying things like: “I can’t wait for the ship to arrive so that I can drink sweetened tea again” or “...so desperate to eat bread and butter”. This is life on Tuvalu’s outer islands today. Tuvaluans on the outer islands are able to provide their own food from land/sea, but most of the times they just prefer the oily and tasty imported food.

3. Thematic section: *Ola Lei*- Traditional context of ‘Living Well’.

In this section, I examine the usage and the explanations of the Tuvaluan people about this word ‘health’, according to their own words and understandings. This is part of my PhD thesis, in which I ethnographically describe and analyze what different people (community people, students, health/ medical professionals and education professionals) say about ‘living well’ and also how they behave with regards to attitudes about well-being. How do Tuvaluans view health? My accounts of what people do are based on my observations as well as people’s descriptions of what they do.

Tuvalu, like other Pacific islands, had its own understandings and practices around diseases and good living. There are no words in the Tuvaluan language that have exactly the same meaning as bio-medical constructs of “health”; the Tuvaluan ideas of health are commonly linked to cultural identity. The cultural values that Pacific people learn from their respective societies influence their views and ideas about health. For example, Tuvaluans value ‘respect’ because it is one way to maintain harmonious relationships among members of the community and families. As ‘respect’ is an important cultural value, it was embedded in the concept of *ola lei*. Tuvaluans, particularly, use the general phrase *ola lei* as the closest translation for the more specific English word “health”. “*Ola*” means ‘life’ or ‘live’, and “*lei*” means ‘good’. Hence, to Tuvaluans, ‘health’ (*ola lei*) is mostly about ‘living well’ or ‘having good life’. That is, it corresponds more closely to well-being than health.

Ola lei is not a simple word that refers to someone who basically lives well in some general sense. Instead, *ola lei* is a Tuvaluan concept that is multi-dimensional and inherently complex. In fact, *ola lei* means different things to different individuals because of what they have learnt, observed and experienced. *Ola lei* is not only about hospitals, medical treatments, cleanliness of

villages and other material things, but it is also a concept that is attached to or interrelated with cultural values and practices, economy, politics, and the environment of the people in any community.

Ola lei is difficult to explain. This is one reason that leads to the differences in people's definitions of this word. It is one of those words that Tuvaluans often use or hear every day, but find it very difficult to define when asked to. One good example of this difficulty is shown below in one of my interviews:

Me: You may know that this Tuvaluan word, '*ola lei*', is now used by us as a Tuvaluan word for this English word 'health', right? What is your understanding about this word '*ola lei*'? What is '*ola lei*' to you?

Him: *Ola lei?* You mean *ola lei*?
[*He looked at the ceiling with a stony face*]

Me: Yes! *Ola lei*.

Him: Oh! Oh...Oh.
[*Paused and silent for 8 to 10 seconds*].
Ola lei, huh?

Me: Yes...

Him: You mean to which *ola lei*? *Ola lei* in terms of having good life or *ola lei* in terms of the Department of Health?

Me: Any.

Him: Uhhmm...*ola lei*, huh? Oh...oh...it is hard, aye? I don't know...I could not express it in words...

Me: Why not?

Him: I don't know...probably because *ola lei* is a very big word aye? *Ola lei* has so many tentacles...like the tentacles of an octopus [*laugh*]

Indeed, *ola lei* is a big word that made people ponder its meaning and complexities. By analyzing and discussing these ponderings, namely the different explanations given by different

people, I have begun to understand key ideas about or features of Tuvalu understanding of health or *ola lei*. I have realized that *ola lei* is a broad concept with tentacles that are linked to other sub-concepts or sub-dimensions, such as happiness, cleanliness and others. In other words, *ola lei* is a more complicated concept than the English word ‘health’, when the latter is understood in biomedical terms.

What is *Ola Lei*?

The question – ‘what is *ola lei*?’ was asked to interviewees (community people) from different types of communities and institutions. It was carefully asked so that the interviewees could know that they were going to talk about *ola lei*, which, as discussed in the last section, is the closest Tuvaluan translation for the English word “health”.

Kaati la e iloa ne koulua me i te muna Tuvalu tenei, “ola lei”, ko fakaaogaa ne tatou mo fai a te pati Tuvalu ki te muna palagi tenei ‘health’, ne? Seaa te oulua iloa ki te muna tenei “ola lei”? Seaa a te “ola lei ki a koe”?

You may know that this Tuvaluan word, ‘*ola lei*’, is now used by us as a Tuvaluan word for this English word ‘health’, right? What is your understanding about this word ‘*ola lei*’? What is ‘*ola lei*’ to you?

This question led people to talk about *ola lei*, and what they think about and/or around it. Patterns of ideas voiced by the interviewees were analyzed based on their personal experiences, age and status in the family and community. Moreover, observations and taking notes on what community people practised around health was another way that I could begin to answer the question, ‘what is *ola lei*’? My participant observations were done in schools, a few families’ households, communal activities/festivities, and hospitals. These field notes and the relevant parts of my interviews are analysed next.

In its broadest sense, *ola lei* was defined as a state of being. The interviewees, directly and indirectly, talked about and referred to *ola lei* as an ‘optimal and ideal state’ of being. For example: happiness is a positive and optimal state, hence happiness is a key quality of *ola lei*. A negative and unfavorable state such as being physically unfit or ill is not *ola lei*. In fact, WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This WHO definition is the official and biomedical definition of

health in Tuvalu. It is a useful definition. I feel that WHO should be given credit for its attempt to give a holistic definition of health, which at least considers the overall well-being of a person. However, the WHO definition does not directly cover the way Tuvaluans view or understand health.

