

Samoan Elders' Perceptions of Wellness:

A New Zealand Case Study

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Abstract

Globally, the health and wellness of ageing populations are areas of interest as people live longer. The Pacific population in New Zealand is similarly ageing. However, little is known about their health and research on their wellness is sparse. The purpose of this study was to explore Samoan elders' perceptions of wellness. However, it became evident that their perceptions of age and ageing were also crucial to the aims of the study. There is not much that we know about Pacific people's ageing experiences as migrants living in New Zealand. This study employed a qualitative phenomenological approach through a Samoan lens using *talanoa* methodology with four groups and eight individual participants aged between 63 and 84 years old. Analysis of the data using descriptive phenomenology revealed the following: Samoan elders had their own words and terms to describe age, ageing and wellness that related to *fa'aSamoa* – these words were spiritually imbued and respectful signalling different age stages (*matua*, *sinasina*, *tofa*) and wellness references (*soifua manuia/maua/lelei*); Samoan elders had a positive outlook despite having significant health conditions; God, church and responsibilities to family influenced group *talanoa* elders' views and impacted their experience of wellness; individual *talanoa* reinforced group findings and added new social connections, technology and other factors, such as physical health, diet and regular medical check-ups, as essential factors in maintaining elders' wellness; children and family were elders' most crucial concerns for the future as their focus was on the continuity and sustaining of *fa'amatai*, *'āiga* and family systems; New Zealand was the preferred place for most elders to live at this time in their lives. The qualitative approach through *talanoa* was most effective in capturing elders' perceptions and experiences. This is important given the need for more Pacific-specific ageing research globally and locally.

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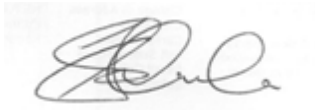
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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in black ink, appearing to read 'Falegau', written on a light blue grid background.

Falegau Melanie Lilomaiava Silulu

4th February, 2021

Dedication

Mo ou matua peleina Lilomaiava Tasi ma To'i Falefoa



This thesis is dedicated to my parents for the sacrifices you made for my siblings and I so that we could have the opportunities that you never had. I hope that this thesis fulfils your dreams, hopes and aspirations of coming to New Zealand.

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Ethics Approval

The ethical approval number 14/18 for this research was granted by the Auckland University of Technology Ethics Committee (AUTEC) at its meeting held on 12th May 2014 (See Appendix A)

Chapter One: Introduction

1.0 Worldwide ageing phenomenon

Worldwide, people are living longer (World Health Organization [WHO], 2012). New Zealand's ageing population has also rapidly increased over the last 20 years (Ministry of Health [MOH], 2011). Like their international counterparts, New Zealand health authorities have recognised the urgency of future planning and policy making to account for the projected rapid growth, and the increased demand this will place on the health system's disability and healthcare services (MOH, 2006, 2007). However, little attention has been given to the growing ageing Pacific population's experiences in New Zealand.

1.1 Ageing studies

Until recently, most ageing studies have tended to focus on the negative aspects of ageing, such as: the decline in physiological (Gates & Walker, 2014) and behavioural agility (Stranks, 2007) and the cognitive deterioration of older adults (Bassuk, Glass, & Berkman, 1999; Bishop, Lu, & Yanker, 2010); and the negative views of younger populations towards older adults within our society and how these can develop into negative self-stereotypes in old age (Levy, 2009). These issues, among others, raise concern about the impact this fast-growing ageing population will have on government budget allocation, health and disability systems, and the provision of services. Also, the immediate and revealing concern for all nations is that the workforce needed to fund future retirees is scarce and declining as younger generations are transient and, as a result, workers are more likely to be migrant settlers (Barback, 2017).

With the vast population growth predicted, the burden on countries worldwide, socially, economically and politically, has been a topic of interest for over a century now, and the time

for preparation and planning is imminent. With growing age come the years of lived experience, life lessons, wisdom, and the passing down of traditions of family, culture, and knowledge. Advancement in public health systems, medical technology and public education on healthy habits has contributed to increased numbers of people living longer. However, other factors, unseen, unspoken and unknown factors observed by *other* silent ageing groups within our population such as Pacific people, that influence their views on ageing and wellness, can offer valuable insight into a differing experience from mainstream views.

1.2 Global perception of wellness studies

International studies investigating older adults' perceptions of wellness (Campbell & Kreidler, 1994; Footitt & Anderson, 2012; Fullen, 2019; Hermon & Hazler, 1999; M. P. Miller, 1991; Roscoe, 2009) have increased over the past 20 years. The growing interest comes as populations worldwide live longer – the number of people aged 60 and over has doubled in the last 30 years (WHO, 2012). By 2050, the number aged 80 years and over is projected to quadruple to 395 million (WHO, 2012). The rapid increase in life expectancy brings an increased demand on government budgets and healthcare delivery, particularly mental health and disability services (WHO, 2012). It has prompted an urgent enquiry into the 'perceived' wellness of an ageing population which may, in turn, offer invaluable insights into the factors contributing to their longevity. New Zealand's ageing population has also rapidly increased over the last 20 years (Doolan-Noble, Mehta, Waters, & Baxter, 2019; MOH, 2011; Parr-Brownlie, Waters, Neville, Neha, & Muramatsu, 2020), with the proportion of older people expected to reach 19% of the total population by 2050 (MOH, 2006; Statistics New Zealand, 2005). Considerable research has been carried out to profile the health status of New Zealand's ageing population to inform future planning and policymaking on, for example, the demands this will have on the health system's disability and healthcare services (MOH, 2002, 2006,

2007, 2011), disability services (Cornwall & Davey, 2004; MOH, 2004) and living conditions (Ministry of Social Policy, 2001). These descriptive health statistics provide valuable insight into the experiences of an ageing Māori population and the New Zealand population. However, little is known or documented on the experiences of ageing Pacific people living in New Zealand.

1.3 My story

I am the youngest of nine and the longest to remain living with my parents within the family home. I often wondered how and why my ageing parents seemingly remain physically active and mentally well. My father, Lilomaiava Tasi Silulu, is 88 years old. My mother, Falefoa To'i, is nine years younger than Dad and is 79 years old. Both suffer from the ailments endemic among Pacific people such as high blood pressure and (borderline) diabetes. A more serious diagnosis in 2009 pronounced my Dad with prostate cancer and, over the past two years, he suffered a suspected stroke and rapid loss of eyesight in both eyes. My Mum was diagnosed two years ago with uterine prolapse; a condition described as common for a woman of her age and number of natural births.

Despite the myriad of health setbacks, and the poor overall health outcomes predicted for Pacific people generally, both my parents appear to be physically and mentally well. This prompted my interest in their wellness, and I asked myself questions about their physical and mental wellbeing: What were the factors contributing to their apparent wellbeing? What makes their life worth living? I became interested in finding the meanings in their experiences and wanted to share their *tala* (stories) as it became apparent that there were profound lessons that could be gleaned from their experiences as older migrants living abroad. As I pondered upon the potential influences, I noticed that more and more of my ageing aunts and uncles living in New Zealand and Samoa appeared physically and mentally well too. These observations and

my interest in my parents' physical and mental longevity led to an exploration of Samoan elders' perceptions of wellness.

1.4 Research gap

Although interest in the ageing Pacific population in New Zealand is growing (Doolan-Noble et al., 2019; Parr-Brownlie et al., 2020; Tamasese, Parsons, & Waldegrave, 2014; Wiles, Wild, Kerse, Kēpa, & Peteru, 2011), and bring to the forefront concerns on ageing Pacific people socially, culturally and politically, a more in-depth knowledge of ageing ethnic Pacific-specific populations living in New Zealand (Davey & Glasgow, 2006; Ministry of Social Development, n.d.; Tamasese et al., 2014), such as older Samoans, is needed. These previous studies' premise is no different from this present study in that it values the views and experiences of an ageing Pacific population in New Zealand in offering ethnic-specific solutions for future planning and policymaking. These rare insights offer strategies to improve older Pacific people's living experience and wellbeing within their respective communities of Glen Innes, Tokoroa, South Waikato and Wellington (Tamasese et al., 2014; Wiles, Wild et al., 2011). This work has been an auspicious commencement of and massive effort towards Pacific-specific solutions for ageing populations living in New Zealand.

1.5 The current study

In this research, the perspectives on ageing and wellness of older Samoans living in Auckland is explored, in the hope of offering strategies to optimise living and being well at a time when the population is ageing. The study aims to add to the existing literature on ageing Pacific communities by offering an ethnic-specific perspective from within the Auckland region, which can add value and depth to the existing body of knowledge on global and local ageing populations.

The age group for this study was 60 years and above. This lower limit was chosen firstly as Pacific people have a lower life expectancy (male 74.5 years and female 78.7 years) compared to the general New Zealand population (male 79.5 years and female 83.2 years) (Statistics New Zealand, 2016). Secondly, Samoans account for almost half of the total Pacific people aged 65 years and above (Statistics New Zealand, 2016; Pasifika Futures, 2017). Thirdly, over the next 15 years, significant growth is projected for this age group.

1.6 Research methodology

A qualitative phenomenological approach seemed the most appropriate methodology to explore elderly Samoans' perceptions of wellness and capture their lived experiences of ageing. It provided a culturally inclusive methodology of a Samoan worldview to inform the research process and the Pacific method of *talanoa* to collect the Samoan elders' voices and experiences.

Four overarching questions guided this study:

1. What are Samoan elders' perceptions of age and ageing?
2. What are Samoan elders' perceptions of wellness?
3. What factors influence elderly Samoans' perceptions and experience of wellness?
4. What do Samoan elders' do to ensure and maintain their feelings of wellness?

These were the main questions that guided the group *talanoa*. From these grew the line of enquiry for the individual *talanoa*. In developing the overarching research questions through a pilot study, a small advisory group of elders and conversations with the study supervisors, it became obvious that prompts were needed to assist Samoan elders' *talanoa* to flow freely. For example, question one prompted elders to share *upu fa'aSamoa* (Samoan words) and *alagaupu fa'aSamoa* (Samoan proverbs and terms) to describe age, ageing and wellness. These Samoan words and terms are presented in Chapter Four.

In the same way, questions two, three and four underpinned probing questions which covered ‘*āiga*’ (family and family responsibilities), *lotu* (church), and *soifua mālōlōina* (health – traditional/medical). The *talanoa* from these questions generated the findings presented in Chapter Four and provided the basis of the enquiry in the individual *talanoa* presented in Chapter Five.

1.6.1 Research method

As noted, a qualitative phenomenology approach and *talanoa* were employed to explore elders’ perceptions of wellness and the factors influencing this, such as economic, cultural and social factors. Elderly Samoans were chosen for this exploratory study because Samoans make up almost 50% of New Zealand’s Pacific population (Statistics New Zealand, 2018). This group, which is still considered to be a migrant population within New Zealand (Statistics New Zealand, 2018), is likely to maintain strong cultural ties and responsibilities (e.g., chiefly titles and customary land ownership) in the homelands. It is important to explore whether and how these ‘customary’ *fa’aSamoa* responsibilities, and other factors relating to their preferred place/country of residence, shape this group’s notions of wellness.

For this study, *talanoa* were conducted with four groups aged 63 to 82 years and eight individuals aged 63 to 84 years. The conversations were focused on gathering accounts of these older Samoans’ everyday encounters that added to their experiences of being well, including their reflections on age and ageing.

1.6.2 Study population

The focus was on elders who lived in their family’s ambit (with adult children and extended living arrangements) or lived independently. Elders living in rest homes and care facilities were

not included. However, the exclusion of their perceptions is a limitation to the study and their experiences warrant future research.

1.7 Research context

1.7.1 Ageing Pacific population in New Zealand

Like other population groups, the Pacific population in New Zealand is also ageing. The proportion of Pacific people aged 65 and over is projected to increase by 125% over the next 15 years (MOH, 2007). However, there has been little research on the health of this group. As a result, this cohort's appropriate healthcare needs have not been identified, and healthcare provision and policies may be based on unverified assumptions about this group's needs. While there are likely to be commonalities of experience between the Pacific and Māori aged populations, the main difference is that, in New Zealand, the Pacific ageing population are still classified as a migrant population whose main resource base (land, family) is back in the homelands (Macpherson & Macpherson, 2009a; Tamasese et al., 2014). While numbers are not known, a further point of difference is the significant movement of ageing Pacific between New Zealand and the homelands (Lee, 2009; Thomsen, Tavita & Levi-Teu, 2018). These and other points highlight the need for Pacific-specific research into ageing well.

1.7.2 Ageing Samoan population in New Zealand

There is little research on the ageing Samoan population residing within New Zealand. Statistics New Zealand (2016) reported that the growth in the number of overseas-born Samoans was much slower than their New Zealand-born counterparts (11 per cent growth compared to 16 per cent). Three per cent of Samoans were aged 65 years and over, compared with 12 per cent of all New Zealanders (Statistics New Zealand, 2013). The 2013 Census reported the total Pacific population aged 65 years and over at 4.7 per cent (MOH, 2014). This

makes the Samoans 65 years and over the largest Pacific group for this age bracket and largely reflects the Pacific ageing population in New Zealand.

1.8 Significance of the study

This study has significance for several reasons:

- The findings will add to the global body of knowledge on ageing ethnic migrant populations as it highlights a Pacific way of conceptualising age, ageing and wellness. Furthermore, it is hoped that the findings challenge the dominant Western and European health models (cultures) and offer a culturally Pacific approach from migrant Pacific people living in New Zealand (Fairbairn-Dunlop, Nanai, & Ahio, 2014; MOH, 2007). Through these *other* silent populations' perceptions and worldviews, and the use of culturally appropriate tools, researchers can begin to understand these groups' healthcare needs and assist them to achieve higher levels of wellness (Fairbairn-Dunlop et al., 2014; Kukutai, 2006; MOH, 2007; Parr-Brownlie et al., 2020; Tamasese et al., 2014)
- This research aligns with the New Zealand health authorities' obligation to ensure that all New Zealanders receive culturally appropriate services (MOH, 2007, p. 1). It is anticipated that the findings will add depth and understanding to the current national health statistics of this ageing population and will inform government policy and service provision for this group (MOH, 2008). Moreover, it is hoped that this study will help improve healthcare services for Pacific people and enable the Pacific community's involvement in designing and tailoring the provision of healthcare services. Also, it is intended that the study will strengthen the Pacific community's understanding of ageing family members' needs and assist with caring for their elderly loved ones.

It is anticipated that the views of elderly Samoans will give insight into a different experience and provide a level of understanding of age, ageing and wellness whilst living in New Zealand. This insight and understanding, it is hoped, challenges mainstream notions of age, ageing and wellness and highlights the significant roles Samoan elders play within their church, family and community.

1.9 Terms and definitions

1.9.1 Age and ageing

According to Tamasese et al. (2014),

Age, ageing (and aged) are not part of a past that has become unproductive, rather they are part of the continuity into the future and because they are an earlier generation they are accorded a special place as carriers of prior knowledge.” (p. 60).

In this study, the concepts of age and ageing are explored through the lens of a Samoan worldview – *fa’aSamoa*, being Samoan and living in New Zealand. Furthermore, the intention is to highlight how Samoan elders navigate the two contrasting factors of being culturally entrenched as Samoans and living in the new adopted homelands of New Zealand as migrant elders.

1.9.2 Perception

A ‘perception’ is “An individual’s or group’s unique way of viewing a phenomenon; involving the processing of stimuli; and incorporating memories and experiences in the process of understanding” (McDonald, 2012, p. 8). Samoan perceptions are deeply rooted in culture and relationships; in the spiritual – divine or related to the deity, and the secular – physically,

naturally and mentally. A Samoan definition of perception is not explicitly considered here, but a view on how they see, feel and experience being aged, and living well is explored.

1.9.3 Wellness

Smith, Tang and Nutbeam's (2006) definition of 'wellness' is "the optimal state of health of individuals and groups" (p. 5) This is based on individuals reaching their full physical, psychological, social, spiritual and economic potential and fulfilling their duties within the family, community and other settings. This definition and meaning of wellness echoes and encapsulates the essence of this study to find out what shapes and influences the perceptions of wellness of an older Pacific population.

1.10 Operational definitions of the key terms

1.10.1 Factors that influence Pacific elders' perceptions

An operational definition of the factors that influence elder migrant perceptions is adapted from migrant ageing population studies on the factors elderly migrants believed influenced their perceptions and experience of wellness. These are further discussed in the literature review in Chapter Two.

- Spiritual wellness, as the essence of wellness (Ihara & Vakalahi, 2011), and connecting with God were found to guide elders and ground their feelings of wellness – biologically, physically and socially. Similarly, attending church and prayer reinforced their spiritual connection with others and provided an "overall sense of wellness" (p. 412). Furthermore, spiritual wellness was a vital component of successful ageing for elders, especially as they prepared for the future and for imminent death, which elders viewed as a natural part of life (Sato-Komata, Hoshino, Usui, & Katsura, 2015).

- Physical and mental wellness was experienced when elders had some control over their health and chronic diseases. Elders were physically mobile and had the strength to perform self-care activities and good mental capacities to engage with others and their surroundings (Nguyen & Seal, 2014).
- Family relationships were a priority in preparing for the future; elders knew the importance of passing on their stories to loved ones (Sato-Komata et al., 2015). Equally, positive family relationships, including group harmony, family interdependence and filial piety, were also meaningful (Nguyen & Seal, 2014, p. 168).

1.10.2 Feelings of wellness

An operational definition of feelings of wellness is taken from David Lui's (2007) *Soifua Mālōlōina Model*. In this holistic Samoan perspective on wellness, Lui (2007) defined a state of wellness as being in a good, safe and balanced relationship between *Atua* (God), *tagata* (human beings) and *laufanua* (land). When all these things are balanced, the person can meet their responsibilities and obligations to God, family, community and self. Lui (2007) posited that Samoans believe that human beings are direct descendants of God (p. 70). Also, it is through this divine connection that Samoans have a strong sense of spirituality and connectedness to the spiritual realm and God – “Our spirituality is our feeling – a sense of connectedness to God and our nonphysical realm” (p. 71).

Therefore, this study proposes that elders' feelings of wellness were founded on spirituality and connectedness to God and the spiritual realm. Similarly, elders' ability to maintain a balanced relationship between themselves, others, God and land meant that they could meet their responsibility and obligations to God, family, community and self.

1.10.3 Concerns and hope for the future

An operational definition relating to elders' concerns and hopes for the future is adopted from Tamasese et al.'s (2014) study of Pacific perspectives on ageing in New Zealand where elders expressed their concerns for the future. These included:

- The current climate and mainstream cultural norms posed challenges to their eldership roles in sharing their cultural knowledge with youths and their families. The elders put this down to youths today being less open and respectful and not being interested in learning about their culture.
- Continued limited access to primary and secondary health services due to income, language barriers and waiting lists were another influencing factor. The absence of spirituality in service provision and treatment plans also made elders feel unsafe. It was especially so when service providers had no Pacific language speakers and behaved disrespectfully. These behaviours elders attributed to policy and service provision approaches that favoured "individuality, independence and nuclear family over the relational, interdependent and extended family arrangements of Pacific people" (p. 65).
- Elder abuse by the family was a real concern mainly as increased housing costs affected accommodation affordability, leading to intergenerational living and often overcrowded households. It led to potentially volatile situations, including family conflicts and misunderstandings placing elders at risk physically and spiritually. However, the consensus was that living with family was the best and safest option (p. 68).

This concern and future hope expressed by Pacific elders in Tamasese et al.'s study reflects a similar topic raised by Samoan elders in the current study. Although the specifics and areas of concern are different between the two study populations, the idea that these Pacific and Samoan

elders share a concern for the future reinforces Tamasese et al.'s Pacific view of time regarding age and ageing; "time is continuous, and there is no present without the past" (p. 60). From this perspective, age and ageing are not an unproductive past, but they continue into the future and are revered for their knowledge. It shows that Pacific and Samoan elders are thinking about their immediate concerns and the future aspirations for others.

1.11 Outline of the thesis

This thesis is organised in eight chapters, including this introductory chapter which offers a brief background to the study, its rationale, the research gap and context, its significance, and the definitions and operational definitions of key terms.

In Chapter Two, the literature on ageing and wellness is presented with a particular focus on global and New Zealand research, including elder Pacific or migrant groups. The chapter ends with a proposal to study Samoan elders' concepts of age and ageing and wellness.

Chapter Three presents the research methodology framed through a Pacific worldview, along with the tools used to collect and analyse data. This chapter also describes the participants and the setting, and ends by offering reflections on the research process.

The research findings are presented in two chapters. In Chapter Four, the group findings from the four group *talanoa* are presented in response to the four overarching research questions: 1. What are Samoan elders' perceptions of age and ageing? 2. What are Samoan elders' perceptions of wellness? 3. What factors influence elderly Samoans' perceptions and experience of wellness? 4. What do Samoan elders' do to ensure and maintain their feelings of wellness? These group themes set the tone and background for the *talanoa taitoatasi* (individual *talanoa*) findings presented in Chapter Five.

Chapter Five presents the individual findings from the eight individual *talanoa*. These individual *talanoa* reinforced the earlier group *talanoa* themes and had a deeper focus on elders' daily routines, maintained wellness, and their concerns for the future.

Chapter Six provides the platform for discussing the findings about older Samoans' views on age, ageing and being well, presented alongside mainstream views and international literature to offer a migrant ageing Pacific conceptualisation of age, ageing and wellness.

Chapter Seven provides a summary of the key findings and how they answer the research questions raised earlier in this chapter.

Chapter Eight concludes the thesis proper with recommendations for future research and policy action. These are followed by the study's contribution to the area of age, ageing and wellness and ending with the study's limitations and brief final remarks.

1.12 Thesis presentation

It is important to note that throughout the thesis, where Samoan terms are used, these have been *italicised* with the English translation presented in brackets immediately after the first use of the Samoan term. A glossary of Samoan terms is presented on page 230.

Chapter Two: Literature review

2.0 Introduction

This chapter presents a review of the literature to set the study context. Central to this study are the concepts of perceptions and wellness. To begin, there is a brief introduction to the perception of wellness studies and the increased interest in the topic across disciplines. Next, there is a review of the concept of wellness from its inception to current theoretical frameworks and models inclusive of ageing populations. This is followed by a review of the emerging inductive and more holistic approaches to wellness research with older adults – ageing well and successful ageing studies. Next, the New Zealand Ageing Well National Science Challenge and related material are reviewed and offer strong support for more research on ageing Pacific is needed. To end the chapter, a case is made for an exploratory study of Samoan elders' perceptions of wellness.

Perceptions of wellness refer to the subjective thoughts (cognitive) and feelings (affective) individuals use to evaluate their life (Chappell, 2007). Prior knowledge and experience also influences an individual's interpretation and reaction to their health and wellness (Footit & Anderson, 2012). Wellness is defined as “the optimal state of health of individuals and groups” based on two principles: individuals reaching their full physical, psychological, social, spiritual and economic potential; and individuals fulfilling their duties within the family, community and other settings (Smith et al., 2006, p. 5).

The proliferation of perception of wellness studies over the past two decades signifies society's thirst for meaningful descriptions of the human response to and experience of health and wellbeing phenomena. The vast majority of these studies has focused on capturing perceptions of wellness among college students (Beauchemin, 2018; Milroy, Orsini, D'Abundo, & Sidman,

2013); employees within the workplace environment (Farrell & Geist-Martin, 2005; Lowe, Schellenberg, & Shannon, 2003); medical tourists (Reddy, York, & Brannon, 2010; Yu & Ko, 2011); wellness tourists (Laing & Weilber, 2008) within centres (Pruitt, 2017) and at spas (Mak, Wong, & Chang, 2008); and the effects of wellness tourism on residents (Besculides, Lee, & McCormick, 2002). However, studies of the perceptions of wellness among an ageing population remain scarce in the literature.

2.1 The concept of wellness

The concept of wellness has an extensive history, with its roots embedded within the ever-evolving conceptualisation of health. Simply put, the concept of wellness offers a positive disposition towards health. An alternative to the medical model of health (which focuses on disease and treatment), wellness promotes positive good health. The constitution of the WHO initiated the shift towards positive health in stating that “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity” (WHO, 1948, p. 100). This definition acknowledges the various components such as physical, mental and social wellbeing that contribute to the whole complete person. What is more, the attention to disease and its treatment so typical of traditional medical models is secondary to what has the beginnings of a more holistic approach to health.

2.1.1 The term wellness

In 1959, Halbert Dunn, a physician and philosopher, coined the term wellness. His seminal work entitled “High-level Wellness for Man and Society” (Dunn, 1959) saw a shift from the popular view of medicine and the treatment of disease towards high-level wellness. Dunn recognised the need for medical professionals to rethink the way they deliver healthcare and services to their communities. Dunn (1959) proposed that a new orientation of wellness was

needed to accommodate the changing face of society, particularly in light of changing demographics, and the social, economic and political factors shaping societies. In his view, this movement towards high-level wellness is only achievable with a consideration of the “spirit of man” (Dunn, 1959, p. 788). Dunn challenged health clinicians to find ways to awaken individuals to their inner thoughts and how they shape and influence their perceptions of the world.

Further, health professionals can assist individuals in reaching optimum health by acknowledging people as one whole unit – a physical, spiritual and cultural being who is mindful of the ever-changing environment. Dunn (1959) proposed that the neglect of any one of these quintessential characteristics, specifically the ‘spirit of man’, by health professionals and spiritual leaders would negate efforts to achieve good health. In 1961, Dunn formally posited a definition of ‘high-level wellness’ as “an integrated method of functioning that orientates toward maximising the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment in which he is functioning” (Dunn, 1961, p. 4). This conceptualisation of high-level wellness and subsequent definition of wellness posited by Dunn was instrumental in shaping and redefining the concept of health. His pioneering work laid the foundation upon which many of today’s modern wellness theorists, health professionals and researchers continue to redefine the concept of wellness.

