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INVESTING IN OUR YOUNG PEOPLE:

AKAUPOKOTUANGA I TA TATOU MAPU
NO TE AU TUATAU KI MUA

NETI OKOTAI TAMARUA HERMAN

A thesis submitted in partial fulfilment of the requirements for the degree of
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ABSTRACT

Although most young people engage in positive life activities and become healthy adults, some become involved in risky behaviours. This has long been a concern for families, health professionals, policy makers and academics. Despite considerable research and the construction of a range of theories and interventions very little research has been done about young people in the Pacific, including in the Cook Islands where this thesis is based. The aim of this study is to address concerns about young people by developing a health promotion model in a Cook Islands context for young people in the Vaka Takitumu, a specific district of Rarotonga, and to contribute to scholarly debates on youth development.

As a key step in developing this model, my research examined the health and wellbeing experiences of young people in the Cook Islands within a socio-ecological framework. This was guided by Community Based Participatory Research and Participatory Action Research approaches. This investigation explored the health behaviours of young people and how cultural identity, spiritual and health beliefs, and social networks impact on these behaviours. A community assessment was conducted with twelve focus group interviews, twenty key stakeholder interviews, and twenty key informant interviews, to examine concepts of health, the positive contributions by young people to themselves, their families and their communities; the issues and concerns faced by young people; and strategies for solving or minimising the impact of the issues and concerns identified by the participants.

The results of this step suggested that a new paradigm using the Pu Ara Model which depicts a “health promotion” and “positive youth development” approach was powerful in the Cook Islands context. Young people voiced their need to be part of the big picture and to be part of the solution. The Pu Ara model emphasise strength-based and positive development outcomes. Young people need to belong, and be connected to family and communities to thrive. They also need to be empowered, have a voice, and learn the competencies and leadership skills to prepare them for adulthood, so they can engage and participate in meaningful activities and decision making, take responsibility for their actions and actively participate in civic discourse. This reflects a major shift in thinking in the Cook Islands, in that adults need to work in close partnership with young people in
providing opportunities, learning experiences, and support. Ultimately, the implementation of the model needs a multi-sectoral collaborative effort by everyone, including young people, in the community.

Keywords: Young people, community, health, wellbeing, health promotion, positive youth development, Pacific, Cook Islands, Vaka Takitumu.
DEDICATION

I wish to dedicate this thesis firstly to my husband Dr. Tamarua Teariki Herman. Thank you very much for all your love, understanding and encouragement for me throughout this most challenging journey. I truly value and appreciate all that you have done for me, and also for taking care of our children, grandchildren and especially my mother. Thank you for your patience and support.

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<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AOG</td>
<td>Assembly of God</td>
</tr>
<tr>
<td>AUSAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>CBPR</td>
<td>Community Based Participatory Research</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all forms of Discrimination Against Women</td>
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<tr>
<td>CF</td>
<td>Consent Forms</td>
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<tr>
<td>CICC</td>
<td>Cook Islands Christian Church</td>
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<tr>
<td>CIHS</td>
<td>Cook Islands Health Strategy</td>
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<tr>
<td>CIMDG</td>
<td>Cook Islands Millennium Development Goals</td>
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<tr>
<td>CIMOE</td>
<td>Cook Islands Ministry of Education</td>
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<td>CIMOH</td>
<td>Cook Islands Ministry of Health</td>
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<tr>
<td>CINSDP</td>
<td>Cook Island National Development Plan</td>
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<tr>
<td>CINYP</td>
<td>Cook Islands National Youth Policy</td>
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<tr>
<td>CIRC</td>
<td>Cook Islands Research Council</td>
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<tr>
<td>CISA</td>
<td>Cook Islands Sports Academy</td>
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<tr>
<td>CISNOC</td>
<td>Cook Island Sports and National Olympic Committee</td>
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<tr>
<td>CIWA</td>
<td>Cook Islands Workers Association</td>
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<tr>
<td>COLA</td>
<td>Cost of Living Adjustment</td>
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<tr>
<td>CRC</td>
<td>Convention of the Rights of the Child</td>
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<tr>
<td>CYP</td>
<td>Commonwealth Youth Program</td>
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<tr>
<td>ECE</td>
<td>Early Childhood Education</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HRCNZ</td>
<td>Health Research Council New Zealand</td>
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<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
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<tr>
<td>KAL</td>
<td>Key Areas of Learning</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSE</td>
<td>Multi-Systemic Ecological Approach</td>
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<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
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<tr>
<td>NCEA</td>
<td>National Certificate of Educational Achievement</td>
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<tr>
<td>NGOs</td>
<td>Non-Government Organisations</td>
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<tr>
<td>NHRDC</td>
<td>National Human Resource Development Centre</td>
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<tr>
<td>PICTs</td>
<td>Pacific Island Countries and Territories</td>
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<tr>
<td>PIS</td>
<td>Participants Information Sheet</td>
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<tr>
<td>PYB</td>
<td>Pacific Youth Bureau</td>
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<tr>
<td>PYD</td>
<td>Positive Youth Development</td>
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<td>PYS</td>
<td>Pacific Youth Strategy</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SDA</td>
<td>Seventh Day Adventist</td>
</tr>
<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
</tr>
<tr>
<td>SPMG</td>
<td>South Pacific Mini Games</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TALAVOU</td>
<td>Towards A Legacy of Achievement, Versatility Opportunity through Unity</td>
</tr>
<tr>
<td>TVET</td>
<td>Technical, Vocational, Education and Training</td>
</tr>
<tr>
<td>UAHPEC</td>
<td>University of Auckland Human Participants Ethics Committee</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>UoA</td>
<td>University of Auckland</td>
</tr>
<tr>
<td>USP</td>
<td>University of the South Pacific</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER 1: INTRODUCTION

There is nothing more important than the healthy and happy development of young women and young men. If we do this well, we improve the social and economic health and wealth of our nation. If we do this poorly, it costs us dearly in unhappiness and negative expenditure.

Hon. Laila Harre
Minister of Youth Affairs,
Youth Development Strategy Aotearoa
New Zealand (2002, p.4)

1.1 Setting the Stage

When I was contemplating the idea of pursuing doctoral study, I wanted to enquire into an area that is not just of importance and meaning to me, or of importance to Pacific public health scholarship, but also of some significant benefit to the Cook Islands. During my mental debate, three main topic ideas came to mind. Firstly, as a woman, I am very concerned about the health of women especially in the area of breast cancer which is the leading cause of death amongst women in the Cook Islands (Cook Islands Ministry of Health Annual Statistical Bulletin, 2006).

Secondly, I have an eighty-five year old mother, and to me the health of the elderly is an area that is becoming a global concern, considering the increasing aging of populations around the world, as well as in the Cook Islands. Traditionally, elderly people in the Cook Islands have always been cared for by their children and families, but over the past years, Rarotonga Hospital has experienced an increase in the number of elderly people in the hospital, hence a Geriatric Ward was established to care for them (Cook Islands Ministry of Health Annual Statistical Bulletin, 2005).

Thirdly, I have six children between the ages of 16 and 28. Every mother and parent’s wish for their children is for them to have a healthy and successful future. But what has been reported in the local and international media about the issues affecting young people has made me seriously think of the possibility that one or more of my children may become part of this negative reporting and these bad statistics. These feelings have convinced me that I should join in with other research scholars, authors, practitioners, and health providers who have made contributions to assist young people to make responsible choices to improve their individual health and wellbeing and that of their families, and the communities at large. My preliminary investigations indicated that studies have been
carried out with Cook Islands young people living overseas, but very little has been done in the Cook Islands.

From an academic perspective, many international researchers have provided theoretical explanations for the onset or persistence of problem behaviours like substance abuse, physical and sexual violence, teenage pregnancy, dropping out of school, delinquency, and suicide in young people (Laser & Nicotera, 2011). Frameworks such as the multi-systemic ecological approach by Bronfenbrenner (1979), the determinants of health, (WHO, 2003), the social based learning model by Catalano & Hawkins (1996), and the resiliency model by Henderson (2007) have been applied widely to young people’s behaviours internationally. Similarly, some Pacific health models such as the New Zealand Maori Whare Tapa Wha by Durie (1982), the Samoan Fono Fale model by Pulotu-Enderman (2001), the Tongan Kakala model by Helu-Thaman (1998), the TONGAN model by Ofanoa (2010), and the Cook Islands Tivaevae model by Maua-Hodges (2002) have also contributed to this body of literature.

“Investing in our young people,” in Cook Islands Maori translation, “Akaupokotuanga i ta tatou au mapu no te au tuatau ki mua,” is the result of a physical and intellectual odyssey that began four years ago. This is the title of my research, and it portrays a powerful message that reminds parents, families, communities and government in the Cook Islands of our collective responsibilities in nurturing, and providing unconditional love, care, and support to our children and young people. My aim is to develop a Health Promotion Model within a Cook Islands context, to improve the health and wellbeing of young people in Vaka Takitumu, and eventually the Cook Islands as a whole. The development of the model was guided by the work of Minkler & Wallerstein (2003) using Community-Based Participatory Research (CBPR), and Kock and Kralik’s (2006) Participatory Action Research (PAR). These research approaches present a hybrid that informs scholars, authors and practitioners with vital, dynamic and relevant approaches to explore disruptive events in young people’s lives, and then develop ways that young people can transition through and create a sense of better health and wellbeing. The emphasis here is that encouraging participation and working in partnership with young people is the way to move forward towards supporting young people to prosper and become successful in their lives.

The Pu Ara Model was developed by the researcher and young people with the support of key stakeholders in Vaka Takitumu. The focus of the model is on the principles
articulating strength-based, positive youth development, reflecting Cook Islands principles of cultural and spiritual beliefs, value and meaning. In the Cook Islands context, this is a new paradigm which has the potential to produce insights into how these concepts compare with those of young people of other ethnic groups and from other studies.

Acknowledgement of the variations that exist in different cultures, and the impact of different cultural practices on young people, provides a solid foundation for a socio-ecological perspective founded on the belief that young people thrive better when they are supported by their families, schools, neighbourhoods, communities, government and Non-Governmental Organisations (Laser & Nicotera, 2011). However despite these theoretical advances, many previous health promotion approaches relating to young people have not all been successful and sustainable, because these focussed mainly on the individual’s problems and personal behaviour modification. Furthermore, they fail to consider comprehensive and integrated health promotion strategies that encourage positive youth development approaches which encourage youth participation in decision-making and leadership roles in their communities (Pittman, 2000). The novel academic contribution of my thesis, therefore, involves marrying the results from my primary research in the Cook Islands community with the academic theories and models identified in the literature. I argue that this is key in creating effective health promotion initiatives to improve the health of young people in the Cook Islands.

Health promotion frameworks emphasise ways to strengthen the various levels of positive influences, from the young people themselves to peers, parents, families, teachers and communities. We need to move from targeting young people as high risk or problems, to planning and creating opportunities for all young people (Wolfe, Jaffe & Crooks, 2006; Pereira, 2007). Instead of looking at young people as recipients of programmes and services, we need to engage and empower them as partners who make valuable contributions in planning and implementing program activities (Pereira, 2007). This means moving from targeted programmes to a more community-wide network of learning opportunities, interactions and activities (Geldard, 2009). This also involves taking a holistic approach to health, which is sensitive to the physical, mental, emotional, economic, political, cultural and spiritual needs of young people. These principles present a real shift in thinking, and in trying to bridge the gap to effectively incorporate what is best for young people today and in the future.
1.2 Why Cook Islands Young People?

In the first decade of the new millennium, articles in the Cook Islands media report increasing concern about young people being involved in drink driving and alcohol-related motor vehicle crashes and deaths, burglaries and stealing, teenage pregnancies, violence, rape, and suicide. For example, in a front page article in the Cook Islands News entitled “Youth Burglars Jailed,” the Police Commissioner described the burglary on the island of Rarotonga as “grave” (Cook Islands News, Wednesday, 10 December 2008). Then, on the same day, another newspaper, the Cook Islands Herald, highlights the great loss of a young woman who took her own life (Cook Islands Herald, Wednesday, 10 December 2008).

In the month of May 2009, the Principal and Chairperson for the Parents Teachers Association (PTA) of Tereora College, the national secondary school, issued several public notices in the Cook Islands News, and on television and radio, requesting parents and communities in the three Vaka in Rarotonga to attend special meetings in each Vaka to look at the concerns of “increasing teenage pregnancies,” “truancy,” and “alcohol and drug abuse” that had been the trend at the college. Then, on Monday, 13 July 2009, another front page headline article “Teen Killed,” explained how alcohol and speed played a major part in the death of a 15-year-old girl on a Friday night. It was the fourth fatality on Rarotonga roads that year. It also reported that “the vehicle was stolen and its occupants were on a high speed joy ride when they came to grief” (Cook Islands News, Monday, 13 July 2009). All these unfortunate incidents are of great concern, especially in a small island like Rarotonga with a population of 14,153 people.

The widespread media publicity about these issues prompted the traditional leaders to call public meetings in their Vaka in Rarotonga, the main island of the Cook Islands to see how these concerns could be addressed. The concerns were identified initially in the Vaka Puaikura, and gradually spread to other villages in the Vaka Takitumu and in Teau-o-Tonga. The call by traditional leaders was welcomed by the communities, and the meetings were well attended by almost all sectors, including the Mayor and local councils, church leaders, NGOs, parents and those in the business of tourism and hospitality services. Young people did not attend the Takitumu meeting. Key senior officials in the government, which included cabinet ministers, members of parliament, head of key government ministries such as police, health, education, youth, juvenile, prison and probation services, also attended the meetings. How multi-sectoral efforts could be organised to try and minimise these troubling
issues, their impacts on the life and wellbeing of young people, their communities, and the country as a whole, was the main topic of debate.

I attended one of these meetings in the Vaka Takitumu and was alarmed by the anger expressed by several business proprietors, in particular, one motel owner, who expressed his anger and frustration because his tourist accommodation had been burgled three times within a month. He was so angry that he was prepared to take the matter into his own hands because he felt that the police did not seem to be able to deal with problems relating to burglaries and theft.

There have been several health education and health promotion programmes and activities initiated to try and reduce the problems of young people. The programmes included health education workshops conducted by the Ministry of Health (Cook Islands Ministry of Health Annual Report, 2007), and Youth Division in the Ministry of Internal Affairs (Cook Islands Ministry of Internal Affairs, Youth Division Annual Report, 2007). Neighbourhood watch programmes were set up by communities, and Community Police were appointed in each Vaka by the Police Department to conduct community policing and security patrols in the villages and tourism accommodation areas. However, these did not seem to improve the situation, in fact the problems got worse and spread throughout the whole of Rarotonga. As Laser and Nicotera (2011) pointed out, understanding the causes of young people’s problems and designing effective interventions is a complicated process. Scholars and experts in public health, psychology, criminology, education and social work in the past have provided various theoretical explanations that contributed to the understanding of the many factors affecting young people’s development. But despite these theoretical advances, many frameworks in the adolescent literature focus mainly on individual factors, and fail to consider the multiple webs of factors that influence a young person’s behaviour (Laser and Nicotera, 2011).

Evidence gained in the past two decades highlights the importance of approaching young people’s development and behaviour from a multi-systemic-ecological approach initially formulated by Bronfenbrenner (1979). The emphasis here is on understanding the interactions between individuals, families, social and environmental factors that influence an adolescent’s development and behaviour. Evidence suggests that empirically based and theoretically sound interventions can prevent the onset and reduce the persistence of many adolescent problems, and provide a strong foundation to help all young people become successful adults (Laser & Nicotera, 2011). But developing and sustaining such
interventions poses a real challenge for the government and communities in the Cook Islands. Hence my concern for my children’s and other young people’s future prompted me to continue with my proposed research journey. In my opinion, young people are our priority, for they are our parents and leaders in the future, and it is therefore important that we, the parents and communities of today, love them, care for them, nurture them, guide them and support them so that they will become healthy, happy and successful parents and leaders. In translating this idea into Cook Islands Maori: Ko ratou oki te au metua e te arataki i to tatou basileia no te au uki e te au tuatau ki mua. Ko ratou katoa oki to tatou tuaupau tuatau.

In addition, young people are important and they matter, because they are a “demographic force” comprising a significant portion (about one fifth) of the world’s population (WHO, 2003). In the Cook Islands, youth between the ages of 15 and 34 comprise 37%, which is more than one third of the population (Cook Islands Census, 2006).

1.3 Purpose of the Research

Aim

The aim of this research is to develop a Health Promotion Model in a Cook Islands Maori context, using a community empowerment and partnership approach, to improve the health and wellbeing of young people in the Vaka Takitumu and the Cook Islands as a whole. The rationale for this health promotion model comes from the scope that it can provide to address issues and concerns identified by the participants during the community assessment. This model is intended to add a new perspective to academic debates about youth health development in the Cook Islands, New Zealand and other Pacific Island countries.

The main focus of this model is to provide strategies that shift programmes’ foci away from single target behaviours that are driven by deficit-based explanations of problem behaviours. Instead, a more comprehensive health promotion approach is favoured, which involves a Positive Youth Development framework that considers ways of engaging all young people (Pittman, 2000). This can be achieved by empowering young people to participate in decision-making about issues that affect them personally and as a group. In addition, the model encourages adults to work together in partnership with young people to support and provide resources, create opportunities for young people to become involved in
and contribute to their own development, their families, organisations and the communities in which they live (Pereira, 2007; Wyn, 2009; Laser & Nicotera, 2011).

1.4 The Objectives

The objectives of this thesis are:

1. To review the literature on the development of health and wellbeing of young people and health promotion from both an international and Cook Islands perspectives. The review provides background information on lessons learnt from past health promotion strategies and efforts from an international and Cook Islands perspectives.

2. To define health and wellbeing from a Cook Islands Maori perspective. This objective explains the participants’ value given to health and what being healthy means to them.

3. To identify the positive contributions young people make to themselves, their families, schools, organisations and communities and country. The purpose here is to recognise and acknowledge that young people are more than just problems. They do contribute positively to their families and communities.

4. To identify the issues and concerns faced by young people in their families, homes, schools, organisations and communities in Vaka Takitumu and the Cook Islands. Local media reports and the release of the 2005 UNICEF and SPC report (2011) provided evidence of issues relating to the social situation, education and health of young people. These are major factors in their chances of achieving full potential.

5. To explore possible interventions and programs to eliminate or minimise the issues and concerns and their impacts on the health and wellbeing of young people in Vaka Takitumu. There are major gaps in Youth Health Promotion projects in the Cook Islands, for example, the focus has been on fixing problems rather than focussing on positive youth development of all young people, such as building on their strengths instead of targeting single problems. There has been significant investment in youth focused health promotion projects such as in education and health by regional and national agencies, for example the World Bank, NZAID, AUSAID, Cook Islands. However, although spending has
been significant, the benefits have been minimal. In some cases problems have increased, for example teen pregnancies, suicide, and criminal behaviour are now seen in younger age groups of 10–14 years of age.

1.5 Rationale

Concepts of health and wellbeing vary among different groups of young people, and the findings from this thesis do not necessarily represent the views of all young people in the Cook Islands. However, from the expansive literature on dealing with the health and problems of young people, many authors like Wolfe, Jaffe & Crooks (2006); Wyn (2009); Geldard (2009) and Laser and Nicotera (2011) have argued that past intervention programmes for adolescent health and development focused mainly on targeting specific, single-risk behaviours, and providing information and services to reduce risk behaviours and their consequences. These efforts have been disappointing in that they failed to employ a multifaceted socio-ecological perspective in addressing young people’s development, especially for those who are having difficulty coping with their lives. While realising there are no quick fixes to these challenges, this research suggests that practitioners and policy makers must embrace new approaches, and that in addition to applying traditional biomedical interventions, they must address the socio-ecological factors (social, mental, cultural, spiritual, emotional, economic and political) in which health and health issues exist (Bronfenbrenner, 1979; Blas, Sommerfield & Kurup, 2001). These single-issue programmes also failed to appreciate the social determinants of health that influence young people’s health, such as where they live, their education and income level, their relationships with their parents, families, peers, teachers and communities (Wolfe et al., 2006; WHO 2005). Evidence now shows that enhancing protective factors is as important as reducing risk. The challenge here is to ensure that young people enter into partnership with adults in developing intervention strategies that strike a balance in addressing both risk and protective factors. It is also important that the young people are involved in setting the agenda and making decisions about matters important to them (Wyn, 2009). It does not matter which country we are referring to, adolescents are saying that they need an environment that supports their development using positive incentives (WHO, 2002).

In the context of this research, and in order to achieve the positive developments stated above, a community assessment was carried out to find out what health means from a Cook Islands perspective; what positive contributions are made by young people for themselves, their families and their communities; which issues and concerns are faced by
the young people in Vaka Takitumu; and what impact these have on their health and wellbeing. Using the findings from the data collected, a health promotion model in a Cook Islands context was developed, using the Pandanus tree, known as the Pu Ara in Cook Islands Maori. The Pu Ara tree was used by the traditional leaders to represent their traditional leadership body known as the Pu Ara o Takitumu. This body of traditional leaders is responsible for the safety and protection of their tribes from any danger or invasion by enemies. Based on the recommendations of some participants, and given the permission of the traditional leaders of Vaka Takitumu, the Pu Ara concept was adopted as a working metaphor for the Health Promotion Model. A detailed description of this model is given in Chapter 6.

Importantly, my thesis takes a health promotion and community-based partnership approach rather than a clinical intervention approach, which makes it more integrative, inclusive and relevant to the Vaka Takitumu community in the Cook Islands. Having an academic point of view is also important, and I acknowledge the ideas of other theorists that give relevance to my thesis. But above all, having the Cook Islands traditional leadership concept of the Pu Ara o Takitumu as the metaphor gives a special cultural and spiritual significance to my thesis.

My thesis builds on previous research, which identifies the issues and concerns among adolescents, the intervention programmes and social policies using community and school empowerment approaches that promote positive healthy and desirable outcomes to improve the health and wellbeing of young people (Coggan, Disley, Peters, & Patterson, 1996; Coggan, Disley & Patterson, 1998; Minkler & Wallerstein, 2003; Breinbauer & Maddaleno, 2005). Positive outcomes are the bottom line of Positive Youth Development work and they are measured according to increases in accomplishments and achievements, for example getting a job, graduating with a degree, or decreases in undesirable effects such as teenage pregnancy, drug abuse and recidivistic behaviour. Thus Positive Youth Development is based on the belief that if young people develop the appropriate beliefs, behaviours, knowledge and skills, they will accomplish goals and succeed in the future (Pittman, 2006).

1.6 Thesis Organisation

The thesis is organised into seven chapters:
Chapter 1 provides an introduction to the purpose, aim and the objectives of the research. Firstly, it explains why I chose to focus my research on the health and wellbeing of young people. It outlines the importance of young people, and their development for the future, which will also benefit the communities and the Cook Islands as a whole.

Chapter 2 provides information about the Cook Islands and the Vaka Takitumu in the island of Rarotonga. It gives a general overview of the geographical location, demographic, social, cultural, political features of the research setting, and the health status of the people and the young people in the Cook Islands. The last part explains the Vaka Takitumu, in which my research is based.

Chapter 3 looks at the development of young people through the lens of literature. This provides an overview of key concepts and debates that are relevant to understanding young people’s development, health and wellbeing, drawing on research about young people in western and non-western countries, particularly in Pacific Island countries. The chapter also discusses a socio-ecological framing of health, and the relationships between the physical, psychological, economic, cultural, spiritual and environmental changes that have impacted on young people’s health and wellbeing over the last decades. It also explores the social determinants that influence young people’s health and the complexities of responding appropriately to the needs of different groups of young people.

Chapter 4 provides the research rationale, including the methodology used in collecting and analysing the data with a qualitative approach. Semi-structured interviews were used in carrying out the community assessment with young people and key stakeholders in the Vaka Takitumu, and the key informants in areas outside Vaka Takitumu. It also highlights the ethical principles used in my research, and discusses these in relation to the Guidelines on Pacific Health Research by the Health Research Council of New Zealand, and principles identified by other Pacific researchers. I also explain the process of thematic analysis used to analyse the data obtained from the interviews.

Chapter 5 examines the findings from the needs assessment I carried out. It explains the participants’ perspectives on the meaning of health; the positive contributions that young people make for themselves, their parents and families, schools, communities and the country as a whole; the issues and concerns faced by young people in Vaka Takitumu; and finally, the means, or positive interventions, that can be implemented to minimise the impact of the issues identified. The information collated from this assessment provided the background information required for the development of the model.
Chapter 6 describes the process used in the development of the health promotion model in a Cook Islands context. The Pu Ara Model is a metaphor of the Pandanus tree which represents the group of the traditional leaders in Vaka Takitumu known as the Pu Ara o Takitumu. The model provides tools to meet the challenges faced by young people, such as focusing on their strengths instead of their risk factors, providing meaningful engagement, encouraging youth-adult partnerships, and community, and organisational commitments.

Chapter 7 is the final chapter, which contains recommendations, suggestions for further research and the concluding remarks. This chapter also reflects on some of the difficulties and limitations experienced during the research.
CHAPTER 2: INTRODUCING THE COOK ISLANDS

A nation is culturally, intellectually and economically deprived when it fails to develop and utilise the knowledge and resources of young people.

Smyth, 2006

2.1 Introduction

In this chapter, I provide background information about the Cook Islands to set the scene for the research process. The chapter is divided into three parts. The first part gives a profile of the location, demography, and history of the country, as well as the health status and lifestyle of Cook Islanders. The second part briefly describes the situation and health status of young people in the Cook Islands. The last section describes the Vaka Takitumu district in Rarotonga, which is the area of focus of this research.

PART 1: THE GEOGRAPHY, DEMOGRAPHY, HISTORY AND LEADERSHIP OF THE COOK ISLANDS

2.2 Country Profile

The Cook Islands is a small developing country consisting of 15 small islands, spread over 2 million square kilometres of ocean in the South Pacific. The islands are situated between 8 and 23 degrees south, and between 156 and 167 degrees west (see Figure 1) (Cook Islands Census, 2006:9). The islands are named after Captain James Cook, who visited them in 1773 and 1777. In 1888, the islands became a British Protectorate and were transferred to New Zealand in 1901. In 1965, Cook Islanders chose self-government in free association with New Zealand (Cook Islands National Sustainable Development Plan, 2007; The Cook Islands: http://www.ck/people.htm).

The 15 islands are geographically divided into two groups, commonly referred to as the Northern and Southern Group islands (see Figure 2). The two groups of islands making up the country portray marked differences in their physical structure, and social, cultural, and economic activities. The Northern Group islands remain relatively isolated from the Southern Group islands (Cook Islands Census, 2006:9).
The Cook Islands are the result of volcanic activity and coral growth. The Southern Group islands of Rarotonga, Mangaia, Atiu, Mauke, and Mitiaro are the emergent peaks of extinct volcanoes. The Northern Group islands of Manuae, Palmerston, Penrhyn, Manihiki, Rakahanga, Pukapuka, Nassau and Suwarrow are atolls, and have coral reefs around a lagoon on the top of submerged volcanoes. Aitutaki is part volcano and part atoll (Cook Islands Census, 2006).

The total land area of the Cook Islands is 23,261 hectares, while its exclusive economic zone covers an area of nearly 2 million square kilometres, or 750,000 square
miles of ocean. Rarotonga, with a total land area of 6,719 hectares, is the largest, and serves as the administrative centre (Cook Islands Census, 2006).

2.3 Demographic Patterns

(i) The Cook Islands Population

The total population of the Cook Islands reported in the 2006 Census was 19,569 an increase from 18,027 in the 2001 Census. This number included all persons present on census night in the Cook Islands, both residents and visitors, and excluded residents away from the Cook Islands at the time of the census. Of the total population, 9,932 (51%) were males and 9,637 (49%) females. The age distribution in the Cook Islands was: 5,098 aged 0 to 14 years; 8,865 aged 15 to 44 years; 3,287 for the age group 45 to 59; and 2,319 reported being 60 and over. Rarotonga Island, the main centre of administration, is the most populous with 14,153 people (72.3%). The Southern Group islands (excluding Rarotonga) had 4,032 people (20.6%), and the Northern Group reported 1,384 people (7.1%) (see Table 1 below) (Cook Islands Census, 2006).

<table>
<thead>
<tr>
<th>Region</th>
<th>0-14</th>
<th>15-44</th>
<th>45-59</th>
<th>&gt; 59</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>COOK ISLANDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarotonga</td>
<td>5,098</td>
<td>8,865</td>
<td>3,287</td>
<td>2,319</td>
<td>19,569</td>
</tr>
<tr>
<td>Southern Group excl. Raro</td>
<td>3,319</td>
<td>6,725</td>
<td>2,488</td>
<td>1,621</td>
<td>14,153</td>
</tr>
<tr>
<td>Northern Group</td>
<td>1,239</td>
<td>1,587</td>
<td>627</td>
<td>579</td>
<td>4,032</td>
</tr>
<tr>
<td>Rarotonga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern Group excl. Raro</td>
<td>540</td>
<td>533</td>
<td>122</td>
<td>119</td>
<td>1,384</td>
</tr>
<tr>
<td>Northern Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Population by Region and Age Group, Cook Islands: 2006

Source: Cook Islands Census, 2006.

Preliminary results of the 2011 Census held on 1 December 2011, showed that the total population of the Cook Islands had declined from 19,569 to 17,791. The percentage of the population by location was: Rarotonga showed a slight increase from 72.3% to 73%; Southern Group island showed a slight decrease from 20.6% to 20.2%; and the Northern Group had the biggest drop from 7.1% to 6.2%. Rakahanga, in the North, had lost almost half of her population, a decrease from 141 to 77 (Cook Islands Census, 2011).
The Resident Population

According to the 2006 Census, the total resident population with New Zealand citizenship was 15,324. This consisted of Cook Islands Maori Polynesians (81%), but with a rapidly increasing mixture of Cook Islands Maori and Europeans (16%), Europeans (2%) and others (1%). Of the total resident population, 10,226 (66.7%) live on Rarotonga, 3,729 (24.3%) in the Southern Group islands, and 1,369 (8.9%) in the Northern Group islands. There were 7,822 males (51%) and 7,502 females (49%). Distribution of the resident population shows 4,072 (30.7%) are below the age of 15; 8,910 (58.1%) within the working age group of 15 to 60; and 1,712 (11.2%) aged 60 and over. The resident population 15 years and over was 10,622, of which 7,460 (70.2%) were economically active and 3,162 (28.8%) not active. Of the economically active population, 6,794 were employed: 3,739 males (55%) and 3,055 females (45%) (Cook Islands Census, 2006).

From 2001 to 2005, there was a decrease in the resident population from 14,990 to 12,400, but this increased again to 15,324 in 2006 (see Table 2 below). According to the preliminary results from the 2011 census, the resident population has decreased again to 14,974 with almost equal numbers of 7490 men and 7484 women.

Table 2: Total and Resident Population in Cook Islands: 2001–2006

<table>
<thead>
<tr>
<th>Indicator/Year</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>18,027</td>
<td>18,400</td>
<td>18,400</td>
<td>20,300</td>
<td>20,200</td>
<td>19,569</td>
</tr>
<tr>
<td>Resident Population</td>
<td>14,990</td>
<td>14,800</td>
<td>13,900</td>
<td>13,500</td>
<td>12,400</td>
<td>15,324</td>
</tr>
<tr>
<td>% of Pop. Less than 15yrs</td>
<td>30.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.1</td>
</tr>
<tr>
<td>% of Pop. 60+</td>
<td>10.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.9</td>
</tr>
<tr>
<td>Urban Pop., Rarotonga</td>
<td>12,188</td>
<td>11,400</td>
<td>11,450</td>
<td>11,500</td>
<td>11,550</td>
<td>14,153</td>
</tr>
</tbody>
</table>

(iii) **Births and Deaths**

Since 1994, there has been a continuous decline in the number of live births, from 568 in 1994 to 293 in 2003 (see Figures 3, 4, 5). However, the number slightly increased again from 313 in 2004 to 320 in 2007.

The number of deaths ranged from 79 to 140, with the lowest, 79, recorded in 2001, and the highest, 140, in 1991 (see Figure 3) (Cook Islands Ministry of Health Annual Statistical Bulletin, 2008).

The incidence of death reveals the population’s standard of living and its general state of health. For example, the decrease in infant mortality (per 1000 live births) from 19.4 in 2000 to 9.7 in 2006, and an increase of total life expectancy life expectancy at birth from 65 in 2000 to 70 in 2006 are used as indicators of the overall development status of the Cook Islands (Cook Islands Ministry of Health Annual Bulletin, 2007:49). It should be noted, however, that with small numbers, rates fluctuate from year to year.

![Figure 3: Cook Islands Births and Deaths: 1990–2007](image)

Migration Patterns

The total resident population over the last three census showed a marked decrease from 18,800 in 1996 to 14,974 in 2011. The most striking feature is that the population decline due to migration which started in the 1970s is not only continuing but gathering momentum. This decrease reflects the increased number of people who migrated overseas after the economic recession in 1996. Between 1900 and 1971, there was rapid population growth from 8,000 in 1902 to over 20,000 in 1971 (see Figure 4 and Figure 5). But after that, the population declined sharply as a result of out-migration to New Zealand and Australia, following the opening of the international airport in 1974 (CINSHPD, 2007). The out-migration continued, though slowly, until 1996 when the country faced a financial
crisis with rapidly growing foreign debt. The government carried out a radical reform of the economy and reduced government spending, which included slashing the size of the public sector by two-thirds. Many public servants were made redundant and put on “transition”, as it was called locally. While some were re-employed in other areas within the Cook Islands, most migrated overseas. This accelerated the out-migration substantially with the result that the total population dropped from 19,103 in 1996 to 16,400 in 1999. Similarly, the resident population dropped from 18,800 in 1996 to 15,500 in 1999. From 2006 onwards, the population dropped by about 17%, with an average annual loss of 3.7% (Cook Islands Census, 2006; SPC, 2005). This happened because of high emigration and reduced fertility. There are now more Cook Islanders living abroad (approximately 80,000) than in the Cook Islands, with about 58,000 in New Zealand, and 30,000 in Australia (CINSIDP, 2007).

Most of the people who migrated were young people under 35. Between 1996 and 2001, 50% were aged between 15 and 34, and another 30% were under 14 years as outlined in Figure 6. The out-migration is particularly apparent in the outer islands, where social and economic situations were severely affected.

![Figure 6: The Age–Sex Distribution of Migrants from the Cook Islands, 2006](Source: SPC, 2004, retrieved from Cook Islands Health Statistics and UNICEF (2004:41))

People moved from the Outer islands to Rarotonga and then overseas, usually to New Zealand or Australia, or they moved from the outer islands directly overseas. The incentives were the availability of more jobs, higher wages, and education (Government of the Cook Islands & UNICEF, 2004). A comparison of the census data between 1991 and
2006 revealed two distinct patterns. Firstly, the significant out-migration of young people in the 15 to 34 age group confirms that many young people are leaving the country during and immediately after secondary school. Secondly, the significant out-migration by young families is evidenced by the declining numbers of preschool children, despite increased births over the same period (Cook Islands Ministry of Health Five Year Health Strategic Plan, 1999–2003). This migration of young adults created a labour shortage, so Fijians, Indo-Fijians and Philippinos were recruited to fill the gaps. This continuing migration is possibly the biggest threat to the long-term sustainable development of the country (CINSDP, 2007).

(v) Population Projections

Population dynamics are the processes in a population that lead to its growth or decline (SPC, 2005). The three demographic components of a country’s population are fertility, mortality and migration, all of which counterbalance one another. While fertility increases the population, and mortality decreases it, migration can do either: in the case of the Cook Islands, migration is the major contributing factor to the country’s population dynamic (SPC, 2005). The decline in the population of the Cook Islands was mainly caused by the migration of people overseas. In addition, the decline in the registered number of births is a result of both fewer women of childbearing age living in the Cook Islands, and a decline in the fertility rate. It is also known that many Cook Islands women travel to New Zealand (either temporarily or permanently) to have their babies. Similarly, many patients who travel for further specialist medical treatment die in New Zealand and Australia. This means that not all births and deaths of Cook Islands residents are registered and included in the Cook Islands figures.

2.4 Cook Islands Leadership and Governance

(i) Historical Aspects

Historically, the culture of governance was held by the traditional leaders: Ariki or Paramount Chiefs. Later visits by Europeans, especially representatives from the British Christian London Missionary Society, converted a number of Ariki to Christianity. In 1888, the Cook Islands was declared a protectorate of the British Crown. On the 20 September 1900, the New Zealand Parliament approved the annexation of the 15 islands to New Zealand, and the Cook Islands was administered as a dependent territory of New Zealand, which eclipsed the powers of the local chiefs. In 1965, following the process of

(ii) Democratically Elected Government

On 4 August 1965, the Cook Islands officially gained its current status as a self-governing State in Free Association with New Zealand. It has a Westminster system of government, at present with two main parties and some independents. Currently it has a 24 member House, 10 of whom are elected from Rarotonga. Members of parliament have a five year term. Her Majesty the Queen, represented by the Queen’s Representative, is Head of State. New Zealand is represented by a High Commissioner and is responsible, on request, for defence and some aspects of foreign relations. New Zealand also provides financial assistance to the Cook Islands (Mason, 2003).

(iii) House of Ariki

At the historical milestone of self-government in 1965, the contribution of the Paramount Chiefs, or Ariki, in governance was reintroduced by the first Premier of the Cook Islands, the late Albert Royale Henry. In 1966, legislation was passed and the House of Ariki (a traditional parliament body of Ariki) was established (Mason, 2003). The members elect one of their members as President of Are Ariki (House of Ariki). During the formalising of the House of Ariki, the late Premier in his speech stressed the importance and value of the Ariki as the Cook Islands’ “Royal Heritage.” The House of Ariki was intended to confer additional legitimacy and strength to the newly self-governing nation, and to help it define its national identity. The premier in his opening speech stated:

“The ariki (and other chiefly ranks) and their tribes are the backbone of all nations in this world. For any nation that allows this backbone to be broken or to disappear would mean that they are relying on a foreign backbone for their survival.”

Premier Albert Royale Henry (1967)

The House of Ariki was composed of 24 Ariki representing the three Vaka in Rarotonga and the outer islands. However, they were not given the power to create or veto laws, and can only comment when Parliament refers legislation for their consideration (Mason 2003).
(iv) **Te Koutu Nui**

Following the establishing of the House of Ariki in 1967, the Premier of the Cook Islands established a sub-group of the Council of Traditional Leaders known as *Te Koutu Nui*. This group is composed of the *Ui Mataiapo* and *Ui Rangatira* who are traditional leaders at lower levels to the *Ariki* in each *Vaka* or island. The members of *Te Koutu Nui* elect a President and Committee members of the Council, and they usually meet once a year, in one of the *Vaka* or islands that volunteers to host the meeting. Their main function is to safeguard the environment, culture and welfare of Cook Islanders. The members of *Te Koutu Nui* are dedicated to ensuring the preservation of traditional knowledge and practices based on people’s spiritual connection to the environment. One of their successful programmes was the reintroduction of the traditional *raui* system, a lagoon conservation programme (Mason, 2003).

**PART 2: THE COOK ISLANDS HEALTH SITUATION**

2.5 **Development and Living Standards**

(i) **The Human Development Index**

In 2004, a Situation Analysis was conducted by the Cook Islands Government, assisted by UNICEF, to report on development trends in the country. By most indicators of development, the Cook Islands is a well-developed country that enjoys a high standard of living compared to other Pacific and developing countries (see Figure 7). The Human Development Index (HDI) of 0.822 for the Cook Islands puts it second to Palau in the Pacific Islands region, and on the same level as Costa Rica, the Bahamas and Seychelles (Cook Islands Government and UNICEF, 2004). The HDI is a comprehensive summary statistic of development standards in a country: the higher the HDI, the better the situation. The Cook Islands has a high HDI by both Pacific regional and global standards for a developing country.

The high HDI of the Cook Islands reflects the high level of government expenditure on health, education and welfare. Spending on the largest two items in the national budget in 2002 averaged NZ$252.77 per capita on health, and NZ$425.08 on education. Life expectancy has also improved from around 40 years in 1945 to about 72 years in 2000. The country has improved health services and infant mortality also significantly improved from 150 (per 1000 live births) in 1950 to its lowest point of 3.4 in 2002. However, the rates
fluctuate wildly because of the small numbers involved. For example in 2007, the rate rose to 24 (Ministry of Health Annual Statistical Bulletin, 2004). The national economy is based mainly on tourism, the black pearl industry and marine exports (Cook Islands Government and UNICEF, 2004).

Figure 7: The Human Development Index (HDI) for Pacific Island Countries, 1999

(ii) Cook Islands National Sustainable Developmental Plan

The economic reforms in 1996 marked a major change in the Cook Islands economy: about two-thirds of the public servants were made redundant, transferred to other departments or left the country. As a result of the migration of young people in the working age group, the median age of those left increased, resulting in an aging population. This increased dependency rate put pressure on social services. Because of the limited education and training opportunities in the Cook Islands, foreign workers have taken all types of skilled and unskilled jobs. A small, but growing number of foreigners are now settling in the country, attracted by business opportunities, the lifestyle and the beauty of the islands. As a result, the number of part Cook Islands Maori and other ethnicities are increasing. These changes have been positive in accelerating the growth of private sector employment in tourism, trade, financial services and pearl farming. They have also involved a greater monetisation of the economy (Cook Islands Government and UNICEF, 2004).

(iii) The Millennium Development Goals

In 2005, the first Millennium Development Goals (MDG) National Report for the Cook Islands was published. This signified the country’s commitment, alongside the global community, to improving the living standards of her people (Cook Islands National MDG Report, 2010). The report demonstrated significant progress in some areas, such as those
relating to education, health, poverty, and political development. For example, the pass rate for National Certificate in Educational Achievement (NCEA) Level 1 increased from 40% in 2005 to 58% in 2009 (CIMDG Report, 2010). However, these indicators and levels of wellbeing can be somewhat misleading and fragile, because the country is vulnerable to events beyond its control: global economic and natural events, as well as environmental and physical hazards all impact on small island economies. These small economies are challenged by risks strongly linked to global economic change such as the reduction in the number of tourists, disease outbreaks that badly affected the pearl industry, rising fuel and food prices, long distances to markets, climate change, natural disasters, such as devastating hurricanes, and the out-migration of Cook Islanders.

The government has acknowledged some goals need more effort, and these have been incorporated into the Cook Islands medium and long-term frameworks within the Cook Islands National Sustainable Development Plan (CINSDP) that keeps track of how the 2015 MDG Targets are being met. These sustainable development efforts must lead not only to the betterment of life for the people of the Cook Islands, but must also act as incentives to Cook Islanders to remain in the country, or to return home (CIMDG Report, 2010).

(iv) Cook Islands Educational Status

The Cook Islands Education Act (1986–7) makes education free for children from 3 to 16 years of age. Compulsory education commences at five years of age and continues to age 16. Considerable investment has been made into Early Childhood Education (ECE) training and upgrading the qualifications of teachers and the improvement of the learning environment (Cook Islands Ministry of Education (CIMOE) Statistical Report 2008).

The enrolment in primary education increased from 92% in 2001 to 99% in 2009. But the proportion of students starting Grade 1 who reach the last grade of primary school declined from 99.9% in 2001 to 83% in 2009. The reason for the decline is not that the children are not completing primary school, but rather is due to migration of families overseas. The literacy rate for 15 to 24 year olds (for both males and females) is 99%. The numeracy achievement rate in primary school improved from 59.1 to 60.5 between 2007 and 2008, while the general literacy rate also improved from 63.8 in 2007 to 75 in 2008 (CIMOE Statistical Report, 2008).
At the secondary level, the curriculum is aligned with the New Zealand system, where students study towards the NCEA. In 2009, Year 11 students had a numeracy rate of 84% and a literacy rate of 85% (CIMOE Statistical Report). The key challenge for secondary education is the increase in the scope of subjects in response to increasing the retention of students with NCEA qualifications, the growing number of students, and the addition of transition courses to provide alternative career pathways to achieving a successful future. Following NCEA level 3 at year 13, students who gain University Entrance either attend overseas institutions or universities on a government scholarship scheme or are privately funded by the families. Those who did not get the required grades either enrol in some form of trade or hospitality training programmes to gain employable skills, or seek local employment opportunities such as waitressing and agricultural farming.

### 2.6 Cook Islands Health Services

#### (i) Health Status

Generally, the Cook Islands command favourable health indicators when compared with other countries in the region. Table 3 below shows the country’s health status in 1999 in terms of life expectancy, access to safe water, and infant mortality rates. This is the only such comparison with other Pacific Island countries that I could locate. Since 1995, there have been no maternal deaths recorded in the country. While immunisation coverage is 100%, contraceptive prevalence rate is only 40% (Ministry of Health Annual Statistical Bulletin, 2007).

Table 3: Regional Comparison of Health Indicators: 1999

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
<th>Population access to safe water - %</th>
<th>Infant mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>72</td>
<td>100</td>
<td>11</td>
</tr>
<tr>
<td>Fiji</td>
<td>66.5</td>
<td>100</td>
<td>16</td>
</tr>
<tr>
<td>Samoa</td>
<td>66.6</td>
<td>100</td>
<td>22</td>
</tr>
<tr>
<td>Palau</td>
<td>69</td>
<td>80</td>
<td>20</td>
</tr>
</tbody>
</table>


Other health indicators from 2001 to 2006 showed that there is some improvement in the health status of Cook Islanders (see Table 4 below).
Table 4: Health Indicators in Cook Islands: 2001–2006

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude birth rate</td>
<td>21.9</td>
<td>19.8</td>
<td>21.2</td>
<td>23.2</td>
<td>24</td>
<td>24.5</td>
</tr>
<tr>
<td>(per 1,000 pop.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crude death rate</td>
<td>5.6</td>
<td>6.8</td>
<td>6.3</td>
<td>7.9</td>
<td>7.7</td>
<td>7.6</td>
</tr>
<tr>
<td>(per 1,000, pop)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy At birth</td>
<td>71</td>
<td>70</td>
<td>71</td>
<td>68</td>
<td>69</td>
<td>70</td>
</tr>
<tr>
<td>(yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality Per1000 live birth</td>
<td>9.8</td>
<td>3.4</td>
<td>16.9</td>
<td>15.8</td>
<td>9.9</td>
<td>9.7</td>
</tr>
<tr>
<td>Maternal M/Rate Per1000live birth</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deliveries (Rarotonga only)</td>
<td>235</td>
<td>234</td>
<td>237</td>
<td>268</td>
<td>267</td>
<td>249</td>
</tr>
<tr>
<td>% of Pop. Access to services</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Cook Islands Census, 2006.

(ii) The Cook Islands Health Strategy

The Government, through the Ministry of Health (MOH), is responsible for the provision of health services in the Cook Islands, and is guided by the Cook Islands Health Strategy (CIHS) whose vision is “that all Cook Islanders live healthier lives in achieving their aspirations.” Its mission is “to provide accessible and affordable health care of the highest quality, by and for all in order to improve the health status of the people of the Cook Islands” (MOH, 2006). The CIHS is guided by the principles of the Cook Islands National Sustainable Development Plan (CINSDP, 2007), and has certain values that provide the foundation for the development and delivery of health services.

These values are:

Respect – acknowledges a person’s dignity and rights with compassion and confidentiality.

People-focused – ensures that people’s welfare are a priority and that they are well served.
Equity – which provides timely and equitable access to healthcare services.

Quality – which is to strive for best practice and excellence in all aspects.

Integrity – which is being truthful, sincere, fair and consistent.

Accountability – which is having systems that are transparent and reflect responsible governance and management.

(iii) The Government’s Priority Areas

The delivery of health services guided by the Cook Islands Health Strategy 2006-2010 (CIHS, 2006) aims to take a people-focused approach, which is quality-driven, and provides information and intervention programmes so that people are empowered and able to improve their health (CIHS, 2006). The government’s priority areas for health are: (i) population health gains, (ii) infrastructure and systems; (iii) effective communication; (iv) intersectoral partnerships; and (v) health sector responsiveness (CINSDP, 2007).

1. Population health gains involve improving the health of the population by focusing on prevention, early intervention and treatment of communicable and non-communicable diseases.

2. The development of infrastructures and systems (information technology, telecommunications systems, workforce development, quality systems and processes) that support the future development of the health sector to ensure a sound legislative and regulatory framework and a sustainable health financing system.

3. Improving communication with individuals and communities within the health sector and with other government sectors to ensure an effective and efficient delivery of health services.

4. Strengthening intersectoral partnerships with local and civil society (NGOs, churches, community groups), international research organisations and donor agencies, which contribute to the improvement of the health of Cook Islanders.

5. Health sector responsiveness to disasters and emergency management in the health community on global issues such as the Avian Influenza.

From these priority areas, 13 strategic objectives were derived. The second objective, that is, “to improve the health of young people through reducing the incidence and impact of risk taking activities,” has been selected for discussion.
(iv) **Changing Pattern of Health in the Cook Islands**

There has been good control of communicable diseases, but there is now a rise in non-communicable diseases especially hypertension, diabetes and heart diseases. These are relatively expensive for government services and families to deal with. However, the Cook Islands has good health indicators in comparison with other Pacific countries (see Table 3 and 4). The most pronounced feature of the health status of the Cook Islands is the prevalence of cardio-vascular disease, which is the leading cause of morbidity and mortality. The socio-economic and lifestyle changes of the Cook Islands have led to increases in coronary heart diseases, diabetes, hypertension (see Figure 8) and alcohol-related crashes leading to injuries, disabilities and death.

![Figure 8: Incidence Rate of Circulatory Diseases in Pacific Countries. Population Aged 25+](image)


The increase in Non Communicable Diseases (NCDs) is mainly due to unhealthy diets and less physical activity (SPC and Cook Islands Statistics, 2004) (see Figure 9). People are now eating more imported food, with a high fat and sugar content, instead of their traditional staple local foods like taro, kumara, yams and fish. Alcohol and tobacco consumption are known to be contributing factors to the increased prevalence of NCDs in the Cook Islands, but there has been no general population level alcohol and tobacco study carried out in the Cook Islands to ascertain their impact. However, a study of young people (15 – 18 yrs) at the national college by Herman (1993) showed that 87% of young people drink alcohol, and they started drinking at the very young age of 11 years of age. A similar
study carried out by the Ministry of Health (1999) at the same college showed that 91% of male students and 85% of female students drink alcohol, and 82% smoked cigarettes.

The differences in health status by gender are not pronounced, and this reflects the general profile of a developed country. Men have more injuries resulting in hospitalisation than women, and women have more episodes of hospitalisation due to childbirth and reproductive health issues. Diabetes is more evident in women than men, probably due to the greater life expectancy of women (MOH Health Sector Review, 2007).

![Figure 9: Patients Registered with Cardio Vascular Diseases Cook Islands, 1980–2007](image)

2.7 Young People in the Cook Islands

(i) Youth Population

The youth population is defined as people aged 15 to 34 years (Cook Islands National Youth Policy, 2007–2010.) The youth population showed a similar pattern to the overall population (see Table 5). There was a marked decrease in the total population aged 15-34 from 5,997 (33.3%) in 1996 to 5,099 (28%) in 2001, and an increase to 8,881 (37.2%) in 2006. There was an increase in the labour force aged 15 years and over, from 8,112 in 2001 to 12,231 in 2006 (Cook Islands National Youth Policy, 2007- 2010 (2007:8)).
Table 5: Composition of Cook Islands and Youth Population

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>19,103</td>
<td>18,027</td>
<td>19,569</td>
</tr>
<tr>
<td>Resident Population</td>
<td>18,800</td>
<td>14,990</td>
<td>15,328</td>
</tr>
<tr>
<td>Total Youth Population 15 – 34yr</td>
<td>59⁰⁹⁷</td>
<td>5099</td>
<td>8881</td>
</tr>
<tr>
<td>% of Youth to Total Population</td>
<td>33.3%</td>
<td>28%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Labour force 15 years and over</td>
<td>11,567</td>
<td>8,112</td>
<td>12,231</td>
</tr>
</tbody>
</table>

Source: Cook Islands Census Data, 2006.

(ii) Young People’s Health Status

According to the situation analysis conducted by the government of the Cook Islands and UNICEF (2004), the health status of young people in the Cook Islands has progressively improved over the past twenty years as a result of improvements in infrastructure, sanitation, nutrition, and participation in well child clinics in the villages and schools, especially in immunisation programmes. However, the main causes of death in young people are mainly due to motor vehicle crashes and injuries (often alcohol related), substance abuse and suicide. The priority areas of concern in the Cook Islands are substance abuse (alcohol, tobacco and drugs, which often lead to motor vehicle crashes), injuries and violence, suicide, teenage pregnancy, sexually transmitted diseases, obesity, truancy and low school achievement (Cook Islands National Youth Policy, 2007). Recently, crimes such as burglary and theft have been increasing, and youth are implicated.

There has been wide debate in the Cook Islands over the health needs of young people, and many intervention activities have been developed and implemented. However, there has been no evaluation carried out to investigate their impact. From the statistics available, it seems that intervention programmes in the past have not been successful and sustainable, for major health threats still persist and are increasing every year as indicated in the statistics below. This is probably due to the fact that these interventions have focused mainly on single negative problems instead of understanding that these issues are interconnected. Intervention programmes have also focused on individual problems, rather
than taking Positive Youth Development and strength-based approaches through collaborative community based efforts.

(iii) Priority Health Issues

The Cook Islands National Adolescent Strategic Plan 2007–2010 identified priority issues as substance abuse leading to motor vehicle crashes; violence; teenage pregnancy; sexually transmitted disease; mental health issues particularly depression leading to suicide; educational issues such as truancy, low school achievements and obesity (Cook Islands National Youth Policy, 2007). In addition, there has been wide concern about the increase in crimes relating to burglaries and theft in Rarotonga.

1. Alcohol Related Problems

The main causes of death in young people are accidents and injuries sustained in car and motorbike crashes often associated with alcohol use. Most of the crash victims admitted to hospital are young people usually males within the age group of 15–34 yrs (see Figure 10). Most of the accidents are alcohol related (see Figure 11) (Cook Islands Ministry of Health Annual Statistical Bulletin, 2008).

As noted above, Herman (1993) showed that 87% of students 15-18 years at Tereora College in the Cook Islands have consumed alcohol. A similar study conducted by the Department of Public Health (1999) showed that 91% of males and 85% of females started drinking before the age of 16. Both studies found that even though students knew the physical and psychological effects of alcohol, this did not deter them from drinking. Girls usually drank spirits, while boys drank beer (Herman (1993) and Department of Public Health, CIMOH, (1999)).

![Figure 10: Rarotonga Hospital Accident Admission by Age and Sex, 1998–2002](source: Cook Islands Statistics and UNICEF, 2004:45.)

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Figure 11: Transport Accidents and Alcohol related, 1991–2007

2. **Tobacco and Drug Abuse**

A survey by the Department of Public Health showed that 75% of young people smoke, including 71% of young women in Rarotonga. Of those who smoke, 31% started smoking between the ages of 13 and 14, and 26% began before the age of 11 (Department of Public Health, 1999). The problem of drugs only started in the last 10 years, with marijuana being the main drug smoked by young people. However, other drugs such as “P” have been reported in the last couple of years, but there is inadequate information on this particular problem in the Cook Islands.

3. **Teenage Pregnancy**

Teenage pregnancy continues to be a major concern, although statistics have shown a gradual decline in number since 1998 (Figure 12). There is an on-going need to address the issue of safe sexual practices and to counsel teenage mothers and fathers.

Family planning services are available to young people from both government and NGO organisations. However, young people face barriers in utilising services due to policies and laws that restrict their access. These include policies that restrict females under 16 from accessing contraception without parental consent, the embarrassment of being seen at the clinics, the fear of a lack of confidentiality, unfriendly clinic staff, inconvenient clinic operating hours, and a lack of transport to the facilities (Tutai-van Eijk, 2007).
4. **Sexually Transmitted Infections (STI)**

The most common types of STI reported in the Cook Islands are chlamydia, candidiasis, trichomonas and gonorrhoea. There has been no reported case of HIV/AIDS in the Cook Islands involving young people, although there have been reports of HIV positive visitors who have lived in the Cook Islands for some time, but who have since returned to their home country. A very small number (0.3%) of people who attend government clinics for treatment are infected with more than one STI, or have been re-infected (0.4%). In 1995, about 12.6% of people were reported with chlamydia. A public awareness campaign by the Public Health Department with support from the church, women’s and youth communities has alerted people, especially the young people, to the dangers of unprotected sex (Cook Islands Ministry of Health Statistics Department and SPC, 2004).