The WHO definition of health is mostly concerned with an individual perspective. This WHO definition has been a powerful influence on the Tuvaluan doctors and nurses, as they were trained in medical schools in which the WHO's definition of or perceptions about health is used. This was clearly indicated by a nurse, who stated:

Ola lei is not only referring to diseases, but it is also referring to the physical, social and mental fitness of a person. This is the definition I learnt when I studied in the nursing school...and I think it is the definition according to the WHO. (Nurse- Diabetic Section)

Interestingly, but not surprisingly, the nurse was referring to *ola lei* as the “physical, social and mental fitness of a person”. For Tuvaluans, however, it is almost impossible to talk about health or *ola lei* without talking about family and/ or community, because Tuvaluans still have strong ties with their communities and extended families. That is, in the eyes of Tuvaluans, *ola lei* is an optimal and ideal state, not just for individual persons but for people making up or embedded in a community and family.

From what I know of the Tuvaluan language together with the information from my interviews, there are some Tuvaluan words that have almost the same meaning as, or are bound up in an understanding of, the word *ola lei*. They are:

1. *Filemuu* (harmoniousness and peacefulness)
2. *Fiafia* (happiness)
3. *Malosi* (fitness)
4. *Ola leva* (longevity)

These are qualities of *ola lei*. In Tuvalu, these words are often used to define and describe the nature of *ola lei*, in the Tuvaluan context. Figure 26 below shows that the key qualities of *ola lei* are interrelated to each other.

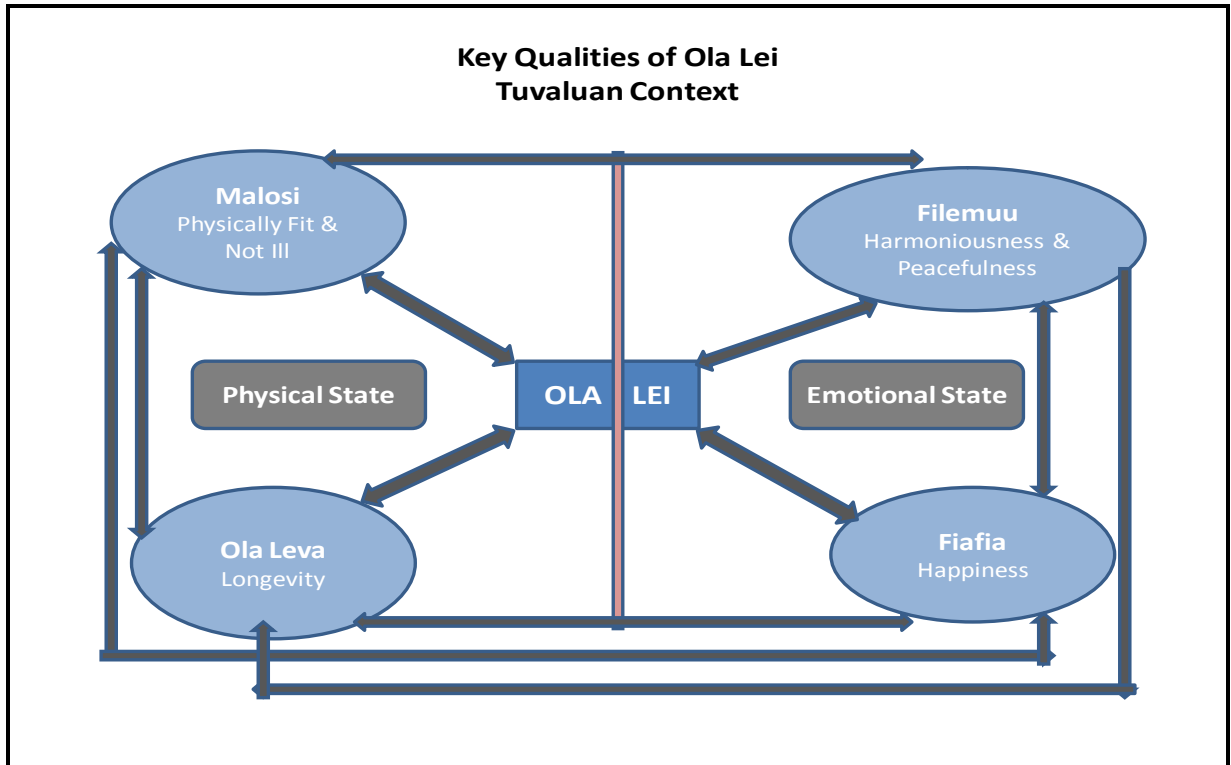


Figure 26: Key qualities of *ola lei* in a Tuvaluan context

If we think of a continuum, any given person would talk about *ola lei* as the ideal physical or emotional state of a person (or people). Hence, *malosi* and *ola leva* are aspects of the physical state of a being, while *filemuu* and *fiafia* are parts of the emotional state. Obviously, there is also an interrelationship between the key qualities. For example, a physically fit person will be happy and vice versa. All these key qualities of *ola lei* are all needed to come together in order to attain *ola lei*. *Malosi* by itself, for example, would not be worth much if other qualities such as *fiafia* are absent. Or *ola leva* is only good if you have the other qualities of *ola lei*; as *ola leva* by itself is not worth much if you are not physically fit and happy.

1. Filemuu (Harmoniousness and peacefulness)

Filemuu is the ‘harmoniousness’ and ‘peacefulness’ of the society. It is the absence of or minimal violence, fights and arguments and the presence of people sharing peaceful relationships that create a peaceful and harmonious society. In Tuvalu, the literal meaning of *filemuu* comes from *muu* which means ‘quiet’ or ‘calm’. Thus, *filemu* in a community means fewer disturbances from people’s behavior and actions. In general, Tuvaluans in their respective communities see themselves as peaceful people, and they take pride in that peacefulness.