2.1.2 Other theories and models of wellness

Building on Dunn’s work, Travis (1975) developed the commonly used Illness-Wellness model that places the responsibility for and the orientation towards high-level wellness on the individual. Travis and Ryan (2004) proposed that “high-level wellness involves giving good care to your physical self, using your mind constructively, expressing your emotions

effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments” (p. xix). Ardell (1977) incorporated some of his predecessors’ works (Dunn, 1959, 1961; Travis, 1975). However, Ardell (2004) strongly contested the spiritual aspects of wellness and argued that its previous existence and acknowledgement within the wellness movement be discontinued (J. W. Miller, 2005, p. 94).

2.1.3 Integrated theory and model of wellness

Several theories and models of wellness (Adams, Bezner, & Steinhardt, 1997; Fullen, 2019; Hettler, 1976) and wellness tools have since been developed, mainly within the field of counselling and positive psychology (Roscoe, 2009). Despite the growing attention to the subject, there is little consensus on a wellness definition (Roscoe, 2009). Each of the models propose a definition along with dimensions of wellness which vary in number and focus. In her review of wellness theories, Roscoe (2009) suggested that the difficulty of gaining a clear definition of wellness was due to the construct’s subjective and personal nature and the inherent value judgement about what it is or is not. Roscoe, however, noted that the models shared some alignment on the nature of wellness. Most definitions adopted the assumption that wellness is not just the absence of illness and that wellness was multidimensional, synergistic, and represented on a continuum and not as an end state.

From the wellness inventories, Roscoe (2009) reviewed the Life Assessment Questionnaire, Perceived Wellness Survey, Optimal living Profile (OLP), Wellness Evaluation of Life Inventory (WEL), 5F-WEL, Wellness Inventory (WI), and TestWell. Most, if not all, of the assessment tools available at that time were quantitative self-assessments, conducted on college students, employees and wellness programmes. Assessment tools are based on specific wellness theories and can only be evaluated in terms of how well they measure the model that they were created to represent. Of all the instruments reviewed, only the psychometric

properties of the tools were examined. This suggests that most of these recent studies are not exploring the nature of wellness or its dimensions, but are instead measuring the properties of the instruments or assessment tools designed for their individual models.

2.1.4 Roscoe's holistic wellness model

Following her review, Roscoe (2009) proposed a holistic model of wellness based on her review of the existing theories in the literature. Roscoe's wellness model features seven dimensions: social, emotional, physical, intellectual, spiritual, occupational and environmental. Five dimensions that are common to the previously existing theories and models are: emotional, intellectual, physical, social and spiritual wellness (Adams et al., 1997; Hettler, 1980; Renger et al., 2000). The two dimensions of occupational wellness (Hettler, 1980) and environmental wellness (Adams et al., 1997) were considered necessary given the evidence for the role that occupation plays in people's lives and identity (Dorn, 1992, as cited in Roscoe, 2009) and how their environment impacts their experience (Depken, 1994, as cited in Roscoe, 2009). This model of wellness proposed by Roscoe integrates the principal dimensions and their respective definitions from the existing models of wellness. Moreover, Roscoe conceptualised wellness as "a synergistic and multidimensional construct that is represented on a continuum, not as an end state" (p. 222), which fits with previous definitions of wellness.

Roscoe (2009) concluded with an assertion that a qualitative measure of the construct based on a comprehensive model of wellness would better represent its multidimensional nature. Adding qualitative methods could assist in explaining the construct's ability to measure individuals' level of wellness.

2.1.5 A framework of wellness for older adults

Fullen (2019) raised the concern for the dearth of wellness studies on older adults, particularly in light of the “greying” phenomenon happening in the United States. Fullen, like Roscoe (2009), provided a review of the current wellness theories, but unlike Roscoe’s review, Fullen focused on wellness research with older adults, noting the target populations for many of the most common models were college students, employees and wellness programme participants. Fullen reviewed research conducted between the years 2005 and 2018 to see if interest had grown over the 13 years. If a multidimensional wellness model was employed, Fullen noted which one and whether it had been adapted to fit the needs of older adults. Fullen found research had grown at a rate of almost two (1.85) publications for each following year. Of the 273 articles analysed, 40 studies used a multidimensional wellness framework which Fullen operationalised as four or more domains identified by the authors with the domains being interconnected. It was noteworthy that 18 of these 40 research articles were published between the years 2015 and 2017. This indicates a rapid growth in wellness studies on older adults adopting a multidimensional perspective. Of these 40 articles, almost half (45%) used an existing wellness model, the most common being Hettler’s (1976) six dimensions of wellness, Dunn’s (1959) high-level wellness and Adams et al.’s (1997) perceived wellness model. The remaining articles applied what Fullen described as using either a ‘novel wellness framework’ (n = 13) or a ‘general model’ (n = 5) (p. 64). Novel wellness measures used focus groups to identify variables that had associated statistical measurements or descriptions of wellness programmes. The studies categorised as using a general model were articles that promoted the use of wellness practices among older adults but did not subscribe to any wellness framework or wellness domains or dimensions. Despite the number of articles using existing multidimensional wellness models (45% = 18 out of 40 articles), older adults were not the

standardised group or sample nor does there appear to have been any adaptations applied to the models to accommodate older adults' developmental needs.

Following his review of the literature, Fullen (2019) proposed a framework of ageing well based on his years of extensive research with older adults and direct interactions in several contexts. The eight dimensions of wellness in older adults feature (in no particular order) the following domains: developmental, cognitive, physical, emotional, spiritual, relational, vocational and contextual. Fullen asserted that these are the domains that should guide future wellness research and inform clinical practice with older adults. Four domains (cognitive, physical, emotional and spiritual) are common dimensions among the existing models of wellness. The domains of intellectual wellness (Adams et al., 1997; Hettler, 1976), social wellness (Adams et al., 1997; Dunn, 1959; Hettler, 1976) and occupational wellness (Hettler, 1976) are supplanted with the domains of relational wellness, vocational and contextual wellness to aptly reflect the experiences of older adults. Developmental wellness completes Fullen's (2019) eight dimensions of wellness model for older adults. The following section provides a brief description and review of Fullen's eight-dimensional model for an ageing population.

Eight dimensions of wellness in older adults

Developmental wellness

Developmental wellness is defined as "cultivating a healthy, realistic attitude about the process of growing older" (Fullen, 2019, p. 67). It is an added feature not present in current models of wellness which have been normed on younger population samples such as college students. It reflects older adults' perceptions of ageing and their outlook of the ageing process, which is linked to memory performance and longevity.

Several studies conducted in the 1990s and 2000's examined the self-stereotypes and self-perceptions of older adult's behaviour and functioning (Levy, 1996, 2009; Levy, Hausdorff, Hencke, & Wei, 2000; Levy & Langer, 1994) Levy & Myers, 2004; Levy, Slade, Kunkel, & Kasl, 2002). Levy and Langer (1994), explored the negative attitudes most Americans had towards ageing and older individuals on memory loss. These negative stereotypes of old age develop in children at around six years of age (Issacs & Bearison, 1986, as cited in Levy & Langer, 1994). These negative premature cognitive beliefs by Americans towards older people, researchers believed, contributed to memory loss in old age (Levy & Langer, 1994). They examined cultures they believed to have more positive views towards old age than mainstream America to determine whether memory decline was less prevalent. The American Deaf and Chinese hearing cultures were selected for testing alongside a mainstream American hearing culture. They found both older Deaf and older mainland Chinese participants outperformed their older mainstream hearing American counterparts on four memory tasks, which provided evidence of a relationship between positive views on ageing and memory performance. Furthermore, the evidence suggested that cultural beliefs, particularly positive beliefs about ageing, play a pivotal role in determining memory performance in old age.

Levy (1996) and Levy et al. (2002) examined the influence of positive self-perceptions of older individuals on their longevity. They found older individuals with positive self-perceptions of ageing lived 7.5 years longer (measured over 23 years) than those older individuals who had less positive self-perceptions of ageing, even after consideration of functional health, age, gender, socioeconomic status and loneliness. These positive self-perceptions were also moderately motivated by older individuals' will to live. Levy and Myers (2004) also found that individuals with positive perceptions of ageing were more likely than their counterparts to engage in preventive health behaviours over the next 20 years. Fullen (2019) recognised the lack of focus on individuals' perceptions of age in current wellness models and again attributed

it to the younger populations that these studies have been normed on and which are not concerned with ageing at this stage of their lives. However, as already noted, the self-perceptions and perceptions of ageing are formed in childhood (Issacs & Bearison, 1986, as cited in Levy & Langer, 1994) and are influenced by cultural beliefs (Levy & Langer, 1994) which impact preventative behaviours, functional health and longevity (Levy & Myers, 2004; Levy et al., 2002). Therefore the inclusion of developmental wellness in a wellness model designed for older adults is timely. Fullen operationalised, developmental wellness as “a person’s ability to be realistic about the challenges associated with later life, imaginative about new ways of conceptualising older adulthood, and hopeful in light of the growing awareness that older adults are resilient and possess many strengths” (Fullen, 2019, p. 67)

Cognitive wellness

Cognitive wellness “incorporates the need for control, self-efficacy and engagement in cognitive activities that promote brain health and lifelong learning” (Fullen, 2019, p. 67). Its inclusion over the more commonly used intellectual wellness dimension in wellness models reflects the link between older adults’ perceived control over their circumstances with their subjective wellbeing (George, 2010). It further reflects older adults’ self-efficacy and engagement in cognitive activities to maintain their brain health. Two related concepts Fullen (2019) identified were coherence and resilience.

Coherence is one’s capacity to cope with life stressors and consists of three elements: comprehensibility, manageability and meaningfulness (Super, Wagemakers, Picavet, Verkooijen, & Koelen, 2016). Tan, Vehviläinen-Julkunen, and Chan (2014) found strong coherence correlated with better physical, social and mental health. Furthermore, strong coherence was linked to older adults’ use of resources such as appraisal, coping strategies and social support to cope with life stressors (Super et al., 2016). Resilience is also linked to

cognitive wellness as it defines older adults' ability to bounce back from adversity (Fullen & Gorby, 2016). Those who perceive themselves to be resilient have been shown to age successfully (Jeste et al., 2013) and have a lower risk of death and fewer functional deficits (Manning, Carr, & Kail, 2016). Resilience is seen as a potential buffer against internalised ageism (Fullen, Granello, Richardson, & Granello, 2018).

Physical wellness

Physical wellness is a domain that features consistently in existing wellness models. Previous research found health to be the strongest predictor of subjective wellbeing among older adults (George, 2010). Physical wellness adopts a subjective perspective on health that is determined by an individual's perception of their physical wellbeing as opposed to their objective physical health. Fullen's physical wellness dimension aligns with Adams et al.'s (1997) definition of physical wellness "as a positive perception and expectation of physical health" (as cited in Roscoe, 2009, p. 219). Furthermore, physical wellness supports previous research that found positive perceptions of ageing elicit better health behaviours (Levy & Myers, 2004; Levy et al., 2002).

Emotional wellness

Emotional wellness is one's ability to maintain hope and demonstrate resilience during life challenges. For example, Collins, Goldman and Rodriguez (2008) found that older adults reporting higher levels of life satisfaction and perceptions of future happiness developed fewer mobility limitations. George (2010) found subjective wellbeing to be a predictor of longevity and asserted that hopeful older adults could increase their subjective wellbeing when they have achieved most of what they had aspired to achieve in life. The discrepancy theory proposed by George (2010) measures the discrepancy between one's achievements and aspirations—the lower the discrepancy, the higher a person's subjective wellbeing. Besides, other coping

strategies, such as being engaged in art, enhanced older people's quality of life (Fraser et al., 2015). Emotional wellness is positively linked to cognitive health. Therefore, its inclusion in a wellness model for older adults is for the reasons mentioned.

Spiritual wellness

Spiritual wellness is “the human need for meaning and purpose” (Fullen, 2019, p. 68). Through engagement in spiritual and religious activities individually or within a community, participation provided individuals with coping strategies, social support, meaning and purpose in life. Strout and Howard (2015) found spiritual wellness to be a predictor of cognitive health in older adults. Idler, McLaughlin and Kasl (2009) found deeply religious elderly participants in their last year of life reported better self-rated health, fewer depressive feelings; they were also more likely to see their friends and appeared more excited about life than those who were less religious. Previous research supports religious participation as being positively associated with subject wellbeing (George, 2010), subjective quality of life (Idler et al., 2009) and increased social support (Koenig et al., 2004). Its impact, through giving meaning and purpose to an elder's life, was found to reduce health risks (Yu et al., 2015) and led to higher rates of life satisfaction, self-esteem and optimism (Krause, 2003). What these findings suggest is that there is a synergistic relationship between spiritual wellness, emotional wellness and relational wellness dimensions.

Relational wellness

Relational wellness encompasses the relationships older adults need with partners, family members, friends and others. It differs from the commonly used social dimension in existing wellness models. Here Fullen (2019) recognises the difference between social relationships and meaningful relationships. In Adams, Sanders and Auth's (2004) study of resilience and risk factors in independent living retirement communities, the authors found that many of their

elderly participants experienced loneliness even though they lived in a purpose-built community which was designed with their needs in mind. Loneliness was an independent risk factor for depression. Predictors of loneliness were grieving a recent loss, receiving fewer visits from friends, and having a small social network. This highlights a distinction between social and close relationships, and provides evidence for relational wellness being more meaningful to older adults. Meaningful relationships “are perceived as supportive, provide a sense of mattering to others, and allow older adults to extend support to others” (p. 69). Blazer’s (2008) study found that perceived social support strongly influenced older adults’ quality of life, and was an independent predictor of mortality. Citing older adults’ perceptions of being supported and cared for was as critical to their health outcomes as the supply of social resources. In addition to older adults feeling supported, their wellbeing is positively associated with giving support. Thomas (2010) found that the giving of support to others was more strongly related to older adults’ wellbeing than them receiving it, the exception being a spouse or sibling giving support which was associated with higher wellbeing. Being married and having friends in later life was also strongly and significantly related to subjective wellbeing, whereas relationships with children and relatives were not (George, 2010). Shen and Zeng (2011) found marital status to be a critical factor related to longevity. Similarly, social support given to others, particularly how older adults perceive it, was also related to longevity (Krause, 2006).

Vocational wellness

Vocational wellness affords meaning and purpose to the life pursuits of older adults. Vocational wellness refers to the calling which an older person chooses to pursue, whether it is paid work or not. Vocation comes from the Latin word *vocare* and means to call. The call here references a purpose-driven pursuit that could be a continuation of occupation, part-time work or voluntary work. In this sense, Fullen (2019) has the pursuits of older adults in mind, unlike the

previous wellness models that focused on work and school using the occupational wellness dimension. Studies have shown vocation to be a pathway for older adults to express purpose, such as through volunteering, which is positively associated with subjective wellbeing (George, 2010).

Contextual wellness

Contextual wellness refers to older adults' financial circumstances, the communities they live in and how their living environments shape their lives. Wiggins et al. (2004) found that older adults who did not have adequate finances had poor quality of life. Moreover, older adults who perceived the communities they inhabited to be deprived and lack financial resources had reduced contextual wellness (Blazer, 2008; Wiggins et al., 2004). In contrast, older adults who felt supported by residential staff and other residents in their living environments experienced higher levels of subjective wellbeing and increased quality of life (Mitchell & Kemp, 2000). Street, Burge, Quadagno, and Barrett (2007) found factors such as internal social relationships, food quality and sharing a room were linked to life satisfaction in assisted living facilities.

Summary of Fullen's (2019) wellness model

Building on previous wellness theories and models, Fullen (2019) defined wellness theory as multidimensional, holistic, synergistic, and having a focus on salutogenesis¹ (Becker, Chaney, Shores, & Glascoff, 2015; McMahon & Fleury, 2012; Roscoe, 2009). He further used the expansive existing knowledge base to construct the eight-dimensional model of wellness in older adults as a multidimensional and holistic framework to describe ageing well. Fullen's wellness model adopts several features of the existing wellness models, in particular, common

¹ Salutogenesis is the study of the genesis or origins of health. It is the study of factors related to the creation of health (Becker et al., 2015, p. 294).

domains that feature across the major wellness models such as social wellness, physical wellness, spiritual wellness and emotional wellness. Fullen modifies these to fit the experiences of an ageing population and adds developmental wellness – a new dimension – and relational wellness, vocational wellness and contextual wellness to supplant social wellness, occupational wellness and environmental wellness in an effort towards creating a wellness model inclusive of ageing populations. Although the model was designed with the older adult in mind, and is well supported by research on older populations, the older adult populations that research represents may not be inclusive of all cultures, ethnicities and ageing populations. The majority of those wellness and ageing studies were conducted in the United States of America (Blazer, 2008; Fullen & Gorby, 2016; Idler et al., 2009; Levy & Myers, 2004; Mitchell & Kemp, 2000). The elderly populations were drawn from secondary data sources such as longitudinal studies and large database sources (Blazer, 2008; George, 2010; Levy & Myers, 2004), examined using quantitative measures (Fullen & Gorby, 2016; Koenig et al., 2004; Levy & Myers, 2004) and normed on college students and employees (Super et al., 2016; Tan et al., 2014). Also noteworthy is the absence of culture and cultural beliefs in Fullen's eight-dimensional model and previous wellness models. In Fullen's defence, he acknowledged the lack of research into the perceptions of ageing in previous wellness studies, which reflects the previous focus of wellness theory and models on younger populations' experiences of wellness. This Fullen attributes to the younger populations having no immediate concern for or any perceptions towards ageing.

However, the awareness of the need for cultural representation or beliefs originates from Levy and associates' seminal pieces of research that found culture and cultural beliefs to have a positive impact on preventative behaviours, functional health and longevity (Levy & Myers, 2004; Levy et al., 2002). What is also notable is that the literature Fullen used to support each of the eight dimensions in his wellness model is research that examined related areas of health

such as quality of life (QOL) and subjective wellbeing (SWB) of ageing populations. QOL studies on older adults have adopted a multifaceted framework to assess their behavioural competence (such as health, function and social involvement), psychological wellbeing, subjective wellbeing (such as life satisfaction) and environmental factors (Mitchell & Kemp, 2000). Subjective measures were the most representative of QOL for older adults (Mitchell & Kemp, 2000). SWB refers to a positive orientation towards life (George, 2010) and is often used interchangeably with psychological wellbeing, happiness and positive affect, as they all have the same premise of reflecting a positive outlook on life. Conceptually there may be slight differences, but overall they have the same relation to “individuals’ subjective perceptions that life as a whole is good” (George, 2010, p. 332). The concepts of QOL and SWB and the associated research on ageing populations all provide strong evidence that positive self-perceptions have a significant effect on older adults’ health, health behaviours (Levy & Langer, 1994) and functioning – physically (Levy & Myers, 2004; Levy et al., 2002), mentally (George, 2010), emotionally (Collins et al., 2008), socially (Wiggins et al., 2004) and longevity (George, 2010; Levy et al., 2002). Their inclusion as supporting evidence for Fullen’s (2019) eight dimensions of wellness model for ageing populations is appropriate given the lack of wellness research on older adults to date.

Fullen (2019) conceded that his proposed wellness model for an ageing population has limitations and more research is needed to substantiate the model’s validity. However, Fullen’s eight-dimensional model, purposely constructed with the older adult in mind, offers them along with their loved ones “a more generous and inclusive definition of how to age well” (p. 70).

In addition to these wellness studies that have used an existing wellness framework and model to examine the wellness of older adults, other multidimensional wellness frameworks and measures have emerged. These include inductive qualitative approaches to explore and

understand wellness in later life. They offer insights into other cultures and ageing migrant populations' experiences of ageing well that have so far been absent in wellness studies using wellness theory models and frameworks. However, their inclusion is necessary given the cultural diversity of ageing populations and the number of older migrant populations living in adopted homelands whose experiences of ageing well may differ to their native-born counterparts. The following section highlights the growing literature composed of ethnic ageing well studies, including studies on ageing migrant populations.

2.1.6 Ageing well studies

Ageing well studies have grown out of a need to assist ageing populations to live a healthy life. Other related terms such as successful ageing (Cosco, Prina, Perales, Stephan & Brayne, 2014; Sato-Komata, Hoshino, Usui & Katsura, 2015), healthy ageing (Hung, Kempen & De Vries, 2010) and positive ageing (Cosco et al., 2014) are used interchangeably to describe essentially the same concern for ageing well into later years. A recent example of ageing well research comes from Hancock et al.'s (2018) study of a rural community-dwelling older population in Australia. It investigated the older population's views on what was important to maintain their health and wellbeing and aligned them with the WHO's eight age-friendly domains: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community and health services (2007). Furthermore, it sought to find which of the domains were most salient for these rural older adults. What they found was that all of the eight WHO age-friendly domains were important to the rural older adults' perceptions of ageing well. However, the most frequently discussed and salient domains were community and health services. Second, transportation and access to outdoor spaces and buildings were key domains but also important were individual-level activities and capabilities such as personal attitudes and activities to rural

older adults perceptions of ageing well. Hancock et al.'s use of the WHO's age-friendly domains shows the evolution of ageing well studies. It is a significant shift from the "medicalisation" of ageing (Ng, Allore, Trentalange, Monin, & Levy, 2015 cited in Fullen, 2019) that focused on the physical and functional capacities of older adults to more inclusive, multidimensional, holistic view of ageing well.

The concept of home

Related to ageing well studies are the growing bodies of knowledge on the two concepts of home and ageing in place. The concepts of home and ageing in place are considered key areas in assisting the elderly to age well (Hatcher, Chang, Schmied, & Garrido, 2019; Wiles, Leibing, Guberman, Reeve, & Allen, 2011). The concept of home, its meaning and, in particular, how ageing populations create and experience home has gained much attention in work to assist ageing populations to live well and independently (Hatcher et al., 2019; Kontos, 1998; Wiles, Leibing, et al., 2011). Home can simply mean a place or dwelling where one lives, with family or others, where domestic and everyday life plays out, a country of birth, a residence or a place a person cherishes (Ralph & Staeheli, 2011). Home is also a complex and subjective space that can be both fixed and mobile, idealised and real, meaning different things for different people and varying in terms of nationality, ethnicity, language, class, gender and age (Walsh & Näre, 2016). These earlier ideas of home as a multidimensional concept have opened up more empirical research into the cross-cultural meanings of homes for transnational and diaspora migrants.

In their research exploring the perspectives of older adults on the concept of home, Hatcher et al. (2019) found four major categories emerged: anchoring self, enabling freedom, being comfortable and staying in touch. The authors adopted a definition of home proposed by Kontos (1998): "a space that is controlled by and is uniquely the domain of the individual" (p.

179). The elderly participants consisted of both those who were living in their long-term family homes and those who adjusted to newer living environments in later life. What the authors concluded was that the elderly participants felt a sense of independence, freedom, self-worth, identity and comfort, and were actively involved within their community, as a result of remaining at home.

Ageing in place

Ageing in place is also a concept related to ageing well studies. Like the concept of home, ageing in place offers an alternative to institutionalised care. It affords ageing people and communities the autonomy and wellbeing benefits of ageing in a place within the community they desire to live in (Wiles, Leibing, et al., 2011). Furthermore, it provides economies with more cost-effective housing and care facility options (WHO, 2007). The term ‘ageing in place’ was introduced in 1994 by ministers of the Organisation for Economic Co-operation and Development (OECD). They stated that the elderly should be able to continue living in their own homes and, where this is not possible, in a “sheltered and supportive environment which is as close to their community as possible, in both the social and geographical sense” (OECD, 1994, p. 37).

Wiles, Leibing, et al. (2011) conducted a study of older people, asking them open questions about what ‘ageing in place’ might mean, and the symbolic and emotional attachments and meanings of homes, neighbourhoods and communities beyond the functional understandings of home (p. 359). What they concluded concurred with previous research that noted the importance of home and home connections (Näre, 2016; Sun, 2016). Their research also aligned with previous work that highlighted the broad meaning of the concept (Walsh & Näre, 2016). Ageing in place means more than the functional issues it presents in later life. It is personal and strongly connected to people’s neighbourhood, community, sociocultural

contexts, church and cultural groups. Besides, terms like ‘autonomy’ mean different things for different people, with some living independently with the assistance of family while others do so without assistance. What is also important to consider for those ageing in place is the accessibility to and familiarity of healthcare and social services, networks and amenities. Wiles, Leibing, et al. (2011) concluded that “neighbourhoods and communities are practical resources for ageing in place in diverse and particular ways, and there is no ‘one-model-fits-all’ answer to the question, ‘What is the ideal place to grow older?’” (p. 365). However, some authors have identified the potential drawbacks of ageing in place for those living in their own homes such as the added stress of home maintenance and the upkeep of property internally and externally, for example looking after gardens and lawns (Coleman, Kearns, & Wiles, 2016). Others note that delays in accessing appropriate services and accommodation can be burdensome to the elderly and their informal caregivers (Horner & Boldly, as cited in Vanleerberghe, De Witte, Claes, Schalock, & Verté, 2017). Essentially these negative effects can affect ageing people and the community’s quality of life (Vanleerberghe et al., 2017).

2.1.7 Successful ageing studies

Successful ageing studies have themselves shifted from a biomedical, unidimensional and physiologically focused model to more subjective holistic views of ageing well (Cosco et al., 2014). These allow for more culturally inclusive studies of other ageing populations and ageing migrant populations that have previously been absent from wellness studies of older adults.

