

# Perceptions of the social, cultural, and psychological well-being in Palau

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## Abstract

To capture the social, cultural, and psychological aspects of the well-being of Palau, this study examined community satisfaction with the Campbell Community Survey (CCS). The CCS contains 100 statements that are answered on a six-point scale, where respondents indicate how much they agree or disagree with each item. Subjects were Palauan health care professionals and high school students, and American expatriates. The health care professionals and high school students reported that a feeling of belonging, a sense of pride in their traditions and heritage, and an appreciation for their geographic location and beautiful surroundings, were the most important strengths in their community. While the expatriate group did identify geographic locale as one of the Palau's major strengths, they were more similar to the adult Palauans when identifying weaknesses in the country: serious problems with alcohol and drugs, lack of urban services, and lack of recreational activities. In supplemental CCS questions specific to Palau, all groups indicated that Palauan *customs* have evolved into stressful obligations, and that alcohol problems, substance abuse in women, domestic violence, and poor educational preparation and career opportunities for youth, are of serious concern. The findings are discussed in terms of assets and weaknesses the community has to build upon as well as issues to explore in greater depth.

## Introduction

For decades, anthropologists have recognized that economic development in traditional, subsistence style-commu-

nities can manifest itself in negative health outcomes and is often associated with loss of indigenous cultural traits and values. Psychologists have come to recognize the importance of considering cultural and social change agents in the context of positive health outcomes of native peoples<sup>1,2,3</sup>. For example, studying culture and mental health of communities emphasizes the need to explore individual acculturation levels along with ethnic identity when attempting to describe psychological indicators for personal quality of life satisfaction and community cohesion<sup>4</sup>. In addition, acculturative stress has been shown to influence the health and well-being of native peoples<sup>1,2,3,5</sup>. Recent studies undertaken in Hawaii<sup>6,7</sup> and the Republic of Palau<sup>8</sup> have examined community satisfaction and the extent to which modernization impacts the health and well-being of the community. When examining variables influencing acculturative trends, ethnic identity, and psychological status, the multidimensional models are most effective. Due to the limited effort to study cultural change and the influence on Pacific communities, a research initiative to identify community indicators incorporating a

comprehensive approach is warranted.

**“ ... acculturative stress has been shown to influence the health and well-being of native peoples. ”**

The people of Palau, like many Pacific nations, are particularly vulnerable to rapid economic, political, and social reform. The purpose was

to gather the perceptions of community members about the community in which they reside. The profile of their perceptions will form a foundation of satisfaction variables that will assist the researchers in assessing the unique cultural, sociological, and psychological factors influencing this culture in transition.

A survey method developed by psychologist David Campbell was selected to assess community satisfaction in Palau.<sup>9,10</sup> A qualitative approach was used to identify the potential factors influencing community cohesion in this study. The Campbell Community Survey (CCS) is an assessment device that was designed to provide a set of comprehensive, versatile, standardized measuring scales for use in assessing the opinions and attitudes of community residents toward their neighborhoods and communities. It provides a useful medium for community members to articulate areas where the country needs social, emotional, physical, and economic reform. Areas evaluated by the CCS include education, health services, a sense of belonging, safety, and

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recreational activities (see Table 1). The overall goal of the study was to provide a common language that could be used to encourage specific interventions, ultimately leading to improvement in the perceived quality of community life.

## Background

The Republic of Palau is an archipelago of more than 200 islands situated in the far southwestern corner of the Northern Pacific Ocean. Palau has a total land mass of 188 square miles and while there are over 200 islands that are part of Palau, only 9 are permanently inhabited. The 7.1 square mile island of Koror is the Republic's administrative, and economic capital, with over 70% of the population<sup>10</sup>, the total population of Palau is 17,679 (1995 mid-decade census data).

Palau remained culturally isolated until the first recorded European contact (in 1783). Over the past century, Palau has been occupied by Spanish (1886–1899), German (1899–1914), Japanese (1914–1944), and American (1944–1994) colonizers. On October 1, 1994, Palau became an autonomous nation under a compact of Free Association with the United States of America (USA).