In the church services that I attended, children were often seated in the front area of the church, with a few Sunday school teachers surrounding them. If some kids were fighting or making a lot of noise, a teacher would always call out with a stern voice: “*Filemuu!*” The kids would quickly calm down. This was an indication that the communities value peacefulness and harmoniousness; hence adults often reminded the young children, in public or private, to live and play peacefully. It is the reminding word that calms down children (and community people) in times of arguments and misbehavior. In this way, harmoniousness and peacefulness have been embedded into the culture and customs of Tuvaluans. Moreover, on Vaitupu Island, for example, there is a customary law that prohibits people from making noise after ten o’clock in the night and drinking alcohol within the boundaries of the main village. Currently, community elders often voice their worries and concerns about the peacefulness of the community in the future, as they see a change in the younger generations’ attitude towards the *filemuu* value. This concern was clearly mentioned by one interviewee:

A niisi mea kolaa e matea nei ne au i taimi nei...ko niisi tino kolaa e taumafai o ofa ne latou a tuu mo aganuu a tatou. Seai laa se ola `lei e maua mai ei. Au e faipati ki tino kolaa e ofa ne laaou a tuu mo aganuu...tino kolaa e koonaa valevale kae paakalaga i te kano o te fakai...seai se ola `lei maua ne tino koonaa, penaa foki tatou tino o te fenua, manafai e kosukosu penei ne `tou tamataene a tapu o te fenua ne?

Some other things that I can see these days ... those people who are trying to break our customs and traditions. No *ola lei* can be achieved from that. I am talking about people who break customs and traditions ... people who carelessly [get] drunk and [go] shouting around in the village ... that’s not *ola lei*! No *ola lei* can be achieved by those people as well as the people of the island, if our young men are breaking the taboos of the island, eh? (Community elder & traditional healer; 60+ years old).

The community people looked upon *filemuu* not only as an important dimension of a peaceful life but as a word that has a similar or close meaning with the word *ola lei*. Thus, *ola lei* is *ola filemuu* (living peacefully).

Ola lei, if we look at it, it has a wide meaning ... it is living peacefully. Human beings live peacefully...with blessing lives. (Community leader- 50 + years old)

To me, *ola lei* ... is just you are living peacefully in the community or family. Don't need to have a kind of leadership that can make life suffer. (Woman leader, 50+ years old)

The interviewees primarily looked at *filemuu* of the community as a whole. They placed great importance on *filemuu* for the whole community. To the community people, *filemuu* is a community resource that all members of the community should have. As one school matron stated: “*Ola lei* is when we or students live happily and peacefully...” (School matron, 50+ years old). Such peacefulness would only be interrupted when there are conflicting relationships (between different views and perceptions) within a community or institution.

Furthermore, the relationship or space between different people should be negotiated and reconciled, in order to create peacefulness. In order to throw light on this valued state (peacefulness), Pacific scholars have developed a Pacific (mostly Polynesian) cultural concept known as *va*. This term is a Samoan, Tongan and also Tuvaluan word that means ‘space’ or ‘relationship’. In their report to the NZ Ministry of Education, Anae, Mila-Schaaf and colleagues extended the term *va* into a concept that emphasizes working together and creating a new *va’a* (space or relationship) between researchers, policy-makers and participants in Pacific education research. This is the “*teu le va*” concept (Anae et. al, 2010, p. 5). By nurturing (*teu*) the *va* (relationships) among people and between them, optimal relationships will be created and sustained (Mila-Schaaf, 2008). Therefore, everyone is expected to practice behavior and actions that promote good space or relationships between them and other members of the whole community.

Interestingly, none of the students mentioned *filemuu* in their definition of *ola lei*. It makes me question why these school children (in primary and secondary levels) did not mention it. Why did not students, like older community people, think about *filemuu* as a valued state of *ola lei*? This question got harder when a primary school’s head-teacher thought and stated that:

Ola lei is one of those things that we should prioritize...and the students, or our children, should know what is right and to do that right thing. A school should teach students to feel genuinely what should be done and what should not be done, aye? For example, the students should know how to respect to teachers, parents and all other people. The students should know to talk respectfully to people and live peacefully among the community people.

Living peacefully in the community and schools is a key quality of *ola lei*, which was expected to be taught in schools and families. However, it was curious and surprising to me that not a single student mentioned *filemuu* as a key quality of *ola lei*. Was it because they live in an already-peaceful place; thus ‘peacefulness’ was not a big deal to them? Or was it that the schools’ curriculums largely focus on the physical side of health?

2. Fiafia (Happiness)

Most afternoons I went to chief Seu’s house to tell stories and play board games, particularly the games of chess and Sorry! Seu is well-known on the island, for his great sense of humor. He is a great orator, who never stops talking and teasing when playing board games. Hence, my wife and I could not resist going to Seu’s house every afternoon, just to have a good laugh from his great stories and jokes, besides playing board games and listening to chiefly politics. One afternoon, just as we were about to begin our game of Sorry!, the chief told me that he heard from one of his friends (whom I had interviewed) that I interviewed him about *ola lei*. Our conversation began:

Me: *Ao...ne silisili au ki a ia me seaa tena iloa mo tena fakamatalaaga ki te muna tenei ola lei.*

Yes...I did interview him on what he knows or what his explanation is about this word *ola lei*.