A study of Japanese elders’ views of successful ageing by Sato-Komata et al. (2015) involved interviews with 15 participants, aged 85 years and over. Participants were encouraged to talk about their daily lives, hobbies, any hardships experienced and their views on mortality. Responses indicated that this group had conflicts with declining functions, their relationship with their ageing body, reflections on self, daily life and, preparation for death (p. 587).

Spirituality was a vital component of successful ageing for them. It became more so as elders prepared for the future and imminent death, which was accepted to be a natural part of life. Family relationships were a priority and, in preparing for the future, they talked about the stories they must pass on to their families. While noting the “mundaneness of the everyday life” (p. 589), they also stressed the joy they got in finding surprises, and in special occasions such as family birthdays and events.

Successful ageing studies of ageing migrant populations are also receiving considerable attention as their experiences of ageing well provide a rare insight into cultural nuances of ageing, wellness and migrant older populations living in adopted homelands. Nguyen and Seal (2014) explored the views of successful ageing held by Chinese and Hmong elders living in Wisconsin, USA. The Hmong elders were from Vietnam and were more recent migrants. In comparison, the Chinese elders had a longer migration history. In-depth interviews with 44 elders (23 Chinese and 21 Hmong) asked, “what does it mean to be healthy in old age?” and “what does it mean to be happy in old age?” All participants were realistic about and accepted that physical limitations were a part of growing old. They perceived poor ageing as occurring when people had “unrealistic expectations of their body and fears of failing to meet the ideal” (p. 166). All believed successful ageing required:

- Physical and mental wellness. All participants felt a sense of wellness when they had some control over their health and chronic diseases. All were physically mobile and had the strength to perform self-care activities. All also had good mental capacities so that they could engage with others and with their surroundings.
- Spiritual wellbeing. Membership of faith communities was important in promoting health and wellness.

- Positive family relationships included group harmony, family interdependence and filial piety (p. 168). Family harmony determined how these elders navigated interpersonal relationships and family roles and expectations.

Interestingly, the Chinese elders preferred to live independently from their children: they did not want their children to have to care for them or support them financially. The Hmong, on the other hand, depended on their children for financial support which, in their view, went hand in hand with filial piety, and they expected to live with their children. Nguyen and Seal (2014) labelled the Chinese responses a “deviation from traditional values” (p. 168), proposing that these elders were adapting to US support structures and ways. They also noted that many of the Chinese participants had a college education and so they were more likely to have higher socioeconomic status, which afforded them a choice in seeking alternative paid care.

What can be gleaned from these studies is the inductive qualitative approach to exploring the views of those who come from ageing populations reported as the oldest-old and fastest-growing ageing populations globally (WHO, 2018). Spirituality and family relationships were factors identified in both studies as components of successful ageing. In contrast are the different levels of physiological functioning reported by each of the studies. However, the conflict reported by the Japanese participants with regard to declining functions could reflect the fact that they represent the oldest-old of 85 years and above. Therefore, the conflict with their ageing bodies is warranted. The Chinese and Hmong participants’ average age was 71 years, and they reported having some control over their physical and mental wellness as a factor in their successful ageing. Again, examples of how older adults perceive themselves and their experiences are essential to understanding their outlook on life and overall outward expression, regardless of their physical and biological condition.

Adding to the discourse on ageing well and successful ageing among migrant populations is research on minority migrant populations such as Pacific diaspora. The following section discusses studies of two examples of Pacific migrant ageing populations living in the state of Hawaii, USA.

2.1.8 Pacific global diaspora studies of successful ageing

Ihara and Vakalahi (2011, 2012) carried out two studies with 10 Samoan and 10 Tongan elders living in Hawaii. In each study, spirituality was viewed as the essence of wellness. Participants in their 2011 study stressed that church attendance and prayer reinforced their spiritual connection with others and provided “a better overall sense of wellness” (p. 412). Spirituality was also the key to connecting with God, who they believed helped and guided them and was, in turn, embedded in their feelings of wellness across biological, psychological and social dimensions. Although most had suffered from illnesses and all had required hospital care, they reported their health to be ‘good’ and gave thanks to God for this. Some identified illness to be the work of evil spirits which, they said, traditional medicine could remedy. Those who reported depression, loneliness, anxiety, stress, loss, grief or memory loss believed it was their spiritual connection which provided relief. Others were keen to note that relationships helped alleviate loneliness and depression, as did spending time with family and friends, playing and listening to music, and joining educational activities. Traditional foods, such as taro and *fai* (green banana), were essential parts of their preferred daily diets.

In study two (Ihara & Vakalahi, 2012), each of the themes that participants identified as influencing their health were community-based. They talked about community norms of sharing and contributing, such as *faalavelave*, as being significant factors in their feelings of health and happiness. So too did joining the church and senior activities. Also, these elders experienced great joy in watching youth use their native language and observe the cultural

ways. At the same time, they were reminded that not all community influences were positive. Negative community influences included substance abuse, crime and discrimination, which adversely affected participants' health. This study was an ethnic response to calls for more cross-cultural studies on health behaviours and health meaning for ethnically diverse populations (Campbell & Kreidler, 1994), a case study voicing the often "silent groups" in society that M. P. Miller (1991) highlighted. It was part of the effort towards a more inclusive and ethnically diverse representation of the ageing population in America.

In these migrant and Pacific diaspora studies, spirituality, family and community engagement are seen as critical factors to elders ageing well. However, as alluded to, the studies do not reflect the experiences of ageing populations globally and are mainly representative of an ageing American population. It is clear from the current review of the wellness studies literature on ageing populations that interest has grown and the research areas have expanded to explore multidimensional and holistic qualitative approaches to understanding wellness in later life. Cultural views and practices and migrant experiences are also attracting interest, allowing researchers to glean broader and inclusive perspectives on ageing well.

2.2 The New Zealand Ageing Well National Science Challenge (AWNSC)

In 2013, New Zealand launched the Ageing Well National Science Challenge (AWNSC) – *Kia eke kairangi ki te taikaiamātuatanga*. This government initiative was proposed to enhance New Zealand's capacity to address its growing ageing population (Baxter, 2016; Doolan-Noble et al., 2019) and the future needs associated with demographic changes (Parr-Brownlie et al., 2020). AWNSC recognises the need for people in society to view older people differently and more positively from the current deficit-based approach.

The initial funding covered the five years from 2014 to 2019 and focused on five interconnecting research strands to: reduce disability; promote social interaction and engagement; maintain wellness, independence and autonomy; and enhance an age-friendly environment and value older people in all settings (AWNSC, 2018). The second tranche (funding round) for 2019 to 2024 focuses on two broad areas of interest: health and wellbeing in ageing; and ageing and Māori. The reduction from the original five research strands to two focus areas was a consequence of consultation with stakeholders² and organisations who viewed the initial research strands as being compartmentalised. In this next phase, an integrated approach has been adopted that is multidisciplinary and collaborative across institutions. To integrate the two focus areas are four cross-cutting themes: equitable outcomes for diverse communities; delivering on Vision Mātauranga; considering intergenerational relationships; and taking a lifecourse approach (AWNSC, 2018). The last two themes were recommendations taken directly from stakeholders. The shift is intended to promote a more holistic approach to ageing populations, their family/whānau and community, and the coordination of activities that are effective and more meaningful to them (AWNSC, 2018, 2020).

2.2.1 New Zealand ageing well studies

In searching for wellness studies of ageing populations in New Zealand using the keywords ‘New Zealand ageing well’ and ‘New Zealand wellness in older adults’, the first relevant publication to appear on the list was Doolan-Noble et al. (2019). The paper describes a systematic approach used during a series of workshops that were conducted to guide funding priorities for the AWNSC in New Zealand. The workshops took place in five main cities in New Zealand: Auckland, Hamilton, Wellington, Christchurch and Dunedin, where a total of

² Stakeholder: The term refers to all the organisations and groups who have an interest in the work of the AWNSC. It refers to those that work directly with older New Zealanders, those involved in funding for services, programmes and systems, and those involved in relevant research (AWNSC, 2018).

133 stakeholders attended. The checklist for health research priority setting adapted from Viergever, Olifson, Ghaffar & Terry, (2010) guided the workshops. From the workshops, the following areas were considered most important: mind health, social wellbeing and provision of services. Age-friendly environments gained attention as a significant theme in the workshops. Participants proposed various strategies to address the areas raised. For instance, transport being more accessible to elderly groups would go towards creating age-friendly environments and more integrated living arrangements with older adults living within the wider community to promote intergenerational interaction rather than being placed in segregated villages that promote isolation. Also, there is the need to better understand the social isolation and loneliness associated with housing and environments.

Other strategies included making the provision of services more integrated and accessible to ageing adults. In discussing the findings from the workshops, Doolan-Noble et al. (2019) identified several areas that need addressing to gain a better understanding of ageing well in New Zealand. The first is the need to understand the stereotypes of ageing and to challenge the underlying assumptions of ageing stereotypes and the social construction of ageing within a New Zealand context. The authors added that a better understanding of the sociology of ageing in New Zealand is needed and in particular from indigenous Māori and Pasifika ageing populations. Both groups have poorer health outcomes than other New Zealanders and experience age-related diseases at a younger age (Statistics New Zealand, 2013). Language associated with ageing was also identified as needing attention, and the role of media in perpetuating ageist views and negative ageing stereotypes warranted further research (Doolan-Noble et al., 2019). The workshops were a success in providing an opportunity for all interested individuals, groups and organisations, such as older adults, health care providers and academics, to link and share ideas, and this further aligns the findings with issues perceived to be important to the ageing community. However, despite an extensive recruitment strategy,

there was little attendance by Māori and Pasifika people at the workshops. This was a key limitation of the study as these groups of people experience poorer health and wellbeing outcomes than other New Zealanders and, as a result, have shorter life expectancy. Doolan-Noble et al. (2019) called for more culturally intensive strategies to engage Māori and Pasifika ageing populations with researchers known to these groups to facilitate the process.

The second relevant publication emerging from the search for New Zealand ageing well studies was Parr-Brownlie et al.'s (2020) study, titled "Aging in New Zealand: Ka Haere ki te Ao Pakeketanga." The article provides a summary of New Zealand's demographics and inequities in ageing and health and other related areas. It highlights the rights of Māori, as the indigenous people of New Zealand, to health and wellbeing which are protected by the Treaty of Waitangi and supported by the United Nations Declaration on the Rights of Indigenous Peoples in 2007 which states that "Indigenous people have the right to identity, language, employment, health, education, and cultural expression" (p. 813). Adding to this is the WHO's recognition of "inequities rooted in discrimination" in health care systems. Māori have suffered lifelong socioeconomic disadvantage, have fewer employment opportunities, lower education status and poor quality of housing, and experience racism and increased exposure to the criminal justice system (Edwards, Theodore, Ratima, & Reddy, 2018). Colonisation and the confiscation of Māori land continue to cause significant trauma to Māori who experience differential exposure to health determinants, access to health care services and high-quality health care (Reid & Robson, 2007). These historical and contemporary experiences perpetuate Māori health inequities and compromise the positive ageing of Māori. The growth of older Māori aged 65 years and above is projected to increase 160 per cent over the next 20 years compared to 50 per cent for older Europeans (Statistics New Zealand, 2019). The New Zealand longitudinal study Life and Living in Advanced Aged Cohort Study (LiLACS) has a large ageing Māori population aged 80 years old and over; it has reported their health status, and

profiled their socioeconomic and cultural status and factors that impact the quality of life of ageing Māori. Māori language and culture were significantly associated with wellbeing and quality of life for older Māori in their eighties. Social support and more available help were also important to quality of life. Discrimination was associated with lower mental wellbeing and quality of life (Dyall et al., 2014).

However, limited data on the prevalence of age-related conditions for Māori suggests little is known of the distribution and burden of these age-related conditions for Māori. Surprisingly, given the many decades over which New Zealand research priorities have focused on the health and wellbeing of older adults (Parr-Brownlie et al., 2020), Māori and Pacific participation in large research data sets such as longitudinal studies remains low and they give little insight into the ageing experiences of Māori (and Pacific people) in New Zealand.

From the New Zealand ageing well studies reviewed above, the health and wellbeing inequities experienced by Māori are more apparent and the need to address these disparities is immediate, especially with projected growth of 160 per cent in numbers over the next 20 years. The New Zealand government launch of the AWNSC in 2013 was to increase research capacity on ageing populations to achieve positive and healthy ageing. Nevertheless, the results translating into ageing well studies remain scarce or perhaps just scarcely available to the public (Parr-Brownlie et al., 2020). Perhaps this is a consequence of the initial Ageing Well framework with the five research strands being “too compartmentalised” (AWNSC, 2018, p. 6) and therefore research conducted focused on the individual strands rather than the entire framework. AWNSC is now in its second tranche (2019 to 2024) and with a focus on Health and Wellbeing for older adults and Ageing and Māori. As noted earlier, this newly adopted approach is more holistic and inclusive of all ageing adults views and experiences. It would enable more holistic

and multidimensional explorations of Māori positive ageing that are currently absent from the literature.

2.2.2 Pacific ageing well studies

It is not surprising, that, in light of the dearth of Māori positive ageing studies, is an absence of wellness studies on ageing Pacific populations living in New Zealand. As noted by Doolan-Noble et al. (2019) and Parr-Brownlie et al. (2020), the low participation rates of Pacific people in workshops and representation in large data sets such as longitudinal studies mean limited information is available. Despite the ageing Pacific population reportedly having poorer health and wellbeing outcomes compared to other ageing New Zealanders and the AWNSC releasing funding for research on Pacific experiences of ageing well (Parr-Brownlie et al., 2020; Tautolo et al., 2017), research with ageing Pacific and about their perceptions of wellness, ageing well, successful ageing and positive ageing remains absent from the literature.

Although Pacific elders' perceptions and wellness experiences have thus far gained little attention, their ageing experiences have gained interest. A growing body of ageing research is exploring Pacific elders' views and experiences and also applying a Pacific worldview (Tamasese et al., 2014; Tautolo et al., 2017). Studies highlight the widespread issues facing ageing Pacific people living in New Zealand. Although commonalities may exist between Māori ageing populations and older Pacific people, the experiences of older Pacific people are more akin to and reflective of migrant populations living in New Zealand (Fairbairn-Dunlop & Makisi, 2003; Statistics New Zealand, 2018; Tamasese et al., 2014). Ageing Pacific people are themselves still considered a migrant population (Parr-Brownlie et al., 2020; Tamasese et al., 2014) with strong cultural ties back to the homeland (Statistics New Zealand, 2018; Tamasese et al., 2014). These studies provide a rare baseline of information on their views on and

experience of ageing and are a pathway to engaging more meaningful experiences of ageing well.

Despite the growing interest in Pacific elderly, more research is needed to get a broader and deeper understanding of their experiences of ageing well. Most of the wellness and ageing well studies presented in this review speak to the wellness experiences of the dominant ageing populations in societies (Fullen, 2019; Roscoe, 2009). Gaining similar traction are studies of global ageing migrant and Pacific diaspora populations (Ihara & Vakalahi, 2011, 2012; Nguyen & Seal, 2014; Sato-Komata et al., 2015; Zhou, 2012). These studies provide the ethnic-specific and cultural nuances of older adults living abroad along with their experiences of ageing in their adopted homelands (Näre, 2016; Nguyen & Seal, 2014; Sun, 2016; Zhou, 2012). This work is a response to calls for more diverse, ethnic-inclusive and cross-cultural studies on ageing populations (A. M. Miller & Iris, 2002; M. P. Miller, 1991; Piggott, 2016). However, there remains limited knowledge of the wellness and ageing experiences of Pacific elderly living in New Zealand.

2.3 A case for an exploratory study of Samoan elders' perceptions of wellness

What follows makes a case for an exploratory study of Samoan elders' perceptions of wellness. For reasons already alluded to, the current exploratory study aims to address the dearth of literature on the wellness views and experiences of Pacific elders' living in New Zealand. To build a case for the current study rationale the following areas will be addressed and, in the order, presented. First, a presentation of the current literature on Pacific elders' views on ageing in New Zealand. This is followed by a section on the available research on Samoan concepts of age, ageing and wellness. Third the role and place of the elderly as discussed in the available

literature. Then to conclude, the current study and its relevance to the study of wellness among ageing populations is discussed.

2.3.1 Pacific elders' views of ageing in New Zealand

Pacific people in the study by Tamasese et al. (2014) regarded New Zealand's age-bound classification of ageing (65 years) as a political and bureaucratic constraint. They also viewed the attributes and expectations associated with the 65-years classification as both devaluing and limiting Pacific elders' knowledge, skills and productive contribution to family, church and community life. Instead, they saw the ageing process as spiritually imbued and the optimum stage of life affording Pacific elders "dignity, respect and optimal *alofa*" (p. 61). Spirituality was not separate from the age or ageing process but was a "key constituent force in the whole life process" and the foundation of "sacredness, reverence and respect" (p. 59). While spirituality was the vital component in their perceptions of themselves, this also marked their relationships with others. Pacific elders' concept of 'self' featured a relationship and harmony between body, mind and soul, and with God and others who have gone before and are to come. Their greatest satisfaction was gained in fulfilling their roles and responsibilities as elders within their family and community, and when they saw their children and grandchildren actively engaging and proud of their heritage. Pacific elders also believed that those caring for the elderly would be blessed abundantly in their lives and the lives of their children.

Given the strong views Pacific elders' shared towards the New Zealand age-bound categories it seems important to provide a brief summary of a global definition of age and ageing to give context to the opposing views Pacific elders have towards universal categories of age and ageing. To follow is a brief section on Erikson's stages of development and its related tasks as a global definition of age and ageing.

2.3.2 Global definition of age and ageing – Erikson’s model

The most commonly used global definitions of age and ageing accord with Erikson’s model (McLeod, 2018). This model links chronological age with development tasks. For example, the ages 1-5 are the years of infancy; then come the school years, 5-13; the teenage years, 13-19; early adulthood, 20-34; middle adulthood, 35-65; and the years 65 years and over are described as later adulthood. Erikson described later adulthood as the years of senior citizenship and wisdom (McLeod, 2018). Globally, the years 65 and over have become the markers of old age, and are commonly used in demographic population tables and social measures, for example, retirement, pension entitlements and gold cards (New Zealand Government, 2018).

2.3.3 Samoan elders – their role and place

Samoan elders were respected as the bearers and transmitters of Samoan knowledge from generation to generation, a wisdom that came with age and experience (Shore, 1998; Tui Atua, 2003, 2005). Elderly were respected within the *‘āiga* (family), *nu‘u* (village), *pitonu‘u* (community) and *ekalesia* (church) and had a unique position of power and influence within these social, cultural and political systems because of their age, knowledge and experience of living (Pearson, 1992). Shore (1998) wrote that in Samoa, old age is “ideally associated with a settled and deep judgment, with a dramatic decrease in physical activity and with the assumption of a dignified passive status both politically and in terms of everyday work” (p. 111). Shore described elders’ tasks as not going out of the house, doing light chores, weaving mats, sweeping the house and that they “do things at their own pleasure” (p. 111). Nurturing the young with their “stories of struggle and survival, their values, their *alofa* and their visions for the future” (Tui Atua, 2003, p. 59). There was a constant sharing of this knowledge in every daily life event of the family and village (Fairbairn-Dunlop, 1991), through the *alagaupu Samoa* (Samoan proverbs) and in the *fagogo* moral stories told in the night (Moyle, 1981; Tui

Atua, 2003). In turn, and as reported by Shore, “ideally elders are accorded respect by juniors by virtue of their age, their experiences and their wisdom” (p. 111).

2.3.4 A Samoan concept of ageing

In the literature, there are two related points about Pacific people and ageing. The first is that most Pacific communities do not observe an ‘ages and stages’ ‘linear’ or time-bound concept of age and ageing (Pearson, 1992; Shore, 1998). On this point, Shore (1998) found a disassociation between life stages and chronological age in his study, a disassociation which, he proposed, tended to increase with age (p. 105). An additional finding by Shore was that irrespective of their actual age or appearance, people were sometimes classified as ‘old’ when they became dependent on their children.

The elders in Tamasese et al.’s (2014) New Zealand study described Pacific concepts of time as relational, cyclic, and continuous. Second, and relatedly, they listed examples of the productive tasks associated with each point in this continuum of time which must be completed if family and community wellness was to be achieved. Participants said:

Age, ageing and the aged are not part of the past that has become unproductive, rather, they are part of the continuity into the future, and because they are an earlier generation, they are accorded a special place as carriers of prior knowledge. (p. 60)

These philosophical views of time, place and role underpin the *fa‘amatai* – the chiefly systems of rule which, as has been well reported, endure and are practised in migrant/diaspora communities today (Fairbairn-Dunlop, 1991; Lilomaiava-Doktor, 2004; Meleisea, 1987).

2.3.5 The *fa'amatai*, the *fa'aSamoa* and wellness

Aiono (1986) described the *fa'amatai* as a 'sociometric wheel' in which every person has a place, role and responsibility associated with that place and access to the resources and entitlements necessary to fulfil that role. Figure 1 shows the five groupings in the *fa'amatai*. All work together to ensure the wellbeing of the family and the village. At the hub is the *matai* who also represent the family at the *Fono o matai* (the village council of chiefs).

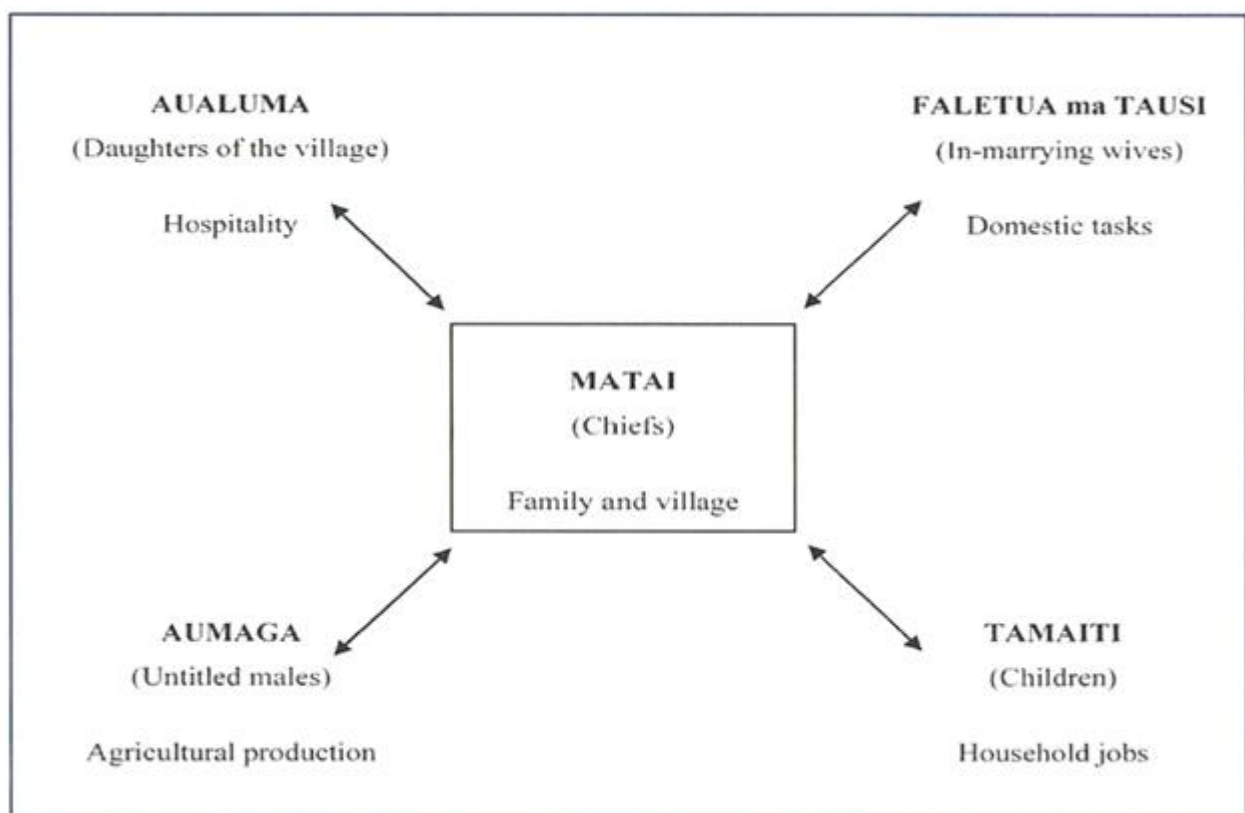


Figure 1. The *fa'amatai*

Source: Fairbairn-Dunlop (1991), adapted from Aiono (1986), p. 104.

The other groups, which are both self-containing and connected, re-emphasise the idea of unity, collaboration and wholeness within the *fa'amatai*. Aiono (1992) explained that these groups “exist side by side and operate and inter-relate in concentric connections of blood ties and marital reciprocity – each fitting in harmoniously with the others and all depending on each

other to function smoothly” (pp. 118-124). The genesis of the *fa‘amatai* lies with the creator Gods that have imbued the family chiefs with the knowledge and skills needed for this sacred role, and have allocated land and sea resources to each family under the keeping of the family *matai*. Hence, in the Samoan worldview, the family good is achieved through a balancing and harmony between the three elements of the spiritual, social (people systems) and natural resources. *Matai* are the holders of the family knowledge, history and wisdom needed to protect the family and family resources such as land for the use of the future generations to come. Apart from the children, the *fa‘amatai* roles and place are not age bound. Nevertheless, roles are based on an ideological separation of the sacred and the secular.