Palau was traditionally comprised of several competing chiefdoms.<sup>11</sup> The society was characterized by a system of strong, ascribed hierarchical social ranking where the matrilineal descent determined social position, inheritance, kinship structure, residence, and land tenure<sup>11</sup>. Since Western contact, dramatic political, economic, and technological development changes have occurred as the country has begun to face painful issues associated with economic development and modernization. Because traditional society still plays an important function throughout the entire strata of the contemporary Palauan society, there are idiosyncratic blends of the traditional and Western approaches that are seen today<sup>11</sup>. For example, many Palauan men and women are employed in wage-labor jobs, but both sexes continue to rely on a subsistence economy where men fish and women farm taro, tapioca, and potatoes. Another example is that customary exchanges of bead monies and foods (usually referred to as *customs* or *siukang*) occur at times of life crisis or transitions (such as deaths, births, assuming of titles, buying of homes). However, instead of relying solely on traditional money and food exchanges, these *customs* have evolved to include American currency and Western foods. These material changes in Pacific cultures occur as a predecessor to actual cultural changes<sup>12</sup>.

Scale
Affordability
Belonging
Educational Programs
Environmental Protection
Financial Optimism
Freedom from Drugs
Freedom from Pollution
Geography
Health Care Services
Housing
Innovation
Leadership
Pride
Recreational Opportunities
Safety
Serenity
Tolerance
Urban Services
General Optimism
Overall Index

Excessive financial constraints on families as the cost of *customs* continues to increase without concomitant increases in salaries place undue burden on the employed family members.

Due to the collective nature of this society, Palauans have lived for centuries within a well defined family unit and clan structure. Clan lands are still available today where members are allowed to build their homes and live within the designated land area for the clan without leasing or purchasing the land. Neighborhood communities used to include groups of family and clan members that communally shared resources. Conflict resolution was the responsibility of the chiefs chosen or assigned to rule the particular clan or village. With the shift from subsistence to cash economy, Palauans have begun to live in communities that are more heterogeneous than in times past. The rural areas remain more intact but in the urban center of Koror economic factors have greatly influenced the change in the social fabric of the area. Members from different clans began obtaining leases in Koror within villages that previously were occupied by Koror clans. Neighborhood or "hamlet" in Koror no longer refers to a homogeneous grouping of clan members. This sociological shift from a communal approach to life to one of individualism, as characterized by the emphasis on single family units, may have negative social results

which could be reflected in the increase in crime and abuse of both people and property. Villages can no longer be characterized by family and clan affiliations.

## Methods

The CCS has been administered to approximately 1300 individuals in a wide range of communities including samples of American homeless, rural community residents, leadership groups, municipal employees, neighborhoods in transition, and "typical" communities. In addition, the CCS has been administered to several non-American samples including Australia, Canada, Latvia, and Taiwan. Campbell (1996) reports appropriate reliability and validity coefficients, as well as statistically significant intercorrelations between items on the scale<sup>10</sup>.

The CCS contains 100 statements designed to elicit responses from community residents about topics relevant to community life. Respondents use a six-point scale to indicate how much they agree with each statement. The 100 items are then categorized into 19 scales, each measuring a different aspect of the community, plus an overall index. Each scale

contains between three and eight items, with a median of five items per scale. For scoring purposes, items that were rated “strongly agree” or “agree” were considered positive, and “strongly disagree” or “disagree” were considered negative. Thus, items answered as “slightly agree” or “slightly disagree” were not counted.

The CCS scales evaluate the following areas: Affordability, Belonging, Educational Programs, Environmental Protection, Financial Optimism, Freedom From Drugs, Freedom From Pollution, Geography, Health Care Services, Housing, Innovation, Leadership, Pride, Recreational Opportunities, Safety, Serenity, Tolerance, Urban Services, and General Optimism (see Table 1).

The administration instructions of the questionnaire were modified so that the meaning of *neighborhood*, *neighbor*, and *community* could be specified in a culturally sensitive way. *Neighborhood* was defined as: “the hamlet that you live in most of the time” (not necessarily your home state). *Neighbor* was defined as: “the clan or non-family members that live in the general area you live in, or within walking distance of you”. *Community* was defined as: “multiple hamlets, or, the largest metropolitan area around you that is your town or municipality”. Subjects were also told that “Unless you were asked otherwise, please refer to the residence that you have lived in most of the time over the past year when answering these questions”.

**CCS Palauan-Specific “Supplemental” Items.** Ten supplemental questions were added to the CCS so that the authors could ask Palauan community members about issues germane to them. These ten questions were presented and answered in the same format as the original CCS questions<sup>9</sup> (see Table 2).