Chief: *Ola lei?*

Ola lei?

Me: *Ao, ola lei. Seaa tau faka`tau, mata nei a taa tafaoga tenei e fai faeloa i aso katoa se vaaega o te ‘ola lei’? [Laughed]*

Yes, *ola lei*. What do you think? Is this board game we play every day part of *ola lei*? [Laughed...]

Chief: *[Laughed...] Taina, a taa tafaoga tenei e fai saale, e maua ne taaua a te fiafia. Me i te fiafia, ko te ola lei tenaa. A te ola lei ko te fiafia! E lavea ne koe a te*

taa`fao fiafia o tamaliki kolaa, mo te logoaa mai o tamataene mo tamafine i te voli-poolo...e fiafia ne? Ke oko ki fafine konei e bingo mai koo, e maua foki ne latou a te fiafia, e tigaa i ei e luusi a olotou sene [laughed]...A loto mo mafauafauuga o tino e fiafia...a te agaaga mo te tagata e malie, e maamaa te mafauafau, taatou e katakata kae see fanoanoa. Te mea tenaa se fiafia...se ola lei! Kaeaa e tonu nei oku mafauafauuga konaa? Io me ka kilo ki ei ou faiakoga konaa i Niu Sila, ko see fakatau loa i te `see-palakii [laughed...]. Kae ui ei, saga mai ke taa koe ne au i te sorry...ko koe ke fanoanoa, ko see ola lei i ei koe...[laughed].

[Laughed...] Brother, this game that we used to play makes us happy. Happiness is *ola lei*. *Ola lei* is happiness! You see those children who play there...and you hear the cheery shouting from the young men and women who play volleyball there...they are happy, right? Even those women who played bingo over there, they are happy, though they are losing their money [laughed]. Hearts and minds are happy...the souls and bodies are satisfied, the minds are at ease and relax, we laugh but are not sad. That's happiness...it's *ola lei*. Am I right with my thoughts and ideas? Or would your lecturers in New Zealand see my ideas as the most stupidest ideas of all? [Laughed...] Anyway, let's play the game of Sorry!...let me defeat you so that you may get sadness, then you will not get *ola lei*...[laughed].

Me: [Laughed...]

As we laughed, I quickly looked around and studied the joyful atmosphere of this part of the community, at this part of the day. I listened to the cheery voices around me. All the afternoons that I had been here, I did not notice these things. I only heard voices but never thought about the deeper meaning behind those cheery noises coming out from this part of the community, every afternoon. Perhaps it was because I am used to this cheery atmosphere in my own village, which made me wonder if an outsider researcher, from a troubled area in the middle-east region, for example, would notice this cheerfulness and happiness more quickly than I, an insider?

Seu was right. Behind his local house, a group of men were drinking *kava* (*yaqona*) as they sang old songs along with the melodious sounds of the guitars and ukulele. In one of the houses nearby, a crowd of women were quietly playing bingo. A few meters away from where we sat, more than twenty young men and women played a fun and friendly volleyball game, with loud

shouting voices. Evidently, the bingo players often ‘shooed’ the volleyball players as the noise disturbed their concentration. Under some breadfruit trees, some young kids were playing casual games of cricket and soccer, while others rode their nearly fallen-apart bikes around the dusty dirt paths. From where we sat, I also heard children’s joyful voices from the lagoon, probably forty meters away. This is the normal routine, for this part of the community, almost every afternoon (except Sundays). I realized that I am surrounded by and part of the happiness (*fiafia*) in this part of the community.

Fiafia is the Tuvaluan word for the English word ‘happiness’. *Fiafia* is a state of being that (this part of) the community, for example, created in the afternoons. It is a feeling that is not given but created by people in their activities and ways of life. Seu defined *fiafia* from different emotional directions, ranging from satisfaction (in spirit and mind) to deep joy. In Tuvalu, *fiafia* is characterized by cheerful behaviors or actions such as laughing, singing and dancing, playing games, being willing to do communal works, and not being sad. In other words, *fiafia* is a key quality and emotional aspect of *ola lei*.

Like peacefulness, happiness was not included as an indicator or measurement unit for development. Emotional issues such as happiness were not considered by the UN when they formulated the Millennium Development Goals (MDGs). However, countries such as Bhutan included and used happiness (‘gross national happiness’) as an index to measure the people’s quality of life, instead of the gross national product (GNP). In August 2011, during the launching of the Tuvalu MDGs Progress Report 2010/2011, not a single invited member of the audience curiously asked where happiness (and peacefulness) is in the development spectrum of the nation¹¹.

In times of communal works and festivities, the concept of happiness is often voiced. Some of the most common ‘happiness’ phrases that are often heard in the communities are: “*Te olaaga nei ko koe loa ke fiafia*” (In this life, you have to or must be happy); “*Fiafia koi taulealea koe*” (Be happy while you are still young); “*Mea katoa loa ko te fiafia*” (Everything is but happiness);

¹¹ I attended the launching of the Tuvalu MDG Progress Report 2010/2011 in Funafuti Island, Tuvalu. It was held on 24th August, 2011. Invited audiences included retired senior governmental officers, government secretaries and directors, NGO representatives, and others. The Minister of Finance chaired the launching, with the help of his senior officers.

and “*Te koga e nofo i ei a te fiafia, e nofo i ei a te Atua*” (Where there is happiness, God is in that place). These phrases are geared to promote or boost people’s morale or moods, in times of arguments or during dull moments. Even during community functions, I usually hear from the old men’s exchanges their urge for more happiness when they feel that the function is a bit dull. They may say: “*a te aso e pelaa me `noga. Tai muumea aka a te matagi*”, which literally means that the atmosphere of this day seems a little bit dull, thus there is a need to create more happiness or lift up happiness a little bit more. It is shown here that happiness is a state of being that community people desire and aim to maintain in the community.