While age is often a factor, *matai* are chosen for their knowledge, skills, and *tautua* (service) to the family. For example, a male remains a member of the *aumaga* (youth) until chosen by their family to be a *matai*. Most often, a youth may be called to be a *matai* in their later years (see Pearson, 1992; Shore, 1998). Similarly, the two status groups for women are not age bound – the *aualuma* are the unmarried women, and the *faletua* are the married women. Each group has specific roles and status in the life of the family.

The *fa‘aSamoa*, or the Samoan way of life, is the commonly held beliefs and practices that reference a worldview, inherent cultural beliefs, rituals, protocols and behaviours that underpin Samoan social and political structures (Fairbairn-Dunlop, 1991, 1998; Lilomaiava-Doktor, 2004; Meleisea, 1987; Puaina, Aga, Pouesi & Hubbell, 2008; Tuagalu, 2008). The *fa‘aSamoa* sets the foundation for Samoan life. There are many rules and behaviours that have evolved to support the *fa‘amatai*, ranging from what to wear to how to act and speak in different situations (Lilomaiava-Doktor, 2004). These rules prescribe appropriate behaviour and practice in ceremonies and the daily life in the *‘āiga*, *nu‘u* and *lotu* (church). Each is guided by principal values of *fa‘aaloalo* (respect), *alofa* (love) and *tautua* (service). *Vā* governs the practice of

respect and reciprocity within all actions and relationships and between the imparting of knowledge from elderly to younger generations. *Vā* sets the rules and protocols for interacting with each other and the environment, particularly within and between groups (Tuagalu, 2008). It is “knowing your place in relation to others and behaving appropriately in a particular context” (Shimamoto & Ishida, 1988, p. 220) that one is said to *tausi le vā* – to observe and respect the *vā* is to bring harmony and wellbeing within the *fa’aSamoa* collective and *fa’amatai* system (Fairbairn-Dunlop et al., 2014).

2.3.6 A Samoan concept of wellness

It is proposed that a Samoan concept of wellness is achieved when there is a consideration and balancing between the spiritual, the social systems and the natural world. Tui Atua (2007) described this as “a worldview that understands the environment, humans, the animate and inanimate – all-natural life – as having its sources in the same divine origin, imbued with life force, interrelated and genealogically connected” (p. 13). When the cultural practices and behaviour are guided by values of *fa’aaloalo*, *alofa* and *tautua*, optimum health and wellness is achieved (Fairbairn-Dunlop et al., 2014). Lui (2007) captured the balancing of these relationships: the person, God and the environment with his *Soifua Mālōlōina* Model, as shown in Figure 2:

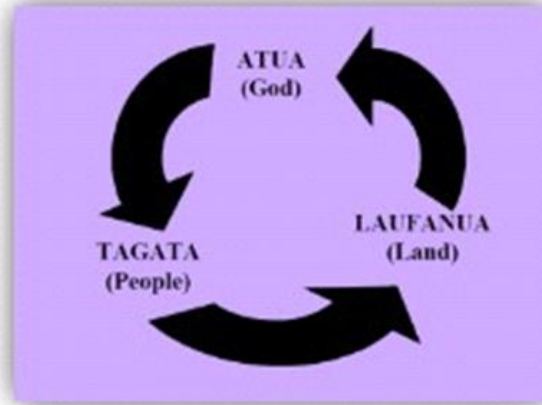


Figure 2. The *soifua mālōlōina* model

Source: David Lui (2007). Adapted from “Spiritual injury: A Samoan perspective on spirituality’s impact on mental health” by D. Lui, 2007, in P. Culbertson, M. Nelson Agee, & C. Ofa Makasiale (Eds.), *Penina uliuli* (p. 70), Honolulu, HI: University of Hawai’i Press. Copyright 2007 University of Hawai’i Press.

Lui (2007) asserted that *mālōlōina* – a state of wellness – is achieved when the elements of “*Atua*, *Tagata*, and *laufanua* are in balance, and the person can meet his or her responsibilities and obligations to self, family, community, and God” (p. 70). This broad and holistic view of health is a Samoan perspective of wellness (Lui & Schwenke, 2003, as cited in Lui, 2007). The following is a brief description of Lui’s elements.

Atua here refers to the Christian God introduced to Samoa in 1830 by the missionary John Williams who arrived at the village of Sāpapālī’i in Savai’i. Incidentally, Malietoa one of Samoa’s paramount chiefs lived in Sāpapālī’i at the time and accepted Christianity. This opened the way for other Samoans and the whole nation to accept the Christian faith and teachings, consequently changing the fabric of Samoan society (Lui, 2007, p. 68). Spirituality for many Samoans is linked to Christianity and religion, while some Samoans take a more traditional view of spirituality.

Prior to the arrival of Christianity to Samoa, Samoa and (other Pacific nations) believed *Tagaloa* was the principal *atua* (god) that created all things, the heavens (*lagi*), the earth

(*'ele'ele*) and everything in it. A creation story similar to the one in the biblical Book of Genesis. Traditional Samoan thought was that there were several *atuas* (gods) each presided over rain, forest, village, and war” (Lui, 2007). The goddess of war, Nafanua, is renowned for ending the tyranny rule of village chiefs at the time and later prophesied the arrival of Christianity to Samoa many years before it happened (Lui, 2007). Nafanua prophesied to Malietoa that his next *mālō* (kingdom) would be from the *lagi* (sky), a new all powerful God that was greater than the traditional Samoan *atuas* at the time (Lui, 2007).

Today, the impact of Christianity is evident among Samoans here and in the Samoa homeland. According to the 2018 New Zealand Census, more than 70 per cent of Samoans living in New Zealand affiliated as Christians (Statistics New Zealand, 2018). In Samoa, almost 90 per cent of the population affiliated with a Christian denomination (Samoa Bureau of Statistics, 2017). Samoa’s national motto is “*E fa’avae i le Atua Samoa*” – Samoa is founded on God. In 2017, the Samoa government amended the constitution to “Samoa is a Christian nation founded on God the Father, the Son and the Holy Spirit” making a clear connection to a Christian God and eliminating any other interpretations (Wyeth, 2017).

It is clear that the God element in Lui’s wellness model refers to the Christian God, which has a long history and a lasting impression on Samoa society. It differs from the spirituality dimension, which is the term most wellness models and positive frameworks use to describe an individual’s connection to religion and religious practices (Fullen, 2019). The Christian God himself appears as an essential element for Samoans to achieve a state of wellness.

Tagata or people in Lui’s model have a dual meaning in that it first references the ‘individual’ person as having a *tinu* (body) a physical part and *loto* (spirit or soul) a spiritual, nonphysical dimension, which includes the mind. The two parts cannot be separated and are essential to the whole person (p. 70). The second meaning refers to *tagata* as a collective “people” as

community, family and the roles and responsibilities the ‘individual’ person plays within them. Lui asserts that when the ‘individual’ person fulfils their obligations to “self, community, family and God” (p. 70), they are in a state of wellness.

Laufanua is land and refers to Samoans' spiritual connection with the homeland and customary family land within their *nu'u* (villages). Lui makes the connection between the Samoan terms blood and earth as both meaning ‘*ele’ele* and insists that it is a constant reminder of the direct relationship between people, God and earth/land (p. 71).

Elderly Samoans value their ‘*āiga*, *nu'u* and *aganu'u* and share a deep connection to their *laufanua* (homelands) (Tamasese et al., 2014). Lui’s wellness model lends itself to understanding elderly Samoan participants’ worldview and how it, in turn, shapes their views and experiences of wellness and ageing well in New Zealand.

Given the global interest in wellness studies on the ageing population and wellness interventions to increase their ageing well experiences, a study of wellness in an ageing Samoan population living in New Zealand is warranted.

The Samoan population remains the largest Pacific population in New Zealand (Statistics New Zealand, 2013), accounting for 49 per cent of the total Pacific population (Pasifika Futures, 2017; Statistics New Zealand, 2013) and 3.6 per cent of the total New Zealand population. Of the total Pacific population, 2 per cent are aged 65 years and over, and Samoans make up almost half of this age group (Statistics New Zealand, 2016). What is more, New Zealand health authorities and researchers recognise the need for more research on its growing ageing population (LiLACS, 2010-2017; Parr-Brownlee et al., 2020), particularly research to assist all older New Zealanders to live well (AWNESC, 2013) and whenever possible independently within their family homes (Wiles, Wild et al., 2011) or a safe environment within their community (AWNESC, 2020). Despite the growing interest, the dearth of research on ageing

Māori and Pacific has become more evident. Health researchers acknowledge that the low participation rates of elderly Māori and Pacific in cohorts and longitudinal studies means less will be known about their ageing health and wellbeing experiences (Parr-Brownlee et al., 2020). This is further exacerbated by the lack of detailed information on the distribution and burden of older age disorders among these groups (Parr-Brownlee et al., 2020). Consequently, the health care and provision of disability and social services for these (and other minority) ageing populations in New Zealand will be underestimated and culturally misunderstood (Parr-Brownlee et al., 2020).

As previously mentioned, the current study was spawned out of the researcher's interest to understand her ageing parents' secret to ageing well and living longer (than the expected lifespan for their ethnic age group) despite their age-related illnesses. This study presents an opportunity to address the sparseness of research on ageing Pacific populations globally and locally by adding to the knowledge base on positive approaches to and holistic perspectives on ageing well. What is more, Pacific and other non-western cultures have for generations held a deep respect for their elderly family members and loved ones which perpetuates their positive view of ageing and experiences of ageing well (Durie, 1999; Kukutai, 2006; Levy, 1996; Levy et al., 2002; Nguyen & Seal, 2014). It is hoped that this study will add a Pacific-specific experience of wellness from an ageing Samoan population living in New Zealand.

2.4 Chapter summary

This chapter reviewed global and local literature on wellness, ageing well and other related areas to wellness in older adults, in order to position the current study. The main points show that older adults' perceptions of wellness and ageing well are socially constructed and dependent on context. In addition, their self-perceptions are critical factors in their experience of wellness and ageing well. As in the Pacific worldview, perceptions of wellness for Pacific

and other migrant communities are holistic, necessitating a consideration of the spiritual in every daily life events. Furthermore, the enduring desire by diaspora families to maintain and honour their homeland cultural ideals and practices sees elders moving between traditional and modern ways as they fulfil their expected roles and forge their place in the new land. What follows, then, is a Pacific-specific study of the elderly experiences of wellness in New Zealand. The current study of Samoan elders' perceptions of wellness will add to the growing body of literature on wellness and ageing.

Chapter Three: Research Methodology

3.0 Introduction

In exploring elderly Samoans' perspectives on wellness, it was important to select a research methodology that would best capture and reflect their beliefs and values that shape the experiences of elderly Samoans, and give voice and meaning to their everyday encounters. A qualitative research design was deemed apt as it reflects the philosophical stance that multiple realities exist, and knowledge construction is inclusive of the subjective experiences of individuals' views (Creswell & Poth, 2018). These theoretical assumptions allow the inclusion of the *other* voices that exist in society and thus provide a safe and solid platform for the *other* realities and knowledge to coexist. The voices concerned here are those of older Samoans and their realities of wellness later in life. It is from the realities of the participants' everyday (personal) experience, and views of ageing well whilst living in New Zealand, that knowledge is gleaned.

This chapter presents the research design and method chosen for this study, which explores the following four questions:

- 1) What are Samoan elders' perceptions of age and ageing?
- 2) What are Samoan elders' perceptions of wellness?
- 3) What factors influence elderly Samoans' perceptions and experiences of wellness?
- 4) What do Samoan elders' need to ensure and maintain their feelings of wellness?

To ensure the cultural credibility and dependability of this research with elderly Samoans, factors such as respondent validation³ and triangulation⁴ (Denscombe, 2014) are considered. The chapter is in four parts. The first part outlines the qualitative research methodology chosen for this study which features a phenomenological approach through a Pacific/Samoan worldview. Part two provides a detailed account of the data collection methods of group and individual *talanoa* to show how the *talanoa* method fits the Samoan worldview. Part three focuses on the actual data collection, while part four concludes the chapter, with some reflections on the research process.

3.1 Part one: Research approach

From the review of the literature, much of the New Zealand research on the experiences of older populations generally and Pacific peoples in particular has tended to be quantitative in nature and has focused on a biomedical or a health-oriented model (LiLACS, n.d.; Lotoala et al., 2014; New Zealand Longitudinal Study of Ageing [NZLSA], 2014). In these studies, the voices of the Pacific elderly discussing their lived experiences have been missing. A qualitative research methodology was selected for this exploratory study to capture, reflect on and gain insights into the beliefs, values, and reasoning which influence and shape the lived experiences of Samoan elders living in New Zealand today. As is well documented, a qualitative research approach seeks to uncover the meaning people give to their life experiences (Lapan, Quartaroli, & Riemer, 2011) and to “understand, describe and interpret the social phenomena of ageing as perceived by the individuals, groups and cultures themselves” (Holloway & Galvin, 2016, p. 3). It will include their experience of and perspectives on their daily life and social encounters

³ Respondent validation is when the researcher can return to the participants with the data and findings as a means of checking the validity of the findings. It allows a check on factual accuracy and allows the researchers understanding to be confirmed (or amended) by those whose opinions, views or experiences are being studied (Denscombe, 2014, p. 298).

⁴ Triangulation is a process that allows the researcher to use contrasting data sources to increase confidence that the data are on the right track (Denscombe, 2014, p. 298).

as they unfold within their natural environments (Holloway & Gavin, 2016). In qualitative research, importance is also given to the interaction between researcher and participants. This enables a deep sharing of participants' rich experiences and perspectives (Creswell & Poth, 2018).

3.1.1 Phenomenology

A phenomenological approach was employed to capture participants' lived experiences of age and wellness and the meanings they attached to these experiences as the most fitting for this study. Phenomenology is a qualitative approach that is widely used among health and social sciences (Chang & Horrocks, 2006; Drew & Hewitt, 2006; Penner & McClement, 2008; Speziale & Carpenter, 2007). Phenomenology focuses on people's perceptions, attitudes and beliefs, and the meanings they attach to particular objects, events and phenomena (Denscombe, 2010). It seeks to understand and describe the phenomena as closely and as faithfully as possible, as well as to understand how those concerned see and understand the phenomena (Denscombe, 2014). It sits in contrast to other research approaches that look to categorise, abstract, quantify and theorise about things (Denscombe, 2014). That is, phenomenology is interested in also "getting a clear picture of the 'things in themselves' – the things as directly experienced by people" (Denscombe, 2014, p. 95). As such, phenomenology lends itself to the core objective of this exploratory study, which is to understand Samoan elders' ideas of wellness and ageing well and how they experienced these in their daily life.

3.1.2 Pacific worldview

In positioning research, it is critical to consider the worldview of the participants, their customs, beliefs, culture, values and practices. These beliefs and practices represent the context that underpins participants' views and experiences, both historically and culturally (Creswell &

Poth, 2018). The aim of the present study was the application of a phenomenological approach through a Samoan worldview to glean meaningful insights into Samoan perceptions and experiences of wellness in later life.

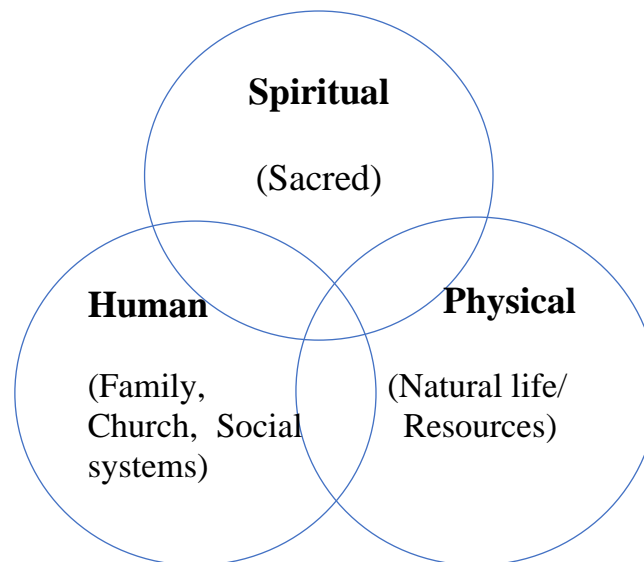


Figure 3. A Pacific worldview

3.1.3 Samoan worldview

In line with the Pacific worldview, the Samoan worldview is entrenched in spirituality (Fairbairn-Dunlop et al., 2014; Tui Atua, 2014). As Kamu (1996) wrote, “Samoans insist that their culture is of divine origin ... their culture is not exclusively a human achievement because its origin was from the god *Tagaloa*; it was he who gave them direction for organising and giving life” (p. 36). As outlined in Figure 3, there is spirituality in every aspect of life because the gods created humans and then the land and sea resources to be used to ensure basic needs. Fairbairn-Dunlop (2017) depicted the relationship and interplay between the three elements of spiritual, social and physical. These elements combined comprise the Pacific worldview (Figure 3).

Tui Atua (2007) described the Samoan worldview as quintessentially holistic, inter-related and genealogically connected. He explained that there is a relationship and connection between the ideals and knowledge embedded within each of these three elements. In line with this, and central to this research, is the belief that wellness is achieved when harmony and balance are maintained between these three elements. Tui Atua (2009) proposed that each of these elements has an “affinity” or “equation” with one another and, also, that these beliefs are expressed in people’s everyday relationship with the environment (land, sea and cosmology), with other people, and within the social structures including life events such as births, deaths, and marriages (Tui Atua, 2014). Tui Atua added meaning with the following words “a worldview that understands the environment, humans, the animate and inanimate – all-natural life – as having its sources in the same divine origin, imbued with life force, interrelated and genealogically connected” (Tui Atua, 2007, p. 13).

This inter-relatedness, which is known as the *vā*, governs this in-betweenness or the relationships between the elements. Over time, a myriad of social actions, behaviours and rules have been developed in the *fa’aSamoa* family-based systems, in which each of these behaviours is grounded in the imperative to *tausi le vā* (to observe, look after, protect and respect the *vā*). These valued behaviours include *fa’aaloalo*, *alofa* and *tautua*, which are integral to feelings of wellbeing and wellness. If a breakdown occurs in the relationship or the *vā* is violated in some way, the term *solu le vā* is used. *Solu* (trampling) refers to actions that cause disruption, disharmony, and lead to or be associated with ill-health and even death (Fairbairn-Dunlop et al., 2014).

Fa’aaloalo – respect is the cornerstone of indigenous Samoan thought (Tui Atua, 2009, p. 116). Respect is the “sacred essence” that permeates Samoan culture and is present in, for example, rituals associated with the Gods, the environment, plant and animal life and people.

Alofa – love is the underlying valuing of all things. It is love for family, village, people and God that underpins duty and service.

Tautua – service is the foundation of Samoan customs and values. In order for a person to become a leader within their family, village and nation, they must first know how to serve within their communities and among their people (Anae, Tominiko, Fetui, & Lima, 2017).

The Samoan ideology of the world is clearly intertwined with the *vā* or *tausi le vā*, with the spiritual and secular environment, God, family, land, customs and practices. Pacific perceptions of the world are holistic. In a similar vein, Samoan elders' notions of wellness are inherently interdependent and interconnected. Therefore, a consideration of Samoan elders' worldview is important to get a better understanding of their views and experiences of ageing well in New Zealand.

3.1.4 The *Fonofale* model

For this study, the *Fonofale* model is employed as a methodological framework because it encapsulates the holistic nature of the Samoan worldview and the research topic. By constructing the *Fonofale*, Pulotu-Endemann (2001) captured the interconnectedness of the elements and the values of the spirituality, people and the environment that underpin the Samoan worldview (Figure 4). Pulotu-Endemann proposed that, in the Pacific worldview, the concept of wellness can only be complete when each of the elements are in balance. The *Fonofale* model uses a traditional Samoan *fale* to characterise the elements of culture (values and beliefs), family (nuclear, extended or constituted), spiritual (Christianity or traditional), physical (biological or physical), mental (mind), and other elements (age, gender, sexuality/sexual orientation, socioeconomic status), which collectively constitute good health (p. 6). Pulotu-Endemann set these foundational values and beliefs within the contextual factors

of environment and time. For this study, the primary context factors would be Samoa and New Zealand. The *Fonofale* model “encapsulates the elements to represent holism and continuity” (Pulotu-Endemann, 2001, p. 3).

Tunufa’i (2013), however, argued that the vertical structure of the *fale* and how the various parts combined to represent a Samoan worldview limits the model and its analysis to a vertical understanding of a Samoan person and their world. That is, the roof as culture, the four posts as dimensions of the person and the foundation as family provide a vertical worldview that is devoid of the “multiplicity of horizontal support” (Tunufa’i, 2013, p. 126). Tunufa’i explained that the posts in a Samoan *fale* have a dualistic function(s) that extends beyond their primary roles as a support structure. The posts also have a “latent, indirect and symbolic function” (p. 125) that hold strong cultural significance within the socio-political structure of the village and Samoan life. For example, each of the posts has a specific status and significance associated with it which, in turn, reflects the position and place of the *matai* seated in front of it, within the village and *fono a matai* council. Tunufa’i further asserted a traditional Samoan *fale fono* features two levels of posts, *pou tu* and *pou lalo*. The *pou tu* are the main inner posts of the *fale* while the *pou lalo* are the lower, outer posts that function to support the *pou tu*. A Samoan proverb ‘*A gau le pou tu ua le tali le pou lalo* (which translates as – “if the post that makes the house stand breaks, the lower posts cannot assist”) captures the two-dimensional relationship between these two types of *pou* (Tunufa’i, 2013, p. 126). It is these dualistic functions of the *fale*, which are latent and symbolic of cultural significance and status within Samoa and Samoan life, that Tunufa’i (2013) posited as offering the multiplicity of horizontal support that would add value to the ingenuity of the *Fonofale* model.

Nonetheless, the *Fonofale* model, as an all-encompassing holistic model that takes into consideration the Samoan person as a whole, fits the aim of this study and the overarching phenomenological approach that informs this research.

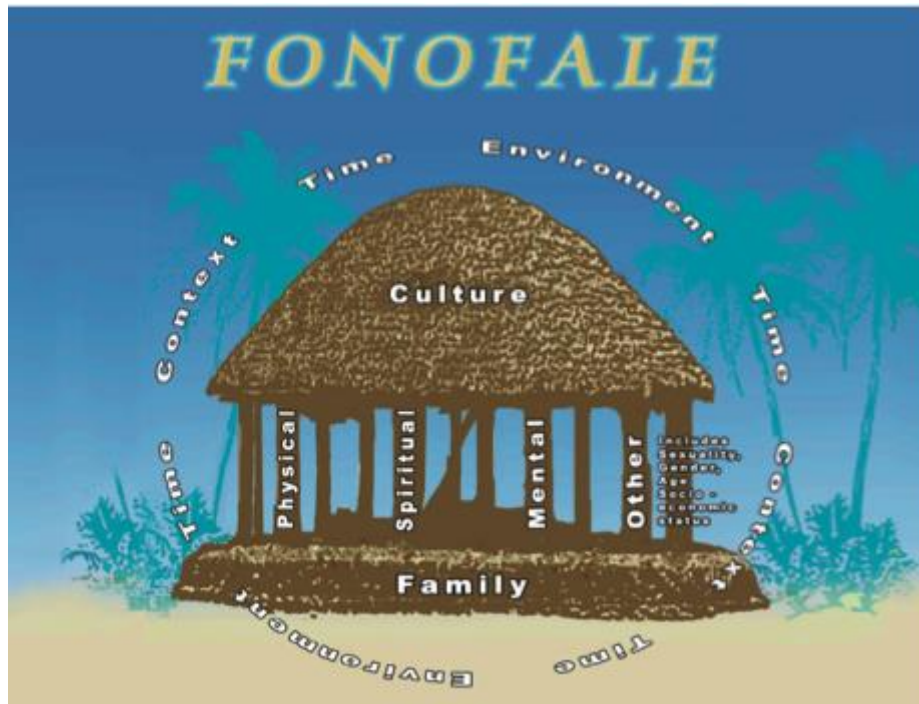


Figure 4. The *Fonofale* Model

Source: Pulotu-Endemann (2001).

3.2 Part two: Research method

Part two is divided into seven sections. First, the Pacific/Samoan activity of *talanoa* is presented as the most appropriate research method for this study. The *talanoa* fits well with the Pacific holistic worldview as outlined above (Figure 3). Section two outlines the actual data collection methods. Section three describes the sample and the recruitment processes used in the study proper. Section four describes the research proper, noting the interview guidelines. Section five, describes the data interpretation and the use of Descriptive phenomenology in this study. Sections six and seven provide details of ethics approval for the study and confidentiality of participants' identity.

3.2.1 *Talanoa*

Talanoa, an oral tradition pertinent to some Polynesian vernaculars such as Samoan and Tongan, involves formal and informal conversations. It enables and encourages the sharing of knowledge and the critical debating of issues of concern, and enhances the facilitation of a process of community decision-making (Otsuka, 2006; Vaioleti, 2006). This study employed *talanoa* as the primary data collection method.

To *talanoa* is to converse face to face with others, using either formal or informal dialogue (Vaioleti, 2006). *Talanoa* enables the exploration of Pacific concepts of wellbeing and Pacific holistic worldviews as it is rooted in the oral traditions of the Pacific. Furthermore, *talanoa* aligns with the Pacific way of negotiation through open dialogue and discussion. In keeping with Pacific traditions, the use of *talanoa* was ethically appropriate for this study (Finau, 1998) and enabled a closer relationship between the researcher and the participants by reducing the distance between the two (Vaioleti, 2006).

