

CAUSES & PERCEPTIONS:
An Exploratory Study of Suicide
in Indo-Fijian & Fijian Youth

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Abstract:

In a culture that is extremely religious, traditional and conservative, one may not first assume that suicide is one of Fiji's leading causes of death amongst its youth population. However, the number of suicides today is one of the highest in the world and is rising at alarming rates. This study was designed to understand the underlying pressures that directly affect Indo-Fijian and indigenous Fijian youths, both the majority race in Fiji. The study focuses mainly on interviews conducted in the urban area of Suva but includes references to the rural areas, where a large number of suicides occur.

The study found that youth suicide in Fiji is linked with the high pressures that both genders of Indo-Fijian and Fijians feel to perform and uphold tradition in society, coupled with Fiji's mental healthcare which is hard-pressed for support and funding. Despite the negative cultural stigma attached to suicide in religion and other aspects of life, the pressures to succeed, academically and financially, to maintain family tradition and honor, misunderstanding of youth culture and lack of proper mental health care are intense and lead today's youth of Fiji to believe that there is no other way out but suicide.

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This paper is dedicated to youth who are silently suffering. To families who have lost loved ones, and to those currently working to relieve the crisis. Mostly, this is dedicated to those who have felt the pressure, struggled in the face of adversity and triumphed.

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Introduction

Background Information: The Republic of Fiji is made up of more than 300 individual islands with a vast array of religions and cultures. With a population of 900,000 at the last census, Fiji is a small country, but is arguably one of the largest and most developed in the region. Fiji society today is made up of myriad different nations and religions, which creates its well known status as the multi-cultural “hub” of the South Pacific. The population is comprised of about 50% Indigenous Fijians, 47% Indo-Fijians and 3% Chinese and Europeans, also known as “Others”. Historically, the Indigenous Fijians are the native landowners, the original settlers of the islands while the Indo- Fijians are descendents from the indentured laborers, who were sent by British demand from India in the 1870’s to maintain and farm the sugarcane crop. This paper is concerned with suicide rates amongst the ethnic majority of Fijians and Indo-Fijians and seeks to find patterns based on cross-analysis of the two races in the age group 15-29.

Rationale of Research: Suicide in the South Pacific is not a new phenomenon. It has been noted in high numbers in areas like Papua New Guinea, New Caledonia and has been measured at astounding rates in Western Samoa. A study of current youth perceptions and potential causes of suicide is significant because it is proven that the group with the highest suicides is the age group of 15-29. In Fiji, like most other South Pacific countries, mental illness and suicide are culturally ‘taboo’, which leaves the current state of mental health care in Fiji in crisis and silently begging for attention. These problems cause lack of discussion, a stigmatization of suicide attempters and their families and keep the next wave of mental health care workers from preventing future youth suicides. This research is also important because national statistics are incomplete

and there is an insignificant amount of research being done on the topic. The root causes of youth suicide are ignored and to make matters worse, most valid published studies are outdated by ten years. Lastly, it is important to study this topic so new methods of suicide prevention and a de-stigmatization of suicide are continuously attempted. This study is in hopes that suicide will no longer be an overbearing pressure on the next generation of Fiji's youth and there will be options and counseling available to them.

Objectives and Aims:

- To gain an understanding of the pressures on Fijian youths
- To gain an understanding of where the high rate of suicide originates
- To understand the family structure and current values of tradition being upheld
- To analyze the differences in Indo-Fijian versus Fijian suicides
- Uncover the reasons for the strong stigma against mental health and suicide in Fiji
- To gain an understanding of the youth perspective on suicide and how they believe the problem of suicide can be solved
- To gain an understanding of why there is a lack of counseling services and awareness programs
- To clarify the definitions of “precipitating events” and differentiate them from “causes”
- To reiterate the pressing issues and re-examine the actual state of youth suicide and mental health in Fiji

Methodology:

In order to collect relevant research data, I conducted a focus group, a group survey, an observation, personal interviews, expert interviews and library research.

Firstly, I conducted library research for any written research and previously completed studies on the topic.

I conducted one focus group in the Suva area that focused on youth perceptions of suicide in Fiji, where I led the discussion with a previously typed questionnaire and tape recorded the results. The focus group included seven members of the group Kidzlink, who were equally distributed between male and female, Fijian and indo-Fijian descent. This was my preliminary research into the topic and gave me greater insight of where to explore next.

My personal observation included a young individual male with whom I got to know fairly well and formed a close relationship with. For personal interviews, I spoke to a young mother of three who lived in a rural area, a young Indo-Fijian male and a young Fijian male about their opinions and perceptions on suicide.

Next, I constructed a three page survey including perceptions of suicide and distributed it to USP psychology students who also fit the demographic being studied. These surveys were the basis of my youth focused research. Their responses set the tone for the paper, since they reinforced information from the previous focus group.

Lastly, I personally interviewed four local experts on suicide. These interviews, which also gave me the most recent statistics, were the most informative and provided the most insight on the subject.

Challenges:

There were many challenges in formulating and executing this research topic. In the beginning, it began much larger: child-raising in Fiji. After about three interviews, (which were salvaged for good information about family structure) I decided that the topic was too broad and changed it to Youth Suicide. I first intended to interview twenty youths, but logistics and unforeseen events forced me to continue with only seven focus group interviewees and another six youths in the survey. The many interviews I set up did not cancel on me, however, I was forced to wait upwards of an hour to meet them and sometimes I was even told to return the next day, a few of the people I expressed interest in interviewing never called or e-mailed back.

One major challenge for me were the days where I had scheduled multiple interviews with important people. The succession of interviews in a short period of time were very intense and by the final interview, I was almost too tired to formulate questions properly, much less take adequate notes. Another challenge was remembering to bring my tape recorder along with me, sometimes I didn't realize I actually needed it. I found out the hard way after I returned home with scribbled notes from an interview that I couldn't remember well.