5. **Overweight and Obesity in children and college students**

Overweight and obesity amongst children and young people is also a concern in view of the increasing prevalence of cardio-vascular diseases in the Cook Islands. Surveys carried out in Rarotonga schools by the Department of Public Health showed that the number of overweight students increased or doubled from 8% in 1991 to 17% in 2003 (Tairea et al., 2003). This is associated with poor diet, particularly ‘junk food’, and very little physical exercise.
6. Mental Health and Suicide

The mental health of young people has been a major concern, especially because of the increasing number of attempted suicides and suicides. The total number of suicides from 2006 to 2012 was 16, and these were all by hanging (see Table 6 below). This is a very high number for a small country with a resident population of about 15,000, especially when 81% of suicides were in the 15 to 30yrs age group. The average age for suicide was 30 years of age. Most of the suicides are male (63%), while 37% are female (Cook Islands Ministry of Health, 2012).

The majority of those who attempted suicide, were female 75%, while 25% were males. The Department of Public Health is the main centre for mental health services with a mental health nurse and a medical officer who have had some mental health training. There is only one local trained registered psychiatric nurse (who trained in New Zealand) who provides mental health care and counselling services in a NGO group Te Kainga Mental Health Services (Ministry of Health Statistics Department (2012)).

It must be understood that young people live in situations created by society that are often beyond their control. Therefore, as Laser and Nicotera (2011) stressed, a socio-ecological approach to the problems they encounter is more powerful than one which allocates blame, or depends entirely on individual approaches. Generally, young people do devote their time and energy to improving the health and wellbeing of their families, children, disabled people, elderly people and communities, both through their own initiatives or when asked (WHO, 1993). In the Cook Islands, young people contribute in physical, financial, and social means to family activities, such as assisting in the plantations, fishing, cooking, and caring for elderly and young members in the extended families. They also play a major part in community activities, such as in the churches, schools, sports, village clean-up programmes, cultural dance, music, and arts competitions. This improves their wellbeing by enhancing their self-esteem, and rewards them with a sense of accomplishment (Hezel, 1985). Such commitment to social wellbeing has many advantages for society and for the youth themselves.
2.8 Government Commitment to Development of Young people

(i) Cook Islands National Sustainable Development Plan (CINSDP)

According to the Cook Islands National Sustainable Development Plan (2007-2010), the government recognises the development of young people as a vital area for strategic consideration and action (CINSDP, 2007:13). This CINSDP provides the mechanism for fulfilling the aspirations of young people. So while the government is committed to addressing issues relating to young people through the Cook Islands National Youth Policy (CINYP 2007–2010), it also challenges those in non-government sectors, and especially the young people themselves, to be actively involved with these issues. With assistance from the Commonwealth Youth Programme (CYP), and the Pacific Youth Bureau (PYB) of the Secretariat of the Pacific Community (SPC), a team of committed and responsible young people and adults were given the responsibility to develop a more sustainable approach to the development of young people, and that began with the production of the Cook Islands National Youth Policy 2007–2010 (CINYP, 2007). This Policy is the result of wide consultation with various government and non-governmental organisations and schools throughout the Cook Islands, including the Outer Islands.

The CINYP is a strategic framework for youth development in the Cook Islands, which is included as one of the key strategies for Goal 1 of the Cook Islands National Sustainable Developmental Plan 2007–2010. This Goal is to encourage participation of youth in the development of the Cook Islands. This strategy contributes to the attainment of the National Vision of the Cook Islands, which is the overall thrust of the “Living the Cook Island’s Vision – A 2020 Challenge.” The National Vision is: “to enjoy the highest quality

Table 6: Suicide and Attempted Suicide Cases—All ages: 2006–2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Deaths</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2008</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Ministry of Health Statistics Department, 2012.
of life consistent with the aspirations of the Cook Islands people, and in harmony with their culture and environment.” Translated into Cook Island Maori: “Te oraanga tu rangatira kia tau ki te anoano o te iti tangata, e kia tau ki ta tatou peu Maori e te aotini taporoporoia o te basileia.” This long-term vision is people-oriented and recognises the family unit as the building block for a strong, healthy and productive nation, and that the young people through their energy and creativity can contribute to this vision.

(ii) **The Cook Islands National Youth Policy 2007–2010**

The endorsement of the CINYP is an indication of the government’s commitment to improving opportunities for young people. In the CINYP, the government recognises the development of young people as a vital area for strategic consideration and action. It also reiterated its policies to improve the education standards, access to school and relevant education for all Cook Islanders. The policy seeks to ensure that appropriate strategies and programmes are developed to address the needs and aspirations of young people in the Cook Islands. Six priority areas were identified as the key strategic areas to be addressed by this policy. These are: (i) Advocacy, Coordination, and Networking; (ii) Governance and Leadership Integrity; (iii) Economic Empowerment for Prosperity; (iv) Social Development Towards Equity; (v) Healthy Lifestyle for All; and (vi) Sustainable Development for Future Generations (CINYP, 2007).

The policy serves as a platform for collaborative action by Government, NGOs, communities, young people themselves, and with the support of international agencies and communities such as WHO, UNFPA, UNICEF, and UNDP, to empower the young people of the Cook Islands to achieve a better quality of life for themselves, their families, communities and the country. For example, young people will develop confidence and self-worth, become responsible and autonomous leaders in their schools and youth groups; develop and create good relationships with their families and communities; develop good relationships with their families, peers, neighbourhoods and communities; and participate and engage in various activities (Secretariat of the Pacific Community Pacific Youth Strategy 2010 (SPC PYS, 2010, p.3). Furthermore, the Cook Islands is a signatory to certain international conventions such as the Convention of the Rights of the Child (CRC), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), and Millennium Developmental Goals (MDG). These provide protection of young people’s human rights and freedom, especially those relating to all forms of exploitation and abuse (SPCPYS2010, p.16). It is also expected that families, communities and churches will
continue to take a greater responsibility to ensure that the basic needs of the young people are met. Similarly, the education system and the schools will provide for the development of life skills of young people and provide opportunities to prepare and nurture them to become potential youth leaders and eventually become future leaders for the Cook Islands (CINYP, 2007).

Since the launching of the policy in 2007, some of the recommendations, such as the re-establishing of the Cook Islands National Youth Council in 2008 (the non-governmental branch of the government’s National Youth Division), and the National Youth Parliament have been implemented. However, there is still a lot more work to be carried out in relation to the Policy Plans of Action. The policy is intended to serve as a catalyst and a link between government and key stakeholders in recognising the needs and aspirations of young Cook Islanders and in developing positive avenues for meeting those needs. It appears that most of the recommendations have not been implemented for unexplained reasons. Furthermore, having only one junior staff member in the division is a major limitation.

One objective of this study is to discuss the strengths and weaknesses of traditional responses to young people’s needs, and to suggest ways to stimulate action by all those responsible for the welfare of young people, including the young themselves, to choose health and fulfil their promise of a better future. One of the most important commitments the Cook Islands can make for its future economic, social and political stability is to invest in improving the health of its young people (WHO; UNFPA; UNICEF; 2002).

PART 3: COMMUNITY UNDER STUDY – VAKA TAKITUMU

2.9 Vaka Subdivisions in Rarotonga

The community under study includes the District of Takitumu, traditionally known as the Vaka Takitumu. Vaka here relates to one of the three Vaka or districts in Rarotonga (see Figure 13). Before the arrival of Europeans and Christianity in the island of Rarotonga, each Vaka was headed and governed by traditional paramount chiefs known as Ariki, supported by their sub-chiefs traditionally known as the Ui Mataipo and Ui Rangatira.
Figure 13: Map of Rarotonga showing vaka boundaries
Source: http://en.wikipedia.org/wiki/Rarotonga

(i)Vaka Teau-o-Tonga - now known as Avarua district, has three Ariki, namely Makea Vakatini, Makea Karika, and Makea Nui. The district is subdivided into four sub-districts namely: Tupapa Marairenga; Takuvaine Parekura and Tutakimoa; Ruatonga and Avatiu; Rangiura Panama and Nikao.

(ii)Vaka Puaikura - now known as Arorangi district, has only one Ariki, Tinomana Ariki. The district is subdivided into three sub-districts of Blackrock and Inave, Ruauu Murienua and Aroa, and Betela Kaveria and Rutaki.

(iii)Vaka Takitumu - consists of three villages, Matavera, Ngatangiia, and Titikaveka, has two Ariki, Pa Ariki and Kainuku Ariki.

Within these Vaka, there are over 40 tapere or sub-districts or villages, each based on a stream, and headed by a Mataiapo or Rangatira. These tapere are the main units of social organisation, food production, housing and daily life. Tapere boundaries run from the reef through to the inland valleys and mountains. These divisions remain today, and are still used for most land allocation, residence, sport organisation, church activity, cultural competitions, local government, national government electorates, and many other activities. Place, blood ties, and seniority (not necessary age) remain important organising principles in these vaka districts (Crocombe R. & Crocombe M., 2003:80).
2.10 Vaka Takitumu Population

The Vaka Takitumu has a population of 4,174 (Cook Islands Census, 2006). Within the three villages, there are 1,308 people in the age group 15–34 (see Table 7).

**Table 7:** Total Young People at Five-Year Age Groups in Vaka Takitumu (Both sexes): 2006

<table>
<thead>
<tr>
<th>Village/Vaka</th>
<th>15–19yrs</th>
<th>20–24yrs</th>
<th>25–29yrs</th>
<th>30–34yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titikaveka</td>
<td>118</td>
<td>123</td>
<td>116</td>
<td>138</td>
<td>449</td>
</tr>
<tr>
<td>Ngatangiia</td>
<td>94</td>
<td>114</td>
<td>157</td>
<td>152</td>
<td>517</td>
</tr>
<tr>
<td>Matavera</td>
<td>81</td>
<td>74</td>
<td>58</td>
<td>83</td>
<td>296</td>
</tr>
<tr>
<td>Vaka Takitumu</td>
<td>293</td>
<td>311</td>
<td>331</td>
<td>373</td>
<td>1308</td>
</tr>
</tbody>
</table>

Source: Cook Islands census, 2006.

Matavera also known as Rangiatea village is the smallest village with 296 people, and is located at the northern end of Vaka Takitumu. The Signage (Figure 13.1) located at the northern boundary in Matavera, welcome or “Turou Oro Mai” as you enter Vaka Takitumu from the Vaka Te Au-o-Tonga, and on the other side of the board, the message “Aere Ra,” bid you farewell as you leave Vaka Takitumu.

![Entry signage into Vaka Takitumu from Matavera](image)

**Figure 13.1:** Entry signage into Vaka Takitumu from Matavera (Northeast boundary)

Photo Taken by Tamarua and used with his permission

Titikaveka also known as Temurimotia in the southern end of Vaka Takitumu has a population of 449. It is the exit point from Takitumu, and entry point to Vaka Puaikura on the western side of Rarotonga. The signage board in (Figure 13.2) bid you farewell or “Aere ra” as you leave Vaka Takitumu, and on the other side of the board is a welcome message “Turou Oro Mai” as you enter from Vaka Puaikura.
Lying between the villages of Matavera and Titikaveka, on the eastern side of Rarotonga is the village of Ngatangiia traditionally known as Ngati Tangiia. It has the biggest population of 517 (Cook Islands Census, 2006).

In Vaka Takitumu, there are four Primary schools, consisting of one public, one private and two religious schools (that belong to the Seventh Day Adventist and the Assembly of God Churches), and one secondary school, Titikaveka College. The public and religious schools have classes from Year 1 to Year 7. From year 8 to year 10, students attend the Titikaveka College. The Titikaveka College (see Figure 13.1) has a roll of 153 students and 12 teachers (Ministry of Education Directory Register, 2007). Each class in the school elects one of their members as their student representative in the school council, which assists the principal and staff in the management of the school. From Year 11 to Year 13, they transfer to Tereora College, (located at the Vaka Teau-o-Tonga) which is the only national college in the country that caters for external New Zealand NCEA examinations at these levels (Ministry of Education, 2006).
2.11 Why Vaka Takitumu?

Vaka Takitumu is a vibrant community with much to offer, including the talents, skills and prospects of its people, in particular the young people. It has particular characteristics that distinguish it from other Vaka in Rarotonga. It contains some of the most beautiful white sandy beaches and three small islets, called motu, located in its clear blue lagoon, all favoured by tourists. It has the most tourist accommodations and restaurants in Rarotonga, and is home to the many tourists accommodated in luxury hotels, local motels and beach bungalows owned by local families. Its beautiful lagoon is the only lagoon where water sports like sailing, vaka paddling, glass bottom boat viewing, snorkelling and swimming are favoured by both tourists and local people. The Cook Islands Hospitality Training School and a national bird sanctuary is also located in the Vaka.

From a religious and spiritual perspective, Vaka Takitumu also has the most religious denominations (14) in Rarotonga. These include the three traditional Cook Islands Christian Churches (one in each village), two Roman Catholic churches, two Seventh Day Adventist Churches, and the Church of Jesus Christ of Latter-day Saints. Recently, new churches such as the two Assemblies of God, the Revival Church, the Cornerstone Church, the Baha’i Faith and Jehovah’s Witness Church have joined in with the religious family in the Vaka.

In sports, Vaka Takitumu has two sports clubs. The Titikaveka Sports club has its own clubhouse and grounds next to the Titikaveka College, which is also used by the college during school hours. As Matavera is the smallest village, Ngatangiia village shares its clubhouse and grounds with Matavera, thus their teams are known as the Ngatangiia /Matavera Sports Association shown in (Figure 18). Vaka Takitumu has also produced some well-known sports people, who have played in New Zealand for the Silver Ferns or in Rugby League, and since have returned to help with the development of sports in the Cook Islands.

Culturally, Vaka Takitumu has some of the best longstanding cultural dance teams, who besides entertaining tourists in hotels, have also travelled overseas several times to promote the country as this is the prime revenue generating industry for the country. In addition, the Vaka Takitumu has joined together as one dance team on many occasions to compete in the Annual Constitution Cultural Competition, and have won several times.
This research emphasises Vaka Takitumu as a first step to addressing the underlying factors relevant to improving the health and wellbeing of young people. The belief here is that if we get it right in Vaka Takitumu, we will have a better chance of getting it right elsewhere.

2.12 Summary

This introduction to the Cook Islands provided a context for my thesis. The geographical information relating to the scattered nature of the islands illustrated the difficulties experienced in ensuring accessibility of services, especially those relating to the health and development of young people. The demographic changes in the population coupled with the continuous urban and overseas migration, in particular by young people, is seen as a major threat to the development of young people and the country as a whole. The rise in non-communicable diseases now seen in the Cook Islands reflects similar patterns in developing countries.

Fortunately, most young people who participate in positive life activities are healthy when they reach adulthood. However, the journey to adulthood for some is characterised by problems. The Cook Islands government and other sectors have developed mechanisms to try and minimise these problems. Unfortunately, not all efforts have been successful, so it is hoped that this thesis will address some of the gaps experienced in the current system. The next chapter will look at the positive development of young people, and health promotion using community based and participatory approaches through the lens of literature.

On the next page is a Celebratory song known as “Ute” which was composed and sung by older people in Vaka Takitumu. The traditional Ute is a joyful love chant-song or imene akaepaepa (song of praise) usually sung by a group of men and women in a celebratory mood (Mason and Williams, 2003). The singing is accompanied by musical instruments like guitar and ukulele. Most of the great composers unfortunately have passed on, and the following Ute is a very popular one composed in the 1960s by two traditional leaders the late Akaiti Ama Tamarua Mataiapo and Sir Apenera Short both from Vaka Takitumu. The title of the Ute is, “Takitumu, te Vaka Ta’unga” celebrates the history of their much loved Vaka Takitumu in Rarotonga. As indicated earlier in the chapter, the people of Takitumu are proud people and they love to celebrate their beautiful vaka, with its natural fertile land and blue lagoon through their music and songs (Mason and Williams, 2003).
A SPECIAL SONG ‘UTE’ FOR VAKA TAKITUMU

Takitumu Te Vaka Ta’unga

Takitumu e, taku vaka ta’unga
Te vaka niania o nga ariki
E Pa Ariki e Kainuku Ariki
Korua e aku parekura
Ma nga Mata’iapo te Pu Ara Nui
Tutara ki Takitumu nei
Mei Ta’akura ki Toreaiva
‘Oki mai toku i reira
Ko Rangiataea nei ko te upoko ia
O te ika nui a Tangi’ia
Kite Itinga-ra
Ko Ngati Tangi’ia
Vairanga no aku parekura
‘Uri ake taku aro Teimurimoti’a
Te ‘iku o te ika a Tangi’ia

Chorus
Ka oki taku tino ki te po kerekere
Ka ui au e no’ea mai au
Te ngai kapua ia ai
Mei ‘Avaiki mai taku ui tupuna
Tere mai na raro i te tonga
Tangi’ia Nui e, o te varurau e
Tapa’ia te ingoa Rarotonga
Ko te Avarau e ko te Vai-kokopu
Urui mai taku vaka ki reira
Ko Vaerota’oki ko te tapa’e’anga
E marae no taku tupuna
Ka vai te reira ei akara’anga
Na te uki a muri atu
Ka vai te reira ei akara’anga
E tuatau uatu

Takitumu the district of priests

Takitumu my district of priests
A special district for the paramount chiefs
Pa Ariki and Kainuku Ariki
Who are my red-plumed crowns
And all the mata’iapo of the Pu Ara Nui
(Council of Chiefs)
The rulers of Takitumu
From Ta’akura to Toreaiva (from the northern to the southern boundary)
They are my boundaries
Rangiatae is the head of the fish
To the rising sun, is Ngati Tangi’ia
The residence of my paramount chiefs
To Teimurimoti’a I will turn my face
To the tail of the fish of Tangi’ia

My heart goes back to the beginnings of time
Here I will ask
Where did I come from
My ancestors came from Avaiki
They sailed down to the south
Tangi’ia Nui, with 8 times 200 people
(1600)
Bestowed the name Rarotonga
At Avarau and Vai-kokopu
My canoe landed
Vaerota was also a port of call
And a marae (sacred ground) for my ancestors
This will remain an example
For the generations in the future
This will remain an example
For ever and ever

Composed by the late Akaiti Ama Tamarua Mataiapo, and the late Sir Apenera Short (1960). Words and Translation by the late ‘Aka’iti Ama. Permission to reprint obtained from son, Tukaka Ama Tamarua Mataiapo. He inherited the traditional title Tamarua Mataiapo from his late mother. Reprinted from R.Crocombe and M. Crocombe, 2003).
CHAPTER 3: POSITIVE YOUTH DEVELOPMENT THROUGH THE LENS OF LITERATURE

A world fit for children is one in which all children including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment.

United Nations General Assembly Special Session on Children
UNGASS, May 2002.

3.1 Introduction

In this review, I demonstrate that a socio-ecological approach (Bronfenbrenner, 1979; WHO, 1993; Wolfe, Jaffe & Crooks, 2006; Geldard, 2009; Keleher and MacDougall, 2009; Laser and Nicotera, 2011), is the most effective way to address the issues and concerns faced by young people. In this chapter, I document my research into the literature relating to youth health and development and to Pacific youth, which led to my approach in this thesis. I have located my arguments within a theoretical discussion on the principles of Health Promotion, and the Positive Youth Development model (Pittman 1991) that includes empowerment, strength-based approaches, participation by youth and community, meaningful relationships and engagement, and inter-sectoral collaboration.

The review comprises four parts. Part 1 examines the definition, evolution, and theories of adolescence, highlighting a multi-systemic, socio-ecological approach and identifying the key influences on the development of the health of young people from western, Pacific and Cook Islands perspectives. Part 2 discusses the various definitions of health and wellbeing in a Cook Island’s context. Part 3 looks at health promotion, empowerment and community-based participatory approaches to health. The final part sets the agenda for the implementation of the Positive Youth Development model by exploring a new direction and shift in thinking and approach.

PART 1: DEFINITION & THEORIES OF ADOLESCENCE/YOUTH/YOUNG PEOPLE

3.2 Definition

Young people are a heterogeneous group and the experience of being young varies enormously across different ethnic groups, regions and countries. According to UNESCO (2011) a number of terms such as adolescent, youth, teenager, or young person, have been
used interchangeably to describe this particular lifestage. Thus the definition of a specific age range that constitutes youth varies. In addition, an individual’s actual maturity may not correspond to their chronological age. Immature individuals can exist at different ages. In other words, the term “youth” is more a fluid category than a fixed age group. It is a stage of constructing self concept influenced by several variables in the environment, such as parents, siblings, peers, neighbourhood, gender, lifestyle, culture, religion, schools, and communities. It is also a time in a person’s life when they make choices that will affect their health, life opportunities, and future. However, for statistical consistency across regions, the United Nations used the universal definition of 15 to 24 years, but without prejudice to other definitions by Member States (UNESCO, 2011).

For example, the World Health Organization defines adolescence as the ages between 10 and 19, and youth as between 15 and 24 (WHO, 1993). From a Pacific Region perspective, SPC focuses principally on the age group from 15 to 24 (SPC, 2005), while at the same time respecting each Pacific Island Country and Territory’s (PICT) definition of youth. For example in New Zealand, the Youth Development Strategy Aotearoa supports the positive development of young people aged 12 to 24 years inclusive (Ministry of Youth, 2002). In Samoa, the government approved the Young People Programme TALAVOU Strategy for young people 10 to 29 (Government of Samoa, 2006). In the Cook Islands, the government endorsed the National Youth Policy 2007-2010 for youth ranging from 15 to 34 (Cook Islands National Youth Policy, 2007).

In my thesis, the terms adolescent, youth, teenager and young person will be used interchangeably. In addition Cook Islands Maori terms like mapu, meaning young person or people; mapu vaine or tamaine, relating to a young woman; and mapu tane or tamaiti, for a young man, will also be used. I also adopted the definition by age of 15-34 years. However younger people 10 to 15 years, and 35 + years will also be included in certain parts of the thesis discussions, as many in these age groups belong to and participate in youth related activities and groups such as sports, cultural, church, schools, in communities, government and non-government organisations.

3.3 Theories of Adolescent and Youth Development

The term ‘adolescence’ comes from a Latin verb adolescere, which means “to grow up” or “to grow to maturity” (Dusek, 1987). This important transition from childhood to adulthood has been the subject of considerable investigation by psychologists, biological
scientists, social demographers, sociologists and anthropologists, and because of its policy significance, it is appropriate to start with a brief overview. Although the literature in the western world has grown over the past several decades, there is very little available relating specifically to the Pacific countries, especially the Cook Islands. However studies by anthropologists Malinowski (1922 – 1929) in Trobriand Islands and Mead (1928) in Samoa, pioneered the study of adolescent development in the Pacific. They took the relative influence of biology and culture as a central theme in understanding adolescent development in the Pacific Islands. Gilbert Herdt and Stephen Leavitt (1998) in their book *Adolescence in Pacific Island Societies* compared a range of adolescent developmental issues rooted in traditional concerns and social changes in the postcolonial era. These are issues central to cross-cultural constructs and understanding in the context of social change. Such perspectives emphasize what is generally agreed in the Western science: that adolescence is a unique phase of the lifespan because of simultaneous changes in physical maturation, psychological adjustment and social adjustments (Steinberg, 1987; Peterson 1988).

Nevertheless, many of the theories identified in the early literature endure and have some relevance in the Pacific. For example, G. S. Hall, the founder of developmental psychology (1904) called adolescence a period of “stress and storm.” Such views continued to negatively define the scope of adolescence almost a century later. As Furstenburg (2000) pointed out, this scholarly culture of adolescence studies persisted and was reflected in later studies by Hall’s followers in psychology, sociology and anthropology (see Welsh and Farrington, 2006, Catalano and Hawkins 1996, Catalano, Hawkins, Berglund, Pollard & Arthur, 2002).

Laser and Nicotera (2011) emphasise the complexity of adolescence, and use a diversified ecological approach to explain both normal and problematic adolescent development. In addition, the various contexts young people grow up in are important, including their family, school, neighbourhoods and communities. The early years of life according to Keleher and MacDougall (2011) are crucial in influencing a range of health and social outcomes across the life course, and many challenges at all ages, such as mental health problems, obesity and heart disease, criminality and lack of competence in literacy and numeracy, have their roots in early childhood. Assessment of the development perspectives that focus on both the positive influences (protective factors) and the negative influences (risk factors) in these environments is critical, as this will provide ideas for the
development of appropriate interventions to improve and promote health and wellbeing. Irrespective of which country, ethnic and community groups we refer to, adolescents face immense developmental challenges (Laser & Nicotera, 2011). Fortunately, most young people, who have good family support and who participate in positive life activities, eventually become healthy adults. Unfortunately for some, their journey through adolescence is hindered by negative behaviours such as dropping out of school, teenage pregnancy and involvement in violence and crime, which limits their prospect for a successful future (Laser & Nicotera, 2011).

Many scholars have agreed that there is no single pathway to solving these problems (Welsh and Farrington, 2006; Catalano & Hawkins, 1996; Lernar, 2002; Catalano, Hawkins, Berglund, Pollard & Arthur, 2002). They have offered theories which have contributed to the understanding of the many factors affecting adolescence development. But as Laser and Nicotera (2011) stated: “Yet despite these theoretical advances, many explanatory frameworks focus solely on individual or social factors and fail to consider the multiple levels of risk and protection that influence a young person’s behaviour” (p. xiii). Laser and Nicotera (2011) promote a holistic approach to the development of young people which emphasises the multiple contexts of the environments young people live in, and the strengths and challenges they experience in each context. This builds on the multi-systemic-ecological approach by Bronfenbrenner (1979) described below.

3.4 The Multi-systemic-Ecological Approach (MSE)

Over the last decades, many scholars in different disciplines used different ecological models and approaches to improve the health of populations. One of the models that has been applied to humans is Bronfenbrenner’s socio-ecological model (1979). This model, according to Dumont (2007), focuses on the environment which was a new perspective compared to previous models that centred mainly on the person. In an attempt to better describe human development within a theoretical framework relating to the relationship between the person and the environment, Bronfenbrenner (1979) proposed a conceptualisation of the environment, which he called the “ecological environment.” Bronfenbrenner (1979:21) described the developing person as: “a growing dynamic entity that progressively moves into and restructures the milieu in which it resides.”

The framework proposes that the characteristics of the individual interacting with the characteristics of the environment influence development. Thus the MSE helps
Researchers understand a young person’s view of his or her place in the world. As described by Bronfenbrenner (1979), this environment consists of four imbricated, or overlapping, structures, which is a juxtaposing or joining together of systemic levels where interactions are mutual and common to all. These systemic levels include the microsystem, mesosystem, exosystem and the macrosystem as shown in Figure 14 (Bronfenbrenner, 1979).

Each individual develops in a variety of different contexts, and the first structure is the microsystem, at the individual level, and is the smallest part of the system where development occurs. It involves the reciprocal interplay among people, or objects, in face-to-face settings (Bronfenbrenner, 1989). For example, the initial microsystem that an infant inhabits is the home, where the majority of interaction takes place between the infant and the parent or caregiver. As the child grows and enters other microsystems, he or she interacts with different people, or objects, such as grandparents, day-care, church, school, the neighbourhood and the peer network (Laser & Nicotera, 2011).

**Figure 14:** The Multi-systemic socio-ecological model

The mesosystem is the interpersonal level, which refers to the interrelations between two or more microsystems in which the developing young person actively participates. For example, the mesosystemic interface between home and school provides continuity for the developing young person, as well as insights for all members of the microsystems to understand the person’s positive development.
The *exosystem* includes the main institutions of society or community, such as neighbours, media, government organisations, systems of transport, and higher level influences, including well-established norms, standards and social networks (Gregson, 2001). The exosystem does not involve the developing young person, nor does he or she influence the events in the exosystem, but the events affect his or her development (Bronfenbrenner, 1979). Examples of the exosystem are parents’ work or school, the local school board or the parents and teachers association, extra familial activities, and health care services. Or the loss of a job for a parent can have a significant impact on the family’s financial situation, and the young person’s future life. In addition, a parent’s stress due to the loss of a job and income can filter down to and put strain on their relationships (Laser & Nicotera, 2011).

Lastly, the *macrosystem* refers to the public and cultural environment that infiltrates the microsystem, the mesosystem and the exosystem that the individual lives in. It includes the political, social, legal, and economic systems that develop and enforce policies which influence the other three systems. The cultural settings include the social expectations or rules of behaviour (spoken and unspoken), morality, and attitudes towards diversity and civil rights. As a result, some behaviours and values are regarded as the “norm” while others are “aberrant”. For example, in some cultures, traditional gender beliefs suggest that physical violence and abuse of women is normal. Hence a young man may repeat the cycle of abuse when he gets into a relationship himself (Laser & Nicotera, 2011).

In summary, the point of the socio-ecological model is that each component interacts with the others making it a highly complex context. The young person at the centre of the model interacts directly with people in the microsystems and the effects of the interaction go both ways. As other people affect the young person, so the young person has an influence on them. It is also important to know that nothing remains static, and as a result, the young person, systems and environments are ever changing, so as the milestones and life events occur, the young person grows and the context changes. Therefore, understanding the effects of macrosystems and the pressure young people experience will give us a better understanding and appreciation of the young person’s sense of identity, purpose and value (Laser & Nicotera, 2011).
3.5 The Determinants of Health

Although Bronfenbrenner’s (1979) multi-systemic socio-ecological model describes the importance of the relationship between an individual and his/her environment in human development, it is only part of the story needed to understand the total development and health of a person. There is also a need to understand how the conditions of society create and maintain, or diminish the health of individuals and populations. These conditions of society are called the determinants of health (Keleher and MacDougall, 2011). According to WHO (2003), the key factors that influence whether people are healthy or not, are the conditions in which people are born, grow, live, work, and age in. The model developed by Dahlgren and Whitehead (1991), shown in (Figure 15), describes the influences in terms of layers in what is sometimes called the “Rainbow Model.”

![Dahlgren and Whitehead Schema of the Determinants of Health](image)

**Figure 15:** Dahlgren and Whitehead Schema of the Determinants of Health  

The model demonstrates the various layers of influences on health outcomes with the individual at the centre, and then moving outwards to the general socio-economic, cultural and environmental conditions (Keleher and MacDougall, 2011). These layers are:

(i) **The individual factors**: which include the person’s age, sex, and constitutional (hereditary) factors, for example, genetic inheritance plays a part in determining lifespans, healthiness and the likelihood of developing certain diseases like haemophilia, Down syndrome, and cancer.
(ii) The individual lifestyle factors: include a person’s diet, physical activities, smoking, alcohol drinking behaviours.

(iii) The social and community factors: include the influence of neighbourhoods, families, schools, churches, crime, unemployment, discrimination and racism, social exclusion and cultural influences.

(iv) The living and working conditions: include educational attainment, access to health services, housing, unemployment and air or water quality.

(v) The general socio-economic factors: is the final layer that impacts on health and includes the social and economic environment, the physical environment, and how these are shaped by the distribution of money, poverty, cultural and educational opportunities, power and resources at local, national, and global levels, which are influenced by policy choices (Tsouros, 2003; WHO, 2005). This means that while higher income and social status are linked to better health, low education levels are strongly linked with poor health, more stress and lower self-confidence. Similarly, people in employment are healthier, especially those who have control over their working conditions (Keleher and MacDougall, 2011). As Laser and Nicotera (2011) suggested, a person’s physical environment, including safe water, clean air, healthy workplaces, safe houses, communities and roads; positive social and cultural support networks from families, friends, neighbourhoods and communities, are linked and contribute to better health (Wilkinson & Marmot, 2003; Keleher & MacDougall, 2009). However, it must be realised that these assumptions about the various factors that determine people’s health, are based on western studies, and the physical, social, cultural and economic environments in these countries may not be the same as in other countries such as the Cook Islands and other countries in the Pacific region.

So to a large extent, factors such as our genetic makeup, our income and social hierarchy, where we live, our housing and living conditions, our education level and ability to buy adequate healthy food, our social networks and support from relationships with family and friends, the state of our environment, all have considerable impacts on our health. Therefore, our ability to maintain good health and wellbeing is determined to a great extent by the conditions in which we live and work. These are, in turn, influenced by the level of poverty and inequality in society, thus the context of people’s lives determines their health. So blaming individuals for having poor health is inappropriate, for individuals are unlikely to be able to directly control many of the determinants of health (Hubley & Copeland, 2008; WHO, 2011).
Tsouros (2003) described the field of the social determinants of health as perhaps the most complex and challenging aspect of health, for many of the economic, cultural and environmental factors influencing health can be changed by local, national and global policies that influence political, commercial and individual decisions (O’Donovan, 2008). Health policy was once thought of as the provision and funding of medical care. This is now changing and WHO (2003) explained the need for scientific evidence to inform and support health policy development. For example, policy implications in these situations relate to the lifelong importance of health determinants in early childhood, the effects of poverty, drugs, working conditions, unemployment, social support, good food and transport policy (Hubley & Copeland, 2008; Keleher & MacDougall, 2009). The intention of WHO is to ensure that policy at all levels takes proper account of recent evidence suggesting a wider responsibility for creating healthier societies (Wilkinson & Marmot, 2003).

This is especially true in most Pacific Island nations that have become politically independent and self-governing. They have limited opportunities to develop cash economies, therefore remained economically dependent on donor agencies, countries and global institutions like the World Bank (Woo & Corea, 2003; World Bank, 2006). The Cook Islands is an example of such small island nations which rely heavily on overseas agencies’ aid and funding for health, including adolescent health (Cook Islands MDG, 2010). To date, most health promotion interventions in the Cook Islands have not targeted the determinants of health that are required to fully address the health inequity. Instead, their main focus is on changing people’s behaviour using health education approaches that address only a small proportion of the population, such as those who are underprivileged, those who have no social support network, those who are involved in alcohol and drug abuse, and those who are sick. For these people, behaviour change is unlikely to be effective (Baum, 2002).

Therefore, an alternative approach is to adopt a comprehensive approach to the determinants of health by working inter-sectorally with those sectors that have more responsibility for the undesirable determinants of health. For example, people further down the social ladder are usually at twice the risk of serious illness and premature death. This is not confined to the poor, and this social gradient runs across society, to those among middle class families, office workers, or lower ranking staff (Wilkinson and Marmot, 2003; Keleher & MacDougall, 2009). Welfare policies need to provide not only safety nets, but also springboards, to offset earlier disadvantage. As Wilkinson and Marmot (2003, 10)
stated: “If policy fails to address these facts, it not only ignores the most powerful
determinant of health standards in modern societies, it also ignores the social justice issues
facing modern societies.”

3.6 The Development of Adolescents and Youth

While a chronological definition of adolescent development is statistically
convenient, there is a great variation in its timing and duration (WHO, 1993). In most
cultures, the transition from childhood to adulthood is usually considered to begin with the
onset of puberty.

(i) The Biological/Physical Aspects of Development

The physical changes that occur in adolescents include the growth spurt, in which
the height, weight, size, shape and sexual characteristics of the body change markedly, and
the differences between boys and girls become more pronounced (WHO, 1993). The period
of puberty is a time when a young person’s reproductive capacity is established (Steinberg,
1999). The age of puberty has been steadily declining in some cultures: for example, in the
United States, the age of menarche has declined from 17 in the 1800s to about 12
(Santrock, 2005). Some researchers suggest that this may be due to an increase in health
and nutrition (Kaplowitz, Slora, Wasserman, Pedlow & Herman-Giddens, 2001). Laser and
Nicotera (2011) later suggest that the chemical reactions from hormones in food may be a
contributing factor in child obesity, which explains why overweight girls are having their
first period earlier than females who have lost considerable weight. The timing of these
events, however, shows wide variation from one individual to another, and one culture to
another. Therefore, it is very important to realise that not every young person will pass
through these changes at the same time (Dusek, 1987; Santrock, 1998).

(ii) Adolescent Cognitive Development

Piaget (1970) described adolescence as a stage where young people think abstractly
and creatively. When they choose to use this new cognitive ability, the results can be
intellectually stimulating and enlightening. Some young people have thoughts and feelings
so unique that they become self-absorbed, and Laser and Nicotera (2011) called this
“adolescent egocentrism”. This refers to their fascination with their new thinking, and their
wanting to share it with friends, siblings, parents and teachers. Often they can become self-
engrossed, believing that they are the only ones who conceive this issue as the sole truth

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begins in utero and continues through to adolescence. The neo-cortex (which is the part of the brain that encompasses the corpus callosum and the frontal, parietal and occipital lobes) is responsible for the cognitive functions of abstraction, self-image, socialisation, and affiliation. He also believes that the development of the brain is affected by both genetics and environment. Although the initial expression of the genes begins just after conception, as the individual grows and develops, the environment has a profound effect on how these genes are expressed. Thus Perry (2008) found that children who have been exposed to neglect, trauma from domestic violence, physical and sexual abuse, the death of a loved one, or destruction of home, school or community show changes in the actual physical development of the brain. Therefore, Perry’s findings that brain development continues through adolescence are important and positive in showing that prevention of child abuse and neglect will minimise negative effects on the developing brain of a young person in later life (Laser & Nicotera, 2011).

(iii) Adolescent Moral Development

Laser and Nicotera (2011) describe moral development in childhood as wanting to avoid trouble and to be perceived by adults as doing what is right. By contrast, adolescents learn to internalise and move from the external control of childhood moral behaviour to autonomy and internal control (Laser & Nicotera, 2011). Other concepts such as responsibility, friendliness and courage are equally important concepts of moral development. There is also gender difference in an individual’s ability to regulate his or her emotions. For example, boys frequently are socialised to value competition and achievement orientation and not to avoid conflicts. Girls are often socialised to nurture, have empathy and comply with adult’s requests (Eisenburg & Dowton, 2000). Lickona (1991) describes moral development as having three aspects. The first is moral knowing, which involves moral awareness, and decision making. Secondly, moral feelings relate to the emotional component of good character, including conscience, self-esteem, empathy, sympathy, loving, self-control, embarrassment, guilt and humility. Finally, moral action includes the ability to solve a conflict fairly (Lickona, 1991).

(iv) Identity Development in Adolescence

The development of an integrated and internalised sense of identity is a major task for adolescents. This is when they begin to ask and answer the question “Who am I?” At this stage, young people experiment with a host of different roles that relate to how they view themselves (see Dusek, 1987; Wyn, 2009; Laser & Nicotera, 2011). According to
Rew (2005), adolescents are capable of constructing a theory of self that is valid, internally consistent, and organised in a coherent manner. And as they move through adolescence, they begin to recognise multiple selves who play different roles in different social contexts. They also begin to experience different levels of self-worth in the process of relating to different people. Harter (2004) shows that self-worth is constructed out of competencies developed by a person in various aspects of life along with the approval of and support from significant others. Thus, the concept of self-worth is closely connected to health-related behaviours that may be life-enhancing or life-threatening. Harter also suggests that physical appearance, being liked by peers, and athletic competencies bring greater approval and support from peers than from parents, whereas the scholastic competencies and prosocial behaviour elicit just the opposite responses. However, in both domains, the affective outcomes of depression versus adjustment can lead to suicidal ideation, a precursor to suicide (Harter, 2004).

Parts of the identity debate also include plans for a vocation, how one’s work shapes who one is, and how one is seen by society. As young people search for a vocation, they may ask whether they want to do what their parents do, ask about the required qualifications and skills, and whether they have the motivation to withstand long years of education and training (Laser & Nicotera, 2011).

(v) Social Aspects of Development

According to Wyn (2009), social change has resulted in both the emergence of new opportunities and new issues for young people, leading to possibilities that were not open to previous generations. For example, Dwyer & Win (2001) pointed out that there is evidence of the emergence of a new adulthood in Australia, in which young people are engaging earlier in adult practices such as sexual and work experiences. Therefore, society must provide a supportive environment so that adolescents will learn to behave as an adult. The behaviour of adults who say “do as I say and not as I do” will result in adolescents viewing the adult world as being inconsistent and ambiguous, and this encourages the development of abnormal behaviours (Yussen, 1984; Dusek, 1987; Rew, 2005).

In the context of Pacific culture, the extended family structures traditionally provide a secure and supportive environment for young people. The values of sharing and caring for others in close family networks ideally ensure an availability of caregivers, parenting, monitoring and reinforcing of culturally appropriate behaviour. For example, in Micronesia, Hezel (1989) described how childrearing was distributed among individual
members in the extended family. Such practices reinforce established norms among young adults as they grow up.

However, the modern reality is that extended families in villages are changing, due to the monetisation of the economy, increasing mobility, and the rural–urban–overseas migration patterns now seen in the Cook Islands (Griffen, 2006; UNICEF, 2006; Dunsford, Park, Littleton, Friesen, Herda, Neuwelt, Hand, Blackmore, Malua, Grant, Kearns and Underhill-Sem, 2011). In some situations, young people who have moved away to attend school or seek employment often face worse challenges where relatives are unable to provide the care and discipline that parents would. In some cases girls may be at risk of exploitation or physical and sexual abuse, while boys are at risk of dropping out of school, or becoming involved in drugs, and crime (Griffen, 2006; UNICEF, 2005).

**Cultural and Spiritual Aspects of Development**

According to Macpherson and Macpherson (1990), culture is seen as referring to elements that people create and assign meaning to, such as language, beliefs, ideas, roles, customs, myths and skills. As Janelle and Celleste Mulry (2006) pointed out, the culture of an individual has a profound effect on the perspective from which they deal with health and illness, and influences their convictions, attitudes, knowledge level, values, behaviours, habits, customs, and language. From a health perspective, Quynh Le (2006), described culture as an accepted factor associated with health concepts and behaviours, so communications about health needs must take this into account, particularly in a multicultural discourse where members have different cultural backgrounds (Sobo, 2009). The cultural development of young people depends on how they are raised, and it may differ from country to country, or within the same culture over different time periods (Yussen et al., 1984).

From a Pacific perspective, Griffen (2006) described Pacific culture of today as a mixture of traditional and European practices. Some Pacific authors argued that for Pacific people, health and wellbeing are about the presence of culture (Butt, 2002). With reference to public health policies in New Zealand, Ma’ia’i (1994), as well as Tamasese, Peteru, Waldergrave and Bush (2005) have argued for recognition of the importance of culture in Pacific Health Beliefs. Other authors have pointed out that there are no words in Polynesian languages equivalent to the biomedical constructs of health and disease (Toafa, Losa and Guthrie, 2001), and that Pacific ideas of health are instead linked closely to cultural identity (McMullin, 2005; Capstick, Norris, Sopoanga and Tobata, 2009).
Thus it is important for health providers to have some intercultural awareness or cultural competence to deal with health in a multicultural discourse. Eisenbruch and Dowton (2000) (cited in Le, 2006), defined cultural competence as:

the ability to identify and challenge one’s cultural assumptions... the ability to see the world through different cultural lenses... to analyse and respond to the cultural scenes and social dramas in ways that are culturally and psychologically meaningful... for client and professionals alike... and the ability to turn such thinking into praxis... providing meaningful, satisfying and competent care.

Intercultural awareness was an issue for me when I migrated overseas as a young person of seventeen years. My Cook Islands’ worldview of life, together with the social and cultural influence of my nuclear and extended family, friends and communities, did not prepare me for the culture shock that I experienced in the Western culture of New Zealand. Hence, as a young woman and a student nurse, I had great difficulty initially in adapting to my new physical, social, cultural and professional environment in the big metropolitan Auckland hospital and in city life. The cold winter climate, the English language, the food, boarding house accommodation, transport, work environment, and the isolation away from my immediate and extended families and friends was hard to cope with. It was a lonely and scary journey in the beginning, but as time went by, I learnt to adjust to my new environment and friends and began to enjoy what the western worldview of life had to offer.

(vii) Influences of Global and Social Change

Laser and Nicotera (2011) noted that young people today live in diverse populations and their experiences vary according to the educational and employment opportunities available to them, and the environment they live in. Their whole world is changing. Globalisation, new technologies and social changes are today’s challenges (Rew 2005; SPC, 2005). For example, the current global economic crisis, the greater participation of women in the workforce, decreasing fertility rates, smaller families, increasing divorce rates, more one-parent families and increasingly multicultural societies all play a major role in shaping the experiences of young people today. For example, the increase in unemployment due to the economic recession, the invasion by the internet, mobile texting, and media technologies, all have a significant impact on populations including the young people. The legal aspects mandating the care of young people are also important. Individual countries have different laws and policies, but international laws and conventions aim to protect children and young people’s rights, especially those pertaining to safety. Examples
of these are the United Nations Human Rights Act, the Convention of the Rights of the Child (CRC), and the Convention of the Elimination of all forms of Discrimination against Women (CEDAW). In the Cook Islands, all these conventions have been ratified by the government, and are used as guidelines in developing policies (NSDP, 2007). But it can be argued that these laws and conventions alone are not adequate: there must be evidence-based information derived from research to complement these legal requirements.

3.7 Key Influences on Young People’s Development

(i) Family Relationships

Families are the basic foundation of human culture, which is critical to the development of strong communities, and in turn, strong communities and cultures promote and nurture strong families (Laser and Nicotera, 2011). Family relationships and influences play a powerful role in shaping young people’s development, and are profoundly important in the development of their education and behaviour until adulthood (Ferguson & Ferguson, 2000; De Frain, Asay, & Geggie, 2010). The culture and ecology of the family provide the overall context for child development and rearing (Bronfenbrenner, 1986). Studies from a strengths-based perspective were carried out with 26,000 families from 38 countries around the world, and these identified a set of qualities that describe the characteristics of strong families (Arney & Scott, 2010:34;). The common traits identified are given in Table 8 below.

Table 8: Characteristics of Strong Families

<table>
<thead>
<tr>
<th>Appreciation and Affection</th>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for each other</td>
<td>Trust, positive and honest</td>
</tr>
<tr>
<td>Friendship</td>
<td>Dependability</td>
</tr>
<tr>
<td>Respect for individuality</td>
<td>Faithfulness</td>
</tr>
<tr>
<td>Playfulness</td>
<td>Sharing</td>
</tr>
<tr>
<td>Humour</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Communication</th>
<th>Enjoyable Time Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving compliments</td>
<td>Quality time in great quantity</td>
</tr>
<tr>
<td>Sharing feelings</td>
<td>Good things take time</td>
</tr>
<tr>
<td>Avoiding blame</td>
<td>Enjoying each other’s company</td>
</tr>
<tr>
<td>Being able to compromise</td>
<td>Simple good times</td>
</tr>
<tr>
<td>Agreeing to disagree</td>
<td>Sharing fun times</td>
</tr>
<tr>
<td>Spiritual Wellbeing</td>
<td>Ability to Manage Stress and Crisis</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Hope</td>
<td>Adaptability</td>
</tr>
<tr>
<td>Faith</td>
<td>Seeing crises as both challenges and opportunities.</td>
</tr>
<tr>
<td>Compassion</td>
<td>Growing through crisis together</td>
</tr>
<tr>
<td>Shared ethical values</td>
<td>Openness to change</td>
</tr>
<tr>
<td>Openness with humankind</td>
<td>Resilience</td>
</tr>
<tr>
<td>Healthy and happy</td>
<td></td>
</tr>
</tbody>
</table>

Source: Arney & Scott, 2010:34.

(ii) Parenting

Parent-child relationships and positive child development depend on a parent’s ability to meet their child’s needs in a consistent and effective way. Parents do this by demonstrating adaptability in their parenting and in being able to constantly adjust their responses to meeting their child’s changing needs (Arney & Scott, 2010). According to Avenevoli, Sessa and Steinburg (1999), there are four different styles of parenting: authoritative or nurturing, authoritarian, permissive and neglectful.

**Authoritative or nurturing parenting**

The parents are warm and accepting, but also expect mature behaviour. They spend regular and positive time with their children, so the children feel safe to talk freely about whatever they have in their mind (De Frain, Asay & Geggie, 2010; McLaren, 2002). They discuss rules appropriate to the children’s age, and explain why certain behaviours are expected and how they will benefit the family. The parents make the final decisions, and enforcement is consistent, but not harsh. For example, a loss of privileges may be used rather than physical punishment or verbal abuse. Decisions are jointly made with parents, and mistakes are treated as opportunities to learn rather than making the young person feel bad. Overall, this parenting style is a mix of warmth, flexibility and firmness, which is associated with the best outcomes emotionally, academically, socially and with regard to coping with antisocial behaviour (Mclaren, 2002; De Frain, et. al.,2010).

**Authoritarian parenting**

The parents’ rules are authoritarian and they can swing from warm to hostile, cold and rejecting, and they are not appropriate for the child’s age. Rules are dictated, and strictly enforced with punishment. Young ones have few opportunities for decision making, and mistakes are seen as failure. Overall, this style is seen as inconsistent, inflexible and harsh (McLaren, 2002; DeFrain, et. al., 2010).
**Permissive parenting**

The parents may be warm, but they can actually be neglectful. There are few rules which are inconsistently enforced. Rules demand less of young people and they often have the final say. Opportunities to explore behaviours and make decisions are given, but with no guide on how to go about this. Mistakes are either ignored or punished harshly. Overall, this style lacks warmth, discipline and control (McLaren, 2002; DeFrain, et. al.,2010).

**Neglectful parenting**

Parents provide little warmth and control. Their own needs are met, but they have very little time for the family. There is no monitoring and control of the children’s behaviour, and as a result the children get involved in anti social behaviours.

Avenevoli et al. (1999) found that the authoritative or nurturing style, started in early childhood and continued to adulthood, was the most appropriate and beneficial model, producing the most positive outcomes for young people. According to McLaren (2002), this nurturing style has three important dimensions which relate to acceptance, involvement and granting psychological autonomy, (the right to think for one self and be taken seriously) and behaviour control (monitoring, supervision, rules and consequences). Furthermore, the more young people feel their parents accept and love them; want to spend time with them; are willing to let them think for themselves and set limits; the more likely they are to develop good study habits; do well at school; develop self-reliance, self-esteem, and work orientation; and the less likely they will feel depressed, anxious, or adopt unhealthy behaviours (McLaren, 2002).

However, it must be realised that the above theories on parenting styles were based on studies of Western families and may not reflect parenting styles or customs in Pacific and Cook Islands families. For example, child care or raising children are often shared by the grandparents, aunts and uncles in the extended family. In some cases, children within the extended families were adopted informally (tamariki rave or angai) sometimes at birth and without legal certification. Often, the biological parents and family are kept secret from the child, and the adoptive parents raise the child like their own, even to the extent of taking the adoptive parents’ family name. Sometimes conflict among siblings, directed at the adopted child may emerge after the death of the parents. In addition to these community oriented customs, parenting styles are probably changing as new generations evolve.
(iii) **Siblings**

Siblings can be an important source of support and companionship for one another, but in some families there may be some conflict between siblings. According to Feinberg and McHale (2012), sibling conflict is the parents’ main concern and complaint about family life. Further to that, negative sibling relationships are strongly linked to aggressive, anti-social and delinquent behaviours, including substance abuse. On the other hand, positive sibling relationships are linked to all kinds of positive adjustment, including improved and quality peer and romantic relationships, academic adjustment and success, and positive wellbeing and mental health. A Prevention program, “Siblings Are Special” designed and carried out by Feinberg and McHale (2012), included a series of after school sessions in which the researchers used games, role playing activities, art activities and discussions to teach small groups of sibling pairs how to communicate in positive ways, how to solve problems, and how to come up with win-win situations, and how to see themselves as part of a team rather than as competitors. The program also included “family fun nights” in which the children had the opportunity to show their parents what they had been doing in these sessions. The findings from the program found that siblings showed more self-control and social confidence, performed better in school, and showed fewer internalising problems such as depressive symptoms. The program also showed that not only did the program help the siblings, it also helped the parents, by using more appropriate strategies for parenting their children (Feinberg and McHale, 2012).

(iv) **Friends and Peers**

Young people spend a great deal of time with their friends and peers, who have both a positive and a negative influence on them. Young people have varying types of relationships with each other, in a number of contexts. A lot of socialising takes place in groups, but it is possible that close friends are more of an influence than the peer group. The importance of friendship increases as young people move into and through adolescence (Helsen, Vollebergh & Meeus, 2000). A study by Newcomb and Bagwell (1995) reported that friendships were characterised by positive engagements in social contacting, talking, co-operating and expressive positive emotions by smiling, looking, laughing, and touching. Friends, in addition, perform more effectively in tasks and reach goals more successfully, and experience mutual liking, closeness and loyalty (Newcomb & Bagwell, 1995). Harris (1998) argues that young people are more influenced by their friends and acquaintances than anyone else including their parents. There is evidence that when families are
functioning well, parents have more influence on young people than peers, but when families encounter problems, peers become more influential. So the best outcomes occur when young people are influenced both by positive parenting and by positive peers (Collins et al., 2000; Helson et al., 2000).

(v) School Environment

The school environment has a very significant influence on a student’s academic performance and wellbeing. Generally, a warm, user-friendly school climate is one that supports the students in development, and brings out the best of their abilities, while an unfriendly and hostile school environment is one where vulnerable students tend to underachieve or drop out. One important aspect is the way teachers relate to and behave towards students by showing respect for them, and being good role models (Roeser, Eccles & Sameroff, 2000). Teachers’ attitudes promote higher motivation, and students are less likely to use alcohol and drugs, act violently, or start sex at a young age (McNeely, Nonnemaker & Blum, 2002). Also with positive, supportive teachers, students have good mental health, and high academic motivation, especially young people from poor, and low socio-economic status families (Roeser et al., 2000).

Ryan (2001) demonstrated that developing friendships with young people who like school, are motivated and are doing well, tends to influence young people to become like them. Also, being liked and accepted in school enhances the overall likelihood of staying on in school and doing well. The implication from these findings is that in order to keep young people in school and improve their academic achievements, the school environment can support them in becoming less aggressive, developing problem solving skills and getting on better with peers. It may also be helpful to buddy them with someone they can relate to who is motivated and doing well.

(vi) The Resiliency Paradigm

Henderson (2007:172) defined resilience as the ability to spring back, and successfully overcome risks and adapt in the face of adversity. To support her definition, Henderson cited research by Werner and Smith (2001), an international cross-cultural, lifespan developmental study that followed children born into traumatic conditions, such as families with mentally ill parents, alcoholic, abusive, criminal, or poverty stricken communities. The findings revealed that about 50% to 70% of youth growing up in these ‘high risk’ conditions develop social competence and lead successful lives, despite
exposure to severe stress. It portrays a different knowledge base and paradigm for research and practice, and asks how it is that youth successfully develop in the face of such stressors. This indicates a powerful rationale for moving beyond our narrow focus in the social and behavioural sciences from a risk, deficit, and pathology focus to an examination of the strengths of youth, their families, schools and communities. The assumption of the resilience approach in working with young people is that by meeting their needs for safety, belonging, respect, accomplishment, power, and meaning, adults are promoting positive youth development thereby preventing problems like alcohol and drug abuse, and teenage pregnancy (Bernard, 2007).

3.8 **Adolescence in a Pacific Perspective**

Earlier studies of adolescence in Pacific countries focused mainly on the influence of biological and cultural aspects. For example, Margaret Mead’s (1950) work on *Coming of age in Samoa* pointed out that culture has a considerable impact on the behaviour of adolescents. However, Mead’s work was undertaken long ago, and in the meantime, Samoan culture has changed. Recent decades have brought changes in young people’s lifestyles, diet and nutrition which have affected their rates of physical maturation. These changes in turn affect the way young Pacific people are understood, as well as the roles deemed appropriate for them. For this reason, Le Vine (1982) suggests it is essential to adopt a cultural life perspective in considering adolescence and social change.

In some cultures, a rite of passage, marks the birth of a child, the end of childhood and the beginning of adulthood (Dusek, 1987). For example, in the Cook Islands, birth was traditionally celebrated with rituals and special food, but the big event for boys was circumcision or *peritome* at around puberty, which marks his transformation from a boy to a young man (Jonassen, 2003). In some families, the first born son’s (*mataiapo tamaroa*) or favourite son’s (*tamaiti akaperepereia*) hair is kept long until after puberty, when it is cut in a big family ceremony. Similarly, menarche in girls indicates her reaching puberty, and her transition from being a girl to becoming a young woman. This is celebrated by a special family feast. All these special milestones in young people’s lives are celebrated with rituals, formal etiquette and feasting by both sides of the family (Ama, 2003). But today the western concept of celebrating a young man’s (*tamaiti tamaroa* or *mapu tane*) or young woman’s (*tamaine* or *mapu vaine*) reaching young adulthood, is marked with a 21st birthday celebration by feasting and the presentation of gifts. To mark this special milestone in the young man or woman’s life, a special mirror is cut into the shape of a key,
or a locally carved wooden key is presented by the parents to their daughter or son, symbolising the key that opens the door to their future (see Figure 16). This is a sign of maturity and future freedom to make their own decision in life (Jonassen, 2003).

![Figure 16: Heimata Herman with her carved wooden 21st Birthday Key (2011)](image)

In Tonga, a study by Helen Morton (1996) on “Becoming Tongan” spans the whole of childhood from birth to late adolescence, and she pointed out that the line between childhood and adulthood is not socially marked and is blurry, for people in their twenties are often treated like children in the demands made on them for obedience and the continued use of physical punishment. In Fiji, young people generally occupy subordinate positions, and this social status affects their participation in many facets of life (Vakaotii and Mishra, 2009).