However, some of these phrases may negatively influence the people’s attitude towards *ola lei*. For example, there are people who often used such excuses as “*te olaaga nei ko koe loa ke fiafia*” (in this life, you have to or must be happy) to wave off medical advice that eating oily foods such as pork or drinking alcohol every day is bad for their health. One health officer complained:

Ka fai atu nei me i te kai mea `sinu e faka-aatili maafua ne ia a te suka io me ko te toto maluga, kae olo aka foki loa laatou mo olotou fakamasakooga penaa...ko te tinae loa e paanaki mo ia...kae ko koe loa ke fiafia ona ko koe ne kai ki te moomona ne? [laughed...]

When telling them that eating oily or starchy foods triggers diabetes or hypertension, they [community people] come up with excuses such as...let the bowel deal with the things we eat...but just become happy by eating the yummy oily food, hey? [laughed...] (Nurse, 40 years old).

In other words, ‘happiness’ is used as an excuse for people to carry on what they have been doing even when those practices are unhealthy, since those things make them happy. This is a challenge to health officers who often hear such excuses from community people when they do awareness programs or health-related talks in communities. On the other side of this, there is a Tuvaluan phrase that credulously reveals that “happiness leads to sadness”. It is superstitiously believed that too much happiness is often followed by sadness and disappointments. Hence, it is suggested that people should control or maintain their happiness to a level that is not too high, as it will be a disastrous or painful experience if that high level of happiness is turned into sadness.

Fiafia is a key valued state of Tuvaluans. This explains why *fiafia* was often mentioned by community people, particularly the community leaders and poorer people, in their definition of *ola lei*. This is because one of the things that reflects a good leader is his/her ability to make decisions that can bring about happiness and satisfaction (and peacefulness) in the community. Below are the definitions of *ola lei* from some leaders:

Ola lei is happiness and good living of the people of Vaitupu. If their life is good and peaceful, they will live pleasantly on the island, eh? (Paramount Chief, 70+ years old).

...Members of the organization or community to be satisfied of what we [leaders] do or decide....so that all people are happy and satisfied with what we [leaders] set up for the community...Happiness and satisfaction in organizations is *ola lei*. (Community and church elder, 70+ years old).

The *ola lei* is anything that you do, you should feel contented. Your body and mind are fit and function well. You are happy with the people you live with, in the family and working place. Anything that you do, you do it in good heart and happiness right? (Secondary school principal, 60 years old).

As community leaders are associated with community people's happiness or expected to create and maintain happiness (and *filemuu*) in the community, it is no that wonder happiness was a prevalent component that emerged when such leaders talked about *ola lei*. In fact, it is not only the leaders who think hard about the value of *fiafia* when defining *ola lei*; ordinary community people do so as well.

Moreover, poorer community members, or those without leadership status in the community, did consider *fiafia* as an important component of *ola lei*. That is, due to the state of life being poor and the hardships they face, there is always a desire for happiness in these poor families. Interviewees from a poorer part of a community on Funafuti Island mentioned *fiafia* as a state of being, which they desired to have.

I aso katoa, e taumafai malosi matou o fiafia ki mea ko maua io me talia ne matou a mea ko maua i te aso. Kae `talo foki matou ke maua ne matou a te ola mo te fiafia mo te manuia i te suaa aso. A te fiafia ko te ola `lei o te kaaiga ne? Ka seai se fiafia, ka maofaofa a te kaaiga ne?

Every day, we try hard to be happy with what we've got or graciously accept the things we got on the day. And we also pray that we may get life, happiness and blessings on the next day. Happiness is *ola lei*, right? If there is no happiness, the family would break up, right?
(Mother & member of a poorer community, 40+ years old)

It seen here that *fiafia* is a motivating force that keeps members of poorer and ordinary families united and cohered in Tuvalu, much as those who enjoy a more privileged way of life. Moreover, it also seems to promote acceptance and hope.

Fascinatingly, again, like *filemuu*, not a single primary school student mentioned *fiafia* when defining *ola lei*. About 25 percent of secondary school students whom I interviewed included *fiafia* as a component or key value of *ola lei*. It seems that *fiafia* (and *filemuu*) become serious components of *ola lei* only as age increases. Why was *fiafia* not a popular or more prevalent concept to students, particularly the younger (primary school) students? By looking at the students' responses, the most prevalent key ideas about health were cleanliness, good diet and being physically fit (not ill). According to the school teachers, the health science/education curriculum, and my own experience, these notions (cleanliness/hygiene, good diet and being physically fit) were the primary key ideas of health that are taught to students in schools. Possibly, this was one reason why students (especially the younger ones) did not include these social-emotional aspects of health, such as peacefulness and happiness, as key values of *ola lei*. It would appear that many students are missing out on learning the significance of these emotional aspects in their understanding or definitions of *ola lei*. It seems that schools are a bit narrow in teaching the students only the biomedical meaning of health or *ola lei* at the expense of a more holistic understanding. Apart from the child knowing how to define health or understanding more of the concept of *ola lei*, it might be helpful for the children to recognise the importance of the different components of *ola lei*, such as *fiafia* and *filemuu* for example, to their well-being.

3. *Malosi* (fitness)

In Tuvalu, *malosi* literally means fitness. It is the fitness, commitment and strength that enable people to do activities and whatever they want to do. *Malosi* is a broad concept that covers the

physical, mental and spiritual spheres of a person or people of a community. Figure 27 below shows the three main aspects of *malosi* in a Tuvaluan context.