Another problem in researching this topic was the lack of information in Fiji on suicide, especially suicide focusing on youth. The same information seems to be re-circulating around Fiji, most of which is biased and outdated. I am thankful for the information, but cannot forget to mention the challenge of the very slow pace of work at the USP Pacific Collection. This is where I officially gained the patience and understanding (or lack there of) for Fiji time.

Later, after more data was collected, some additional challenges that arose was having too much information and not knowing what to do with it. There were challenges in writing the paper where deciding which information to include, where to cite, what information was important and what wasn't, and also dealing with the shortened time frame to complete the write-up of the final paper. One small challenge I also faced was during some shorter smaller interviews, before setting up larger ones, professors were short and fairly discouraging about the topic I had chosen to do. The main point they felt they needed to convey was that researching here was going to be "literally impossible" and one even wished me good luck in finding people who would be willing to participate in my survey. On the contrary, this professor were the hardest people to deal with. The youth themselves were honest, willing and open to discussion and rose to the challenge despite the hard questions I posed to them. These youth are the reason this paper is a success.

Focus Group Information:

My focus group discussion was loosely based on a questionnaire I initially intended to have the participants answer. The questionnaire later served as my facilitator's outline for the discussion. The focus group was held at Save the Children, Fund on Pender Street in Suva. It was held after Save the Children's short meeting and then I was allowed to conduct the interview. For the record, I introduced myself and my topic and began the tape recorder. I asked them to all state their name, age, race and religion for data purposes and then we discussed suicide and various other topics including stress, parents, family, the media and other topics. The mood was light and the

participants were extremely intelligent and willing in answering the questions. The answers and points of each were carefully noted and proper credit was given in the paper for their particular opinions.

Questionnaire / Survey Information:

My questionnaire for the USP psychology students was three pages in length and was distributed to USP Lecturer Gaylene Osborne's 300 level psychology class, these where the students average age was 21. The questionnaire was formatted to ease them into answering "sensitive" questions and to gauge their understanding of youth suicide in Fiji. It included all of the pertinent information including, age, race, sex, and religion. The survey participants were asked to answer separately and write down their answers, and if necessary any additional comments and their e-mail addresses.

Participant Observation:

In my time here in Fiji, I had the opportunity to closely observe a 22 year-old half caste Fijian Male. I observed his behavior with his friends and got to know him on a very personal level. He was instrumental in exemplifying the extreme pressures of society on youth in Fiji today and provided significant insight into the world he lives in. I also had the opportunity to have many conversations with young female individuals whom I also closely observed once the topic of suicide arose.

Personal Interviews:

These interviews took place in various venues all over the city. At one point, an

impromptu interview took place in a coffee shop in Colonial Arcade and yet another took place at our house over a take glass. I found that these personal interviewees were very interested in the topic, but were also a bit reluctant to answer my questions until they fully understood why I was interested. These personal interviews gave much insight into the “non-psychological” aspect of the issue of suicide and family and also were less structured than the focus groups and surveys. The questions were no longer questions, it became a discussion and the outcome was a general concern on the part of all interviewees and a wish that things were different in Fiji. These interviews were instrumental in my research for the personal connection it gave to the issue and the relativity it gave to the topic: it grounded the research and continuously reminded me why I am doing this work.

Definitions:

1. *Suicide:*

(a) The deliberate taking of one's own life.

(b) Death due to intentional self-inflicted injury.

2. *Attempted Suicide:*

(a) Unsuccessful attempt to deliberately end one's own life.

(b) Intentional self-inflicted injury not resulting in death.

3. *Youth:* A young person between the ages of 11-29. The term "youth" could more appropriately be defined as the age between puberty and marriage or an un-married person still living under the roof of one's parents.

4. *Precipitating Event:* The life-changing event that leads up to an attempted suicide or an actual suicide. In common terms this could be defined as the straw that broke the camel's back, ie: loss of job, break-up of a relationship.

5. *Khud Khushi:* Hindi word for suicide.

6. *Kuna:* Fijian word for suicide.

Part I: Suicide in Paradise

Early History of Indo-Fijian Suicide:

In the early days of Fiji, copra and sugarcane were plentiful and a main source of income and stability for native Fijians living in rural villages. However, in the 1860s, when Fiji became a British colony, the need for a reliable workforce surfaced and the indentured labor service was initiated from India; a system the British had previously used in other colonies across the world such as: Mauritius, South Africa and the Caribbean. (Shariff, 1) These Indian indentured laborers became known as Grimyts, and not long after the first Indians arrived in 1886, their culture became notoriously synonymous with the act of suicide. Before indenture reached Fiji, the act of suicide was not noticeably present, and it is important to note that even today International statistics show that youth suicide in India is not a critical dilemma. The suicide rate at this time showed a Rate of 0.78 per thousand in Fiji compared to 0.05 per thousand in India .(NCOPS, 20) This fact shows that there is a direct correlation between Fiji and the high number of Indo-Fijian suicides. (NCOPS, 4)

In the early days of indenture, statistics show that there was a high rate of suicide amongst the Indo-Fijian population. Early explorers stated in their reports that the mood of Indian workers was somber and suicide was rampant in the lines. Statistics show that 300 Indians committed suicide between 1884 and 1925. (NCOPS, 19) One theory suggests that the high number of suicides was directly linked to a disproportion of the genders; one study by Latiff Shereen claims there was 1 woman to every 10 men. (IF Women 1) This inevitably led to rivalries and intense sexual jealousy amongst the Indian

males, which Sociologist Dr. Vijay Naidu claims could have been a causal factor for the large number of suicides in that period. (Haynes, 21)

Also, in one report of Grimyta suicide, Historian Brij Lal theorizes that "...the harshness of plantation life and the anxiety attendant on the realization that there was no going back to India were sufficient to account for most suicides." Lal also noted that 22% of Grimyta suicides occurred within 6 months of living in Fiji, another 30% within the first year and 75% within the first 5 years of living in Fiji. (Lal, 44) This, among other factors of rape, poor living conditions, distance from family, inability to practice their Hindi and Muslim religions, rampant disease and exhausting hard labor without rest all led to the harrowing number of suicides in the Grimyta period; the beginning of what was to become an unfortunate trend in Indo-Fijian society.