PART 2: HEALTH AND WELLBEING

3.9 Definition of Health

Health, according to Thomas (2003), is a difficult concept to define in absolute terms, and its meaning has changed over time. Several definitions have been proffered, representing different perspectives. The very notion of health is a social ideal, so its conceptualisation varies from one historical period to another and from one culture to another (Thomas, 2003). Preamble to the Constitution of WHO, as adopted by the International Health Conference in New York, health is defined as “the state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity” (Constitution of WHO, 1948: 100).
At the time, this definition was an innovative statement, but it had a preoccupation with the biomedical model encompassing physical, mental and social wellbeing. However, this definition has been criticised by many researchers because, as Ewles and Sinnett (2004, 6) explained:

“the definition is totally unrealistic and idealistic, for how often does anyone truly feel in a state of complete wellbeing. Furthermore, it appears that the definition has the ability to assume that someone, somewhere, has the ability and right to define a state of health, whereas we have seen that people define their own health in many different ways.”

To a lay person, health may mean “not being ill,” so one is healthy when no illness or health problems interfere with their daily lives. This concept of health refers to the meaning that individuals and groups ascribe to their own personal experiences, knowledge, values and expectations (Ewles & Sinnett, 2004; Brenbauer, 2003; Rew, 2005). It is therefore important to understand the way lay people think about health and wellness as this influences their health and wellness related behaviours. Concepts of health have also been linked with people’s social and cultural beliefs and situations. Knowledge of illness, prevention, and treatment can also be powerful in shaping people’s concept of health, and some of this knowledge maybe passed on through generations (Hughner and Kleine, 2004). Standards of what may be considered healthy also vary. For example, a man who smokes may not regard his early morning cough as a symptom of ill health because it is normal to him. Thus people assess their own health subjectively, according to their own norms and expectations (Scriven, 2010). From a western perspective, health can be defined using broad categories which include the biomedical, holistic and wellness models (Scriven, 2010).

(i) Biomedical Models of Health

Biomedical models of health are diverse and tend to reflect the cultures in which they are embedded and the professions which use them. However, central to many biomedical models is an emphasis on the absence of disease (Balint, Buchanan & Dequeker, 2006). Biomedicine emphasises the diagnosis and treatment of specific diseases and its effectiveness has been well demonstrated. However, an emphasis on the absence of disease alone is narrow, in that it implies that people with a disease or disability are unhealthy, and that health is only about the absence of morbidity (Scriven, 2010). Other models of health take broader approaches.
(ii) The Holistic Model of Health

The holistic model of health was exemplified by the WHO definition of health, which began with physical, mental and social wellbeing and then expanded to include other dimensions of emotional, spiritual and cultural wellbeing. While physical health is concerned with the mechanistic functioning of the body, mental health refers to the person’s ability to think clearly and coherently. Emotional health means the ability to recognise emotions such as fear, grief, anger, joy, happiness and being able to cope with stress, depression or anxiety.

(iii) The Wellness Model

According to Capstick et al. (2009), wellness models have the advantage of allowing for mental as well as physical health and broader issues of active participation in life. These models also allow for more subtle discrimination of people with physical impairments, such as the visually impaired and amputees who may still be productive, happy and so be viewed as healthy.

(iv) Pacific Concepts of Health

Pacific peoples’ concepts of health treat body, mind and society holistically, encompassing a harmony that exists between individuals, communities and the universe. Some Pacific authors argued that for Pacific people, there is no equivalent to the biomedical constructs of health and disease (Drummond & Va’ai’-Wells, 2004), and that in Polynesian languages, health and wellbeing often include the notion of maintaining social order and harmony (Capstick, Norris, Sopoanga & Tobata, 2009). For example, Samoans view illness as an inevitable disruption to a person’s life and social systems. In addition other authors like Toafa, Losa and Guthrie (2001) pointed out that Pacific ideas of health and illness are closely linked to cultural identity, as opposed to the absence of disease. For example, the “Fonofale Model” by Fuimaono Karl Pulotu Endemann (2001) incorporates the metaphor of a Samoan fale that depicts the values and beliefs that Pacific people in New Zealand have about health. In particular, the most important aspects for them included family, culture and spirituality. The new understanding of health and the response to ill health now is that even though the scope of traditional medicine had been greatly narrowed, western medicine has, to a large extent been combined with Polynesian concepts and procedures for Pacific peoples.

For example, Finau, et al. (2000. 4) defined health as:
“a beautiful thing. It is a personal, a family, and a community state of wellbeing that requires our collective effort. The environment and the behaviour of individuals, families and communities determine the beauty of health. Traditional healing systems also play a vital role among indigenous people.”

In Tonga, the concept of health is described as mo-ui-lelei- (a ‘neologism’ or coined word in Tongan linguistics equivalent with health) and has more to do with proper behaviour in society than any limited medical application (Leslie, 2002). From a New Zealand Maori perspective, Mason Durie’s (1995) views on health emphasise aspects different than western views. His model Te Whare Tapa Wha provides a Maori philosophy of holistic health based on the four walls of a traditional Maori tribal meeting house, which is underpinned by four dimensions of health representing the basic beliefs of life, te taha tinana (physical health), te taha wairua (spiritual health) te taha hinangaro (psychological health, and te taha whanau (family health) which represents an ancestor, within whose structure and parts of the body are symbolised (Durie, 1995).

(v) Cook Islands Concept of Health

In a Cook Islands Maori context, illness is known as maki. There are two types of illness, which are differentiated according to their causes. This means that some sicknesses are brought about by natural causes known as real sickness or maki tikai which usually occurs as a result of a particular behaviour or action by the person affected (Baddeley, 1985). For example, gastro-enteritis may be the result of a person eating contaminated food. The people’s attitude and treatment of real sickness according to Baddeley (1985) is essentially pragmatic, eclectic, or concerned with practical consequences. Treatment may include various ideas and sources, such as Cook Islands Maori herbal medicines known as vairakau maori, or western medicines (vairakau papa’a) or procedures prescribed and performed by trained health professionals (Baddeley, 1985).

Then there is the ‘spirit sicknesses’ known as maki tupapaku or maki maori in Cook Islands Maori, which occurs when the malevolent spirits or ghosts or tupapaku of notable ancestors, sent by some evil-minded person, enters the victim’s body (Baddeley, 1985). Some cases are believed to be caused by sorcery, called purepure (Lange, 1986). It is also believed that ’ara, or sin caused by the misuse or desecration of something sacred, damages the offender’s spiritual wellbeing. Therefore, the violation of this spiritual arrangement and sacredness, or the infringement of the moral laws of tapu and mana, brought punitive misfortune upon the victim (Baddeley, 1985; Lange, 1986).
The sacredness attached to the gods and spirits was not confined to personal spiritual beings, but spiritual force also pervades many places and objects. For example, spirits make disturbing noises in the night on traditional tribal places known as marae, and in dwellings or homes. So to cure a spirit sickness, both the person who is sick and the person who is offended must be recognised and treated appropriately with Maori medicine or herbal leaves or roots by a Cook Islands Maori Taunga or traditional healer (Baddeley, 1985; Lange, 1986). However, Doctor Ellison, a New Zealand Maori doctor, trained in New Zealand, who was in charge of the health sector for many years in Rarotonga, resented the contribution by the taunga, (whom he called “devil doctors”), because he felt that they caused too many problems despite the rule of law and the penalties imposed on them. But when Dr Thomas Davis (a Cook Islands doctor who trained in New Zealand) took over from Ellison in 1945, he made special efforts in re-establishing and maintaining positive relations with the traditional taunga by acknowledging that their knowledge about vairakau maori was important, valuable and worthy of further scientific exploration. He maintained that the people in Rarotonga have more faith and prefer to see the taunga maori than a taote papa’a (European doctor) when they become ill. Dr Davis used this positive relationship between the taunga and himself as an opportunity to educate taunga about modern Western medicine (Davis, 1947).

In 1994, Laing and Mitaera provided another view of health through the lens of Cook Islands Maori and Samoan migrants in New Zealand, from three different perspectives. These are, health as a family affair (aiga potopoto in Samoan and kopu tangata in Cook Islands); migration and health; and the concept of health. For these migrants, health and wellbeing includes the homeland, and continuous ties with kin in their homelands So although the above aspects of health are taken from Samoan and Cook Islands migrants living in New Zealand, these are also applicable to Samoans and Cook Islanders in the islands (Laing and Mitaera, 1994:209). Laing and Mitaera (1994:208) describe the Cook Islands concept of health as:

ora’anga, which refers to all things that affect a person’s life, whether physical, spiritual, emotional or relationships, and the environment. Where necessary, a Cook Islander can specify which part of one’s ora’anga or life is being affected or referred to. For example ora’anga kopapa relates to the physical aspects, ora’anga vaerua the spiritual, and the ora’anga ngutuare, which relates to the house or home. Thus the choice of terms is therefore situationally determined.

This description is now almost two decades old and requires some elaboration to refer to good health. According to the Cook Islands dictionary by Buse & Taringa (1995)
the term *ora’anga* on its own means “life or way of life” which can be either good or of poor quality (like feeling well or feeling unwell or sick). Therefore, to define health appropriately, the word *meitaki*, meaning ‘good’ or ‘positive’ should be added so that *ora’anga meitaki* has a good or positive meaning (good health), and *ora’anga mataora* refers to a ‘happy life’. From a negative perspective of health, this can be classified as *ora’anga kino*, (or ‘bad or unhealthy’) or *ora’anga maki* (‘illness’ or ‘diseased’), or *ora’anga putaua* (‘poor’ or ‘poverty’), or *ora’anga manamanata*, meaning an ‘unhappy or stressful life’. Any discussions relating to Pacific health should be culturally sensitive, and stress the importance of incorporating cultural beliefs about health and illness when attempting to provide health promotion and treatment services for people in Polynesian communities (Capstick et al., 2009).

**vi) The Health of Young People**

Generally, the health and behaviour of young people is changing rapidly. Over the last decades, many social changes have resulted in the emergence of new opportunities and new issues for young people, and these have a significant impact on their experience and life course (Wyn, 2009). As Bech and Beck-Gernsheim (2002) explained, social changes, like the precarious nature of youth labour markets and employment patterns, digital communication technologies, increasing housing costs, and the polarisation of wealth have a significant impact on young people. Although most young people are generally well and experience minor ill health, a number of new health issues have emerged, such as obesity (due to an unhealthy diet and little or no physical activity); teenage pregnancy, substance abuse, drink-driving and suicidal behaviour. More young people are becoming sexually active at increasingly early ages, and engaging in unprotected sex (Wyn, 2009). These all have the potential to affect youth health, performance at school and work, their family’s wellbeing, and society as a whole (WHO, 1993).

One of the major contemporary advances in understanding adolescent behaviours is the recognition that many adolescents’ risk behaviours are interconnected (Wolfe et al., 2006). Researchers noted that the factors that increased the risk of one behaviour, such as substance abuse, were similar to the factors that increased another behaviour, such as drink driving and unprotected sex (Wolfe et al., 2006). In some young people these risk behaviours can occur in the same individual (Jessor et al., 1991).

In a Cook Islands context, Futter (2009) identified five key health concept areas which were used to develop the Health Promoting School’s (HPS) model and curriculum,
with the Ministry of Education (MOE). The Health Promoting School’s model was developed using a traditional Cook Islands outrigger canoe or “Vaka Ama Model,” as a metaphor which is linked with the five principles of health promotion set out in the Ottawa Charter (WHO, 1986). To put these principles into a health promoting school context, the five concepts exemplified in the Vaka Ama model, represents five dimensions or Key Areas of Learning (KAL) of health. These are: mental health; sexuality; food and nutrition; body care and physical safety; and physical activity (Futter, cited in Whitman & Aldinger, 2009). With these concepts embedded in schools, one can envision a brighter future where the success of school is measured not only by grades, but also by the nature and quality of relationships shown throughout the school. And with this vision, parents and educators can move away from restrictive policies to embracing creative strategies that reduce harm, foster healthy relationship and maximise the transition to adulthood (Wolfe et al., 2006; Whitman & Aldinger, 2009).

3.10 Wellbeing

Wellbeing is most commonly used in psychology to describe what is ultimately good for a person. Like health, wellbeing is a term that has several meanings. Over the last few decades, positive psychology has increased its attention to the notion of ‘happiness’, which is usually understood in terms of ‘contentment or life satisfaction’. According to Wyn (2009), there have been few studies that addressed young people’s understanding of wellbeing. However, an Australian study by the New South Wales Commission for Children and Young People (2007), found that young people placed priority on three main dimensions:

(i) **Ability to Make Decisions and Control their Lives**

According to Wyn (2009), being able to make choices and decisions to influence everyday occurrences at home are the most important aspects of wellbeing. Young people value “being heard” or “having a voice,” and making decisions in their families, and at schools (Harris, Wyn, and Younes, 2007). They also want to exercise decision making and practise civic responsibility rather than just through remote avenues such as voting in elections. Wyn (2009:91) suggested that: “making a more explicit link between young people’s wellbeing and their capacity to engage in decision making may provide an effective way of implementing student’s voice within a progressive rather than neo-liberal framework.”
(ii) The Issue of Security and Safety

Wyn (2009) described the issue of safety and security as the second most important element of wellbeing for young people. Although most people stated that they live in safe homes, a significant minority mentioned feeling vulnerable at times, because of the risks they see in their local communities. For example, bullying and violence in the schools in Australia pose a high threat, limiting their physical activities (Wyn, 2009). A study by Harris Wyn, and Younes (2008) that focused on young people’s enactment of citizenship, found that young people were concerned about the safety in their communities. For example a 17 year old young man said,

I feel really safe. I think that’s a really important thing, to be safe where you live. There’s a lot of kids my age around. With the school and everything, there’s always interaction and stuff. I am also concerned about the crime rate..., just like vandalism and stolen things, and that kind of things, it puts me off (cited in Wyn, 2009, 93).

The study concluded that when young people did not feel safe, they were more likely to live constricted lives, stay indoors and limit their access to other locations (Harris et al., 2008). Another valued element of safety related to the reconciliation between the colonial and indigenous populations in Australia. For some Australian young indigenous people, feeling valued as citizens is very difficult if the harms perpetrated in the past are not acknowledged. For example, Wyn (2009:92) stated that:

The formal apology by the Australian Prime Minister Rudd to the Indigenous Aboriginal people in March 2008, opened the way for a reconciliation process that opens up the possibility of recognising the situation of young aboriginal people, and of working in partnership with them to achieve the common goals of improved health and wellbeing.

In Canada, the acknowledgement of past mistakes and harm to indigenous children was also seen as a requisite to building systems that will enhance their wellbeing (Wyn, 2009).

(iii) Having a Positive Sense of Self

To have a positive sense of self, young people sought to be a ‘good’ person and to feel that they could act with integrity. Some feel that they have to project a false self-image to meet expectations. Young people generally feel that they do not belong because it is not easy for their voices to be heard, their views are not considered important and that adults and those in authority are not interested. Harris et al., (2008:93) summarised the views of young people in Australia as follows:
Probably it feels like it’s an adult world at the moment. They make all the right decisions, showing us what’s going to happen...as this rule and everybody else has to follow it. We kind of don’t feel like we’re significant enough to speak up and say, ‘Well. We don’t like that. So we want to change it to something else’. We just kind of follow with what we’re told.

Everyday acts, such as expressions of care, expressions of thanks and invitations to join others convey a sense that young people are respected and loved by their families. Exclusion from families and friends was one of the most significant ways in which young people feel that they did not belong. Big events include formal rites of passage and celebrations such as birthdays, graduations, cultural, community and religious events (Wyn, 2009). Young people like being connected to and participating in family activities, as this makes them feel valued and appreciated. For example, in some cultural activities, engaging young people in composing songs and music, choreographing of dance actions and the designing and preparations of the costumes during the annual constitution dance festival competition, makes them feel that their talents and skills are valued and appreciated, thus boosting their self esteem.

3.11 Adolescent Health Risk Behaviour

In general, health risk behaviours in young people increase the likelihood that they will experience one or more major problem, because such behaviours often are interconnected, (Lytle, Kelder, Perry & Klepp, 1995; Coggan, 1995). The concept of risk is central to the understanding of young people’s health. Risk-taking behaviour is considered by some to be a normal part of adolescent development, for example, breaking the rules such as skipping school, or coming home late at night. Experimentation with sexual behaviour, smoking and alcohol use represents young people’s decisions to engage in activities with associated risks (Rew, 2005). According to Brindis, Park, Ozer and Irwin (2002), mortality and morbidity in young people is often related to six categories of risk-taking behaviours. These are unsafe sexual activity, violence, minimal physical activity, poor nutritional habits, self-harm and substance abuse. The risk of adverse health outcomes associated with these behaviours increases for young people who have physical or mental health problems, who are incarcerated, or who live in poor homes and communities. Another factor is the perceived benefit of engaging in a behaviour. For example, a young person may acknowledge that smoking cigarettes increases the risk of lung cancer, but will continue to smoke because of the perception that the behaviour will make her or him well-liked by peers (Millstein & Halpern-Felsher, 2002).
Breinbauer and Maddaleno (2005) argued that youth culture has perhaps been misunderstood and misrepresented by older generations, resulting in victimisation, discrimination, stereotyping and mass generalisations. Researchers have focused on identifying behavioural determinants of health using a problem-based approach, which tended to blame individuals rather than searching for environmental explanations. Yet, young people see in their parents that risk taking in and of itself is not necessarily viewed negatively.

3.12 Beliefs and Values

Wolfe, Jaffe and Crooks (2006) illustrate how young people perceive the risks and benefits of engaging in certain behaviours as a central feature of social learning and cognitive perspectives (see Figure 17). Furthermore, they explained how their decision to experiment with alcohol stems from their expectations, perceptions and influence from peers. Thus, in practical terms, they experiment with new behaviours by first taking an interest in the activity (Ajzen & Fishbein, 1980). For example, they will hold positive attitudes about drinking if they decide that the expected benefits outweigh the possible costs. Chassin and Ritter (2001) add that young people may also feel under pressure if they know how common a behaviour is among their peers. Self-efficacy also plays an important role in young people’s behaviour. The diagram below (see Figure 17) illustrates the interplay between young people and the pressure from their social environment.

![Figure 17: A comprehensive, integrated prevention model depicting the interplay between youth capacity and pressures from their social environments](image)

The circle represents the balance between building positive youth capacity and competence as a general strategy for helping youth make healthy choices and reducing specific negative behaviours. These interactions unfold within the larger social cultural context, in which peers, families, and schools exert both positive and negative effects on young people’s choices: Young people should be provided with protective factors (see Table 9a) such as information and skills to refuse unhealthy choices and to strengthen their ability to make healthy choices. In addition, preventive strategies must make negative role models who engage in risk behaviours (see Table 9b) less attractive (Wolfe et al. 2006; Bonino et al., 2005). Such messages are what my research aims to introduce, that is to surround young people with positive influences, and then build abundant strengths into their lives, so that they will make healthy choices in life.

Table 9a: Protective Factors Influencing Young People’s Behaviour

<table>
<thead>
<tr>
<th>Cultural/Community</th>
<th>Family</th>
<th>School/Education</th>
<th>Individuals/Peers</th>
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<tbody>
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<td>Community</td>
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<td>opportunities for</td>
<td>Family</td>
<td>School</td>
<td>Religiosity</td>
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<td>prosocial</td>
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<td>connectedness</td>
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<td>School</td>
<td>Belief in the</td>
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<td>Community</td>
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<td>opportunities</td>
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<td>Meaningful or</td>
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<tr>
<td>prosocial</td>
<td></td>
<td>involvement</td>
<td>opportunities</td>
</tr>
<tr>
<td>involvement</td>
<td></td>
<td>School</td>
<td>for participation</td>
</tr>
<tr>
<td>Meaningful</td>
<td></td>
<td>recognition</td>
<td>High expectation</td>
</tr>
<tr>
<td>participation</td>
<td></td>
<td>for prosocial</td>
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<tr>
<td></td>
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<td>involvement.</td>
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<tr>
<td></td>
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<td>High expectations</td>
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</tbody>
</table>

Table 9b: Risk Factors Influencing Young People’s Behaviour

<table>
<thead>
<tr>
<th>Cultural/Community</th>
<th>Family</th>
<th>School/Education</th>
<th>Individuals/Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low neighbourhood attachment</td>
<td>Poor/family management practice</td>
<td>Inadequate Schools</td>
<td>Rebelliousness Favourable attitudes</td>
</tr>
<tr>
<td>Community disorganization</td>
<td>Abuse &amp; Violence</td>
<td>Academic Failure</td>
<td>towards antisocial behaviour-drug use</td>
</tr>
<tr>
<td>Crime &amp; Unemployment rates</td>
<td>Family history of substance use, or violence</td>
<td>Low school commitment</td>
<td>&amp;violence</td>
</tr>
<tr>
<td>Transitions and mobility</td>
<td>Parental attitudes favourable to substance use, violence and antisocial behaviour.</td>
<td>Few opportunities for rewards/success</td>
<td>Perceived risk of drug use/violence</td>
</tr>
<tr>
<td>Community norms</td>
<td>Family conflict</td>
<td>Poor role modelling by parents</td>
<td>Interaction with antisocial peers</td>
</tr>
<tr>
<td>favourable to risk behaviours</td>
<td>Separation and divorce</td>
<td></td>
<td>Friends’ drug use, &amp; violent behaviour.</td>
</tr>
<tr>
<td>(e.g. drugs)</td>
<td>Poor role</td>
<td></td>
<td>Sensation seeking</td>
</tr>
<tr>
<td>Weak public policies</td>
<td>modernisation</td>
<td></td>
<td>Peer recognition for involvement</td>
</tr>
<tr>
<td>Media depictions of risk behaviours</td>
<td>of substance use</td>
<td></td>
<td>with substances or violent behaviour.</td>
</tr>
<tr>
<td>Perceived availability of</td>
<td>Parental attitudes favourable to</td>
<td></td>
<td>Gang involvement</td>
</tr>
<tr>
<td>desired substances (e.g. drugs)</td>
<td>substance use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


3.13 The Priority Concerns of Young People in the Cook Islands

Ideally, health research provides evidence-based information to guide policy makers and programme managers in addressing and responding to the health needs of families, communities and young people. Regrettably there has been very little research carried out that specifically deals with young people in the Cook Islands. However, according to a situation analysis of children, youth and women by the Government of the Cook Islands & UNICEF (2004) and the Government of the Cook Islands National MDG Report (2010), the health and wellbeing of young people in the Cook Islands has progressively improved over the past two decades. However, there are certain issues and concerns that are particularly relevant and important, and these issues will be discussed individually.

(i) Poverty

As indicated in the MDG report (2005:12) of the Cook Islands, some of the international indicators (for example, poverty gap ratio) are not applicable to or available in the Cook Islands. However, while this indicator is not applicable to the Cook Islands, there are obvious differences in the earning power between Rarotonga and the outer islands, and between men and women. Thus, in the absence of the specific poverty data, the Household
and Income Expenditure Survey (2006) was used to illustrate the income levels of Cook Islanders and to establish a poverty line (Cook Islands MDG Report, 2010).

Findings from the SPC (2006) survey showed that while almost 15% of the resident population receive no income, 21% had an income of less than NZ$5,000 per year, and less than 5% of the total population earned more than NZ$40,000 per annum. The average income of NZ$15,700 for people in Rarotonga was more than double of that in the Southern Group Islands (NZ$7,200) and Northern Group Islands (NZ$7,800). Disparity in earning between males and females is also reflected in the annual average income (MDG Report, 2010).

According to the Household and Income Expenditure Survey (2006), an average adult in Rarotonga spends about NZ$44.71 a week on food; a further NZ$73.23 on non-food items (housing, household operations, transport, communications, utilities, clothing, footwear, loan repayments and others) to give a total weekly expenditure of NZ$117.94. Therefore, for an average household on Rarotonga, this equates to approximately NZ$582 per month. In the Southern Group, the average is about NZ$322, and in the Northern Group NZ$195. These findings demonstrate that about 28% of the population cannot meet basic needs, and the households in the outer islands fared better than households on Rarotonga. These data reflect the level of consumerism apparent in Rarotonga and the Southern Group, in comparison to the Northern Islands, where people remain in their traditional networks of subsistence and are more self-sufficient (MDG Report, 2010).

Social welfare benefits are also used as both an indication of government’s support to the more vulnerable in the community and the reliance of the community on welfare benefits. During the December 2006 census, all persons in the resident population aged 15 and over were asked whether they received any social benefit (child, old age, destitute, disabled, superannuation or war). Nearly one in three persons 15 years and older receive at least one social benefit. This is due to the fact that mothers collect the child benefit for children under 12 (MDG Report, 2010). Some of the welfare benefits provided by the government are: $1000 for a new-born; $40 per month for children from birth to 12 years; old age pension of $400 per month for those 60 and older. The destitute, disabled, superannuation, and war benefits vary.

Remittances from overseas are another important source of income (Marsters, Lewis & Friesen, 2006), though this has only been recognised in certain islands and families (Lewis, 1988; Loomis, 1990; cited in Marsters, et al., 2006). For example, in one of the
Southern Group islands of Mauke, remittance remains an integral component of people’s contemporary lives, which is also pivotal to family survival (Marsters et al., 2006). On the other hand, another smaller outer island Manihiki (about one tenth the size of Mauke) in the Northern Group also has a remittance culture. But here it is a reverse process, with remittances being sent by families in Manihiki to relatives overseas. The difference between Mauke and Manihiki is that Manihiki has a productive export-led economy based on the cultivation of black pearls, and an annual/personal income between NZ$3,000 and NZ$175,000 (2002 – 2003), while Mauke has an annual income range between NZ$1,500 and NZ$42,000 (2002 – 2003) (Marsters, 2004). Mauke is dependent on subsistence agriculture and the necessities of contemporary life require a cash income. In addition, the remittances from 2000 to 2003 for Mauke from overseas averaged between NZ$100 and NZ$2,400, whereas Manihiki’s reverse remittances ranged between NZ$300 and NZ$7000 (Marsters et al., 2006).

(ii) Unemployment

The issue of unemployment is a long-standing challenge facing the Cook Islands and many PICT (SPC, 2009). However, according to one traditional leader and successful business woman, unemployment in the Cook Islands is not an issue. She says that there are many businesses in the Cook Islands, especially in Rarotonga and Aitutaki, that have difficulty recruiting Cook Islands workers, as most of them have migrated overseas. So they recruit workers from other Pacific countries like Fiji, Vanuatu, Solomons and the Philippines to fill the employment gaps in the tourism, agriculture, fisheries and pearl farming industries. For Cook Islanders, the concern here is not the lack of jobs, but rather inadequate training and preparation to equip young people with employable skills.

According to SPC (2009), there is a growing effort to focus on the types of education and vocational training available in the Cook Islands. The current education system’s main emphasis is on academic preparation, with very little or no career preparedness in schools. At times, recruitment criteria often require previous job experience which most young people do not have (SPC, 2009). The government is now trying to stimulate the agricultural and marine sector development (Cook Islands Government and UNICEF, 2005).

The Cook Islands Workers Association (CIWA) together with the Department of Labour and Consumers and the Ministry of Internal Affairs developed information brochures on the human and fundamental employment rights of young people, in line with
the International Code of Labour Standards and the Cook Islands Labour Laws. CIWA also serves as the focal point for young people in mediation and arbitration of workplace disputes and grievances (Cook Islands Government & UNICEF, 2005).

(iii) Education and Training

As detailed in Chapter 2, Cook Islands children have very good access to education. Secondary education has been an area of significant growth in the last five years, following the increasing retention of senior students with NCEA qualifications. However, like unemployment, educational opportunities for some are limited, and they are not able to complete or continue their education. Although the education system is free, some parents or guardians of secondary school students cannot afford to pay external examination fees, or other expenses such as uniforms, school stationery, and transport (SPC, 2009).

According to the Rarotonga Household Income and Expenditure Survey (1998), most of the 15–19 year-olds on Rarotonga were full time students. Many, however, travel overseas for further education. The Cook Islands government spent approximately NZ$1,100 per student per year compared with NZ$3,770 in New Zealand. Although the government encourages students to study within country, many travel overseas for both secondary and tertiary education, either through scholarships or private sponsorships. Scholarships (either full or partial) for tertiary studies overseas are available through the National Human Resource Development Centre (NHRDC). The government has a policy of providing scholarships equally to males and females (Cook Islands Government and UNICEF, 2005).

For career guidance and development, the Ministry of Education holds a National Careers Day for all secondary schools in Rarotonga and the Southern Group Islands. The objective is to expose students to the various career and employment opportunities available in the Cook Islands and overseas. In addition students (especially from the outer islands) are given hands-on experience in health, education, and some private companies.

Post-secondary school education is available locally through several government institutions like the Hospitality and Tourism Training Centre, the Trade Training Centre and the University of the South Pacific (USP) Centre (Cook Islands Government & UNICEF, 2005). From 2004 to 2013 enrolments at the USP Centre in Rarotonga increased and 95% of the students completed their awards entirely in-country. In this 10 year period 295 USP Cook Islands student graduated in-country, compared to 101 on-campus in Fiji in
the 36 year period from USP’s inception in 1968 to 2004. The USP also provides summer school courses for outer island students, especially in mathematics and English. (Dixon, 2013). Formerly, the Cook Islands Teachers College, and the Cook Islands Nursing School provided further training opportunities but these has since closed down.

In 2002, a training-needs survey carried out by the NHRDC found that there was a need to improve basic literacy, numeracy and important generic skills. The following specific needs were identified: (i) Bridging courses for young people who have dropped out of school, or who have limited skills. (ii) Skills development, so that young people can get access to employment. (iii) Development of skills in English, since most correspondence or distance education courses are in English. English is also the language generally needed for work, upgrading skills and qualification. (iv) Technical and vocational education, especially in trades such as carpentry, building, electrical, plumbing, refrigeration, air conditioning, mechanical engineering, motor mechanics and textiles. (v) Training in Cook Islands cultural crafts, including wood and pearl carving, weaving, traditional cultural artefacts and garland or ei making. (vi) Training in cultural performance and performing arts, including dance, song, drumming and music making. (vii) Extension of post-school education and distance education to young people on the outer islands. (viii) Coordination of all tertiary educational provisions in the Cook Islands through the New Zealand National Certificate in Educational Achievement (NCEA) framework (Catherwood and Topa-Apera, 2002)

Since the beginning of my research, I have noted some positive developments relating to some of the recommendations above, especially with regard to the vocational and trade training coordinated by the NHRDC. There has been an increase in the number of young people from both Rarotonga and the Outer Islands funded by the NHRDC at the trade and hospitality training centres in Rarotonga. There are also some collaborative efforts between the government and NGO group such as the CISA. Recently, there was a government proposal to bring all training programmes and institutions, including the NHRDC, under the Ministry of Education.

(iv) Health Issues

According to the Cook Islands MDG Report (2010), the health of young people in the Cook Islands has progressively improved. However, vital statistics and small surveys carried out in the Cook Islands in past years have shown that issues such as teenage pregnancy, substance abuse in particular alcohol abuse, motor vehicle crashes, suicide,
criminal activities and obesity are major concerns that hinder young people’s opportunity to live healthy and happy lives. These have been discussed in more details in chapter two. There has been wide debate in the Cook Islands over the health needs of young people, and many intervention programmes have been developed and implemented. However, according to a report by the World Bank (Woo & Corea (2009:8):

The main reason why youth issues continue to be a major concern in the Pacific is that most of the effort has focussed on addressing the symptoms rather than the underlying causes. It suggests that more emphasis is needed on the participation of young people in addressing the causes rather than at the problem stage. The idea of investing in youth as a resource for development rather than regarding young people as a problem group in society is encouraged.

These are the challenges to the Cook Islands society, and the crucial choices that parents, families, and those delegated by the government must make.

(v) Social Issues

According to Woo and Corea (2009), many social issues result from social and cultural changes. A substantial body of anthropological research has dealt with this subject. For example, Hezel (1989) and Griffen (2006) explained that: “Pacific culture today is in fact a mix of traditional practices and the strong influence of European colonisation that began two centuries ago” (cited in Woo and Corea, 2009:11).

They claim that most Pacific societies and cultures have experienced changes in social relations and hierarchies in traditional leadership due to colonisation. Cultural practices, for example, the use of labour, dress, social mores and relationships, were also changed by European colonial beliefs, which had a strong influence on families. In addition, new laws affected labour relations, land inheritance, marriage customs, gender status and gender relations. These have affected the social development of young people and have become a main concern for the government and the National Unit for Youth, and they were highlighted in the National Youth Policy (2010), which is mostly concerned with the increase in crime and anti-social behaviour. Both the government and the non-government organisations for youth recognised and agreed that these issues should be addressed using a multi-sectoral and collaborative approach involving the Police, Justice, Health, Education Ministries, Communities, and Government and Youth Council organisations.
(vi) **Lack of Support for Young People**

In the Cook Islands and other Pacific countries, the extended family traditionally provided a secure and supportive environment for children and young people. However, the reality now is that the village and extended families are changing. In many families, both parents working, single parenting, and increased divorce rates make it difficult to provide adequate support to children. Social and cultural changes have also affected support from leaders for youth initiatives, mechanisms that encourage young people’s involvement in health and economic activities, policy direction for youth and community development (SPC, 2009). For example, young people feel that their role in society and being able to influence matters that concern them is an important area that is in conflict with the traditional leadership norms of obedience, silence, respect for elders, and submission to adult authority. Young people feel that they are marginalised and voiceless, and even though adults and community leaders are aware of these concerns, they were unlikely to prioritise them and take action to address these. Therefore, a failure to foster dialogue without fear and humiliation often leads to misunderstanding, frustration, low self-esteem and disengagement among young people. So while some forms of problem solving such as village meetings do bring young people and older generations together, they may be restrictive with young people often finding themselves being shamed or told off about their misbehaviour and problems (SPC, 2009).

(vii) **Migration**

Migration, especially rural-urban migration, is a major issue for most PICT. For the Cook Islands, migration from the outer islands to Rarotonga poses real social and economic challenges (NSDP, 2007). But the biggest threat to long-term, sustainable development is the unrestricted overseas migration of skilled and unskilled people, mainly young people 15 to 34 years old, to New Zealand and Australia (CINSDP, 2007). This highlights the need for incentives for young people to remain in the country, or to encourage return migration. And at the heart of these efforts is the necessity of targeting improvements in the social sector (SPC, 2009; CINSDP, 2009).

(viii) **Youth in Conflict with the Law**

According to “The State of Pacific Youth 2005” (SPC, 2009), youth crime in the Pacific continues to rise, particularly in urban areas. McLean, Hilker and Fraser (2009), stress that this rise in crime is caused by structural exclusion and a lack of opportunities. This can lead to frustration, disillusionment, crime and violence. The major contributing
factors are unemployment, lack of livelihood opportunities, insufficient education and skills, poor governance, weak political participation, gender inequalities, socialisation, and a legacy of past violence (Woo & Corey, 2009). An increase in youth crime is already happening in the Cook Islands, especially in the urban island of Rarotonga.

This review of problems and challenges in the situation of young people in the Cook Islands demonstrates that there is room for improvement in the status and the health status of youth (see Deschenes, McLaughlin and Newman, 2008). To provide a basis for working for improvement, I next discuss health promotion, which is a community development with a focus on health.

3.14 Health Promotion

On the 21 November 1986, the WHO organised the first International Conference on health promotion in Ottawa Canada, where they presented to the world a charter for action to achieve “Health for all by the Year 2000” and beyond. The conference identified the fundamental conditions and resources for good health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources and social justice and equity. The Ottawa Charter (shown in Figure 18), has been considered as the foundation of the health promotion movement that has cascaded actions into many countries around the world (WHO, 1986). The conference was primarily a response to growing expectations for the new public health movement around the world, (WHO, 1986). The aim was to identify actions to achieve the objectives of WHO “Health For All by the Year 2000,” discussed during the Alma Ata Declaration conference in 1978. The Ottawa conference was followed by further health promotion conferences in Adelaide (1988), Sundsvall (1991), Jakarta (1997), Bangkok (2005) and Nairobi (2009). Since the inception of the Ottawa Charter, several scholars have contributed to the health promotion incentives (see Buchanan, 2000; Crosby, Kegler, DiClemente, 2002; Downie, Tannahill & Tannahill, 2003; Laverack, 2007; Fleming and Parker, 2007; Scriven, 2010; Keleher and MacDougall, 2009 & 2011). Scriven (2010), described health promotion as raising the health status of individuals and communities, thus promotion in the health context means improving, supporting, and placing health higher on personal and public agendas. Given that major socio-economic determinants of health are mainly outside individual or collective control, the fundamental goal of health promotion is to empower people to have more control over the factors that influence their health (WHO, 1986).
(i) **What is Health promotion?**

While there is more than one accepted meaning of health promotion, the WHO (1984) defined health promotion as “the process of enabling people to increase control over and improve their health, with health seen as a resource for everyday life, not just the objective of living.” This perspective is drawn from the concept of health as the extent to which an individual or group is able to realise their aspirations and satisfy needs, as well as to change or cope with their environment. So as a way of strengthening health promotion strategies at the time, the WHO called a special meeting in Copenhagen in Europe, that provided clarity and direction. This led to the substantive document on health promotion known as the “Concepts and Principles of Health Promotion” (WHO, 1984), in Table 10.
Table 10: Key Principles of Health Promotion

<table>
<thead>
<tr>
<th>Key Principles</th>
<th>Descriptions of Key Principles of Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment</td>
<td>is fundamental to the concept of health promotion. It is a way of enabling people to gain greater control over decisions and actions affecting their health. There needs to be a shift from “experts telling people what they should do” to, “an approach that equips people with the knowledge and skills to make their own decision.” It involves the whole population in the context of their everyday life, rather than focusing on people at risk for specific diseases.</td>
</tr>
<tr>
<td>Participation</td>
<td>aims particularly at active and public participation. The focus requires development of problem defining and decision making skills both individually and collectively.</td>
</tr>
<tr>
<td>Holistic</td>
<td>is directed towards the determinants or causes of health. Thus health promotion involves taking account of the separate influences on health and the interception of these dimensions.</td>
</tr>
<tr>
<td>Equitable</td>
<td>is ensuring fairness of outcomes for service users</td>
</tr>
<tr>
<td>Intersectoral</td>
<td>It requires working in close cooperation or collaboratively with various sectors beyond health services. Government at all levels has a responsibility to ensure that the total environment which is beyond the control of individuals and groups are conducive to healthy living.</td>
</tr>
<tr>
<td>Sustainability</td>
<td>is by ensuring that the outcomes of health promotion activities are sustainable in the long term.</td>
</tr>
<tr>
<td>Multi-strategy</td>
<td>involves working or combining diverse but complementary methods or approaches in health promotion. These include communication, education, legislation, fiscal measures, organised change, community development and spontaneous local activities against health hazards.</td>
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</tbody>
</table>


According to Hubley and Copeland (2008) Health promotion is an evolving discipline with many ongoing debates concerning principles and practice, including the balance between health education and legislation, the role of individualist and structural approaches, the levels at which to operate, the nature of the core values and ethical principles, and the balance between coercive, persuasive and health empowerment approaches. Therefore health promotion represents a comprehensive social and political process, embracing not only actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environment and economic conditions, so as to alleviate their impact on the health of individuals and populations (WHO, 1986; Labonte and Laverack, 2008; Keleher and MacDougall, 2011).
The debate between Health Education and Health Promotion

There has been some confusion relating to the differences between “health education” and “health promotion” even though they both may employ similar methods of informing people on health matters. The debate about the differences between health education and health promotion began in the 1980s, when the activities of promoting better health widened to overcome the narrow focus on lifestyles and behaviour approaches (Laverack, 2007).

Scriven (2010,18) defined health education as, “the consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.” According to Green and Kreuter (2005), health promotion involves organised combination of educational, political, regulatory and organisational support for actions and conditions of living conducive to the health of individuals, groups or communities. So while health education involves informing people to influence their future decision making about their health, health promotion incorporates social and political actions such as lobbying, community development, and facilitating political changes in peoples’ social, workplace and community settings to enhance health (Labonte and Laverack, 2008). For example, health education relating to obesity might include an awareness programme or exercise classes, health promotion involves legislation on food advertising and restricting access to unhealthy food in schools and work places. In some countries health education and health promotion are still used interchangeably, but health promotion is generally viewed as encompassing health education as one of its many roles (Labonte and Laverack, 2008)

Strategies for Health promotion

The Ottawa Charter set out three basic and complementary strategies to promote health- that is to, advocate, mediate and enable, rather than to dictate, to rule and to blame the victim (Keleher and MacDougall, 2011; 51).

(i) Advocate means to recommend, champion or argue for good health, which is a major resource for social, economic and personal development, as well as an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour and harm health. Thus health promotion aims to make these conditions favourable, through advocacy for health (WHO, 1986).
(ii) **Enable** means to provide or empower a person or community with the means, opportunities or authority to do something good. Thus health promotion focuses on achieving equity in health, to reduce differences in current health status and to ensure the availability of resources, equal opportunities, and to enable all people to achieve their full health potential. This includes a secure foundation in a supportive environment, access to information, lifeskills and opportunities to make healthy choices, bearing in mind that people cannot achieve their fullest health potential unless they are able to control those things that determine their health. This must apply equally to men and women (WHO, 1986).

(iii) **Mediate** is to resolve or settle a dispute by intervening to bring about agreement. For example, the prerequisites and prospects for health cannot be ensured by the health sector alone. Thus health promotion demands coordinated action by all concerned, including government, health and other social and economic sectors, NGOs, voluntary organisations, local authorities, industry, and media (WHO, 1986).

(iv) **Areas for Priority Actions in Health Promotion**

Health promotion priority action areas in the Ottawa Charter outlined five specific actions under the New Public Health, which describe the overarching themes and approaches to health promotion, given in Figure 17.

(i) **Building Healthy Public Policy**

Health Promotion goes beyond health care, and puts health on the agenda of policy making in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organisational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Collaborative actions contribute to ensuring safer and healthier goods and services, healthier public services and cleaner, more enjoyable environments (WHO, 1986).

(ii) **Creating Supportive Environments**

Our societies are complex and interrelated, thus health cannot be separated from other goals. The link between people and their environment constitute the basis of a socio-ecological approach to health. The overall guiding principle for the world, nations, and communities is the need to encourage reciprocal maintenance, that is, to take care of each
other, our communities and our natural environment. The conservation of natural resources throughout the world should be a global responsibility. Systemic assessment of the health impact of a rapidly changing environment such as in areas of technology, work, energy production, and urbanisation is essential and must be followed by actions to ensure positive benefit to the health of the public.

(iii) Strengthening Community Action

Health promotion works through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their lives. Community development draws on existing human and material resources in the community to enhance self help and social support, and to develop flexible systems for strengthening community participation in matters concerning them. This requires full and continuous access to information, learning opportunities for health, and financial support.

(iv) Developing Personal Skills

Health promotion supports personal and social development and training by providing information, education and enhancing lifeskills. This enables people to exercise more control over their health and environments, and to make choices conducive to health. Enabling people to learn throughout life prepare themselves for all stages and to cope with any illnesses and injuries that they may face. Actions is required through educational, professional, commercial, voluntary, and government organisations

(v) Reorienting Health Services

The responsibility for health promotion is shared among individuals, community groups, health professionals, services, and government. The role of the health sector must move increasingly towards a health promotion direction, beyond the clinical and curative (hospital) services. Health services need to embrace and expand their mandate in ways that are sensitive and respect cultural needs, and support the needs of the individuals and communities. There must be open channels of communication between the health sector and broader social, political, economical and physical environmental components. Stronger attention to research and changes to the education and training of professionals will be required to support this reorientation.
Health Promotion in the Pacific

Traditionally, daily association with other individuals plays a major role in Pacific people’s awareness of issues in their communities, and learning was facilitated through traditional methods of gathering and preparing food and entertainment (Gagliardi, 1997). Similarly, Toelupe (1997) believes that health beliefs and practices were also facilitated through everyday living, but often islanders did not see it in that way, a view that is supported by Roberts (2007:11), who described health promotion as no new concept to Pacific people because they have been engaged in health promotion for many thousand years, although different terms were used to describe it. So health promotion in past decades was naturally eclectic, comprehensive, and socially and culturally practiced by Pacific people (Roberts, 2007). In addition, traditional healers communicated health-related information, and at times provided traditional herbs or medicine for certain illnesses, and health promotion is clearly reflected in these traditional health practices and beliefs (Roberts, 2007).

Although the Ottawa Charter was adopted in 1986, its existence and principles were not readily known in Pacific countries until the mid-nineties (Toelupe, 1997). However, before the formal inception of the Ottawa charter by WHO in 1986, there had been successful health education programmes in some Pacific countries, for example, the successful eradication or reduction in incidence of yaws, filariasis, and tuberculosis in the late 1960s and early 1970s (Toelupe, 1997). Since then, an increasing number of health promotion projects provide policy makers, practitioners, and evaluators with lessons, evidence and ideas. For example, the HIV/AIDS mass campaign in Papua New Guinea (SPC, 1997); the Healthy Island Project focusing on the development of the National Alcohol Policy (1997); and the School Health Promotion project in the Cook Islands are some of the health promotion activities that have taken place in the Pacific region (MOE, 2007). Certain issues affecting health promotion are the continuing social and economic burden of certain infectious diseases, and the recent increasing incidence of non-communicable diseases. For less-developed countries, deaths are often due to infectious or parasitic diseases, and diseases of infancy. But as countries become more developed and urbanised, there is a shift to the so-called lifestyle, non-communicable diseases such as cardio-vascular disease, hypertension, stroke, diabetes, cancer and injuries (SPC, 2005).
Applying the Health Promotion Ottawa Charter with Young People

Traditionally, a lifespan perspective on health promotion argues against choosing any one life stage as the optimal time for health promotion. Usually young people appear relatively healthy. However, as health constructs expand to include psychosocial, social, and environmental health, significant unmet health needs emerge for this age group (Millstein, Petersen & Nightingale, 1994). These unmet needs are widely reported internationally and in local media, for example, truancy and school dropouts, teen pregnancy and sexually transmitted infections, substance abuse (alcohol, tobacco and drugs), criminal activities, and mental health issues such as depression and suicide. It is well known that many of the behaviours associated with mortality and morbidity in young adulthood and adults begin during adolescence years. Thus early interventions through health promotion during adolescence years gives us the opportunity not only to prevent the onset of health-damaging behaviours, but also to intervene in health compromising behaviours that maybe less firmly established as part of the lifestyle. Early interventions also provide an opportunity to introduce, reinforce and further establish healthy lifestyle patterns (Millstein et al., 1994).

Health promotion programmes designed to address issues of young people have been in place for more than three decades. Some have been empirically evaluated and found to be effective; others, usually those not based on research, have been shown to be ineffective or even harmful (Wolfe et al., 2006). Health promotion involves more than lectures on the consequences of substance abuse, teen pregnancy, crimes and suicide. Such lectures easily fall into the trap of victim blaming of young people. Instead health promotion requires the efforts and support of adults and communities to recognise the importance of young people’s participation and community responsibility for health.

Since the 1990s, a new health promotion framework for young people, known as Positive Youth Development (PYD) has emerged, which takes a broader approach to building overall youth capacity (Catalano et al., 2002). As Wolfe et al., (2006:152) explained, the best approach when designing such programmes is to shift the focus away from efforts aimed at single-target problem behaviours which are often deficit-based explanations of adolescent behaviour. PYD approaches expand beyond the deficit views towards a more comprehensive approach that considers ways to assist young people in navigating the difficult challenges they face during transitions from childhood to adulthood (Pittman, 1991; Restuccia & Bundy, 2003). This moves strategy closer to the universal
approach of health promotion for all young people focusing on methods that encourage youth participation and healthy choices. It also emphasises positive influences in the lives of young people from the youth themselves to the peers, parents, teachers and communities (Wolfe et al., 2006; Pittman, 2000).

All these components are then brought together in developing an integrated framework, which encompasses a comprehensive, strength and skill-based, relationship-focused, health-promoting, harm-reducing and culturally appropriate approach (Blum & Ellen, 2002). The philosophy here is to approach young people in a holistic way, avoiding problem focused, and compartmentalised messages. A comprehensive and collaborative approach can address both risk and protective factors, or target more than one high risk behaviour, with a particular programme. Such programmes also need to address all stages of young people’s lives, by creating opportunities for pro-social behaviour while also targeting negative behaviours (Catalino & Hawkins, 1995).

The development of the Pacific Youth Strategy 2005 and 2010 by SPC has been a major stepping stone for health promotion with young people in the Pacific (SPC, 2005). Research is leading to efforts which are documented in Health Journals, for example, studies on the social determinants of health such as poverty, and violence among young people in Vanuatu (Harris, Ritchie, Tabi, Abel & Lower, 2007).

However, for this to be successful, there is a need to attend to broader forces, which entail diverse influences like the legislative framework (for example around alcohol, food or workplace safety); community organisations (such as sports clubs or churches); and the commercial world (such as vocational training and job opportunities). One of the ways health promotion can maximise young people’s potential is to approach them as a valuable resource (Wolfe et al., 1997; Piha & Adams, 2001). Providing young people with opportunities to mentor peers develops important skills and is rewarding. Mentoring is intended to provide a buffer from some of the peer and community pressures to engage in high risk behaviours. Such an approach exemplifies the importance of youth empowerment, in that both the mentors and young people gain a great deal from their experiences (Wolfe et al, 2006).

(viii) Health Promoting School (HPS)
Attending to the health of children in schools is not a new concept, for many schools have provided health education and services for students. But what is new is a more
holistic application of a public health promotion approach. Schools are increasingly expected to help students develop good citizenship and character as well as academic skills. (Whitman & Aldinger, 2009). The principles of HPS include strengthening relationship skills, empowering students, ensuring comprehensive participation of parents, teachers, and schools, and being gender strategic. Such programmes need to be a long-term process that adapt to the changing needs of students, and that are integrated into the school policies to mobilise all stakeholders, and create a safe and caring learning environment while preparing the students for their adult roles (Bonino, et al., 2005).

(ix) Health Promoting School in the Cook Islands

The HPS concept was introduced to the Cook Islands in the early 1990s, and was coordinated by the Division of Public Health, in collaboration with the Ministry of Education. Even though there was no proper HPS document in place, the staff enthusiastically developed and implemented health education and health promotion programmes. The priority areas of focus were immunisation, school food policies, physical activities, and personal hygiene.

In 2002, the Ministry of Education (MOE) took a positive approach by appointing a Health and Physical Wellbeing Advisor in the Curriculum Unit. Then a Memorandum of Understanding (MOU) was signed between the MOE and MOH, and initiated the development of the Cook Islands Health and Physical Wellbeing Curriculum in 2003 – 2005 (Cook Islands Ministry of Education, 2007).

In order to develop the curriculum, the MOE developed a health and wellbeing model using a traditional Cook Islands outrigger canoe or “Vaka Ama Model,” (discussed in Part 2 section 3.8 in this chapter) which is linked with the five principles of health promotion set out in the Ottawa Charter (WHO, 1986).

3.15 Participatory Research

According to Wallerstein and Duran (2003), participatory research raised many challenges to the positivist view of science, the construction and use of knowledge, the role of the researcher in engaging society, the role of agency and participation in the community, and the importance of power relations that permeate the research process. There has been wide debate over which terms and appropriate approaches best describe or capture the principles and ideological commitments to this new “participatory research paradigm” (Wallerstein, 1991). Various terms, such as participatory action research (PAR),

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feminist participatory research, and community based participatory research (CBPR), all have an important role in participatory research. However, Minkler and Wallerstein (2003) argued that while these different approaches do vary in goals and change theories, they increasingly share similar set of core principles and values. Therefore for the purpose of this project, the discussions in my thesis will be guided by the principles and values of the PAR by Kock and Kralik (2006), and CBPR by Minkler and Wallenstein’s (2003). Both research approaches provided the guiding principles necessary for the development of the Pu Ara Health Promotion Model discussed in Chapter 6.

(i) Participatory Action Research (PAR)

According to Kock and Kralik (2006), PAR emerged in the latter half of the twentieth Century, developed by Paolo Freire, an educationalist and critic. Freire (1970, 11) argued that “every person no matter how impoverished or illiterate, can develop self-awareness which will free them to be more than passive objects in a world which they have no control.” The aim of PAR is to position it as a vital dynamic and relevant approach, that emphasises participation with people as the way to move forward towards sustainable services. It is a process in which researchers and participants systemically come together to identify concerns or issues that impact upon or disrupt people’s lives, then explore, design and choose the programs/services they want. Kock and Kralik’s (2006), work was guided by the work of Reason (1998), and they used PAR approaches to explore disruptive events in people’s lives, and then develop ways that people can transition through the event and create a sense of continuity in their lives. The fundamental premise of PAR is that it commences with an interest in the issues of a group, a community or an organisation. The purpose is to assist people in understanding their situation and therefore resolving issues that confront them. It is also enacted through explicit social values. In modern social contexts, it is seen as a process that is democratic (enabling the participation of all people), equitable (acknowledge people’s equality of worth), liberating (provide freedom from oppressive, debilitating conditions), and life enhancing, which enables the expression of people’s full human potential (Reason and Bradbury, 2001). The main driving force in PAR is that working together with all stakeholders can make a difference to people’s lives (Kock and Kralik (2006).

(ii) Community Based Participatory Research (CBPR)

Community based participatory approach is a process in which researchers, professionals, and participants systematically work together to explore concerns that impact
upon people’s lives in their communities. The fundamental characteristics of such research are; it is participatory; it is cooperative, engaging community members and research in a joint process in which both contribute equally. It is a learning process; it involves systems development and local community capacity building; it is an empowering process through which participants can increase control over their lives; and it achieves a balance between research and action (Israel et al., 2003; Minkler and Wallerstein, 2003). Research and community interventions using outside expert researchers, without adequate partnership or consultation with communities, have often proven unsuccessful, inappropriate and unsustainable. As a result, there have been increasing community demands for collaborative research that addresses locally identified problems (Minkler & Wallerstein, 2003). In addition, funding agencies are now demanding research that is collaborative and community-based, rather than merely community-placed (see Blackwell, Tamir, Thompson & Minkler in Press, 2001; Chopyak & Levesque, 2001). As a consequence, research that focuses on alternative orientations to enquiry that stresses community partnership and action for social change and reductions in health inequities has increased (Bruce & Uranga McKane, 2000; George, Daniel & Green, 1998–1999; Israel, Schulz, Parker & Becker, 1998).

Although CBPR is often referred to as a research method, Cornwall and Jewkes (1995) argued that it is not only about methods, but also the methodological contexts of their application. That is, the attitude of the researchers in turn determines how, by and for whom, research is conceptualized and conducted, and where the power lies at every stage of the research process. Furthermore, CBPR brings a change to the balance of power such that research subjects become more than research objects. Participants give more than informed consent, they give their knowledge and experience in the formulation of research questions and principles, recruiting participants, and participate in many other aspects of the research (Green & Mercer, 2001).

(iii) Community Empowerment

Community empowerment over the years has emerged as a highly valued concept in public health, which underpins the fields of community education, psychology, human development, health and social services. Several authors have attempted to identify empowerment as areas of influence at the local and community level, in order to provide a guide for planning, implementation and evaluation of health promotion programs (Gibbons, Labonte & Laverack, 2001). According to Minkler and Wallerstein (2003), empowerment
is a multifaceted social action process through which individuals, organisations and communities gain mastery over their lives, while changing their social and political environment to improve equity and their quality of life. They defined community empowerment as “the process by which community groups come together to identify common needs, problems and goals; mobilise resources; and develop and implement strategies for reaching the collective goals they have set” (Minkler and Wallerstein, 2003:4). Their definition emphasises that the needs of the community must be identified by the community itself. This approach captures one of health promotion’s most fundamental principles: “start where the people are,” and in this respect, health promotion programme designers, who reflect the specific needs determined by the target community, will be more likely to experience success.