Suaalii-Sauni and Fulu-Aiolupotea (2014) explained that *talanoa* “was used in the home by parents and children, *matai* and families, villages and churches, by women at weaving sessions and so on, for centuries” (p. 339). “Discussions between parents and children over a family issue were called *talanoaga* or *faafaletui*, an event when family members come together to talk or share views about something, usually something very important” (p. 340). This Samoan perspective on *talanoa* allows for meaningful conversations and discussions of issues of concern (Tunufa’i, 2016). It aligns with the oral traditions of Samoans to which the elderly Samoans participating in this study were accustomed. Furthermore, *talanoa* facilitates the sharing of knowledge which fits with the aim of this study to explore and capture Samoan elders’ views of wellness.

Sanga (2004) added that appropriate methods and strategies for indigenous Pacific research should focus on “obtaining contextual details, insider perspectives, particularities as these unfold during an investigation” (p. 48). However, Sanga cautioned against the use of such methods if they are not rooted in indigenous Pacific thought or philosophy. That is, according to Sanga (2004), indigenous Pacific research adopts the following three philosophical assumptions:

1. That social reality for people is “intangible and internal” (p. 44), and therefore research on indigenous Pacific people needs to demonstrate their complex, diverse and rich realities.
2. That knowledge is “relativist and inseparable from the context and their social realities” (p. 45). Furthermore, the way to explain, know and understand knowledge is to use “constructs, frames and metaphors that are intelligible to that knowledge” (p. 45). Moreover, the passing on of knowledge is also particularistic. That is, knowledge transferred or communicated uses culturally appropriate methods cognisant of the social realities and context of the culture’s knowledge, understandings and worldview.
3. That the social realities of research in Pacific people’s world are value-bound, and influenced by the entire research process; that is, they are influenced by “the researcher, the researched, the conceptual framework used, the methodology and the context” (p. 47), and therefore the researcher should be respectful of the participants’ values.

As this study is concerned with obtaining the contextual details of elderly Samoans’ lives, in particular, their experiences and understanding of wellness in their old age while living in New Zealand, the use of *talanoa* as a data collection method among Samoan elders seemed the most culturally appropriate approach. In this research, *vā* was observed and practised at every stage of the *talanoa*. The observance of *vā* and other Samoan protocols respectfully acknowledged

the status of the participating elders and encouraged the sharing of knowledge through reciprocity as in the *fa'aSamoa*.

3.2.2 Data collection

Two data collection methods were proposed for this study – *talanoa lautele* (group meetings) and *talanoa taitoatasi* (individual interviews) – to obtain a mix of knowledge as shared in group and individual *talanoa* (Creswell, 2012, p. 218). The decision to use *talanoa lautele* and *taitoatasi* as the data collection methods instead of the more traditional approaches of focus groups and individual interviews was based on cultural appropriateness. Though the data collection methods of (focus group and individual) interviews and *talanoa* (*lautele* and *taitoatasi*) may have similarities in that they use (indicative) interview schedules to gain information and it could be argued as merely the renaming or translating of the standard data collection terms, focus groups and individual interviews into Samoan words (Sanga & Reynolds, 2017; Tunufa'i, 2016). *Talanoa lautele* and *taitoatasi* provided a more culturally inclusive method for gathering Samoan elders' perceptions. *Talanoa*, was deemed culturally appropriate for this study (Sanga, 2004) for reasons related to language and the cultural protocols of observing *vā*; it was within the spirit of culturally sharing knowledge and an understanding of the sacred spaces being shared. The use of *talanoa lautele* and *talanoa taitoatasi* matched the strong cultural undertakings of this research. It allowed the use of the Samoan language, particularly the use of the formal spoken Samoan which is appropriate for the younger researcher to use when addressing and speaking with the Samoan elderly participants (Tamasese, 2002). It was also the Samoan elders' preferred language in both *talanoa* settings.

Furthermore, *talanoa lautele* and *taitoatasi* facilitated the cultural protocols inherent within the Samoan culture in the observance of *vā* and recognition that the sharing of elders' stories and

experiences was the sharing of their sacred spaces, which traditionally and culturally speaking are only ever shared with immediate family (Tamasese, 2002). However, the *talanoa* here privileged a space and opportunity to capture and share these Samoan elders' sacred knowledge (Tamasese, 2002), or what Sanga (2004) referred to as insider perspectives, contextual details and particularities. Again, it could be argued that a Samoan translation of focus groups and individual interviews has been applied (Sanga & Reynolds, 2017; Tunufa'i, 2016) and that the traditional methods of data collection are inadequate in capturing cultural experiences. However, it was the spirit in which these cultural understandings and cultural nuances were shared and captured, and the culturally respectful way in which participants' experiences were documented and reported by the researcher (Tunufa'i, 2016), that makes *talanoa lautele* and *talanoa taitoatasi* culturally appropriate data collection methods for this study.

The aim was, firstly, to carry out four group *talanoa* to establish a broad spectrum of views and then to use these as a baseline of understandings to be more deeply explored in the individual *talanoa* (Creswell, 2012). There was an awareness of the potential influence of church membership on views shared. The hope was to invite participation from a range of interest groups. Recognising the different experiences by gender, there was also an aim for an equal number of male and female participants. To this end, one of the four groups was male only, one was female only, and the remaining two were mixed gender groups. The decision to have separate *talanoa* for "male and female elders" aligns with *The New Zealand Positive Ageing Strategy* (Dalziel, 2001, p. 13) that recognises the different gender issues men and women face. It was necessary to capture these differences so as to better understand a broader range of views on, and experiences of ageing and wellness of the members who make up our diverse communities. In this case, there was a desire to capture and understand the views on and experiences of ageing and wellness of an elderly Samoan population living in New Zealand.

As noted earlier, eight individual *talanoa* were carried out following the group *talanoa* to add an in-depth understanding of how these key stakeholders perceive and experience the research issue (Silverman & Patterson, 2015, p. 61). Again, an equal number of male and female participants was sought for the individual *talanoa*. In cases where participants preferred the presence of a family member or close friend to accompany them during the individual *talanoa*, this was acceptable; care was taken to ensure those accompanying the participants understood that their role was solely supportive. All *talanoa* were in participants' preferred language – English or Samoan – and were audio-recorded. Given the researcher's age and status as an *auaaluma*⁵, it was decided that, if necessary, a facilitator be used for the group *talanoa*. This was the case for all four group *talanoa* in that a facilitator of similar age to the participants, and known to group participants, facilitated each of the four *talanoa*.

3.2.3 Participants and recruitment

The aim was for participants in this study to be aged 65 years and over, and have lived in New Zealand for at least five years at the time of the study. The rationale for using 65 years and above at the time of the study is that it is the age of retirement in New Zealand. Moreover, Pacific people have a lower life expectancy of 78.7 years for Pacific females and 74.5 years for males, compared to the total New Zealand life expectancy of 83.2 years for females and 79.5 years for males (Statistics New Zealand, 2016). Having lived in New Zealand for at least five years was considered a reasonable length of time for them to be able to give an account of their experiences of wellness and ageing whilst living in New Zealand. Moreover, elderly Pacific people are still considered a migrant population and many of these older Pacific adults are first

⁵ *auaaluma* is an unmarried women (Fairbairn-Dunlop, 1991).

generation settlers (Statistics New Zealand and Ministry of Pacific Island Affairs, 2010). The sample recruitment followed several steps as documented below.

Step one: Recruitment

The coordinators of groups that currently run activities for Pacific elderly people (both church and other community groups) were approached to discuss the purpose and importance of the research, and extend an invitation to their groups to participate. They were also informed that, if a group expressed interest, the researcher would like to present and discuss the research with group members. Information sheets and consent forms were left with coordinators so that they could discuss these with group members (see information sheets and consent forms in Appendices B and C). These forms also contained the researcher's contact details so that coordinators could make contact if they or their members had any questions.

Step two: The group talanoa

If agreement to participate in the study was achieved, the researcher arranged with the group coordinator for the best date, time and location to hold group *talanoa*.

Step three: Recruitment for individual talanoa

After each group *talanoa*, an invitation for two participants who would have liked the opportunity to discuss this subject more deeply in individual *talanoa* (2 x 4 individual *talanoa*) was extended.

3.2.4 Research proper – Interview guidelines

Drawing on literature and discussions with supervisors and Samoan elders, a set of interview guidelines for this study was prepared. These were piloted with elder Samoans from the local church community, local Samoan leaders and some family members in June 2014. Some small

adaptations were made to ensure open discussion (see interview guidelines in Appendices D and E).

The rich themes gathered in the group interviews supported earlier thinking about using these emerging themes as starting points in the individual *talanoa*, to generate more in-depth discussion. Including a daily diary segment in the individual *talanoa* would, it was believed, add meaning on ageing and being elderly to their daily lives. For example, by simply recording what they did each day, participants showed how important this activity was to their feelings of wellness. The daily life diary was an adaptation of the 24-hour recall method used successfully in earlier Samoan research (Fairbairn-Dunlop, 1991) and, for this purpose, participants were provided with a small note pad and pen to make notes as they considered their daily timetables. A short background section exploring their reasons for coming to New Zealand was also added to the interview guidelines (Appendices D and E).

3.2.5 Data interpretation

Phenomenology as a qualitative research method has, in recent years, received considerable interest from health practitioners, particularly in nursing studies, and educational research (Zahavi, 2018). Its appeal comes as more researchers seek to understand the first-hand human experience of a thing or phenomenon from those involved (Denscombe, 2014). The three most influential phenomenological methods are: 1) descriptive phenomenology, 2) hermeneutic phenomenology, and 3) interpretative phenomenological analysis (IPA). Descriptive phenomenology and hermeneutic phenomenology pay homage to their philosophical roots, that is descriptive phenomenology with methods informed by Husserlian phenomenology, and hermeneutic phenomenology with roots that are hermeneutically informed. Furthermore, the authors asserted the importance of researchers who use these methods having a knowledge of the philosophical and theoretical underpinning of their chosen method (Zahavi, 2018).

In contrast, IPA takes the standpoint of being interpretative and phenomenologically informed but not philosophically rooted or bound to any of the phenomenological forefathers or their original works (Zahavi, 2018). Like IPA, hermeneutic phenomenology insists on an interpretative component. Consequently, IPA and hermeneutic methods value the biases and assumptions of the researcher in interpreting participants' descriptions, noting the impossibility of separating oneself from or "bracketing" one's presuppositions when attending to participants' lifeworld (Lavery, 2003). However, bracketing is quintessential to descriptive phenomenology to allow for a "faithful description" of the essence and structures of the lived experience (Zahavi, 2018, p. 123). This concern for obtaining a faithful representation of the thing or phenomenon being experienced first-hand by those involved is what makes the methods of descriptive phenomenology appropriate for this study.

Descriptive phenomenology

To illuminate participants' experiences, the descriptive phenomenology approach was employed. Descriptive phenomenology is the branch of phenomenology developed from the earlier works of Husserl (1859-1938), a philosopher and mathematician. Giorgi (2009) developed descriptive phenomenology to offer a faithful description of the essential structures of lived experience (Zahavi, 2018, p. 123). In other words, descriptive phenomenology seeks to understand a phenomenon as experienced by the participant in their lifeworld (Jackson, Vaughan, & Brown, 2018, p. 3311). The concept of the 'lifeworld' is concerned with describing and elucidating the lived world to expand our understanding of human beings and the human experience (Dahlberg et al., 2008, p. 37 cited in Jackson et al., 2018). Descriptive phenomenology is best used when a topic area is not well known, and the enquiry purpose is to understand the central meanings of views on and experiences of participants' lived experience (Penner & McClement, 2008). The process involves gathering the participants' shared knowledge into themes (Penner & McClement, 2008) which, in this study, highlight the

essential meanings of Samoan elders' experiences. Descriptive phenomenology fits well and enables the fullest application of the Pacific worldview.

Descriptive phenomenology involves three steps: 1) phenomenological reduction, 2) the descriptive focus, and 3) the search for essences (Jackson et al., 2018). Phenomenological reduction is the process whereby the researcher brackets out the previous knowledge or preconceptions they have of the phenomenon being explored. Instead, the researcher attends to and focuses on participants' descriptions, and their views on and experience of the phenomenon being explored. In doing so, the researcher is giving primacy to participants' experience. Step two is the descriptive process that allows for fresh insights into the phenomenon to arise (Jackson et al., 2018). The descriptive focus requires a direct focus to be on the participants' accounts of the phenomenon. In sum, this means taking the participants' experience for what it is and not interpreting it according to prior theoretical presuppositions (Zahavi, 2018). The third step is the search for essences. As described by Zahavi (2018), general and systematic knowledge of the essential structures of the lived experience can arise from the concrete descriptions given by participants in or experiencers of the given phenomenon. For this study, the concrete descriptions the Samoan elders' share in group and individual *talanoa* will be their lived experiences of wellness.

3.2.6 AUTECH ethics approval

Informant sheets and consent forms were prepared in both the Samoan and English languages. Auckland University of Technology Ethics Committee (AUTECH) ethics approval was granted on May 12, 2014 (see Appendix A). The group and individual *talanoa* commenced in July 2014 and were completed in November 2014.

3.2.7 Confidentiality

All *talanoa* participants were informed of their right to anonymity from the outset of the study, which was clearly outlined in both group and individual participant information sheets (see Appendix B).

The privacy of group and individual participants was preserved by using codes and pseudonyms, respectively. For example, group *talanoa* participants were renamed and coded as G1M1 or G1F1 which referenced the group they were part of: ‘G1’ = group 1; the gender they identified on their consent forms: ‘M’ = male or ‘F’ = female; followed by the order in which they first responded in the group *talanoa*: ‘1’ = speaker one. Individual *talanoa* participants’ privacy was protected using pseudonyms.

3.3 Part three: The research

Recruitment for the group *talanoa* was more challenging than expected. Numerous meetings were held over four months before four *talanoa* groups were identified (see Table 1). Two of these were already established groups, and the other two were formed specifically for this research. These represented a good spread of male and female participation.

Table 1. Four group *talanoa* by organisation, type and number of participants

Group	Organisation	Type	Number of participants
1	Pacific Charities	Mixed	Seven
2	Church group	Mixed	Five
3	Community group	Male only	Four
4	Mafutaga Tina	Female only	Four

The recruitment process began by discussing the research with staff from the Vaka Tautua – a charitable organisation for Pacific people with extensive research experience and knowledge in research with elderly Pacific people. They kindly referred a Samoan elderly mixed gender group they were working with in South Auckland, which met weekly. This group was not linked to a church organisation. Within a short time, the group facilitator made contact to say that members were very interested in the study and wanted to discuss further. This South Auckland group became the first mixed gender group *talanoa*. As it turned out, members were from across the Auckland region, which indicated the likelihood of a broad representation of views. The other three group *talanoa* were recruited through church contacts. The second mixed group *talanoa* was initiated through a chance encounter with a female *faiifeau* (pastor) who had heard about the study. Within a week, she had shared the research details and arranged a presentation to a group of her parishioners.

Concerning the male-only and female-only groups, the male elders' group was brought together specifically for this study by a young *matai*; this group comprised elders from different church denominations. The female *talanoa* group members were from a cross-denominational Samoan women's group which met once a week for prayer and fellowship.

Table 2 sets out the participants' profiles for the four group *talanoa*.

Table 2. Profiles of the participants in the group *talanoa*

Group number	Group code	Gender	Age	Marital status	Length of time in NZ (yrs)	No. of children	Sources of income	
Group 1 Mixed	G1M1	Male	79	Married	20	3	NZ Super	Children
	G1F1	Female	76	Widow	4	12	NZ Benefit	Children
	G1F2	Female	69	Married	**	2	NZ Super	Children
	G1F3	Female	79	Married	**	2	NZ Super	Children
	G1M2	Male	75	Married	45	6	NZ Super	Children
	G1M3	Male	76	**	**	4	**	Children
	G1F4	Female	63	Married	**	8	NZ Benefit	**
Group 2 Mixed	G2M1	Male	67	Married	40	5	NZ Super	Children
	G2M2	Male	69	Married	49	2	NZ Super	Nil
	G2F1	Female	63	Married	40	5	Employment	Children
	G2F2	Female	72	Married	49	2	NZ Super	Nil
	G2F3	Female	66	Married	**	6	Employment + NZ Super	Nil
Group 3 Male	G3M1	Male	64	Married	48	4	NZ Super	Children
	G3M2	Male	76	Married	**	9	NZ Super	Children
	G3M3	Male	72	Married	8	13	NZ Benefit	Children
	G3M4	Male	82	Married	44	9	NZ Super	Children
Group 4 Female	G4F1	Female	61	Married	48	4	NZ Benefit	Children
	G4F2	Female	73	Married	44	9	NZ Super	Children
	G4F3	Female	68	Married	**	6	NZ Super	Children
	G4F4	Female	69	Married	8	13	NZ Benefit	Children

Key

** Information missing and/or not specified

As noted in Table 2, the total number of participants in the four group *talanoa* was 20 – 9 males and 11 females. The eldest participant was a male aged 82 (G3M4), eight were in their

seventies, seven were between 65 and 70 years of age, and four were in their early 60s. All participants were born in Samoa and were fluent Samoan speakers. Most had been educated in Samoa although a few had completed high school in New Zealand. The majority had lived in New Zealand for over 45 years. Most were married at the time of *talanoa* although there was one widower of 15 years and one solo parent. All participants had children, and all said they attended church. Concerning finances, two participants were employed at the time of the study and said their spouses were retired and receiving a pension. A third was also working although she qualified for the pension. The majority reported they received the New Zealand Superannuation and two were receiving a sickness benefit. Also, the majority said they received ‘other financial assistance’ from their children and/or adult grandchildren or other family members.

3.3.1 Individual *talanoa*

Initially, plans were that two participants from each of the four group *talanoa* would be invited to participate in the individual *talanoa*, to form a total of eight individuals. Five participants came from the group *talanoa*. The fifth participant was from the first group *talanoa*. G1M1 expressed his interest in participating in the individual *talanoa* on the condition that his wife accompanied him, as he was legally blind. Therefore, his request was granted.

When reviewing the participant profiles for the group *talanoa*, the value in widening participation to gain even broader perspectives than had been gained in the group *talanoa* can be seen. Three new participants were gained using the ‘snowball’ method⁶. The eight individual *talanoa* participants consisted of five group *talanoa* participants and the three ‘new’

⁶ Snowball sampling: participants refer the researcher on to other potential participants (Denscombe, 2014, p. 42)

participants of whom one was single, one a widow and one was a widower. In Table 3, the three ‘new’ participants are noted with an asterisk “*”.

Table 3 presents the individual participant profiles and column 1 lists the pseudonyms. Those who were in the group *talanoa* are indicated with a “(GP)”.

Table 3. Profiles of the participants in the individual *talanoa*

Individual Code	Gender	Age	Marital status	Length of time in NZ (yrs)	No. of children	Other financial support	Housing Status
Marina (GP)	Female	71	Married	13	10	Children/Grandchildren	Renting
Timoteo (GP)	Male	74	Married	13	10	Children/Grandchildren	Renting
Sieni (GP)	Female	63	Married	45	4	Children	Home Owner
Aleka (GP)	Male	64	Married	47	4	Children	Home Owner
*Talalelei	Female	67	Widow	19	5	Children	Renting
*Paulo	Male	76	Widower	60	5	None	Renting
*Alofa	Female	82	Single	54	3	None	Renting
Iakopo (GP)	Male	77	Married	45	6	None	Home Owner

Key

(GP) = Group participant

* = New participant

Four of the eight participants in the individual *talanoa* were male and four were female. Five had participated in group *talanoa* (see column 1 of Table 3). Most were aged 65 years and above, although two were under the age of 65 at the time of the *talanoa*. All were born in Samoa, and all were fluent Samoan speakers. Two requested that their spouses accompany them in the *talanoa* (Sieni and Iakopo). The length of New Zealand residence ranged between 13 years and 60 years, and therefore all were eligible for and had New Zealand citizenship, which is a specific requirement for receipt of the New Zealand pension. All had adult children.

Notably, the main source of income for all individual *talanoa* participants was the New Zealand Superannuation fund. Five said they received additional financial support from adult children and/or grandchildren living with them. The remaining three said they did not receive any other financial assistance in addition to their pensions.

3.3.2 All *talanoa*

All *talanoa* started and ended with a prayer asking for God's blessing and guidance to generate fruitful conversations during the discussions. This practice of prayer by elderly Samoans who acknowledged God first and last was as innate and habitual to them as eating and drinking (Tamasese et al., 2014; Taule'ale'ausumai, 2018). It reflects a deep appreciation of the spiritual realm and a relationship with God, as in the *fa'aSamoa*, *E faamuamua le vā ma le Alii* (A relationship with the Lord is always first before all other relationships) (Tamasese et al., 2014; Taule'ale'ausumai, 2018). Next was the introduction of the researcher. It is essential in the *fa'aSamoa* that people locate themselves and, in doing so, relate to others – a *vā* concept known as *vā feiloai*, which is getting to know one another. This relates to the *talanoa* process of minimising the gap between the researcher and participants, and bringing them closer.

Following this was a presentation of the study's aims and purpose. Once the formalities of introductions and the making of connections between people and places were completed, consent forms were discussed and signed. Participants entered into the spirit of the *talanoa*, showing great interest in the topic and enthusiasm to share their knowledge and experience of ageing. There was an elevation from *vā feiloai* to *vā fefa'aaloaloai*, a working together with mutual respect and understanding towards the sharing and co-sharing of participants' knowledge with the researcher.

Group *talanoa* took between two and three and a half hours as the topic generated much interest (see Appendix D for group *talanoa* interview schedule). Individual *talanoa* times ranged from one hour and 15 minutes to almost two hours (see Appendix E for individual *talanoa* interview schedule). Again, the length of *talanoa* were indicative of the rich histories that participants had to share of change over time, the many years and decades lived, and their place between two nations, New Zealand and Samoa. This process is referred to as reflexivity and is important in *talanoa* as it authenticates participants' recalling of their lived experiences. Two of the group *talanoa* were held on church premises (church halls), and two took place at a private residence to which all participants agreed. Transport was organised for those participants who needed it. All *talanoa* were audio-recorded. Samoan was the preferred language in all the *talanoa*. However, most participants used English and Samoan interchangeably. The *talanoa* process was an appropriate means of communication, natural and in line with *fa'aSamoa* customs and protocols. The *talanoa* process also featured the mutual engagement in the creation of knowledge (Fairbairn-Dunlop et al., 2014) and served as an authentication of information (Vaiote, 2006, p. 21).

Refreshments such as snack foods, peanuts and fruits were available during the *talanoa*, and a small meal was provided at the end of each *talanoa*. Vaiote (2013) described the sharing of food as a “medium for power, privilege, and identities to be (re)produced, negotiated and/or resisted through relationships” (p. 206).

In addition, participants received a small *meaalofa* (gift) to express gratitude for their valuable time, knowledge and experiences shared. The *meaalofa* was a small monetary gift along with a small selection of fruits and snacks to thank the participants and show deep, heartfelt appreciation for their *talanoa* and participation.

Following the examination of this thesis, a summary of the findings will be presented and discussed with participants. As in the *fa'aSamoa*, a good stewardess is one that is sent out to do a *feau* (task) by their parents or other elders and always returns to report the progress and outcomes of the *feau*. Sharing research findings with the community in this way is also a feature of robust research practice (Health Research Council of New Zealand, 2014).

3.3.3 Data interpretation

In keeping with the descriptive phenomenology approach, the themes emerging from the participants' concrete descriptions were interpreted. As noted, *talanoa* were employed to collect participants' descriptions of their lived experiences of wellness. Its use alongside descriptive phenomenology allowed participants to describe their individual experiences of wellness first-hand. These individual accounts are what in descriptive phenomenology is called concrete descriptions of that which is being experienced, also referred to as the descriptive focus. It is these detailed *talanoa*, which were audio-recorded and transcribed and translated into English where necessary, that provided participants' concrete descriptions of their wellness. The *talanoa*, both *lautele* and *taitoatasi*, were long, with some taking more than three hours, but they allowed deeper issues to be discussed. For example, the term 'wellness' was expressed in many ways by participants in the group *talanoa* – one participant referred to wellness as *soifua mālōlōina* (restful life) while another described it as *soifua manuia* (blessed life). Other Samoan words participants used to describe wellness were *soifua lelei* (good life) and *soifua maua* (gained life). Therefore, there were different ways of referring to the same idea. Further, it showed not only the depth of discussions but also the enjoyment of the participants in offering their understandings of terms such as *soifua* (life). These words and related themes are discussed in more detail in Chapters Four and Five. Their enjoyment was also evident in the prayers given at the start and finish of each *talanoa*. Their prayers sought

God's guidance and blessing over the process and, in turn, reflected their interest in and blessings for the study and their acceptance of taking part. Participants' willingness to engage was further evident in the way they would respond to being asked a question with "*manaia le fesili*", which loosely translates to "what a nice question". A common practice within the *fa'aSamoa* is the response "*fa'afetai mo le fesili*" ("thank you for the question") when asked a question. However, there was no formal tone given by participants in their responses. Instead, participants expressed more an appreciation of being asked to give their view about a topic area that they knew and experienced in their everyday lives because it was about them. What also seemed to appeal to participants was the opportunity to talk about what they thought was essential to their wellness and ageing experience. For many, this meant an opportunity to talk about their faith and God as the source of their *soifua*. Therefore, there was a strong sense of spirituality, of church and faith, that came through right from the beginning of group *talanoa*, leading to further probing within individual *talanoa*. Also adding to the lengthy discussions were participants' sombre thoughts about the future. Most poignant to many was their future in New Zealand, their children's and future generations' (financial and cultural) security, and their beloved homeland Samoa.

These long discussions are common in descriptive phenomenology and valued, as they allow for deep exploration of the matter in question. Moreover, they allow the participants to raise issues that they feel are important (Denscombe, 2014). A crucial process for participants is to give an account of their personal experience and how they see it, and to use their own words to describe it (Denscombe, 2014).