Early History of Indigenous Fijian Suicide:

Although there is no literature on the subject of Indigenous Fijian suicide, experts today theorize that there was no such thing as suicide in pre-Indenture and pre-missionary Fiji. Dr. Odille Chang, Medical Superintendent of St. Giles Mental Hospital speculates that the slow rise in numbers of Fijian suicides was due to the sudden trend of Indo-Fijian suicide in the copra plantations and in the lines where they lived. Chang hypothesized that "copy-cat" acts of suicides were executed by Indigenous Fijians, previously to whom the idea of suicide was non-existent.

However, Sociologist Dr. Vijay Naidu theorized that in some villages, suicide might have been committed by Fijian warriors who would hang themselves by mango tree vine before or after battles. Also, early Fijian folklore says that in chiefly families, that when the chief dies, his many wives may have committed suicide by throwing

themselves into the grave of the chief to be buried alive. This is in accordance with the early Fijian tradition of sacrifice, where human sacrifice was not uncommon in most villages in Viti Levu, Vanua Levu and the outer islands until the missionaries arrived in the early 1900's. (Broken Waves 18, Personal Communication)

However, since there is a lack of printed history and literature, the folklore could very well be cultural hearsay since records were never systematically maintained. Also the lack of first hand data, and for the purpose of this study I lacked the ability to locate Indigenous Cultural Anthropologists with a background in Fijian suicide in the pre-indenture period. For the purpose of this paper, it is safe to assume that there was a low to non-existent number of pre-indenture suicides by indigenous Fijians.

Recent History of Suicide in Fiji: Summary of National Suicide Statistics from 1962- 2000

Compiled by NCOPS for the Ministry of Mental Health

1962 – 1968 source: Ree, Pridmore.

Study in the Macuata Province

–73 suicide deaths; 69 of which were Indians

–Females 56.5%

–Dominance of Indian female in the 15-25 year age range (74.3% of female suicides)

–Hanging was the most common method

1971-72 source: Karim, Price.

Study in the Suva/Rewa & Ba/Tavua

–90 deaths

–91% were Indians (F – 47%, M – 53%)

–Largest occurrence in the 15-24 age group (46%)

–All female suicides by hanging (males 92%)

1976-81 source: Ram, Rao. Paraquat suicides in CWM Hospital

–59 cases of paraquat poisoning (46% died)

–Largest occurrence of suicides in the 15-24 age group (54%)

–47 were males

1979-82 source: Haynes R. Suicides in Macuata

–69 deaths by suicide (Northern division: 79)

–90% were Indians

–74% by hanging

–53% were females

–83% of female suicides under the age of 30

1981-82 source: Haynes R.

Police Records for Fiji

–163 deaths by suicide

–56% Males

–83% Indians

–69% under the age of thirty

1983-85 source: Abusah, Pridmore

–Death by Hanging: 60

–Death by Paraquat poisoning: 23

1985

–61 cases of paraquat poisoning 72% of the 61 cases died.

1986-92 source: Pridmore.

–Average Annual suicide rate of 13 per 100,000

1993-98 source: Police Records

–Total number of suicides 516 (average 86 per annum)

–Hanging: 66% –Paraquat: 12%

–Attempted suicides 622 (average 102 per annum)

1998 source: Police Records

–94 deaths by suicide

–50 male: 44 female

–83% Indians

–48% were under 30yrs of age

–80 attempted suicides, 85% of attempted suicides were Indians

1999-2000 source: Aghanwa. Study of suicide attempters in CWM Hospital

–39 attempters were admitted

–56.4% in the age group 16-25yrs

–59% Indians

–61.5% females

–41% students

–Commonly used method: drugs, herbicides

Note: For 2000-2006 Statistics, please see section two.

The Problem with Mental Health Care Today:

Until the 1960's the statistics of suicides and of suicide attempts in Fiji were not carefully maintained. What records were found relied purely on anecdotal reports from explorers and from early anthropologists who collected data as a curiosity rather than as an appropriate study of suicide. Pre-World War II was a turning point for the collection of data, but since the large taboo of suicide was even more explicit at this time, even statistics from this period are not reliable. As evidenced in the previous statistics on page 18, there are gaps and holes that leave data incomplete; on the other hand, it cannot be dismissed since it is the only data that exists.

In the previous statistics on page 18, please note the highlighted segments. These statistics show that the largest occurrence of suicides in this period were in the younger groups age 15-30. Another trend that is not highlighted here but is very significant, is the high number of Indo-Fijian suicides. This trend also continues to the present day, with the highest majority of youth suicides in the Indo-Fijian race.

One may be surprised to learn that even as of May 12, 2007, complete statistics are still not available. Currently, there is a lack of national protocol for the collection of suicide data, which makes today's data partial and for very poor reasons. The reason for lack of data is the large miscommunication between the Ministry of Health, Major Hospitals in the Eastern, Central and Western Divisions, Saint Giles Mental Hospital, various NGO's, General Practitioners, Religious officials and Police, which vastly skews what few statistics are collected. When suicide cases arrive or attempters come to receive help, there is no law requiring various NGO's or General Practitioners to report the findings to the Hospitals or Police. The issue of suicide data collection is a main priority

for the governmental agency NCOPS. The National Council on the Prevention of Suicide, who, without a standardized formula for the collection of data, cannot proceed with ways to decrease the number of youth suicides in Fiji. (Personal Communication, 2007)

Without correct data for suicides and attempts, the funding from internal government sources and external international foundations will be diminished, and the number of deaths will continue to rise.

