Laefstael Jenses: An Investigation of Barriers and Facilitators for Healthy Lifestyles of Women in an Urban Pacific Island Context

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Background: The Pacific region has experienced rapid urbanization and lifestyle changes, which lead to high rates of noncommunicable disease (NCD) prevalence. There is no information on barriers and facilitators for healthy lifestyles in this region. In response, we present the first stage of a rigorous development of an urban Pacific health intervention program. This paper describes formative work conducted in Port Vila, Vanuatu. The objective of this paper was to understand cultural barriers and facilitators in Pacific women to lifestyle change and use the findings to inform future health interventions.

Methods: Semistructured focus groups with 37 female civil servants divided into 6 groups were held verbally to understand barriers and facilitators for healthy lifestyles.

Results: Several perceived barriers and facilitators were identified. Inter alia, barriers include financial limitations, time issues, family commitments, environmental aspects, and motivational hindrances that limit time and opportunities for healthy lifestyle behavior. Facilitators include more supportive environments, social support mechanisms, and the implementation of rigorous health policies.

Conclusions: Formative work is essential in designing health intervention programs. Uncovered barriers and facilitators help inform the development of culturally relevant health interventions.

Keywords: behavior change, focus groups, non-communicable diseases, Vanuatu

The Pacific region has experienced a major shift in disease burden: noncommunicable diseases (NCDs) have overtaken communicable diseases and are a critical health and development issue. Rapid lifestyle changes of Pacific islanders toward a modernized way of life are central to this change in disease patterns.

As a response, the World Health Organization (WHO) has initiated NCD surveillance strategies through the STEPwise Approach to Surveillance of Risk Factors for NCDs (STEPS). Though numerous health and physical activity (PA) programs prevail in the region, systematic program evaluation appears lacking. Best-practice evaluation involves the use of formative evaluation, process evaluation, and outcome evaluation. The present research is the first effort to become more rigorous in the design, implementation, and evaluation of a lifestyle intervention program.

The purpose of this study is to conduct formative work to understand cultural barriers and facilitators in Pacific women in urban Vanuatu to lifestyle change (Bislama: laefstael jense), and subsequently use these factors to inform the development of a culturally meaningful lifestyle intervention.

Research has shown that lifestyle behavior is an important and often context specific issue. In sociological theory, lifestyles are considered a key sociological concept; lifestyles are ways of living adopted by individuals that reflect personal, group, and socioeconomic identities. In Wirtschaft und Gesellschaft, Weber argued that lifestyles were realized primarily by choice (Lebensführung) within the social context provided by chance (Lebenschancen). Hence, lifestyles are choices which are dependent on the individuals’ chances to realize them. In Bourdiue’s approach, the gap between life chances and life choices is reduced through the concept of habitus; although individuals choose their lifestyles, they do not do so with complete free will, as the habitus predisposes them toward certain choices. The selection of and participation in a particular lifestyle is therefore affected by life chances to a much greater extent. Bourdieu’s indicates that lifestyle choices are not only constrained but shaped by life chances.

To explore life chances and thus to understand healthy lifestyle choices, motives for health behavior must be identified. For example, barriers for physical activity (PA) and other healthy lifestyle behaviors are complex and arise culturally specific. Caperchione et al found a number of barriers in different cultural groups from less

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developed countries. Barriers include knowledge and awareness, sociocultural factors (eg, family commitments and domestic duties), environmental factors, and perceptions of ill-health and injury. Research from Brazil identifies barriers in high socio economic groups in Brazilian women as lack of social support, time constraints, and weather conditions, while those for low socioeconomic groups include financial barriers, time barriers, and safety issues. Booth et al23 found related barriers for engagement in PA in the Australian population with insufficient time, lack of motivation, and childcare duties. While some formative work was conducted in Fijian, Tongan and Auckland youth,19 and in Marshallese adults,20 no formative work on Pacific women is available.