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The Three Aspects of Malosi- Tuvalu

Figure 27: The three aspects of *malosi* in a Tuvaluan context

In fact, *malosi* is often used or heard in a Tuvaluan everyday greeting:

Person 1: *Talofa. Eaa mai koe i te aso tenei?* (Good day. How are you today?)

Person 2: *Fakafetai. Au e malosi fua.* (Thank you. I am *malosi*.)

Malosi is the word mostly used by the replier or Person 2. That is, instead of relaying each of the three aspects (physical, mental and spiritual fitness) in separate accounts, the replier may just use *malosi* to represent them all. However, at times the replier may separately describe the three aspects of *malosi*, particularly when he/she feels that one or two aspects is/are not well or fit (*malosi*). On such occasions, for example, he/she might reply to Person 1's greeting by saying:

Person 2: *E malosi toku agaaga mo te mafaufau/loto, kae ko te foitino e vaivai.* (My spirit/soul and mind/heart are fit, but my physical body is weak).

or,

E malosi te foitino, kae vaivai te agaaga mo te loto. (The physical body is fit, but the spirit and mind are weak)

So, in order to carry out activities and work, community people need to be physically, mentally and spiritually fit, besides meeting other requirements such as having money, land, good leadership and others.

From the interviews, only some of the older community people (but not all of them) recognised and referred to the fact that *malosi* not only refers to the physical side of health and fitness, but also includes positive spiritual and mental states of being. It is interesting, however, that not all community people covered all three aspects of *malosi* when they talked about *malosi* or defined *ola lei*. That is, some community people focused only on one or two aspects but left out the other(s). For example, a strong Christian believer whom I interviewed claimed that we only need spiritual fitness in this life to make us *ola lei*. For most participants, however, it did not seem practical to rely entirely on spiritual fitness to reflect *ola lei*. Other interviewees, on the other hand, talked about physical fitness and spiritual fitness but left out the mental fitness aspect.

Interestingly, the most referred to aspect of *malosi* was the *malosi faka-te-foitino*. This is reflected by the positive physical attributes, such as physical strength, endurance, hard-work, and good body building/growth, all of which the interviewees talked about.

Ola lei is a thing that we lived with ... if we are strong and hard working, our family will be *ola lei* right? These are the words of our ancestors, that is... if we are strong enough to look after our family; our children will live happily right? To have *ola lei*...is the one thing that we struggle for. (Community member and *Kaupule*; 60 years old).

Malosi faka-te-foitino (physical fitness), in terms of being physically strong, having endurance or being hard working, was seen by community people as a key quality of *ola lei*. However, *malosi faka-te-foitino*, which is indicated by 'not ill', is by far the most popular definition of *ola lei*, particularly to those community people who had experienced serious illnesses, such as diabetes. In other words, the sick people (such as diabetic, arthritic and cardiac patients) interviewed, mentioned that *ola lei* is the *malosi faka-te-foitino*; that is, no illnesses reaches the physical body because the body is fit and well. Obviously, these interviewees have endured suffering for so long that when asked about *ola lei*, they promptly thought of their sickness and wished that they

are not ill but have *malosi faka te foitino* (physical fitness). As one diabetic patient with an amputated leg explained:

...I saw that *ola lei* is linked to sicknesses. I also saw the link between *ola lei* and sicknesses. *Ola lei* is the taking care of our bodies to prevent us from getting sick. *Ola lei* is us doing the things that we should do in order for us to grow strong and healthy and far from sicknesses...Now I see that a good complete body [pointing to his amputated leg] with a strong body... or not ill is *ola lei*, right? I think this is because I am having this illness, because when I was young, I did not care about the definition of *ola lei*. I just heard the word *ola lei*, but did not know what it is...or did not care to know what *ola lei* was...and now, I know now the importance of *ola lei*...I wish I had listened to [diabetic] awareness programs and been careful about my diet. It's just too late... (Male diabetic patient, 50 – 60 years old; sadly passed away a few months later).

The painful and 'I wish I am not ill' feeling was a significant reason why almost all patients interviewed focused particularly on *malosi faka-te-foitino*, which is associated with 'not ill', as an important and common aspect or key quality of *ola lei*.

Moreover, not a single child or student mentioned *ola lei* with respect to *malosi faka-te-agaaga* and *malosi faka-te-maufau*. However, and fascinatingly, about 50 percent of the interviewed students defined *ola lei*, in general, as 'physically fit, and being not ill'. That is, there is a very popular view, from the students, that *ola lei* is about ensuring that illnesses and diseases are far away from our physical bodies, so that we have *malosi faka-te-foitino*. This is a common response given by students when asked about their views on *ola lei*. It seems that the students do not have a complete understanding about *malosi* as they did not mention spiritual and mental fitness when they talked about *ola lei*. This means that these young ones are more concerned about their physical being than their mental and spiritual states of being. Who and what caused this imbalance? This suggests that schools and churches fail to teach the students the complete components of health (*ola lei*), in order for the students to be successful, in terms of their health, in their society. In other words, I strongly believe that schools and churches in Tuvalu have important roles in teaching or preaching to the students about the linkage and/or interrelationships between being spiritual and *ola lei*.