Today one organization, The National Council on the Prevention of Suicide could stand to be the next national treasure for mental health in Fiji. 'NCOPS' operates programs based in the Ministry of Health offices in Suva, Fiji. It is headed and run by Meli Vakacabeqoli, who acts as the sole fund-raiser and director for the prevention of suicide for the entire nation. In his interview, Mr. Vakacabeqoli provided The National Strategic Plan's Vision and Mission that states the goal for 2011: "A nation where no one feels compelled to end their own life and where support for life threatening distress is provided. To support education and networking within the communities of Fiji, professional groups and civil sector organizations, [and] to increase awareness of the risks associated with suicide, skills in prevention, referral and effective responses." (NSP 1) With this method, modeled after other successful awareness programs overseas, the number of suicides is predicted to decrease dramatically.

However, the aforementioned admirable goals put in place by NCOPS and the government will take years to accomplish, simply because they lack the resources and funds to put them into action. Last year the Ministry of Health granted NCOPS an allocation of \$50,000 to run prevention programs and various other tasks for the entire nation. This amount, which was decreased from \$100,000 the previous year, is not

sufficient to run the programs and current initiatives necessary to decrease the number of youth suicides. The current initiatives include: - establishing a National Crisis Center Hotline - placing counselors at every secondary school - conducting continuous community awareness and prevention programs - training for new counselors and psychiatrists - national computerized database of suicide characteristics - making a library for suicide information - counseling centers in all 9 urban centers, note that the current funding is not enough to put these initiatives into action. Currently, four essential major research projects about youth suicide have been put on hold for lack of funding.

According to Mr. Vakacabeqoli, the government promised to allocate a 300% increase in funds to NCOPS in November 2006 after a presentation to Parliament about the issue of suicide. However with the coup in December 2006, the interim government retracted the decision and even instilled a 5% pay cut to Ministry of Health officers. “The government doesn’t think mental health is important,” says Mr. Vakacabeqoli, “we aren’t where we need to be because the government doesn’t give it the respect it deserves. It doesn’t get the money so these initiatives get put on hold, and cannot be put to use for our nation that suffers from suicide. It’s very, very hard.” (Personal Communication, 2007)

Along with the government, it has been my personal observation that Fiji’s citizens also do not believe in the importance of mental health. There’s stigma related to suicide and attempting suicide, and an even stronger stigma associated with mental illness. So strong in fact, that even people who suffer from depression and mental distress will not be forthcoming and don’t want to seek help. Based on personal interviews and surveys completed with USP students, the general consensus is that to be mentally ill or

suicidal means there's a weakness or flaw in one's personality. Blame is associated automatically to the family of the affected, and the family instantly begets criticism from others in society. In one case, one female participant's distant relatives have never admitted to anyone that they are in fact related to her because of how negatively they believe it reflects on their family.

Despite the strong stigma, the most important fact that remains is that there is an inability to provide effective counseling services for youth due to a lack of resources, a lack of skilled & trained professionals and a lack of funding. In a youth focus group, a 19 year old Fijian female said that "there's a lack of counseling services. I mean, there are places, but it's not too recognized. It's not easily accessible for youths to get some counseling. They just can't openly talk to anyone." (Personal Communication, 2007) This statement is directly linked with the strong component of family structure in Fiji today. The underlying fact that youth feel they cannot speak openly to family members and parents is a well known situation that hasn't changed despite the recent globalization and pressure to stray from tradition. This will be discussed later in depth in section two.

Saint Giles Psychiatric Hospital, the single mental health care facility in Fiji also bears the burden of strong negative association. Dr. Odille Chang, acting Medical Superintendent at Saint Giles says "we are trying to reverse [the stigma] but it is very difficult, because those ideas are so engrained. Saint Giles has been around since 1884 and is still the original buildings. From that time until now there were practices which people did have to be chained up and restrained and that's still the perception now. Unfortunately it does prevent people from coming here to get help." In one particular field interview with a youth focus group, the stigma again proved to be alive and well. In

the question: 'do you think the stigma attached to Saint Giles mental health is preventing youth patients from getting the mental health help they need?' In response, a participant answered: "Yes. I think we need to remove the stigma from the mental hospital," and yet another had a similar view: "I think [Saint Giles] needs a clean-up campaign. A new name, new facilities, more openness, seriousness and education." (Youth Survey 2007) In another interview, an 18 year old Indian Female participant stated: 'Yes, because Fiji is a small country and a lot of people talk.' This brought up the important issue of confidentiality in Fiji, a matter that concerns most Fijians simply because it's fairly non-existent. She continued: "There's supposed to be patient confidentiality when they go [to Saint Giles]... then they're, like, telling anyone 'he's a mental case' and then 'hey I saw your auntie come in the other day.' Even if you tell someone a secret, the whole family will know by the time you get home. It's never a secret.' "

Even with the NCOPS protocol and plan in place for the future, there is little being done to correct the present situation and reduce the stigma associated with mental health and suicide. The lack of mental health care and suicide awareness and prevention programs show the desperate need for funding and for a change in attitudes towards mental health. In the closing words of her interview, Dr. Chang reiterated an important point saying: "mental illness is a disease like any other and needs to be treated like so. If you are sick, you go to the doctor and what people don't understand is that it's as simple as this: there is no health without mental health." (Personal Communication, 2007)

Part II: Perceptions

In continuing the discussion of youth suicide, it is important to analyze statistics of youth suicide from 2000-2006. The most recent data collected is based on NCOPS and Saint Giles Statistics from the Fiji Police Department. This, however, is in no way an exhaustive or complete list of actual suicides or attempts in this time period.