3.3.4 Data analysis

Following the transcriptions of *talanoa* was the crucial task of reading and re-reading participants' *talanoa* to identify emerging themes. The search for essence is a necessary step

for descriptive phenomenology. This process was necessary to get a whole picture of participants' accounts and experiences. Only by being fully immersed in participants' stories can one get a real sense of their whole experience of wellness and ageing and their specific context today. Giorgi (2014, as cited in Jackson et al., 2018) described this process as getting a 'sense of the whole' in order to get a holistic understanding of the phenomenon. The repeat readings are a practical and necessary step to analyse the parts called meaning units. Giorgi (2014, as cited in Jackson et al., 2018) described meaning units as interdependent, where the whole cannot exist without the parts and vice versa. Understanding the parts also required looking back to the field research diaries and notes taken during *talanoa* and the reflective notes made at the end of each session. These provided valuable reminders of participants' impressions and any significant points they made. These tasks were crucial to capturing the fullest picture of how participants experience the phenomenon first-hand. Each re-reading of transcripts provided an opportunity to flesh out themes that may have been missed at first glance. It was a long process that required the continual reordering of themes, but an essential task to again capture the essential meanings and understandings from those experiencing the phenomenon. These were noted in the margins, along with coding and colour coding of themes that arose from participants' descriptions. Fundamentally these personal and individual experiences of wellness and ageing provided the essential qualities of the experience that exist at a general level (Denscombe, 2014, p. 101). In other words, participants' *talanoa* provided the concrete descriptions which are the building blocks of understanding more broadly the essence of wellness and ageing among this group of Samoan elders.

Throughout the whole process, being a researcher meant always being mindful of pre-existing ideas and knowledge of the experience being studied, and setting these ideas aside, thus temporarily bracketing or suspending what was already known about the topic of interest, including common-sense assumptions about wellness and ageing to allow for 'pure'

descriptions from those experiencing the event (Denscombe, 2014). Only then can one truly see a phenomenon of interest through the eyes of those experiencing it and capture its essence. It was the participants' in-depth *talanoa* and the application of descriptive phenomenology that shaped the themes and overall presentation of the research findings.

3.4 Part four: Reflections on the research

An invaluable aspect of the study was that all participants were eager to share their views and experiences; in fact, many said this was the first time they had talked about their thoughts on being elderly Samoans in New Zealand. More particularly, participants enjoyed sharing their views on what it meant to be a Samoan elder and especially arguing about the meaning of the words and terms they shared. They were keen to share their knowledge and understandings, and regarded the study as an opportunity to voice their experiences and listen to the opinions of others. The richness of the words, narratives and histories shared displayed a synergy of ideas, ideals and practices along with little touches of nostalgia as elders looked back to their early lives in Samoa. There was a closeness of views among those shared in group and individual *talanoa*, and by males and females. Elders were indicating a validation of the cultural nuances embedded in these *talanoa*. That is, in the *talanoa*, these elders had truly shared in the co-construction of knowledge, as in the *fa'aSamoa*.

Notably, it seemed that the elders were highly familiar with and knowledgeable about the research process, as they asked questions about the purpose of this particular research, with particular interest in how 'their words' would be used. Participating in research was not a new experience for many of them. However, the research topic was new to them. At the same time, there were many jokes and tales about when they were younger and their lives today. However, all elders were very respectful of each other and each other's views.

It was also interesting that there were no significant differences in openness to sharing or in views between male and female participants in the mixed group *talanoa* – instead, elders listened carefully to the voices of the others. However, there were different levels of participation by age; for example, older participants (male and female participants aged 80 years and above) were more to the point and were clear and concise in their responses. That said, younger females (participants under 80 years old) were more detailed, descriptive and emotional when responding, compared to more elderly females.

Given the researcher's age and untitled status, supervisors agreed that it would be wise and culturally appropriate to have a facilitator present in the group *talanoa*, preferably one who was known to the participants – an act in keeping with the *vā* protocols within the *fā'aSamoa* and *talanoa*. The facilitator's presence and support assisted the ease and flow of *talanoa* and the interaction between the participants and researcher. There was a different facilitator for each of the two mixed groups. One female facilitator facilitated both the male only and female only group *talanoa*. All the facilitators were known to their respective group *talanoa* participants. The *talanoa* process opened a level of conversation that was so intimate that it could only be likened to a grandparent sharing family stories with their beloved grandchildren. As had been anticipated, seeing the world through a Samoan lens encourages participants to share deeply spiritual and culturally important ideals and practices which would probably not have been captured using generic models. Meanings were found in the jokes, the little snatches of tunes and songs and the more serious moments.

Because elders wanted to tell their stories, the individual *talanoa* were quite lengthy. After the first individual *talanoa*, sessions were then broken into two or three smaller slots, interspersed, for example, by a cup of tea, to give elders a break and the researcher time to think about and understand their stories better.

From the richness of participants' experiences shared and with the spirit of *alofa* in which they so freely gave their stories, especially with a stranger and novice researcher, much can be said about the value and application of the Pacific research methodology in exploring these participants' perceptions and practice of wellness. It enabled a 'silent' population, both Pacific and elderly, to open up about a subject that is topical for ageing and migrant population studies worldwide though not much is known about Pacific ageing populations. Similarly, it allowed a novice Samoan qualitative researcher to apply a Pacific worldview that aligns with a Samoan worldview to see and understand participants' experience of ageing and wellness.

3.5 Chapter summary

This chapter has presented the research methodology, which was a qualitative and phenomenological study. The method used was *talanoa* as it aligns with the Pacific way of communicating and fits with the Pacific and Samoan worldviews shared by participants, and is the worldview that shaped their views on and experience of age and wellness. Descriptive phenomenology was employed to illuminate Samoan elders' lived experience of the phenomenon – age and wellness. The three steps of descriptive phenomenology: 1) phenomenological reduction, 2) the descriptive focus and 3) the search for essences provided a clear guide to eliciting the Samoan elders' views and experiences of wellness and ageing. Phenomenological reduction or the bracketing of preconceived notions by the researcher allowed the experiences of the Samoan elders to speak to the phenomenon being explored. The Samoan elders' accounts and detailed descriptions provided the descriptive focus, and the process of reading and re-reading of their descriptions is in search of the essence of their lived experiences. These findings first from the group *talanoa* are presented next in Chapter Four to be followed by the individual *talanoa* findings presented in Chapter Five.

Chapter Four: Group *Talanoa* Findings

4.0 Introduction

This chapter presents the findings from the group *talanoa* with four groups of older Samoans living in Auckland. These group participants were part of churches and community groups throughout the Auckland region. From the outset, the research's overall premise was to encapsulate older Samoans' perceptions of wellness whilst living in New Zealand. However, to provide a complete perspective on these older Samoans' views of wellness, it was necessary first to establish their views on age and ageing. Therefore, the purpose of these group *talanoa* was to capture a broad and general perspective of participants' views on the following three aspects of elderly living: 1) age and ageing, 2) their perceptions of wellness, and 3) the factors that influence their views. The chapter ends with an understanding of what these Samoan elders need and do to maintain their wellness views and their experiences of being well while living in New Zealand. For clarity, consistency, and ease of reading, the group and individual responses to age and ageing questions are presented together.

The Samoan language used by the Samoan elders' in this study has been adopted herein and throughout the remaining chapters. Therefore, diacritical markers (macrons and glottal stops – which are often used in some Samoan text to assist with pronunciation of Samoan words) have been used in the following chapters. Similarly, where Samoan elders have spoken in both English and Samoan when sharing their thoughts and experiences during *talanoa*, their comments are recorded in the text as such. The Samoan version of the text is presented verbatim, followed by the English translation.

As previously mentioned, codes and pseudonyms have been used in place of elders' real names (see Chapter Three, section 3.2.7 for details). Group *talanoa* participants were coded as G1M1

or G1F1 (according to group, gender and order in which they spoke). Likewise, individual *talanoa* participants were also given pseudonyms (see participant profiles for group *talanoa*, section 3.3, and for individual *talanoa*, section 3.3.1, for a full list of codes and pseudonyms).

The chapter layout follows the format of the group *talanoa* interview schedule. First, participants' perceptions of age and ageing, with the terms they used to describe age and ageing, are set out to begin this section. This is followed by participants' perceptions of wellness, with the terms they used to describe wellness to start, followed by the factors that influence their views. To conclude this chapter there is a section on the factors that participants need to ensure and maintain their perceptions and wellness experience. Although there is significant overlapping of participants' responses and themes between the four sections, which could have been reorganised into significant themes across group *talanoa*, a decision to present the findings in this way was made to allow an authentic representation of participants' views and experiences of wellness, and the factors that were significant to them.

4.1 Age and ageing

A question about age and ageing was a standard question asked of both group and individual participants. This query was important in determining age and age-related concepts within a Pacific perspective, and has, up until recently, received little attention (Tamasese et al., 2014). It is a new perspective and still in its infancy; however, it has attracted mounting interest (Doolan-Noble et al., 2019; Parr-Brownlie et al., 2020; Tamasese et al., 2014; Tautolo et al., 2017). The question on age and ageing was asked of both group and individual participants. For the group *talanoa*, it was a critical question to establish a baseline of understanding from an older Samoan population as, again, little is known of this and other Pacific-specific ageing populations. In the individual *talanoa*, on the other hand, the question about age and ageing was not a priority and was one of the last two points on individual indicative *talanoa* schedule.

To begin, the terms Samoan elders' used to describe age and ageing are presented. This will be followed by the responses and main themes, which the elders raised as their perceptions of age and ageing. These are: age is just a number and a blessing; physical appearances are not always an indicator of one's true age; differences in male and female lifespan; no age boundaries or categories; respect for elderly Samoans; and less familial support being available in New Zealand.

4.1.1 Samoan terms to describe age and ageing

When elders were asked what words they used to describe age and ageing, the most commonly used words were: *matua* (older), *sinasina* (silvery or white [hair]), *tōfā* (wisdom), *Toea 'ina* (old man) and *Lo 'omatua* (old woman) or *'Olomatua*. The first three (root) words: *matua*, *sinasina* and *tōfā* were often used in conjunction with other terms to extend the meaning; for example, *tausi* (take care of or look after) when used in conjunction with *matua* forms the phrase '*matua tausī*', which means an older person who is being care for or looked after. These and the other words participants used are presented below.

Terms such as *Toea 'ina* and *Lo 'omatua* or *'Olomatua*, which are loosely translated as old man and old woman, were commonly used among participants to describe older people, and to distinguish between male and female.

Paulo, a widower and 76 years old at the time of the *talanoa*, shared the terms *Toea 'ina*, *'Olomatua* and *Lo 'omatua*:

Toea 'ina

Toea 'ina e lua upu foi na e i ai. O le 'toe' means nearly, o le 'ina' ua oo. A tuu faatasi, it means the old man.

Toea'ina consists of two words. 'Toe' means nearly, 'ina' means you have reached or arrived. When you put them together, it means the old man. (Paulo)

'Olomatua and Lo'omatua

'Olomatua is used interchangeably with *Lo'omatua* as they both mean old woman. However, the term *'Olomatua* when broken down can be used in reference to an older woman, as individual participant Paulo described in detail:

'Olomatua poo le Lo'omatua , e leai sona eseesege tele. O le 'Olomatua e lua upu o iai, o le 'olo' po o le pa, ma le 'matua', the longer you stay, the elder [sic] you are. O lona uiga, o le matua lena a? A tuu faatasi le 'olo' ma le 'matua', o lona uiga, o se mea ua levā na fausia. I le Tusi Paia, o le olo o Papelu. O le 'Olomatua e faatusa i se tagata matua. Ao le Lo'omatua , o lona uiga e le'i oo i ai. E le'i oo i le mea lea o le 'Olomatua. O le upu lena o le 'loo' lea e muamua, it's like a proverb to a noun, lea faaali i le upu mulimuli, e lei oo

'Olomatua or Lo'omatua , there is not much difference. *'Olomatua* has two words, 'olo' means tower or fort, and 'matua' the longer you stay, the elder [sic] you are. That means old aye? When you put these two words together, it means something that has long been built up. In the Holy Bible, the Tower of Babel. *'Olomatua* is likened to someone who is old. Whereas *Loomatua* means you have not reached it; you have not become an old person. 'Loo' is like a proverb to a noun that helps explain the last word 'matua'. So 'loo' means they have not reached 'matua' old age (Paulo).

Paulo pointed out the terms *Toea'ina*, a common Samoan term used to describe an old man. He also shares the terms *'Olomatua* and *Lo'omatua* and a detailed explanation using references to the Bible.

In group four, female two (G4F2) was 73 at the time and the oldest woman of the female-only group. G4F2 was married and had nine adult children and over 30 grandchildren. She had lived in New Zealand for 44 years. She made a clear distinction between the terms *Toea'ina* and *Lo'omatua*:

O lesi upu lea e faaaogaina pei ona taua e G4F1 e faamatala ai tagata mātutua , o si 'Toea'ina', poo le 'Lo'omatua '.

The other word that is used as mentioned by G4F1 to describe old people is 'old man' or 'old woman'. (G4F2)

Participant G2F1 is an associate pastor and a long-serving member at her West Auckland congregation. At the time of the study, she was 63 years old. She is one of the youngest group participants and was still working at the time of the *talanoa*. G2F1 had lived in New Zealand for over 40 years now, and is one of nine participants who have lived in New Zealand for at least that length of time. As the facilitator of the *talanoa lautele* with a group of older Samoans in her church hall, she had this to add:

ua ta'u tagata nei o lo 'omātutua ma toea'i'ina aua lea ua nonofo i le fale

We call these people old women and old men because they now stay at home. (G2F1)

Here, the gender-specific words *toea'ina* and *'olomatua* relate to elders' place and role as they have reached a particular stage of staying at home. They have reached the status of old age or elderly.

Matua

Matua was the term elders used to describe a mature person, an elder, or an older person. It was used in conjunction with other words to signify different ageing stages, for example, *tagata*

matua (mature and/or older person) and *matua tausi* (older person who is cared for). When a macron ‘ā’ is added, the word *mātua* changes to mean parent. *Tua’ā* is the polite⁷ term for parent and was used in conjunction with *mātutua* to describe older/elderly parents as *tua’ā mātutua*. The term *matua* was not age-bound but related more to a person’s behaviour or ways of acting.

Seventy-two-year-old G3M2 was married and father to 13 adult children at the time of the *talanoa*, and he shared the critical role *matua* plays in the family:

O le tagata matua e sau mai ai le fautuaga lelei o le ‘āiga, ua matua faaletino, faalemafaufau, faaleagaga, ia o lena lea e sau ai le tomai lea poo le tofa mamao

From an older person comes good advice for the family, a person is matured physically, mentally and spiritually, and that is where wisdom or farsightedness comes from. (G3M2)

Seventy-nine-year-old G1M1 at the time of *talanoa* had three adult children and several grandchildren who all lived with him and his wife. He had this to add:

Tagata mātutua e tutusa upu e lua pe a fa’aSamoa foi lele i tausaga⁸, e faapea foi le tagata matua, e tai uiga tutusa la le upu e ave i le tagata ua matua lona soifua.

⁷ Polite here refers to the language of courtesy as described by Allardice (2000): “The Samoan language has certain honorific or polite aspects which lay emphasis on courtesy and respect. This means that there are “polite” or “chiefly” words and phrases which are used in both formal and informal conversations. The language of courtesy is highly developed in traditional exchanges between orators or talking chiefs, and chiefs. The extension of the use of these polite words requires that untitled persons should address *matai* (heads of families), and others in positions of influence or authority, using a polite vocabulary where appropriate. Similarly, untitled people and young people are encouraged to be courteous to each other. This means that the ordinary word should be used when speaking of oneself, but the chiefly word when referring to others” (p. 217).

⁸ *Tausaga* here means to be very old (Milner, 1976, p. 256).

Old people are the same word if you *fa'aSamoa* the word 'years'. It is the same as the old person; similar terms are used to refer to a person who has advanced in years. (G1M1)

G1M1 noted that the word *matua*, which is singular, and its plural form of *mātutua* meant the same thing. G1M1 also introduced the word *mātua* in which the first 'a' in *matua* has a macron (to signal a long vowel sound):

O le ta'u fa'aaloalo o le mātua, o le tua'ā. Tua'ā, o le ta'u lena o le tagata ua fai lana fanau

The formal respectful word for a parent is *tua'ā*. *Tua'ā* is what a person who has children is called. (G1M1)

G3M2 explained how *tagata matua* was also used to describe a mature (*matua*) person, a coming of age in the *fa'aSamoa*.

o le ala i le pule o le tautua. Lona uiga o le tagata/taule'ale'a tautua lelei ua tagata matua, ua avea ia ma matai.

The pathway to leadership is to serve. It means a person/young male who serves well and has matured; he is bestowed a chiefly title. (G3M2)

Tagata matua literally translates as person (*tagata*) old/mature (*matua*). This term has multiple meanings in different contexts as the term can refer to different stages of age and ageing. G3M2 described the rite of passage to becoming a *matai* as someone becoming an adult, a person of maturity through their service [to 'āiga, nu'u]. *Tagata matua* also references people's position within their immediate and wider family. G2F1 had this to share about her experience with the term *tagata matua*:

Because I am a woman and I have got nephews that are *matais*, they still look at me as the older person in the family even though they have

got *matai* titles. Because I am older [than my titled nephews], I am still respected as the older person in the family. (G2F1)

In addition to marking the rite of passage for young *taule'ale'a* to become *matai*, *tagata matua* places significance on the eldest siblings, who hold authoritative roles regardless of their gender or being a *matai* or not as G2F1 highlighted.

G1M2 shared another term used to describe another ageing stage. *Matua tausī* translates as taking care of the old or elderly. *Matua* means old, *tausī* means to care for or look after.

Ole tagata ua tausī, ua pei foi ua fai ma tau fafaga, ua le mafai ona savāli, po ua tolu, fa'augātupulaga ua i ai, o le mea na o le home care. Aua o le upu lena, e masani le tele o tagata i le fa'aaogaina, ae latou te le malamalama i lona uiga

It's a person who is cared for, often assisted when fed, can no longer walk, has three, four generations, and receives home care. Because that word, many people often use it but they do not understand its meaning. (G1M2)

The Samoan elders used the term *matua* to describe a mature and/or older or elderly person. It was also used in conjunction with other words such as *tagata* and *tausī* to signal different stages of being aged. For example, *tagata matua* referenced an older adult and a person who was deemed mature enough to receive a *matai* title. The words were not age-bound as participants described how, by simply being the eldest living family member, one can be referred to as *tagata matua* (G2F1). Similarly, *tagata mātutua* could refer to a group of older people and a single older person or someone who is old in age (G1M1). *Matua* encompassed a place within the family, holding great responsibility to lead family and give *fautuaga lelei* (good counsel) (G3M2) because they have rendered *tautua* (service) to their immediate and extended families (G3M1). This afforded *fa'aaloalo* (respect) for *tagata matua* (G2M2). *Matua tausī* referred to an old parent who needed care and assistance with daily living (G1M2). *Mātua* was the word

used to describe parent(s) and is both singular and plural (G1M1). *Tua 'ā* is *mātua* 's is its formal equivalent and can be used in conjunction with *mātutua* to describe elder or elderly parents as in *tua 'ā mātutua* (G1M1). However, the term *tua 'ā mātutua* was only used when referring to the parents of another and never one's own.

Sinasina

Sinasina was a descriptive term referring to the whitening or silvering of hair. The Samoan elders used the term *sinasina* in conjunction with *tua 'ā*; *soifua*; *ao* (head – formal word), and *ulu* (head/hair – informal word). Figure 5 shows *sinasina* as the root word and the word combinations Samoan elders used to describe age and ageing. In each case, *sinasina* referred to a white (silvery)-headed person or people advanced in years and considered wise, or people who showed evidence of wisdom. The elders' views indicated that silvery or white hair reflected a lifetime of *fa'aSamoa* knowledge and cultural capital learnt, practised, and passed on.



Figure 5. *Sinasina* and the word combinations Samoan elders used to describe age and ageing

G1M1 shared the term *tua'ā sināsina* used to formally describe older parents. However, the meaning is more symbolic, depicting older Samoans as wise individuals, holding a wealth of knowledge.

O le ta'u fa'aaloalo ole matua, o le tua'ā. o le tua'ā sināsina, o lona uiga o le au mātutua, ia ua sili atu i luga o latou soifua po ua sinā foi ao

[*tua'ā*] it is the respectful term for parents. Older parents (*tua'ā sināsina*) means older people, those who have lived many years and their head is white. (G1M1)

Aleka, 64 years old at the time, was married and had four adult children; he described *soifua sināsina* as a stage he admired:

O le soifua sinasina it seems we always look up to, we revere people who are getting older and wiser. (Aleka)

Soifua means life and good health. *Soifua sinasina* here describes the life and good health of an elderly person.

G3M4 shared the term *ao sinasina* as a respected and admired stage of life. *Ao* being the formal word for head, and *sinasina* – white – together form a formal reference to the elderly or older person.

A ao sinasina se tagata, o se tagata ua matua le soifua, ma ua fa'aaloalogia i le atunu'u i Samoa, aemaise lavā Samoa, e fa'aaloalogia le tagata ua ao sinasina ua matua le soifua, i tulaga uma e pei o le mea ua iai, i tausaga ia ua tea ma tausaga foi mo le lumanai.

A white-headed person, is a person who is old in life and who is honoured in Samoa, especially in Samoa. Respect is due to the person whose hair is white and who is advanced in years, in all circumstances, for the years that have past and the years to come. (G3M4)

G3M4 shared the respect Samoans have for those who have lived a long life and wear a crown of white hair on their heads. Timoteo, who was 74 years old at the time of *talanoa*, married with 13 adult children, shared the term *Ulu sinasina*: *ulu* translates as head or hair and it is the colloquial term.

Ulu sinasina o le tagata matua e iloa uma le faavāe o le nu'u.

White head/hair (*Ulu sinasina*) is a very old person (*tagata mātutua*) who knows the entire village history and honorifics. (Timoteo)

Sinasina was a feature most commonly associated with ageing and older people, but a point of difference highlighted by participants is its strong link to knowledge, a deep cultural and genealogical wisdom that came with age and experience.

Tofa

Tofa was another term participants used to describe the wisdom and foresight associated with ageing. *Tofa* means sleep. It is the formal of *moe*. It also means goodbye. However, *tofa* is also used to refer to the views and perspectives of the paramount chief, while *moe* references the views of the orator (see Tui Atua, 2005, p. 13). By extension, participants of this study used the term *tofa* to refer to the wisdom of the elders and guardians of Samoan knowledge. Elders used it in combination with *sinasina* and *loloto* to signal the depth and breadth of elders' wisdom. Figure 6 shows *tofa* and how the Samoan elders used it to describe variants of elderly wisdom.

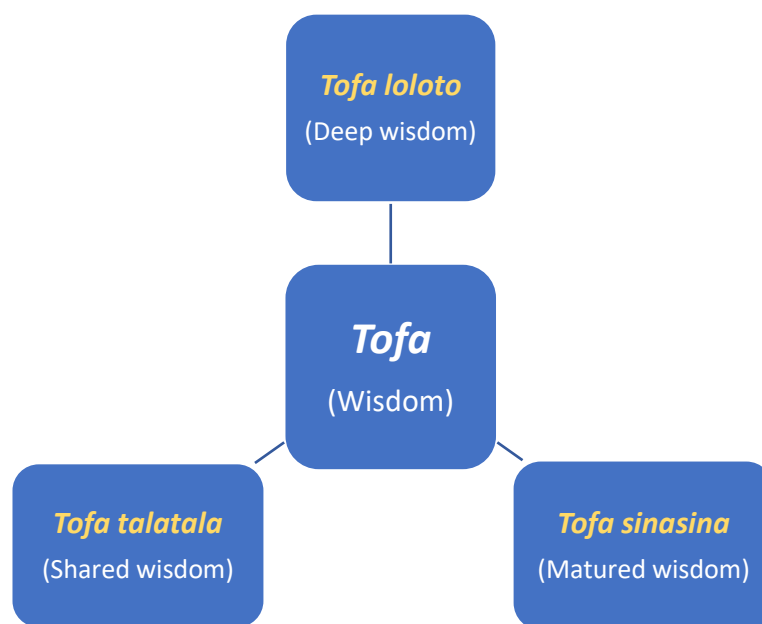


Figure 6. *Tofa* and the word combinations Samoa elders used to describe different types of wisdom

G2M1 shared this view about *tofa loloto*:

E iai le tofa loloto. O ē mātutua e iai le tofa loloto ma le tofa sinasina.

There is deep wisdom. Those who are older have deep wisdom and white-headed wisdom (*tofa sinasina*). (G2M1)

Paulo, a widower and 76 years old at the time, had this to add about *tofa loloto*:

*E faatusa i se matai e lavā lona iloa ma lona malamalama i le aganu 'u.
A saunoa mai se lauga, e te faalogoina le manaia o le folasaga lae sau.*

[*Tofa loloto*] is like a *matai* who has adequate understanding of the culture. When they utter an oration, you can hear the beautiful introduction coming through. (Paulo)

Tofa loloto translates as deep wisdom. *Loloto* means deep; having a depth of wisdom.

Paulo adds the term *tofa tatala* and explained how it is similar but also distinct from the terms *tofa sinasina* and *tofa loloto*:

Tofa sinasina e tutusa lena ma le tofa loloto ma le tofa tatala. Tofa tatala e tele mea e te iloa, ae tapunipuni, e le mafai ona tatala. E pei o le upu ua e masani ai, 'tatala mai lau ato ponapona'. O la e manao le isi tagata e te tau atu. 'Sei tatala mai lau ato ponapona' lena e tele mea na e te iloa.