**Study sample.** For the present study, health care professionals, high school seniors, and expatriates served as subjects. Health care professionals were selected because they

**Table 2. CCS Supplemental Items**

1	Our family relies heavily on traditional Palauan foods (e.g., taro, tapioca, fish, etc.).
2	Palauan customs are important to me.
3	I know women who have serious alcohol problems.
4	Most young people that leave Palau don't return because there are too few career opportunities.
5	If I had a difficult emotional or family problem, I would seek the services of the Behavioral Health Division.
6	There are people in my hamlet who are physically abused by their spouses.
7	I would like to see changes in the financial obligations expected in Palauan customs.
8	Our children are well prepared for education overseas.
9	Drinking alcohol leads to mental disease.
10	If I had emotional or family problems, I would seek the advice of respected family or clan elders.

have a great deal of exposure to Palauan citizens on a daily basis. It was hoped that their professional experience would provide them with insight about issues that the average person faces, as well as the basis for making fine discriminations about the country's assets and liabilities. High school seniors were selected because census projections estimate that 44% of the population are currently 24 years or younger, and it was thought that they would have both youthful perspective and the educational background necessary to make more sophisticated evaluations of their country. Finally, expatriates were chosen to provide an “outside” perspective on Palau. The authors hoped that the expatriates, particularly Americans, would provide a useful template for comparison.

The purpose of the CCS is to provide qualitative feedback by selected community members about a given community. As such, a minimum sample size of 30 per group is recommended<sup>10</sup>. Random selection of subjects is less important than careful selection of individuals who are motivated to accurately describe their community<sup>10</sup>. All respondents were given the option of remaining anonymous.

**Health care professionals.** Thirty-three Palauan health care professionals served as subjects. The Public Health Director at the Ministry of Health, who is a Palauan, was consulted about who should participate. He indicated that subjects should be distributed evenly amongst Palauan physicians, nurses and administrators. At the time of the study, there were 13 Palauan physicians and all participated at the Director's written request. The Chief of Nursing and the Health Services Administrator, also Palauans, each selected ten individuals who showed excellent leadership skills. All nursing and administrative participants that were asked to participate did. Questionnaires were administered on a Monday and all health care professionals returned them by the deadline five days later. Questionnaires were collected by a Palauan assistant.

**Table 3. CCS demographic summary**

	Health care	Students	Expatriates
Item	n=33	n=32	n=30
Female	23 (69%)	10 (30%)	14 (47%)
Married	28 (84%)	3 (10%)	19 (69%)
Single Family Dwelling	28 (84%)	25 (79%)	18 (59%)
In Palau more than 3 yrs	29 (87%)	32 (100%)	12 (41%)
College Graduate	26 (79%)	0 (0%)	29 (96%)
Palauan Race	33 (100%)	32 (100%)	0 (0%)
Live in Koror	18 (56%)	32 (100%)	26 (86%)
Average Age	45	19	40

**High school students.** Instead of stratifying the small sample amongst each of Palau's six high schools, the authors decided to administer the questionnaire to children in the public school system only. With the permission of their principal, a sample of 30 seniors at Palau High School participated in the study. Graduating seniors were given the option of completing the CCS in lieu of a portion of their final examination. Thirty students in a classroom of 44 chose to participate. They completed the CCS during a regular class period. Their American high school teacher administered and collected the questionnaires.

**Expatriates.** Thirty expatriates served as subjects. All respondents, but one Filipino were American. The authors selected individuals who had been in the community for at least one year and had frequent daily interactions with the Palauan community. Thirty two individuals were actually asked to participate: one individual could not complete the survey because of an illness in her family; the other did not complete the CCS within the one week time period indicated. The completed surveys were collected by two of the American authors (AF and KS).

**Statistical analysis.** CCS forms were computer scanned and the data analyzed by David Campbell, at the Center for Creative Leadership, Colorado Springs, Colorado using SPSS computer software for Windows. To permit exploration of scores from different scales, the raw scores on each scale were converted to standard scores with the conventional raw-score-to-standard-score conversion formula. A distribution of scores for each scale with a population mean of 50 and a standard deviation of 10 was produced. Scores of 55 and above were considered "high," or strengths, and scores of 45 and below were considered "low," or weaknesses. Difference scores between scales greater than 5 are considered notable<sup>10</sup>.