Also, note that the age difference in scale from this study and the reported statistics are different. Instead of 15-29 scale, statistics are reported from 0-16 years, 16-25 years, and 25+ years. These statistics will list the most relevant age group 16-25 years and totals for all age groups. Percentages given are number of youth suicides per all suicides in Fiji. In the high percentages, almost half of all suicides are in only 1/3 of the population.

STATISTICS -Age Group 16-25:

	<u>Attempts</u>	<u>Suicides</u>	<u>Total Acts: 16-25+</u>	<u>Total Acts</u>	<u>% of Pop.</u>
2000	65	39	104	223	46.6%
2001	65	45	110	243	45.2%
2002	59	34	93	230	40.4%
2003	50	30	80	195	41%
2004	56	30	86	198	43.4%
2005	48	20	68	179	38%
2006	43	31	74	154	48%

In 2006, a St. Giles nurse reported 5,980 cases of attempted suicide in both in-patient and out-patient facilities at Saint Giles and other branches in Eastern, Central, Northern and

Western Divisions. This staggering statistic equals a total of 16 cases of attempted suicide per day in the whole of Fiji.

In the previous table, please note that these numbers are incomplete figures and show only the number of attempts and completed suicides reported to the Fiji Police Department in respective years. It is maintained that the number of unreported and hidden cases actually outnumber the number of documented acts. (Personal Communication 2007)

Among Fijian youth, suicide rates today are some of the highest in the world. According to research compiled by Heather Booth, Fiji ranks as number three in the world for youth suicides, both male and female. These statistics, for lack of proper data collection, are from 1983 records but are still viable today.

INTERNATIONAL YOUTH SUICIDE RATES:

	<u>Males 15-24</u>	<u>Females 15-24</u>
Chuuck	182	12
West Samoa	64	70
<i>Fiji Indians</i>	57	60
Lithuania	45	7
Russia	27	8

In light of this data, there became a clear need to examine the perceptions of suicidal behavior by those who it affects most: the male and female Indo-Fijians age 15-29. These statistics leave out indigenous Fijian youth; however, an analysis of both races is done in the following section. First try to understand the opinion of Fiji's youth and the issues

they face. Secondly, to attempt to uncover the factors that contribute to suicide. Thirdly, how youth today believe the problem of suicide can be alleviated in the future.

Suicide: A *Youth* Phenomenon

For clarification, it is important to note that 98% of all youth interview participants believed suicide to be a strictly Indo-Fijian phenomenon. Other interviewees also believed this. Despite popular beliefs and stereotypes, youth suicide is not a strictly Indo-Fijian inclination, but it does account for the majority of suicides and attempts committed. According to statistics and to observations in the field, suicide has become a widespread problem among all races of youth. Although the current numbers are staggeringly higher for Indians, the small percentage of Indigenous Fijians proves that suicide is not limited to one race. It has been largely stereotyped, but according to current 2006 data, for the first time in 5 years, Indian suicide is decreasing and Fijian suicide is increasing at a rapid pace.

In the secondary sources available, all studies from the 1960's onwards show that Indo-Fijians are the most regularly represented race in suicide discussion. According to Ruth Haynes, "Indo-Fijian suicides account for approximately 90% of all victims where they comprise just about 50% of the population. (Haynes, 1987) On the contrary, this does not mean that Fijian suicides are not a problem pressing society. In 1995, it was suggested by scholar Mensah Akindrah that the rate of indigenous Fijian suicide is rising but the number of actual suicides remains a low and insignificant proportion of the total. However, a 2007 interview with Dr. Odille Chang contrasted this theory by saying that the numbers of indigenous Fijian suicides are significantly low, however, if you look at

current statistics, the number of suicides in Indo-Fijians, although still extremely high, is steadily falling and the number of suicides in indigenous Fijians is steadily rising. Dr. Chang maintained that although it is not a significant problem now, suicide could be a leading cause of death amongst indigenous Fijians if trends continue to go at the pace they are currently going. (Personal Communication, 2007) This points to the possibility of the incomplete development of the 'youth' brain versus other factors of race as the determining factor for suicides.

Generation in Transition:

In conjunction with the current trends and shifts towards modernity, youth today have been labeled as the "Generation in Transition" by scholars and authors alike. Issues of respect, roles of the family, religion, silence and tradition are daily challenges for youth in Fiji. The tensions between modernity and tradition affect the choices a young person makes daily, some including whether or not to take their own life. In the first youth focus group both Indo-Fijian and Indigenous Fijians stated that they are bombarded daily with pressures to perform and uphold tradition in society. Before I clarify these pressures, one point to understand lies in the role of parents and family in Fiji.

Historically, child-raising in Fiji is primarily based on authoritarianism in both rural and urban areas. According to Akindrah Mensah, "primary among the traditions and values in Fijian society is the strong emphasis upon the unquestioning respect for authority."(Akindrah, 1995:168) To receive verbal or physical punishment is a cultural standard but it does not condone the abandonment, neglect, verbal and physical abuse a child or a youth may experience. However, this standard, which is maintained by parents and relatives of youths, not only leads to misunderstanding, but a lack of compassion for

the undying pressure youth feel to keep quiet despite the changes and high pressures they experience on a daily basis. Traditionally, there is a strong 'culture of silence' in Fiji. Culturally, silence shows respect and understanding and creates a sense of submission to the parents. It is not appropriate or common for youths to talk back to their parents or to engage in conversation about taboo subjects. For example, each youth participant described the same sense of feeling like they had no one to talk to unless it was a close friend or brother or sister. This feeling of being "silenced" by adults was voiced by many of the respondents including one statement by an Indian Male, age 19 who says "it is very traditional in Fiji, so you keep a lot of things quiet, so if you want to talk about anything personal you talk about it with your siblings." In the research surveys of Indo-Fijian and Fijian youth, more than 90% answered that they felt pressure to keep quiet at home and keep secrets from their parents. (Focus Group, 2007)