Ola leva (longevity)

Ola leva literally means living a long life. This concept of *ola leva* is interesting because, first and foremost, not a single adult from the communities mentioned it, except two young informants: a primary school student and a teenager who had dropped out from primary school a few years back. This led me to wonder why the older community people did not mention this concept of *ola leva*. Are the elders not the more experienced ones, in terms of Tuvaluan life, concepts and language? I was not certain if these children just said *ola leva* without really knowing or thinking about the meaning of the concept. This was because when I tried to make them elaborate a little bit more on what they meant by *ola leva* and how it is a key quality of *ola lei*, they just shrugged their shoulders and simply said that *ola lei* is *ola leva*. These doubtful questions and the fact that two young members of the community were the only informants who mentioned *ola leva* as a component of *ola lei* made me think of putting this concept of *ola leva* under my pillow and moving on. Fortunately, a local game of cricket which I was involved in, plus a great old man's advice, saved the concept of *ola leva* from being overlooked.

It was my turn to bat. The man on my team whom I was going to replace was sent off as his wicket got hit on the very first bowling; loud laughter was the result of such funny incidents such as hitting your wicket with your own bat or being 'duck', (that is why I like spending Christmas holidays on the island, because I love playing local games of cricket and *ano*, no matter how bad (or good) I am, in these games). Anyway, I got up and walked over to a breadfruit tree where our team's bats were kept. As I was in the process of choosing a suitable bat for me, an old man, who is well-known in the community for being good in cricket games in his day, called my name and gave me a tip:

Tufoua, taumafai kae talo ko te poolo muamua loa ke fano mo koe. E fano loa mo koe, e iloa loa ne koe me ko ola leva koe...

Tufoua, try and pray that you hit the first bowled ball. If you hit the first bowled ball, you will know that you will *ola leva*...

The old man gave me the advice, based on his experience that hitting the first bowled ball will make me stay in the game for a longer time. What interested me was the word *ola leva* that the old man used in his 'batting tip' to me, before I went in to bat.

A few days later, during a community function, I ran into this same old man. Quickly, I asked him for an interview and took out my notebook and digital recorder. I reminded him of his ‘hit the first bowled ball’ advice and its relation to *ola leva* and *ola lei*. The old man theorized:

A te ola leva i te kilikiti, e pau loa mo te ola leva i te olaaga. Ola leva e maua i te puke ne koe a te uluaki o mea katoa. Me e iloa ne koe, a te uluaki-mea e aogaa ki te ola lei. Maanava koe ki te ea fou o te taeao `malu o te aso, e maua ne koe a ola lei; te kai ne koe a fuataga muamua o te taukai, e aogaa foki ne? A te inu o kaleve o te taeao, e magalo fakaatea loa i loo kaleve o te afiafi, ne? Ko te tomua o te tautai ki te moana i te vaveao...ka poa a ia i ei. Tufoua, e tenaa foki te agaaga o te fano koe mo te poolo muamua...e pakee loa a te poolo i tau pate i te tea muamua...e iloa loa ne koe me e `poi a faatea, ke oko ki loto i tautuaa ka tukaki... e iloa loa ne koe, me ka ola leva koe kae ka olaola foki te otou kau...

Living long [batting for a long time] in cricket is just the same concept as living long in this life. *Ola leva* is often associated with ‘having the first thing’. To use a new or first product/item/thing is important for *ola lei*. Breathing the fresh air of the early morning makes you *ola lei*; you eat the first fruit/crop of the harvest, it is important, right? The toddy-juice¹² of the morning is more fresh and sweet than the afternoon toddy-juice, right? The earlier the fisherman goes to the sea...the more fish he will catch. Tufoua, that’s the same concept of why you have to hit the first bowled ball...because as that first bowled ball hits your [cricket] bat, it will give out an important thudding-sound...you will know that [thudding-sound] will make the bowlers panic, even the field-players will be slacked...and you will know that you will be *ola leva* [batting for a long time] and your whole team feel alive as well... (Elderly member of the community; male of more than 80 years old).

The old man, in a sense, is theorizing and envisioning that *ola leva* is associated with consuming good and fresh foods from the land and sea, and living in a fresh and clean environment/community. It was his testimony for living up to 80 years old, in a developing country that only has a life expectancy of 67.4 years for males (Ministry of Finance and Economic Development, 2011: p. 23). It seems, in other words, that *ola lei* is the first and

¹² Toddy juice, locally known as ‘*kaleve*’, is collected from a coconut palm tree’s shoot (flower). Cutting or gathering toddy is a man’s job, which is done twice a day (dawn and dusk).

foremost state of being that community people need to find and obtain in order to achieve *ola leva*.

In fact, after talking to the old cricket star, my sarcasm towards the two youngsters who mentioned *ola leva* when they defined *ola lei* faded away. I had to go back to re-visit two older community members whom I had previously interviewed and asked for their thoughts on *ola leva* as a component of *ola lei*. They agreed that *ola leva* is a component of *ola lei*, and added that *ola leva* is given only to good people.

Ola leva se meaalofa a te Atua ki tino kolaa `lei. Tino kolaa ne alofa kae aava...tenaa te tau'i o ia. E tonu, ne ola leva a kita ona ko te `lei ona meakai kae see masakisaki...e ola `lei a ia ne? Kae ko te ola leva, i toku talitonu, e ave ne te Atua ki tino kolaa e aava kae loto-maulalo ne? Mea nei ko te mea-tauloto foki loa a matou i taimi koi foliki i ei matou, ke oko mai foki loa ki taimi nei, koi fai loa a te tulafono e lima tenei ne tamaliki i olotou mafau'fauuga... [spoken in Samoan language] "Ia e aava i lou tamaa mo lou tinaa, ina ia e faalevaleva ai lou aso i le nuu o le afio na mai o Ieova lou Atua ia te oe", ne? A te ola leva i a te Atua e tuku atu e pelaa me se tau'i ki a kita telaa e aava ne?"