Labonte and Laverack (2008:31) defined empowerment as, “a process by which people work together at a local or community level, to increase the power or control they have over events that influence their lives.” In reference to their definition and discussions, they highlighted nine robust and critical domains in community participation identified by Laverack (2001) and shown in Table 11 below.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>Only by participating in small groups or larger organisations can individual &amp; community members act on issues of general concern to the broader community.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Participation and leadership are closely connected. Leadership requires a strong participant base just as participation requires the direction of strong leadership.</td>
</tr>
<tr>
<td>Organisational Structures</td>
<td>Organisational structures in a community represent the ways in which people come together in order to socialise and to address their concerns and problems.</td>
</tr>
<tr>
<td>Problem Assessment</td>
<td>Empowerment presumes that the identification of problems, solutions, to the problem and actions to resolve are carried out by the community.</td>
</tr>
<tr>
<td>Resource Mobilisation</td>
<td>The ability of the community to mobilise resources both from within and the ability to negotiate.</td>
</tr>
<tr>
<td>Asking why?</td>
<td>The ability of the community to critically assess the causes of its own equalities.</td>
</tr>
<tr>
<td>Links with others</td>
<td>Links with other people, organizations, partnerships, coalitions and voluntary alliance between the communities, can assist in addressing its issues.</td>
</tr>
<tr>
<td>Role of the outside agencies</td>
<td>The outside agencies increasingly transform power relationships such that the community assume increasing program authority.</td>
</tr>
<tr>
<td>Programme Management</td>
<td>Programme management that empowers the community includes the control by the primary stakeholders over decisions on planning, implementation, evaluation, finances, reporting and conflict resolution.</td>
</tr>
</tbody>
</table>

Empowerment may hold very different meanings for people living in different cultural contexts. For example, what might be perceived as empowering by young people in an industrialised country may be very different for young people in a developing country. This includes the degree or expectation of power over the events in life such as choosing who to marry, where and with whom to live (Laverack, 2005).

Mason Durie (2001) provides another interpretation of power from a New Zealand Maori perspective, in that power has a spiritual meaning embodied in the term mana. When combined with dignity, humility and status gained from one’s presence, it can lead to the attainment of a cultural sense of power. In the Cook Islands, the situation is similar. For example, in every ngati or kopu tangata (tribe), there is a Ariki (a traditional or paramount chief), a mataiapo and rangatira (lower level of traditional leaders) or taunga (traditional healer) a taura (a talented diviner or specialist not necessarily of chiefly rank), or a mataiapo tane (first-born male), who has the divine power or mana manifested in him. Mana, in this respect, is not just physical power or energy, but also procreative power from their God (Makirere, 2003).

Gaining an appreciation of the specific local understandings of empowerment and the factors involved is an important first step in any research that seeks to increase participants’ control over events that determine their lives. As Laverack (2007:29) explained, “the essence of empowerment is that it cannot be bestowed, but must be gained by those who seek it.” This means that those who have power, or access to it, such as practitioners, and those who want it, such as their client, must work together to create the conditions necessary to make empowerment possible (Laverack, 2007).

(iv) Youth Empowerment

According to Wallerstein (2006), empowerment strategies promoting young people as participants in all aspects of health promotion programme design, and advocates for community norms and policy change, are increasing in popularity. It is important that these policies not just take notice of the number of young people in attendance at a structured activity, but also of the quality and intensity of their active involvement as participants, decision makers and social change advocates for positive behaviour development (Rew, 2005). An empowerment approach involves young people playing a part in their own success, and they have a number of key tasks to undertake, such as choosing their friends, developing their attitude towards education, deciding who they are, and where they want to
go in their life. But over time, further fields open up in which the young person is a new player. Thus empowerment is in constant flux over time (Laverack, 2007).

Another concept of empowerment involves building strengths into young people’s lives, and is intended to enable them to cope with their physical and sexual development, mastering more complex thinking, establishing emotional and financial independence, and learning to interact with everyone in their lives (Pittman, 2000; Piha & Adams, 2001; McLaren, 2002). These approaches have produced a range of positive outcomes, such as strengthened self and collective efficacy, stronger group bonding, formation of sustainable groups, increased participation and social policy and action changes. These empowerment outcomes have also been linked to improved health and educational outcomes, improved mental health and reduced rates of delinquency. As McLaren (2002) explained, “mastering these tasks is not only an individual effort, but also involves support from families, friends, school and those living in their neighbourhoods and communities” (p. 21).

PART 4: POSITIVE YOUTH DEVELOPMENT (PYD)

Over the past two decades there have been shifts in what researchers, policy makers, and practitioners think about young people, what they need, what they do, what they should do, or should not do, and what the expected outcomes are. These shifts have not been universal as there are differences among the various theories and strategies proposed. Further, academic competence alone, while critical, is not enough to ensure success in adolescence or adulthood. However, with the recent benefit of a growing body of research in PYD and resiliency, it is possible to contribute positively to young people’s development (Pittman & Wright, 1991). Most successful approaches share common themes about the need to push beyond current thinking about what outcomes, inputs, settings, strategies and actions are needed to help young people address issues, build skills and pursue opportunities for learning, work and contributions (Pittman, Irby, Tolman, Yohalem & Ferber, 2005).

3.16 What is Positive Youth Development?

There is no single definition agreed on by PYD experts, but there has been a consensus about key components that are pertinent in PYD. According to the National Clearing House on Families and Youth (NCFY, 2001), PYD is a policy perspective that emphasises providing services and opportunities to support all young people in developing
a sense of competence, usefulness, belonging and empowerment, that works best when communities including young people are involved in creating a continuum of services and opportunities they need to grow into happy and healthy adults. Thus, “it is not a highly sophisticated prescription for fixing troubled kids, rather, it is about people, programs, institutions and systems who provide all youth, “troubled” or not, with support and opportunities they need to empower themselves, form relationships with caring adults, build skills, exercise leadership and help their communities.”(NCFY, 2001).

Piha and Adams (2001), described PYD as a term that is used simultaneously to describe the processes and outcomes of the development of young people, which have emerged as a reaction against traditional approaches that identify specific risks, and then try to reduce them. Traditionally, youth programs have used a deficit approach for fixing youth problems. Such programmes focused on young people’s deficits, and their participation in problem behaviour like teen pregnancy and violence. The PYD in contrast, is a strength-based approach that focuses on young people’s strengths, rather than their problems. PYD defines positive outcomes grounded in providing young people with the belief that all choices and decisions made by them are a result of the process of youth development. Thus, they must have their basic needs met, and feel safe before they can grow and learn. They also need to develop competencies and skills to prepare themselves for the future, and to be connected to their families and communities, as well as having opportunities to engage in meaningful activities, taking responsibility for their actions, and actively participating in civic discourse (Piha & Adams, 2001). So for young people, the future is now. This traditional deficit approach versus New PYD approach is summarised in (Table 12).

Table 12: From Traditional Youth Services to Positive Youth Development

<table>
<thead>
<tr>
<th>Traditional Youth Services</th>
<th>Positive Youth Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on problems</td>
<td>Focus on positive outcomes</td>
</tr>
<tr>
<td>Reactive</td>
<td>Pro-active</td>
</tr>
<tr>
<td>Targeted youth at risk</td>
<td>All youth</td>
</tr>
<tr>
<td>Youth as recipients</td>
<td>Youth as active participants</td>
</tr>
<tr>
<td>Programmes</td>
<td>Community response</td>
</tr>
<tr>
<td>Professional providers</td>
<td>Community members and youth</td>
</tr>
</tbody>
</table>


Bernard and Ginsburg (2010) explained PYD as a philosophy promoting a set of guidelines that focus on the positive psychological, emotional, and social development of young people. The underlying philosophy is that youth development is holistic, preventive
and positive, focusing on the development of assets and competencies in all young people. This endorses positive thinking in that PYD approach leads to positive results and outcomes, when community members and policy makers harness the positive energy and initiatives of young people. For example, young people believe that they can be successful instead of internalising the negative stereotypes that are often promoted by the media. Young people will also engage in productive activities that build jobs and life skills and reinforce community mindedness (Bernard and Ginsburg, 2010).

This presents a major shift in thinking of how services are provided for young people. Instead of focusing on problems, attention should concentrate on what young people need to thrive, and be pro-active in planning and creating opportunities for all. It is also critical that young people should be utilised as resources and partners in making valuable contributions in planning and implementing activities. Importantly, PYD is not a task for professionals only, but instead, the wider community will need to contribute to the learning opportunities, interactions and activities (Pittman, 2001).

PYD approaches young people pro-actively and holistically, with the focus on positive outcomes. This is done by identifying and building on their strengths, and nurturing them to develop all the skills, connections and values they need to become healthy productive adults. Young people’s strengths include talents, skills, knowledge, interests, creativity, passion, culture, connections, dreams, hopes and goals (Piha & Adams, 2001).

Hamilton, Hamilton and Pittman (2004) and Pittman, Irby, Tolman, Yohalem and Ferber (2005) also highlight major principles in PYD. They acknowledged that problem prevention and amelioration are critical, but too often young people’s wellbeing is measured only by school achievement and problem avoidance. There is a need to be intentional about expecting and measuring what we want young people to do, not just what we do not want them to do. Their emphasis in PYD is on positive outcomes. Young people need competence (academic, social and vocational skills), self-confidence or self-esteem, connectedness and trust (healthy relationship with community, friends, family), character (integrity and moral commitments), caring and compassion, and practical knowledge and skills (Hamilton, et al., 2004; Pittman et al., 2005). A study carried out by Pittman and Cahill has shown that young people who have the following competencies (see Table: 13) are more resilient and less likely to engage in risky behaviours, but instead grow into healthy, happy, self-sufficient adults (Bruyere, 2010).
Table 13: Competencies for Young people in PYD

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Attitudes, behaviours and knowledge that will assure future health and wellbeing.</td>
</tr>
<tr>
<td>Social</td>
<td>Responsiveness, flexibility, empathy and caring, communication skills, a sense of humour, self-discipline. Assertiveness and the ability to ask for help and support.</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Good reasoning, problem solving and planning skills, the ability to think abstractly, reflectively and flexibly.</td>
</tr>
<tr>
<td>Vocational</td>
<td>A sense of purpose and belief in the future, educational aspirations, adequate preparation for work and family life.</td>
</tr>
<tr>
<td>Moral</td>
<td>The development of character, values and personal responsibility; a desire to be ethical and be involved in efforts that contribute to the common good.</td>
</tr>
</tbody>
</table>


There is also a tendency to talk about things done to or for young people. But young people also need support and opportunities. Basic services such as healthcare, housing and transport are essential. Young people also need adults to listen to them, guide them and help set goals for them. They need opportunities to learn, to explore and to contribute by being included as participants in youth and community development initiatives (Hamilton et al., 2004; Pittman et al., 2005).

Every setting is an opportunity for development and engagement. The hours when young people are in school are important, but so are the hours directly after school. Young people are developing 24 hours a day, seven days a week, so they deserve access to services, support and opportunities throughout their waking hours (Hamilton et al., 2004; Pittman et al., 2005).

The distribution of support and opportunities across communities is uneven. High-risk young people are introduced to programmes aimed at fixing a problem, while low-risk youth receive little attention. Strategies should be aimed at all youth rather than just specific individuals. Young people are creative and can play roles as planners and implementers. The assumption is that creating supportive and enriching environments motivates young people to build skills and address issues themselves. There are many people who are not paid to work with young people, but who need to be acknowledged. For example, too often the families of young people are left out of the equation, and young people themselves are not seen and utilised as resources (Hamilton, et al., 2004; Pittman, et al., 2005).
(i) What is Youth Participation?

Youth participation is about creating opportunities for young people to be involved in influencing, shaping, developing and contributing to decision making in the development of policies, programs and services that affect them, their communities and country. These opportunities involve a range of formal and informal mechanisms from youth advisory groups to focus groups, from consultation work to supporting youth led projects. There are several good reasons for including young people in decision making. Firstly, youth participation makes for better decisions and increased efficiency, for evidence has shown that programs developed after consultation with users (young people) are more likely to be effective. Secondly, youth participation strengthens community capacity because giving young people a place in decision making builds a broader base of citizens involvement and creates a stronger, more inclusive communities. Thirdly, research evidence have shown that young people who are supported or engaged in decision making are more likely to have increased confidence, and self-esteem, exercise positive career choices, and have greater involvement and responsibility in the future. Fourthly, youth participation enhances organisation’s relationships with young people, by challenging negative stereotypes and helping break down barriers between young people and adults. Finally, youth participation is a human rights issue, especially for countries who have ratified the United Nations Convention on the Rights of the Child (UNCROC), which states that all young people under the age of 18 have the right to participate in decision making, therefore recognising their rights to express their opinions, and to have their opinions considered in decisions that affect them, and to receive and give information and ideas. According to Bruyere (2010), evidence from research supporting the PYD approach over the years has shown positive results guided by the key principles summarised in Table 14.
Table 14: Summary of the Key Principles of PYD

| 1. | Youth are viewed as valued and respected assets to society |
| 2. | Policies and programs focus on the needs and tasks of adolescents |
| 3. | Involve youth as partners rather than clients. Adults and youth work in close partnership |
| 4. | It is about being proactive to promote protective factors in young people. |
| 5. | Young people are involved in activities that enhance their competence, connections, character, confidence and contribution to society. |
| 6. | Young people need to experiment in safe, structured environment to learn and link to services |
| 7. | Develop positive social values and norms |
| 8. | Young people are engaged in activities that promote self-understanding, self-worth, and a sense of belonging and resiliency |
| 9. | It involve engaging every element of the community—families, schools, and communities develop environment that support youth |
| 10. | It is an investment that the community makes in young people. |


To conclude, though the PYD concept may seem simple and attractive, no one organisation or institution will be able to provide this range of support for young people. PYD requires an enormous organisation and community mobilisation. Everyone has a role to play, in promoting long-term community commitment, support and engagement in activities accompanying young people, whether writing a proposal, forming coalitions, fund raising, or sharing resources and expertise. So while short-term positive results may be necessary, long-term engagement sustains their effectiveness. As illustrated in the title of Hillary Clinton’s book, “it takes a whole village to raise a child,” Pittman (2000) also stressed that, “young people grow up in communities, not in programmes.”

3.17 Summary

In summary, this chapter discussed domains of adolescent development using a diversified multi-systemic-ecological approach, which recognises the interwoven relationship that exists between individuals and their environments. In addition the social determinants of health in which people are born, live, work and age were discussed. These include income and socio-economic status; education; social support networks; culture, customs and traditions; genetic factors; and the environment. These all provide a framework that explains both the positive influences (protective factors) and the negative influences (risk factors) in each of the environments or contexts in which young people from different backgrounds and ethnic groups develop. The concepts of adolescence and
health were traversed from both western and Pacific perspectives, noting the different contexts and how they are defined. While the western concept of health is often defined according to biomedical models, some Pacific researchers argued that health and wellbeing are about the presence of culture (Butt, 2002). The Ottawa Charter for health promotion has established accepted principles and strategies for action. These were used in addressing the many health and social issues and concerns faced by young people. The Positive Youth Development approach described by several international researchers, scholars, policy makers and practitioners, provided the principles and evidence that PYD not only goes some way to solve young people’s problems, but also prepares them for adulthood and helps them to engage in activities and programmes that affect them. From a Cook Islands perspective, the PYD approach using health promotion, PAR and CBPR principles is a new paradigm. This information and these approaches were adapted to provide the background information necessary for the development of the health promotion model required to improve the health and wellbeing of young people in the Cook Islands. The next chapter outlines the methods used to collect the data for this thesis.
I am reminded of an elderly Pacific Island lady sitting quietly in a focus group. After a while she rose to her feet and said, in a measured and calm way, that the trouble with research was that – white men in suits come along and steal our ideas, they take them off on a plane to their conferences and what are we left with? Nothing!

Andy Williamson, 2007:1

4.1 Introduction

In this chapter, I present an overview of my approach to the research design and the methods used to achieve the aim and objectives outlined in Chapter 1. First, I discuss my positionality as a Cook Islands researcher, which relates to my engaging with the community to collect and analyse the data needed to develop a youth health promotion model in a Cook Islands context. The next section explains the qualitative approach used for this research, and the guidelines and frameworks of Pacific researchers and the Health Research Council’s Pacific Research Committee’s Guidelines that influenced how I designed and conducted this research. I then outline my fieldwork in the Cook Islands. I also discuss some of the positive and negative experiences that I encountered in the course of my fieldwork.

4.2 My Identity as a Cook Islands Maori Researcher

As my research is based in the Cook Islands, it is important to acknowledge and explain my Cook Islands heritage, the cultural, spiritual and social positioning and how it affects my journey as a Cook Islands researcher. It is also important to acknowledge my academic and professional background. As Cornell (2000) explained, by telling the history of who they are, researchers can then understand the importance of where they have come from and how this will affect their research.

(i) Who am I?

There are certain aspects of my heritage and life as a Cook Islands Maori that have assisted me throughout my research. The most important aspect of who I am is that I was born and raised for the first twelve years of my life in the small coral island atoll of Manihiki, in the Cook Islands. The population was about 500 then, but is now 351, as a result of migration to Rarotonga and overseas. I come from a big family of ten, plus six feeding children or tamariki angai. My father is from Manihiki, and my mother is from
Rarotonga. Our family lived a very simple traditional communal lifestyle, with very basic essential commodities, no electric power or tap water. As the third-oldest in the family, I had a major part in caring for my younger brothers and sisters. In those days, it was normal for a child of eight or ten years old to take a major responsibility for the younger ones. Even when one gets married or employment begins, this responsibility continues through financial remittances while in Rarotonga or overseas, or until all the siblings have moved on with their own lives. But then, we still have obligations to our parents until their final days.

Within my own immediate, or nuclear, family, I have six children of my own, five boys with the last being a girl. Being a full time professional working mother and raising six children is a very demanding task. However, living within an extended family has advantages, for our family is based on a communal, or extended family social support, network. Church activities play an important part in our family, right from a very young age. Most of our young family members participate in village activities and sports competitions such as rugby, netball, volleyball, and tennis. Family celebrations and cultural activities like birthday milestones or ra anauanga (first, twenty-first, sixtieth, or eightieth birthdays), haircutting or pakotia nga rouru for boys; weddings or akaipoipoanga; and funerals or mate; are examples of our traditions that are very much alive in the islands. During these celebrations, feasting or umukai, and at times alcohol or kava or pia are enjoyed in a controlled social manner.

While all my primary education was in Manihiki, my secondary education was in the main island, Rarotonga, at Tereora College, the only secondary school in the Cook Islands at the time. For tertiary education, I had to travel overseas in 1970, first to Fiji, then to New Zealand to complete my Nursing Training, before returning to the Cook Islands in 1976, where I got married and worked in the health service for many years. In 1981, I travelled to New Zealand again for postgraduate studies in Nursing, and then to Australia in 1990 to undertake bachelor and masters level study at University of New South Wales. In 2007, I moved to Auckland to pursue my doctoral study. Most of my life was spent in my home country, the Cook Islands.

Regarding my professional life, I am a New Zealand registered nurse and midwife, and have practiced nursing in Fiji, New Zealand, Australia and the Cook Islands. I worked for five years as a Nurse Educator and for six years as the Principal at the Cook Islands School of Nursing. Following my postgraduate study in Australia, I went in a totally new
direction: firstly, as Chief Health Education and Promotion Officer in the Public Health Division, and then as Director for Women, Youth and Sports in the Ministry of Internal Affairs. This is when my interest with young people began. Finally, my appointment as the Chief Nursing Officer from 2000 to 2007 completed my service as a senior public servant with the Cook Islands government.

During my life journey, I have always remembered my parent’s encouraging words to work hard at school, as this will get us a good job and a better life than they had. This is one piece of advice that I truly valued and appreciated, and I have also instilled into my own children. I believe they all have done well, for the eldest is in construction work in Australia, the others all graduated from the University of Auckland as a doctor, lawyer, economist and in sports science, and the youngest is in postgraduate study after completing her Bachelor in Health Science degree. My husband and I are very proud of them and I only wish that our parents were here to witness their grandchildren’s success.

In many ways, I am privileged to have lived in and witnessed life in both worlds, the Cook Islands Maori, and the western or Papa’a culture. My Cook Islands culture and worldview of nuclear and extended families, church, sports, cultural activities, and Cook Islands Maori language, and not forgetting my most important role of being a mother, have endorsed my Cook Islands identity and heritage. I also believe that my personal and work experiences in different organisations and communities in various countries have significantly contributed to how I viewed life at different times in my personal and professional development and how I raised my own children. However, at the same time, I acknowledge my western or papa’a worldview based on life experience, education and training, employment and English language acquired while overseas, that has helped me survive in the pakeha or Papa’a world. I am sure this has contributed to and enhanced my understanding of the different worldviews of other countries and people of different ethnic and cultural backgrounds. This has, in many ways, influenced my position in how I view matters relating to young people and my approach to this research.

4.3 Research in the Pacific and Cook Islands

According to Sangaa (2004), research in the Pacific is based on several assumptions. For instance, the peoples of the Pacific have their own worlds that they influence and control, and are different both from each other and from non-Pacific people. Indigenous Pacific research is based on presuppositions, such as the ideas of time, space,
the self, self-image and attitudes towards others. In addition, Pacific people also acknowledge their ancestors including those who have departed, as members of their worlds (Sangaa, 2004).

In the Cook Islands, research is rare. It is rarely talked about in communities, government and business sectors, except amongst those few people who have been exposed to research project development in their workplaces or in academic institutions and conferences overseas. Research is rare mainly due to the fact that most local staff lack research knowledge and skills (Smith, 2004). Several research studies have been carried out on Cook Islands people mainly by researchers from overseas. Government Heads of Departments gave directives to junior staff to provide information, or assist overseas researchers collecting the data and information for them. In the Cook Islands culture in those times, young people were taught not to question their seniors, elders, teachers, church ministers, or papa’a visitors. So junior staff and individuals in government sectors and communities do not raise ethical and confidentiality issues and respectfully abide with the directives given.

As an example, fifteen years ago, I was part of a team of public health staff in the Cook Islands Ministry of Health who were directed by the head of our ministry to assist with a team of health researchers from overseas universities in conducting a community-based research project in Rarotonga. We collected most of the data for the project, as well as for the PhD student in the team. But after the team left, we did not hear or receive any feedback or acknowledgement of our contribution to the research. Only recently, when I was researching for the literature review for my own thesis did I find and read the research findings of the PhD thesis published in a journal article. This, I understand, also happened in other Pacific islands like Fiji (Nabobo-Baba, 2004), and Niue (Nosa, 2005). Therefore, if research is to benefit Pacific people, researchers should return to the community and acknowledge it, and present their findings to those who participated, and to those who assisted in collecting the data in the first place.

4.4 Pacific Health Research Guidelines

Indigenous people value their oral conversations and traditions, and pass on their stories of what happened in their lives, from one generation to another. But the real challenge is to have those conversations extend beyond this oral discourse into literature such as journals or books (Smith, 2004). It is in this translation from the oral to the written
that Pacific people have difficulty. Some advocates of Pacific research argue that research conducted with Pacific people must explore perspectives that are culturally appropriate for Pacific peoples. The main agenda here is to hear indigenous voices, represented through educational ideas, philosophies, and practices that have been nurtured in the islands for centuries, but which have not been incorporated into research discussions and reports (Anae et al., 2000; Nabobo-Baba, 2004).

My research topic encourages an approach to theory that is culturally inclusive, as it involves people from different age groups and organisations in the Vaka Takitumu, and Rarotonga. As Tamasese, Peteru and Waldegrave (1997) stated:

Theories are the construction of unique world views, and hence theoretical frameworks must be faithful to the context of its participants’ contribution, and must have as its premise, a method which facilitates and delivers a construct which accurately reflects the cultural values and meanings of its research community.

(p.10)

I was guided in the conduct of this research by the research models of two Pacific researchers: Konai Helu Thaman (2002) from Tonga, and Teremoana Maua-Hodges (2002) from the Cook Islands. I also used the ethical guidelines by the Health Research Council of New Zealand, in designing the research, collecting and analysing the data, and documenting the findings.

(i) The Kakala Model

Konai Helu Thaman (2002) is of Tongan descent, and her model of the Kakala involves the sewing and weaving of a Tongan Royal Garland using flowers or Kakala, which involves toli, tui and luva. Thaman used the process of making the garland to represent the research process.

The first process is the gathering of the flower, or kakala, by a person who knows which flowers are the most appropriate for making the best and most beautiful garland. In research, the person collecting and preparing the data for analysis must understand and possess certain research knowledge skills to ensure the quality of the data gathered. The second process involves the careful weaving together, or tui, of the flowers into a garland which is presented to the special person or guest. In research, the transcribing, coding and analysis of the data signifies the weaving together of the flowers. The final process is luva, that is the giving away of the kakala to the special person(s) it was intended for. The garland represents the final written report or thesis (Thaman, 2002).
(ii) The Tivaevae Model

The *Tivaevae* model by Teremoana Maua-Hodges (2002) provided a useful framework to illustrate the process of making a *tivaevae* (a handmade patch-quilt) by Cook Islands women. This resembles the research processes used for data collection. In making a *Tivaevae*, a woman who is an expert in designing tivaevae patterns, draws and cut the pattern out for the *tivaevae*, and then allocates specific tasks of sewing and embroidering responsibilities to other women in the group. When each woman has completed the allocated sewing her patterned piece (*pu tivaevae*), all patterns and parts of the *tivaevae* will be joined together to complete the *tivaevae* (Maua-Hodges, 2002). In research, the Chairperson of the Steering Committee and the researcher co-ordinate the initial plan and allocate different roles and responsibilities to other members of the research team. When they have completed their allocated tasks, they will bring these to the committee, who will then work together to finalise, implement, and evaluate the plan of research interventions. These interventions are the next stage of the project that is then evaluated and new research is begun.

In my research, the final process will involve the presentation of the thesis report firstly to the University of Auckland Post Graduate Committee, who will organise its marking. Following acceptance by the university, copies will be made and distributed to the Steering Committee, the Advisory Committee, key stakeholders and the Principal of Titikaveka College in the Vaka Takitumu. Extra copies will also be provided to the Cook Islands Research Council, and key government ministries and non-government organisations in Rarotonga.

(iii) Pacific Health Research Ethical Guidelines

During the research process, it was important to acknowledge and respect Cook Islands cultural protocols, beliefs and values or *akonoanga me kare peu Kuki Airani Maori*. For instance, showing respect or *kauraro e te akangateiteianga* for those with status in the communities such as the traditional leadership hierarchical system (*aronga mana*), governmental (*kavamani*), and religious systems (*akonoanga evangelia*). I believe that giving courtesy and respect to these key stakeholders has assured their help and support throughout my research.

As the Research Council in the Cook Islands does not have research ethics guidelines in place, I adopted the principles of the Health Research Council of New Zealand’s (HRCNZ) Pacific Research Guidelines (HRCNZ, 2004) during the preparation,
interviewing of individuals and focus groups, and the development of the Health Promotion Model. Throughout the research process, I tried to be culturally competent, to include these principles wherever possible and to be responsive to changing Cook Islands contexts. In addition, it was also crucial that these concepts were underpinned by *Cook Islandness*, the values, beliefs, and customs of the Cook Islands (*akonoanga e te peu Kuki Airani Maori*) in accordance with appropriate ethical standards and aspirations by the Pacific HRCNZ. These were summarised and translated into Cook Islands Maori so as to make their application easier and more meaningful in my research context (HRCNZ, 2004).

(i) **Relationship** – *Pirianga tau tetai ki tetai* emphasises the building of group and interpersonal relationships.

(ii) **Respect and Humility** – *Kauraro me kore Akangateiti* refers to an individual subjugating or humbling his or her personal autonomy and giving priority to the needs of others.

(iii) **Cultural Competency** - *Kia tukatau te tangata i tana ua'orai peu tupuna* means the researchers must have awareness of their own Cook Islands cultural beliefs, values and practices, and how these impact upon their interaction with others.

(iv) **Meaningful Engagement** – *Te o’o’anga teta’i ki teta’,* involves forming relationships that are sustained, maintained, on-going and deepening.

(v) **Reciprocity** – *Tauturu atu, tauturu mai* is founded in kinship relationships, which can be demonstrated in practical ways, such as interchanging of gifts and goods or services for reimbursement for time.

(vi) **Rights** – *To te tangata au tika’anga* gives each individual, group or community the right and freedom to make informed choices, that is, whether to participate in research or not. Also, any risks must be made clear to the participant, and they must feel free in their decision to participate or not.

(vii) **Participation** – *Te Piri’anga ki roto it e au anga’anga,* requires the active involvement of Pacific people at all levels of decision making and implementation of the research.

(viii) **Balance** – *Kia Tau te Ravenga Paruru* is the basis for relationship development. Partnerships formed with people during the research should be equitable and fair for both
parties, engendering symmetry in the balance of power. Member partners must respect and reciprocate the wellbeing and good of others.

(ix) **Capacity Building** – *Te ‘akamatutu’anga* involves Pacific people conducting original investigations in order to gain knowledge and understanding about the problems and challenges that face Pacific communities. It demonstrates a commitment to the empowerment of Pacific people, which is critical to improving health outcomes through research.

(x) **Utility** – *Te puapinga ka rauka mai* should always endeavour to link its findings with tangible improvements in health outcomes for Pacific people (HRCNZ, 2004).

Throughout the research process, I recognised and acknowledged the importance and significance of the ethical stance and the cultural appropriateness of these principles, so as to safeguard the rights and confidentiality of the participants. I preferred not to send any information through the post as this may not translate well with our local people. This could also be seen as disrespectful by the participants, especially those in the traditional and government leadership hierarchical system. Instead, I preferred face-to-face visits with the participants and hand-delivered information sheets and invitations when necessary.

(iv) **University of Auckland Human Participants Ethics Guidelines**

As my research involved human participants, I had to get formal approval from the University of Auckland Human Participants Ethics Committee (UAHPEC) to ensure that my research complies with the highest appropriate ethical standards. My approval was received in October 2008.

4.5 **The Challenges of Research from a Cook Islands Perspective**

When I decided to conduct my research using a Community Based Participatory approach (CBPR), with special focus on the young people or *mapu* in the Cook Islands, I realised that I may be faced with a number of challenges, issues, and even obstacles for both myself as a Pacific Island researcher in an overseas academic institution, and for the participants. These will be discussed in the next sections.

(i) **“Insider versus Outsider” Status of Researcher**

According to Seve-Williams (2004), the “insider” versus “outsider” status of the researcher has been a problematic area in research. This is one of the most important factors
and challenges that I, as a researcher, faced during the research process. Firstly, I identified myself as an insider in this research, in view of my having direct family heritage as a descendant of my maternal great grandmother, who was born and raised by her Takitumu parents in the Vaka Takitumu. But she moved out of Vaka Takitumu when she married her husband from Vaka Puaikura. At the same time, I was also seen as an outsider, living and being married to a man from Vaka Te-Au o Tonga, (one of the three Vaka within the island of Rarotonga).

The participants may also see me as an insider: I was born in the Cook Islands, and both my parents are Cook Islanders, who have lived in the Cook Islands all their lives. I am married to a Cook Islander, and have lived in the Cook Islands for most of my life as well. Therefore, I was brought up in a world of Cook Islands values, and I understand the structural and cultural protocols of the communities, as well as understand, write and speak the Cook Islands Maori language fluently. So in that respect, I feel accepted by the people in Vaka Takitumu, and was, therefore, privileged to hear and understand the voices, views, and stories of the participants. However, a Samoan indigenous scholar Anae (1998) argued that simply being born into an ethnic group does not constitute ‘insider status,’ for individuals acquire status sets through birth and life, either by choice or by natural progression, thereby becoming insiders.

However, the participants may also see me as an outsider from an overseas, western or papa’a institution (Auckland University) coming into their Vaka to interview them and take away their ideas, knowledge and stories, just as the Samoan woman said in the quote at the beginning of this chapter. Some participants during the interviews stressed the importance of getting feedback on the research findings, as they do not want a repeat of what overseas researchers did in the past. This is when my Cook Islands traditional, cultural, and spiritual values, as well as my professional knowledge and experience of governance, leadership, and research knowledge and practices became useful. In addition, it was crucial that face-to-face courtesy visits and consultation with key stakeholders of traditional leaders, Members of Parliament, the Mayor and council members of the local government in the Vaka Takitumu, the Principal and Chairperson of the Parent Teachers Association of the secondary school, and other key stakeholder leaders in the Vaka Takitumu were sought, before seeking government permission through the Cook Islands Research Council (CIRC) located at the Prime Minister’s Office.
This does not necessarily mean that Cook Islands researchers should work alone in doing research with their own ethnic group. But instead, both Cook Islands researchers and researchers from other Pacific countries and universities should work together in designing and planning the research, and at the same time learn from each other the means to strengthen their research skills simultaneously. In this way, the research paradigm in which an outside researcher is totally responsible for designing, determining the questions, the tools used, and the development of interventions in communities, is no longer the case. Instead, all the research preparation, implementation and evaluation are discussed and adjusted in a collaborative way between the primary researcher, the research community, and other researchers from outside the Cook Islands (Koch and Kralik, 2006). As Minkler and Wallerstein (2003) explained, such an approach demands an alternative research process that is collaborative and community-based and that stresses community participation, empowerment, and partnered actions for social change. Based on these principles, my research is designed and carried out as a collaborative effort between myself and certain people in the Cook Islands, with the guidance of research experts, my supervisors and other research students from the University of Auckland. The emphasis here is to stress community participation and collaboration that involves all partners in the research process, and recognise the unique strengths that each individual, group or organisation brings to the research process (Minkler and Wallerstein, 2003).

During the research, it was also important that I maintained contact with senior key stakeholders, youth leaders, and participants after the interviews, just to update them on how the research is progressing, rather than waiting till the end of the research proper. For example, after the preliminary analysis of the data and the development of the model, I held separate feedback seminars for the young people and the adult participants to make them aware of the preliminary findings from the research. In particular, the proposed model was presented not only to the participants, but to other interested members of the community. These discussions further stimulated people’s interest in the model and the research.

(ii) **Unforeseen Changes**

During my fieldwork, there were unforeseen or planned activities within the community that required rescheduling my research timelines during the initial research period. The visit by the New Zealand Prime Minister to the Cook Islands, the hosting of the World Under Twenty-One Netball Tournament, the Constitution Celebrations, and the hosting of the South Pacific Games had the whole island in preparation for these very
important events. Most of the young people worked as volunteers and were key participants in sports, dancing, and catering activities. This had a significant impact on my data collection in view of the time constraints I had for this particular section of my thesis in the Cook Islands. However, to respect the communities’ protocols, I had to be flexible and readjust my programme schedules despite the extra finance and time required.

(iii) **What’s in it for Me/Us?**

I was also wary of the possibility of some people asking the question, “What’s in it for me/us?” or “What will I/we gain from this research?” In fact, during the data collection stage, one of the participants asked me before we began with his interview, “How much is the government and University paying you for talking to us about our lives?” Such views, in my opinion, may be a reflection of peoples’ past experience with overseas researchers coming in and conducting research with indigenous communities and then leaving, providing no acknowledgement and feedback to them, as indicated in Williamson’s (2007) statement at the beginning of this chapter. I really had no good answer to these questions, except to tell the truth. That is, to explain to them that I am a Cook Islander, and a postgraduate student from an overseas academic institution, and my personal reason to obtain an academic qualification is that this will provide me with the knowledge and skills to work in partnership with young people, the community, and the government in developing policies and interventions to help improve the health of young people and adults in Vaka Takitumu, and eventually the Cook Islands as a whole.

I also explained to them that apart from the qualification I hope to achieve, I have no monetary reward from the Cook Islands government or the University. I also stressed that I have not got a monetary or materialistic reward to offer them. I also have no power to change anything, or provide money or resources to improve their life. However, I will work with them, offer my commitment, keep their confidentiality, and provide the opportunities to have their voices heard within the research. I would also write a good report that will provide evidence and recommendations, but most importantly, will provide a framework for us to work together, in developing, implementing and evaluating interventions that will make a difference and improve the health and wellbeing of young people and communities in the Vaka Takitumu. In such a situation, being honest and having mutual respect for the participants can enhance the power relationships and the process of working together in partnership in order to make a difference to their situation. And if the model proves
successful in Vaka Takitimu, it may be adapted and transferred to schools and communities in other Vaka, the outer islands, and the Cook Islands communities in New Zealand.

In my opinion the above processes replicate the framework, “The Researcher as the First Paradigm” by Mitaera (1997), in which she explained how the researcher is the “first paradigm” and will need to ask questions such as, “What are my views? What are my principles? What are my values? and What are my strategies?” I began the research process with these questions in mind, with my visions for the research, and the principles and values that determine the way I conduct my research. Mitaera’s (1997) and HRCNZ’s (2004) principles of respect, collaboration, honesty and trust, guide the research and stress the importance of demonstrating these in all interactions with all the participants. In this instance, the participants include youth, community organisations, reference groups, other key stakeholders and informants and the academics from the University of Auckland. For example, the priority in the analysis and final report is to ensure that the voices of the participants are heard, as well as to discuss approaches to empowering them to participate and increase control over decisions that affect their lives.

4.6 Research Approach

My thesis takes a qualitative approach (Patton, 2002) and is guided by participatory research which includes “Community Based Participatory Research” (CBPR) by Minkler and Wallerstein (2003), and “Participatory Action Research” (PAR) by Kock and Kralik (2006) as discussed in the previous chapter.

4.6.1 Qualitative Approach

According to Denzin et al. (1994) and Holloway (1997) qualitative research is a method of social enquiry that focuses on the way people interpret and make sense of their behaviour, and the reasons that govern such behaviour in the world in which they live. Patton (2002) described this approach as naturalistic, in that the research takes place in real settings, and the researcher does not attempt to manipulate the phenomenon of interest such as a group, community, or relationship. Things are studied in their natural environments, and interpreted in terms of the meanings people bring to them (Stringer, 1999).

4.6.2 Data Collection

The data was obtained using three fieldwork strategies identified by Stringer and Genat (2004).
(i) Interviews – open-ended questions bring out in-depth responses about people’s experiences, knowledge, perceptions, opinions, feelings and values of young people’s development and health.

(ii) Observations – these include detailed descriptions of fieldwork activities, behaviours, actions, conversations, interactions, setting, organisational and community processes.

(iii) Documents – written materials and other documents from organisations, clinical or programme records, memoranda, correspondence, publications, personal diaries, letters, artistic works, photographs, memorabilia, and responses to open-ended surveys (Stringer & Genat, 2004).

4.7 Fieldwork in Rarotonga, Cook Islands

My initial contact with my research community commenced in June 2008, when I consulted with key stakeholders and youth leaders in Vaka Takitumu. The purpose of this consultation was to introduce my interest and to seek permission to carry out my research with young people and certain key stakeholders in the Vaka. It is critically important, when conducting research in the Cook Islands, that the community is informed before the research can proceed. In particular, the traditional leaders, local government, Members of Parliament, church leaders, and the communities in the Vaka or islands must be informed, in this order. It was only when that approval had been given that I started my negotiations with the Cook Islands Research Council located in the Prime Minister’s office and submitted a formal application, which was approved in October 2008.

In June 27, 2009, I travelled to the Cook Islands to commence my fieldwork proper. On arrival, I paid courtesy calls to the CIRC, the key stakeholders in the Vaka Takitumu, and key informants in the government and NGOs outside the Vaka Takitumu to inform them that I was back in the Cook Islands to start with the research. However, I was very disappointed that the position of Mayor and the whole Local Government in the island of Rarotonga had been abolished. This had been a political decision by the then Democratic Party Government in late 2008. This was unfortunate, as the Vaka Takitumu Mayor was the key person that I had consulted at the very beginning of my research negotiations, and he had been very supportive of my research. After this decision, the ex-Mayor and members of the local government were not as enthusiastic as before.
During my fieldwork, I kept a journal of the young people and adults visited and invited to the workshops, those requested to be participants, and those who were finally interviewed. The date, time, and place of the interviews were also recorded, as well as observations made during the interviews. I also noted other places and venues where young people congregated, such as the youth concerts organised by the Church youth groups, the Maire Nui Constitution celebrations, and the Christmas in the Park celebrations. During the fieldwork, I sometimes found myself unconsciously playing different roles when interacting face-to-face with the participants. In my attempt to define and understand the situations and the meanings expressed, whether intentionally or unintentionally, I recognised the need to be flexible when analysing the participants’ forms of actions and interactions. When defining the situation Goffman (2008) explained that when an individual enters into the presence of others, they commonly seek to acquire information about him or to bring into play information about him already possessed. Information about the individual helps to define the situation, enabling the other to know in advance what he will expect of them and what they may expect of him.

At times, I realise that I was playing the investigator role in trying to get the most from my interactions with the participants. But I sometimes found myself bound by ethical and cultural concepts, such as respect for people’s privacy, and did not push for answers to some of my questions. For example, some young participants were quiet and reserved during the focus group interview. I interpreted this reservation to mean a reluctance to share aspects of their personal life with other members in the group. But on a one-to-one basis, this same participant might just pour out a sad story of childhood, adolescence and family life. Sometimes, I played the role of the listener, taking note of what the other person was saying and not saying. It made the person feel important that I was interested, although the particular story may not have been relevant to the purpose of the interaction. Having said the above, I found that some participants acted towards things based on the meanings that they had for them. Another presentation is that during the interview, some participants portrayed themselves as the ‘nice guy,’ or one who knows all the answers to the problem. In such situations, I respected and accepted their expressions, for I felt that it was not harming anyone to allow that person to continue talking, even though it was taking a lot of time. I feel that it is important that I did not interrupt, as this would make him and other participants feel bad and they would probably not have contributed again.
4.8 Introductory Workshops

My first activity was to organise introductory workshops for the key stakeholders and the young people. As a respectful gesture to the Traditional Leaders and senior members of the community, the first workshop was planned for the adult key stakeholders, followed by the workshop for the young people a week later. A letter of invitation, together with the research proposal, Participant Information Sheet (PIS) and Consent Forms (CF) were hand-delivered by the researcher to all the key stakeholders, youth leaders and proposed young participants in the Vaka Takitumu. The idea behind providing these documents was to introduce the participants to and to familiarise them with the purpose and aims of the research. The workshops were held at the Ngatangiia Sports Clubhouse (see Figure 19). This venue was chosen as it is central to the other two villages, Matavera and Titikaveka on either side of Ngatangiia.

![Figure 19: Ngatangiia/Matavera Sports Club](image)

Even though written explanations were provided, having the workshops was important to explain to the community as a group the research design, purpose, title, aims, objectives, and process. It also created an opportunity for face-to-face and open discussions for people to ask questions or for clarification on issues that may not have been clear to them. The explanation of the research protocols was critical to the success or failure of the research, so it was important to give people sufficient notice, time and information about the research itself and the issues to be discussed. In addition, it was important that I adhere
to the ethical principles outlined in the Pacific Guidelines by the Health Research Council, as well as the University of Auckland Guidelines as described earlier in this chapter. In particular, and as a gesture to the principles of respect, relationships, meaningful engagement, and cultural competency, it is critical that both traditional leaders, leaders in government and the civic communities were made aware of any outside people, be they local Cook Islanders or people from overseas coming into their Vaka to carry out any work, development, training or research.

4.8.1 Workshop for Key Stakeholders

Even though the focus of my research is on young people, it was most important that the first workshop be held for the key stakeholders, as a matter of courtesy and respect for the leaders and parents in Vaka Takitumu. A total of 22 representatives from key stakeholder groups in the Vaka Takitumu attended the workshop. They included the traditional leaders, Members of Parliaments, church leaders from each denomination, the former Mayor, the Principal and Chairperson of PTA, leaders from youth, women’s, sports, church, cultural, and uniformed organisations (for example, Scouts, Guides), representatives from the business sector, and parents and guardians. I gave a powerpoint presentation about the research process. In my opinion the workshop was well received by the stakeholders and the discussion went on longer than the one hour planned. Nearly all the participants spoke, mainly to express their appreciation for choosing Vaka Takitumu for my research, and to offer their support for the research to go ahead. They wanted something constructive to be done to reduce the increasing number of youth problems, like alcohol and drug abuse, drink driving, teenage pregnancy, suicide, truancy, and especially the burglary and thefts experienced by private homes and tourist accommodation in Vaka Takitumu and Rarotonga as a whole.

I think that providing the research proposal and the PIS prior to the meeting really helped by giving them some idea of what the whole research was about. Another interesting point raised by the participants was their support for holding a separate workshop for the mapu on their own, and in particular to involve them in developing the model for the development of interventions for young people in the Cook Islands in the future.

One particular incident that attracted my attention was the power of prayer and religion and spirituality within the communities. This is related to the use of prayer or praying which the five church ministers present conducted together, halfway through and at the conclusion of the workshop. This, in my opinion, is a reflection of the faith and belief
Cook Islanders have in the spiritual power, or *mana*, of God, the heavenly father. From a Cook Islands perspective, I believe that religion includes spirituality as an integrated part of religious experience, which involves worshipping God. Religion is seen to provide powerful insights to cultivate spiritual wellbeing that relates to the meaning and purpose within the self and with others, while working to balance inner needs with the outside world. Nevertheless, while I interpreted the special spiritual power of praying as support by the church minister for me and my research project, I am also grateful for the view that while prayer is essentially an important part of this community development project, it is only part of the solution to improving the health and wellbeing of young people in the Vaka Takitumu. I also indicated to the pastors that I would really appreciate their continuous guidance throughout my research, especially with the practical application of necessary actions and programmes for the young people.

At the conclusion of the workshop, a light supper was provided by the researcher. This gesture of providing refreshments at the end of a gathering of people, especially those in key positions in the community, is an informal way of reciprocity in showing respect and appreciation for people voluntarily giving up their time to attend and participate in the workshop (Mitaera, 1997; HRCNZ Pacific Research Guidelines, 2004). In addition, this provided an opportunity for the participants to mingle and continue with the informal discussions about the research with each other and the researcher. Again I interpreted this as an indication of support, and unspoken or unwritten trust and approval of the research.

### 4.8.2 Workshop for the Mapu of Vaka Takitumu

This second workshop was originally planned for the week following the workshop for stakeholders. But due to two deaths in two of the villages in the Vaka Takitumu districts, the workshop was postponed to the following week at the same venue. As indicated earlier in this chapter, this is one of the challenges I faced. For example in the event of a death occurring in one of the three villages, any scheduled event or gathering of people such as the research workshop could not proceed and had to be deferred to another time. Even a sports event such as rugby or netball would be deferred and rescheduled to a later date. This reflects the principles of respect for the dead and the grieving family, and also reciprocity on the part of the opposing team from another village in agreeing to defer the game. Again this is a sign of humble respect, reciprocity, and good relationships not only within the Vaka Takitumu, but also from villages in other Vaka. Of the forty (40) invitations extended to youth groups in the various churches, sports clubs, cultural groups...
and uniformed organisations, about eighteen (18) young people attended. Unfortunately, some older youth leaders accompanied their young members and during the workshop discussions, they dominated the discussions and as a result, some of the young ones withdrew and did not contribute much.

I was rather disappointed with the small number of young people who attended the workshop. But again, as I mentioned earlier in the chapter, this is one of the challenges which I did not foresee or expect. Lots of young people and adults were asked by the government and the Cook Islands Sports and National Olympic Committee (CISNOC) to volunteer their services without pay to assist with the numerous preparatory activities for the World Under Twenty-One Netball Tournament, and the South Pacific Mini Games (SPMG) hosted by the Cook Islands, one after the other. Because of the preparatory work and training voluntary workers had to go through, those young people invited were unable to attend the workshop.

4.9 Data Collection

4.9.1 Participant Recruitment

Recruiting research participants can be a challenging process, in order to obtain a sample that adequately reflects the target population, as well as ensure that there are sufficient participants to meet the requirements of the study (Polgar & Thomas, 2000). According to Patel, Doku and Tenakoon (2003), recruitment involves a dialogue between the researcher and the potential participant prior to the initiation of the consent process. It involves providing information to the potential participants and generating their interest in the proposed study. Factors that need to be considered include sample size, ethical principles, type of study design and method of collecting data (Patel et al., 2003). There are several techniques used in recruiting participants. For example, using a press release in local newspapers and on radio, fliers, telephone, face to face consultations, opportunity and snowballing techniques.

I used a combination of techniques mainly “face to face consultations,” and “opportunity” and “snowballing” sampling techniques (Patton, 2002). Opportunity sampling is obtained by asking members of the population of interest if they would take part in the research. This technique was initially applied when I visited the Division of Youth at the Ministry of Internal Affairs and youth leaders at either their workplaces, homes or meeting places (such as the church, sports and cultural venues), to invite them
and members of their groups to the introductory workshop, as well as to consider being potential participants in my research. During the workshop, I again invited those present to be participants. Snowball sampling is when a participant introduces the researcher to further participants (Patton, 2002). In these situations, I would visit the newly introduced participants to thank them and to confirm their participation. I also provided them with the PIS and Consent forms, and arranged a time and place suitable to them for the interview.

4.9.2 Focus Groups

After the introductory workshops with the young people and the stakeholders, I utilised opportunity and snowball sampling. I again visited all the young people who had attended the workshop to ask if they would participate in one of the focus groups for my research as discussed in the workshop. Because of the limited number of young people who attended the workshops, I also asked if they could nominate or invite other youth from their organisations to form a focus group of about 6 or 8, and most of them did. I visited all the proposed participants and explained the research, as well as providing them with the PIS and Consent forms. For the college students, the principal suggested interviewing the members of the school council, who are representatives elected by each class. She also arranged the time and room for the interview, so that it did not interfere with their classes. With the prison and probation services, the participants were selected by the Director for Prison and Probation Services. We then arranged a date, time and place suitable for them to meet for the interview. With the exception of the college, probation and prison inmates, (who had the 10 participants waiting for me), other groups only had about 6 or 4 or even 1, and in one particular case no one turned up. In these cases, I had no choice but to interview them as they had sacrificed their time to come to the scheduled interview. After the interviews I provided some soft drink and snacks for them.

In total there were 55 young participants in 12 focus groups, ranging from 1 to 10 participants in each group. Of the participants, 31 were male and 24 female. Their ages ranged from 15 to 35 years, and most of these young people were involved in more than one of the organisations represented in the focus groups. For example, some young members of the school council are also members of a church group, a sports club, a culture group, a youth group, NGOs, a media group or a peer educators group. This enabled interviewing young people from a wide range of organisations.
4.9.3 Adult Participants

With the stakeholders and key informants, I did not have much problem in recruiting and interviewing. As for the young participants, I personally visited most of the adults who attended the stakeholders’ workshop, to ask again if I could interview them. Unfortunately, a few of those who had attended the workshop were not at home when I visited, and some had travelled overseas. For those who did not attend the workshop, I visited them again to ask if they would participate in the interview. Again, they all agreed and we arranged a suitable date, time and place for the interviews, which was mostly in their homes or at their workplace.

The total number of adult participants was forty (40), with 20 key stakeholders and 20 key informants. Of the key stakeholders, there were 10 males and 10 females. With the key informants, there were 15 females and 5 males. The age range is from 35 to 68 years. The participants represent a variety of people such as traditional chiefs and leaders, members of parliament, church leaders, senior public servants (health, education, youth, women, police, justice, counsellors, NGO leaders, and parents). This again provides a wide range of opinions and views.

4.9.4 Interviews

As indicated in the earlier paragraphs, I provided the participants with the PIS and Consent Forms when I visited to invite them to the introductory workshops. This was to ensure that they had had adequate time to read and familiarise themselves with the information. So at the beginning of the interview I asked them again if they had any question relating to the information in the PIS and Consent Form, just to make sure that they fully understood the research purpose and their rights, before they signed the consent form.

Ethical issues were also important to me during this research, particularly in ensuring that the confidentiality of the participants was maintained throughout. This is also to make sure that the research findings do not negatively impact on the lives of the participants, in particular the young people.

I also did not ask older people directly for their age, as I did not feel comfortable probing into their private life, especially those in very senior positions, like the ministers of the crown, church ministers, and traditional chiefs. Instead, I asked them to write their date of birth on their Consent Form if they wanted to. Some people did not disclose their age.
At the beginning of the interview, I did not enter straight into the interview proper, but instead, I started talking about the participants’ family background, employment, sports and briefly about myself, just to establish a relaxed and comfortable atmosphere. I felt this was necessary to establish a relationship between the interviewees and myself.

The interview format involved an informal, semi-structured process using four main topics. These included the meaning of health from the participant’s perspective; the positive contribution by young people to themselves, their families, schools, and communities; the main issues and concerns faced by young people in Vaka Takitumu and the Cook islands as a whole; and the ways and means to minimise or eliminate the issues identified.

During the interview, I was conscious of the cultural aspects that shaped my data-collecting processes. These included principles of cultural and spiritual practice such as rights (tika’anga); respect (kauraro, me kore akangateitei); humility (ngakau maru ete akaaka); reciprocity (tauturu atu, tauturu mai); relationship and kinship (pirianga tau tetai ki tetai); and engagement (te o’oanga tetai ki tetai). These concepts, I believe, have been instrumental in establishing how I behave as a researcher and facilitator with Cook Islands values and perspectives. The interview questions were semi-structured, and depending how participants responded to the initial question, in-depth probing questions were asked, but only if I sensed they were willing to further discuss the issues(s).

During the interviews, I always reminded myself that participants have certain rights, and their participation is voluntary, so I was conscious of the social, cultural, religious and power relations, protocols, and ethical guiding principles of the Health Research Council. Here I refer to socio-cultural protocols, in particular those relating to respect and humility of traditional Cook Islandness, akonoanga Kuki Airani Maori, and the respect, or akangateiteianga, for the traditional chiefs, Ariki, and leaders, Mataiapu. Similarly, there are protocols ensuring that the same kind of respect, or kauraro, is given to any church ministers, or orometua, and to senior government officials such as Ministers of the Crown, Members of Parliament, and Heads of Ministries. I need to be humble when asking questions and they must be asked in a low/soft clear voice. Where appropriate, I repeated the question in Cook Islands Maori to ensure that the interviewee understood the question. It was also important that I should be polite, listen and allow the interviewee to express his/her views or opinions without interfering, even though he/she may divert from the topic of discussion, and may be taking longer than the expected time frame. In such situations, the participants’ response is respected as an expression of meaningful
engagement, or *na roto i te o’oanga tetai ki tetai*. Therefore, I allowed the participants to share and express their views and to openly tell their stories on the topic being discussed.

During the preparatory stage of the interviews, I planned to audiotape the interviews. However, during the consultation some participants, especially the young people, were not quite comfortable with being recorded. This was not so much a problem with the adult participants. Also, my local adviser discouraged audio recording based on her past experience interviewing her participants in the Cook Islands for her doctorate programme. Cook Islanders can be quite sensitive, and are reluctant to openly share their views during interviews when they are being audiotaped. For example, I noted that one young man during the focus group interview did not say much, but when I spoke to him alone at a later date, he shared much more about his personal and family history. So I decided that the interviews would be recorded manually, by writing, even though it was a very difficult task. However, the option to audiotape the interviews was given to the individual participants and focus groups. The interviews were conducted in either English or Cook Islands Maori, or a combination of both, as long as the interviewer and interviewee understood each other, and in whatever language the participants were comfortable with. Each interview took from 45 minutes to two hours.

### 4.9.5 Participant Observation

The purposes of the observational data were to describe the settings, the activities that took place in that setting, the people who participated in the activities, and the meanings of what was observed from the perspectives of those observed. Describing the setting begins with the physical environment, within which the interview took place. For example, before I interviewed two different church focus groups, I attended their Sunday service. There was a big contrast between the structure of the services, the setup in the church, and in the way the services were conducted. In one church, they had a band of electric guitars and drums, and the singing and the whole service were lively compared to the other church.

Just as important is the social environment, such as the ways in which members of the church interact, and how participants behave towards each other. The researcher looks at how people organise themselves, patterns and frequency of interactions, during the singing and the direction of communications. In one church, there was a moment when the pastor asked everyone to get up and greet each other either by handshake or a kiss on the cheek, and I, too, was included. I was even asked to briefly share about my research. This,
to me, is an acknowledgement of my presence, and as a visitor to their church, I took this as being supportive of the proposed research as they believed that it will help young people in their church. In the other church, the whole service followed a traditional routine of singing traditional hymns, bible readings and a sermon, with communication going only one way, from pastor to congregation.

4.9.6 Document Analysis

This research incorporates a secondary analysis of data compiled from existing surveys, reports, and documents from government and NGOs in the Cook Islands; written materials and other documents from organisational, clinical or programme records; memoranda and correspondence; official publications; personal diaries; photographs and memorabilia.

4.10 Data Analysis

All interviews were conducted in English except for two, and some were a mixture of both English and Cook Islands Maori. Overall, it was not very difficult to transcribe them, and when I faced minor translation problems, I would refer to the Cook Islands Maori dictionaries by Buse and Taringa (1995). I transcribed all of the interviews, and there were some problems encountered during this phase, mainly with the focus group interviews.

In the focus groups with more than five participants, the group dynamics were not very successful, because only two or three participants would share their views openly. In smaller groups of less than five, often only one of two were more vocal, even though I tried to encourage the quiet participants to share and contribute their view and experiences. I also encouraged them to speak in Cook Islands Maori if they had difficulties expressing themselves in English. Generally, I found that participants who were younger, and those from the outer islands were very shy and did not contribute much. The most outspoken participants were those with a good education (Year 12 and Year 13 students) or who had been overseas for some time. They all spoke fairly good English and were very vocal in sharing their views and stories, and it made the transcribing fairly easy. With the adult participants, the response was the opposite. Some of them spoke nonstop and often went off the topic. Some spoke for long periods, sometimes for more than 2 hours. These interviews were difficult to transcribe because their stories keep moving away from the topic, and were often quite irrelevant to the research interests.
After the transcribing of the interviews was completed, all the participants were given code numbers, such as ST01 for Stake Holder Number one (1). Similarly, KI01 stands for Key Informant Number one (1). For Focus Groups, I used a format like FGC01, which means Focus Group for Church Number one (1). All the transcripts were labelled using the code numbers only.