In addition to feeling silenced, when the youth were asked what pressures they feel, most answered in a similar manner: pressure from their parents, friends and relatives to succeed academically, financially and to maintain family tradition, respect and honor. Because family culture is so close-knit the amount of immense disappointment a youth can bring his or her family is severe. Jon, an 18 year old Indo-Fijian Male states that "for youths, there is a lot of pressure to do well, sometimes [their parents] don't realize, and sometimes their expectations are too great and they commit suicide" (Focus Group, 2007). This feeling is coupled, at times, with parents who have never spoken to their adolescents about suicide. Some participants revealed that their parents left the issue unspoken until it hit close to home. One 18 year old Indo-Fijian Female in particular mentioned that her parents spoke to her "only after my nephew committed suicide. My

parents had never talked to me before.” Another participant answered similarly stating that “my family never talked about it until something happened to our neighbor. And then they realized it and they finally said ‘no matter what happens you never commit suicide. You always talk to us about it. There’s nothing that cannot be solved.’ ” (Focus Group, 2007)

The misunderstanding of youth culture and strict adherence to a culture of silence are just a few of the pressures that youth must work through. Although the underlying pressures are the same for both indigenous Fijian Youth and Indo-Fijian youth, there are other pressures due strictly to the culture of each type of family that may make it harder for them individually.

For indigenous Fijian youth, the ties to one’s extended family are bound by the idea of a strong social network and bond between all family members no matter how distant the relation. Historically, these ties were aligned as networks of support and understanding to have a helping hand in hard times. These ties have become weakened or become virtually non-existent especially in urban areas. For example, according to Save the Children’s Kidzlink President Sera Vulaveu, Fijian kinship ties are virtually irrelevant in modern Suva: more Fijian parents are working every day and less and less are home to be with the kids. The culture of support is getting less and less apparent as kids take care of themselves. But despite the absence of parents in the home, it does not alleviate the youth from the burdens of tradition in the home. There are pressures on the Fijian youth to perform well in school and to continuously be there as support for family and friends, sometimes the pressure to do both becomes impossible and overbearing. Also, issues like unwanted teen-pregnancy and abusive relationships in the home and with partners can

cause intense pressure for fear of embarrassment or general despondency. (Personal Communication, 2007)

The aforementioned pressures are evident for Indigenous Fijians and are also existent in Indo-Fijian culture. However, in most interviews, youth and adults mentioned that they believed the pressures in Indo-Fijian culture to be stronger than those of Indigenous Fijian culture. In one in particular interview with Save the Children's CEO Ushad Ali said that the demand on Indo-Fijian youth to adhere to the values of independence and success in education and in financial means is perhaps one of the strongest pressures on them. Unlike indigenous Fijians, Indo-Fijians struggle with a lack of kinship ties in the extended family, but feel the urge to move away from the home in hopes of stating their independence and space from the family. However, this is in direct opposition of tradition, which maintains pressure that starts when the children are young. Indo-Fijian parents pressure their children to study and to get a good job. According to a 26 year old Male Indo-Fijian: "Their parents have seen them as an investment and want them to get a good job to support the parents when they get old... The son cannot do what they want to do and have a massive burden on their shoulders; it's all so they can care for their elderly parents in the future. (Personal Communication, 2007)

Also, young Indo-Fijian men and women have an even stronger burden when it comes to marriage tradition. They find that despite the new generation and changes in modernity the family pressures of marriage and culture have not been alleviated. Many find a conflict with tradition and their urge for a more western style of dating and the insistence on choosing their own mate. According to one Indo-Fijian Female interviewee, 34, the 'motives' for youth suicide can be as simple as a daughter's parents not allowing

her to call her boyfriend on the phone. In the interview, the participant stated this was the reason her best friend's daughter stated in her suicide note before hanging herself in the living room with a sari. (Interview, 2007)

In many reports of suicide, and the general consensus from the youth population I interviewed it is believed that for the high number of Indo-Fijian suicides, about half are female. The general perception and understanding of this phenomenon again is based on outdated traditions. Indo-Fijian females can feel burdened by unwanted pregnancy, STD's and fitting into an intense modern social structure. Arranged marriages and the sometimes degrading role of women as the child-bearer and housekeeper is enough to intensify stress and suicidal thoughts. For females, the association of sexuality, marriage and childbearing with suicide demonstrates a proactive effect. In the focus group, a main "reason" they identified for both genders of Indo-Fijian suicide was modern relationships and the shift from traditional values of arranged marriage to more modern practices of being able to date out of the racial group and to marry whom they choose. According to Heather Booth, "other causes include status concerns such as shame or failure. This is directly indicative of the importance of reputation to social status. (Booth, 2000) With all of these factors, it is still important to keep in mind the possible 'root causes' of suicide such as depression, anxiety and personality disorders which are typically much deeper than some surface issues discussed here.

In both races another problem that still plagues youth today is the urge to be independent and self sufficient in a culture that readily denies it. In Fiji it is acceptable that youth can still live under their parent's roof until they either go to school or marry. Even after marriage, young couples are sometimes expected to stay in the house and

contribute to the families well-being. If they do not live in the house, then they stay in very close proximity to the family, never moving very far away from the relatives. Two female participants answered that “youths keep secrets from their parents due to the generation gap,” and another stated that “most parents won’t understand them or their problems,” yet it is socially acceptable, although maybe detrimental that some youth can live in their parents home until they are upwards of 30 years old. (Personal Communication, 2007)

Focus groups also mentioned that going to friends and their closest brother and sisters may be the only support they have, however, this sometimes leaves a youth with an even greater sense of confusion. With the lack of parental guidance and counseling services, in Fiji these youths become in danger by feeling even more pressure. Also, the dramatic depiction of suicide in Bollywood films, which a high number of youth attend, tend to sensationalize and glorify suicide. With these facts, suicide is no longer ‘taboo’ and becomes a real option for youth with no perceived way out.