Context
Vanuatu is an island nation located in the south west Pacific ocean with a total population of 230,023.21 The capital is Port Vila with 44,040 inhabitants. The official languages of Vanuatu are Bislama, English, and French; the latter 2 are used as the principal languages of education.22

While the rural population follows a predominantly subsistence lifestyle, the urban population has adopted a more westernized way of life.22 The traditional diet consists of root crops (manioc, taro, yam), green cabbage, coconut cream, fresh fish, and other seafood. Pigs are eaten at important ritual occasions. Seasonal fruits are part of the daily diet. The general source for drinking is rainwater catchment or spring water.23 According to the 1998 Vanuatu Non-Communicable Disease Survey Report, the consumption of traditional foods is lowest in the urban areas, whereas the consumption of imported food such as rice, fat/oils, canned and fresh meat/fish, milk, and bread is highest.24 The population is increasingly urbanized, replacing local produce with imported, calorie dense processed food and relying more on labor saving devices for chores and transport. Physical activity levels are lower in urban areas than in rural areas where motorized vehicles, technology, and telephone communication towers are often nonexistent.23

Vanuatu was chosen as a research location for various reasons. Firstly, the country faces increasing NCD risk factors. Secondly, a governmental healthy workplace program is in place since 2007 and provides access to a population that is being supported with healthy lifestyle advice by the government.25

Methods
This study is of qualitative nature and can be referred to as formative research. Formative research is conducted during the development of an intervention to best understand the factors that influence the target audience’s behaviors, attitudes, and practices and to determine the best strategy to reach them.26

Findings from this research were derived by conducting 1-hour semistructured focus group discussions with 37 female civil servants divided into 6 groups in Port Vila, Vanuatu. The increasing popularity and use of focus groups in formative work is well justified; they help achieve a greater understanding of a previously vague phenomenon, as its participants are likely to express opinions and ideas more openly in a group setting.27 Neuman28 concludes that the formative researcher aims to learn what is meaningful or relevant to the people being studied and how individuals experience and manage daily life. In our study, focus groups had the potential to uncover—from an inside perspective—the most significant barriers and facilitators of urban ni-Vanuatu women ("ni-Vanuatu" refers to nationals and citizens of Vanuatu) for healthy lifestyles. Thematic induction was used for analysis.

Participant selection was restricted to female civil servants since the researchers had previously identified this group at high risk for NCD risk factors due to sedentary occupations.29 The number of participants in each group varied between 8–12, which is in line with the focus group framework proposed by Morgan.29 In particular, participants from 3 different Ministries (the Ministry of Health, the Ministry of Education, the Prime Minister’s office) were selected; mean age was 36 years. No selection was made regarding job ranking; both higher and lower job positions were involved. Interviewers were of European descent. Before conducting the interviews, all participants agreed to hold interviews in the English language. Ethical approval was obtained from the Auckland University of Technology Ethics Committee. The standard university guidelines of informed consent, voluntary participation, confidentiality, and anonymity were rigorously followed. All participants gave written and verbal informed consent before each focus group session.

During the focus groups, the lead researcher helped stimulate discussion by enabling participants to speak freely about their thoughts and ideas. In particular, 4 general questions were raised:
1. Is a healthy diet and exercise important to you?
2. What are the barriers for you to eat healthily and to exercise regularly?
3. What would help you be more active and eat healthier?
4. What can your workplace do to make you live healthier?

Focus groups were recorded with a digital voice recorder. Further, notes were taken throughout the sessions to supplement the voice recordings. All data were transcribed verbatim, then coded and prepared for analysis. The qualitative interrogation of the data were supported by the NVivo 9.0 software package, which assisted the researchers in storing, integrating, indexing, and coding the data collected.30
The subsequent thematic analysis process followed the descriptive, interpretive, and pattern coding as described by Miles and Huberman. An initial broad coding of all themes relevant to barriers and facilitators of PA and healthy lifestyles was carried out to identify emerging and reoccurring themes. The codes were then analyzed and condensed into dominant themes. Themes were derived from participants’ ideas, thoughts, and experiences; in this case the themes were the contributions pertaining to healthy lifestyle adoption. A cross-examination between the contributing authors was conducted to see whether themes were representative of the transcripts.

Results

The focus group discussions revealed critical information needed to understand ni-Vanuatu women’s perceptions toward healthy lifestyles. Overall, the different focus groups raised similar concerns and issues. The prominent evaluative themes identified in relation to barriers toward PA and healthy lifestyles are financial limitations, family commitments, environmental aspects, motivational hindrances, and cultural restrictions. Perceived solutions include facilities, social support, motivation and fun, and more insistent health policies.