Following completion of transcribing and coding, I began analysing the information using thematic analysis. I started by reading the transcripts to find reoccurring and different phrases and themes. In the initial reading of the transcripts, a general view of the major issues was noted as they came to mind, in order to acquire a sense of the various topics and themes in the data. In the second reading, the texts were examined more closely. Significant sections of the text were questioned, and selected for their thematic content. These were classified according to the patterns identified in the first readings, then arranged in order and colour coded: coloured circles for main themes and coloured stars for subthemes. These themes and subthemes were recorded in a card file system. Responses to themes and subthemes were then recorded in that particular card with the corresponding coloured circle and star. For example, a white card with a green circle represents “definition of health”. And a green star on the same card represents a subtheme of “holistic dimension of health”, so that all responses relating to “holistic dimension health” are recorded using participants’ codes. At the end of the analysis, each card had all the participants who responded to a particular theme and subtheme on that particular card. The next step was to combine and catalogue related patterns into themes. Themes were then identified by bringing together components of ideas or experiences. For example, in the first question relating to the meaning of health in the interview, there were seven common themes identified from the participants’ transcripts. The final step was to build a valid argument for choosing the themes, by referring back to the literature to make inferences from the interview, and then to construct a story.

The research did not end there. After about six months of analysis and writing, I returned to Rarotonga to share my preliminary findings with all sections of the Takitumu community. This process confirmed my general analysis and approach, but enriched my work with some new ideas which were incorporated in my discussion. For example, at this stage I learned more about the concern with burglaries and the proposed interventions. Once my thesis is submitted, I will return to Rarotonga to work through an implementation
process. The next two chapters present the results of this research and the development of the model.
CHAPTER 5: THROUGH THE EYES OF PARTICIPANTS: THEIR VIEWS AND EXPERIENCE

“We are the world’s children.....We want a world fit for children, because a world fit for us is a world fit for everyone.”
From the Children’s Statement, United Nations General Assembly Special Session of Children, May 2002.

5.1 Introduction

In this chapter, I present the information obtained from the community needs assessment conducted with young people and key stakeholders in the Vaka Takitumu, and key informants from other areas and organisations in Rarotonga. The findings are about the participants’ understanding of what health or being healthy means to them, the positive contributions of young people to their communities and the issues and concerns faced by young people in their communities and in society as a whole. Also detailed are the reasons why these issues are of concern, ways of minimising their negative impacts, and ways of improving the general health of young people in the Cook Islands.

Part 1 concerns what health means to both the young people and the adult participants, and how they conceptualise health from the different perspectives that provide meaning in their lives. This is followed in Part 2, with the positive contributions that young people make to themselves, their families, village communities and society as a whole and the issues and concerns faced by them. The causes and links between these issues are identified in Part 3. Finally, in Part 4, the chapter discusses a variety of positive and strength-based youth development approaches, strategies and interventions as identified by the participants to minimise or improve the issues and concerns highlighted during the interviews.

The issues and views discussed in this chapter are the stepping-stones that provide the foundational information required for the development of the community-based health promotion model (in Chapter 6) in a co-operative manner, aimed at promoting the health of young people in Vaka Takitumu and the Cook Islands.
PART 1: MEANING OF “HEALTH” OR “BEING HEALTHY”

The conceptions of health and what it is to be healthy vary depending on the context in which these terms are used. In order to explain and understand the various beliefs and behaviours surrounding health, it is necessary to examine the influences shaping the social perceptions around health for a particular group. For example, health is translated as *ora’anga meitaki* in Cook Islands Maori. *Ora’anga* means “living” or “life”, while *meitaki* means “good” or “well”. The meanings and understandings of health expressed by the participants portrayed a wide range of dimensions from both lay people’s and professionals’ perspectives. The participants’ general perceptions of health are based on pragmatism, and are dependent on the context in which they see health and its benefits. These vary according to their age, gender, knowledge, beliefs and values, or previous experience with illness. The participants’ views were reflected in their responses to the following open-ended questions:

*What do you understand about the word health?*  
*What does being healthy mean to you?*

The participants’ responses were phrased as “being fit,” “being happy,” “not being sick,” or in sentences such as “health is about being free of diseases like asthma and diabetes, having plenty of exercise like playing sports, and not smoking, using drugs, or drinking alcohol and then driving.” These phrases and sentences were listed, examined and sorted into eight separate categories or themes. The themes identified are: (i) importance and value of health; (ii) freedom from illness and disease; (iii) physique, body shape and image; (iv) having a good and happy life; (v) functional abilities; (vi) health promotion approaches; (vii) avoiding health-risk behaviours; and (viii) a holistic approach to health.

The first five categories are relatively explicit concepts that describe a person’s health status and its value to him or her. The next two categories of health risk avoiding behaviour, and health promoting approaches suggest a process as opposed to a status. These two categories require future-oriented behaviours and cognitive processes that determine relationships between the risk and health promotion approaches. Finally, theme viii depicts a holistic concept of health, and indicates a synergistic relationship between the mind, body and environment. This holistic approach underlines the socio-ecological model of health described in Chapter 3.
Theme 1 - Importance and Value of Health

Some young people and adults described health as having value and importance to them. The views of the young people and the adult participants will be illustrated separately to reflect different perspectives of health, based on age, gender and past experience of diseases and illness. Selected examples from youth and adult participants are used to illustrate each theme.

a) Young People’s Perspectives

Young people perceive health and wellbeing as being of great value and importance to themselves, their families, their peers and their communities. Values represent ideas, preferences and objects considered of worth, which include desirable results that they would like to attain such as love, freedom, happiness, security and peace of mind (Halstead and Taylor, 2000; Thomas, 2003).

“Firstly, being healthy is very important to me and my family, and our physical health and wellbeing is a priority.”

Young male from church group

“Being healthy to me is something that I value very much, and not just for me but also my immediate and extended family as well as my friends.”

Young female from sports group

Value and importance here means that health is of great significance and worth to these young people, which when translated into Cook Islands Maori is, te puapinga o te ora’anga meitaki. Participants expressed their feelings about how they value not just their own personal health, but also that of their parents, siblings, and their extended families. According to Halstead and Taylor (2000), children begin to learn values very early in life, usually from their families. This indicates that young people view health as a family and community resource, and as part and parcel of the respect which they have for their parents and families, as well as their friends.

Some young people also recognise that being healthy during childhood and early adolescence forms a strong foundation for a healthy life, especially during school years, as shown in the statement by this young male student:
“Being healthy is very important to me especially while I am going to college. It is important, as being healthy gives me the energy and mental ability to focus on my school work, and hopefully to succeed and have a good career in the future.”

Male college student

This student’s comments highlight the importance and benefits of good health in a young person’s present and future development during school life. He stressed that having good health by leading a healthy lifestyle will provide him with the strength and motivation to participate fully in activities both inside and outside the classroom. Similarly, being mentally healthy will also enable him to concentrate and focus on his schoolwork, thus achieving good grades at school. Good health can be self-reinforcing, helping to build self-confidence, and contributing to a sense of wellbeing, and a successful career and future. In a broader sense, it can also be argued that the success of students in schools can also be due to the “ethos” of the school, that is the nature of relationships within the school, the social interaction, attitudes and expectations of teachers, and linkage with parents and communities.

This young man’s views also confirm the positive links between education and health established by Albert and Davia (2010), which showed that educated people tend to invest more in health and engage in healthy lifestyles. Generally, educated people are more likely to be employed, and have the potential to earn a higher income, and so they can afford to buy health care, insurance, and have healthy habits such as regular gym membership (Ross & Wu, 1995). Research suggests that when young people are physically and mentally healthy and well-educated, they become non-violent, drug-free, honest and law-abiding, and more often become parents only when they have completed their education (Grossman, 2008). The end results here are that having developed skills that allow them to make more money, and to work in a field that they enjoy, they are more able to establish a successful career. So in general, having a good education will give a young person a positive outlook on life, a feeling of autonomy and control of his or her life, the ability to have good relationships with others and the ability to avoid disruptive behaviours, and become a good parent and leader in the future (Berk, 2001; McLaren, 2002; Laser & Nicotera, 2011).

b) Adult Participants’ Perspectives

The meaning and value of health as expressed by adult participants is based on the perspectives of both lay people and professionals. From a lay person’s perspective, health
or being healthy was described as an invaluable aspect in any human being’s life, as stated by this traditional leader.

“Being healthy means a lot to me. It is very important to me, my family, and also my Takitumu people. It means everything about and around a person - that is his or her body, mind, family, surroundings, culture and spiritual wellbeing.”

Key Stakeholder - Traditional Chief

This traditional leader in the Vaka Takitumu feels that being healthy means a lot to her and her family. However, she also has an obligation and a responsibility to her extended tribal people, or vaka tangata, in her communities. She stressed that, as a leader in her communities, it is very important that she encourage her people to lead healthy lifestyles, with special consideration being given to their environmental, cultural and spiritual wellbeing. She also emphasised the fact that being healthy inspires individual members, families and communities to become successful in their quest for a better and happier life.

From a professional person’s perspective, a community leader from a religious organisation also emphasised the importance and value of health for him, his family and the members in his church, by having a balance in both physical and spiritual wellbeing.

“Being healthy is very important to me, my family, and my congregation. It is about having a balance in one’s physical and spiritual wellbeing.”

Male Key Informant - Church Minister

The Church Minister’s views reflect how he values good health, not only for his family but also for the members of his church, who are his religious family. Although spirituality may mean different things to different people, this participant viewed spirituality as having quality meaningful relationships and love for others and nature, as well as being related to church and God. Both spiritual qualities are important key determinant of health. Therefore, as a minister of his church, he must encourage all members to adopt healthy lifestyles such as engaging in good physical, mental and spiritual habits such as eating a healthy diet, exercising regularly, sleeping well, and not using alcohol, tobacco or drugs.

Another professional view expressed the importance and value of health, and how it can significantly impact on the life of a person or group of people.

“Being healthy or living a good healthy and happy life can reduce a person’s risk of contracting potential life-threatening diseases or illness by boosting his or her immune system. This in turn can save money on medical and
medication expenditures, so that they will have money to spend on other necessary things which they or their family need to make their lives easier or more comfortable and happier. In addition a person can have more energy that will enable him or her to perform better and accomplish anything in many aspects of their life.”

Professional - Female Key Informant

The views expressed by this participant reflect the dominant biomedical perspectives that emphasise disease, diagnosis, treatment and management of signs or symptoms of disease or any impairments. However, while this biomedical view has been widely successful in many ways, there are other dimensions of human life that are important in health (Dumont & Kielhofner, 2007). The Key Learning Areas of the Health and Physical Wellbeing Curriculum (Futter and Tairea, 2007), for example, embrace a holistic approach and include social and environment dimensions of health and wellbeing such as social connectedness, good relationships, nutritious food, clean water and unpolluted soil.

Overall, good health affects people’s lives, their stress levels, how they work, sleep and relax, and most importantly, their attitude to life. Few would argue against the value of investing in promoting healthy lifestyles. It is true that taking good care of one’s health takes a lot of time, energy and effort, but the rewards can be overwhelming, for there is strong evidence that a person in good health is likely to live a happier and longer life (Ewles & Simnett, 2004). In summary, it is the ultimate goal that a person can realistically achieve to feel at their personal best and experience all the joys and triumphs that make life worth living (Ewles & Simnett, 2004).

c) Changes in People’s Perception of the Importance of Health

i) From a Young Person’s Perspective

In addition to the importance and value that people place on their health, some participants explained how their views of health change over time because of their changing life experiences, as illustrated in this young man’s response:

Researcher: “What do you understand about the meaning of ‘health’ or what does ‘being healthy’ mean to you?”

Student: “Being healthy is very important in my daily life, at least since I started attending Cook Islands Sports Academy (CISA).”

Researcher: “What do you mean by what you have just said?”
Student: “You see, before I started with CISA (Cook Islands Sports Academy), my life was a real mess. I dropped out of school at 14 years of age, with alcohol binge-drinking, drugs and smoking, poor eating habits, and involvement with criminal activities and ended up in prison, all of which I think contributes to an unhealthy life. But since I joined CISA, my whole life and health has changed for the better. I and my family are trying to eat healthy now, and we all go to church. I no longer drink alcohol, smoke or take drugs, and in keeping fit, I have regular exercise at the gym, play sports and do a lot of physical work at home and in the community. Male CISA Student

This male teenage student described how his view of health became physically, socially, culturally and spiritually determined. His previous experience of health was dictated by his negative personal and family background, and his past history associated with drinking alcohol, smoking, and the culture of violence in his immediate family and home. This had a significant impact on the relationships between him, his siblings, their parents and their extended family. This all changed after he joined the CISA, which was managed by a Cook Islands Rugby League star, who had moved back from Australia. His tutors in CISA completely changed his attitude and general behaviour and lifestyle, hence his conception, view and value of health changed in a positive manner, as he explained.

When I visited this young man’s parents at their home to ask their permission to interview their son, they (in particular the mother) were overwhelmed with what their son has achieved, not only for himself, but also for the rest of the family. They are very proud of their son, not only for being top in his class, but because of the positive transition in his life which has also changed their whole family’s views and life. In particular, his mother explained how she and her husband used to drink a lot of alcohol and that violence was more or less the norm in their home. But since their son’s new life transformation, the whole family’s life has changed, and she and all the children go to church on Sundays. So in considering the family’s history and social background, I believe that if this interview had been conducted before his new life experience from the CISA, his response and views may have been very different. His story supports the views expressed by Ewles et al. (2004) and Scriven (2010) that what people say about being healthy often reflects a particular circumstance at that time, and as their circumstances change, ideas of what being healthy means are also likely to change.
From an Adult Perspective

The next story is from an adult male who also changed his life around, and became a changed person. During his teenage and young adult years, he was involved in all sorts of unhealthy negative behaviour:

“You see Neti, my life as a young man was not a good person, for I was brought up by my grandmother, and I did not know my parents. We had so much alcohol in our home when I was a young boy growing up, my grandmother and I use to make homebrew. I drank too much alcohol. I also smoked, hurt my family, was involved in so many crimes, and ended up in prison. But now that I have changed, I am also trying to change my lifestyle and to provide a better life and health for my family, and to be a better person to help out in our community.”

Male Key Informant

During his teenage and young adult years, this man was involved in many harmful activities: alcohol and tobacco abuse; drink-driving; and domestic and social violence. He was also involved in crime, mainly burglaries and stealing, and spent most of his life from a young age in and out of prison. While in prison, he tore pages from the Bible and burned them. Previously, people in Rarotonga, especially in his own village, feared him when he was out on parole. But since the changeover in his life, he now has a different view and attitude towards life, his family, and other people. He now goes to church, supports his children’s sport and school activities, and various community projects. He is a happy man now (in his own words) because he has been accepted and given a second chance in life by the majority of the people in his constituency, who elected him as their Member of Parliament in the last General Election in November 2010. In my view, his description of his past and current circumstances has shown how he views and values health and life.

So here is a man who did not know his parents, who was raised by his grandmother in a home where alcohol, smoking and violence were the norm. The cycle of his negative home environment continued through into his own adolescent and young adult years as a husband and father. However, at a certain point in his adult life, his view of health significantly changed not only for himself, but also for his family, especially after unsuccessful attempts to take his own life while still in prison. He decided that he had had enough of this unhealthy, unhappy and criminal life, especially as this was hurting his wife, his children, his family and other people in his community. He had to change, and adopt a healthier lifestyle, physically, mentally, socially, religiously, economically culturally and politically. When he got his last parole from prison in 2000, he started treating his wife, his
family and other people with respect, as well as getting involved with community work. It was during this time that I had my first encounter with him, when I asked him to participate in a Radio Talk back and Television Documentary during an Alcohol Awareness Week Campaign that I had organised as one of the health promotion programmes with the Youth, Sports and Gender Division at the Ministry of Internal Affairs. His life story and testimonies during this campaign really touched me and many other people. Since then, his positive attitude, behaviour and actions continued especially in his constituency, where he and his workers (mainly ex-inmates) in his building contracting company renovated the village community hall at no cost to the village. In the following quote, he reflects on his past, and on his life transition:

“When I think back now about all the money I have spent buying bottles of beer, smokes and drugs, and together with the months and years I wasted in prison, I could have easily bought hundreds of concrete blocks, and would have built maybe ten houses by now. But all this money has just gone in the wind - what a big waste! Since I’ve been out for good, (2000 – interview in 2009) I have built one new house and renovated my grandmother’s house for my family, plus another 8 homes for people in the communities at much cheaper prices.”

Male Key Informant

I strongly believe that the people’s decision to elect him as their Member of Parliament is an indication that the people in this community have decided to give this man a second chance in life. And in his concluding remarks during the interview, he stated that if sharing his personal life testimony could be of help to young men in similar situations, he would be very happy to be of assistance in any way he could. In addition, he also offered to participate in future health education and health promotion programmes. He now visits the prison regularly to try and convince inmates that life can be better if they change their attitude to life. I presume that if this interview had been conducted before the transition in this man’s life, his views and how he valued his health and life, and that of those he had hurt in the past, would have been much different, and would definitely be all steeped in negativity.

This man’s story and that of the young man earlier in the chapter have really touched me in a way that changed my whole perception of prison inmates, for not only did I dislike them, I also feared them. Conducting the interview with some of the young men in prison and hearing some of their stories was a real eye-opener and it really saddened me. It made me realise that many people outside the prison walls, including myself, do not know
or understand what sort of home or socio-economic background these young men have come from, and that these are the reasons why they committed the crimes they did. In many ways, I do hope that the findings from this research will provide some ways to help those who are in prison now, but most importantly to prevent other young people from entering through the prison doors in the future.

**Theme 2 - Freedom from Illness and Disease**

Some of the participants’ general conceptions of health relate to being free of illness and disease, as the following responses from a young woman and an adult male illustrate:

“Health is being free of diseases like asthma, high blood pressure, and diabetes.”

Young female from sports group

“Being healthy is not being sickly, or affected with diseases such as diabetes, hypertension, heart disease, lung disease like pneumonia, and sexually transmitted infections.”

Female Key Stakeholder

These participants’ perceptions are based on pragmatism and are concerned with the practical consequences of illness and disease. Their views are a reflection of their past health knowledge and experiences of diseases like asthma, pneumonia, high blood pressure, diabetes and heart disease. Their perceptions may also be due to the wide media and print publicity of health promotion programmes relating to cardio-vascular and respiratory diseases, which are the prime cause of morbidity and mortality in the Cook Islands (Cook Islands Ministry of Health Annual Statistical Bulletin, 2006).

Another participant’s description reflects a professional person’s perception of health, where health is seen as the absence of clinical signs and symptoms of certain illness or disease:

“Being healthy is not suffering or presenting with signs and symptoms of certain illnesses or disease. In some cases a doctor may order certain blood tests or x-rays to confirm the diagnosis, before prescribing treatment.”

Professional Female Key Informant

The above quote emphasises a western perspective where illness is conceived as representing a biological pathology, which subsequently requires diagnosis, treatment or intervention by a trained health professional.
Theme 3 - Physique, Body Shape and Image

This theme demonstrates the participants’ perception of a healthy young person as having a muscular build, conforming to an ideal body image:

“Being healthy is about being physically fit, for example by exercising at the gym or playing sports, and not being fat and obese, and having good personal hygiene habits and a clean body

Young male in culture and media group

The general view expressed by this young man is that in order to be healthy, a person should have a sturdy build, be physically fit, well groomed, and not fat or obese. Physical fitness can be achieved by doing more physical work, exercising in the gym, or by playing sports. He also emphasised the importance of having good personal hygiene, having a clean and well-groomed body, and being generally attractive. This is a traditional value modified by the contemporary stress on glamour and beauty pageants that are increasingly valued by the younger generation of Cook Islanders.

Traditionally, Polynesian populations, including Cook Islanders, value large body shapes, which are suggestive of health, wealth and prestige (Craig, Halavatau, Comino & Caterson, 1999). For example, Samoan women expressed more positive attitudes towards large bodies and were less preoccupied with Western ideals of size and shape than Australian women (Wilkinson, Ben-Tovin & Walker, 1994). However, a study of Cook Islanders by Craig, Swinburn, Matenga-Smith, Matangi & Vaughan (1996) found a predilection towards thinness. This suggests an increasing Western influence in the country.

Generally, being slim is the most popular body image valued in contemporary Western culture, especially among females. This now seems to be also preferred by young Cook Islanders, which is probably due to slimness being associated with positive qualities like attractiveness, economic success, self-control and self-esteem (McCabe, Fotu, Mavoa & Faeamani, 2010; Klaczynski, Goold & Mudry, 2004; Owen & Laurel-Seller, 2000). In recent decades, women and young girls have also been bombarded with media messages of popular slim film stars advertising make-up products, alcohol and other images of the “successful and attractive woman” (Thompson & Stice, 2001). In the Cook Islands, the promotion of the Miss Tiare, Miss Cook Islands and Miss South Pacific Pageant in some ways has encouraged this slim body image among young Cook Islands women.

For males, a muscular mesomorphic body shape, emphasising muscle mass and physical bulk, is also preferred in Western society. The young man who is popular with his
peers has a muscular, but slim athletic build and a small waist (McCabe, 2010; Klaczynski et al., 2004). Such a build is also favoured by some young Cook Islands men, especially those involved in the body-building association and exercising at the gym.

**Theme 4 - Having a Good and Happy Life**

Having a good and happy life involves a mental state of wellbeing characterised by positive feelings, and emotions of contentment and happiness.

>“Being healthy is living a healthy lifestyle and being happy. It includes eating a balanced diet, lots of fruit and veges, going to the gym, or doing exercises, and playing sports, not drinking too much alcohol, and not smoking cigarettes or marijuana.”

Young man in culture group

>“Health is about everything affecting a person and being able to do things for yourself. It’s about the physical, mental, social and spiritual aspects in life, and taking responsibility for your wellbeing and happiness.”

Female Key Stakeholder

Khan (2008) states that we are capable of maintaining our optimum health, energy levels and mental equilibrium in order to enjoy a happy and joyous life. However, in my research, not many participants identified happiness as relevant to being healthy when interviewed. There were only five participants (1 young man and 4 key stakeholders) who responded in this way, and the responses above are the views of the young man and one of the adult participants.

During my fieldwork in Rarotonga I attended several cultural and social gatherings during the Cook Islands Constitution celebrations, and witnessed many people, including young people, happily celebrating, singing, dancing, feasting, and just enjoying themselves in each other’s company. There was also lots of cheering, joy and happiness in other activities such as sports, cooking and eating by people from the Outer Islands, traditional hymn singing and much more. Similarly, just before Christmas, practically the whole island comes together at the National Sports Stadium for the annual Christmas in the Park, with many families, children, young and old people, just having fun and being happy in celebrating the spirit of Christmas.

Even though the participants, especially the young people, did not see the direct relationship between health and happiness, most of them displayed aspects of mental health and having high self-esteem as important to being healthy. These views are supported by a
study entitled *Happiness Enhances Health* by Rick Nauert (2006) which found that happiness and other positive emotions play a more important role in health than previously reported. Research found that people who are happy, lively, calm or who exhibit other positive emotions are less likely to become ill when exposed to cold virus, than those who report few of these motions. Perneger, Hudelson and Bovier (2004) also found in their study on health and happiness in young Swiss adults that the most impressive finding in their study was the strength of the association between mental health and happiness, both of which are strongly associated with feelings of being loved, enjoying close relationships and having high self-esteem. According to Lyubomirsky (2009) happiness is determined by our behaviours or intentional activities that can be regarded as happiness strategies. She described these activities as “evidence based happiness-increasing strategies” supported by scientific research. These include: expressing gratitude, cultivating optimism, avoiding overthinking and social comparison, practicing acts of kindness, nurturing social relationships, developing strategies for coping, learning to forgive, increasing the flow of experiences, savouring life joys, committing to your goals, practicing religion and spirituality, and taking care of one’s body.

**Theme 5 - Functional Ability**

Functional ability is a person’s capacity to perform certain tasks and activities that are necessary or desirable in the course of daily life. These are activities which allow a young person to socialise, work, or engage in other productive social activities without any limitations.

“Health is about everything affecting a person, and being able to do things for themselves. It’s about taking responsibility for your own physical, mental and spiritual wellbeing and happiness, like taking care of your own personal hygiene, growing and cooking your own food, and going to or getting involved with the church.”

Male Key Stakeholder

This man’s view takes a holistic approach to health, which reflects a person’s independence, being fully responsible for his own basic self-care activities of daily living, such as personal hygiene (bathing, showering, using the toilet), growing his own food, and being involved in church activities. Unfortunately, for some people, their capacity to perform these activities is impaired. This can be due to illness, injury following a motor vehicle accident, a sports incident, or conditions from birth. Therefore, they need some
form of assistance from another person, or special equipment to accomplish these basic
tasks in their home and community.

In the Cook Islands, people who are unable to care for themselves were usually
regarded as unhealthy, and they were cared for by the family or by a paid carer at home.
However, those with severe impairments or disabilities, such as hemiplegia as a result of
stroke, or quadriplegia as a result of fractured spine following a motor vehicle crash, are
also kept at home, but away from the public eye. However, since the Cook Islands
Government endorsed the United Nations World Programme of Action for Disabled People
(1982) the situation has improved. A Department of Disability Services within the Ministry
of Internal Affairs was established in 2002, and a Director for Disability Services appointed
to coordinate the development of a Disability Policy and Action Workplan for people with
disabilities in the country (Cook Islands National Disability Policy, 2008).

Since then most people with disabilities (both physical and mental) are seen and
publicly recognised, and they are accepted and treated as healthy citizens with rights like
everyone else. So today, people with disabilities are still cared for at home, but those who
have full or some mobility (with the use of crutches or a wheelchair) either attend Te
Kainga (a mental health centre) or the Disability and Creative Centre - both NGOs - during
the day, where some form of educational and recreational activities are provided by
specifically trained staff. In addition, they also receive a welfare infirmity benefit as well as
a carer’s monthly allowance from the Ministry of Internal Affairs (Cook Islands Disability
Policy, 2008).

According to Geron (2002) there are two levels of functional ability. First is the
most basic activity of daily living in the areas of personal care and mobility, for example
walking, eating, bathing, dressing, using the toilet and getting in and out of bed. These are
basic physical functions that maintain independence, and are useful benchmarks for
measuring the effects of rehabilitation. The second is the instrumental activity of daily
living which encompasses more complex tasks, such as using a telephone, taking
medication, managing money, shopping, remembering appointments and using local
transport. These are more heterogeneous activities necessary to live independently in the
community. Difficulties in managing these may be due to a combination of physical
problems, memory impairment, and lack of motivation due to depression (Greenglass,
Fiksenbaum, & Eaton, 2006).
Theme 6 - Health Promotion Behaviours

The majority of participants in this study defined health in terms of health-promoting behaviours which target more abstract long-term benefits, such as having healthy lifestyles related to good nutrition and eating habits, engaging in physical activity and exercise, playing sports, and having adequate rest and sleep:

“My understanding about being healthy is related to our eating habits, and the type of food we eat. To be healthy, we need to eat healthy food like fruits and vegetables, and less unhealthy food like junk food. In addition we must also do physical activities like exercise and play sports. This will prevent us from being obese.”

Young man from church group

An interesting factor about the responses from nearly all the participants from the focus groups, stakeholders and key informants interviewed is that their definitions and views about health or being healthy are related to the physical aspects of health. That is, they all refer to the particular health behaviours of diet and nutrition, physical activity, exercise, and personal hygiene. This may be due to the fact that there have been numerous active health education and health promotion campaigns (such as workshops, seminars, public forums, print materials, and media campaigns by radio and television) by the Ministry of Health and other government organizations and NGOs concerning good nutrition, physical activity and exercise (MOH, 2007).

These health education and promotion programmes were targeted at reducing obesity and the incidence of cardiovascular diseases such as diabetes, hypertension and coronary heart disease, which are currently the leading cause of morbidity and mortality in the Cook Islands (MOH Health Bulletin, 2007). In addition, the concern for cardiovascular diseases is a priority agenda as identified in the Ministry of Health Strategic Plan (2006). The participants’ responses suggest that health education and promotion information has been delivered. However, statistics collected by the Cook Islands Ministry of Health (2006-2008) show that this has resulted in little behavioural change. Studies carried out by Tairea and Avare in 1991 and 2003 in the schools in Rarotonga, have shown that rates of overweight and obesity are still on the increase. The programmes have been health education only and focussed on personal skills and have not addressed the other necessary action areas specified in the Ottawa Charter.
Theme 7 - Avoiding Risk-Taking Behaviour

Most of the participants described health in relation to young people’s risk-taking behaviour, and in some cases it is also associated with health promotion behaviours:

“Health or being healthy in my view is about eating the right food, i.e., plenty of fruit and vegetables, low-fat food and less junk food... but there are some young people who don’t take proper care of their body, they get involved with drinking alcohol and drink-driving, and smoking cigarettes.”

Young Female from Church group-

The participant’s definitions above reflect both a positive and negative view of health in that they identify positive behaviours such as eating a healthy diet, engaging in physical activity, while at the same time recognise the negative impact of abusing their bodies by overeating, drinking alcohol, and smoking. As earlier studies have shown, these are widespread and continuing problems (see Chapters 2 and 3).

In general, risk-taking behaviours increase with age during adolescence, and are considered by some to be a normal part of adolescent development, when young people experiment with health risky behaviours. These unsafe behaviours such as overeating, eating unhealthy food, drinking alcohol, tobacco smoking, drug abuse and unprotected sex tend to cluster together (Lytle, Kelder, Perry & Kelp, 1995; Brindis, Park, Ozer & Irwin, 2002). Millstein and Halpern-Felsher (2002) found that young people often initiate a specific behaviour that is associated with an increased risk of adverse health outcomes because that behaviour is perceived as having great social benefit. For example a young person may acknowledge that smoking cigarettes will increase the risk of lung cancer, but will start, or continue, to smoke because he or she perceives that the behaviour will make them more popular and liked by their peers (Millstein & Halpern-Felsher, 2002).

Theme 8 - Holistic Aspects of Health

Both the young and adult participants expressed holistic views and experiences of health. These concepts involve a person’s physical, mental, social, spiritual, cultural, economic and political situation. However, in the participants’ responses, not all the dimensions stated above are reflected:

“Being healthy is looking at the many things that affect a person, such as the physical, mental, social, environmental, cultural and spiritual factors, for example eating healthy food, having physical activities like exercising and island cultural dancing, having a clean and safe environment and participating in church activities.”
Young man from cultural group

“Health definitely is holistic, and it involves a lot of different dimensions which intertwine with each other. These include the physical, mental, social, cultural, economical and spiritual wellbeing of a person. Sometimes one part is right, and sometimes the other part is not right. In other words, for someone to be healthy, he or she will need to take a holistic approach to their physical, mental, social, cultural, economical and spiritual being in order to attain good health.”

Female key informant

The participants’ views of health expressed in the above quotes endorse the viewpoint of Ewles and Simnett (2003) and Kelleher et al. (2009) recognising the holistic ecological approach to health. This means that for someone to be healthy, they must take note of all the different dimensions of health. The health promotion school curriculum, discussed above, was designed with this in mind.

From a Pacific perspective, some authors (Toafa, Losa & Guthrie, 2001; Drummond & Va’ai-Wells, 2004; McMullin, 2005) argued that health is linked closely to cultural identity. Furthermore, health is considered a societal resource that gives meaning to an individual’s place and actions within a community context (Ewalt & Mokuau, 1995). Pacific people recognise that health is a dynamic state, that each person’s potential is different, and that each person’s health needs are different. Thus, working towards good health and wellbeing is both an individual and a societal responsibility, which involves empowering people to improve their quality of life (Capstick, Norris, Sopoanga & Tobata, 2009). Health is also seen as a holistic perspective with an understanding that comfortably brings together and secures human and environmental health into an ecological whole, that fits in well with the health promotion concept evident in the “Yanuca Island Healthy Declaration on Health in the Pacific in the 21st Century” signed by the Health Ministers of 14 Pacific Island Nations, and endorsed by WHO (1995).

(i) Physical Dimension of Health

The physical aspect of health is the best known aspect of health, and it is concerned with the mechanical functioning of the body. It is about the soundness of our body, freedom from diseases or abnormalities, and it is an important part of the overall wellbeing of a person, including being fit and alert, having endurance, and strong bones and muscles:

“Our physical health and wellbeing is a priority, and it involves having good nutrition with regular healthy meals, training or exercising our body to be fit,
and having adequate rest and sleep. However my personal interest is in tennis, which I am very keen on, but it can be a cost factor for my family.”

Young man from NGO group

This young man’s view of physical health involves taking care of one’s body with proper nutrition, physical activities and exercise, adequate rest and sleep. Having good personal hygiene, a good attitude and positive behaviours can also defend the body, and build up immunity against infections from bacteria, viruses or parasitic infestations. Although the physical domain of health is the focus of this particular section, this young man’s view also displayed the economic implications, in that he was unable to pursue his interest and passion in tennis as a form of physical activity, due to the cost involved in getting proper coaching sessions at a private school of tennis run by a professional coach at one of the popular hotels.

(ii) Spiritual Dimension of Health

Spirituality has become a major interest in health and is widely discussed in many disciplines and professional practices. Nearly all the participants who spoke of spiritual aspects of health described health as being connected with sacred elements of one’s Christian beliefs and the Divinity of God:

“Keeping healthy also includes having spiritual needs, which involves going to church.”

Young woman from church group

“Health refers to the wellbeing of a person as a whole. It’s about living in a good clean home, eating healthy food, and good personal hygiene. Koia oki, ma e te meitaki te oraanga kopapa e te oraanga vaerua e te Atua (translated as: having a clean and healthy body, as well as a spiritual and Godly life).”

Key Stakeholder - Female

The first quote by a young woman defines spirituality mainly from a religious point of view, and that going to church contributes to being spiritually healthy. The adult woman, on the other hand, stressed the importance of not just having a clean and physically healthy body, but also being spiritual and connected to one’s soul.

However, in the next quote, a young man is embracing the viewpoints expressed by Pouliot (2007) and Egan and Swedersky (2003). His views describe how getting involved with the Assemblies of God Church changed the meaning and value of his own health and relationships, and brought a positive new life with his family:
“Knowing God has helped with the spiritual side of my life, and has impacted a lot on my life as well as my family. Before my change in life, my parents, sisters and brothers would never go to church, and alcohol was always part of our family’s life. I now care and have respect for my parents and families and other people.”

Young Male student from CISA

(iii) Cultural Dimensions of Health

The meaning of cultural aspects may vary, depending on how and when the word is used. The response by this young man reflects his belief and value in his Cook Islands culture and identity.

“Learning your culture as you grow up is an important part of your health and identity. Your history and language makes it meaningful and adventurous for you. The museum holds a lot of historical artefacts and stories, as well as traditional environment sites like the marae, and the track across the island.”

Young man from NGO group

This young man’s view is that knowing and understanding Cook Islands historical events, cultural activities and the Maori language is a very important part of a person’s health and identity. Cook Islands crafts, arts and traditional sites (marae) for bestowing of chiefly titles are also important aspects of one’s cultural heritage that allow indigenous people to know who they are. The walk across the Rarotonga island track is a new tourism promotion venture related to cultural sites and places. However, it can also be interpreted as a physical health promotion activity, because it requires very strenuous climbing. It starts on the town side of the island, continues up the hills and mountains, and then crosses the island and descends on the other side, ending at the only waterfall on the island. The cultural concept in this particular activity is the respect for the traditional customs, in that a local person who has special knowledge and mana must lead the group with a prayer before starting. This is important, for there have been events in the past where some tourists who went on their own became lost or were injured on the hills and mountains.

There are other diverse conceptions of health and they vary across ethnic and cultural boundaries. For example, the meaning of health described by indigenous people in Pacific countries like New Zealand, Samoa and Fiji include family, language, spirituality and land, as described by Durie (1985) and Laing and Mitaera (1994), discussed in Chapter 3. Having an understanding of these ethnically specific cultural concepts is important, especially in view of the multi-cultural populations of migrants currently living in the Cook Islands. These are primarily Europeans, Papa’a and Maori people from New Zealand,
Samoans, Philippinos, indigenous Fijians and Indo-Fijians. There are also many Cook Islanders living a transnational life in New Zealand and Australia, moving backwards and forwards, to and from their homeland.

(iv) Mental and Emotional Aspects of Health

Usually, people are considered to have good mental and emotional health if they do not present with signs and symptoms of a mental illness. Mental health is defined as a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community (WHO, 2007). Mental and emotional health are closely associated with each other, although mental health is often related to a person’s ability to think clearly and sensibly. Emotional health refers to how a person expresses feelings of fear, anger, sadness, joy and happiness. Emotional health can also relate to how a person handles feelings of stress, depression or anxiety.

“Mentally and emotionally, we all need good relationships with other people like having friends to talk to, or getting involved in other organisations as you grow up... one needs to be proactive both in body and mind.”

Young man from NGO group

This young man’s view is that for someone to be mentally and emotionally healthy, they need to cultivate good quality relationships with families and friends, get involved and make a positive contribution to other people. In particular, parents have the earliest and most lasting impact on young people, provided that they are parenting in positive ways (Collins et al., 2000; Arney & Scott, 2010; Laser & Nicotera, 2011). From an early age, parents influence whom their children meet and form relationships with (Collins et al., 2000). Peer relationships between young people take place in a number of contexts, and include friends, classmates, workmates, and romantic partners. Peers can also have an impact on the way that young people develop, and bring about both good and bad outcomes (Laser & Nicotera, 2011). Some young people are more vulnerable to influence from their peers than others. According to Collins et al. (2000), young people from authoritative and nurturing families with good monitoring and support are less open to pressure to misbehave than those from authoritarian families. A study by Laible, Carlo & Rafaeli (2000) suggested that the impact of parents is greater than that of peers, but the best outcomes occur when a young person has positive relationships with both parents and peers. However, the impact is
often short-lived, with young people reverting to become more similar to their parents when they reach adulthood (Collins et al., 2000).

(v) Social Aspects of Health

The concepts of social, physical and mental health form the three pillars of most definitions of health. This is due to the fact that social health can relate both to society and to individuals. For an individual, the social aspects of health refer to how he or she gets along with other people, how other people react to him or her, or how they interact with social institutions and society’s customs and conventions that embrace the fundamental values of the community in which they live (Russel, 1973). This is reflected in this young man’s definition of health:

“Being healthy in my opinion is also having a good relationship with my parents, brothers and sisters, extended families, and friends in our sports and cultural groups.”

Young man from Cultural Group

This young man’s idea of the social dimension of health relates to the social process of interacting with others in meaningful ways, and how one can acquire the appropriate skills and attitudes for a healthy level of wellbeing. His views are that social health is about having good relationships with his family, friends and peers in social groups like sporting and cultural dance groups.

Mutual social support is commonly viewed as an aspect of social health because it weakens the effect of stress, therefore reducing the incidence of disease. It also contributes to positive adjustment in children and young people, and therefore encourages personal growth and a sense of community cohesiveness. The concept of social capital, which refers to the extent of feeling of mutual trust and reciprocity in a community, encapsulates some of these aspects of cohesion (Anand, 2007; Keleher & MacDougall, 2009).

(vi) Environmental Aspects of Health

The environmental aspects of health comprise various elements such as clean air; clean water; well-designed housing; clean surroundings; adequate sewerage and sanitation facilities; access to fresh, wholesome food; clean and safe meeting and recreational places; access to safe transport; and the preservation of traditional land tenure and cultural sites and practices (Keleher et al., 2009). The most common areas identified by the participants are those relating to people’s homes, public grounds and their surroundings.
“Young people are very helpful and supportive in their homes and communities... working bees for general clean-up activities for the twice-a-year Public Health “Tutaka”, and before, during and after cyclones.”

Young man from church group

Most participants referred a lot to the cleaning of peoples’ home environments which they take pride in keeping clean and tidy. The Tutaka programme is a national programme where an inspection of every home and premises is carried out by the staff of Public Health twice a year in June, before the Constitution Festival, and in December before the Christmas and New Year festive season. This is held in collaboration with other government organisations and NGOs, such as the Ministry of Works, which is responsible for water and sewerage, and Police, who are responsible for unregistered, wild, roaming dogs. In addition, the Women’s Child Welfare Association - an NGO group of women who work closely with the Public Health Nurses - check homes where there are young babies and children. Health Inspectors also ensure that settlement areas are clear of domestic animals, especially pigs, which must be kept at least 30 meters away from residential areas. They also ensure clearance of rubbish and breeding places for mosquitos and other pests, to prevent diseases like dengue fever from reoccurring. If a particular home is not clean, the owner will be issued with a warning letter to clean it within two weeks. If this is not done, they can be prosecuted by the court.

“Young people are involved in community environmental programmes work such as cleaning the environment and beaches, which is a specific project by young people in Takitumu. There is also the Taporoporo Raui lagoon conservation programme organised by the traditional leaders.”

Young man from NGO group

The Takitumu Environment Programme is a voluntary group of young children, youths and adults who regularly clean up the rubbish on the beaches in Vaka Takitumu. These beaches are popular with the tourists who stay in hotels and motels along the beachfront. The Taporoporo Raui conservation programme places a certain section of the lagoon under conservation by the traditional leaders’ group, the Koutu Nui. This means that no one is allowed to remove any fish, seaweed or seafood from the area for a certain period, usually 6 to 12 months. After that, a special ceremony with prayers is held, and the whole village is allowed to enter and fish in the lagoon again.

“The general trend now is that this generation of young people’s standard of health is related to the environment that they live in. What they see of their
friends, media, music, television, and celebrities, influence their behaviour, lifestyle and eventually their health.”

Male Key Stakeholder

This adult participant’s views refer to the urban environment on Rarotonga resulting from the internal migration from the outer islands and from overseas, mainly Fiji and the Philippines. This has caused a change in human activities, and the structures associated with them. The recent recruitment of migrant workers from Fiji and the Philippines, together with the technological developments of television, the computer, the internet, mobile phones and iPods that flood into Rarotonga will undoubtedly have a significant impact on the behaviours and health of young people.

5.2 Summary

The identification of various aspects of health by the participants highlighted the complexity of the concept of health. Each of these approaches has its own value, but no one approach is universally valid in a way that provides good health for all people (Duncan, 2007). However, Naidoo and Willis (1998) pointed out that dividing a person’s life into different categories sometimes imposes an unhelpful distortion of the situation. For example, sexual health crosses all these boundaries, and many aspects of health are interrelated and interdependent, so that a holistic view is of much more benefit to young people and those who work with them.

PART 2: WHAT ARE THE POSITIVE CONTRIBUTIONS BY YOUNG PEOPLE?

Generally, the young people interviewed devote a significant portion of their time and energy to willingly improving their own health and wellbeing. They also contribute to the health and wellbeing of their families, communities, children, the disabled, the elderly, and other young people in Vaka Takitumu and the Cook Islands.

“There are young people who do quite a lot of positive things in their life and their families and communities. For example, I was invited to the Cook Islands Students Association’s graduation dinner in Auckland, and I was so happy to see many Cook Islands students graduate with their degrees from the University of Auckland. I am sure their parents and their home islands are very proud of them.”

Female - Traditional Chief
“Young people do contribute positively and help a lot in the Vaka Takitumu activities. For example, young people represent their village in sports activities, help with community work like cleaning the village environments and beaches during Tutaka and following hurricanes. Also, by helping families in the plantations, feeding animals, fishing, and also economically by contributing to financial needs in the homes. They also participate in cultural activities, such as dancing ..., and support school activities in the Vaka Takitumu especially during fundraising and parents’ day activities.”

Female Key Informant

Often young people’s contributions are either through their own initiatives on a voluntary basis, or when called upon to do so by others. Of significant importance is the positive response to the contributions of young people by almost all the adult participants interviewed. For example, the traditional chief from Takitumu expressed her happiness at seeing the success of some Cook Islands students in continuing with their own education by graduating from University of Auckland. Other adults acknowledge the contributions of young people through sports, the church, cultural, educational, financial and community activities. The adult participants appreciated these voluntary contributions in the communities especially during pre-cyclone cleaning preparations, or after a cyclone occurs.

**Theme 1 - Good Role Models and Leadership**

Some of the young people interviewed indicated positive feelings that they had about themselves. These feelings arise and develop from social interactions which a young person has with others, and from the individual’s concern about how others react to them as good role models and leaders.

“For me, being a good role model to my younger brothers is the best thing I can do for them and my two sisters. Since my change, I now have a good relationship with my siblings and my parents. We don’t argue, fight and swear anymore. I also want to have a good relationship with my friends, and be a good role model to them in the church, our village and our sports team. I am a youth leader now in our church and community. We have a group of young men in our village ....... and we go and cut people’s lawns and clean old people’s homes identified by our adult leader in the village.”

Young Male - student

The qualities with which this young man identified himself indicate the positive opinion he has of himself. Bandura (1997) described this as self-efficacy, which refers to the young person’s belief that he has some control over what happens to him. It is also part of self-esteem, which includes a sense that life has a purpose. In other words, young people with these assets have positive views about themselves and their ability to influence their
lives, and they have positive expectations about the future and about what they can accomplish (Laser et al., 2011).

So the young man’s quote above indicates that since his new experience with CISA, his perception of himself has changed, his self-esteem has improved, and thus his outlook in life for himself and his family has also changed for the better. His prime focus is not just his personal development, but also that of his whole family and the other people around him.

**Theme 2 - Contributions to their Homes and Families**

Many young people (often at very young age) in Pacific cultures assume the roles of surrogate parent or caregivers to their younger siblings and grandparents, especially when both parents have to work. This is mentioned by both young and adult participants.

“**Young people are very supportive and helpful in their families and communities, with many helping to look after younger children and grandparents, They also assist with financial support through working in family plantations, fundraising activities, general cleaning in the homes, and with community working bees during national biannual Tutaka (village inspection), and village clean up during pre and post cyclone seasons, and also during mosquito-borne disease outbreaks such as dengue fever.”**

Young male from Church group

This young man’s response demonstrates what usually happens in an extended family in the Cook Islands, where the responsibility for raising children is a communal effort shared by members of a large family. Everyone in the family, especially older children, grandparents, aunties, uncles and cousins, participates in caring for younger children and elderly parents. This communal type of living reminds me of my own childhood years, growing up in a small island village, where my parents knew all of my friends and their parents. Sometimes it was acceptable for us children to stay for long periods or a sleepover with grandparents, our neighbours or friends. Each adult in the community makes it their responsibility to watch over us and protect us as children, whether we are walking to school or playing, and at times they even correct us if we need it. As an adult and grandparent now, I can understand and appreciate the ideology behind one of the most meaningful African proverbs, “**It takes a whole village to raise a child**”. This illustrates the African view that emphasises the values of family relationships, parental care, self-sacrificing concern for others, sharing and hospitality in a village community (Healey & Hinton, 2005).
Theme 3 - Educational Contributions by Young People

Education in the Cook Islands is free, and there are students who do well and continue with their own personal development by completing their secondary education, and then proceed to tertiary education, either at overseas institutions or through the Extension Studies programme of the University of the South Pacific Extension Centre in Rarotonga.

“There are a lot of young people who pursue their own education and do well at secondary schools, and some of them have gone on to universities overseas. Some participate in training for example, cooking or chef and house-keeping training at the Cook Islands Hospitality Training School at Ngatangiia, or trade training like mechanics, carpentry and plumbing at the Cook Islands Human Resource Training Centre in Arorangi.”

Female Key Stakeholder

Those who do not go to university may attend hospitality training in cooking, waitressing and hotel room-servicing at the Cook Islands Hospitality Training, or for trade training in plumbing, mechanics, or carpentry at the National Human Resource Training Centre.

However, not all students reach their maximum goals. Sometimes, this is for reasons beyond their control. For example, a student might have an unsupportive parent or home environment. In these situations, some young people drop out of school prematurely and become involved in criminal activities. Usually these young people and their parents are not aware of programmes like those mentioned earlier, or they are not motivated to seek further education at the institutions previously mentioned. This may be due to fear of being stereotyped, discriminated against because of their past behaviour, or simply because they are shy or ashamed of not knowing how to apply or what to say when applying.

Theme 4 - Economic Contributions by Young People

Young people contribute in many ways to the economic situations of their families and communities as indicated by this young man:

“There are a lot of good positive things young people do in their families and communities, such as helping around the homes, cleaning, working in the plantations, helping to look after children and older people (grandparents), fishing and helping out with money....also helping with buying food or little things needed in the home.”

Young male from peer educator group
Traditionally, young people who are still attending school do not financially contribute to their homes, but nowadays, some of these students have part-time jobs and they are able to contribute to their family’s home expenditure, or to assist with a sibling’s school needs. However, finding employment in competitive conditions especially during this global financial crisis is not easy, but many young people do find ways to contribute to easing the financial hardship in their families and communities, either monetarily or through unpaid work.

**Theme 5 - Young People’s Spiritual and Church Contributions**

In the Cook Islands, spirituality is usually connected with church or religious belief. Many young people have connections to, or are involved with, church activities, especially in the newly introduced churches like the Assemblies of God, Revival Church, Apostolic Church and Cornerstone Church.

“In the churches, young people participate in youth programmes such as the choir, a band, bible studies, or uniformed organisations such as Boy Scouts or Girl Guides, as part of their spiritual development. They also play key leadership roles within their churches in training younger members.”

Young man from church group

For those young people who remain in their traditional churches like Cook Islands Christian Church (CICC), the Roman Catholic Church or the Seventh Day Adventists many join in with church youth groups and uniformed organisations such as the Boys Brigade and Girls Brigade, Boy Scouts, Girl Guides, and the Pathfinders in the SDA Church.

However, there are some young people who struggle with harmonising traditional values and expectations with modern western values in order to establish a new spiritual identity for themselves. For example, in the CICC, senior members are very traditional in their worshipping protocols, such as the singing of the traditional hymns, and not allowing musical instruments like the guitar and drums to be played in the church. This may be culturally and spiritually appropriate to the older church members, but to the young people, this can be non-stimulating and boring, as reflected in the following quote:

“Some of our leaders in our church are very traditional in their beliefs and value and will not allow the playing of guitars and drums in the church service, and as a result we are losing our young people to other churches like the Apostolic, AOG, Cornerstone and Revival Churches.”

Young female from church group
Young members today prefer worshipping in a lively, joyful and happy way by singing and playing modern musical instruments in their churches. Unfortunately, the older leaders and members of the traditional churches like the Cook Islands Christian Churches are still fixed upon their traditional type of worship and singing. Some young people think that this may be the reason why many of the younger members have moved away to other newly-introduced churches like the Assembly of God Church, the Apostolic Church, the Revival Church and the Cornerstone church, who are flexible and accommodating, and allow guitars, drums, rap music, drama and dancing as part of worshipping.

**Theme 6 - Young People’s Contribution to Sports**

Besides church organisations, sports activities provide the most popular social activities in which young people in the Vaka Takitumu and the Cook Islands are involved. Various sports such as rugby, netball, soccer, league, athletics, and tennis are part of village competitions. In some codes, some outstanding players are fortunate to be selected to represent the country at overseas competitions as described by this young man from the sports group:

“Sports activities are the most common activities that young people are involved in. Young people represent their schools, villages or islands in interschool/village/island sports competitions like rugby, league, sevens, touch, basketball, netball, tennis and athletics. Sometimes the best players are selected to represent their school, club, island or even the country at international competitions.”

Young man from sports group

For young men in the Cook Islands, playing rugby affirms values and aspirations that emphasise masculinity, and rugby is often associated with other pleasures such as body contact, skill, speed, social relationships, a sense of belonging and acceptance. For young women, their sports activities traditionally tend to be less dramatic than those of young men. However, some young women today are playing contact sports like rugby and football, which used to be the men’s domain. In the past few years and with the introduction of new sports games like touch and soccer, there are now mixed teams with both male and female players. I presume that the females now have the same values and aspirations of young men when playing, but perhaps they play for reasons of gender equality, too.

“In the past most of the young boys and men usually played contact sports like rugby and league, while the girls played mainly netball. But since touch
“and soccer started here in the Cook Islands, there are now mixed teams of both young men and women playing together.”

Young woman from sports group

Over the past few years, there has been great interest in new sports such as the Vaka Eiva paddling and sailing, which has attracted huge interest from overseas groups from Hawaii, Tahiti, New Caledonia and New Zealand. Every year, the Cook Islands host the Vaka Eiva competition which brings many teams of paddlers from these countries.

“Sport is one of the key areas where young people are involved by representing their Vaka, school, village, and island in local sports competitions like rugby and netball. Recently the Vaka Eiva paddling and sailing competition has become very popular. Sometimes young people are selected to represent the country at overseas games like the Oceania competitions, South Pacific Games, Commonwealth Games and Olympics.”

Young man from sports group

The Cook Islands Sports National Olympic Committee (CISNOC), a non-governmental sport organisation, has been successful in promoting sports like rugby, netball, touch, soccer, volleyball and athletics in schools, villages, the islands and at national and overseas competitions at international games like the South Pacific Games, the Oceania Games, the World Cup, the Under 21 and the Commonwealth Games. And for the first time, the Cook Islands was able to send representatives in athletics and swimming to the 2008 Olympic Games in Beijing. Young people’s participation in sport is an important contribution towards their physical, mental and social health and wellbeing.

**Theme 7 - Young People’s Contribution to the Community**

Young people also do voluntary service in the community in which they live, as well as other community programmes, as stated in the quote below:

“*Young people are very supportive and contribute to the welfare of their families and communities by participating in general cleaning around the villages and vaka, in plantations, schools, villages, and also in fundraising activities in schools, churches, or NGOs like Rotaract, Child Welfare Association (CWFA) and many others.*”

Young female from Church Group

Young people also participate in community clean-up programmes before the cyclone season, from the month of October to March every year. Small Pacific countries like the Cook Islands are very vulnerable to cyclones. The pre- and post-cyclone activities involve cutting tall trees (close to peoples’ homes or electric power poles), and cleaning
storm-water drains and underneath bridges. If a cyclone hits the country, the young people work voluntarily to clean up the after-effects and debris.

“Some young people belong to several NGOs, for example, the “Rotaract” (Young Rotarians), and they organise a “Christmas in the Park” festival every year in Rarotonga. The money raised is donated to various charitable organisations such as the Hospital Paediatric Ward, Are Pa Metua (a day-care centre for elderly people), Disabled People Centre, Te Kainga Mental Health Centre.

Young Male from NGO Group

The Rotaract is a junior version of the International Rotary Club, which consists of young people who volunteer their time to work with community or charitable projects. Every year, just before Christmas, this group of young people organises a national “Christmas in the Park” festival as their main fundraising event for the year. Since the launch of their first festival a few years ago, it has grown to become a hugely popular and successful event which gets bigger and better every year. Practically the whole island of Rarotonga participates. A pleasing part of this voluntary effort by these young people is that the funds raised each year are donated to a specific charity organisation, for example, Te Are Pa Taunga (a day-care organisation for elderly people), Te Kainga Mental Health Centre, the Cook Islands Disability Centre, the Punanga Tauturu Counselling Centre (mainly for women and children victims of domestic violence), or the Hospital Comfort Committee for the Paediatric Ward in the National Hospital. Rotaract, in collaboration with the Youth Officer on each of the Outer Islands in the Southern Group, sometimes organise the children from these islands to gather at their airports to meet the “Flying Father Christmas” who is flown to these islands, courtesy of the local airline, Air Rarotonga, to extend Christmas blessings and distribute presents to the children.

Theme 8 - Cultural Contribution by Young People

According to Crocombe & Crocombe (2003), the Cook Islands culture has many faces, which are moulded by its Polynesian heritage. Cook Islanders generally refer to their culture as relating to creative arts such as dance, music and song, chant and drama, carving and painting, weaving and tattooing, oral traditions and writing.

“Young people take pride in their culture, especially their music and dance which is well known in the Pacific Region and worldwide. They are also very creative in arts and drama, music, and dancing both traditional Cook Islands and contemporary.”

Young male peer educator
There have been some misconceptions and expressions that equate Cook Islands culture with mainly traditional festivals of singing and dancing. There may be some justification for this, since the art of singing and dancing to the rhythmic beats of the pate and drums is taken seriously by both young and old. Each island has its own special music and dances, and these are practised from early childhood. There are numerous competitions throughout the year on each island, and once a year all the islands come together in Rarotonga to celebrate the nation’s attainment of self-government from New Zealand in 1965. This is a whole week of cultural dancing with competitions for prize money and a trophy.