**Table 4. CCS Scores for health care providers: high school students and expatriates**

Item	Health Care	Students	Expatriates
	n=33	n=32	n=30
Affordability	48%	56%S	55%S
Belonging	58%S	61%S	39%W
Educational Programs	47%	55%S	37%W
Environmental Protection	47%	55%S	36%W
Financial Optimism	45%W	46%	42%
Freedom From Drugs	38%W	40%W	33%W
Freedom From Pollution	52%	49%	52%
Geography	55%S	50%	60%S
Health Care Services	49%	50%	49%
Housing	47%	47%	47%
Innovation	53%	59%S	42%
Leadership	47%	58%S	40%
Pride	47%	59%S	43%
Recreational Opportunities	43%W	54%	38%W
Safety	51%	44%W	47%
Serenity	46%	46%	50%
Tolerance	53%	49%	44%
Urban Services	35%W	51%	25%W
General Optimism	52%	54%	45%W
Overall Index	46%	52%	38%W

S = Strengths and W = Weaknesses

Note: Scores were standardized. If a score falls between 44 and 54, it is considered "mid-range". If a score is greater than or equal to 55 it is considered high, or a strength, and if a scores is less than or equal to 45 it is considered low, or a weakness.

## Results

Scale scores for the three groups were generated, translated into T-scores, and reported for comparative purposes. In general, the profiles exhibited a depressed impression of the community. The Overall Index for the high school seniors were the most optimistic (52%), followed by the health care professionals (46%), and then the expatriates (38%) (see Table 4).

### Health care professionals.

From Table 3, 69% of the health care professionals were female (n=23). The majority of individuals were married (84%; n=28). The average age of respondents was 45 years (range 21 to 60). Most respondents lived in single family dwellings (84%; n=28), and, 87% (n=29) had been residing in Palau for over 3 years (range 1 to 30+ years). The sample was highly educated, where 79% (n=26) had at least graduated from college. Fifty-six percent (n=18) of the respondents reported living in the town of Koror.

### High school students.

Thirty percent (n=10) of the high school students were female. Only 10% (n=3) of the individuals were married. The average age of respondents was

19. Most students lived in single family dwellings (79%; n=25), and 100% (n=32) had been residing in Palau for over 3 years (range 4 years to entire life). Sixty-three percent (n=20) of the respondents reported living in the town of Koror.

**Expatriates.** Forty-seven percent (n=14) of the expatriates were female. Sixty-three percent (n=19) of the individuals were married. The average age of respondents was 41 (range 21 to 60). The expatriate sample was highly educated, with 96% (29) having received at least a college education. Most respondents lived in single family dwellings (59%; n=18). Forty-one percent (n=12) had lived in Palau for over 3 years (range 1 to 30 years; median 3.1 years). Eighty-six percent (n=26) of the respondents reported living in Koror. Table 4

shows the CCS scale percentages of the study groups.

**Palauan health care professionals.** For each of 20 scales evaluated, 65% of the scales were reported as falling below the average score. In order of severity, the greatest problems identified were: lack of Urban services (e.g., good libraries, public transportation, fair newspapers, theaters, museums, regular garbage collection); problems with illegal drugs or Freedom From Drugs (e.g., substantial problem with drug dealers and use of alcohol very common); lack of Recreational Opportunities (lack of parks, music, arts, walking and bicycling trails, active and varied night life); and lack of Financial Optimism.

The two strengths reported by the Palauan health care professionals were a sense of Belonging (roots in the community; good friends; close contact with relatives) and Geography (beautiful, scenic).

**High school Students.** The high school students were very optimistic about Palau, rating 65% of the scales as above the average score. Like both groups of adults, the students also reported that problems with drugs or Freedom From Drugs as one of the most important weaknesses. However, they then went on to identify feeling a lack of personal Safety (e.g., feeling safe in your neighborhood) as the next greatest problem. Unlike the adults, the students felt that Urban Services were satisfactory.

The two major strengths reported by the students were a sense of Belonging, followed by Pride (e.g., proud of the history and traditions) in their community.

**Expatriates.** For each of 20 scales evaluated, 80% of the expatriates' scales were reported as falling below the average score. The expatriates identified the same two problems as those identified by the health care professionals as most significant, although they rated the scores lower. These were lack of Urban Services and again, problems with drugs, or Freedom From Drugs. The expatriates then identified poor Education (public schools receive strong support; schools are innovative; schools measure up to world standards), and lack

**Table 5. CCS Scores for Supplemental Items**

Item	Health Care	Students	Expatriates
	n=33	n=32	n=30
Family relies on Palauan foods	48%	86%	0%
Palauan customs important	85%	68%	13%
Would like changes in financial obligations of Palauan customs	72%	86%	74%
Domestic violence occurs	48%	45%	49%
Know women with alcohol problems	57%	86%	30%
"Drinking alcohol leads to mental disease"	54%	82%	29%
Would use Behavioral Health Services	57%	45%	44%
Would seek advice of respected family or clan elders if needed	42%	81%	18%
Children well prepared for education overseas	12%	n/a	7%
Few career opportunities for young people	66%	67%	74%

of Recreational Opportunities as the next greatest weaknesses. For strengths, Geography and Affordability (cost of living is reasonable) were rated as Palau's greatest assets.