By drawing on representative comments from the focus group discussions, the different themes are now presented from the perspective of the participants. It is important to acknowledge that for linguistic and cultural reasons, responses of the ni-Vanuatu population tend to be shorter and less lucid when compared with communiqué within Western societies. This has to a degree influenced the length and the style of quotes presented below.

Barriers

Financial Limitations. Financial limitations were raised as the main barrier to live a healthy lifestyle in an urban setting. Locally produced fresh food items were generally defined as “too expensive,” while cheaper imported food such as instant noodles, white rice, macaroni, and tinned tuna were listed as the most popular and common lunch options. For example, it was suggested

The healthy food, like the local food, is more expensive. In the market, you can go and buy a basket of tapioca or taro (root crops) and it lasts only for a few days. Whereas if you use the same amount of money and buy something from the shop, it will last you longer.

Many women—particularly those with a family to look after—suggested that they “have to eat rice” simply because “local food from the market” is unaffordable. Interestingly, the women also mentioned that the preparation of local food is rather expensive, because “it consumes more firewood than food from the shops.” Moreover, it was mentioned that people who live in the urban areas are less likely to be able to grow their own fruits and vegetables in their gardens.

Those who have lands can grow their fruits in the garden, yes. But most of us come from the islands and we don’t have land here in the city. We rent houses, so there is no garden to grow vegetables.

For some of the wealthier participants the healthy option of purchasing and consuming local food presented an expensive but nevertheless alternative to their daily diet. “Yes, some of us can buy that expensive stuff, but only few.”

Time Issues and Family Commitments. There are strong traditional roles assigned to ni-Vanuatu women that often result in limited leisure time. Ni-Vanuatu women are often given the task of child rearing, household management, family health, and obligations to the immediate and extended families, hospitality services to visitors, and community activities. In our study, limited time and workload was often cited as a barrier to engage in more regular PA. “We have to finish our work and look after the kids too.” Some participants therefore suggested having a workshop on time management skills: “Yes, we need to know how to plan the day.” It is clear that limited time combined with traditional roles inhibits regular engagement in leisure-time PA.

Some participants suggested that a reduction in workload and more spare time would assist them in being more physically active. For example, “time off from work before it is getting dark” was suggested to allow outdoor activities such as walking for leisure and/or transport. Road safety is a critical issue in Port Vila (pot holes, stray dogs), thus exercising after sunset (6 PM) is rather uncommon.

Furthermore, it was mentioned that the workload would hinder people to take time off for exercises. “Most of the time I stay back in the office and finish my work.” Wednesday afternoon officially releases all civil servants from work duties to engage in exercises; however, a number of participants reported that their current workload does not allow this to happen.

With exercise, like on Wednesday afternoon everyone is informed. But sometimes we want to go to sport but we cannot because we have to finish our work, too. Even though we want to go to sport, we have to work.

As indicated, women are given responsibility to look after the children. Clearly, many women put priority to their kids’ well-being “So sometimes I just want my kids to have their food again and then I don’t have time to exercise.” It was mentioned that having children reduces leisure time thus hinders participation in leisure PA. For example, it was mentioned

I think for me the big thing that stops me [from exercising] is the children. When I finish work I have to go back home. And I suppose that is what...
keeps me from participating all the time on these Wednesday exercises.

Interestingly, PA is often understood as leisure time exercise and not merely physical movement that can be accumulated over the course of the day through different forms of activity (transport, leisure, occupational). While some participants cite walking as an activity to stay healthy, it is not necessarily regarded as a form of PA.

**Environmental Aspects.** A more exercise-friendly environment was requested by several participants. One participant mentioned there is a demand for exercise equipment at work, because it would allow women to exercise without being scared of dogs, traffic, or other unsafe conditions outside.

If we had stair masters and treadmills and bikes, then and I think it would be a good. Staff could come in after work or even during the lunch hour and exercise. That would be a great motivation for us. It would also allow us to exercise when it rains and keep us away from the danger of the streets.

Researcher: Do you think a lot of people would go on those treadmills?

Yes, because a lot have come and asked for it.

Moreover, road safety and increasing traffic congestion were mentioned as hindrances of regular outdoor physical activities. Port Vila has recently experienced an increase in motorized vehicles which reduces PA levels not only through the use of the vehicles, but also through people being discouraged to exercise outdoors: “One evening I went for a walk and I noticed the fumes! It has gotten really terrible, the amount of traffic.”

