

Chuuk

Federated States of Micronesia (FSM)

Communication

Languages and Dialects

- The official language of Chuuk is Chuukese.
- English is the official language in FSM for the government and commerce, but the second language for most Micronesians.
- Micronesian languages are symbolic and define caste systems, clans, roles, knowledge and values. These languages hold and maintain historical stories and traditional knowledge (oratory culture).

Greetings

- When meeting people for the first time, Chuukese people smile or bow respectfully as a form of greeting.
- *Ran anim* is the Chuukese term used to greet and farewell others.
- It is appropriate to shake hands with someone if they offer their hand, irrespective of gender.
- People must be introduced prior to conversing. Social hierarchy should be observed when introducing others.
- Eye contact should be made when greeting. It is considered polite to remove sunglasses when speaking.

Names and Titles

- Chuuk has a matriarchal society that honors claniship and family relations.
- It is important to respect and use a person's correct title (e.g. religious, professional, community or diplomatic titles). It is acceptable to use a person's title and last name or title on its own.
- Chuukese people are renowned for choosing unconventional and unique names for their children e.g. film stars or familiar objects. There is often a story behind the name that links to a significant event, time or recognition of family, ancestors or clans. Family members may have different surnames.

Conversation

- Local etiquette emphasizes harmonious and respectful interactions. Respect is given to kinship, gender, age, rank and religion.
- Taboo conversation topics include death (from diseases, cancer, homicide and suicide), social violence (e.g. domestic and sexual assault) and gender related illness, investigations or treatments, particularly with more traditional or older individuals. It is important to establish trust and rapport before broaching these topics.
- It is not considered appropriate to discuss politics, religion, domestic violence or intimate relationships.
- Chuukese people are comfortable to talk about their family, church and community in general conversation.

Non-Verbal Signals

- Eye contact is preferred, but should not be maintained continuously when discussing sensitive topics.
- Females may hold hands as a sign of friendship.
- Public displays of affection between males and females are discouraged.



- To frown, wink or turn your back on a person who is speaking is considered rude in Chuukese culture.
- Permission must be obtained before touching a person.
- Chuukese will often “wait around” to indicate that they wish to speak or see a health care worker.
- When responding to a question, a slight raising of the head or a smile can indicate Chuukese agreement while silence can indicate Chuukese disagreement or that the person doesn't understand the question.

Cultural Norms

Patient and Provider Interaction

- The Pacific's definition of health is broad, collective, holistic, spiritual and linked to cultural identity.
- Religious beliefs play a major role in culture and health behavior.
- Extended family, friends, cultural group and faith leaders play a pivotal role in deciding when, where and from whom to seek help or treatment (traditional or western medicine).
- Dress is usually modest and casual (shirt and long trousers for men, dresses and skirts/covering below the knee, for women).
- Usually a family member will accompany the person seeking health care.
- To maintain privacy and confidentiality within their community, individuals may prefer a family member of the same sex or similar age to translate for them.
- Community and family responsibilities and needs are prioritized and attended to before people consider seeking health care.
- The Micronesian approach to numeracy is one of *broad estimations for time, dates, weights, and numbers*. This needs to be considered when taking histories (e.g. length of symptoms, number of medications), arranging DOT, and making appointments.
- Medical and nursing staff are respected as healers and people who can assist in solving problems.
- Outreach workers are seen by the community as people who can connect them to the health care system.
- DOT workers are trusted members of the villages who motivate community members to take and complete their TB treatment.
- Chuukese can feel stigmatized and not respected within western culture and health systems.

Visiting the home

- Home visits must be pre-arranged with the patient.
- When entering a home, remove shoes and hat/cap.
- Seating may be on chairs or mats. If seated on a mat, it is polite for men to sit cross-legged and for women to sit with their legs tucked beneath them. Women should not expose their thighs when seated.
- It is considered rude to stand above people who may be seated, or to walk over them.
- Drinks and food are commonly offered to visitors. It is considered impolite to refuse or waste food.
- Sharing food with visitors is important and a source of pride. Guests are honored by being served first.
- You may be offered utensils to eat with, however, eating with your hands is acceptable.
- Prayers are normally said before meals.

Traditional Ideas and Beliefs About TB

Common Causal Beliefs about TB

In Chuuk, TB is commonly attributed to one or more of the following causes:

- Genetics or inherited as a family disease
- God's will, where individuals have no control over the outcome
- Punishment for a breach of relationship, social or other cultural rules
- Black magic or supernatural causes
- Untreated physical injury (e.g. trauma to the chest)
- Bacteria

Common Causal Beliefs about TB Transmission

In Chuuk, TB transmission is commonly attributed to:

- Sharing eating utensils, food, bedding or clothes with an infected person
- Black magic or supernatural causes
- Touching or contact with others
- Taking previous TB preventive medication

Stigma and TB

In Chuuk, stigma continues to be experienced by people with TB (also Leprosy and HIV). Stigma can be caused by beliefs based on past experiences, myths or misunderstanding. Stigma associated with TB can lead to the following:

- People may fear illness and death from TB and avoid seeking care.
- People may be shunned or isolated by their community if they are known to have TB or subjected to discrimination in the community, church, workplace or school.
- People may delay seeking health care or default from care and treatment as they don't want to be identified as a person with TB.
- People may be in denial about their diagnosis of TB through a distrust of a health care worker or system.

Common names and terms for TB and symptoms

English	Chuukese
TB	<i>TB</i>
MDR-TB	<i>MDR-TB</i>
LTBI-TB (sleeping TB)	<i>TB mi meur</i>
Lung	<i>Ammat</i>
Cough	<i>Mwoor</i>
Hemoptysis (cough blood).....	<i>Mwoor fiti cha</i>
Fatigue	<i>Menunu, apwangapwang ika eiengaw</i>
Weight loss.....	<i>Kichuchuno</i>
Night sweats.....	<i>Mwonoon nepwin fansoun patapat</i>
Enlarged lymph nodes.....	<i>Uwapwo, Sapwo ika lokone</i>

Treatment Considerations

Non-allopathic Treatment for TB

- Chuukese commonly believe that medicines from local healers can cure all kinds of illness including TB.
- Traditional treatments are considered more natural as they are derived from plants or the environment and, are accessible and known within the community.
- Methods of healing may vary and include herbal remedies that are applied, ingested, inhaled, steamed or body massaged as well as dietary and/or travel restrictions (e.g. over the ocean by boats or traveling to certain islands or villages).

Traditional Healers

- Chuukese have stronger loyalty to traditional healing and medicine than to western healing and medicine.
- Traditional healers provide spiritual and emotional support which include sacredness and rituals (e.g. praying to heal the spirit and natural medicines to heal the body).
- The use of traditional medicine and treatments may not be disclosed to westerners as they may discourage its use.
- Traditional healers are well-known and respected in the community. People commonly seek care from them before visiting hospitals or clinics.

Food and Dietary Restrictions

- Diets are generally high in fat, salt and sugar; low in fruits and vegetables. High amounts of canned fish and other tinned meats are consumed almost daily.
- Foods are preserved with salt, sugar and seasoning as refrigeration is often not available.
- Obesity and diabetes prevalence rates have risen due to Western lifestyle and diets.
- Breadfruit (mai) is highly revered, followed by taro and banana when breadfruit is not available.
- Individuals commonly have meals together with their community, often at church.