Pressure and Incorrect Coping Mechanisms:

The youth who answered in the survey had many factors in which they feel stressed. In today’s more modern context, especially in urban Suva, there is an influx of youth who, without family structure or someone safe to talk to, turn to other mechanisms to help cope with stress and pressures they feel. Dr. Chang has personally seen young people turn to substance abuse, marijuana, sniffing glue, acting out and smoking among other things. She believes “it’s because they aren’t actually allowed to voice their concerns. Young people aren’t taught how to deal with adverse situations in a healthy way so they turn to things they think will make them feel better, which may not be the

best thing.” (Personal Communication, 2007) Another source observes that “[since] more ethnic Fijians are migrating to urban areas, there are pressures in the school system and demands for respect for traditional norms and values within the context of observable change and prevailing modernity.” (Generation 47) In my observations, it is clear that some have a harder time transitioning into the newer more urban lifestyle from a rural lifestyle. One particular participant moved from rural Tonga to Savusavu, then to Suva City where his upbringing was strictly traditional in all senses. He admitted that the sudden change in modernity where nightclubs and the more western style of dating have had a profound effect on his mental well being. He described how he often hates his life, his living situation (with distant relatives) and frequently drinks to alleviate the pressures. During some observations he was prone to outbursts, including swearing, yelling, wringing his hands in stress and throwing things expressing his undoubted feelings of hopelessness. The participant became silent when asked if he believed suicide was an option. (Observation, 2007) He is one of many youth who may have trouble navigating the stress they feel regularly, resulting in incorrect coping mechanisms that could eventually lead to more destructive behavior, an attempt or an actual suicide.

Religion:

In personal interviews, focus groups and surveys, 100% of those surveyed agreed that suicide is a sin and no religions would condone it. The focus groups were well sampled to represent Fiji's religious state: Hindu, Muslim, Islam, Christianity, Catholicism, Methodist, and even one participant who labeled no religion. In Fiji, people are strictly against suicide for one or more reasons. One Indo-Fijian Female participant stated: "I know that our religion (Hindi) doesn't [condone suicide], it's a sin to commit suicide, and these people in rural areas they would know their religion. Fiji is very religious, you can't say that no one would know right or wrong, it's a taboo to even talk about it in the village. But then again, if a son or daughter fails their exam, parents do say 'it would have been better if you died.' ... I have heard things like that." In interviews, many participants stated that if they really needed mental health counseling the first person they would turn to is a pastor or a person of religious authority. However, these clergy have been left without proper training which can make it even more difficult for youth to confide their suicidal thoughts with them. In order to combat this, Dr. Chang believes that faith based organizations need keep an open mind and try not to be judgmental of young people who come to seek counseling. "I have seen all too often that when young people do try to turn to their pastor, instead of being given a listening ear they are just told 'do this, do that'. Sometimes that's not necessary, [young people] just need to be listened to and guided and that they will not get divorced from their faith." (Personal Communication, 2007) Since religion is large part in young people's lives, it is a necessary tool for the future prevention of suicide. If religious leaders learn to properly

counsel youth it could open up an entire new resource for youth: they will have a safe place to reach out for help, confidentially, within the comfort of their faith.

Defining Cause and Precipitating Events:

Upon closer examination, it has become clear that previous studies of youth suicide may be biased in their definition of what “caused” the suicidal act. It is important to clarify, psychologically, the erroneous labeling of suicide deaths and attempts in police reports and statistics. According to Dr. Chang, many police reports today include “cause of death” as hanging, paraquat poisoning or other methods of self injury. However, the labels they give in police reports are sometimes inconsistent as the cause of death was in actuality, a suicide. Factors in the false reporting of cause of death may include lying by the surviving family members to save shame and embarrassment or inconsistent protocol for the collection of suicide data by the police force.

Also, there is misinterpretation in most studies and in youth perceptions of suicide that label “causes” such as “relationship break-ups” or poor exam grades as the ultimate “cause” of suicide, but in actuality should be labeled as a “precipitating events”. For example, even in police data they will have “cause of death” listed as: “victim lost their job today.” However, what is listed as “cause of death”, In Dr. Chang’s opinion is in actuality a strong possibility that it is due to lack of diagnosing a prior mental disorder or mental distress. In an interview she stated that “my personal feeling is what is being labeled the ‘cause’ should be labeled as the *immediate precipitating event* (ie: exam grades, unwanted pregnancy), there is a difference. It is clear that we don’t really know until we do a psychological autopsy on a living person who has attempted suicide to

really see did they have symptoms of a mental disorder. Most times, the event is like the straw that broke the camel's back.” (Personal Communication, 2007) According to other statistics, The World Health Organization says 90% of suicidal behaviors are associated with mental disorders, and until the actual cause is proven otherwise, one has to be careful of blanket statements and what they imply. It could very well give a different impression of suicide and the actual motivating factors behind it.

In Fiji, more data and more information is needed about the individual and the individual's family to in fact label the “cause” of suicide and suicidal acts. To date, only one study by H. Ahagnawa of CWM's suicide attempters, has actually cataloged and characteristically defined the youth suicide attempter. His studies show that almost 73% of attempters seen in hospitals did not commit the act “impulsively” or because of social situations (precipitating events). Rather, they were directly linked to various personality disorders, depression and anxiety disorders. (Ahagnawa, 2002) In his study, 69 attempters were psychologically reviewed and 23 out of those had diagnosable mental illness. The remainder were not diagnosable. A possible reason given is the actual lack of intent on a youth's part to follow through with the act of suicide. Dr. Chang agrees with this finding, adding that some suicides and attempts today could in fact be cries for attention that have been taken too far. Without education and awareness, the deadliness of certain herbicides and other methods of suicide are underestimated by a youth who may not have wished to actually commit suicide in the first place.