A number of women emphasized safety issues as a personal barrier, as some women feel unsafe being outdoors by themselves. “Where I live, you’re ‘frait long man’ (scared of the man); it is not safe anymore. You might be raped or something.”

Finally, all focus groups reported that healthy food opportunities at the workplace are very limited. One participant said “There is no healthy option here” and suggested to create a healthier food environment in and around the workplace. In confirmation of these comments, the lead researcher observed that nearby shops mainly sell Chinese noodles, crackers, tinned food, and other nonnutritious food options. It was suggested that walking groups could be organized within the ministries to arrange for healthy food options from the local market. Yet, food prices have to be taken into account.

**Motivational Hindrances.** The majority of participants reported that a lack of incentives discourages them from engaging in regular exercise. Team support and walking buddies were suggested to motivate participants and increase commitment. “I just need someone to motivate me, friends or a team.” In relation to this, participants also reported on the need of more incentives to adapt healthier lifestyles overall. Different suggestions were provided by participants, such as regular weight control mechanisms and other regular health checks. For example, one participant said

I suppose if they took our blood cholesterols [that would motivate us]. It is something that would give us a reason to exercise.

Such incentives could positively impact health status of participants as they monitor actual health changes over time, particularly if conducted on a regular basis. Interestingly, provided incentives were all related to individual health status control and not external awards.

**Cultural Restrictions.** Cultural aspects were raised throughout the discussions by several participants, from both the younger and older generations. In particular, missing support from the husband, the cultural dress codes and insufficient understanding from the neighborhood or local community were mentioned as potential barriers to PA. Gender roles are strong in the ni-Vanuatu culture which was confirmed during the discussion: “You know, in our custom, ladies are back at home.” It was further mentioned that spouses could potentially envy their wives if they engaged in exercises: “[The husband] may be jealous and asking ‘What are you doing, no, stay at home and look after the children.’” Mentality and cultural restrictions seem to portray crucial barriers for regular PA of ni-Vanuatu women. Finally, for older women is it not necessarily accepted to engage in activities of “young people” (ie, physical exercises). One participant commented

One thing to take into account is our custom. I am a grandmother already (50 yrs). Wearing shorts—I cannot do that. It’s a taboo. How to dress in front of men, dressing up, etc., is very important.

**Perceived Solutions**

The focus group discussion further turned toward perceived opportunities that would support participants in taking up healthier lifestyles. Findings were categorized into 4 emerging themes: 1) supportive environment and facilities, 2) social support, 3) motivation/fun, and 4) workplace health policies. Each theme is now presented and discussed in relation to similar studies and previous work in the area.

**Supportive Environment and Facilities.** A more supportive environment and workplace facilities were suggested as facilitators for healthier lifestyles. Overall, the discussions underline that workplaces could be valuable support mechanisms to promote healthy lifestyles in and around the workplace. Workplaces have been internationally recognized as a priority setting for health promotion and International bodies recommend them as health promotion settings through several charters and declarations. Our study suggests that a supportive environment for healthy lifestyles at the workplace requires the provision of suitable and functional resources.
and facilities, including basic exercise equipment (e.g., changing rooms, treadmill), small kitchen areas, and water fountains.

**Social Support.** Numerous participants reported on the importance of social support mechanisms that would assist them in adopting healthier lifestyles. These findings are in line with previous research that indicates that social support mechanisms can lead to increased levels of internal control, commitment, and confidence and to a more sustainable health behavior change. Three mechanisms of support were identified by the participants: team support, leadership support, and family support. Each will be described and discussed below.

**Team Support.** Arguably, one of the most prominent approaches to support female civil servants in healthy lifestyle behavior is an exercise team or buddy support system (as already flagged under motivational hindrances). Participants described that due to the existing community structures and the strong emphasis on sharing and doing things together, it is impracticable to attempt to exercise on an individual basis: “I think it is best to group people together.” This finding supports previous work conducted in the U.S., which suggested that social contacts (team-mates) and network characteristics (team characteristics) positively impact individual physical activity levels. This might be even more important in the ni-Vanuatu cultural context, where exercise by women is often regarded as inappropriate and where communal activities are favored over individual pursuits.