Tofa sinasina is similar to *tofa loloto* and *tofa tatala*. *Tofa tatala* means there is a lot that one knows, but they close it off and cannot open (*tatala*). It is similar to the popular phrase “open up your basket of knowledge”. Another person wants you to share your treasures. ‘Open up your basket of treasures’ for there is much that you know. (Paulo)

Paulo was the only one to share the term *tofa tatala*. He referred to *tofa* as treasures that some elderly Samoans possessed but are not able to share. Perhaps as Gegeo and Watson-Gegeo (2001) suggested, Paulo was indicating the difference between the commonly held and the sacred knowledge that could not be shared in public forums.

The word *tofa*, while the participants used it often in conjunction with *sinasina*, *loloto* and *mamao* (G3M2) to describe an older and/or elderly person with a head full of white hair, really signified great wisdom and foresight due mainly to the many years they have lived, and the

experience and knowledge which they have acquired along the way. A less common word and combination – *tofa tatala* – which Paulo introduced, added a different dimension. That is, *tofa* as treasures that some elderly people possess but are not able to convey or *tatala*, for reasons which Paulo did not elaborate upon. An earlier suggestion was that the knowledge was sacred and therefore only available to direct descendants or perhaps it is a word hinting towards signs of cognitive decline such as dementia or Alzheimer's. In any case, this lack of detail creates an opportunity for further research.

Formal expressions used to describe age and ageing

Some participants shared terms that referred to elders who are very advanced in age, for example, *Toe ulutaia*, and in some instances they need assistance and care with everyday living, as in *pegapega*, and are nearing the end of their lives – *Ua afu le soifua* and *Ua pulapula lagoto le la*. These phrases and how elders used them are described next.

Toe ulutaia

Toe ulutaia was the term elders shared to describe the very elderly. G4F2 shared her view on the term:

Toe ulutaia, tusa na o se tagata ua pito i sili lona matua i totonu o se nu'u. Usually, o tagata ua ovā i le 80. E tāūa tagata ia i totonu o le nu'u.

Toe ulutaia, is like the oldest person in the entire village. Usually, they are over 80. These people are very important people in the village.
(G4F2)

Timoteo added another view on *toe ulutaia* using the analogy of a ripening *ulu* (breadfruit):

E faatusa i le laau lea o le ulu. A matua a le ulu ua tele a. O lona tino ua taia. A matua le ulu ua fai ai mea o fale. O le mea lena ua tau ai o

le toe ulutaia. Ua faatusa i ai le tagata ua matua ua iloa a soo se mea o le nu'u. Ua malamalama i mea o le nu'u. Toe ulutaia.

It is like a breadfruit tree. When the breadfruit is old and becomes large, its skin becomes mature. When the breadfruit matures, it becomes hard enough to be used as timber to build houses. This is called toe ulutaia. It is what they compare elderly people to because they know everything there is to know about the village. They understand how the village functions. *Toe ulutaia.* (Timoteo)

Seventy-one-year-old Marina was married and had ten adult children at the time of the *talanoa*.

She had this to add:

Toe ulutaia, matua tausi, ulu sinasina these are respectful terms given to older people. Very elderly people are referred to as *toe ulutaia* and *matua tausi*. (Marina)

The term *toe ulutaia* pointed to an even greater respect for these elders for their years of long life and their status as knowledge carriers.

Pegapega

G1M2 shared the term *pegapega* which signals the age and stage of being very old and needing to be bathed.

O le matua tausi e iai le upu fa'aSamoa, o le pegapega. O le tasi na upu Samoa e le malamalama ai le agoago lea e iinei i Niu Sila, o le pegapega. Ao le pegapega, o le taelega o le tagata matua foi lea ua taele esea. La e taele i totonu o le tala o lona maota i Samoa, na o le tunu o lona vāi taele avātu lona vāi vevela, avātu ma le laupapa fa'anofo i le tala i o i talane o lana moega ma faataaele ai o ia, o le mea lena e tau o le pegapega toe tagata o le 'āiga nei. Ia poo o le tagata matua ua fa'ataaele, o le mea lena e tau o le pegapega.

Pegapega is the Samoan term that applies to the bathing of a very elderly person. It is a Samoan term that many people in New Zealand do not understand but *pegapega* is the bathing of an older person separate to the rest of the family household. These elderly members are bathed in the privacy of their house/residence in Samoa. The bathing water is prepared, along with a board for them to sit on and brought to their bed side to bath them because they can no longer bath themselves. This care is called *pegapega*. (G1M2)

Ua afu le soifua and Ua pulapula lagoto le soifua

Individual participant Iakopo was 77 years old at the time of the *talanoa*. He described the last stage of ageing and before death *Ua afu le soifua* and *Ua pulapula lagoto le soifua*. These phrases explain elders whose lives are nearing death to the resplendence of the sun setting and speaks of the beauty, love, honour and great respect Samoans have for ageing and elderly people.

O le tamā ua matua ua afu le soifua, o le tagata ua matua le soifua ma ua levā na tautua mo le 'āiga. Ao le upu lena e ave iai i le au mātutua ua pulapula lagoto le soifua. O lae lavā e soifua, ae ua mātutua. O upu fa'aSamoa e ave i tagata faapena, o le pulapula la goto le soifua.

The phrase '*Ua afu le soifua*' refers to an elderly person who is advanced in years and has served his family for a long time. It is a phrase to describe the very elderly people whose lives resemble a sunset. They are still alive but are very old. These are Samoan words used to refer to such people as their life is like the glow of the setting sun. (Iakopo)

Samoan elders' responses indicated the Samoan terms which served as markers or divisions associated with ageing. These terms could simply be categorised as physical strength, independence, and dependence as in *tagata matua*, *soifua sinasina* and *matua tausī*. However, these categories do not encapsulate the deep cultural respect and meanings ascribed to phrases

such as *Tua'ā sinasina*, *Tofa loloto* and *Toe ulutaia*. The Samoan proverbs *Ua afu le soifua* and *Ua pulapula lagoto o le soifua* are all terms and phrases that are culturally specific and respectful Samoan descriptions of the very elderly.

4.1.2 Age is just a number and a blessing

Participants' views on the topic of age and ageing were common-sense and practical. Age was a numerical representation of one's lived life. Ageing should be proudly celebrated because it was a blessing.

G2M1 was married and had two adult children who live overseas. At the time of the group *talanoa*, he was 69 years of age and had lived in New Zealand for 49 years. He had this to say about age and ageing, which resonated with other participants' views as well:

I am free to tell my age; I am happy to tell my age to anybody who wants to know. Age is only a number to me. It doesn't affect me whether I am thinking old or not. It's only a number. *I lo'u olaga ou te manatu a 'ia o le tausaga ia o le fa'amanuiaga*. The more years that I live it's a blessing, for me. (G2M1)

G2F1 adds this to the *talanoa*:

I think a lot of palagis don't like telling people how old they are. Not like us, *e fiafia e ta'u* – we are happy to tell. (G2F1)

4.1.3 Physical appearances are not always an indicator of one's true age

Physical expressions of ageing and being aged are not clear indicators of an individual's actual numerical age, such as the greying and/or whitening of hair. The ageing Samoans in this study acknowledged cases of premature whitening of an individual's hair. Such was the case with one participant (G3M2) who attributed his early onset of having grey hair to family genetics as he and his same-sex siblings had a full head of white hair by the age of 50.

G3M2, 76 years old at the time of the *talanoa*, and married with nine adult children all living in New Zealand, had this to say:

Ia o le eseeseega lena, aua o G3M4, ia, e matua ia matou. A silasila foi iai la e lavā e iai isi lauulu o G3M4 e uli a. Ao au e fitusefulu tausaga ae lea matuai sinasina a lo'u lauulu; ia pau lavā.

That is the difference then because G3M4 [82 years old at the time] is older than us all here. If you take a closer look at G3M4's hair, you will see there are some black strands of hair. Whereas I turned 70 and my hair is completely white. (G3M2)

4.1.4 Differences in male and female lifespan

The participants identified apparent differences between male and female age and ageing experiences. First was life expectancy which some viewed as being directly linked to work.

G3M4 was 82 years old at the time of the *talanoa*. He was the oldest of all the participants (group and individual *talanoa*). He was married and had nine adult children and had lived in New Zealand for 44 years at the time of the study. He had this to share:

E iai lona eseeseega i le vāega lea i lo'u iloa. O le vā lea o le soifuaga o le tama ma le tina, masalo e eseese i lau maitau. O tina e pei e loa le soifua o le tina, nai lo le tama, aua a tatou faalogo i le tele o faasalalauga i luga i le ala leo, ua iai tina ua ovā le tai selau luasefulu ma ona tupu tausaga lea e sau i luga o le ala leo faasalalau. Ou te lei faalogo lavā i se tama ua ovā atu i luga ona tausaga soifua faapea. Pei o le mea lea oute iloa ai le eseeseega lea.

In my opinion, there is a difference in this area. From my recollections, there is a difference between the lives of a father and a mother. It seems that mothers have a longer life span than fathers because you hear a lot of radio announcements about mothers who are over 120 years. I am

yet to hear a father who has lived beyond these lived years. This is how I know there is a difference here. (G3M4)

G3M2 added this to the topic:

E sao a le saunoaga o G3M4 e seasea se tagata matua tama e oo i le selau, e seasea oo i le selau. Pau a le tagata ua oo i le selau i Niu Sila o le toeina o Tiavea igoa ia Leota... O le isi foi Toea 'ina o le Toea 'ina Maagiagi ua atoa lona selau.

What G3M4 is saying is so right, very rarely do older men reach 100, very rare to reach 100. The only person that has reached 100 in NZ was the old man from *Tiavea* [village in Samoa] called Leota. ... And another old man is an old man from *Maagiagi* [village in Samoa] who reached 100. (G3M2)

G3M1 is married with four adult children. He was 64 years old at the time and the youngest male participant of all the participants in either group or individual *talanoa*. As he facilitated the male-only group *talanoa*, he had this to add:

And the life expectancy for ladies is higher than the men. Because all of the hard labour in life, whether it be fishing or plantation, the man is the one that ... *O le tama lavā e feagai ma le tele o le galuega mamafa, galuega mamafa o le faatoaga, poo le sami foi e faagota, o le olaga le taimi uma o le Samoa. Ao Tina, e faia o le fatu 'āiga o le vā'āiga o le fanau, ma le f'āiga o le faalelei i totonu o le 'āiga. E pei o galuega e tau mama mai i lo galuega faaTama i Samoa.*

And the life expectancy for ladies is higher than the men. Because all of the hard labour in life, whether it be fishing or plantation, the man is the one that ... The father is the one that attends to the heavy work on the plantation, or the ocean to fish. This is his life in Samoa all the time. Whereas mothers they are the heart of the family and tend to the children and managing the household. Their duties are light compared to the duties of the father living in Samoa. (G3M1)

While some of the men believed that women lived longer than men because they did the lighter, less physically taxing jobs within the *‘āiga* and home, Paulo had a different view. He shared:

There is a difference. In the history of Samoa, it is more common for the mother to live longer. That is what I have seen. I think it is because the mother does all the chores. She is exercising all the time. She is always on the move and only sits down to have dinner. Then she is up again doing this and that, attending to here and there, that is Samoa.
(Paulo)

Although there was overwhelming consensus among both male and female participants that women live longer than men, there was no consensus as to why this was the case. However, G1F4, who was 63 years old at the time, married with eight children, made this comment: “...ou te ioe i le mea lea o tatou tina le fanau tamaiti, e le ave esea le malosi” – “I agree with the idea that we mothers who give birth to children do not lose our strength”. G1F4 was agreeing with an earlier comment made by 76 year old G1M3: *O le tina o le carrier o le ‘āiga especially i mea o fanau iti. O le tele o fanau e fananau mai ‘ai le tina, o le tele foi lena o lona malosi*” – “The mother is the carrier of the family especially in regards to small children. The more children a mother bears the stronger she becomes”. Both G1M3 and G1F4 believed that it is the process of birthing that somehow conditions and strengthens women’s bodies to live longer. Perhaps the lack of women’s views on living longer reflects a taken-for-granted attitude among these women participants. It highlights a gap in knowledge about elderly Pacific women’s views about age and ageing.

4.1.5 No age boundaries or categories

All participants knew the age categories by which the elderly were classified in New Zealand and the associated entitlements. For example, the year one reaches the age of 65 is the pension

and Gold Card year. However, there was strong agreement that there were no age boundaries or categories in the *fa'aSamoa*.

G3M2 had this to say when asked the question about whether Samoa had any or similar age categories to universal age categories such as 'old' (65 to 79 years) and 'old-old' (80 years and above):

E leai se tapulaa aua e pule le Atua i le soifua o le tagata - Tagata Samoa, tagata uma o le lalolagi.

There are no boundaries because God is sovereign over a person's life
– Samoan people, everyone in the world. (G3M2)

G4F1 was 61 years old at the time of *talanoa* and the youngest of all the participants (male, female, group and individual). She was married with four adult children and had lived in New Zealand for 48 years – most of her adult years. As she facilitated the female-only group, she had this to contribute:

Sao, e leai se tausaga e faatapulaa pei o le palagi lena.

That's correct, there are no age boundaries like those European ones.
(G4F1)

G2F1 had this to add:

I do not think there is an age limit for *tagata* Samoa. E old *le tagata* (person) Samoa when they cannot move. So I think *o tagata* Samoa *e leai a se tausaga ua faapea ua vālusefulu* (Samoan people do not have an age when it is said that one is 80). Samoan people don't have age categories for when they turn eighty, *a vālusefulu lae malosi le Samoa e alu a e le faapea ua old...e old pe a ua faataotolia* (by eighty a Samoan is still going strong rather than saying one is old – you're only old when you are bedridden). No age boundary. (G2F1)

4.1.6 Respect for elderly Samoans

G3M1 shared a view commonly held amongst all the participants, which was the respect elderly Samoans were afforded by other Samoans:

O Samoa ia, e faataua tele le tagata ua faasolo ina ua matua le soifua... e le masani na tatou tau agai i le upu lea o le retire aua o le tele o tagata e galulue lavā i latou 'āiga ma e le faitau le upu lea o le retire. E eseese ma iinei; o le galue a le tagata i Niu Sila ua faitau le taimi e retire ai mai galuega, o galuega ua tau o le retire. O tatou Samoa ... e taua le tagata ua faasolo ona matua, e fa'aaloalogia foi le tagata ua matua, pe oo foi i tulaga ua matai, ia o le a avea lavā ma tulaga taua i totonu o le 'āiga, le matai, e le gata i lou lavā immediate family i lau fanau, ae o le a faapena foi ia te oe le faatonuina o le 'āiga lautele. O iinei i Niu Sila, e fai si eseese, ua ola lavā tatou ia i totonu o le 'āiga, o le tele o le taimi ua vāai lavā nao o lau fanau i totonu i lou 'āiga, e le o iai le extended family e pei o Samoa, sei vāgana lavā e iai gi faalavelave ma tulaga faapena ... ao iinei lavā i Niu Sila latou, e tau tagata uma i le taimi e retire ai ...ona malolo lea o le olaga f'āigaluega, ae fai loa galuega i lou 'āiga, i totonu o le ekalesia, lotu.

In Samoa, we value very much a person who is getting older in years and life. We are not used to saying the word 'retire' because there are lots of people who continue to work within their family and never speak the word 'retire' that is what is different to here, retire is a term used in New Zealand to describe those who retire from work. For us Samoans, we pay respect to our elders, as well as someone who has gained a chiefly title, they are given an important place within the family, not only within your immediate family amongst your children but also among the wider family. Here in New Zealand, there is a difference, we have grown up in the family and lots of times we look out for our children in our family, there is no extended family like in Samoa unless there are special events and things like that here in New Zealand, they

say when you retire then your working life has finished, but your work in your family, inside the congregation and church, begins. (G3M1)

G3M1 says that ageing Samoans living in Samoa and New Zealand are revered for their roles and responsibilities within the family (immediate and extended) and church. Age boundaries or words such as ‘retire’ are western terms defining the end of work years. However, ageing Samoans continue to contribute to family affairs beyond these years.

4.1.7 Less familial support in New Zealand

G2F2, who was 72 years old at the time of *talanoa*, raised a new concern facing Samoan elders living in New Zealand and away from extended familial support in the Samoa homelands:

Sei fai lau tala lea a, e fa' amālamalama ai; e pei e ese iinei, ese Samoa a. Samoa o tagata ia ua nofo fale, o tamaiti e faia feau i Samoa a, nao le nonofo i le fale ua fai ma matua tausī. Ao le mea lea e fai nei, e tiga na mātutua, o lea e o a e fai 'āiga aua nao le toalua le la 'āiga, nao le toalua. Ao Samoa, e seasea e i ai se 'āiga nao le tagata matua ua iai; e iai tagata o le 'āiga e tausīa. O le mea lea na matou ola ae ai, i le laitī, matou o e fai feau, e fai le mea tausami a le Lo'omatua ma le Toea'ina, ua tau tagata nei o loomātutua ma toea'ina aua o lea ua nonofo i le fale. Ao le mea lea ua iai nei, ua tu a ita, pei o ou matua a, la e o a laua e fai le tagamea, tapena le fale, ao galuega na i Samoa ua o le au laitī e fai ae le faia e tagata mātutua. O le eseesega le na ua ou iloa ai.

Let me share a story to explain. Here [in New Zealand] seems to be different from Samoa. In Samoa, elderly people are homebound; children do the chores in Samoa. So, they stay in the house and become *matua tausī*.⁹ However, here, even though you are elderly, you still have to look after the family because it is just the two of you in your

⁹ *Matua tausī* are elderly parents who are dependent on others for care and keeping.

family, you and your husband. Whereas in Samoa, it's different because the elderly are never without family. There is always family to care for them. That's how we were brought up, as a young ones we would do the chores, prepare the meals for the old woman and old man. They are called old woman and old man because they stay home. However, what happens now is, I have to get up, like your parents aye, they do the laundry, clean the house but those chores in Samoa, the young ones do, not the elderlies. That is the difference that I know of. (G2F2)

For G2F2, both her adult children had left the family home and moved overseas with their families for better work opportunities. For some of our ageing participants, familial support around the home was minimal compared to their ageing counterparts living in Samoa.

4.2 Perceptions of wellness

Following on from participants' views on age and ageing was an enquiry into their views on wellness. The most common themes that emerged were: God, church, prayer and a generally positive outlook on life; food, mainly traditional staple foods; being physically active; and the changes they have experienced over time and place and their use of medicines. To begin this section, the Samoan words elders used to describe wellness are presented, followed by the themes just mentioned and in the order listed.

4.2.1 Samoan terms to describe wellness

The five most common words and phrases elders used to describe wellness were *soifua* (life, health), *mālōlōina* (being healthy, wellness), *manuia* (happy, blessed, successful), *laulelei* (smooth, even) and *maua* (get, obtain). The word *soifua* means to live, have good health and wellbeing, and always precedes the other words to describe different degrees of wellness. Figure 7 shows the relationship between *soifua* and the word pairings elders used to describe wellness.

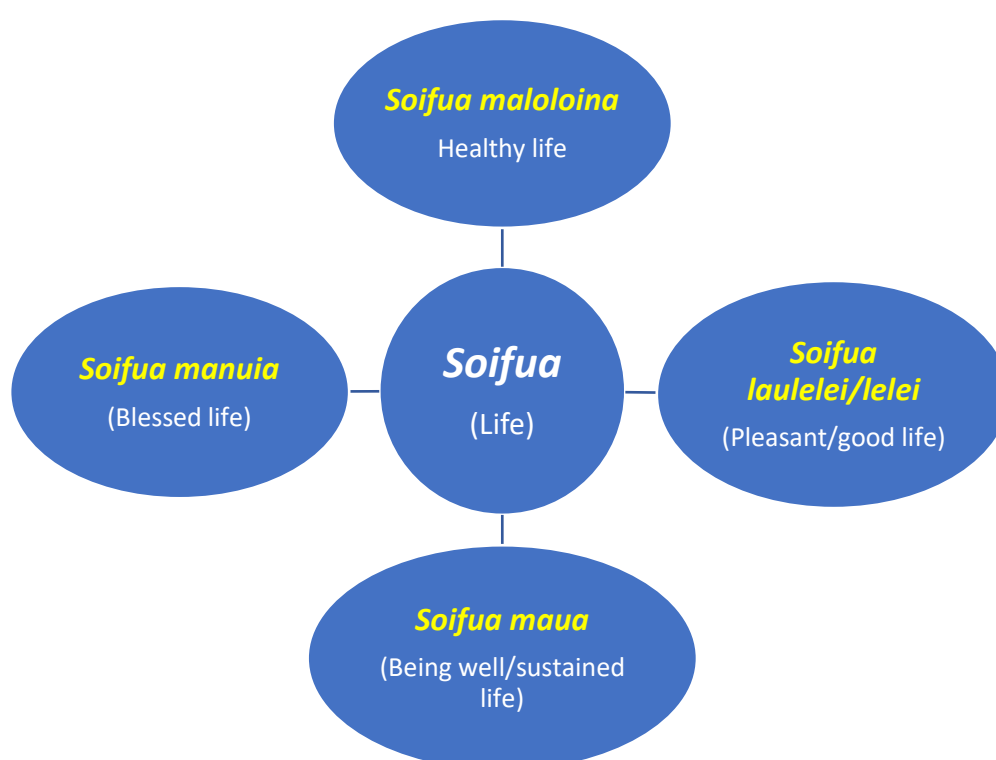


Figure 7. *Soifua* and the word pairings Samoan elders used to describe wellness

Soifua mālōlōina loosely translates as health. G2F3 expressed her view of *soifua mālōlōina*:

A mālōlōina lou soifua e te fiafia...ae a leiloa le soifua mālōlōina e te le fiafia, a malosi ma le tino ua fiafia.

If you live a healthy life, you will be happy. However, if you don't know how to live well and healthy, you will not be happy; if the body is healthy then you are happy. (G2F3)

Soifua laulelei translates literally as to live a smooth, even and satisfying life. G2M1 shared this view of the term:

Soifua laulelei – smooth and satisfied life. (G2M1)

Soifua lelei and *soifua manuia* translate as live well, good and happy. G3M3 shared his view of the two terms:

Lea ou te tilotilo atu ia [group members] M3, M1 o [group member] M3, ia lea e soifua lelei a. Ona o le soifuaga lea e pei o lea ua fai a ma inu isi fualaau, ae a poto a le tagata e tausi lona soifua i le taimi lavā lenei, ua tea le taimi lena a o le taimi lavā lenei, ia a poto a e tausi lelei le soifua foi lele, e soifua manuia a.

Now as I see M3 and M1 [group members], M3 [72 years old at the time] is living well. Because our lives now we take a lot of medication; however, if a person is wise in looking after their health now, those days are gone but right now, if people are wise in taking care of their health, they will live a good life. (G3M3)

Malo le soifua and *lagi e mama* are Samoan salutations that illustrate a culture entrenched in wellness ideals, for example, *malo le soifua* translates as congratulations on living or life; *lagi e mama* is synonymous with *soifua* and translates as clear and cloudless skies used to congratulate someone on having a life that is free of troubles. These greetings offer those they meet ‘good health and life’. The words and language themselves are empowering words that speak life.

G3M1 shared his experience and knowledge of the Samoan greeting *malo le soifua*:

O lea, pei a every time we come in like this morning, a;¹⁰ what is the first thing we did when we each greet each other? Congratulate each other for good health, a? Ia o le mea lea e muamua ai pe a faailoai, ona o le taua tele o le tagata, o le 'Malo le soifua lelei; ia malo le soifua.' E muamua ona faamalo ai o le malosi—e taua tele la ia tatou. Even from the first greeting, it is faafetai i lou malosi poo lou soifua lelei; ia lagi e mama¹¹. O upu na e greet ai e tagata Samoa le isi tagata Samoa. E praise of good health...O le malo le soifua laulelei, malo le soifua maua, malo le lagi e mama. O uiga o na upu e tusa o lae lelei le soifuaga. Lagi e mama, soifua maua, le ola lae maua mai le Alii.

It is like every time we come in like this morning aye; what is the first thing we did when we each greet each other? Congratulate each other for good health, aye? That is the first thing we do when we meet or greet one other. It is very important to greet each other with a wish of good health to you. When you wish good health, you first congratulate them for being well, and this is very important to us. Even from the first greeting, it's expressing gratitude for your strength or good health and life (*soifua lelei*); clear skies (*lagi e mama*); these are words Samoans use to greet another Samoan. It is a praise of good health ... Congratulations on your smooth life, your clean life, the meaning of those phrases is like life is good. Clean life, obtained life, is life received from the Lord. (G3M1)

G3M1 explained *Malo le soifua ma le lagi e mama* as a greeting of good health to another Samoan when you meet. He further shared the salutations *Malo le soifua laulelei*; *Malo le soifua maua* and *Malo le lagi e mama*, which he described as all having the same premise of living a good life. As previously noted, the term *soifua* is the Samoan word for live and good

¹⁰ *a* verb particle (vp). Emphatic particle used after certain bases especially after *moni* and in some other expressions. *E moni ~ oe*: You are right. (N.B. This particle often takes emphatic stress *ā*) (Milner, 1976, p. 1).

¹¹ *O le lagi e mamā ma le soifua maua* figurative saying, proverbial expression: Polite reference to a state of peace, health, and wellbeing (Milner, 1976, p. 94).

health (p. 24). From group *talanoa*, participants used the word *soifua* with *mālōlōina* (health and wellbeing), *manuia* (blessed and well), *laulelei* (smooth and satisfying) and *maua* (received and sustained) to describe wellness. The words described thus far provide a starting point to understanding Samoan wellness terms and were an opportunity for further exploration within the individual *talanoa*.