Some current suicide reports label the high number of suicides to social factors. For example, the general perception by youth is that during times of social strain, ie: the coups in 1987, 2000 and 2006, that suicides increase. Halbwachs (1930) explains this in

terms of the “social hiatuses created by social and cultural disorganization, hiatuses in which some people cannot maintain the will to live.” (Booth, 2000) However, statistics show that during the coup years 1987, 2000 and 2006, suicides actually decreased. It was proven by Roland Shultz, head of Psychology at USP that in actuality suicides increased the year *after* the major events. (Interview, 2007) This proves that yes, the social causal factors of suicide may not be impulsive, instead that it’s directly related to losses. However, to say that suicide is caused by a national social situation, based on a very small sample, without investigating possibilities of mental disorder or symptoms of other mental distress, is naïve and prolongs a continuous problem of mislabeling and misinterpreting suicide.

Suicide in the Media:

There has been much commentary on the role of the media in Fiji and how it effects the youth in Fiji. Firstly, with an influx of western media and entertainment, the high potency of newspapers, radio and movies in Fiji, especially Suva, have most definitely had an effect on Fijian society’s views on suicide. This includes the anecdote brought up by almost every participant: About 4 years ago, exam grades for secondary school were published in the newspapers with the student’s name and their grade for everyone in the country to see. Saint Giles, the hospitals and other NGO’s, saw an enormous increase in attempted suicide cases and the number of suicides at this time doubled. The newspapers have since stopped publishing grades because they realized the negative detriment it had on the youth, who out of shame, guilt and embarrassment and myriad other reasons committed an act that would take his or her life.

Since it has never been officially studied, the next media issue is debatable whether or not it has an effect on the high number of suicides in Fiji. When asked about the Hindi movies or “Bollywood films” that are released in the theatres here, one female Indo-Fijian female, said that: “They’ve always got suicide scenes. Jumping off the cliffs, hanging themselves, jumping off a bridge or something like that.” Yet another Indo-Fijian female mentioned: “In Hindi movies, you see a lot of glamorized love stories, and I’ve heard in villages in rural communities a lot of Indian people tend to commit suicide and they glamorize their love stories, like in the movies. They commit suicide together, or they kill each other they actually do that. I guess it could have an effect on these people.” (Focus Group, 2007)

According to Dr. Chang, Hindi movies are not really the reason why youth in Fiji commit suicide. She said that the films may give ideas to those who are in a state of crisis, those who see it and may believe it is an acceptable way out.” (Personal Communication, 2007) However, until further study is done, the theory remains that mental distress in youths may have been there previously, and the pressures they feel can be, but are not always motivated by seeing suicide glamorized in films. From the research available it has surfaced as a youth perception, but all in all, it is a minuscule piece of the puzzle.

Next, it is important to mention that currently NCOPS is taking steps to alleviate the negative role of the media in accordance with the observation by Ruth Haynes in 1987 who says that there has always been much commentary in the media about the issue of suicide, but there have been no practical measures to minimize its occurrence. (Haynes, 1987) In the National Strategic Prevention Plan, there are efforts penned to

facilitate the media's treatment of the topic of youth suicide. Budgets include funds for Monthly Mental Health features in the Newspapers, Radio talkback shows and media programs that support awareness, website development for healthy prevention, and most importantly, the development of Media guidelines of reporting suicidal behavior.

(NCOPS, 36-39) Though some of these measures have yet to be implemented due to lack of funds, they are the next step on the right track to mass prevention and de-stigmatization of suicide in Fiji.

The next course of action for the decrease in suicidal acts in Fiji includes prevention methods and strategies. According to research conducted by Mensah Akindrah, in the national survey on suicide in Fiji there are major differences between Indo-Fijian and Indigenous Fijian youths in their views on prevention of suicide. Indo-Fijians suggested dependence on NGO's and Governmental Agencies while Fijians suggested dependence on community based institutions such as churches and youth groups to combat suicide issues, yet none specified the importance of counseling services and help for mental illness. (Akindrah, 1995) However in my research it became clear that in order for the general shift from tradition to modernity to take place, the majority of youth believe that the only thing necessary is open communication between families and youth: "If we can break the barriers, while still keeping some aspects of tradition like respect when it comes to talking about a very important issue then that's when we've broken silence barriers." (Focus Group, 2007)

Conclusion:

In navigating this broad subject, the interviews, statistics and results showed that the high number of Fijian youth suicides can be directly linked with the high pressures on youth to perform well, to maintain tradition and adhere to the strong culture of silence. Results and theories from this research show many things, but the most outstanding issue is the lack of voice and power in Fiji's youth and the lack of resources available to those who are struggling. Additionally, there is a strong possibility that other factors of mental health issues, depression and mental distress are involved, however, since most are overlooked except by trained professionals through counseling and psychological examinations, the question of 'why' still lingers in society. However the fact remains that because Fiji lacks the money and resources to provide adequate services, the state of mental health will remain stagnant or deteriorate under the current government.

In light of the hardships pressed upon funding for mental health and suicide prevention in Fiji, both youth and adult participants were optimistic that the stigma attached to mental health and suicide that currently prevents people from getting help can be reversed. Additional research efforts and joint efforts to de-stigmatize suicide will continue to pave the way to positive prevention and awareness. With hard work and effort by society as a whole, a new perception of mental health could emerge and without a doubt will stand to empower the future generations of youth in Fiji.

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