**Palau Supplemental Items.** Results indicated that community members are all concerned about a number of social issues in Palau (see Table 5).

First, Palauan *customs* are still considered very important to most respondents. However, over 70% of the respondents felt that the financial obligations expected in the *customs*

needed to change. Interestingly, while 68% the youth reported that *customs* were important, they also felt strongly (86%) that the *customs* were too expensive.

Second, there are serious concerns the respondents indicated about the educational programs and career opportunities offered in Palau. Only 12% of the health care professionals and 7% of the expatriates reported that the children in Palau were well prepared for higher education overseas when they graduate from high school. Both groups of adults also reported that many young people didn't return to Palau after leaving because there are too few career opportunities (health care professionals=66%; expatriates=74%).

Third, all groups consistently reported that they knew of Palauan women who were victims of physical abuse by their spouses. There was less agreement about the extent of alcohol problems in women, where the high school students reported a great deal more (82%) followed by health care professionals (54%) and then expatriates (30%).

Most of the respondents agreed that they would seek out psychiatric or psychological services from the Ministry's Behavioral Health Division. Interestingly, the high school seniors were more likely to seek out assistance from clan elders (81%), the traditional approach for assistance, compared to health care professionals (42%). Surprisingly, the students (82%) and the health care professionals (54%) believed that drinking alcohol would cause mental illness, reflecting a commonly held belief we have heard from the general population. This belief was not strongly held by the expatriates.

Finally, the high school seniors were more likely to have Palauan foods as a major part of their diet (86%), compared to health care professionals (48%). None of the expatriates reported using Palauan foods on a regular basis.

## Discussion

The Palauan respondents, especially the high school student sample, indicated a feeling of belonging, a sense of pride in their traditions and heritage, and an appreciation of their geographic location and beautiful surroundings. Although immersed in a tide of shifting economic policies and developmental concerns, the Palauans in this study maintain a strong community satisfaction, cohesion, and ethnic identity. The Palauans recognize their home as a beautiful one that remains foremost in their everyday lives. Identifying this strength is linked to assuring the legacy for the benefit of future Palauans. The expatriate subgroup concurred with the Palauan groups on the beauty of Palau.

The maintenance of a culture and tradition, e.g., belonging, is a true indicator of the stability of a culture. On Lanai, a small island in Hawaii, dramatic social changes were evident during the movement from an agriculture to tourism economic base. The community was originally entrenched in subsistence and traditional belief patterns that had been passed on through generations of Hawaiians<sup>6</sup>. Other Pacific Islands have seen increases in crime, delinquency, and substance abuse as a result of westernization<sup>13</sup>. Palauans also face social and cultural disruptions due to economic development factors and have the potential to be adversely affected. The feelings of belonging to and having pride for their community may be critical factors in the survival of the Palauan culture amidst the inevitable economic pressures that shift the priorities of community members. Identifying the strengths in a culture and community (i.e. belonging and pride) by involving community members allows the monitoring of development that occur at the community level.<sup>8</sup> Because modernization and the social, cultural and psychological adjustments that inevitably occur have been linked to poor health outcomes in Pacific and Asian Americans<sup>3,4</sup>, the finding of belonging in this study may also be a positive indicator for Palauan health status. The impact of cultural identification on health status in Palau is an important topic for future investigation.

The way a Pacific person considers wealth and the distribution of wealth is dichotomous to metropolitan people.<sup>12</sup> Pacific person share a collective viewpoint that contributing to the good of the group is most important; this is directly juxtaposed to an individualistic society's emphasis that the single family unit, as a self-contained system, is most meaningful. The two approaches towards living are dysynchronous and disharmonious, and potentially place undue burdens on extended family wage earners trying to satisfy both their customary role and the demands of their immediate families. Modern-day *customs* have evolved in Palau from the traditional giving of subsistence gifts and bead monies into

multiple and complex cash and material giving obligations. These financial requirements are extremely stressful for most individuals and often result in a great deal of debt. There has been a trend in the Pacific to extend custom-giving obligations beyond immediate clan members and relatives into extended family, work and non-kin social networks<sup>3</sup>. Where belonging to one's community and culture may allow Palauans to survive the pressures of modernization, the stress of increased custom obligations may compete with this strength and manifest itself in increased stress-related problems and illnesses. The role of belonging and cash committed *customs* are interrelated variables that warrant further study.