**Family Support.** Interpersonal relationships have been identified as important sources of influence in individual health related behavior, and family support mechanisms play crucial elements in NCD risk reduction. For example, research demonstrated that physical activity levels increase with family support mechanisms. While these studies were conducted in a European and an Asian cultural environment, the challenges for ni-Vanuatu women seem even greater. Participants implied that family support, particularly from husbands, is a crucial element in the engagement of regular PA. One woman suggested dividing house chores duties between spouses to allocate more free time which could be used for exercises. However, others highlighted that it would not be feasible to convert this idea into reality. “I think it is a good idea, yes, but most partners won’t do it.” The lead researcher asked all groups whether support from their spouses would be feasible to people in Vanuatu as public health services are often less advanced. Hence, they are expected to stimulate and support participants in lifestyle changes. This is an important finding that may have wider implications for the allocation of financial resources within government agencies. Our findings suggest that the provision of regular health checks are likely to result in a better “healthy work environment” capable of improving work motivation and efficiency.

**Workplace Health Policies.** A joint effort between different local ministries can result in effective policies that improve employees’ health. A study from Tonga found that the local population favors their local and traditional diet over imported food but generally consumes the latter. Thus, it was suggested that a combination of import bans, the development of indigenous fishing and farming industries, combined with informational approaches can result in the consumption of more traditional foods. A collaborated effort between the health, agriculture, and trade sector was suggested to improve population health. A similar approach on the micro level could be used to create a healthier food environment at the workplace in Vanuatu; workplace health policies could be introduced to assist employees in adopting healthier lifestyles. Participants suggested outlawing unhealthy food options (such as instant noodles) and investing in and installing small kitchen areas. This would allow and encourage women to bring fresh food to work.

Moreover, a stronger official focus on the current Wednesday afternoon activities was suggested. One woman argued that if these activities were in fact compulsory, it would allow everyone, irrespective of job rank officially reserved for exercises (for male and female civil servants), numerous participants indicated that work obligations do not allow them to partake. The discussions revealed that many superiors schedule meetings for this exact time and secretaries or assistants are asked to be on-site.

To serve as a motivating and positive role model to the employees, it was suggested that “the bosses themselves should take part in these Wednesdays, because you don’t see the bosses.”

**Motivation/Fun.** Findings indicate the high value of fun elements for ni-Vanuatu women. “We want to have fun just within in the group of friends. We want to laugh.” Fun and enjoyment has previously been identified as a crucial element of PA interventions. For example, a successful weight loss program in Tonga has proven that an emphasis on fun and enjoyment stimulates participation in physical exercises in Pacific people. What our study contributes in addition to previous work is that participants are least encouraged to exercise if serious competition is central to the activity.

It was further suggested to provide incentives to participate in more physical exercises, such as regular measurements of health indicators, including weight, Body Mass Index, blood pressure, and blood sugar. It is important to realize that these indicators are rarely available to people in Vanuatu as public health services are often less advanced. Hence, they are expected to stimulate and support participants in lifestyle changes. This is an important finding that may have wider implications for the allocation of financial resources within government agencies. Our findings suggest that the provision of regular health checks are likely to result in a better “healthy work environment” capable of improving work motivation and efficiency.
position, to engage in the weekly physical exercises. While this change toward compulsory participation is considered by some as a step in the right direction, this form of forced participation bears the danger of minimized exercise enjoyment, which can result in even lower physical activity levels, as explained by Deci and Ryan in the Self-Determination Theory.49

**Popular Modes of Physical Activities and Reasons to Live a Healthy Lifestyle.** During the discussions, popular modes of PA were identified as side outcomes of the study. While walking has previously been referenced as a popular mode of PA in the Pacific region, in nonacademic reports46 there is no scientific evidence that confirms or rejects this claim. This study confirmed that walking is a popular mode of exercise for Pacific women. When participants were asked for their favorite exercise, wokaboat was the most common answer. The Bislama term wokaboat translates into “walking” in the English language. Importantly, the women mentioned they would walk as a mode of transport to and from places and also as a leisure-time activity. Many suggested they “do some wokaboat to stay healthy.” This suggests that in the attempt to attract women for exercises, future health programs should focus on different types of walking as the main activity or at least include aspects of walking exercises into the overall program.