“The young people are involved in cultural and community work such as cleaning the village environments and beaches, rau i or conservation of certain sections of the lagoon, cultural groups like the Taakoka and Orama Dance team that usually entertains tourists in hotels, and the Takitumu Cultural Group that represented the Vaka Takitumu during the Cook Islands Maire Nui Constitution Competitions, and won three times.”

Female key stakeholder traditional leader

But culture is much broader than dancing and singing. Most young people, according to Ryan (2008), have a strong cultural value base that provides a good foundation for life and citizenship. However, some young people find it difficult to balance traditional values and expectations with western values in establishing a secure identity for themselves. Despite this struggle, the overall feeling amongst young Cook Islanders is that they are very much connected to and proud of their Cook Islands cultural identity. They still love their traditional Cook Islands crafts, music, singing, and dancing, which they practice on the appropriate occasions, as shown in the quotes above. Tourism also promotes the cultural aspects relating to entertaining, the natural history of the people, the island lifestyles, and the physical environment with its vegetation, flora, birds, lagoon and traditional marae sites.

“I have found the young people are very passionate about their culture. Every year, during Maire Nui to provide help and support in choreography, or in composing songs, making costumes, singing, and drumming.”

Female Key Informant

Apart from the cultural aspects mentioned above, there are other aspects of Cook Islands culture seen today. For example, a changing political, religious, economic and corporate culture, intercultural marriage, migration, tourism, and crime and violence are now experienced in the Cook Islands (Wichman, 2003).
5.3 Summary

The contributions presented above are highly diverse, and they all take a positive approach, that enhances the voluntary contributions of young people in the Vaka Takitumu and the Cook Islands as a whole. Moreover, these views emphasise young people’s strengths, abilities, and potentials that establish and create motivation, high self-esteem, spirituality, and hope.

For most young people, the transition from being a child to a young person and then an adult involves much more than a linear progression of change. Some make good progress, but others are increasingly faced with the demands and stresses of these changes. However, despite these demands and negative stereotyping, many young people somehow learn to enhance their capacity to manage and thrive in an increasingly uncertain, complex and pressurised society (Wyn, 2007). In many instances, social expectations take on positive new meanings for young people, whereby they become involved in their families and their community’s welfare and in development programme activities. Young people contribute positively, and they make tremendous differences to their own success by such things as the friends they choose, the attitude they have towards education, and the decisions they make about who they are, and where they want to go in life (Maclaren, 2002).

The focus of this particular theme is on young people’s strengths rather than those things that are problematic or pathological (Wolfe et al., 2006). Making a positive difference to the lives of young people involves the people who care about them, or who come into contact with them. Young people need their support to develop the necessary skills and attitudes to positively participate in society and to grow into constructive and confident individuals with a high level of good health and wellbeing (McLaren, 2002).

One way to begin this process is to surround young people with positive influences, and to listen to their stories and narratives. That way we can understand their world views, which may be anchored and supported by dominant cultural discourses (Geldard, 2009).

PART 3: WHAT ARE THE ISSUES AND CONCERNS OF YOUNG PEOPLE?

This section provides an overview of the common issues and concerns expressed by both the young people and the adult participants, drawing on the changes in social, economic, technological, cultural, spiritual, political and environmental conditions. For
some of the participants, their journey in life has been in a safe and happy home environment which provided them with a stable upbringing as healthy individuals. However, there are some who have faced many challenges as they navigated their journey through their transition to adulthood. Many have struggled, and the things that many of us take for granted, such as a safe and happy home, healthy food, a good education, and loving, caring families are absent in their lives. These young people face issues such as family conflict and violence, substance abuse, mental health problems, even before they can take care of themselves as independent individuals.

**Theme 1 - Substance Abuse – Alcohol, Tobacco and Drugs**

Both the young and adult participants in Vaka Takitumu and Rarotonga identified substance abuse as the main issue of concern. The term ‘substance abuse’ covers a wide range of drugs, both licit and illicit and includes alcohol, tobacco and other drugs. Although they mentioned drugs and tobacco in the interview, alcohol was the main concern expressed by all age groups.

(i) **Alcohol Abuse**

Almost all the participants interviewed identified alcohol as the most prevalent recreational substance used and abused by young people in Vaka Takitumu and Rarotonga, as indicated by the following participants:

“Alcohol is the number one concern for young people in Vaka Takitumu and the Cook Islands as a whole. In my view, it is also the number one contributing factor to many of the other problems faced by young people and the country as a whole. Young people are drinking too much alcohol and then driving and speeding, causing motor vehicle crashes and injuring themselves and sometimes other people on the road.

Young Male in Media Group

The alcohol drinking culture in Rarotonga is especially a concern, as it is the main contributing factor to many of the issues faced by young people. For example, alcohol is not only consumed by young people in large quantities and at frequent intervals, but the age at which young people start drinking has reduced in the Cook Islands. Studies conducted in the Cook Islands by Herman (1993) and the Department of Public Health (1999) show that the number of young people who consumed alcohol increased from 87% in 1993 to 92% in 1999, and moreover that they started drinking at a younger age, some at eleven years. There is also evidence which suggests that problem behaviours like alcohol, drug abuse, and cigarette smoking cluster together (Jessor & Jessor, 1987).
“Alcohol is the number one issue in the Cook Islands today.... We don’t have alcoholics but heavy drinking in one go (‘binge drinking’) especially during the weekend..... is a real concern especially for young men and also young women. Often, alcohol is the cause of many other issues like motor vehicle crashes ... teenage pregnancy ... rape and violence, and suicide.”

Male Key Informant

Extensive evidence shows the harmful effects of use and abuse of these substances, which is reflected in the participants’ responses. According to the comments by most participants, high levels of alcohol intoxication are related to many health and health-related problems and injuries, through drink driving, causing motor vehicle crashes, physical and sexual violence, teenage pregnancy, drowning, suicide, and juvenile crimes, as stated by the following participant:

“Sometimes drinking alcohol can cause problems with their boyfriend or girlfriend, like having an argument or the boy goes out with another girl, and as a result the girl will get angry or depressed and commit suicide. This can also happen to the boys too. Most young people think that it’s cool to be drinking and smoking.”

Young female from church group

In addition to the drinking pattern identified by both young and adult participants, there is also concern about the easily availability of alcohol to young people in the Cook Islands as stated by this participant:

“Alcohol is the number one issue in the Cook Islands today. There are too many shops (dairies), supermarkets, and liquor outlet stores selling alcohol, and in particular illegally to children under sixteen.”

Male Key Informant

According to a WHO report (1985), it is clear that there are direct relationships between the alcohol availability in a country, and the general level of alcohol consumption by the population. The quantity of alcoholic beverages available in a country is dependent not only on production, but also on the distribution network and the regulations controlling the sale of these beverages.

The situation in the Cook Islands is that the boom in tourism has increased the importation of liquor to meet the needs of the industry. The main island of Rarotonga is a small island with a population of about 14,000 people, but there are three main liquor stores that import alcohol from overseas. In addition, there has been an increase in the number of outlets selling liquor, especially with supermarkets and dairies around the island devoting considerable space to alcoholic beverages. These are often sold at much lower prices than
in liquor stores, and at times they are selling alcohol illegally to minors. In a conversation I had with an overseas young woman who visited Rarotonga in 2011, she said that it is cheaper to drink and smoke than to eat healthy in the Cook Islands. In Vaka Tikitumu alone, there are eleven small liquor outlets such as dairies, and also a local brewery, selling alcohol to a population of 3,500. In addition, there are several major hotel bars and restaurants that are accessible to local people. Even at the Airport Duty Free shops, alcohol and tobacco are much cheaper than in Auckland. This is an indication of the poor legal and administrative control of the sale of alcoholic beverages in the Cook Islands.

ii) Tobacco Use

Although tobacco use, or cigarette smoking, was mentioned by some of the participants during the interviews, the emphasis was mainly on alcohol abuse, followed by drugs.

“Cigarette and marijuana smoking, and recently hard drugs like methamphetamine or ‘P’ are often related to alcohol abuse.”

Young man from church group

According to WHO (1993), tobacco use is one form of behaviour that has a long-term effect on the health of young people. The chronic ill-health and mortality associated with smoking usually becomes evident in later life, usually about ten to twenty years later, and serious illness is not immediately seen in young smokers (WHO, 1993). This is probably the reason why not many participants in this research identified tobacco use as an issue of major concern (unlike alcohol) to the young people in the Cook Islands. However, a tobacco study carried out by the Cook Islands Ministry of Health (2003), showed that tobacco is the second most used drug by young people, next to alcohol, and often is usually associated with other illicit drugs, as indicated in the quote above.

iii) Drugs

Drug use is a relatively new experience for young people in the Cook Islands, and though it became apparent in the early 2000s, it is now becoming widespread, mainly among young people in Rarotonga. Cannabis, or marijuana, is the most commonly used drug, but some young people are now experimenting with other substances such as amphetamines, as indicated in the following quote:
“Some (young people) are also smoking tobacco and other illegal drugs like marijuana and “P” or methamphetamine, and then driving a motorbike or car, and then having a crash.”

Young male from church group

There have been several cases where students at primary and secondary schools were suspended for selling and smoking marijuana at school. These drugs were supplied by adults, who either grew them in their backyard or imported them from overseas. To complicate the matter, a rumour was highlighted during an interview where a participant expressed her concern about drugs being distributed by some police.

“I have a concern with a rumour about drugs being available and distributed by some Police Officers. If this is true, what is the government doing about this? I am deeply concerned about the peer influence, as I have a son and his friends who may get involved with this dangerous practice or activity, especially with the combination of alcohol and drugs. The Government, in particular the Police Authorities, should be proactive in dealing with this problem.”

Female Key Stakeholder

Unfortunately, this rumour turned out to be true, with the recent disclosure by the “Operation Eagle” Drug Investigation Team, whereby thirteen people were being charged with drug offences. These included two local, senior policemen, an overseas policeman, and adults in the community. This does not give the public, especially young people, confidence, trust, and respect in our police force, who should be upholding the law, as well providing good role models for young people in the Cook Islands (Cook Islands News, 20 November, 2011). There has been no specific research carried out in the Cook Islands to examine the extent and impact of drug use in the country. However, research by White and Hayman (2004) in Australia showed that young people regard alcohol and drug abuse as the most significant problem that they face. According to Young et al. (2002), substance use generally begins in the early teens, increases from early to late adolescence and peaks in young adulthood.

**Theme 2 - Poor Parental Skills and Role Modelling in Families**

The majority of the participants felt that the main reason why many young people engage in risk behaviours is because of poor parenting and a poor home life. Many issues are the result of a lack of parental support and care, thus parents become poor role models for the young people in the home and their communities.
“There is poor role modelling by some parents. Young people see ...their parents’ bad behaviour such as drinking at the bar/nightclub, bad language, violence, and so they copy it. Perhaps they think that they (parents) can do it, then I can do it too’.”

Young Male from Sports Group

“The roots of the problems faced by young people start in the home. Parents’ lifestyle and behaviour reflects the type of persons that they are, what they practice in life, and their children will model themselves on them. Parents who do not care, support, or take responsibility for their children, will find that they will have negative attitudes and behaviours, and often become involved in criminal activities.”

Male Key Stakeholder

According to WHO (1993), the fundamental unit of all societies is the family, which is the main provider of the basic necessities of life and health for children and young people. In traditional Cook Islands society, there is usually an extended family, whereby several family members, such as grandparents, uncles, aunties and cousins, live together or nearby with a fairly inclusive way of living. Such families usually have control over their young people’s behaviour, while providing good role modelling, material and moral support, which prepares the young for adult life. But some of the participants interviewed did not see this in many Cook Islands families today, as shown in the following quotes:

“The family unit today (in the Cook Islands) is breaking up, for example, parents get involved too much in the churches, housie, and social drinking parties. The children are neglected, and the children’s lives now revolve around technology like computer games, texting etc. There is no balance in time when at home, there should be family time together. Many parents use television to babysit their children.”

Male - Key Stakeholder

However, both nuclear and extended families can provide healthy development for children and young people. In recent times in the Cook Islands the stability of both types of families has been threatened by increasing divorce rates, the number of single-parent families, both parents working for economic reasons, poor family relationships and management, migration from rural to urban areas, and from outer islands to the main island, Rarotonga, and then onwards to New Zealand or Australia. These social changes make many parents ill-equipped to properly raise their children into healthy and productive citizens, as identified in the following quote:

“Some young people are not living with their biological parents, usually they live with their grandparents, or their parents are either separated, divorced or have migrated overseas, or they (the young people) are living with one
parent, usually the mother.... In one of the schools that I visited I found that only 20% of the students there are living with both biological parents”

Female Key Informant

Relationships with parents and other family members play a powerful role in shaping young people’s values, expectations and beliefs about life, including risk behaviours (Wolfe et al., 2006). Reduced parental involvement, poor parental management practices and high levels of family conflict are usually associated with early initiation into, and increases in, substance abuse (Farrel & White, 1998; Hawkins et al., 1992; Kilpatrick et al., 2000). These are just some of the challenges, which can affect a family’s ability to cope. In other cases, family characteristics like a parental history of substance abuse, violence and poor communication, or poor relationships between parents and young people increase the risk behaviours. These can be early engagement in unprotected sexual intercourse, sexual violence such as rape, and criminal activities (Miller, 2000). These adults, parents, and leaders do not provide good role models for young people, as identified in the following responses in the interviews:

“Many parents and adults sometimes are not good role models for our young people. For example, some church leaders who are supposed to teach Christian morals and values in their churches are sexually abusing some youths in their congregations, and end up in prison. This brings into question the credibility of the church concerned.”

Female Key Stakeholder

From an educational perspective, some young people do not get support from their parents in matters that affect their education. For example their parents do not attend parents and committee meetings called by the school committee, or attend report days when requested by teachers to discuss their child’s progress report at the end of each term. Sometimes, they fail to provide their child with the necessary resources or materials required for their school projects. Because of this lack of support, the students play truant from school, and eventually drop out of school, as reflected in this young woman’s response:

“Many young people attending school do not get support or encouragement from their parents in matters that affect their health and education. As a result, many of these young people wag school (truancy) and then eventually drop out, and then get involved with alcohol and crime, and then end up in prison.”

Young Female Student
Sometimes, parental pressure on their children for either educational or financial reasons creates disharmony within the family. In some cases, this drives the children away from home, and they get involved with the wrong crowd, and end up with deviant behaviours, as shared by this young man:

“One of the reasons that the young person wants to get away from the family is that they are very demanding either for money or pay, or expect too much from the young person, like doing home chores so they don’t have time for sports, or be with their friends, or just to do what they want. So young people become stressed-out and end up with other problems like drinking alcohol, or stealing. Sometimes having poor role model parents, church or community leaders, drives young people into doing all these bad things.”

Male Peer Educator

Theme 3 - Young People’s Voice Not Being Heard and Valued.

Some of the young people interviewed expressed their concern that young people’s voices, views, issues and concerns are not being heard by parents, families, leaders and decision-makers in government, NGOs and communities, as reflected in this young woman’s response:

“One of the main concerns that young people generally face is that their voice is not being heard by their parents, adults and leaders in their families, their churches, villages, communities, local and national government. Often their views are not asked, especially on matters or decisions concerning young people.”

Young woman from church group

Another young man who expressed his feelings on this issue also wanted to stress that young people are not acknowledged, especially when they do good things in their home and communities. Instead, too much emphasis is put on the negative things as indicated in the following quote:

“I really believe that the young people are not recognised in our communities. There is too much emphasis on the negative things about what young people do. Instead, there should be more focus on young people, their interests and what they do well for themselves, their families, school, church, communities. When young people do good things, they should be acknowledged and rewarded as this will encourage more good performance. In other words, positive reinforcement will encourage further good behaviour or performance.”

Young man from church group

Many adult participants, both stakeholders in the Vaka Takitumu and key informants, also supported and stressed the fact that young people need to be listened to, as
well as be recognised, appreciated and supported, especially when they do something good for their community, as indicated in this quote:

“I feel that adults do not listen, recognise, appreciate and support our young people when they are doing something good. Adults and leaders need to allow and encourage young people to express themselves and their ideas, for they are very knowledgeable and creative.”

Female - Key Stakeholder

Another adult participant also expressed a similar opinion on how young people’s voices and ideas are not heard and taken into consideration when developing policies and programmes that are planned for them.

“The young people know what the issues and concerns are. They feel that their voices are not heard, and they are not taken seriously. They have a feeling of hopelessness and are powerless to do anything, because they are not given the opportunity and the resources to do things for themselves.”

Female - Key Informant

Young people realise that taking risks in life is part of finding out things and experiencing life for themselves. Sometimes they make a mistake, and adults are not willing to forgive them or give them another chance, especially when they are put in prison. Even the family turn their backs on them and do not visit them in prison. When they are released from prison, they just want to get a job and be part of their family and community again. But no one in their families and community is willing to accept them home or employ them, and as a result, they reoffend and get put back into prison.

“Our people at times are quick to judge and label young people as “bad.” And especially when young men wear hooded jumpers, they are labelled as being “criminals” or are going to commit a crime. When young offenders are released from prison, the police always follow them around and harass them, and when a crime is committed in that particular village, the police will straight away blame these young guys.”

Young Male from Probation Group

These views were also expressed by young people in a study carried out in Australia by Harry et al. (2007). The young Australians felt that they did not belong in their communities because their points of view were not heard, and that the adults and leaders were not interested in what they had to say, as stated in the following quote.

“Probably it feels like it’s an adult world at the moment. They make all the right decisions. Showing us what’s going to happen ...such as this is the rule and everybody else has to follow it. We kind of don’t feel like we’re significant enough
to speak up and say, well, we don’t like that. So we want to change it to something else, we just kind of follow with what we’re told.”(p. 93)

Wyn (2009) also endorsed this concept in saying that one of the most important aspects in young people’s lives is the “element of being heard and valued” which in many societies and cultures is often overlooked. Similarly, WHO (1993) adds that young people want to take responsibility for their own life development. But this will greatly depend on the attitudes and behaviour of adults around them: how well adults listen to young people, trust them, respond to their needs, make it possible to develop self-esteem, and cooperate with them in determining their future.

**Theme 4 - Reproductive Health Issues and Concerns**

The transition from childhood to adulthood brings out confusing sexual responses in young people. However, we must also keep in mind that sexual behaviour is a normal aspect of puberty leading to mature adulthood, and what is learned in the teenage years about relationships and sexual expressions will influence sexual health at later stages.

“Sexuality issues like sex or sexual intercourse is taboo, and not openly talked about in the homes between the parents and their children. Sometimes parents don’t know or feel uncomfortable about saying anything about sex or private sexual parts, so young people usually get incorrect facts from their friends, which then end up in either unwanted pregnancy or STIs.”

Young Female from Church Group

In most Cook Islands families, sexual issues such as sex or sexual intercourse are taboo and not openly discussed in the home. This can be for cultural reasons. Many parents do not talk to their children about sexuality, because they do not know or understand the physiology of sexuality, but it can be because they are ashamed to discuss sexual matters openly with their adolescent children. Therefore, young people discuss these matters with their peers and they are often ill informed, which can lead to an unplanned or unwanted pregnancy, or sexually transmitted diseases. Another area of concern, which can lead to unplanned pregnancy, is a poor relationship between the parents and children, in particular between mother and daughter, so that the daughter gets involved with the wrong peers. In some situations, unprotected sex among young people occurs when they are under the influence of alcohol and drugs, or under strong peer or partner pressure, as indicated in the response by this young woman:

“Often some young people without parental guidance and support get involved in drinking alcohol and then having sex without any protection like
the pill or condom, and then the girl ends up getting pregnant while still a teenager, or getting infected with sexually transmitted diseases like maki ope (gonorrhoea)."

Young Female from Sports group

There are also other reasons why young women are unable to avoid unwanted pregnancy, as it is illegal to offer contraceptives to young women under the minimum legal age of sixteen in the Cook Islands. Even in cases where young women are over sixteen, they have little knowledge about contraception, or they do not visit the clinic for fear of confidentiality issues, as shared by this young woman:

“Teenage pregnancy is a concern with our young girls. Many of these girls do not have good relationships with their parents, especially their mother, and do not go for family planning advice or contraceptives because firstly, they don’t understand or know where to go, and some do not go because of confidentiality issues. Some of these girls usually get their information from their friends instead of trained persons.”

Female from church group

Reproductive Health (RH) services in the Cook Islands are available from both government and non-government clinics. A special clinic was established by MoH to provide reproductive information, education and communication materials, contraception and services for young people, free of charge. However, the rate of teenage pregnancy and STIs has not decreased significantly in the last five years. Findings from a study by Tutai-van Eijk (2007) showed that despite the availability of RH services in Rarotonga, problems related to utilization of RH information and services by everyone, including young people, still persist. Some young people face many barriers associated with reproductive services provided by MoH. These include unsuitable hours of clinic operations, fear that confidentiality and privacy will not be honoured, lack of young persons employed in the clinics, concerns that staff will be nosy and judgemental, embarrassment at being seen at clinics, and services that are not user-friendly.

Another concern expressed by the young people especially the girls is the fear they have of their parents, which indicates an unstable mother and daughter relationship as stated by a female student:

Researcher: Say for example, one of you girls fall pregnant while still at school, who would you talk to first for help and why?

Young Female: “I would rather talk to my best girlfriend than my mother or parents, because my friend will understand what I am going
through. But my mother/parents will be very angry and will probably give me a hiding.”

One adult participant with a western cultural background pointed out that she was amazed at what she has seen in the Cook Islands concerning teenage pregnancy. That is, even though the girl’s parents will get angry and sometimes physically punish the daughter, the whole situation at some stage will eventually be embraced by either the parents, or a member of the extended family, and they will take over the responsibility and accept the girl and the baby into their own family:

“It is important that we also be mindful of the positive cultural factors in the Cook Islands. It is true that the parents or families will initially be angry and disappointed, but they will in many cases accept and embrace the situation and the child. I think this is lovely that the girl and baby will eventually be accepted by either the immediate or the extended family.”

Female - Key Informant

It is also very heartening to hear a young man’s positive view on the issue of teenage pregnancy:

“I believe that both boys and girls should respect each other, and wait for the right time before they have sex. This will also avoid getting sexually transmitted diseases like gonorrhoea and HIV/AIDS (especially now that HIV is now in the Cook Islands), and having teenage pregnancy or unwanted babies.”

Young male student

(i) Privacy and Confidentiality

The issue of privacy and confidentiality is one of the main issues identified by young people in the research. This was especially related to the special Reproductive Health Clinic, which was established at MOH, and funded by the United Nations Fund for Population Activities in the main town of Avarua.

“The existence, purpose and clarity of the services provided at the Akirata Reproductive Health Clinic is not made known to the majority of young people in Rarotonga. Young people were not part of, or involved in, the discussions before establishing the clinic. Also young people do not go to the clinic for fear of lack of confidentiality because of bad experiences by some young people in the past.”

Young Female from Sports Group

The young people felt that the clinic was set up without any consultation with, or input by, young people. Setting up the clinic at the MOH was not the ideal location. Instead, the clinic should be at a neutral place, and be staffed by a young, trained doctor or
nurse. The opening hours of 8 – 4 Monday to Friday are also not appropriate, because young people are mostly at school or work during these hours, and young people prefer to visit the clinic after hours for privacy reasons when there are not many people around.

Some health professionals felt that there may have been some misconceptions regarding the issue of confidentiality, and that the issue here may be one of perceived confidentiality. However, a young woman in an informal discussion on the issue of teenage pregnancy shared her personal experience which discredits the above comments:

"I went to the family planning clinic without my parent’s knowledge and consent to get contraceptives, but when I got home my dad was waiting for me. Apparently, the health person who saw me at the clinic had rung my dad to inform him of my visit to the clinic. From that day on, I lost faith and trust in the health system, and I have shared my unfortunate experience with my friends and other girls."

Young married woman and mother

This particular incident may be just one of the negative experiences that have created this fear of lack of confidentiality that is keeping young people away from such an essential service. The sharing of such a negative personal experiences can have a significant impact on services that are supposed to help young people.

(ii) Sexual Abuse and Abortion

Some cases of teenage pregnancy may be the result of incest. An abortion may be sourced legally or illegally, especially if the pregnancy is the result of rape or incest. This is a critical situation as this may involve some risk to the young woman’s life, health and future fertility.

“There have been cases of incest resulting in teenage pregnancy, usually with a stepfather in a stable-union couple. Recently there have been cases of teenage pregnancy as a result of incest or experimentation that were privately taken to New Zealand for termination. In many cases, it is really difficult to know about these things, it’s quite ‘secretive.’ I think, I am just touching the tip of the iceberg, for there are a lot of issues and concerns that are not brought to our attention or are not known.

Female - Key Informant

In the Cook Islands, abortion is not legal unless the pregnancy is likely to endanger the life of the mother, or is the result of incest or rape and this must be certified by two medical officers. However, there have been cases where pregnant young girls have been taken by parents to New Zealand for a termination. There is no recorded information about these terminations because they were organised privately by either the client or the parents.
Theme 5 - Juvenile Delinquents, Violence and Criminal Activities

Juvenile delinquency is a legal term used to describe law breaking by those who are not legally considered adults. The term was developed to protect young offenders up to 16 years of age from being labelled as criminals with police records, and to allow them to be treated by the legal system differently from adults. This is done with the hope of rehabilitating young offenders, and reducing the risk of social stigma that might contribute to their becoming adult criminals (Dusek, 1987). Juvenile criminal activities like burglaries and stealing have become a real concern in Vaka Takitumu, and all around Rarotonga, in the past few years.

“Lately, there has been an increase in crimes such as burglaries and stealing. The government is particularly concerned about the crimes relating to tourists, as this will damage the image of tourism in the Cook Islands.”

Female - Key Informant

The Prime Minister of the Cook Islands was very concerned that the issues of juvenile crime in the country is not getting better, in fact the situation is getting worse (Cook Islands Government News Release, 2007). This has become more significant since the beginning of the global economic recession. The incidence of delinquency in the Cook Islands is higher for males than females. Generally, boys are engaged in higher degrees of aggression, while girls are more likely to engage in minor traffic offences and petty stealing. At the time of the interviews, there were no female inmates in prison. There were some young females on community services sentences for minor offences. The males, both young and adult, are usually involved with criminal activities such as burglaries, stealing, alcohol-related traffic offences, and physical and sexual violence offences.

“Over the past years there has been an increase in crimes mainly burglaries and stealing in Rarotonga, especially targeting tourists and tourist accommodation, business and private homes. Even lately, there have been incidences of stealing motorbikes and cars, and the recent tragedy of a 14 year old girl who stole a car, and then picked up a friend and went for a drive. Unfortunately, they were drinking alcohol in the car when it crashed into a tree and the 14 year old driver was killed. Sadly the problem is not getting any better ......it’s getting worse and the offenders are mainly young boys 10 to 12 years of age.”

Male - Key Stakeholder

The issue with crime in the Cook Islands is part of the social changes in the country. The economic recession plays a major part, with the consequences of financial pressure, the demands of modern living, the quest for a better standard of living, and peer pressure. Past
generations used to make their own toys to play with, but today’s generation play with cars, motorbikes, computers, laptops, mobile phones and iPods, and these all require money that many families do not have. There is speculation that job opportunities are not available in Rarotonga, but it can be argued that this may not be totally true, considering the increased number of migrant workers recruited from Fiji and Philippines to fill the gaps in labour requirements in both public and private sectors. In addition, the present welfare system does not provide for young people, except for children from birth to 12 years, the sick and the infirm. Therefore, the desire or pressure to own items that peers have often leads to theft (Ministry of Internal Affairs, 2001).

(iii) Peer Pressure

Peers can have a strong influence on whether or not young people would use alcohol or drugs.

“One of our main concerns is the distraction or influence by young people or peers from outside Vaka Takitumu. The peer pressure is a major factor in getting young people into trouble with the law, which has been the main issue of concern here in Takitumu, and all around Rarotonga. This issue has been highlighted frequently by the media over the past 5 years.”

Female Key Stakeholder

In some cases, fear of rejection by the friends or group was an important motivational influence on drug and alcohol use, which then leads to other offences such as burglaries and theft, as identified by the above key stakeholder.

Apart from the sports activities at the rugby and netball grounds, the Vaka Takitumu does not have movie theatres, nightclubs or takeaway bars where young people can go for entertainment or recreation at night, especially during the weekends and festive periods like Christmas, New Year and Constitution celebrations. So they usually commute to the town area, where there are several night clubs and takeaway bars open from evening until the early hours of the morning. Many motorcycles and cars are stolen at night, mainly from outside nightclubs and takeaway bars. Nightclubs usually sell alcohol and have a live band or disco music for dancing, but in some clubs, they also provide food (mainly fish/chicken and chips, and burgers) and in some cases they have a big TV screen for live broadcast of popular sports events such as rugby, soccer, tennis and Olympic games. The minimum age for entry to these bars is 18 years. The takeaways bars sell mainly fish/chicken and chips, burgers, and Chinese food.
(iv) Village Gangs

Recently, gangs of young people have appeared in the villages, especially during the rugby season, when there is a lot of alcohol consumed at clubhouses after rugby games on Saturdays. These gangs usually get together after the clubhouses have closed at midnight.

“There has been an increase in the number of village gangs who hang around on the roadside, bridges, or on the beaches at night, for example the beaches in Ngatangitia. There have been complaints from nearby homes about the noise, and empty beer bottles and cans left on the beaches. Sometimes fights break out between young men from different villages in the nightclubs, usually after rugby games on Saturdays.”

Young Male from Sports Group

For some young people, peers not only teach delinquent behaviour, but also reinforce it, as in some types of gangs of young people. In some cases, the gang represents a family substitute, and they provide excuses and justifications for delinquent behaviour that allow the young person to deny that he is engaging in delinquent acts. In effect, gangs exert considerable pressure on the behaviour of the individual gang member, because they provide mutual support and a feeling of belonging. Gang membership also involves prestige. For some young members, this may be one way of achieving status, of being recognised as someone useful and of belonging to a group (Dusek, 1987). This factor may prompt the young males to venture into this new domain of gangs. This may also be encouraged by a family breakdown or poor relationships between parents and their children, as illustrated by the following participant:

“There is a lack of family support for many young men. Also young people who get into trouble with the police are usually those from broken families, the parents have split up... When a young man is put in prison, the family do not visit them, support them, or even try and encourage them to change their behaviour.”

Male Inmate

In some cases, especially with young boys and men, the single most important factor contributing to delinquency is their relationship with their parents.

“Some parents are poor role models in the home, for they drink too much and often beat their wives and children. Some parents also favour a particular child in the family, and so the others get jealous and then do silly things to annoy or get back at parents.”

Young Male from Probation Group
Young delinquents usually have a very poor regard for their parents, especially their fathers. They see their fathers as neglectful, violent, and rejecting. Their parents often use considerable physical punishment, and they can be erratic and very strict in their child-rearing practices. During the interviews, I also noticed that many participants use the statements “beat their wives or partners and children,” when they try and explain the violence that occurs in the homes. It seems that domestic violence is still very prevalent, even though there have been a lot of awareness campaigns on this particular issue. The quotes by the young men above are real life personal experiences which they willingly shared in the hope that they will be of help to other young people.

(v) Young Probationers and Inmates

Some of the young participants felt that even though they have been involved with the police and court systems, they should still be treated with some respect, especially when they come out of prison and are placed on probation.

“The young people on parole from prison are stigmatised, and this gives a negative impression of the young people. When they come out, there is no rehabilitation programme in place for them, and often no one cares or wants to employ them. Even their own families don’t want anything to do with them, so they reoffend and end up in prison again where they have a bed, a regular meal, even though it’s not the best, and that is where their friends are.”

Young Male - Peer educator

This young man’s observations coincided with my own and with the accounts of other participants. However, since the beginning of my research, I have noticed changes taking place which I will elaborate on in the discussion of interventions in the next section.

(vi) Criminal Deportees from Overseas

An important issue raised by one young man and a few adult participants is the bad influence of deportees from overseas, mainly New Zealand and Australia.

“One of the problems our young boys have is that they hang around with bad boys sent back from overseas, and they learn a lot of bad things from them. They learn all the tricks of how to break into a house and steal from people, or how to hotwire a car or a motor bike.”

Young male from Probation Group

Deportees are mainly young males who have been charged with a wide range of criminal offences and have served time in prison overseas. The Minister of Justice in the Cook Islands in 2007 said that the Cook Islands doesn’t want any more juvenile
delinquents sent from New Zealand to Rarotonga because of the problems they are causing (Williams, 2007). Many of these deportees have lived overseas for a long time with very little connection with their home islands and their parents are still overseas. In the islands, relatives are hesitant to take them into their homes, and they find it difficult to get employment to support themselves. Often they face other issues such as mental and physical disabilities, which further stigmatise and marginalise them in their homeland, and in many cases their rate of recidivism is high. To date there are limited services that aim to assist criminal deportees to reintegrate and settle in their home countries.

**Theme 6 - Mental Health Issues**

Mental health is one of the main issues identified by both young people and adult participants. One of the key informants explains:

*Key Informant:* “Mental illness is one of the main issues facing many of our young people today which involves some form of chemical imbalance in the brain triggered by certain stimulants... if not diagnosed or treated early, it can be a contributing factor to the many issues experienced by people of all ages, but in particular our young people.”

*Researcher:* What is the most common form of mental illness experienced by young people in the Vaka Takitumu and Cook Islands?

*Key Informant:* The most common form of mental illness experienced by young people is “stress”. Stress can cause further complications if not monitored or treated properly, for example it can lead to mental breakdown and sometimes suicide.

*Researcher:* Can you elaborate on the issue of young people attempting or successfully committing suicide?

*Key Informant:* Suicide is a very important issue of concern with young people. Usually the main cause of suicide is relationship problems between young couples, and often is aggravated by alcohol or drugs and sometimes both. In some cases parents disagreeing with their son/daughter relationship often causes a lot of stress with the couple, and sometimes can end up with one of them attempting or committing suicide.

*Researcher:* What do you think is the reason for this?

*Key Informant:* This depends on the young person’s upbringing and home situation. For example, a child who grows up in a one-parent family, unhappy, unsafe and violent, unsupportive and uncaring home environment will suffer from depression. Young people will need a home
and adults who love and care about them, support their growth and development, and provide physical and emotional support. And as they grow, they need adults who provide them with guidance about sexuality issues and behaviours as they become adults themselves.

In the months of January and February 2012, two young people committed suicide in Rarotonga, just after the Suicide Awareness Campaign, which used television, radio and print media. The Prime Minister was concerned, and wanted the issue of suicide brought out into the open. In response, the government pledged NZ$30,000 towards holding a forum for young people to discuss ways of reducing suicide (Cook Islands News, 22 February 2012).

According to Peterson (2000), many studies have found that the explicit depiction of suicide in the media is associated with increases in suicidal behaviour. So researchers have suggested that media depictions of suicide may give the impression that it is a common, and therefore acceptable, way of resolving a life crisis. Thus the recommendation of most health agencies, including the New Zealand Ministry of Health and WHO, is that the depiction of suicide in the media should be cautious and that sensationalised or dramatized coverage of suicide should be avoided (New Zealand Ministry of Health, 2000; WHO, 2000). In view of this information, future media awareness programs must be planned carefully, with expert advice sourced from mental health specialists (locally or overseas) especially relating to suicide with young people. Campaigns should focus on other health or suicide related issues like depression, alcohol and drug abuse, relationships’ issues, or programs to improve young people’s self-efficacy and self esteem generally, instead of focussing specifically on suicide (WHO, 2000).

Young people most at risk of attempting suicide are likely to be those who have adjustment problems such as depression, alcohol abuse, drug abuse or anti-social behaviour. They may also come from a socio-economically disadvantaged environment, dysfunctional families, an environment of physical or sexual abuse, or they may have recently been exposed to personal stress like loss of an emotional supporter relationship, or trouble with the law (Peterson, 2000).

Another important issue is related to the stigmatisation of people with mental health problems. In particular, the translation of mental illness to the Cook Islands Maori words auouo (silly) or neneva (stupid). These give a negative meaning of a silly or stupid person who does not know what he or she is saying or doing. These people are labelled, and made
fun of and called all sorts of unpleasant names like “dumb” or *akari* meaning coconut (the head being a huge shell with nothing inside).

**Theme 7 - Educational Issues**

Some of the participants felt that the current education system in the Cook Islands is not catering for the needs of our young people, as stated in the following response:

“I feel that our young people are marginalised by our education system. Our current system is putting too much focus on “academic attainment” of students. There should be a system in place where students who do not have the academic capabilities, should be given or encouraged to take up other trade opportunities like carpentry, mechanical, electrical and hospitality services. Also the government scholarship system we have in place seems to be mainly for the “very few elite group” or “who you know.””

Male Key Stakeholder

Our Ministry of Education must recognise that not all students have the academic capability to go overseas for university study, so many who do not meet the entry criteria for certain qualifications drop out of school with no qualifications or employable skills. Therefore, there is a need to review the education system, with serious consideration given to including vocational training preparations in the curricula.

(i) **Truancy**

Truancy, or *akatau apiu*, is a major concern to the Cook Islands Ministry of Education and the communities in Rarotonga. Truancy is due to a variety of social and educational factors. Educational factors are related to the school climate, and the social factors are mainly those relating to unfavourable home situations like a lack of parental understanding and support. The following quote is an example of one of the common social factors relating to the young man’s home and parents:

“The most important concern that I and my brothers and sisters faced as young people was the unsupportive relationship in our home. And I believe other young people are having the same problem, which also starts in their homes. There is no parent support especially from our father who drinks alcohol a lot, and is violent towards our mother and us children. Our parents don’t listen to what we say to them, and this drives us away and as a result, we get mixed up with the wrong friends and crowd, and ended up in trouble with the police. I dropped out of school at a young age, and have been in prison before for burglary and stealing, and believe me, it’s not a place I would like to end up in ever again.”

Young Male Student
Unfortunately, this young man’s story is shared by many of the young and adult participants in the research. Other reasons given by an adult participant are that some students stay away from school because their parents demand they look after sick, younger siblings or grandparents.

“Truancy may be due to academic pressure by the parents because they struggle or can’t cope with the academic work ...or to look after a sick grandparent. There are also issues and concerns about students not having time for educational activities in the home, such as having enough time to do their homework because of home chores like working in the plantations, or looking after or babysitting sick siblings.”

Female Key Informant

Often students struggle with, or don’t have time to complete, homework because of home chores like working in the plantations, feeding the pigs, cooking, cleaning the home. They stay away from school for fear of being told off by their teacher for not completing their homework. Some students purposely stayed away from school because their school fees had not been paid, and their parents could not afford to pay for school uniforms and stationery. In some cases, parental pressure for academic reasons drives students to stay away from school, especially when they have poor grades. A common practice by students is that they get dressed in their school uniforms, and after parents drop them off at school, they don’t attend classes but take off with their friends to their homes or to the beach.

The importance of school climate and environment also impacts on truancy. For example, the way teachers teach and relate to the students, and the way students experience the school will influence a student’s decision to stay away from school. One of the key components is the teacher’s positive regard and support in motivating students to learn and to achieve good grades. The school curriculum structure is also an important factor, such as including leisure time and extracurricular activities, like sports and exercise. These have been shown to have a positive impact on students, so that they are unlikely to stay away from, or drop out of, school (Mahoney, 2000; McLaren, 2002). Bullying was never mentioned by the participants.

Theme 8 - Cultural Issues

There is one area of cultural concern that was expressed by the participants. This is the Cook Islands Maori language which is gradually losing its value and use, especially with the new generation (Goodwin, 2003:96). There is a general feeling that English is now spoken more than Cook Islands Maori, as stated by this adult participant:
“Unfortunately, students and young people generally are not well connected with their Cook Islands Maori Language, for not all speak Maori very well especially in Rarotonga. The students in the Outer Islands are much more connected to their islands and are better in speaking Cook Islands Maori, but in their specific island dialect.”

Key Informant, Female/Adult

In my opinion, this concern may be the consequence of the Ministry of Education Policies in the 1960s and 1970s, when students were expected to speak English all the time at school, and students were punished (sometimes physically by teachers) or humiliated in front of the whole school assembly when caught speaking their mother tongue of Cook Islands Maori in the school (Goodwin, 2003). At that time, a senior student had to pass English in the New Zealand School Certificate to be awarded a scholarship to study in a New Zealand University or Institute. Unfortunately, many students missed out on a scholarship because they did not meet the expected level of English, even though they had done well in other subjects. These students are now the parents and grandparents of today’s children, so they tend to encourage their children to speak English from a very young age. I know, for I was one of those parents who preferred English as the first language in our home when my six children were growing up. I believed at the time, that in order for my children to better understand and comprehend what their teachers were teaching in the classroom, as well as what was in their English textbooks, our whole family should speak more English than Cook Islands Maori at home. I believe that this has contributed to my children’s successful academic achievements. All my children have successfully completed New Zealand University Bursary Qualifications as Form Seven students at Tereora College in Rarotonga, and furthermore completed their university degrees from the University of Auckland. As for their Cook Islands Maori now, they all understand the language very well and can engage in a simple Cook Islands Maori conversation.

As a means of remedying this problem of fluency in Maori, the Ministry of Education now has endorsed Cook Islands Maori as a compulsory core subject in the schools from Early Childhood Education to Secondary Education (Cook Islands Education Master Plan, 2008-2023). Even at tertiary level in New Zealand, Cook Islands Maori and other indigenous languages like New Zealand Maori and Samoan are taught in some universities.
Theme 9 - Employment Opportunities and Migration

Some participants were concerned about the continuous migration and brain drain of young people overseas:

Many young people experience economic hardship and insecurity, and there is nothing interesting and stimulating to keep young people in the country except sports and cultural activities. The Cost of Living Adjustment (COLA) has not been adjusted with the increasing cost of living, therefore, adds to the economic insecurity of young people, and as a result they migrate overseas to New Zealand or Australia unprepared for the culture shock that faces them.

Young man –peer educator

We are losing our young people because they experience economic hardship and insecurity. The cost of living in the Cook Islands is very expensive with the price of food exceptionally high. Young people felt that there is nothing interesting or stimulating to keep them in the country except sports and cultural activities. With the high cost of living, especially for food and petrol, and the low minimum wage of NZ$5.00 an hour, it is not feasible to support a family, especially a big family, and still live in an extended family situation. Since the early 2000’s, there has been no cost of living adjustment made to wages. In terms of the increasing cost of living, and the accelerated inflation in the past five years, the President of the Cook Islands Workers Association (CIWA) said that it is time for the government to increase the minimum wage to NZ$6.00 an hour. This is critical if the Cook Islands wants to slow down, or even stop the number of people leaving the country (Cook Islands News, 15 February, 2011). Of those who migrated, most are young people, mainly school leavers who do not have the appropriate employment skills (SPC, 2005). Those with the qualifications and skills also leave due to low salaries and poor working conditions. In addition, as indicated by a lot of young people in the interviews, the young people are not valued, their voices are not heard and they are not involved in policy development and decision making on matters that concern young people. This migratory pattern creates employment gaps which unfortunately are filled by migrant workers from Fiji whose minimum wage at home is F$2.50 (NZ$1.75) for unskilled workers and F$4.00 (NZ $2.80) for Supervisors (Fiji Times, 13/02/2010).

PART 4: SUGGESTED HEALTH INTERVENTIONS BY PARTICIPANTS

Brenbauer and Maddaleno (2005) stressed that the health and wellbeing of young people is the key element for the social, economic and political progress of all countries.
They added that with adequate support and appropriate investments by governments, the economically active young population will be able to become the motor for economic growth and an agent for positive social change in the region. This view is also expressed by one young male participant in this research:

_The government, NGOs and communities must invest in the development of young people. Young people should be involved in or encouraged to participate in the development of policies and programmes that affect young people. Young people should always be consulted in setting up special services targeting young people._

Male Peer Educator

The participants’ responses during the interviews recognised that there are a number of common challenges faced by young people and greater community investment in the positive development of young people was called for. This approach is driven by the belief that young people and adults should work together to change their communities into safer places where young people can grow up healthy and happy. Therefore, in the spirit of collaboration, adults within communities must work effectively with young people in building relationships with them that are based on respect, trust and a non-judgmental stance in providing interventions to promote their health and wellbeing. The emphasis here is on young people’s strengths rather than things that are problematic. My analysis of these strengths is presented below.

**Theme 1 - Family Strengths and Relationships**

The majority of participants, both young people and adults, felt that parents, family and home life were the most important factors in minimising the impact of the issues and concerns identified by the participants.

_“I think the most important or the first thing to do is to start in the home. Parents should be good role models and be fair to all their children, treat them, support them, educate and love them all the same.”_  

Young male inmate

A good life for young people starts in the home, or _ngutuare_, with their parents, _nga metua_, and families, or _kopu tangata_. The comments made by the young male inmate above endorse what the other two male participants said in Part I of this chapter (who had also been in prison before) who shared their stories about their unstable, unhappy families and home background when they were growing up.
Another adult participant also stressed the importance of the parents’ and families’ role in the home:

“I cannot emphasise enough at this stage the importance of the role of parents and families in the home. The emphasis here is that if we really want to change or make a difference to the lives of our young people, then parents and families need to be involved. Young people need families who have high expectations for their behaviour, provide safety from physical harm and offer meaningful participation within the family.”

Female Key Stakeholder

A happy family is a haven of safety and security no matter how trouble-filled the world outside may be. (The characteristics of a strong healthy family were discussed in Chapter 3.) In some cases, Cook Islands cultural child adoption practices, usually through family arrangements (not legally endorsed by the court), may have also created problems for some young people and their parents, especially when the child comes back into the biological family at later stages of life. At times, the child may appear negative and may take time to adapt and connect to the biological parents and siblings, and so becomes lonely, and keeps to himself. In these situations, the young person has been deprived of basic parental love and caring, and would, therefore, need a lot of support and understanding to adjust back into the biological family.

“I would like to stress what I have said at the beginning of the interview, that I believe that young people need to be connected with their families, culture, churches and their schools. We have to nurture our young people and provide them with the opportunities to participate and get involved with their communities and environment.”

Female Key Informant

The views expressed in the above quote reflect what Arney & Scott (2010) also stressed in that families in all their diversity are the basic foundation of human culture and relationships. It is recognised that the health of children and young people cannot be separated from the health of families. Young people have physical, psychological and social needs, which must be fulfilled to enable them to grow and mature. However, it is also important to emphasise that while parents and families have prime responsibility for the care of young people, society also has a responsibility to support and help parents and families in that role (New Zealand Public Health Commission, 1995). Strong couple relationships are at the centre of many strong families, and parents need to find ways to spend quality time together, nurturing a positive couple relationship for the good of everyone in the family. According to Skogrand, DeFrain, DeFrain and Jones (2007), if a
person grows up in a strong family as a child, it will probably be easier for him or her to create a strong family of his or her own as an adult. However, it is also possible to create a strong family when one grew up in a troubled family, which gives hope to many who are trying to overcome their past problems.

**Theme 2 - Positive Parenting**

There are several styles of parenting styles, and the authoritative or nurturing style described by Avenevoli et al. (1999) in Chapter 3 was the most appropriate and beneficial model that produces positive outcomes for young people. Briefly, authoritative parents are warm, flexible, firm and accepting, but they also expect mature behaviour. They discuss rules appropriate to the young person’s age, explain why certain behaviours are expected and how they will benefit the family. Decisions are jointly made with the parents, and mistakes are treated as opportunities to learn rather than making the young person feel bad. It is also important that positive parenting and unconditional love is provided for both good and worst behaviour. As parents, we are our children’s best teachers, coaches and role models. An issue raised by both young and older participants was that of lack of parental support:

“Some young people do not have support and commitments from their parents and families. Many of these young people are cared for by their grandparents or uncles and aunties, and the parents have either gone overseas, or have changed partners.”

Young Female from Church Group

Providing basic family needs, such as adequate shelter, food clothing, accessible health care and education, are necessary to enable individuals to carry out parenting tasks. Thus parents and caregivers also require supportive community networks providing information, advice and emotional encouragement which are delivered in ways that are culturally and spiritually appropriate.

**Theme 3 - Valuing Young People’s Voices on the Future**

Some participants felt that parents, leaders and adults should not just listen to, but also value young people’s voices and ideas, as reiterated in the following quote by an adult participant:

“We must value young peoples’ voice that they are worthy citizens of their family, community and country. We must also provide them with the personal and interpersonal skills to enhance relationships in supporting oneself and
others during time of stress, disappointment and loss. Young people are quite clever and creative and if they are given the opportunity to be involved in policy or programme development, they would do it with all their efforts.”

Key Stakeholder

This particular theme is challenging parents, families, teachers, youth workers and leaders in government and communities to value young people’s voices, as creators of the future, with wisdom, compassion and foresight. There are important social policy implications, if we are to take their voices seriously, for every young person is entitled to the respect of others and to have their inherent worth and dignity as human beings respected (Wyn & White, 1997).

If the young people are to move into more peaceful and sustainable ways of living in the twenty-first century it is important to actively listen to our young people’s voices in a forward-thinking way, and to address their concerns and hopes responsibly in empowering ways. Enabling structures for young people to voice their ideas and to allow those voices to be heard are required (Halsey, Murfield, Harland & Lord, 2006). This demands commitment for support and material resources from parents, families, schools and society as a whole in order to prepare and shape the expectations and aspirations of not only the younger generation, but also for the unborn generations (Eckersley, 1997; Hutchinson, 1997).

During the closing ceremony of the World Youth Forum 2010, the voice of the young people from around the world was heard when the Youth Declaration was presented to the conference by a young participant. The following quote is one of the clauses from the Special Declaration:

We, the youth, need to be treated with respect. We should not just be recipients of charity but instead have an active say in the determination of our futures. We need the systems to value quality-based results as opposed to quantity. Look at each youth as an individual, not as a statistic. Talk with us, not about us, considering our different stories holistically.

UNICEF World Forum 2010 – Youth Declaration

**Theme 4 - Education, Vocational and Lifeskills Training**

Providing adequate and accurate information and education helps young people to arrive at informed and responsible decisions. There is increasing recognition that the promotion of healthy behaviour in young people is closely linked to successful achievement in both formal and non-formal education.
(i) **Formal School Programmes**

School forms a significant part of the life of young people, and not only is it the place where they learn, but it is also the place they acquire basic skills and qualifications, make friends, meet dating partners, pursue hobbies and sport, and meet supportive adults: all important for moving successfully into early adulthood (McLaren, 2002). The school years are a time when healthy habits and lifestyles established during childhood can procure a positive long-term benefit for a young person’s health and wellbeing, as he or she approaches the adulthood years. A young inmate’s short and encouraging message was that:

> “the young people need their education .... We must encourage children to stay on and complete their schooling.”

Young male inmate

Unfortunately, many young Cook Islanders leave school before completing their formal education. I presume that this young man realised how much education and its benefits he had missed. A key part of formal school learning involves providing learning opportunities that develop their competency as leaders and effective participants in school and outside the classroom. This can be achieved through student participation in decisions that affect students in the school environment, so they can learn about exercising their rights, accepting and carrying out responsibilities, developing a sense of purpose and working with others in an environment guided by the principles of democracy (SPC, 2010). School pupil councils and committees are ways of encouraging these developments. Young people also need support and guidance to ensure that they continue with their schooling to help prepare them in their chosen careers. These include support services such as truancy prevention measures, vocational guidance, career counselling, internship and work experience programmes. Parental involvement is also a way to support the students:

> “I would like to encourage the parents to get involved in the school activities, by joining the PTA committee, and coming to discuss their children’s report at school. The school is always fundraising to buy teaching materials for the school. I am sure the students will be very happy to see their parents getting involved and helping out in the school.”

Key stakeholder School teacher

(ii) **Health Promoting Schools**

Another important in-school programme is the “Health Promoting Schools” concept which involves integrating health into the school curriculum. The programme is treated as a compulsory subject, whereby students will be tested on the subject as a requirement for
class advancement. However, there are also outside classroom activities where the parents, families and communities must also be involved. To spearhead the project, a Memorandum of Understanding (MOU) was signed between the Ministry of Education and the Ministry of Health, to facilitate the development and implementation of the programme. The MOU created a mutual agreement allowing the two ministries to work collaboratively, utilising the strengths of both organisations while also respecting their differences. In 2007, the Health and Physical Education Curriculum, *Oraanga e te Tupuanga Meitaki*, was developed by the Ministry of Education (Cook Islands MOE, 2007) in collaboration with the Ministry of Health. Incorporated into this programme is the development of teacher capacity in terms of knowledge, attitude and skills, which is critical to the successful delivery of an in-school health and life education skills education programme, and a monitoring and evaluation system to provide an opportunity for strengthening and improving the programme on an on-going basis. However, there is a need to revisit the memorandum and program curriculum as there has been no positive outcome seen, since the departure of the School Health Promotion Officer responsible for the Health and Physical Education Curriculum.

(iii) **Community Homework Programme**

This programme is an after-school initiative, which was introduced by a few ex-teachers in Vaka Takitumu some years ago. One adult participant suggested that the community homework programme should be revived to help our students, especially those who do not have a proper place or time to do their homework at home:

“I think it will be a good idea to look again into the community homework programme that was introduced in Vaka Takitumu some years ago. It really help some students especially those who don’t have good home conditions like proper place to do their homework or study, or too much noise from children or the TV/Radio in the home.”

Female Key stakeholder

The programme involved arranging a period of 2-3 hours in the early evening, whereby college students would gather in one of the villages’ community halls to do their homework, and be supervised by teachers. The programme was very successful and favoured by both the parents and students. Unfortunately, it was not sustainable due to inadequate numbers of teachers or persons to supervise these evening sessions. To make it more sustainable, perhaps the idea can be discussed with the MOE and their support sought. In addition, maybe some parents or members of the PTA committee could assist. However,
it was suggested by an adult participant that this might be looked into again and revived as a mean of engaging young people and the communities into promoting the education of young people in Vaka Takitumu.

(iv) Non-formal Education Programmes

There is a need to provide young people who are no longer at school with opportunities to make healthy choices and decisions about their health and life. The changing work environment requires young people to acquire skills that are not necessarily obtained from formal academic education. These include technical, vocational, education and training (TVET), for example, through an apprenticeship such as mechanical, carpentry, plumbing, and electrical training to enhance young peoples’ employment prospects. Digital technology also encourages the use of information, communication and technology (ICT) as tools for creative and productive enterprises (SPC, 2010).

(v) Life Skills Training

Young people are quite creative in organising their own activities, which can be used as both recreational and learning activities. Life skills programmes are designed to facilitate the practice and reinforcement of psycho-social skills in a culturally and developmentally appropriate way. A peer educator suggested a positive approach to youth development:

“There are too many health workshops being run by MOH, and other NGOs. It seems that despite these workshops...the number of young people taking contraceptives is low, while the number of teenage pregnancies is increasing. Perhaps the money for these workshops should be given to youth groups to plan and coordinate youth activities like camps, youth rallies and concerts. During these activities, reproductive health and other relevant issues such as leadership, lifeskills can be discussed with trained facilitators to guide them.”

Male Peer Educator

Most of these workshops are organised by health professions who are older people, and they are usually conducted in a classroom lecture-type setting and are boring. So the suggestion by the young man above, and other young participants, is to involve young people in organising health programmes for young people, using activities such as music, drama and dancing which are interesting, stimulating and enjoyable.

“There should be more health education programmes provided in places where young people meet socially, such as camps, cultural groups, youth rallies and not in classroom type workshops. There should also be
educational programmes for parents and adults, on how to be better parents in caring for their children, youth and families as a whole.”

Young woman from sports group

Other intervention programmes include peer education, parenting education, budgeting, community-based programmes (like sports, churches, gender, budgeting), youth leadership programmes such as Youth Parliament, community outreach using drama, music and entertainment and work-based outreach programmes. However, it has been well documented that providing information and education is not sufficient for informed decision making. Studies carried out by WHO, UNFPA and UNICEF (2005) showed that young people have knowledge, but often lack the ability to translate this knowledge into healthy behaviours. Therefore I recommend the application of the “Positive Youth Development” (PYD) approach to facilitate the translation of information into healthy behaviours. International research supporting the PYD approach has provided evidence that PYD is the best way to helping young people achieve their full potential in life (Pittman, 1991). The approach of PYD encourages young people to engage, participate, and have the chance to exercise leadership so they can make important decisions about their life, build appropriate skills, and get involved in activities that promote their health and wellbeing. As a result, the self confidence, trust, and practical knowledge young people gain from these opportunities helps them grow into healthy, happy and self sufficient adult, and become productive, citizens in their communities (Pittman, 1991; Piha and Adams).