The lack of urban services and recreational opportunities was mentioned by the Palauan health professionals and expatriates in Palau as a deficit area. The foreigners' responses in general, were expected to be different due to their sojourner status in Palau. Studies concerning culture shock and acculturation when entering and living in other cultures have demonstrated this finding.<sup>1</sup> Although some similarities were evident such as the geographic excellence, adequate housing, and health care services, other areas may be affected by cultural differences in how Palau is perceived by an outsider. For example, the quality and quantity of educational opportunities are greater in the US. In addition, urban services and recreational opportunities are commonplace in the US in both urban and rural regions of the country. Palauans may not want to have adequate access to libraries, theaters, and museums, or spend free time in parks and recreational areas. It would be important to define the meaning of recreation activities and urban services for Palauans and fully describe what Palauans would like to see improved in this area.

Alarming anecdotal information regarding the nature and extent of alcohol and other substance abuse in Palau has been circulating for at least 20 years. The perceived gravity of the situation in Palau has ranged from serious, to epidemic, to out of control. The subjects in the present study all identified problems with drugs and alcohol as the number one weakness facing the nation. From past reports in Palau, the substances in question have included tobacco, alcohol, marijuana, heroin and now include crystal methamphetamine (ICE). What has been clear throughout this era has been that the systems of prevention, treatment and rehabilitation have remained weak and ineffective. The causes of these drug and alcohol problems are many and unknown. Palau has recently begun a nation-wide assessment of drug and alcohol problems in order to determine the actual prevalence of substance abuse. With more reliable information, there will be a basis to plan and monitor the execution of strategies intended to ameliorate the negative impact of substance abuse on the society.

There are some potential weaknesses in the design and methodology that could have influenced the overall results of the study. First, interviewer bias is considered as a potential

limitation to the results reported here. The surveys were distributed through the Ministry of Health. Respondents may have reported different answers if they were asked to complete the survey by a different Ministry (such as Justice), or their chief or village elders. The respondents may have inflated their opinions of some aspects of their communities, such as health care, for social desirability reasons, because that is what they thought was expected from them.

Second, the survey instrument, although tested in other countries besides the US, was initially developed by American researchers to study western communities. The researchers of this study were cognizant of the potential cultural incongruities and language incompatibilities when revising the instrument for piloting in Palau. For example, the section on recreational activities may be culture bound. Respondents may have considered other community activities such as *customs* (events where families members and clans participate in funerals, first child birth, house purchases, and marriage ceremonies), community gatherings, and fishing and farming as recreational activities, not concerts, theaters, or parks. The authors recognize the potential limitations of the instrument in this regard. The tool was adapted to include 10 supplemental items concerning areas of relevance for Palauans and the individual responses were adjusted or clarified to correspond to local definitions and terminologies.

Thirdly, further piloting and refinements of the CCS would be suggested to avoid any cross-cultural biases or misinterpretations and improve upon the relevance of the tool for Palau. Because the subjects selected for the pilot study were predominantly from the urban center of Koror, potential cultural biases may have been lessened due to the respondents increased exposure to western ways. The design of the instrument was not changed in order that a cross-country comparison could be achieved.

Finally, English is the second language for most native Palauan speakers. English is the preferred language of the educational curriculum although Palauan vernacular is the language used for verbal communication. The instrument was not translated into Palauan due to the nature of the research tool. The researchers chose to survey Palauans in their second language to keep the survey instrument standardized, and maintain the conceptual meaning of items presented.

The pilot study holds promise in supporting local efforts to maintain the rich cultural heritage of Palauan communities while redesigning the financial burden perceived from custom obligations. The study provides an indication that the drug issue is at a critical stage and strategies to ameliorate the problem needs to be a primary focus of prevention and treatment programs. Further piloting of the instrument with different subgroups under different conditions may alleviate some of the potential limitations mentioned here and further the exploration of the impact of modernization on a newly

developing nation.

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