The group meetings also revealed participants’ motives to live a healthy lifestyle, ranging from improved body functions to enhanced quality of life. One woman commented: “Healthy lifestyle? Yes, for life! To live longer. To have a good health!” Moreover, increased productivity was mentioned as an incentive to live a healthy lifestyle. Finally, the lead researcher observed that although participants were generally aware of the benefits of healthy lifestyles, limited opportunities and cultural restrictions hinder the female population from regular exercises and healthy eating behavior.

**Conclusion**

This article has presented the results of formative research aimed at developing best practice health promotion programs for urban women in Port Vila, Vanuatu. Formative evaluation means to explore and understand human behavior and should be integral in the design of any program dealing with behavior change. This can be particularly useful in a region where overweight and obesity have become a rather normal phenomenon and where 75% of deaths are attributable to lifestyle diseases. We suggest that to understand and respond to the region’s health challenges, more formative work and a stronger emphasis on evaluation is needed. This study describes the initial phase of a systematic evaluation effort for a healthy lifestyle intervention in an urban Pacific context. Findings from this exploratory study aided in the design of a physical activity intervention for public servants in Vanuatu.

Previous health research in Pacific island contexts revealed that women are at higher NCD risk than men are51–56 and are crucial gatekeepers for promoting healthy lifestyle behavior to communities.57 To the authors’ knowledge, this is the first time formative work on female lifestyle behavior from the Pacific region has been conducted, presenting perceived barriers and solutions for the adoption of healthy lifestyles.

The different focus groups reported similar barriers and facilitators and revealed important findings that will assist in the development of future health programs. Given that life chances (14,15) differ significantly among nations, we found that perceived life choices do not differ greatly: consistent with previous literature,16,17 findings suggest that financial limitations, family commitments, time constraints, and road safety issues restrict healthy lifestyle behavior in ni-Vanuatu women. However, contrary to the general belief that overweight in low- and middle income countries is associated with higher socioeconomic status,58 we found that financial limitations are the major culprit for increasing NCD risk factors. Less expensive food options (imported food) are generally favored over more costly local options such as fresh fruits and vegetables. Hence, it is not a matter of individual preference, but rather a financial issue that limits locals in purchasing healthy food options. In addition, family commitments, environmental aspects, motivational hindrances, and cultural restrictions were elicited as barriers for living a healthy lifestyle.

Perceived solutions provide valuable ideas for program development. We assume that a stronger emphasis on social support mechanisms (including friends and/or colleagues for coexercises and family support) is likely to result in active participation. The adoption of team-based approaches and a focus on family involvement is recommended. Future research may aim at discovering how men perceive healthy lifestyle behavior in women, which may be an important way to design appropriate interventions that involve men, women, and the family as a whole.

As for activity preferences, findings indicate that women are more likely to choose walking for leisure time PA over any other sport activity. At the same time, they confirm they favor a team-approach over individual exercise activities. Taking these personal preferences into account, we assume that a team-based walking program can result in increased PA levels and potentially reduce NCD risk. Further, findings suggest that fun aspects are of central importance in program development, rather than programs focusing on stern competition. We understand that a fun-loving culture needs an appropriate fun-activity approach and suggest to embrace this in program development. Further suggestions for facilitating lifestyle changes include an adjustment of health related policies at the workplace. The provision of cost-effective solutions is much needed. Noticeably, findings demonstrate that local community input is fundamental in designing relevant and attractive activities.

It is widely recognized that a multisectoral approach is one of the key approaches required to respond to the NCD crisis in all their aspects, given that many factors
that influence NCDs lie outside of the health sector.\textsuperscript{59}
For example, key elements have been identified as environmental changes, lifestyle changes, clinical services, surveillance, and advocacy. This research contributes to the literature in that it highlights barriers and facilitators for lifestyle changes for an understudied population in the remote Pacific islands.

Findings of this study are limited in that the time-frame in which information was gathered was relatively short; however, the researchers have attempted to provide significant detail to this study through the in-depth research approach applied. In the future, preexisting personal relationship with respondents and communities may allow for a maximum cultural understanding that may help uncover further details that currently remained unknown. Furthermore, a truly anthropological and ethnographic approach to researching healthy lifestyles in Vanuatu would make a valuable contribution to this interpretive study.

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