(vi) Information Education and Communication Materials (IEC)

Most IEC materials targeting young people were designed and produced by health professionals without seeking the ideas and input of young people. The materials mainly focus on a single problem, like teenage pregnancy, instead of highlighting or promoting strength-based development and positive messages, such as capacity building and self-esteem. There is now a need to change our way of thinking, and to let the young people in to participate in creating and developing IEC materials according to their needs, using their own styles and language.

(vii) Counselling Services

According to the only school counsellor based at the National College in Rarotonga, counselling is an area that is greatly needed by young people both in the school and in the community.
“The need for well trained counsellors in the schools is a must, to provide support to, especially those relating to mental health and relationship issues faced by student. I find that a lot of students need psychological support mainly just someone to talk to, someone to listen to him/her. Students come with a wide range of issues including, family issues, financial issues alcohol and violence in the home, difficulty in studying at home, and sometimes sexuality issues, sometimes they just want a place and a bed to lie down and rest which I provide in my capacity as the counsellor in the college.”

Female Key Informant

Unfortunately, we do not have any local people specifically trained as psychotherapists. According to the counsellor at the college, most students are quite open and talk freely of their concerns during counselling sessions. Perhaps because of her non-Cook Islands background, and because she does not know many people and families in the island, students feel they can talk in confidence. She has maintained that respect, confidentiality and understanding the cultural aspects of the issues concerned is critical. The counsellor needs to work holistically, without prejudice, and to realise that one size does not fit all. Being interested in the interconnectedness of a person’ mind, body and spirit, and exploring those connections to heal and grow, is an important part of counselling.

Theme 5 - Juvenile Criminal Activities

In a public statement made by the Prime Minister of the Cook Islands in June 2007, he stated that juvenile crime in the Cook Islands “is bad and it’s getting worse” (Cook Islands Government News Release, 2007). In 2010, the new Prime Minister, in his Constitution Celebration speech on the 4 August 2011, again expressed that he is very disappointed that burglaries and stealing are still an on-going problem, and that it is affecting businesses, private residents and tourists in the country. In November 2010, another front page headline “Time to Tackle Crime” again appeared in the Cook Islands News, and the Prime Minister responded by stating that “the crime rate in Rarotonga is shameful and an indictment on government” (Cook Islands News, 6 November 2010.)

The Child Youth and Family Unit, which is housed in the Ministry of Internal Affairs, is responsible for addressing the safety, welfare and wellbeing of all children and youth up to 16 years, who are at risk, as well as their families in the Cook Islands. Any offenders above the age of sixteen are dealt with either by the police, or the probation services, at the Ministry of Justice, as explained by this key informant:
“Our role in the Child and Family unit is to protect young offenders under the age of sixteen years from being labelled as criminals. What we do is we try and work together with the parents, families and other relevant organisations like the Punanga Tauturu, the churches to try and rehabilitate the young person so he can change his behaviour and go back to school.”

Male Key Informant

Since the beginning of the research, there have been efforts by the police to try to address these issues, especially relating to juvenile and criminal activities by young people in Vaka Takitumu and Rarotonga as a whole. Meetings in the Vaka Puaikura and Vaka Takitumu were called by the traditional leaders and new developments have been initiated in Vaka Takitumu and Rarotonga. There have been some success stories, but the problem is still a concern. The following are some of the new developments.

(i) **Cook Islands Sports Academy (CISA)**

CISA was established by Kevin Iro, assisted by Lloyd Matapo in 2008. Kevin was motivated to look at alternative schemes to help young people, especially young men in the age group of 12 to 19, who have dropped out of school prematurely, or who are involved in criminal activities, or with the police.

“Most of these young men have too much freedom, with no boundaries set by parents. Many have low self-esteem, poor social skills, have no goals in life, have poor time management skills, and they all want to play rugby.”

Male Key Stakeholder

This CISA programme is aimed at building the confidence and self-esteem of these young men. He first introduced the Sports Education New Zealand (SENZ) programme, with rugby and sports as the prime focus. The programme also helps change the way these young boys view education. Some of the boys, after finishing the 16 week programme, have decided to go back to college to complete their secondary education, while some have travelled overseas for sports scholarship awards, and the rest have found better directions in their life and have acquired good jobs in Rarotonga.

One former students of CISA shared his positive story below:

“Young people should be taught the importance of setting goals for their future and then work out a plan to work to achieving these goals. Start with small goals and then build into bigger goals both personal and professional goals. I have learnt something good from my time with Kevin and CISA.”

Male student from CISA
This young man has so much praise for Kevin because Kevin believed in him and other young men who had been involved with the police. Kevin genuinely cared and believed that they can be rescued from their negative lives and changed into positive “Born Again Christians,” as stated by one of the young men involved. On my last visit to the Cook Islands, I was very pleased to see this young man employed in a takeaway food bar, which is a stepping stone towards his long term passion to become a trained chef. He was saving hard to pay his fees for cooking classes at the School for Hospitality Services. So I decided to assist by sponsoring him for his first eight-week course of Introductory Cooking, which he thoroughly enjoyed. In December 2011, he travelled overseas with a group of young people from around the world on a Youth for Mission experience. I personally think that his involvement with other students from different ethnic and cultural backgrounds from around the world is a positive step towards introducing him to other social environments, as well as building his self-confidence and self-esteem. I understand that he is back in the Cook Islands now, and he is still keen to pursue his interest of becoming a chef.

(ii) Vaka Court System

One of the stakeholders suggested that a Vaka Court system should be established in Vaka Takitumu to deal with young offenders of low level, or minor crimes, such as burglary, stealing, drink driving, or domestic violence.

“I think a local Justice of Peace or traditional leader should conduct a court hearing in our own Vaka Community Hall to deal with young offenders in our communities. Perhaps their punishment should involve making them do community work in the community or at the victim’s home or plantation, or pay reimbursement to the victim, instead of sending them to the prison.”

Female Key Stakeholder

This Vaka system is similar to the Marae Based Youth Courts successfully established by the New Zealand Maori Community Resolution Programme. A news article in the Whakatane Beacon (Wednesday 15 June 2011) entitled, “Judge laments poor parenting-Marae Youth Court not a silver bullet,” is a report covering the launching of the seventh marae-based youth court in Whakatane, where Judge Louis Bidois in his closing speech, to an audience of top judges, lawyers and Government representatives alongside community leaders, social workers, and kaumatua, stated that:-

“Maori need to stand up and take responsibility. We need to love and care for each other and stop beating our women and children. We need to teach our children who they are and where they come from, instead of being at the pub. We need to encourage children to make the most of their education and teach our daughters to
engage in stable relationships and our sons to take responsibilities for their actions. This could equally be applied to all other ethnicities and races.”

The initiative is aimed at reconnecting young Maori offenders to their culture to reduce reoffending. A New Zealand Minister for Courts, Georgina Te Heu Heu, stressed in the same article that for the initiative to work it needs to be supported by the Courts, Government, and the communities (Whakatane Beacon, 15 June 2011).

According to a Labour Party Spokesperson on Justice, the Hon. Phil Goff, this is a new philosophy of restorative justice, which places less emphasis on the breaking of the law, and more emphasis on the offender setting things right for the victim. He sees restorative justice as a more positive way of looking at the justice system, which may result in the expression of an apology by the offender, the payment of compensation to the victim, or to the wider society (http://www.firstfound.org/vol.%201/goff.htm retrieved 26/06/2012).

In restorative justice, both the offender and the victim will attend the session. It gives the victim the chance to tell the offender about the impact of the crime on him or her and their family, and also to get answers to their questions, and to receive an apology. It also gives the offender the chance to understand the real consequences of what he or she has done, and to do something to repair the harm. However, such programmes should be supported by training programmes, like anger and violence management, alcohol and drug counselling, or vocational training programmes. In cases where a fine is warranted, this could be on a reimbursement basis to the victims giving monetary reimbursement, community service to the victim or to community organisations, rather than a prison sentence. Such a system would save money by not having a judge from NZ preside over the case, and it would also avoid prison costs. Furthermore, the programme avoids criminalising the offenders (especially if they are young juveniles), while ensuring that the victims are satisfied with the result (http://www.whakatanebeacon.co.nz/cms/news/2011/06/art10009490.php).

This is what two young United States men had to say about Restorative Justice after their own transformations. They had been juveniles with the University of California Centre for Youth Violence Prevention, and now work for the teen court on a voluntary basis (Williams, Herzog, Reznik, 2004)
“Restorative justice means restoring peace. Restoring kids from going bad. Bringing kids back to society of hard work and realizing there’s more out there. Taking those who have fallen, picking them up and helping them out.”

Amando

“Look at the bigger picture and realize what the consequence are. Realize what other means there are to solve problems. RJ means you did something wrong, but we want to help you so that you don’t do it again. RJ is about gaining knowledge about subjects and learning from mistakes and experiences.”

Jonathan

One participant who is very passionate about helping young people in Vaka Takitumu suggested that to minimise these issues and concerns associated with criminal activities, there is a need for “transformative power of community development” in our communities. We need to create and implement an enabling environment for young people that acknowledge their evolving capacity to access services without embarrassment, stereotyping or fear of discrimination or victimisation. According to Sarah Raskin (2005), such a system will decriminalise these young offenders. However, creating this enabling environment is a challenge, since complex cultural, religious, social, economic and political forces influence the vulnerability of young people.

Perhaps today’s budget deficits in the Cook Islands are an ideal opportunity to investigate and create a transforming system that looks into the power of forgiveness instead of locking up young people and probably ruining their lives. As suggested by some participants, a restorative justice program could be introduced as a pilot program. The focus is on reintegrating or embracing the offender back into the family and community, and finding employment and a place in society. Plans are made with the presence of the family. The community, involve parents, peers, teachers, traditional leaders, NGOs, business sectors and media. The government includes ministries like justice, police, health, education, youth, women, and social welfare. Such an approach should be rooted in a Cook Islands Maori worldview, which fosters collaboration and partnership aimed at securing both the community and political will in making the offenders more receptive and responsive to management and rehabilitative programmes.

**Theme 6 - Employment Opportunities**

Some young participants were concerned about the lack of information about job availability in Rarotonga.
There is no place where we can go to find out about jobs available in Rarotonga. I think there should be a place where young people can go to find job vacancies so young people can apply for these jobs.”

Female peer educator

The young participants felt that there is no identified place that they can go to enquire about job opportunities. The young people did not feel comfortable approaching companies to look for job vacancies. During the interview, one key informant suggested that either the Division for Labour and Consumers or the Division for Youth should compile an updated list of job vacancies, available from both the public and private sectors that young school leavers can access.

Some participants raised their concern about the lack of rehabilitation programmes, and employment opportunities available to young people on probation or on parole. However, a couple of directors of tourism businesses in the Vaka Takitumu employed young men who had been in prison to work in their hotel and restaurant. Both have publicly expressed their satisfaction in the local newspaper (Cook Islands News, 2 August 2011) with the high calibre and excellent performance of these young men. These managers believe that providing employment for young offenders will keep them out of trouble, as they feel that if someone cares about them and gives them an opportunity, they will show their employers that they can be good, reliable, hardworking employees. In return, these young men feel privileged to have been given a second chance, and to see that other people have faith and trust in them again have given them a new life and increased their self-esteem so that they feel emotionally and financially secure and independent (Cook Islands News, Tuesday 2 August, 2011).

Theme 7 - Preventing Youth Suicide

The participants are very concerned about the increasing number of young people committing suicide. They are asking for help in finding ways to stop young lives being lost.

“We are very concerned about the issue of suicide affecting our young people. We need help, we need people specially trained to deal with this issue, we can’t afford to lose any more of our young people.”

Suicide prevention must be informed by research and best practice to ensure that initiatives do not put people at further risk of suicide (Cotter, 1999). Suicide awareness programmes are no place for good intentions, instincts or personal experience because the consequences of getting it wrong can be fatal. And when suicide is made a big issue it may become normalised, so young people think that “it’s an OK thing”. This is especially true if
they are in a disturbed or in a vulnerable state, and do not see the choices and options that they have, but focus instead on ending their misery (Cotter, 1999). Reducing youth suicide is a collective responsibility. Everyone in the community and in government can do this by supporting young people using the Positive Youth Development (PYD) approach. Every programme needs to demonstrate that it is safe, effective and evidence informed.

**Theme 8 - Collaborative Efforts between Government, NGOs and Communities**

According to Brenbauer and Maddaleno (2005), the health and wellbeing of young people is the key element for the social, economic and political progress of all countries. They add that with adequate support and appropriate investments by government and civil society, the economically active young population will be able to become the motor for economic growth, and an agent for positive social change in the region. This view is also expressed by one young male participant in this research:

> “The government, NGOs and communities must invest in the development of young people. Young people should be involved in or encouraged to participate in the development of policies and programs that affect young people. Young people should always be consulted in setting up special services targeting young people.”

**Male Peer Educator**

Such an approach is driven by the belief that young people and adults should work together to change their communities into safer places, where young people can grow up to be healthy and happy. The prison and probation service are examples of positive collaborative efforts:

> “There are some collaborative efforts now happening in Rarotonga to help our young people. For example, some government ministries (such as MOE, MOH, NHRC) and some NGOs like the churches, Alcohol Anonymous, Te Kainga Mental health, have come together to work out programmes to help rehabilitate our young people in the prison and probation services.”

**Female Key Informant**

While the Ministry of Education provides literacy and numeracy education for inmates who cannot read and write, the MoH provides mental health assessment and counselling services for inmates. From the NGO areas, the church pastor visits the prison to provide religious and spiritual support for the inmates, and a member of Alcohol Anonymous (AA) provides counselling relating to alcohol abuse. The CISA also visits inmates and offers counselling sessions. The aim is to provide these young men with skills,
so that when they are on parole, the NHRC will assist in securing a job attachment for them.

Some members from the community visit the prison to offer their support. For example, last year, I was invited to a one-hour concert organised by the manager of a Manihiki/Rakahanga Band from New Zealand which was visiting Rarotonga for to raise funds for their community hall. The concert was held in the prison grounds to entertain the inmates, their staff and invited guests (people from the organisations and ministries mentioned above), and everyone enjoyed it. To me this was a very good gesture by the manager of the band (who shared that he, too, had been in prison when he was a teenager) and who understands the feelings of being in prison. This indicates to the inmates that there are people outside the prison walls who do care about them and want them to change when they come out of prison.

**Theme 9 - Political Commitment and Support**

During the needs assessment, governance and leadership issues were identified by the participants as requiring the help and support of government.

“We would like to request that the Ministry of Youth be re-established, as our needs have not been met in the current system. I understand that there is a National Youth Policy, but we have not seen any programme done from this. Maybe the small budget Youth gets from Ministry of Internal Affairs is not enough. So if there is a Ministry for Youth, a budget would be allocated to implement the recommendation in the policy.”

Young female from church group

In the last year, there was only one staff member in the Youth and Sports Division, and it has been difficult to deal with matters relating to young people, especially in the Outer Islands. Most of the programme activities outlined in the National Youth Policy have not been implemented, and the Policy was due for review in 2010. Before the last government came to power, there was a Ministry for Youth and Sports, with good communication between the Ministry of Youth and the National Youth Council leading to programme activities. With Sport being under the same roof, there was very close relationship between people in Sports and Youth. The participants would like to see this happen again to coordinate the programmes and to reduce the problems faced by young people in Rarotonga.
“We would like to ask the government to re-establish the local government in the three Vaka in Rarotonga, and appoint a youth officer in each vaka to coordinate youth activities in their vaka.”

Female Key Stakeholder

The Youth Officer would be responsible to the Mayor and be a member of the local Vaka Council. In this capacity, he or she would assume a leadership role and ensure that young people are represented at the decision-making level; but most importantly the voice and needs of the young people in the Vaka would be heard and known. Currently, a Community Police Officer has been appointed in each Vaka in Rarotonga. Such an initiative is a negative response, in my opinion, which is targeting a specific problem and trying to fix it. The comments made by the last two Prime Ministers make it obvious that crime is still a problem in the Vaka, and it is getting worse, as young boys 12 years of age have now joined in with the older boys in committing crime. What is needed in the Vaka now is a positive approach to developing programmes that will positively impact on all young people. Some young and adult participants are convinced that young people who are committed to working with their peers be appointed to sit with the adult members of the local council, the decision making body in the Vaka. In the same way, the community, parents, families, church, uniformed organisations, the business communities and traditional leaders all have a role in working in partnership with young people, and empowering them to become change agents in designing and developing programmes. There is only a handful of juvenile offenders in the Vaka, and, as noted above, two business people in Vaka Takitumu have already shown the way by employing two young inmates on probation. If each family in Vaka Takitumu can do the same, I believe that the issue of juvenile offending can be minimised or even eliminated. In this way, they can make a significant difference to their own lives, as well as to the families and communities in which they live.

5.4 Chapter Summary

The participants’ responses to the four key questions pertaining to the health and wellbeing of young people were expressed from both lay and professional perspectives. However, even though they identified different domains of health in their responses, their collective definition reflects a holistic approach to health, that included physical, mental, social, cultural, spiritual, economic and political aspects. Some of the participants also emphasised the importance and value of health to themselves and their families.
The positive contributions and voluntary work by young people to their families, communities and country were acknowledged and appreciated by the adult participants. In particular, their voluntary contributions in domestic service in their homes, fundraising activities everywhere were acknowledged by all leaders in the Vaka Takitumu, as well as by the key informants from areas outside Vaka Takitumu.

A wide variety of issues and concerns faced by young people were also identified by the participants. The most pressing issues were substance abuse, in particular alcohol; poor parenting styles; the young people’s voice not being heard; reproductive health issues; educational and training issues; juvenile delinquency; mental health issues; cultural issues; migration; and unemployment. These issues limit how young people live their lives.

Finally the participants’ views and ideas on how to minimise the impact of these issues on their health and wellbeing were discussed. Most of the interventions focused on approaches aimed at the determinants of health, using comprehensive community-based and Positive Youth Development initiatives which provide new opportunities and challenges for young people. These aspects of forward thinking and working collaboratively with other sectors in the community create ideas that bring young people into the civic, social and economic arenas of their communities as workers, lifelong learners and change agents and helps them achieve their full potential, for example, the excellent work by CISA. The proposed Vaka court restorative justice is a new approach which has proven successful in a New Zealand Maori Marae court system. I believe that it will be a worth looking into these ideas. The findings and discussion in this chapter provide the background information required for the development of the health promotion model described and discussed in the next chapter, and for final recommendations.
CHAPTER 6: DEVELOPING THE HEALTH PROMOTION MODEL

“Strong blocks make strong walls, and strong walls make strong buildings. Each strength that is achieved by a young person is like adding a block to a strong wall. The more strengths there are in a young person’s life, the stronger the life they build.”

McLaren, 2002

6.1 Introduction

In this chapter, I present the process involved in the development of the Health Promotion Model in a Cook Islands context, aimed at promoting the health and wellbeing of young people in the Vaka Takitumu. The first part includes the process involved in acquiring the title of the model. The second part is the approval and confirmation of the use of the Pu Ara o Takitumu concept as the title for the model by the traditional chiefs and leaders in Vaka Takitumu. The third part involves the lengthy process of the actual development of the model. The Pandanus tree (which represents the Traditional leaders or Pu Ara o Takitumu) has a significant meaning and multipurpose use for the traditional leaders and people of Vaka Takitumu. I discuss each part of the tree individually to illustrate its domestic use, and how it relates to the fundamental principles and values of the Community Based Participatory Research (CBPR) model by Minkler and Wallerstein (2003), Multisystemic Socio-Ecological (MSE) model by Bronfenbrenner (1979), and the Positive Youth Development (PYD) model by Pittman (2001). However, although these approaches have been used, I adapted the principles used by these researchers and scholars to reflect the principles identified by the traditional leaders and the participants during the needs assessment, and from a Cook Islands’ perspective of health. The final part of the chapter explores the application of the principles of the models discussed to the health promotion activities identified by the participants.

6.2 The Birth of the Pu Ara O Takitumu Model

As discussed in earlier chapters, concepts of health vary, and health means different things to different people (Thomas 2003; Ewles & Simnett, 2004; Dumont & Keilhofner, 2007). The concept of health identified by the participants in Chapter 5 places importance on health as a holistic, inter-related phenomenon as well as an intra-personal one. Good health is regarded as the manifestation of a balanced and harmonious relationship between
the individual and his or her wider socio-ecological environment. The Cook Islands Health Promotion Model reflects this concept.

At the beginning of my research journey, I had a vision of how to develop a model to promote the health and wellbeing of young people in Vaka Takitumu, and eventually the Cook Islands as a whole. My first thought was to develop a Taurearea Oraanga Meitaki Model that would reflect a strength-based and Positive Youth Development approach. At first I had some concern because the term Taurearea is a Manihikian translation of a young person who is not married, and has no direct bearing or connection to the Vaka Takitumu district. However, during my first contact with the Vaka Takitumu people in the introductory workshop for the key stakeholders held in November 2008, some of the participants indicated that the term Taurearea is also related to a single young person in Rarotonga and other islands like Rakahanga and Palmerston in the Northern Group. This information relieved my concern and it showed me that my proposed model can be linked with the Vaka Takitumu and its people. Later the model could be transferred to other Vaka in Rarotonga and to the Pa Enua (Outer Islands).

However, this all changed in July 2009, when two of the key stakeholder in their interviews suggested that in order to minimise the issues and concerns faced by young people in Vaka Takitumu, the Pu Ara O Takitumu (the traditional leadership body) must be actively involved in finding ways to help young people, and to address issues relating to the increasing level of crime in Vaka Takitumu and Rarotonga. They also suggested that the Pu Ara o Takitumu would be an ideal metaphor, or akara’anga, for the health promotion model. To me, this is a fitting metaphor, as I wanted a model that has a direct traditional and cultural linkage with the local paramount chiefs (Ui Ariki), and the traditional leaders of (Ui Mataiapo and Ui Rangatira) and people of Vaka Takitumu. (Ariki on its own means one or singular, and Ui Ariki is plural meaning two or more Ariki). The Pu Ara concept is unique to Vaka Takitumu, as it portrays a specific meaning (aiteanga), sacredness, (tapu) and special power (mana) of the Traditional Leadership body of Vaka Takitumu who are highly respected by traditional leaders in other Vaka in Rarotonga, the Outer Island, the government, NGOs, religious organisations, and the people of the Cook Islands. I discussed this with the proposed Chair of the Steering Committee and some young people, and they supported the suggestions. However, before this could be confirmed, I had to seek the views of the traditional chiefs and leaders and get their approval.
6.3 Permission to Use the “Pu Ara O Takitumu”

Because the Pu Ara O Takitumu concept is specifically connected to the traditional leaders Ui Ariki and Ui Mataiapo of Vaka Takitumu, no other person or tribe can use the Pu Ara symbol without these leaders’ authority and permission. Because Te Pu Ara o Takitumu concept is widely known, acknowledged, and respected by people in the Cook Islands it is very important that I, as a researcher from an outside and overseas academic institution, seek permission from the Ui Ariki and Ui Mataiapo of Vaka Takitumu before confirming the title of the model. This signifies acknowledgement and respect of the cultural protocols and understanding of the indigenous people’s ancestral identity and heritage handed down from generation to generation, for no island or place in the Cook Islands except Vaka Takitumu is identified by this particular tree. So to achieve this, I had to firstly make sure that I understood the full meaning and protocols relating to the Pu Ara o Takitumu.

I had a two-hour discussion with one Mataiapo from the village of Titikaveka. He was 89 years of age, and the eldest member of the Pu Ara O Takitumu. He explained to me the significant connection of the Pu Ara tree with the traditional leaders in Vaka Takitumu, as well as the traditional protocols of cultural and spiritual meaning, mana, and tapu linked with the tree. These must be treated with respect especially by someone who is not part of the Vaka Takitumu Traditional Leadership body. This is especially critical when it involves writing, recording and taking the Pu Ara concept outside the Vaka Takitumu boundaries, in this particular case, to an overseas academic institution. According to him, the Pu Ara is a tree that has many branches and leaves which provide a lot of shade, thus the tree represents the two traditional chiefs Pa Ariki and Kainuku Ariki, and the Ui Mataiapo, as they provide shade and protection of their Vaka Takitumu tribes and people from any danger or attack by their enemies.

Following my personal introduction to the Pu Ara o Takitumu concept and meaning, I visited the Ui Ariki and Ui Mataiapo to explain the details of my research, but most importantly to get their consent and approval for me to use the Pu Ara o Takitumu as a metaphor for my research model. Unfortunately, only one of the Ariki (paramount Chief was on the island, and ten of the Ui Mataiapo were not available. But the Ariki and the twenty Ui Mataiapo that I met all agreed to my request, and the Pu Ara concept was agreed upon, hence the birth of Te Pu Ara Model.”
So, as an outsider from Vaka Te Au o Tonga, and a researcher from an overseas academic institution, I feel privileged and honoured to have been given this opportunity to hear, witness, and use the Pu Ara concept to illustrate my passion in helping the young people, and eventually the whole community in Vaka Takitumu.

6.4 Development of the Health Promotion Model for Young People

The development of the model was a collaborative effort by youth and key stakeholders in the Vaka Takitumu, some key informants from other areas in Government, NGOs and individuals in Vaka Te Au O Tonga and Vaka Puaikura in Rarotonga and the researcher.

(i) Steering Committee

The development of the model was a collaborative effort by the researcher and the steering committee of young people. This was confirmed during the seminar held in August 2011 that was designed to provide feedback on the findings from the community assessment carried out in 2009 and 2010. During the data collection phase, six keen young people were identified as steering committee members but by the end of 2010 two had migrated overseas and one had passed away in a motor vehicle crash related to alcohol and speed. So it was decided to increase the committee to 10, to ensure the sustainability of the committee’s participation and the project’s progress.

The final committee of 10 young people (5 males and 5 females) was chosen from the focus groups interviewed. The group decided to include the President of the Cook Islands Youth Council because of her role with youth at the national level, although she does not reside in Vaka Takitumu. The chairperson is the former Youth Officer with the Youth and Sport Division at the Ministry of Internal Affairs, who still resides in Vaka Takitumu and is a very active member of their Cook Islands Christian Church Youth. In addition, she was the key person in Rarotonga with whom I liaised and worked closely from the beginning of my research, so she is aware of the progress and development of the project.

(ii) Advisory Committee

Following the preliminary feedback seminar for young people, a similar seminar was held two days later for the adult participants. An advisory committee was also set up which consists of ten members, who are all key stakeholders in Vaka Takitumu. However, they also have other key leadership roles such as Paramount Chief, or Ariki; Traditional
Leaders, or *Ui Mataiapo*; leaders in the church; sports; NGOs and parents. There are also senior government leaders such as a Member of Parliament, a Head of Ministry, trained professionals from health, education, justice, and law. It was also decided to include the new President of the *Koutu Nui* (a group of Traditional Leaders of *Mataiapo* and *Rangatira* in the Cook Islands) because the previous president (who had passed away in July 2011) had been very much involved, and her wish was that *Te Koutu Nui* be involved in the implementation of the recommendations at the conclusion of the research proper, especially in relation to transferring the model to other *Vaka* in Rarotonga as well as the outer islands. Thus including the new president in the seminar and in the committee would keep her informed about the purpose and the progress of the project. The main purpose of the committee is to provide support and advice to the Steering committee and the young people, especially during the implementation stage of the project.

(iii) **Another View on the Process of Developing and Implementing the Model**

During the research, especially during the development of the model, I had a mental image which I felt was important and which truly embraced the Cook Islands’ cultural and spiritual perspectives and processes involved in developing the model. This process is reflected in the building of a *vaka*, or canoe, which is a traditional and very important practice in the Cook Islands and other Pacific cultures. As stated earlier, the *vaka* concept is not directly part of the model, but rather it resembles a traditional or indigenous viewpoint relating to processes involving the developing and implementing the model. Although the implementation component is not included in this thesis, the process in developing the model would have a significant bearing on the implementation phase, which would take place after the successful and formal completion of the thesis.

Building a *vaka* was illustrated by the late Sir Dr Thomas Davis (1992) in his book *Vaka: Saga of a Polynesian Canoe*. Sir Thomas Davis described the construction of a *vaka* as a community undertaking, where everyone has a place of belonging and an important role. It depicts the importance of communal cultures, where people of different ages, from different tribes, different villages, different families, and sometimes different ethnic groups, come and work together and support each other to achieve their goals of building the Vaka. What a tremendous sense of accomplishment there is when the *vaka* is finally built and launched to sea by the *Ui Ariki*, his or her *Ui Mataiapo and Rangatira*, and village people under his or her rule. It is all about working collaboratively and continually moving forward.
The mental image of the vaka also encapsulates the feeling of possibility that I had at the start of my research journey. This image personally gave me a lot of strength, because it is not just about me as an individual, the vaka is about everyone, men, women, and young people and children, pulling together in building the vaka, and paddling it together so we can move in the same direction. So building and paddling the vaka is a fitting image when we are challenged with how to improve the health and wellbeing of our young people. It requires all of us to be on board with a common clear vision and a purpose. It requires adults to be in harmony with young people, to work closely with them and become part of a joint rhythm and to share moments of moving ahead together.

In 1992, the Cook Islands hosted the South Pacific Arts Festival. The highlight of the festival was the arrival of traditionally carved vaka to Rarotonga from Tahiti, the Marshall Islands, Hawaii, New Zealand, and from Aitutaki, Atiu, Mauke, Mangaia, the Vaka Takitumu and the Vaka Te Au o Tonga from Rarotonga. These canoes sailed through the Pacific Ocean, navigated by the traditional methods of reading the stars, moon, wind and currents, and reached land without the aid of a modern compass. The significance of the image of the Vaka is mainly related to the importance of the cultural and spiritual aspects and the collaborative process involved in building a vaka, and in developing the Pu Ara health promotion model with the main purpose of improving the health and wellbeing of young people in the Cook Islands.

(iv) The Model with a Cook Islands Perspective

The title of this research is “Investing in Our Young People,” and in the Cook Islands Maori, “Akaupokotuanga i Ta Tatou Au Mapu, No Te au Tuatau ki Mua.” This is a powerful message that reminds every one of their responsibilities in nurturing and providing unconditional love and care to our children and young people. For me, it is about positive parenting by demonstrating adaptability in our parenting styles. It is about family strengths and having positive relationships and connectedness with each other, especially with our children and young people. It is also about community strengths that support and value families, as well as cultural strengths that have a rich cultural heritage and shared cultural meanings. But above all, it is about hope, with us all working together and doing things better in making a difference in improving the health and wellbeing of our young people.

My research aims to provide a model that is developed by young people for young people, with the support of the researcher, the stakeholders in Vaka Takitumu and key
informants. It will be driven by the young people and community and not by professionals or donor agencies. In this way, youth and the community will have ownership and control. With the support of the advisors, my hope is that it will continue to be used by the people, organisations and communities in Vaka Takitumu in future. It is an approach that provides young people with the broadest possible support, in the hope of enabling them to gain desirable long-term outcomes.

(v) **Strengths based Positive Youth Development Approach**

In addition to the CBPR and MSE approaches, I also utilised the principles given in the strengths based Positive Youth Development (PYD) approach. PYD is founded on the belief that young people thrive better when they are developmentally supported across all sectors of the community: parents, families, schools, youth agencies, religious organisations, community governance, business, juvenile systems and many more (Whitlock, 2004). PYD also takes a holistic approach to health which is sensitive to the physical, mental, emotional, social, cultural, spiritual, economic, and political needs of young people.

The approach calls for policies and intervention programmes that contribute to creating an overall environment that offers young people the support they need, to ensure that they are prepared to meet the challenges facing them as they navigate the difficult path through childhood and towards adulthood (Piha, 2001). This meant a shift in perspective that called for concentrating on strengthening social support to contribute positively to the developmental needs of young people (Pittman, 2000). So rather than examining each individual health promotion programme in isolation, programmes should be using a collaborative approach at all levels and involve individuals, families and community and government organisations in providing young people with the kinds of support, resources and opportunities that foster resiliency, learning, high self-esteem, good health, wellbeing and happiness (Pittman et al., 2005). When the model is successfully implemented, it is hoped that it can be transferred to other Vaka in Rarotonga, Outer Islands, and maybe to Cook Islands communities in New Zealand.

6.5 **The Pu Ara Model**

(i) **The Pu Ara Tree – Pandanus Tectorius**

The Pandanus Tree (shown in Figure 20) is identified as the Tectorius Tree, known as the *Pu Ara* in Cook Islands Maori. The Pandanus is a genus of monocots with about 600
known species. They can grow in a wide variety of soil types, but some species grow wild, while some are domestically grown and cared for, in all fifteen islands in the Cook Islands, and in other Pacific and tropical countries, including the northern states of Australia (http://en.wikipedia.org/wiki/Pandanus).

![Image of Pandanus Tree](http://www.northerntreecare.com.au/pandanus-shots)

**Figure 20:** A Pu Ara or Pandanus Tree  

(ii) **Development of a Young Person as Part of the ‘Big Picture’**

In the context of this model, the *Pu Ara* tree, which is a living and growing entity, represents a young person, a living human being. In this case, it indicates the beginning of the transitional process of development from childhood to adulthood. Because the *Pu Ara* tree grows wild in different islands and soil types in the Cook Islands, it is part of the big picture of vegetation in the country. In the same context, a young person is regarded as part of the bigger picture of the wider socio-ecological environment (the value and belief systems, as well as the physical, mental, social, cultural, spiritual, economic and political systems) within a village, *Vaka*, island, and country where he or she lives (McLaren, 2002).

As part of nature’s development process, and with healthy soil, rain and sunlight, the tree will continue to grow until it reaches full maturity, and bears flowers and fruit. Similarly, the young person, when nurtured and provided with all the appropriate support, care, love, knowledge, skills, and resources available, will also develop into a healthy and happy adult, who may have children of his or her own.
Each part of the tree will be explained individually to illustrate its functions and its contributions to the people and communities, as well as how this relates to the model for the promotion of young people’s health and wellbeing.

(iii) The Cultural and Spiritual Aspects of Development

Through the eyes of the traditional leaders of Vaka Takitumu and its people, the Pu Ara tree has a significant cultural, spiritual meaning and mana. In the context of this model, and as explained to me by a traditional leader, the Pu Ara tree has many uses and benefits which the Ui Ariki, Ui Mataiapo, Ui Rangatira, and people in Vaka Takitumu highly value. Thus the Pu Ara tree is seen to represent this group of traditional chiefs and leaders, whose role and function is to protect their people and tribe, or vaka tangata. The long thick leaves of the stems of each branch provide shade and shelter, or tamarumaru, for the people, thus signifying what the traditional thatched roof of a house, or a western umbrella does in providing shade and safety from the sun and the rain.

The use of the Pu Ara model presents a Vaka Takitumu worldview that embraces a cultural and spiritual identity to protect and navigate the positive development and health of young people. Health depends on many factors, and according to Durie (1999) and Pulotu-Endemann (2001), cultural identity is considered to be a critical prerequisite for good health among indigenous people. Bennett et al. (2005) also described culture as something that extends beyond language and ethnicity. For example, age and generational issues, gender, religion and socio-economic status can also have great cultural significance for an individual or community. Therefore, the young people, the civic society and government need to have cultural competency to draw on the values, traditions and customs of each other in designing and developing policies and intervention programmes to meet the needs of all young people.

(iv) Different Species of Pandanus – Represent Diversity in Young People

Although there are about 600 species of the Pandanus or Pu Ara in the world, there are four main species in the Cook Islands. Firstly, there is the Ara Ta’atai, and ta’atai means ‘coastal area near the sea or beach’, and this particular variety grows wild in these areas. Secondly, there is the “Ara Kai,” and kai means ‘food or eat,’ and this particular species is edible, so the plant is domestically grown and taken care of for its nutritional value. Thirdly, there is the Ara Inano and this variety only bears the inano flower and no fruit. Finally, there is the Ara Amoa, which is believed to have been brought over from
Samoa. *Amoa* in the Cook Islands relates to Samoa, and the individual seed of the fruit is much smaller than the fruit of the other two varieties. The fruit has a unique bright yellow or dark red colour with a beautiful fragrance, so is very popular for making head or neck garlands, or *ei*, mixed with other different flowers and leaves in the Cook Islands.

Realising that there are many species within the Pandanus family, it is with the same principle that we accept the diversity in young people. It is important to realise that no two young persons are the same, and that they are not a homogenous group. Each young person is an individual and there are variations in age, gender, ethnicity, colour, where they live, who they live with, their religious affiliations and spirituality, and their sexual orientation. Each young person has his or her own attitudes, beliefs, constructs, behaviours and unique responses to the challenges of life. So there is also a need to recognise and accept the diversity of solutions to the challenges faced by young people, and therefore the importance of providing a diversity of opportunities in the community to build, maintain and sustain the resilience and adaptive behaviour of young people.

(v) **Strong Trunk of Pu Ara - Strength Based Development of Young People**

*Pu Ara* trees vary in size from small shrubs less than one meter tall to large trees of about 20 meters tall. As the trees grow and mature, their trunks become ringed with leaf scars from dead leaves when they fall off, as seen in the left photo in Figure 21 below. The trunks of the tree shown in the picture on the right are fairly straight and strong, and these are traditionally used as timbers for building purposes. In relation to the model, the strength of the trunks represents the strength seen in some young people. So in order to improve the health of young people, programmes using strength-based approaches are developed, ensuring a consistent Positive Youth Development mechanism that needs to be built into their lives.
These involve surrounding young people with positive parenting, providing positive influences, building lots of strengths into young people’s lives, providing support and resources for young people, positive peer influence, and supportive neighbours and education that is accepting and which sets limits and high expectations, and encouraging participation by young people in constructive activities outside school and work.

(vi) The Base and Roots of the Pu Ara - Represents the Family

The base of the trunk and its many thick prop roots near the base provide strong support as the tree grows top heavy with branches, leaves and fruit as shown in Figure 22. It forms a strong foundation for the survival of the tree against strong winds. The prop roots penetrate deep into the ground, and with some of the smaller roots also penetrating into the ground, this anchors the tree firmly, while at the same time also providing nutrients from the ground to sustain the growth of the tree (Hyndman, 1984). The base of the trunk and its root system anchoring the tree into the ground signifies the young person being connected to their families and mother earth. Thus the trunk and roots provides a strong foundation for young people from a physical, social, mental, cultural, spiritual and emotional perspective.
From a cultural and spiritual perspective, it is important for young people to know their heritage, as well as their identity relating to where they come from and to which tribe they belong. The strong foundation provided by the base of the trunk and its many roots signifies the family, both nuclear and extended families, seen in the Cook Islands, which is the basic foundation of human culture. Strong families are critical to the development of strong communities, especially for children and young people (Arney & Scott, 2010). Family strengths have roots in family members being inextricably connected to each other. Furthermore, strong couple relationships are at the centre of many strong families. However, a strong family is not only about structure, as function is just as important. For example, a single-parent family may not look as strong as a two-parent family. But in reality, there are many strong single-parent families, just as there are many troubled two-parent families. Thus, focusing only on family structure can cause one to miss the point how a family functions, and how family members demonstrate love and care for each other, is more important than who the family members are or what type of family they represent (Arney and Scott, 2010; New Zealand Ministry of Youth Affairs, 2002).

There are a few aerial roots hanging from the base of the trunk, and they are used for medicinal purposes. They are prescribed by a local traditional healer, or taunga, who has certain healing powers and the ability to prepare local medicines using leaves, bark, roots, flowers and different parts of a plant for certain ailments. These healing powers

Figure 22: The Base and Roots of the Pu Ara - Represents the Family
Source: Thompson et al., 2006:5
usually reside in certain families, and are handed down from generation to generation. This concept of traditional healers and medicines shows the cultural and spiritual aspects of illness and the meanings, beliefs and values Cook Islanders have in their taunga and practice of traditional medicine to cure certain illnesses and ailments.

(vii) **The Branches and Stems - Represent Connectedness**

The many branches from the trunk of the Pu Ara tree connected to their various stems as shown in Figure 23, represent the connectedness between young people and their socio-ecological environments. These include schools, peers, neighbours, churches, sport groups, cultural groups, communities, villages, NGOs, government ministries, government agencies, and their physical environment such as the sea, land, and parks.

Religious groups can assist families and young people in enhancing spiritual wellbeing by providing sanctuary or counselling services for young couples. Government agencies provide social services like reproductive health, welfare, information and counselling services. These are just some of the services that young people need.

![Figure 23: Branches and Stems of the Pu Ara tree represent connectedness](http://www.en.wikipedia.org/wiki/Pandanus)

(viii) **The Leaves - Represent Physical Safety, Mental and Economic Aspects**

The leaves of a mature Pandanus tree shown in Figure 24, are shaped like a sword, about one to two meters long and four to seven centimetres wide. On both sides and
underneath, the leaves have little thorns. In fully mature leaves, they are bent at the upper third and hang down, giving the leaves a drooping appearance (Hyndman, 1984).

The leaves are exposed to the sun and allow photosynthesis to take place, thus enabling the tree to grow into a mature and healthy tree. The green leaves of a mature tree are quite thick and so provide shade and shelter on a hot sunny day. Because the Cook Islands consist of a group of tropical islands, it can be quite hot especially during the summer months. So often on a Sundays, families take a mat under the shade of the *Pu Ara* tree on the beach to relax and enjoy the beautiful view and cool breeze from the sea. This contributes to physical, spiritual, mental and emotional health and wellbeing, as well as to happiness.

![Mature leaves of pandanus tree: when dead and dry are used for roof thatches, represent shelter and safety](http://www.en.wikipedia.org/wiki/Pandanus)

The dead and dry leaves of a mature tree are used for thatching of roofs and walls of homes which provide shelter and safety for young people. It must also be realised that shelter and safety are not only about having a roof over one’s head and being safe in the confinement of one’s home. Safety also involves being free of domestic or physical violence; sexual violence, including rape and incest, illegal abortion; criminal activities like burglary, theft and homicide; and self-harm practices such as substance abuse, suicide and poisoning. Traditionally, homelessness has never been an issue in the Cook Islands, but today there are young people who have no permanent home, and discussions and fundraising are happening in some NGOs to establish a halfway home in Rarotonga to provide a temporary home for such young people.
The young ara trees (shown in Figure 25) has small softer leaves which are very useful when dried and used by women for weaving mats, hats and baskets, for domestic use as well as for sale in the shops and markets. This relates to the economic and revenue generating aspects that are relevant for the development of young people’s health and wellbeing. The young leaves depict the youthfulness and usefulness of young people, in that young people are hardworking, helpful and resourceful in the homes and communities, creative, respectful, and smart.

(ix) The Flower Hinano – Represents the Social, Cultural, Mental, Spiritual and Emotional Aspect

Pandanus trees are dioecious. They are unisexual, bearing male and female flowers in separate trees. The flower is known as hinano in Cook Islands Maori (Hyndman, 1984). The female tree produces flowers, or hinano, with round fruit that are surrounded by bracts (see picture on the left in Figure 26). The flowers, or hinano, of the male tree (shown in the right picture in Figure 26) are about 2-3 centimetres long, and are also surrounded by narrow white bracts at the base. These have a white powder, and a beautiful and potent fragrance. In some cultures, for example in the Marshall Islands, the male flowers are believed to contain an aphrodisiac substance which arouses sexual desire (Hyndman, 1984).
Figure 26: The Hinano Flower represents Cultural, Spiritual and Economic factors
Source: http://www.en.wikipedia.org/wiki/Pandanus

Because of its beautiful fragrance, it is sometimes sewn together with the colourful pandanus fruit and other flowers like tiare maori and leaves to make garlands for the head or the neck, ei katu or ei kaki as worn by the young man and woman in the picture below (see Figure 27). These are worn during special social and cultural ceremonies and celebrations. This reflects a person’s beauty (external or internal) and mental, spiritual, and emotional wellbeing.

Figure 27: Young man wearing head and neck garland or ei of pandanus with other flowers. Young woman wearing neck ei of pandanus and other flowers and leaves in the head ei
Photo by Tamarua
In some outer islands, the *hinano* are shredded into fine pieces and added to fermented, grated coconut to produce coconut oil with a beautiful *hinano* perfume. This is used for massaging, or for medicinal purposes in treating minor skin ailments and diseases. It is also used by females on their skin to give them an admired olive-brown skin when exposed to the sun. The oil is also sold in small bottles mainly in Rarotonga market, as a source of income for the women.

(x) **Pandanus Fruit or Ua Ara – Representing the Physical, Mental, Spiritual, Emotional, Nutritional and Economic Aspects of health.**

The Pandanus fruit, or ’ua ara, are round or oval shaped, about 10-20 centimetres in diameter, and have many prism-like sections resembling the fruit of the pineapple. The colour of the fruit changes from green to yellow and then bright orange or red as it matures (see Figure 28). It also has a delightful fragrance when it is ripe. The beautiful colour and fragrance of the fruit represent the external as well as the internal beauty, youthfulness and sweet smell of young people.

![Ara Taatai](image1.png)  ![Ara Amoa](image2.png)

**Figure 28:** Ripe colourful pandanus fruit

Source: Thompson et al., 2006:21

From an economic perspective, women (young and old) mainly from the southern group islands (where Pandanus grows wild) make these into garlands or *ei* as shown in Figure 29, to send to their friends and families in Rarotonga to sell at the market for NZ$10 to NZ$15 each. Sometimes government departments, non government organisations and
families in Rarotonga would place an order of (about 50-100 ei) to these women in the outer islands for special functions or celebrations such as graduate ceremonies, and the Pacific Island Forum (PIF) hosted by the Cook Islands in 2012. For example the garlands in Figure 29 were part of the special order received from the island of Mauke for the PIF in Rarotonga. This has now become part of the small business ventures for women throughout these Islands.

![Image of garlands](image)

**Figure 29:** The Pandanus Fruit (*ara*) and other flowers sewn into garlands (*ei*): represents culture, spiritual and economic aspects

*Source: Cook Islands News, 12 August, 2012.*

In some Pacific Islands, like Tokelau, Tuvalu, Kiribati, the Solomon Islands, Papua New Guinea, and in the Northern Group islands of Manihiki, Rakahanga and Penrhyn and Pukapuka, a specific variety of the Pandanus fruit is edible, and it is domestically grown as a staple fruit (see Figure 30). The flesh of the fruit can be eaten raw or preserved as a pulp, which is similar in taste to a date, and in texture to flour. The flesh can also be scraped off and mixed with flour and baked in the traditional oven, *umu*, as a form of bread. It is a good source of vitamin A, vitamin C, calcium, iron, and beta-carotene ([http://www.wisegeek.com/what-is-pandanus.htm](http://www.wisegeek.com/what-is-pandanus.htm)). In reference to the model, this healthy fruit represents the good nutritional aspects relevant for physical health of young people.
Unfortunately, this particular species is now rarely seen in the Cook Islands, even in the Northern group islands, where this edible variety of the Pandanus fruit was part of the staple diet.

(xi) Environmental Policies - Representing Collaborative Efforts between Government and Community

Like many other Pacific Islands, the Cook Islands is vulnerable to environmental circumstances. Of particular concern is the coastal areas, which in recent years has experienced localised degradation due to climate change. The consequences of climate change are an increase in storm intensity and frequency, rising temperatures and a rising sea level. These could result in salt water intrusion into ground water and erosion of shores. Where there has been unplanned development, nutrient seepage from septic tanks into ground water and into the lagoon also pose a problem. All these would be devastating to the country, as the coastal area is the basis for sustaining livelihood and economic development, in particular the country’s prime industry of tourism which relies heavily on the idyllic lagoon and white, sandy beaches as shown in Figure 31 (Tupa, 2004).
Figure 31: Tourism Picture of a Clean, White, Sandy Beach with the Lagoon in the Background
Source: www.cookislandstravel.com

To minimise the negative impacts, the Koutu Nui, a national body of traditional leaders, together with the Ministry of Environmental Services, introduced policies and programmes to increase awareness and adaptation options that can be routinely included in plans at both the national and local levels. Some of the programmes include the Reef and Lagoon Conservation Raui programme, the Young People Clean the Beach Programme, the Tree Protecting Conservation, and the Tree Replacing and Replanting Programme around the coastal and beach areas.

The Reef and Lagoon Conservation Programme is a policy directive by the Traditional Leaders of the Koutu Nui, which involved putting a Conservation Quarantine, or Raui, on a particular section of the lagoon, from the beach to the reef, for a certain period of time, usually six months. The Raui means that no person is allowed to fish or remove anything from the area. After the specified conservation period, the ban will be lifted and the people will be able to fish again in that area. The Raui will then be shifted to another section in the lagoon. The young people’s Clean the Beach Programme is a voluntary group, who at certain intervals pick up rubbish to keep the popular tourist beaches clean in the three villages in Vaka Takitumu. The tree protection and replanting programme involves conserving trees growing in the coastal areas, including the Pu Ara tree which grows wild in these areas. If a tree falls over, dies, or needs to be cut down for safety reasons, then a new young tree will be planted to replace it.

In reference to the model, the collaborative work amongst the traditional leaders, the communities and government sectors signifies the political support from organisations relating to the protection of the physical environment, and this will impact on the lives of
the people including the young people in the Vaka Takitumu. Collaborative efforts also include local communities contributing to policy development aspects, as well as the voluntary contributions by some members of the community. These various activities will impact on other areas of national development, like tourism, the food chain, sea food available from the *raui* of the lagoon, and the protection of the coastal areas.

![Pu Ara Tree Diagram]

**Figure 32:** The Complete Pu Ara Tree represents the Pu Ara Model

In summary, the Pu Ara tree shown in Figure 32 depict a Health Promotion Model that will guide health promotion programme activities that will impact on the lives of young people, the communities in the Vaka Takitumu, and eventually the Cook Islands as a whole.

6.6 Application of the *Pu Ara* Model on Health Promotion

(i) Health Promotion from Theory to Practice

The Pu Ara Model requires us to recognise and acknowledge that young people are more than just problems, for they contribute positively to their families and communities. Furthermore, they are our children given to us as gifts from God according to the Holy Bible. Therefore we are all responsible and accountable in making sure that our young people’s health and wellbeing are realised, and so they should be loved, cared for and nurtured in a safe, peaceful and happy environment. We must also take a holistic approach...
in understanding the physical, social, mental, cultural, spiritual, economic and political impacts on young people’s health and wellbeing. In particular those young people who need our help and support the most, that is, those who are vulnerable and struggling or are not coping in their homes, villages and outer islands.

Since the Ottawa Charter in 1986, the WHO and SPC have played a crucial role in the co-ordination and development of health promotion activities in Pacific island countries including the Cook Islands. However, as Toelupe (1997) explained, long before the introduction of the Ottawa Charter, Pacific people have been practicing health promotion activities through their everyday living and traditional health beliefs, which include raising children in village, communal and extended family contexts. Similarly, Roberts (2007) described how Pacific island communities have been doing health promotion activities like planting food and fishing for many thousand years, even though they do not call them that. The health promotion movement has a long background in Pacific Islands, including the Cook Islands. This has rarely been documented.

Since the inception of Ottawa Charter (1986), the Healthy Island concept (1995), the Jakarta Declaration (1997) and the Bangkok Charter (2005), many researchers and authors have investigated and developed health and health promotion models to provide guidelines within which health promotional activities have taken place in both western and indigenous communities. Today, the young people of Vaka Takitumu, with the support of their traditional leaders, key stakeholders and myself as a researcher, have developed Te Pu Ara Model to conceptualise Cook Islands Maori health promotion. The Pu Ara model adds to Te Whare Tapa Wha model, the Kakala model, and the Tivaevae model, one which is grounded in traditional knowledge from Vaka Takitumu. is designed with and for youth, and simultaneously is informed by the most successful academic youth development models available.

(ii) The Cultural and Spiritual Aspects of the Model

As described earlier in the chapter, the Pu Ara o Takitumu has special leadership mana (power) and tapu (sacredness) which secure cultural and spiritual value that is respected by the people of Vaka Takitumu, Rarotonga and the Cook Islands. It is this fundamental value of cultural and spiritual identity of the Pu Ara o Takitumu that I consider to be the critical prerequisite providing the foundation for a health promotion model with a Cook Islands, or specifically a Vaka Takitumu, philosophy. In developing the Pu Ara Model, I used a combination of both western and Cook Islands Maori approaches to health
promotion. Firstly, I wanted to acknowledge and encourage the revival of traditional Cook Islands views of health promotion. Secondly, as mentioned earlier, I used and adapted three western identified approaches, which included community-based partnership research, multi-systemic socio-ecological, and Positive Youth Development approaches, to promote the health of Cook Islands children and young people. All these approaches adopted the holistic concepts of health identified by the participants in the needs assessment described in Chapter 5.

The first and most relevant strategic approach of the Pu Ara Model to health promotion is that the *Pu Ara o Takitumu* will lead the movement of health promotion in Vaka Takitumu. This is especially important in view of its culturally established position, and its respect from the communities, NGOs, the government and the country. As pointed out by Quynh Le (2006), culture is widely accepted as a factor associated with health concepts and behaviour, so communications about health need to take culture into account, especially in a multi-cultural discourse.

The *Pu Ara* Model can also be used as an educational tool. For example, during the feedback seminar for the young people who were not part of the steering committee or the research, it was clear that many had not heard about the *Pu Ara o Takitumu*, and for those who were aware of it, they did not understand its use and meaning. In view of this particular finding, I am sure that there is a significant number of young people in Takitumu, and perhaps in Rarotonga, who are also unaware of the *Pu Ara o Takitumu*. Therefore, having the *Pu Ara o Takitumu* Model documented will ensure that future generations will be informed of this component of their history and heritage.

An individual’s culture has a profound effect on the perspectives from which he or she deals with health and illness. Culture influences peoples’ convictions, attitudes, knowledge, values, modes of behaviour, habits, customs, language and tradition (Janelle & Celeste Mulry, 2006). Margareth and Iraj (2006) pointed out that the cultural characteristics of any given group may be directly, or indirectly, associated with health-related priorities, decisions, behaviours and acceptance of health education and health promotion programmes. During my discussion with the traditional chiefs in Vaka Takitumu, they expressed their support for the research. One of the traditional chiefs offered space in her newly built palace for coordinating meetings and work programmes for young people and to discuss youth policies and activities based on the principles identified in the model. Such
a gesture was very encouraging, in that the traditional leaders demonstrate that they want to be actively engaged in the future development of their young people.

(iii) Health Promotion from Cook Islands Perspectives

Traditional Subsistence Livelihood

The global economic crisis that we are now facing is the ideal time for people in Pacific islands, including the Cook Islands, to revive certain traditional practices which can be beneficial from health and economic perspectives. For example, encouraging people to grow their own food and to fish provides more nutritious food for everyone, but it also entails physical activity that will help avoid and reduce obesity. Going to the gym costs money and it is quite expensive, especially when the same effect can be achieved by working in the plantation, or by fishing. Working in the plantation also promotes connectedness with the land and makes people appreciate the ecology and benefits of the environment they live in. From an economic perspective, they will save money by not buying unhealthy processed food from the stores. This money can be used for other family needs like school fees, school uniforms and pharmaceuticals. These are issues which were identified by the participants during the interviews. Any extra crops harvested can be sold in the market or exchanged by barter. In this way, both families benefit using traditional practices that are aligned with modern health promotion principles.

Family Reunion or Rotainga Koputangata

Another example relates to the branches and stems of the Pu Ara tree. The branches and its stems represent the connections between the young person and his or her environment. This environment includes extended families, schools, peers, friends, churches, communities, NGOs, the government, beaches and the lagoon. This is related to Family Reunions, or Rotainga Koputangata, which is a new development in the Cook Islands in the last decade. Many Cook Islands families from the Cook Islands, New Zealand, Australia, Hawaii, Tahiti, Canada and the United States have recently come together either in New Zealand or the Cook Islands to meet and embrace each other as one extended family. For many, especially the young members, this may be the first time that they have met their uncles, aunties, cousins, nephews and nieces. One of the main objectives of such a reunion is to trace their genealogies back three or four generations as a means of educating each other about their family, land heritage, lineage, culture, practices and language. There have been positive results seen and the extended family concept, that
once was the foundation of Cook Islands families, is being revived. The philosophy here is to bring back the values, connections and relationships in caring and supporting each other in times of happiness, sickness and sadness. This will particularly help the children, young people and the elderly. I cannot help but think of the African proverb which states that ‘It takes a whole village to raise a child’. Even Hilary Clinton chose this same proverb as the title of her book (Clinton, 2006), because it offered her a timeless reminder that children will only thrive if their families thrive, and if the whole society cares enough to provide for them. She also stressed that to raise a happy, healthy and hopeful child, it takes a family: it takes teachers, it takes clergy, it takes business people, it takes community leaders, it takes those who protect our health and safety, it takes all of us.