Living a long life is God's given gift to 'good' people. Those people who were loving and respectful ... that is their reward. It is true that one lived long due to good food he/she ate and not sickly ... she/he lived well isn't he/she? But I believe that *ola leva* is given to those respectful and humble people, right? This was our memory verse since childhood up until now; even to this day kids still memorize and say this 5th commandment during their *mafau'fauuga*¹³. [Quote from the bible in the Samoan language]¹⁴ "Respect your father and your mother, so that you may live a long time in the land that I am giving you", right? Long living is given by God as a reward for those who are respectful and polite eh? (Old member of community, female 60+ years old)

¹³ *Mafau'fauuga* is the prayer fellowship that children often do every afternoon, just before sunset, in their own homes. Church mothers go from house to house to ensure that children do their *mafau'fauuga*. Parents will be penalized if their child/children is/are not present during the check.

¹⁴ This is God's fifth commandment written in Exodus 20 verse 12. It is one of the most common bible (memory) verses that is used daily by children in their evening prayer fellowships, locally known as *mafau'fauuga*. Tuvaluans used the Samoan bible and hymns until the Tuvaluan bible was available in late 1980s.

Undoubtedly, *ola leva* is an important concept in a Tuvaluan community. The most respected group of people in a Tuvaluan community is the elders. Culturally, the level of respect increases as age increases (but not as wealth increases). *Ola leva* symbolises respect, authority and *ola lei*. In families, the elders are treated with respect and specialty. For example, elderly family members are served first and/or often given the best food during meals. The relationship between *ola leva* and ‘respect’ is often taught and discussed in families and also in church. That is, community people will greatly and highly respect old people (who live long or *ola leva*); while respecting and being kind to people will make you live long (*ola leva*). This relationship or concept will be discussed in more detail in Section 3 below.

The other interviewee, on the other hand, placed *ola leva* in second place.

Au ki a au e pelaa me see fakataaaua ne au a te ola leva, ke fai mo se taaketi o toku olaaga. E tonu, a te ola leva e aogaa me ka mafai ne koe o matea a te olaaga ki se taimi e tai leva, io me lavea ne koe ou mokopuna mo ou mokopuu ne? Kae ko au laa e fakataaaua atu loa ne au a toku ola fiafia i te vaitaimi e ola i ei au. Te taimi e mate au, e malie fua au ki ei me e pule a te Atua. Kae ko au e manako fua ke ola `lei au kae ke see puapugaatia au i te taimi e ola ei au.

To me I don’t value *ola leva* as a target in my life. It is true, long living is useful as you can be able to see life for a longer time or see your grandchildren and great grandchildren, eh? However, what I value more is living a happy life while I live. When I die, I am satisfied as it is God’s will and power. But I only want to live well but not suffer during the time I live. (Elderly member of the community, 60+ years old).

Perhaps, this explained the fact that the above interviewee did not seriously consider *ola leva* as an important component of *ola lei*, when interviewed in the first place. He saw that *ola leva* is not guaranteed because death can always step in, in its own time. Death can always take away young and old people at any time, and no one knows when their time will be. For this reason, this participant felt that the most important thing to do is to ‘live well’ on the days that you live.

Ways of achieving *ola lei* in Tuvalu.

Ola lei is an optimal state of being that the community people have to work at in order to obtain it. From my interviews, I saw that interviewees were focusing on the several and complementary means of achieving *ola lei*. Naturally, community people in all age groups, in

the process of defining *ola lei*, talked about features or practices that are related to *ola lei* and/or health. These features, such as cleanliness, readiness and others, are vital for the achievement of *ola lei* or key qualities of *ola lei* such as *fiafia* and *filemuu*. There are about eight key ideas or practices that community people talked about as ways of achieving *ola lei*. The features are:

1. *Tuu-maa* (Cleanliness)
2. *Toka* (Readiness)
3. *Galue malosi* (Working hard)
4. *Maumea* or *Maukoloa* (Richness/Wealth)
5. *Meakai e lava & lei* (Food abundance and quality)
6. *Poto faka-Tuvalu* or *Logo* (Accessing traditional skills/knowledge)
7. *Talitonu & Fakatuanaki ki te Atua* (Belief in and being faithful to God)
8. *Lei a te masaki* (Recovery)

These key features will not be conceptually discussed in detail at this stage of the report. They will appear, however, in the main thesis.

Conclusion

The fieldwork (i.e., what I observed, became involved in, and witnessed), on the whole, opened my eyes and widened my knowledge of how Tuvaluans, in communities and schools, understand and view health. Specifically, the fieldwork gave me the opportunity to investigate and understand the community people's views, ideas and practices around health or *ola lei*; government health initiatives; community people's need and desires in terms of health services and programs; and development gaps or key issues that are seen in the education and health departments, schools and other areas, which may hinder health promotion programs and practices.

This means that the results of this research project will provide a clearer picture for health workers, educational professionals and community people to prevent health problems and promote health to a higher standard in Tuvalu. A key outcome from my research will be a better understanding of how schools, islands' local governments and youth organizations can help improve the health of young people and their communities. Moreover, this research will provide

Tufoua Panapa (November, 2012)

Transnational Pacific Health Research Project- Fieldwork Report

information that can help the Tuvalu Department of Health better understand outer island people's needs and world-views; thus, health professionals can use this information to fine-tune health outreach efforts on the scattered islands of Tuvalu. In other words, a major health development outcome that might be facilitated by this research project is that it will give a clearer understanding on how to map out practical ways for improving health in Tuvalu.

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