Voices and Views of Young People

Young people are now saying that they need to be heard, and that they need information and explanations on why they should or should not do things in certain ways, that they need to be involved in activities, policy and programme development, especially on matters concerning them. Therefore, adults need to review their attitudes and behaviours if they are to be serious about helping young people. Adults need to empower young people, and work in partnership with them. The Positive Youth Development approach to health promotion suggests that all churches need to be attentive to the voices of young people. In many Cook Islands churches traditional protocols of worshipping and singing are boring to young people, so they are leaving the churches in which they and their parents grew up. People have moved to newly introduced churches like the Assemblies of God Church, the Apostolic Church, and the Revival Church which are more responsive to youth.

Multi-systemic Collaborative Approach

New approaches to health promotion involve a shift in thinking, and the communities in Vaka Takitumu need to take a “Big Picture” and a holistic approach to health, as highlighted in the Pu Ara o Takitumu model. This new paradigm involves empowering both the communities and the young people. The concept of collaboration is a major challenge, but I believe that it can be done by reviving some of the traditional practices and blending them with modern concepts of health. Ideally, traditional leaders, parents, families, churches, sport and cultural group leaders need to be connected with each other, and to engage in challenging leaders from all groups to improve outcomes for ALL children and young people by developing a shared vision, with accountabilities and interconnected change strategies. Such approaches have the potential to significantly
increase the return on investment in children, young people and their families. These
increases in turn, can increase people’s confidence that issues become manageable. As
Pittman and her colleagues pointed out, “thinking differently is hard, acting differently is
harder, acting together is harder still, but nonetheless acting together towards the same
goals for the next decade is the only way to create sustainable improvements needed to
make sure that all young people are ready for college, ready for work and ready for life”
(Pittman, et al., 2006).

Since the completion of the data collection for my research, collaborative efforts are
already being established in the Vaka Takitumu and the island of Rarotonga, which I
discussed in Chapter 5. There is an obvious change in the mind-set of many leaders in both
government and NGO sectors. They have united in trying to reduce the problems of
juvenile criminal activities, which are major concerns in many places in the Cook Islands
now. To highlight their contribution I will give some examples of health promotion using
the PYD approach for young people.

**Cook Islands School of Academy (CISA)**

Kevin Iro has had a huge impact on the lives of many young men and boys he has
taken into the school located at his gym at his own expense, especially those who have been
in prison. Recently, the government provided support to CISA through the Ministry of
Education who provided him with a classroom and another tutor. These young men look
upon Kevin and his staff as role models, who care, support, inspire, empower and provide a
mirror of what young men can be. Young people need someone who cares, trusts, and
supports them, so they are able to bounce back from problems of alcohol abuse, drug abuse,
vioence, and criminal activities.

**Employment Opportunities**

Another success story involved two business managers from one of the five star
hotels, and a restaurant in Vaka Takitumu who hired two young men who had been released
from prison as discussed in Chapter 3 and 5. The success of these two young men in their
new employment, I hope, will inspire other employers, and family members to look more
favourably on newly released potential employees. This was a matter of providing a safe
haven for these young men to get established.
**Young Environment Group**

A group of young people in Vaka Takitumu, with a couple of adults as their leaders, pick up the rubbish along the beaches throughout the Vaka Takitumu at regular intervals. This is especially important because rubbish pollutes the lagoon water and sand, and discourages the tourists from using the beaches. But worst of all, it creates a poor image of tourism in the Cook Islands, as the coastal area is the basis for the country’s prime industry of tourism, and this relies heavily on the idyllic lagoon and white sandy beach imagery for sustainable livelihood and economic development (Tupa, 2004). The group’s good voluntary services have been acknowledged by many people and organisations including the government, and they have been promoted on local television and radio and in the print media. To acknowledge their good voluntary work, they were presented an award by the Ministry of Environmental Services. The young peoples’ contribution illustrates youth being connected with their environment, their participation in voluntary community projects and a good partnership relationship with adults and leaders in the Vaka. This is an example of the successful application of youth empowerment principles.

**Cultural Dance Groups**

In the Cook Islands, several cultural dance groups belong to the Vaka, the village, the island and different families. While some of these groups have been dancing for many years, some start practicing before the Annual Constitution Maire Maeva Nui held for a week in August to celebrate the Cook Islands’ becoming a self-governing country from New Zealand on the 4 August in 1965. The preparatory period can take months of hard work. In the spirit of collective and collaborative preparatory work, health promotion and Positive Youth Development activities take place along with co-learning between the adults and young people. As pointed out by Israel and her colleagues (1998) co-learning involves systems development, local community capacity building, and an empowering process through which participants can increase control over their lives. Both have specific talents and creativity, with adults telling stories of legends, and the young ones composing songs, music actions, and designing costumes to impress and influence the judges of the competition. In addition to the learning and collaborative approaches to the preparations for the festival, the physical, mental, cultural, spiritual and emotional aspects of health are particularly noted. Physically, the vigorous dancing to the fast drumbeats can be seen as equivalent to the work that one does in the gym, which keeps the body, especially the heart, in good shape. The costume plays a significant part in a dancers’ mental and emotional
wellbeing, in that they feel happy and proud of their beautiful traditional costumes made of local materials. For some items, costumes may be modified to include colourful cotton materials accompanied with local leaves and flowers. Finally, when all the props and costumes are ready, and the songs, lyrics, scripts and actions are learnt, and the team is ready for the competition. The morale of the team is one of great pride and achievement as they head for Rarotonga. During the festival, the island of Rarotonga is full of people from all the Outer islands, Cook Islanders from overseas (who often come home during the festival) and tourists (mainly from New Zealand and Australia) who are avoiding the winter in their countries. For a whole week, there is lot of sharing of culture, dancing, singing, friendship, food, prayers and a general feeling of celebration and happiness, and all these are reflected or highlighted in the Pu Ara Model.

6.7 Summary

The Pu Ara Model was developed in a collaborative process involving young people, key stakeholders and the researcher. Adopting the Pu Ara o Takitumu concept was a fitting metaphor because of its cultural and spiritual mana and power that is inherent in its leadership role and functions, which in turn is well respected by the people and communities in Vaka Takitumu, Rarotonga, and the Cook Islands. The model is based on the fundamental approaches of the Community Based Participatory Research, Participatory Action research, the Multi-systemic Socio-ecological Approach and Positive Youth Development. Their combined principles and qualities provided appropriate guidelines that create and develop policies and intervention programmes that support competence and the healthy development of all young people.

The examples of health related programmes outlined in the chapter illustrate the application of the models using some of the health promotion activities from a Cook Islands perspective. While it is acknowledged that these different approaches vary in goals and theories, they share core principles and values. The fundamental characteristics of CBPR and PAR are that they are participatory, cooperative, and engage community members and researchers in a joint process in which both contribute equally to the research. They are also co-learning processes which involve systems development and local community capacity building, and an empowering process through which participants can increase control over their lives (Israel et al., 1998). The MSE model recognises the interwoven relationships that exist between the individual and the environment. The PYD creates policy and programmes that support the competent and healthy development of all
young people by promoting positive processes such as competence, connection, and caring that contribute to health and wellbeing. It is a combination of the efforts at all levels – individual, interpersonal, organisational, community and public policy, and is the most effective approach leading to healthy behaviours. In concluding, I strongly believe that investing in young people by developing and applying positive youth development principles, policies and programmes will make a difference and have a significant impact on the lives of our young people.
CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

We cannot waste our precious children,
Not another one, not another day
It is long past time for us to act on their behalf

7.1 Introduction

In this concluding chapter I outline the rationale and process I employed in carrying out this research based on the aim and objectives of the research. I reflect on the contribution of my thesis to the discipline of health promotion and to studies in Pacific health development, discuss the limitations of my research and present my recommendations. Firstly, I summarised the key concepts, ideas, theories and arguments in various reports by researchers, authors, policy makers, and practitioners, United Nations, Regional Organisations and donor agencies discussed in Chapter three. I also incorporated the findings (discussed in Chapter five) from the qualitative research needs assessment conducted with the young people and key stakeholders in Vaka Takitumu, and key informants in Rarotonga, This enabled me to demonstrate my argument that to improve the health and wellbeing of young people, there is a need to understand the socio-ecological context that young people live in, to address the social determinants of their health, and to embrace a positive youth development framework. Together this information provided the foundational framework required for the development of the health promotion model in a Cook Islands context.

7.2 Objective 1: The Literature from an International and Pacific perspective

The first objective of this thesis was to review the literature on the development of young people and their health and wellbeing, and health promotion, from an international and Cook Islands Maori perspective. To better understand the world of young people, it is important to investigate the different domains that are involved in their development. The literature review provided an overview of published research information relating to the definition, evolution and development of young people and the identification of the main issues and concerns faced by young people. The lessons learnt especially in relation to the design and implementation of projects and intervention programs were also discussed.
These were aimed at reducing or minimizing the impacts of health issues identified, such as substance abuse, accidents and injuries, teenage pregnancies and sexually transmitted infections, juvenile delinquency and suicides.

There is no universal definition of this life stage of the transition from childhood to adulthood, as this differs from one culture to another and from one generation to another. Several terms including teenager, adolescent, and young people have been used to describe this particular life stage (WHO, 2008). Although WHO (1993) defines adolescence as the ages between 10 and 19 years and youth as between 15 and 24, in the Cook Islands, the term *mapu* is usually used and the age group 15 – 34 years is endorsed in the Cook Islands National Youth Policy (2007). Several theories in early literature identified this particular period of transition from childhood to adulthood as a period of “stress and storm” (Herdt and Leavitt, 1998; Furstenburg, 2004).

One of the most important aspects of adolescent development is the understanding of the interrelationships between a young person and their natural, built and social environments (Bronfenbrenner, 1979). This includes their families, schools, peers, and the communities they live in. It is also important to understand the social determinant of health which are the conditions in which young people live, grow and work, and how they influence their health These determinants include young people’s genetics, gender, education levels, income, social status, physical environment (safe housing, workplaces, clean air and safe water) and support networks (WHO, 2005).

A Pacific Youth Literature Review carried out by Woo and Corea, (2009) described the situation of young people in Pacific island countries as a major concern as their situation is not improving but getting worse. Their explanation of the main reason for this lack of progress and why youth issues continue to be a major concern is that most of the effort has focussed on addressing the symptoms rather than the underlying causes. The situation of young people in the Cook Islands followed a similar pattern. Issues such as drink driving and motor vehicle crashes, teenage pregnancy, drug abuse, violence, suicide and criminal activities like burglaries and stealing in the Cook Islands have attracted community and government attention. The Cook Islands’ declining population is also a concern to the government, and this is endorsed in the Cook Islands MDG report (2010). The report stated that the biggest threat in the Cook Islands is migration from outer islands to Rarotonga and overseas, and that most of those migrating are in the most productive age group, the young people.
7.3 Objective 2: The meaning of health from a Cook Islands perspective

Health is a difficult term to define in absolute terms, as its meaning changes over time (Thomas, 2003, Scriven, 2010, Laser and Nicotera, 2011). The well-known definition of health by WHO (1948, 100) states that health is “the complete physical, mental, and social wellbeing and not merely the absence of disease.” This definition has been criticised by many researchers because of its pre-occupation with the biomedical model of health (Ewles and Sinnett, 2004). The conceptions of health by young people also differed at different times. To a lay person health may mean not being sick or no illness that interferes with their daily lives. (Ewles and Sinnett, 2004, Scriven, 2010; and Laser and Nicotera, 2011). From a Pacific Polynesian perspective, there is no Polynesian term that is the equivalent of health and disease (Toafa, et al., 2001). Some Pacific scholars however argued that health for Pacific people is about their culture (Captstick, et al., 2009). From a Cook Islands perspective, the meaning of health identified by the participants in the needs assessment varied widely. There were eight common themes identified that are related to the importance and value of health, freedom from illness and disease, body shape and image, having a good and happy life, functional abilities, health promotion approaches, avoiding health risk behaviours, and holistic approach to health, as discussed in Chapter 5.

The most commonly identified themes in defining the meaning of health are those relating to health promotion and avoiding health risk behaviours. Both themes are associated with non-communicable diseases such as hypertension, diabetes and heart disease. Numerous media campaigns and health education programs have been actively promoted in the Cook Islands targeting healthy eating, engaging more in physical activities, and avoiding alcohol abuse and tobacco smoking. These were aimed at reducing obesity which is a contributing factor to cardiovascular diseases, which are the leading causes of morbidity and mortality in the country. The responses are evidence that the health messages have been heard. However, there has been very little behaviour change seen, as the rate of obesity in both the adult and school population is still on the increase. Such evidence supports the theories documented by WHO, UNFPA and UNICEF (2005) that providing information alone is not sufficient for decision making. Surveys have shown that young people have the knowledge but often lack the ability to translate knowledge to positive behaviour.

The next common theme identified by the participants was the holistic concept of health. This involved the various domains of health, which include the physical, mental,
social, cultural, spiritual, economic and political domains of health. The least favoured theme is that “having a good and happy life”. Only one young person and four adult participants, identified being happy as relevant to being healthy. However, I suggest that this is an unstated but deeply held value underlying many of the views of health which stress good relationships and balance in one’s life, which is part of the holistic approach to health.

7.4 Objective 3: Positive contributions by young people

Generally, the young people interviewed devote a significant portion of their time and energy to willingly improving their own health and wellbeing, and that of their families, communities, children, the disabled, elderly, and other young people in Vaka Takitumu and the Cook Islands. Young people’s contributions are offered through their own initiatives on a voluntary basis, or when called upon to do so by others. Of significant importance is the positive response to the contributions of young people by almost all the adult participants interviewed. For example, the traditional chief from Vaka Takitumu expressed her happiness at seeing the success of some Cook Islands students in continuing with their own education by graduating from the University of Auckland, bringing pride and happiness to their parents and families. Another key stakeholder who holds a very prominent position in the Vaka Takitumu also responded very favourably about the contributions by young people in the vaka community. Young people contribute positively and help a lot. For example, young people represent their village in sports activities, help with cleaning the village environments and beaches during Tutaka, and following hurricanes. Young people also help families in the plantations, feeding animals, fishing, and also economically by contributing to financial needs in the homes. They also participate in cultural activities, and support school activities in the Vaka Takitumu especially during fundraising and parents’ days.

Some of the young people interviewed indicated positive feelings they had about themselves. These feelings arise from social interactions with their families especially their younger siblings, peers, and other young people. These young people feel that they are good role models in their homes, in the church and in their villages. For example, the Cook Islands Red Cross peer educators are well known for their excellent work in First Aid, disaster preparedness training, and blood donor recruiting in Rarotonga and the outer islands. Another charity group the Young Rotaracts hold fund raising activities such as the popular Annual Christmas in the Park as a national celebration for the festive season, and
the money raised is donated to charitable organizations such as the Hospital Comfort Committee, the Disabled School, the Punanga Tauturu Counselling organization, Te Kainga mental health organization, and the Are Pa Metua Day Care Centre for elderly people.

7.5 **Objective 4: Issues and concerns faced by young people**

As there is very limited research carried out with young people in the Cook Islands, most of the information relating to issues and concerns are extracted from the reports of government ministries, regional organisations such as WHO, UNICEF, World Bank and SPC, and donor agencies such as NZAID and AUSAID. The Cook Islands Census and Public Health statistical reports and limited health research/studies in the Cook Islands have identified a number of health problems amongst the youth population. These issues were also identified by both the young people and adult participants in this thesis. The issues identified from the needs assessment are many and varied. The most problematic issue identified by all the participants was substance abuse, in particular alcohol as the main contributing factor to other health issues such as motor vehicle crashes and injuries, teen pregnancy and STIs, juvenile and criminal activities, suicide and death. In addition, the socio-ecological environment that young people live in, such as the drinking culture in the island of Rarotonga, the cheap and easy availability of alcohol, the advertising and sponsorships of alcohol in the Cook Islands, all affect the drinking behaviour of young people. Other factors such as young people’s income, social status, education level and social support networks, also influence their health (WHO, 2005). In many cases young people are unlikely to be able to control many of these factors, so blaming young people for having health problems like alcohol abuse is inappropriate (WHO, 2005).

Another concern expressed by the participants is the poor parenting displayed by many parents. Many participants felt that the home atmosphere and parents as good role models are the most important factors that contribute to a child and young person’s positive development. Young people who have poor relationships with their parents often engage in risk behaviours resulting in teen pregnancy, school dropout, and criminal activities.

Both young and adult participants also expressed concern at adults’ failure to listen and hear young people’s voices. Young people felt that they are not recognised, acknowledged and involved in decision making, especially on matters concerning them. The issue of juvenile and criminal activities is also another major issue that has been
recently highlighted in the media because of its negative impact on tourism. The issue of suicide has also been highlighted by both government and non-government organisations as 16 young people committed suicide and 10 attempted suicide in Rarotonga over the last 5 years (Ministry of Health Annual Statistical Bulletin, 2012). This is an alarming figure and a major concern that needs multi-sectoral attention.

A situational analysis conducted by UNICEF and the Cook Islands Government (2004) identified similar problems associated with young people. These include high levels of truancy, delinquency, lack of direction and motivation, social problems such as involvement in crime and anti-social behaviour, substance abuse (alcohol, tobacco and drugs), sexual health problems like teen pregnancy, sexually transmitted infections, sexual violence and mental health, in particular suicide. A Pacific Youth literature review conducted by the World Bank (Pacific Youth Literature Review, 2009) also endorsed the issues identified above. However, the review concluded that the main reason why youth issues continue to deteriorate is that efforts aimed at reducing these issues focus mainly on addressing the symptoms rather than the underlying causes. In addition, structural exclusion and lack of opportunities faced by young people prolong their transition to adulthood which often leads to frustration, and in some cases, involvement in criminal activities. One of the major advances in understanding issues and concerns faced by young people is the recognition that many risk behaviours are interconnected. A single individual can engage in several risk behaviours. For example, risk behaviours associated with substance abuse are usually interconnected with antisocial behaviours such as, sexual violence, burglaries and other criminal activities (Coggan, Wolfe et al., 2006).

While education and health systems have undergone many reforms over the years, these changes have not kept pace with broader social changes and their effect on young people’s lives. Most significantly, health systems have not addressed young people’s health and wellbeing as these services are fragmented, tend to focus on individual problems and the biomedical aspects and treatment of specific diseases. In the Cook Island health sector, establishing a specific reproductive health clinic for young people was a good idea. However, there were a number of reasons why young people did not use the services offered at the clinic. Young people were not involved in the decisions related to the location, opening hours, and staffing of the clinic, and consequently many young people did not access the services available at the clinic.
Some of the participants in the interviews indicated that the education system in the Cook Islands is not meeting the needs of young people as the curriculum is mainly focused on academic achievement, with a notable lack of support for technical, vocational education and training and informal education. In addition, the attitude that such education is a second choice for young people who fail to make it through the mainstream education system is discouraging (Woo and Corea, 2009). An effective education system at every level is critically important to achieving a positive transition to adulthood. Furthermore, young people’s employability upon leaving school, income security throughout life and their contribution to the economy and society are strongly influenced by the quality and extent of education including vocational and skills training (Woo and Corea, 2009; Harris et al., 2011, WHO, 2011). The same views were also expressed by the participants in this research.

7.6 Objective 5: Suggested ideas and interventions aimed at reducing the issues and their impact on the health of young people

Many experts from several disciplines in public health and from clinical, education and academic organisations agree that unravelling the causes of these problems and developing effective interventions is a complicated process (Laser and Nicotera, 2011). It is also realised that no single person, service system or organization on their own will be able to support young people and their family to achieve positive outcomes in health. Several themes were highlighted by the participants in relation to this objective. The most important theme highlighted in particular by the young participants is positive parenting and family relationship and networks. These are the most important factors in reducing negative impacts on the lives of young people. This is culturally challenging in an adult dominated society. Young people felt that they need the understanding and support of their parents and families, and to be valued for who and what they are, treated with respect, and allowed to have an active say and contribution in family matters and the determination of their future.

Lessons learned from intervention programs designed by different organization in several countries aimed at reducing or minimising the impact of negative forces on the health of young people have been integrated and adapted with ideas identified and suggested by the participants in this research. In the Cook Islands, several health promotion programs have been designed and implemented to reduce the problems with young people. Unfortunately, not all efforts have been successful because the majority of health promotion interventions have not looked at and incorporated socio-ecological factors and
the determinants of health that influence the health inequities of young people and communities. Instead, efforts were aimed at behaviour modification.

The results of research into intervention programmes show that to improve the services for the health of young people, there needs to be a shift in thinking and change in adult’s mindsets (Pittman et al., 2005). This shift incorporates critical ideas about young people as participants and change agents, ideas that emphasise a positive youth development approach (Pittman, et. al., 2005). Woo and Corea (2009) suggested that more emphasis is needed on the participation of young people in addressing the causes rather than just involving them when the problem arises. The emphasis here is to invest in youth and empower them to engage in meaningful participation as resources for development rather than being regarded as a problem group. Young people should be provided with the tools and taught how to use them to make a difference to their futures. As a very popular proverb in the report of the World Forum (2010, 1) stated, “giving someone fish will feed them for one day, but teaching someone to fish will feed them, their family and their communities for a life time.” Young people should also be included in current decision making processes because their futures will be impacted by current policies. The findings discussed in Chapter five confirm that young people know what the problems are and have a sense of how to address them. Provided they have the right support and resources, they can make positive changes and difference. There is a need to identify windows of opportunity to change mind-sets and involve youth in decision-making cultures. Tools and instruments that have been shown to be useful elsewhere need to be adapted. So to enhance health, the health sector needs to take the role of key driver assisting leaders and policy makers to provide mandates, incentives, budgetary commitments and other mechanisms that support youth collaboration in policy development and implementation. This is consistent with what a 13 year young woman from Bolivia who attended the United Nations Special Forum for young people in New York in May 2002, said when she addressed the General Assembly. Her message to the heads of governments at the meeting was, ‘we are children whose voices are not being heard; it is time we are taken into account.” Another young woman from Monaco also spoke and her strong message was,

“we are not the sources of problems, we are the resources that are needed to solve them…. We are not expenses; we are investments; we prefer that adults talk with us, and not to us, and treat us as individuals and not as a statistic.”

(United Nation Youth Declaration, 2002).
7.7 The Aim of this Thesis - Health Promotion Model

The overall aim of this thesis was to develop a Health Promotion Model within a Cook Islands context to promote the health of young people in the Vaka Takitumu and eventually for the Cook Islands as a whole. A community based participatory research approach developed by Minkler and Wallerstein (2003) and Kock and Kralik (2010), was used because their theories and concepts are strongly aligned with the cultural and spiritual beliefs and values of the traditional leaders, known as the “Pu Ara O Takitumu.” and the people in Vaka Takitumu in the Cook Islands. The Pu Ara tree used by the traditional leaders of Vaka Takitumu as a metaphor to symbolise their leadership roles, has significant meaning, tapu and mana attached to it. It symbolises the provision of shelter and safety to protect their Takitumu people from danger or enemies. This is an appropriate metaphor firstly, because the idea came from some key members in Vaka Takitumu, and secondly because the Pu Ara or Pandanus tree represents the body of traditional paramount chiefs and leaders.

The model is not a one size fits all approach. It is an inclusive family and community centric model of service integration using “Peu Maori Kuki Airani (Cook Islands traditional values) to improve outcomes for Cook Islands young people. It will be used by a network of community and health providers in Vaka Takitumu, such as the traditional leaders, NGOs, schools, youth, churches, sports, cultural groups, families and neighbours, with the support of government through their three Members of Parliament. During the feedback workshop held after the analysis of the data, key stakeholders such as the Member of Parliament, traditional leaders, church leaders, and the President of the Koutu Nui spoke to show their appreciation of conducting the research in their Vaka to help their young people. They also indicated their support in coming together as a collective community to implement the model to meet the needs of young people. In addition, the speakers emphasised the importance of reactivating some of their traditional and cultural practices such as the parenting concepts of the extended family, close family relationships, connections with the land through some form of subsistence farming and agriculture, and parents and community support and participation with the schools. However, one of the traditional speakers also touched on some of the traditional beliefs and practices that may need some modification to fit in with today’s generation of young people. This relates to the issue of respect where traditionally, children do not answer or speak out to offer their views either in the home and community situations. The traditional leader felt that respect
is a two way process, and adults need to be open with our young people and at the same time hear what the young people have to say. There needs to be two-way communication in the homes, in the churches, in the schools and in the communities. We need to listen and understand why young people do what they do, and what is it they need or want from us, but most importantly how can we work together in helping them so we can achieve positive outcomes for both the young people and our communities. These concepts were highlighted in my presentation of the research findings just before the meeting was opened to the floor.

Many factors combine together to influence the health of young people. Social determinants of health, for example such as where a young person lives, their home and environment situation, their income and social status, their education and employment conditions, their social support networks and their genetic and hereditary factors, all influence their health. Young people generally face developmental challenges as they travel in their journey towards adulthood. Although most young people engage in positive life activities and become healthy adults, some do engage in risky behaviours.

Despite the negative portrayals that seem so prevalent in the Vaka Takitumu and Rarotonga as a whole, there are positive pictures of young people. Many young people in fact do succeed in school, are attached and contribute favourably to their families and communities. Many are resilient and with attention, guidance, and support do not continue to experience serious problems. These views were endorsed by all the adult and young participants interviewed, and they acknowledged the positive contributions by the young people towards their families, schools, villages, churches and communities. They also agreed about the kinds of support that adults can provide as part of positive parenting. For example, encouraging completing school, setting boundaries, teaching shared values, teaching respect for cultural values and differences, guiding decision making, and giving financial guidance and support that young people need from the adults in their families, neighbourhoods and communities.

7.8 Thesis contribution to health promotion knowledge and debate

This research is the first of its kind conducted to promote the health and wellbeing of young people in the Cook Islands. The thesis is a contribution to health promotion strategies and approaches that recognise the broader social, economic, cultural and political context of health and wellbeing of young people. Understanding what it is like to be a
young person in the Cook Islands and how their lives differ from other groups in society is important in determining initiatives that seek to enhance their health and wellbeing.

The major contribution of this thesis is the development of the Pu Ara” Health Promotion Model that represents the strengths which emphasise the positive developments of young people in Vaka Takitumu, and the Cook Islands. This model was built on the foundation of ecological theory (Bronfenbrener, 1979), the social determinants of health (WHO, 2003), and Positive Youth Development approaches (Pittman, 1997). The model supports health promotion strategies that acknowledge young people’s active participation and engagement as a determinant of health and wellbeing and is designed to shift the focus from the negative to the positive aspects of youth. A crucial aspect of a forward thinking approach to the positive development of young people is the value we attach to actively listening to the voices of young people, their hopes and fears for the future. The model values young people’s voices as an engine for improvement not only on their own health and future, but also as creators of future communities.

The model also enhances the Ottawa Charter, foregrounding a holistic approach to health that includes the physical, mental, social, cultural and spiritual aspects of health. This research and the health promotion model has endorsed with great respect and humility the cultural and spiritual contexts of health reflected in the indigenous “Pu Ara o Takitumu,” which represents the group of traditional Leaders in Vaka Takitumu, explained in Chapter six. The Pu Ara model also contributes to the debate between health education and health promotion. In health education to date in the Cook Islands, there has been an over reliance on a medical model of health and an individual behaviour change approach which often denote the potential for victim blaming. This overreliance overlooks the influences of socio- ecological factors and determinants of health such as the family, the social, economic, political, cultural, and community factors in the environments people are born, live, work, and play in. In a health promotion approach there is ideally a continuum of activities such as, from using legal or financial sanctions to direct people to act in a particular way to encouraging and empowering groups to develop decision-making skills and the confidence to address health determinants. Thus it is hoped that the Pu Ara model will support empowering and youth-inclusive health promotion programming as envisioned in the Ottawa Charter.

The model also provides a framework that is aimed at preventing or minimising the impact of concerns identified by the community by creating or recreating an environment
that enhances health and wellbeing. Such an environment includes a clean and safe home environment, safe school and educational environment, peaceful and spiritual religious environment and clean unpolluted lagoons and beaches. Examples include the Cook Islands Sports National Olympic Committee (CISNOC) for sports activities, and the Annual National Christmas in the Park event by the Cook Islands Young Rotarians for both young and old, as discussed in chapters five and six. These positive and supportive environments provide young people with the opportunities to connect and have positive relationships and contributions to their families, peers, neighbourhoods, schools, churches, communities, government and non-governmental organizations, and be happy with each other.

The empowerment of youth rests also on the receptiveness of those with positional power to hear their voices and include them in the decision-making process. Social and cultural norms restrict youth involvement in the decisions that affect their lives. There are also structural barriers such as the narrowly academic type of education available, and employment opportunities that hinder youth development. However, change is unlikely without a change in the mind-set of adult leaders and decision makers. No matter how personally empowered young people are, they cannot solve these problems. Solutions can only result from respectful collaboration between youth and those who hold the positional power to make societal change. The Pu Ara model describes this collaboration. The roots at the base of the trunk, and the branches and stems of the Pu Ara tree which represents the connectedness between the young people and their families and other people in the communities, exemplifies the collaboration that needs to take place with other sectors in the communities. A collective effort to provide the appropriate resources, information, and support for young people will enhance their successful transition to adulthood.

Finally, the model contributes to the health promotion and positive youth development literature by promoting a big picture approach to planning, research, advocacy, policy and intervention development. Promoting participation and working in partnership between the young people and communities produces positive developmental outcomes such as maintaining healthy family and social relationships, achieving economic self-sufficiency, and making positive contributions to the community. The principle here is that no one individual or organization or institution can provide the full range of support for young people. The thesis demonstrates that what is needed is a multi-sectoral effort and collaboration with young people. This means health promotion is not just the responsibility of the health sector and government, but also includes civil society involving families,
chuches, schools, non-governmental organizations, women, men and the young people themselves.

7.9  

Research Limitations and Strengths.

As a sole researcher I was restrained by time and the work I had to accomplish in the time available. Although the experience was a valuable and rewarding one, I acknowledge that there were some limitations as well as strengths that I encountered during the conducting of this research. These will be discussed under specific headings.

7.8.1 Preparatory stage of the research

(i) Cook Islands Term for Research

Research is a new concept in most of the Cook Islands and there is no recognised or accepted Cook Island Maori term for research. However there have been attempts by other Cook Island academics and educators to define research to make it easier to understand in a Cook Islands Maori context. A Cook Island term “ranga” was used by Maua-Hodges (2002) which meant to search for something or to look around, to find or to seek, to cogitate, to weave or plait or braid, as defined in the Cook Island dictionary by Savage (1980) and Buse and Taringa (1995). For me I also consider the term “kimianga” or “kimikimianga” for, in addition to the meanings given for the term ranganga above, they also provide a deeper and wider meaning which includes to examine, enquire, investigate, explore or to put up an argument. I particularly embrace the emphasis on putting up ones arguments on the issues under discussions. In view of the different definitions and views expressed, perhaps there is a need for Cook Islands educators and scholars to decide on an appropriate and accepted term for the sake of future Cook Island researchers.

(ii) Research in a Cook Islands Context

Before conducting my research I was successful in securing the support of the traditional leadership body known as the “Pu Ara o Takitumu”, in accordance with the cultural value of respect. This made my research possible and enhanced the standing of the research in the community.

(iii) Lack of research information in Cook Islands

Because of the limited research carried out in the Cook Islands, there is lack of research information and baseline information to guide current research, data collection and analysis. However, although this may be seen as a limitation now, it can also be interpreted
as a positive factor as this thesis will now provide baseline information for future research in the Cook Islands.

(v) Previous negative experiences of research

In the initial phase of this research I felt that there may be some reluctance by some Cook Islands people to participate in the research. During early discussions about my research a couple of adults shared their reluctance to participate in any research following bad experiences they had before with overseas researchers who did not get their written consent and also did not honour their word to provide feedback of the findings at the completion of their research. In these situations I did not pursue the request for them to participate.

(vi) Recruitment

Recruiting participants was a difficult process with the young people. The adults posed no problems apart from a couple who declined. Several of the young people agreed to be participants and so a time and place for the interviews was arranged to suit them. However often I would wait for up to one hour and no one would come. At times maybe one or two would turn up and I would go ahead and interview them.

(vii) Research methodology

The qualitative approach used in this research I feel was appropriate in view of the traditional oral method of storytelling that was used by Cook Island people for many years.

(viii) Interviewing

Although focus groups have the potential advantage of group interaction and contribution to the topic of discussion, I did not experience or see this open contribution and sharing of views and ideas. This could be related to the researcher being an adult, or because the topic of health issues can be a sensitive topic to talk about in a group. For example a young man in one particular group did not say much, but when I met him later we had a long conversation and what he shared with me was really what I wanted to hear from young people. I also noted that with the focus groups, some young participants during the interviews preferred to or talked about issues of young people in general, rather than sharing their personal experience. I acknowledge this as a limitation and felt that the interviews could have been better carried out by a trained young person. With the individual interviews on a one-to-one basis with the adults, I found that the participants
freely shared their personal experience, ideas, and they made some good suggestions and proposal for new interventions. More individual interviews with youth might have strengthened this aspect of my data collection.

Time allocation for the interviews was difficult to control at times especially for adult participants. Interview time was between one to four hours. Attentive listening is part of the cultural respect that a researcher must be prepared to offer, especially for elderly people in the communities.

(ix) Feed back

One thing I felt I should have done was to provide the transcripts of interviews to the participants. I could not do this because of the delays incurred in completing the interviews due to national events (described in Chapter four) that had unforeseen effects on my research. Hence the interviews were deferred to the following year, and I had to come back to Auckland. However, as soon as I completed the data analysis, I went back to the Cook Islands and presented the preliminary findings in two separate feedback workshops separately for the adults and young people instead of waiting till the end of the research proper.

(x) Reciprocity

The concept of reciprocity is a very important concept when working with Cook Island people. In a Cook Islands culture or akonoanga Kuki Airani Maori, a gift or taoanga rima or apinga aroa is usually presented to visitors or invited guests. This is usually in the form of something with Cook Islands value and meaning such as a Wooden Carved Tiki or decorated shell or locally plaited hat or mat. Money is not usually given in such situations except to a married couple or a school, church, or community activity or ceremony. In research providing food or refreshments after the interview is quite acceptable. So offering money as a gift in appreciation of their time and information in this research is not appropriate for me as this may be seen as bribery to participate, and at the same time entice the interviewee to respond positively throughout the interview instead of telling the true story thus affecting the validity of the findings. However, some form of reciprocity can still be given and in this research I provided light refreshment and food at the end of the workshops and interviews with young people. Eating together also provided the opportunity for the participants to mingle and know each other better, and have further discussions about the research or other matters.
7.10  **Recommendations**

This research is a significant starting point for a serious contribution to the positive development of young people in the Cook Islands today and in the future. The findings from this thesis set the foundation for the continuation of this process of working with and understanding the process of positive development for young people especially those young people who have difficulties coping with their lives.

(i)  **Ministry of Health as Key Driver for Promoting Health and Wellbeing**

The first and most important concept in the efforts to promote the health and wellbeing of young people in the Cook Islands is, to understand that although many sectors work towards improving the health of young people, certain gaps still exist. Therefore I would like to recommend that the Ministry of Health take a new role as the “Key Driver” in using windows of opportunity to change mind-sets and create new alliances and decision-making cultures and to prompt actions. This can be done by engaging leaders and policy makers at all levels to understand that objectives are best achieved when all sectors work together to improve health outcomes for everyone. The health sectors need to be outward oriented, open to others and equipped with the necessary knowledge, skills and mandate, as well as to improve co-ordination and support champions within the health sector itself. This new role and thinking is critical because the causes of health and wellbeing lie outside the health sector and are socially and economically formed (WHO & Government of South Australia, 2010).

(ii)  **Multi-sectoral Collaborative efforts**

The past decade has seen efforts that try to understand adolescent development and address some of the gaps in the process. A good start would be to look at the working relationship between Ministry of Education and Ministry of Health to review and reactivate the Memorandum of Understanding that was signed between the Ministry of Education and Ministry of Health in 2002, and to reenergise the Health and Wellbeing Curriculum that was developed by a committee comprising of members from Health, Women, Mental Health and Education committee of (Cook Islands Ministry of Education, 2007).

(iii)  **The Paradigm Shift**

In the past, many discussions, programs and policies about young people focussed mainly on their problems. But, over the past two decades there has been a shift in thinking in international research and literature about how to increase the quality and quantity of
youth investment and Positive Youth Development. This can be achieved by promoting a “big picture” approach to planning, research, advocacy and policy development among organisations. These shifts in thinking bring to view systemic strategies that create and cultivate environments that support young people’s developmental needs by all sectors of the community, such as families, schools, religious organisations, community governance, business, juvenile justice systems and more. Therefore, I intend to share these new concepts and information with key leaders in the traditional hierarchy, Government, NGOs, communities and the young people in Vaka Takitumu and the Cook Islands.

(iv) Health promotion in a Cook Islands Context

In some organisations and countries there is still a gap in understanding the meaning of the term Health Promotion. In the Cook Islands, health promotion is often confused with health education. With young people, health education is about acquiring adequate and accurate information that helps a young person to make informed and responsible decisions. Health promotion refers to the strategies and approaches that enable and empower healthy decision making and action and recognise the broader social, economic and political contexts of young people’s lives. It also acknowledges young people’s active participation and engagement as a determinant of health. Health promotion strategies are aimed at the population, in contrast to the targeted strategies which focus on individuals and groups that are identified as high risk. Thus the findings from this research, in particular the Pu Ara Model, will help health and youth workers understand and apply better services for young people.

(v) Re-establish the Ministry of Youth and Sports

This particular issue was specifically requested by the young people and supported by a significant number of adult participants in the research, as they felt that the young people deserve to be recognised as an important sector in the public (government), especially when the youth consist of 37% of the total population. Many times, especially during public speeches made by senior government officials and political leaders, the statement “Our Young People Are Our Future” is expressed. But every year, the Youth Division (within the Ministry of Internal Affairs) budget allocation does not reflect the political commitment, as it mainly covers the salaries of the two staff, with very little left for program developments and implementation. As one young person stated, such statements fit the “Lip Service” slogan, that “leaders should put their money where their
mouth is.” A young delegate at the World Forum 2010 said, “young people do not only represent the future, they are also the leaders of change today.” This recommendation is clearly the responsibility of Government and Parliament.

(vi) **Re-establish the local government in Rarotonga**

This recommendation was also proposed by the young participants during the interviews. The Mayor and local council should work collaboratively with the traditional leaders in dealing with community issues such as increasing petty crimes at vaka level. The Members of Parliament should concentrate on national policies and legislations. They also felt that there should be a young person to represent the youth community on the local council.

(vii) **Adoption of the Pu Ara Model**

The Pu Ara Model and its applications be adopted and used as a framework to guide youth developments programs in Vaka Takitumu. Depending on its successful implementation and evaluation, it may be transferred to other Vaka in Rarotonga, the Outer Islands, and possibly to the Cook Islands Communities in New Zealand.

(viii) **Monitoring and Evaluation**

I plan that implementation and evaluation of the Pu Ara Model in Vaka Takitumu will occur concurrently. During implementation, there will be continuous monitoring, as well as formative and process evaluation of the various programs developed, according to the principles highlighted in the Pu Ara Model. At the end of program implementation, an outcome evaluation will be carried out to see whether the program goals and objectives have been achieved. These evaluation results will guide the transfer of the model to other vaka and islands.

(ix) **Future research**

This thesis is the beginning of a journey to create the conditions where the young people in Vaka Takitumu and eventually the Cook Islands as a whole can help themselves, not in isolation, but as partners in youth development. Special reference is made here relating to the issue of alcohol and the drinking culture in the Cook Islands which was identified by all the participants (both young and adults) as the number one issue and concern in Rarotonga. Within a socio-ecological framework, the drinking culture and patterns of alcohol use, the production, importation, distribution and sale of alcohol; the advertising and sponsorship of alcohol, the policies and legislation concerning alcohol, and
the means to reduce alcohol abuse and its impact on the health of young people, are just some of the topics that need to be borne in mind for future research.

(x) Follow up research after implementation of the Pu Ara Model

There is a need for a follow up or evaluation research following the implementation of the “The Pu Ara Model.” This is important to see whether the model has made a difference to the health and wellbeing of young people in Vaka Takitumu. If the findings are positive, then the model can be transferred to other Vaka in Rarotonga and the outer Islands.

(xi) The Cook Islands Research Council

Establishing of the Cook Islands Research Committee in Rarotonga is a positive move for the development of research from both national and international perspectives. However there is a need to develop ethical guidelines, especially the human ethics guidelines to ensure that human subjects’ confidentiality, safety and exploitation are protected. I recommend to the Committee that all applications for research approvals for human participants research be accompanied by ethics approval from the host institution. I found the ethics process I went through in Auckland helpful in guiding my research. In addition it is recommended that the Committee encourage and or provide research training to increase research capacities in government sectors, to carry out research projects in the country so to provide evidence for policy and program development in the future.

7.11 Concluding Remarks

This thesis has provided me with a considerable understanding of the important role of research and scholarly literature in explaining the development of young people from different countries and different cultural backgrounds, and the challenges they face. I have found the research process extremely interesting and stimulating, because the work entailed has enabled me to get in touch with new ideas, theories, philosophies, and people from different ethnic, cultural and professional backgrounds. The concept of positive youth development promoted in the Pu Ara Model, posits that all young people have strengths. This suggests that health and wellbeing of young people is possible by aligning their strengths with resources available in their social and physical environment. It is essential that adults work collaboratively with young people, and seek to establish relationships and engage with them, and at the same time be respectful of them and the stories they tell us.
The model is also developed to ensure that young people progress rather than regress, through our collective voices and actions. The health and wellbeing of our young people is not the responsibility of the government alone but of every citizen. All issues are interconnected and reflect our socio-economic culture and structure which results in the many problems faced by young people. Issues such as substance abuse (alcohol, tobacco and drugs); teenage pregnancy and sexually transmitted infections; early drop out from school, and criminal activities, coupled by the breakdown of social norms and cultural guidelines breed the actions that caused the death of some of our young people through motor vehicle crashes and suicide. The death of our children and young people is a wakeup call for all Cook Islanders to unite together in creating collaborative relationships and partnerships, between young people and adults so to create peace and harmony in our homes, communities and country, but above all for a generation of healthy and happy young people.

In concluding, I have found this experience personally enriching, and professionally rewarding. My hope is that whoever reads this thesis will find it a source of inspiration for their work. In conclusion, I would like to quote from a young delegate who spoke at the World Youth Forum 2010. Her speech was a plea to the adult population of the world:

“We the youth call upon the adults to join us in making this world truly fit for children and young adults working inter-generationally. Allow us to make this world a world truly our own; filled with love, where each child is everyone’s child; where parents and their children can be friends, where men and women are treated as equals, where no one is judged by for being who they are by society. Assist us in building a world where our rights are truly entitlements and not privileges.”

World Forum 2010 Youth Declaration.

Finally, the following is a poem or purua composed and translated by one of our Cook Islands poets. He is a retired school teacher who is now a resident in Auckland New Zealand. He was Head of the Cook Islands Maori Department at the Cook Islands National College (Tereore Collge) in Rarotonga, and has taught the Cook Islands Maori language for many years both in the Cook Islands and New Zealand. His passion for poetry writing in his mother tongue is expressed in this Purua that tells a story about the value of young people from Vaka Takitumu in a Cook Island’s Maori perspective.
A PURUA (POEM) COMPOSED
FOR THE YOUTH OF VAKA TAKITUMU

Mapu o te Pu Ara o Takitumu  Youth of the Pu Ara o Takitumu
Ko te Pu ‘Ara ‘o Takitumu  The Pu Ara of Takitumu
Kua riro koe ei tamarumaru  You protect your people
‘I te ‘iti tangata mei ‘ito mai  Under your care
Piapa ua ki te au Metua  Easy to your people
Kua moe tei moe  Some have passed on
Ko te ‘akairo te ngaro atura  The culture has gone with them
Ko koe e Mapu  The Mapu of today
Tei to rima te korerotoeia tuatau  You have the culture of today
Pera katoa i te tuatau e tu mai nei  And also the culture of the tomorrow
Kia koe Metua e ora nei  Parents of today
‘Angai ‘ia mai au Mapu ki te kai ‘e tau  Give us the Mapu of today
Mouria au Mapu ki te pae i to PUKU’ATU  Hold us Mapu of today close to your heart
‘INANGARO ‘ia mai au  Care for me to be strong
UTUUTU ‘ia au kia ma’ata ‘e kia matutu  And steady in our culture
Ko toku anoano ia ‘e aku au Metua  That is my desire my parents
Kia POKURU oku VAEVAE  To have a strong standing as a POKURU
E kia MOKORA oku KAKI  A strong neck like the MOKORA
Kia riro au ‘ei ARATAKI meitaki  To see what will happen in the future
MATUTU e te TIRATIRATU  So I can be a good leader
No te tuatau ki mua  For the future
Ka ngaro koe Metua  You will be gone our METUA
Ka no’o au MAPU ei mou i te KORERO  I, MAPU will remain to keep the korero
Ei tiaki i to tatou VAKA TAKITUMU  And watch over our VAKA TAKITUMU

Puruatiau’ia no te Mapu o Vaka Takitumu  Composed and translated for the Mapu of
e Tere raua ko Mi’imetua Tarapu  Vaka Takitumu by Tere
(23 July, 2012).
Tarapu&Mi’metua(23 July, 2012)
APPENDICES

Department of Social and Community Health.
School of Population Health

Reference Number:
Date:

PARTICIPANT INFORMATION
SHEET
For: Key Young people, Stakeholders and Key Informants
Kia Orana.

My name is Neti Tamarua Herman, and I am studying towards a Doctor of Philosophy Degree (PHD) at the School of Population Health, University of Auckland. My research topic is:

“The development, implementation and evaluation of a model to promote the health of young people in the Cook Islands, using a school and community empowerment and partnership approach, within a health promotion framework.”

I would like to invite you to participate in the research. You have been selected because of your knowledge and involvement with the life, health and wellbeing of young people attending Titikaveka College, and in the Vaka Takitumu community.

The rationale of the research is to develop a model in a Cook Islands Maori context, using a combined school and community empowerment and partnership approach. The philosophy here is to approach young people in a holistic manner, by recognizing elements involving positive youth development and harm reduction intervention programs.

Participation will involve:-

(i) An Introductory Workshop
(ii) Individual Interview
(iii) Member for Steering Committee for Developing Interventions.
(iv) Feedback Workshops

(i) **Introductory Workshop.**

The aim of the workshop is to introduce and explain the research plan and process to key stakeholders and key informants involved with young people in Takitumu and other areas in Rarotonga. The purpose is to provide further information about the research and to clarify issues that participants may not be quite clear.
(ii) Participation.

Participation is voluntary, and you will need to sign a consent form to confirm your participation. Participants may withdraw from the interview at any time if they wish, and will not be required to give a reason. Twenty (20) keystakeholders in Vaka Takitumu and (20) key informants from areas outside Vaka Takitumu will be interviewed. The purpose of the interview is to conduct a needs assessment of the views and opinions of the common health problems young people face in their communities.

(iii) Individual Interview.

The interview and discussions will be recorded (hand written) and analysed by the researcher. The information will be kept confidential, and will not be made available to any other person or organization(s), except when the information is reported or published, and this will be done in such a way that does not identify its source. The information will be stored in a locked cabinet at all times in the researcher’s residence, until the research is completed. This will allow for any further work that may be undertaken utilising this information. After this, the information will then be securely stored at the University for 6 years to comply with University research protocol.

(iv) Feedback Workshop

After the interviews and the information analysis is completed, a feedback workshop will be conducted to provide preliminary findings to the participants. The findings from this research will help me and other relevant people understand the perspectives of young people’s choices of engagements in high risk behaviours. The most important aspect of the research finding is that it will provide the schools, Government ministries, Non Governmental Organizations, but most importantly the Young people and Communities in the Cook islands, with the information required to design appropriate policies and Intervention programs to encourage and motivate our young people into making healthy choices in life, and minimise risk behaviours therefore improving their health and quality of life.

(v) Research conclusion

At the completion of the research, the reports will be made available to certain people and organizations:

(i) A verbal report of the research will be presented to the school, interested stakeholders, the communities and Young people in Vaka Takitumu. This will give the participants and other members in the school and communities the opportunity to ask questions about the research and its findings.

(ii) Bounded copies of the final report will be provided to the Principal of the Titikaveka College, the Mayor of Vaka Takitumu, Cook Islands Research Council, Government Ministries of Youth, Health, Education and Justice and probation services, and the National Library.

If you have any questions or concerns regarding the research or your rights as a participant in this research, you may contact me or my Supervisor or the Head of the department given below.
Thank you for taking the time to consider my proposal. Kia Manuia.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANT ETHICS COMMITTEE

ON...........................................FOR 3 YEARS. REFERENCE NUMBER........................../..........................
PARTICIPANT INFORMATION SHEET

For: The Principal, Teachers, Titikaveka College
Parents and Teachers Association (PTA) Committee

Kia Orana.

My name is Neti Tamarua Herman, and I am studying towards a Doctor of Philosophy Degree (PHD) at the School of Population Health, University of Auckland. My research topic is:

“The development, implementation and evaluation of a model to promote the health of young people in the Cook islands, using a school and community empowerment and partnership approach, within a health promotion framework.”

I would like to invite your son/daughter to participate in the research. He/She have been selected as a student attending Titikaveka College.

Participation will involve :-

(i) An Introductory Workshop
(ii) Individual Interview
(iii) Member for Steering Committee for Developing Interventions.
(iv) Feedback Workshops

(i) Introductory Workshop.
The aim of the workshop is to introduce and explain the research plan and process to key young people in Titikaveka College and Vaka Takitumu. A group of 50 students and 40 adults will be participating in two separate workshops (one for adult and one for young people).

(ii) Focus Groups interviews for students and young people
The purpose of the interview is to investigate the views young people on what being healthy means to them and the have common health issues and concerns young people face in their communities. The focus groups will involve young people from the College, churches, sports, culture, NGOs, and probationers and inmates.
(iii) **Participation**

Participation is voluntary, and if you and your son/daughter agrees to participate, they will need to confirm their participation, he/she will need to sign a consent form together with his/her parents/guardian.

Discussions will be in group setting, so participant’s anonymity cannot be completely guaranteed, as other students or young people will be present. However, the information gathered will be kept confidential between the participant and myself, except when the information is reported or published, and this will be done in such a way that does not identify its source.

The workshops and interviews will be conducted during the school holidays, so it will not disrupt the school programs. These will be held in the day time from 9am to 3pm at the college, and the teachers will be assisting me in supervising the students. The workshop may take about 1-2 hours, while the interviews will take about one hour.

The interview and discussions will be audio recorded or hand written, and analysed by the researcher. The information will be kept confidential, and will not be made available to any other person or organization(s). The information will be stored in a locked cabinet at all times in the researcher’s residence, until the research is completed. This will allow for any further work that may be undertaken utilising this information. After this, the information will then be securely stored at the University for 6 years to comply with University research protocol.

(iv) **Feedback Workshop**

The results obtained from the analysis or the benefits of this research will help me and other relevant people understand the perspectives of young people’s choices of engagements in high risk behaviours. However, the most important aspect of the research finding is that it will provide the schools, Government ministries, Non Governmental Organizations, but most importantly the Young people and Communities in the Cook islands, with the information required to design appropriate policies and Intervention programs to encourage and motivate our young people into making healthy choices in life, and minimise risk behaviours therefore improving their health and quality of life.

(v) **Research conclusion**

At the completion of the research, the reports will be made available to certain people and organizations:

(iii) A verbal report of the research will be presented to the school, interested stakeholders, the communities and Young people in Vaka Takitumu. This will give the participants and other members in the school and communities the opportunity to ask questions about the research and its findings.

(iv) Bounded copies of the final report will be provided to the Principal of the Titikaveka College, the Mayor of Vaka Takitumu, Cook islands Research Council, Government Ministries of Youth, Health, Education and Justice and probation services, and the National Library.
If you have any questions or concerns regarding the research or your rights as a participant in this research, you may contact me or my Supervisor or the Head of the department given below.

**Researcher:** Neti Tamarua Herman  
School of Population Health  
Social University of Auckland  
Private Bag 92019 Health  
Tamaki Campus, Morrin Rd, Glen Innes, AUCKLAND.  
Email: n.herman@auckland.ac.nz  
Ph. 64 09 275 4478. Ext.89449

**Supervisor:** Dr Jennifer Hand  
Senior Lecturer, Department of Social and Community Health, Tamaki Campus, Morrin Rd, Glen Innes, AUCKLAND.  
Email: j.hand@auckland.ac.nz  
Ph: 64 09 373 7599 Ext.87645

**Head of Department/School:** Dr Peter Adams  
Head of Department of Social and Community Health, School of Population Health, Tamaki Campus, Morrin Rd, Glen Innes, AUCKLAND.  
Email: p.adams@auckland.ac.nz  
Ph: 64 09 373 7599 Ext.86538

Thank you for taking the time to consider my proposal. Kia Manuia.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANT ETHICS COMMITTEE  
ON...........................................FOR 3 YEARS. REFERENCE NUMBER......................./..............
Department of Social and Community Health, School of Population Health

Cook Islands Government
Appraisal Reference Number:

Date:

CONSENT FORM FOR ADULT PARTICIPANTS OF KEY STAKEHOLDERS AND KEY INFORMANTS.
(This consent form will be securely stored for six years at the Auckland University)

RESEARCH TITLE: Development, implementation and evaluation of a model to promote the health of young people’s health in the Cook Islands through school and community empowerment and Partnership, within a health promotion framework.
Researcher: Neti Tamarua Herman, Department of Social and Community Health; School of Population Health, University of Auckland, Private Bag, Auckland.
Phone: 09 275 4478 (Home) Mobile 0210688849
Email: netiherman@hotmail.com

I have read and understood the Information Sheet for participants in the research to be conducted in the College and communities within the Vaka Takitumu, and also the nature of this research, and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.
I also understand that my participation in this study is voluntary and I may withdraw from the study at any time without offering a reason. I may also withdraw any information provided that can be traced back to me as the source.
I understand that all the information and data on this research will be recorded (by writing) by the researcher, and will be kept confidential.
I understand that any information I provide at the interview may be quoted or summarised and published in the final report, and that my name will not be recorded in the final report.
I understand that the information will be locked in a cabinet, in a room at the researcher’s residence until the research is completed. This will allow for any further work that may be undertaken utilising this information. After this, the information will then be securely stored at the University of Auckland for six years before they are destroyed.
Please circle your preference.

I agree / do not agree to participate in the research.

I agree / do not agree to keep confidential information that may arise in discussion within the group.

Name:......................................................... (Please print full name)
Signature:...........................................          Date:............................

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON .............................................................FOR THREE YEARS. REFERENCE NUMBER............./........
CONSENT FORM FOR STUDENT'S PARENTS/GUARDIAN.

I have read and understood the Information Sheet for participants in the research to be conducted in the College and communities within the Vaka Takitumu, and also the nature of this research, and why my son/daughter have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

I also understand that my son/daughter’s participation in this study is voluntary and he/she may withdraw from the study at any time without offering a reason.

I understand that all the information and data on this research will be recorded (by writing) by the researcher.

I understand that data collected cannot be withdrawn after the focus group interview.

I understand that any information my son/daughter provide at the interview may be quoted or summarised and published in the final report, and that his/her name will not be recorded in the final report.

I understand that the information will be locked in a cabinet, in a room at the researcher’s residence until the research is completed. This will allow for any further work that may be undertaken utilising this information. After this, the information will then be securely stored at the University of Auckland for six years before they are destroyed.

I agree / do not agree for my son/daughter………………………………………………………to participate in any of the research activities  (please print full name and family name)

Parent's Name:……………………………………………... (Please print full name)

Signature:…………………………………………… Date:………………………
CONSENT FORM FOR COLLEGE STUDENT.
(This consent form will be securely stored for six years at the Auckland University)

STUDY TITLE: Development, implementation and evaluation of a model to promote the health of young people's health in the Cook Islands through school and community empowerment and Partnership, within a health promotion framework.

Researcher: Neti Tamarua Herman, Department of Social and Community Health; School of Population Health, University of Auckland, Private Bag, Auckland. Phone: 09 275 4478 (Home) Mobile 0210688849 Email: n.herman@auckland.ac.nz

I have read and understood the Information Sheet for participants in the research to be conducted in the communities within the Vaka Takitumu, and also the nature of this research, and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

I also understand that my participation in this study is voluntary and I may withdraw from the study at any time without offering a reason.

I understand that data collected cannot be withdrawn after the focus group interview.

I understand that all the information and data on this research will be recorded (by writing) by the researcher.

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I understand that the information will be locked in a cabinet, in a room at the researcher's residence until the research is completed. This will allow for any further work that may be undertaken utilising this information. After this, the information will
then be securely stored at the University of Auckland for six years before they are destroyed.

I agree / do not agree to participate in the research. (Please circle your preference).

Name:.......................................................... (Please print full name)
Signature:...................................................... Date:.................................

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE
ON .............................................. FOR THREE YEARS. REFERENCE NUMBER............../..........
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