4.2.2 God, church and prayer and a positive outlook

As previously mentioned, God and prayer were essential to Samoan elders' perceptions of wellness. G2F1 shared this view of wellness:

O le tatalo ma le mana o le Atua lea e maua ai le mālōlōina, aua o le talitonuga lena. Tatou talosaga ma faamoemoe i le faamalologa a le Atua lea e maua ai le soifua mālōlōina.

It is prayer and God's supernatural power (*mana*) that keeps me well because that is our belief. Our prayer and trust in God's healing is where our health and wellness come from. (G2F1)

G1F1 is a 76-year-old widow with 12 children and is a recent migrant to New Zealand, having been here four years at the time of *talanoa*. It means she does not qualify for the New Zealand pension. However, her adult children and New Zealand benefit assist with her day-to-day living costs. She shared G2F1's view that prayer is a powerful element for wellness:

Ou te lagolago i vāega ia e fai fesili i le soifua mālōlōina, aua a faapea e te fiafia, e te alofa, e te fa'aaloalo ae sili a lou toaga e tatalo.

I agree with the group regarding the question about wellness because if you think you are happy, you'll be loving, you'll be respectful, but the greatest of all is becoming very diligent in prayer. (G1F1)

Along with God's *mana* (supernatural power) and prayer, 67-year-old G2M1, retired father of five adult children, is a long-term New Zealand resident of over 40 years. He added the following:

So thinking about wellness will make me well. *O lo ta ita a lea ou te talanoaina, o lo ta ita a ola mālōlōina. A ou tautala ia ta ita ia ua ma'i e maua foi lo ta ma'i.* So, it is thinking about these things that makes us. So, *a ta manatua o lea ou te mālōlōina*, it turns out *ou te mālōlōina*. *A faapea ou te manao i le tagata le la e mālōlōina*, I pray *e tumau a le mālōlōina i si ou uso lea ma si ou toafafine lea*. This is our prayers when we pray. Our good health continues. When we pray, we are thinking as well about wellness.

So thinking about wellness will make me well. For me personally, I am talking about my own health/wellness. If I speak to myself as being sick, I will become sick. So it is thinking about these things that makes us. So, if I think that I am healthy/well, it turns out that I am healthy/well. If I think that I want that person to be healthy/well, I pray that my brother here and my sister here continue to be healthy/well. This is our prayers when we pray. Our good health continues. When we pray, we are thinking as well about wellness. (G2M1)

G2M1 spoke to the power of positive thinking and thoughts of wellness over one's life, coupled with prayer as a significant element for his health and wellbeing. G2F1 shared G2M1's sentiments, saying:

Speak words of physical wellness. *Fai upu o le wellness instead of e¹², ua ta mai, tiga le fea ma tiga le fea* but I know that God heals me, that's the line of prayer. So it is being thankful to the Lord for life for healing because *tele a taimi ou te faalogo atu pe e le malolosi atoa* but you still have a belief *o lae tausī oe e le Alii. Lea e maua le mea ai, lea e maua*

¹² *e* verbal particle, *e lima vaa* – five boats. A “call” – *Maria e!* (Allardice, 2000, p. 15)

le mafanafana o le tino, la e maua le taimi e alu ai e savāli, maua le taimi e moe ai.

Speak words of physical wellness. Speak words of wellness instead of, oh, I am sick, this hurts and that hurts but I know that God heals me, that's the line of prayer. So it is being thankful to the Lord for life for healing because there are lots of times I feel I am not completely well, but you still have a belief that the Lord is looking after you. I have food, and I have warmth within my body, I have time to go for a walk and time to sleep. (G2F1)

Along with speaking positive affirmations over our life, G2F1 added that God's healing power through belief, prayer and being thankful for the life that He has given has equipped us with all of life's necessities.

Seventy-three-year-old G4F2 highlighted her church attendance as crucial to her view of being well.

Ta te nofo ma fai ia ta ita ou te malosi. Ae maise foi le olaga tatalo; le ola tapuai. O le aoga lea o le lotu. E o i lotu tagata mātutua aua o tagata mātutua a oo ina mātutua, ua na o le lotu a lona manatu.

I sit and tell myself that I am well. Especially my prayer life. A life of worship. That is the value of church. Old people go to church because as old people become older, all they think about is church. (G4F2)

These participants' view of wellness and the effect of God, church, prayer and thinking positive thoughts and speaking affirmations on their lives and the lives of their loved ones was a central theme that emerged among participants and across group *talanoa*.

4.2.3 Food

Traditional staple foods such as *talo* (taro), *fai* (green banana) and *peepee* (coconut cream) were essential to many participants view of health and being well. 75-year-old G2M2, who has

six children and has lived in New Zealand for almost 50 years, shared his view about Samoan food and wellness:

I a te au ia ou te vāai i mea tausami aua o Samoa ia o le faalifu talo, faí tao, ia ma le koko Samoa; o mea ai taua nei, avātu ma le suauu o le popo.

For me, I look at food because in Samoa it is taro in coconut cream, baked green bananas, and Samoan cocoa; these are essential foods, along with the coconut oil. (G2M2)

G1F2, a 69-year-old mother of two adult children and three grandchildren, said the following about food:

O le soifua mālōlōina o tagata mātutua o le mea taumafa lavā a.

The health and wellness of older people is the food. (G1F2)

This was a view shared by 79-year-old G1M1, the second eldest group participant, married and living with his adult daughter and family:

Faamalieiga, manatua foi e moi o le mea taumafa, ae maua uma mea taumafa inei. Ae pei o mea taumafa ia lea e masani ai latou i Samoa e tataua a na maua, a ua umi ona tuu o le lua vāiaso, o le vāiaso a e tataua ona e ai se talo, e iai se mea faapena aua o le tele a mea ua maua i inei o mea uma - o moa, puāa, povi, mamoe maua uma i inei. Peitai la, pei a o nai mea na e mata'itu i ai Samoa. Pei o le mea o le talo, fai, nai mea e inai ai taumafataga. Pau na o le mea lea ou te iloa...e eseese ai.

It's convenience! Remember while it's true it is the food, but all foods are found here. But the foods that they are used to in Samoa should still be available, because you may go without them for two weeks, one week, but you should eat a taro or have something like that available, because there are lots of foods that can be found here, things such as chicken, pork, beef, and lamb are all found here. However, those are

the foods that Samoans look out for; foods like taro, green banana, foods to accompany main meals. That is all I know to be different. (G1M1)

Sixty-three-year-old G3M1, a married father of four adult children and the youngest male group participant, further asserted the benefits of these foods and hinted about changes over time and place:

So, wellness is something that is natural *i Samoa. Ia atonu foi o le isi mea e malolosi ai tatou tagata i Samoa aua o le tele lavā o le mea tausami o tatou all the natural a organic food, o le mea e aumai le faatoaga, o le fai, o le ulu, o le talo, ma le alu i le sami. E mulimuli e aumai se mea o le aisa, ae aumai le aso le faagota, poo le ia o le sami fai ai le mea'ai o le aso.*

So, wellness is something that is natural in Samoa. Maybe the other thing that our people in Samoa are healthy because a lot of our foods are all natural organic food, food from the plantation, green banana, breadfruit, taro and going to the sea, getting food from the fridge comes last. Each day brings a new catch, or a fish from the sea for the day's meal. (G3M1)

4.2.4 Being physically active in working the land

G3M1 alluded to the added physical benefits of Samoans labouring on their natural resources such as land and sea to obtain daily food requirements, which G1F2 agreed with and added the following:

I, o tausaga ua tea, ma tausaga nei, ma tausaga lumanai, pe iai se eseese? Ioe, e telē le eseese. O aso la, even before I was born, sa tausami mai mea e feola ma feoi around them mai Samoa, they eat fish, mea faapena. So e a foi, e galue le tagata ia ma malosai ai a ia, tele mea e maua ai lana exercise pe'a galue ma maua le mea'ai fresh e ai a ia, so, o mea na ua te'a.

Yes, in the past and these years and future years to come, there is a difference, yes, there is a big difference. Those days, even before I was born, in Samoa they used to eat the food around them, they eat fish, things like that. So, a person labours and gets strength from it and gains lots of things through exercise if they labour to get fresh food to eat, so those were things in the past. (G1F2)

G1F2 noted how people in Samoa lived off the land and sea, and through their labouring Samoans gained strength and remained healthy. G3M2, a 76-year-old married father of nine, attested to this with his experience of growing up in Samoa and how it pointed to his view of wellness:

I le taimi lena o o'u talavou, pei o tatou na tatou ola mai Samoa, tatou inei. O le malosi sa iai, ia, e malosi tele. E pei o le galue, e lei pei o Niu Sila ae alu e f'āigaluega e alu i le taavāle, ao Samoa, a alu i le maumauga, e savāli i tai. Tusa e tolegi aso uma. E faasolosolo le olaga i le malosi, ae e i'u ina fo'i le malosi i Samoa lea, le taimi lea i Samoa. Ao le taimi nei lea ua i Niu Sila, e mo'i a G3M1. O inei ua omai foi i inei, ua ese le si'osi'omaga nei.

When I was younger, like us who grew up in Samoa, us here, the strength we had then, we were very strong. It's like work, but not like New Zealand when you go to work you travel by car, whereas in Samoa when you go to the plantation, you walk towards the coast. It is like training every day. You get stronger, but that [strength] eventually subsides, and it is [strength] only during your time in Samoa. However, our present time in New Zealand, G3M1 is right. Here [New Zealand] we have come, and the environment is different. (G2M2)

G3M3 added this to the *talanoa*:

e alu galue, alu i le ma'umauga, sau alu faagota, sa le mafai ona tupu ai ma'i ia pei o le toto mauauga lea ua i ai nei, po o le suka lea sa

tatou galulue mai ai i taimi a o tatou i Samoa, ae ua oo mai i inei, tusa o le olaga ua fai si faapelepele o le olaga i inei.

you go work, go to the plantation, come back, go fishing and you could never develop an illness like high blood pressure that there is today, or diabetes because we worked from our time in Samoa, but we have come here, and have become precious with our lives here. (G3M3)

Here G3M3 agreed with G3M2 that in the process of sowing and gathering of food in Samoa, they were stronger, healthier in the past. However, life here in New Zealand has made them ‘precious’. G1M3 noted a change in the composition of the food we consume today as a clue to changes in being well:

O le soifua mālōlōina i le itu tau taumafa, ua le toe tutusa le taimi lenei, ona ua iai vāilaau ua a’afia ai mea’ai nei, ua fa’aaoga i taumafutaga. Pei o le mea lea o le moa ma le povi.

Wellness, in terms of food, is not the same these days because there are chemicals that have affected food today and used in meals. Like the things such as chicken and beef. (G1M3)

G2M3 suggested these changes as a reason for people experiencing ill health and death.

But nowadays because everything has been injected with this whatever they have got into the food that we eat *lea pei ua vāve na sui ai le tatou olaga i le mea lea ua iai*. But in those days back home *e leai ni vāilaau na faaaoga i na taimi sa fua faatoaga i le fresh soil e leai ni mea na ave iai e leai foi ni faama’i i Samoa i na vāitau. Na maliliu matou matua aua ua mātutua* you hardly heard of anybody dying of cancer or diabetes. *Ae lenei vāitau ma le nei tupulaga ma lesi foi generation ia, ua ese foi mea lea ua faaaoga ua āfāiga ai le tatou soifua mālōlōina.* So, my thinking is that *mea ua tatou aai ai ua ave i ai vāilaau e oso ai pei o vegetables ua faaaoga vāilaau* and our health is affected from it. That is why *ua āfāiga le tatou soifua mālōlōina.*

But nowadays because everything has been injected with this whatever they have got into the food that we eat it's like our lives have quickly changed, that is where we are now. But in those days back home there were no chemicals used in those days, crops grew on fresh soil nothing was added to it there were also no illnesses in Samoa in those times. Our parents passed away because they grew old; you hardly heard of anybody dying of cancer or diabetes. However, this generation and the other generations, different things are being used that are affecting our health and wellness. So, my thinking is that the things that we are eating have had chemicals added to it to grow like vegetables have used chemicals, and our health is affected by it. That is why our health has been affected. (G2M3)

Food, in particular, Samoan staples that were natural, organic and chemical-free were characterised by most participants as being a significant element in their view of being well. Furthermore, the changes participants experienced over time and place were evident, especially when the elderly men talked about how their past hard labouring on crops and plantations in Samoa as younger adults played a critical role in their wellness and physical wellbeing. Whilst coming to New Zealand had many benefits, the accessibility of transport impacted participants' health/wellness with some, mostly the males, expressing a shift of strength and health as a consequence of changing time and place.

4.2.5 Physical activity

Besides the physical benefits of working the land, participants also noted the importance of *gāoioi*, which means to move or be active, to their notions of being well.

Group One participants expressed in unison this view regarding their wellness:

O le gāoioi – It is to move. (Group 1 participants)

G1M1 further explained his (past) experience of *gāoioi* in Samoa:

O Samoa ia e leai ni exercise e faia, ai o le gāoioi i galuega e fai, e more than exercise, more than the gym aua a alu e fai popo, e saua ma le ona sefulu e amo¹³ mai le ua.

In Samoa, there is no exercise, but being active in doing work is more than exercise, more than the gym because when you go to collect coconuts, you come back carrying 60 on your neck. (G1M1)

G1M2 alluded to this earlier when he shared his experience of working in Samoa and travelling by foot to the plantation. In contrast, he noted the change when coming to New Zealand where travel to work was always by car. While transportation in New Zealand is a convenient way to get around, it highlights the drawbacks for participants of being less active, physically, today.

G3M1 had this to say about the present situation, time and environment:

You have got to get up and go exercise. Ona ua lei toe iai le olaga nae gāoioi i Samoa. Ia ma le tulaga lena inei. We are more conscious about being well. Ia ma ua le gata ina, ua tele tulaga soifua mālōlōina in Niu Sila, e lei i ai i Samoa. Samoa sei iloga ua matuā 'e mai lavā ona ave loa i le falemai. I inei, e te fulū loa, vili loa le appointment e vāai le doctor. Pei ua masani tatou ua conscious tatou in everything health-related. So we are looked after by doctors all the time.

You have got to get up and exercise. Because we no longer live the life of constant movement that was in Samoa. That is how it is here. We are more conscious about being well. And not only that, there are lots of opportunities of being well in New Zealand that are not available in Samoa. In Samoa, it is not until you are seriously very ill that you go to the hospital. Whereas here, when we get the flu, we call to make an appointment to see the doctor. It is like we have become accustomed, and we are conscious in everything health-related. So we are looked after by doctors all the time. (G3M1)

¹³ “Yoke – stick resting on a man’s shoulder and used for carrying two heavy loads, one at each end” (Milner, 1993, p. 18).

G3M1 described how the changes in his view of wellness have been adapted to suit his current environment and circumstance. It reflected his new reality of growing older and living in New Zealand and also hinted at the many opportunities New Zealand offered older people for being well and living a physically healthier life.

4.2.6 Medicine

The Samoan elders' shared that regular doctor's appointments and medicines, mostly in the form of pills and tablets, has become a daily requirement of participants' everyday lives. Some were stunned by the reality of the amount of medication they have to take. However, most seemed to accept that it was just part of their daily lives now and it assisted with living a good and healthy life. G3M1 summed it up this way:

Ailoga e i ai se isi e le tausi i fualaau; we are all on medication. So Samoa sa seasea sa identify e le fomai lou condition ona aumaia ni vāi e tausi ai oe. Ia aoinei, well the doctors and technology reveals all our conditions, so we are getting medication. So even though we are well and fit and running, we are still taking a couple of tablets each and every day. Ua iai a fualaau e feasoasoani mo aso taitasi.

I doubt there is no-one here that is not taking tablets; we are all on medication. So Samoa very seldom did a doctor identify your condition to prescribe medicine to look after you. Whereas here, well the doctors and technology reveals all our conditions, so we are getting medication. So even though we are well and fit and running, we are still taking a couple of tablets each and every day. There are tablets to help [us] each day. (G3M1)

Sixty-six-year-old G2F3 is married with six adult children. At the time of the *talanoa*, she was living with her husband and worked and received New Zealand Superannuation. She added this view:

If you have got asthma, you have got medication for asthma. *O le mea lena ua faaletonu ai le tatou soifua mālōlōina. O le blessing o le tagata e maua ai lona malosi ma e taumafaia e le tagata ia e look after lana tino ma puipui i faamai ma mea eseese ma usitai i mea ia. O fomai la e fesoasoani mai auā a le inua foi le fualaau, ia tasi lena mea, a e le alu i au appointment ia ua misi foi lena appointment ma le fesoasoani mai le fomai. Ia o mea uma na e fesoasoani e ā'afia ai le tatou soifua mālōlōina.*

If you have got asthma, you have got medication for asthma. That is something that's affecting our health/wellness. A person's blessing to gain their health is to try and look after their body and prevent illness and other different things and listen to doctors trying to help with medication, that's one thing if you don't attend your appointment you miss another appointment and help from the doctor. These are all the things that effectively help our health and being well. (G2F3)

Along with attending doctor's appointments, G2F3 noted the importance of taking advice and medication prescribed by medical doctors for specific illnesses in assisting health and wellness.

G2F1 stated the reality of having to take regular medication in her advancing years, something which G3M4 shared:

Ona o le soifua lea pei le ua fai mai lavā le ua inu isi fuala'au ma isi fuala'au, ae a poto a le tagata e tausi lona soifua i le taimi lavā nei, ua tea le taimi lena ao le taimi lavā lenei, ia a poto a e tausi le soifua foi lele o le soifua lelei, e soifua manuia a.

Because that is life just like we have been saying now it is drinking another pill and another pill, but if a person is clever in looking after their life at this present time, those days have gone, but this present time, if you are wise you will look after your life that is and live a good life, a happy, successful life. (G3M4)

In describing the medicines she takes, G2F1 could not help contrasting this with past times:

Even medicine those days *e faaaoga* leaves roots of the trees, *e leai ni nei mea ua inu faasefulu fualaaui*. Nowadays you have like ten pills to drink a day.

Even medicine in those days they used the leaves and roots of trees, there was nothing like taking tablets ten times. Nowadays, you have like ten pills to drink a day. (G2F1)

This and other comments immediately brought discussions back to the value and valuing of *taulasea* (traditional healer/traditional medicine). The role and place of the *taulasea* was particularly discussed in the *mafutaga tina* – the female-only group – as influencing their views on and experience of wellness:

O le isi foi mea e iai foi togafiti fa'aSamoa. Ia o togafiti fa'aSamoa e masani ai o le fofō.

The other thing is that there are Samoan medical treatments. They are Samoan treatments that use Samoa massage. (G4F1)

This group debated the place of traditional healers and the use of *fofō* and other traditional ways as treatment. G4F3 said:

O le mea lena e tau o le taulasea, fofō fa'aSamoa. Tiga loa se mea ia fati mai le lauti sau milimili ia tea ai a lou ulu. E leai, e pei o Niu Sila sei iloga e aumai le fuala'au e inu. E ese a Samoa.

That is what we call a traditional healer Samoa medical treatment. When something hurts, then you break off a tea leaf and rub to alleviate your headache. It is not like in New Zealand, where you take a tablet. Samoa is different. (G4F3)

Participants spoke of traditional healing and traditional forms of treatment that involved the practice of *fofō* (Samoa massage) and the use of natural materials such as *lauti* (tea leaves) and *faguu* (Samoan coconut oil).

4.3 Influencing factors of wellness

Following on from the discussions of these Samoan elders' perceptions of wellness was a question about the factors that influenced their wellness views and experiences. Elders signalled the most common themes as church, and *mafutaga*, family and the roles they play within them, living arrangements and rest homes.

4.3.1 Church and *mafutaga* (fellowship)

Church for these Samoan elders was a significant factor influencing their perceptions of wellness. Having grown up in the church as children, participants still hold tight to their childhood lessons and teachings, and claim to value their church, faith and belief more in their older years.

G2M2 had this to say about church and how it influences his health and being well:

O le mea muamua a lena e o mai i le lotu e ave iai le fa'aaloalo i le Atua. O le lotu o le mea taua. A le maua e le tagata le poto o le Atua, e le atoatoa le olaga lenei. Ma o le lotu o le mea taua tele.

The very first thing is going to church to give respect to God. Church is an essential thing. If a person does not have God's wisdom, their life here will never be complete. The church is the very important thing.
(G2M2)

G3M1 comments build on those of G2M2 to show the lifelong effects of church on his life:

We grow up in the church, i totonu o le lotu. E mulimuli lavā ona tatou iloa ma malamalama i le Christian faith. Ae a ola ma faatonuga we were taught going to church is the right thing to do, a? Ia o le olaga lena ua tatou faasolosolo i le matua ma tatou matua faaleagaga foi, a? So we are spiritually ua tatou iloa le taua ma le mea ona tataua ona fai o le olaga faaleagaga o le ua tatou mātutua. A o tatou, Samoa, ailoga

e iai se Samoa na le 'i faasinoa e alu i le lotu i Samoa, a? O tagata uma e o i le lotu. Ae o lea ua oo ina matua, ia ua iai le taua o le filifiliga a le tagata i lona olaga faaleagaga, a? Ae ua tatou iloa, e le o le taua o le upu o le tatou o le Metotisi poo le LMS, e taua o le relationship a tatou ma le Atua.

We grow up in the church in the church. It is much later that we come to know and understand the Christian faith. But if we live with instructions, we were taught going to church is the right thing to do, aye? So, that is life as we getting older and we become mature spiritually as well, aye? So we are spiritually we know what is important and what we should do for a spiritual life now that we are older. We Samoans, I doubt there is a Samoan that was not directed to go to church. Everyone goes to church. Now that we are older, choice has become important in a person's spiritual life, aye? As we know, it is not the word of our Methodist, and LMS [London Missionary Society] teachings, most important is our relationship with God. (G3M1)

G3M1 highlighted the progression of his earlier days growing up in the church:

Ao le vāitaimi lenei, ua malosi le tala lelei, ae ua malosi foi ma le fasi tagata i le mea lea ua i ai nei le soifuaga. E le gata i totonu le tatou nu'u, ua tatou tuua le tatou atunu'u ma ua tatou omai i totonu o le atunnu lenei, e tasi a le mea lea ua tatou lagona e tatou, ae maise tatou le au mātutua , e faamuamua le lotu, o le lotu a, na o le lotu a, tapuai i le Alii.

However, these days, the good news is strong, but also strong is the killing of people that is where life is now. It is not only within our village, we have left our country, and we have come here to this country, there is only one thing that we feel, especially as the older generation, to put the church first, the church, only the church to worship God. (G3M4)

Mafutaga (fellowship)

G1M1 extended the view of the church to include *mafutaga* (church fellowship) as having great value and importance to his view of being well:

A e alu i le mafutaga, e maua ai le ata, talanoa i le isi, maua le mafutaga e fetufaā'i ma le isi tagata ma le isi tagata, i totonu o le mafutaga. E tele le taua ma le aoga mo lou soifua mālōlōina, i lou mafuta i mafutaga. E maua ai manatu. E maua ai lagona. E tele le taua o le mafuta i le mafutaga i mea fou.

If you go to fellowship, you get to laugh, talk with others, gain a fellowship of sharing with this person and that person within the fellowship it is vital and valuable to my health and wellness when I attend fellowship. You gain ideas. You gain feelings. It is very important to attend fellowship for new experiences. (G1M1)

G1M3, a 76-year-old father of four, agreed and added this to the *talanoa*:

A o le mafutaga e telē tele le aoga, ou te sau ma lo'u tiga o lo'u mafaufau i lo'u 'āiga, ae ou te sau ata i i; e maua ai lo'u feasoasoani. Ou fiafia church is good. O le lotu e lelei foi le lotu. E tele foi le feasoasoani o le mafutaga faalelotu... Afai, ua tatou o mai i le lotu aua ua i ai le tatou talitonuga tatou te mafuta ma le agaga paia e feasoasoani mo tatou, o le mea sili na taua i le agaga.

Fellowship has a great many uses, I come with a sore head from my family, and I come and laugh here, I get help. I'm happy church is good. Church its good church. There is lots of help from church fellowship. If we have come to church because we believe we will dwell with the Holy Spirit who will help us, that is the greatest thing that is important for our soul/spirit. (G1M3)

At the same time, however, concerns were shared that some of the church fundraising activities affected health and wellness:

A tele saoga tupe o le lotu ua aafia ai lou mālōlōina.

When there are lots of fundraising events at church, your health/wellness is affected. (G1F1)

One participant noted that one should not have to stress over fundraising but acknowledged that it could be stressful to some:

Saoga mea o le faamamafa fua. E iai a le taimi e maua mai ai le mea e fetau ma le fesoasoani, ao le a worry mamao atu i ai, e tele na ātu ai ma pressure ai. Tasi lena vāega e sa o ai foi oe, aua o le isi tagata e ta'u loa o le saoga mea, faapea, e, ua toe sau foi nei mea!

Fundraisers why make it so stressful. There is a time when you get enough to meet and help but to worry so far ahead of it just adds more pressure. That is one factor that you are right about because there are some people when they are told about fundraising, they think, these things have come up again! (G1M1)

While most participants shared the value and importance of the church and *mafutaga* on positively influencing their experiences of being well, G1F1 highlighted church fundraising as a factor that negatively impacts her health and wellness. G1M1 agreed that the stressful effects of the mere mention of *saoga tupe/mea* would have a negative impact on some people, and suggested taking it all in their stride.

4.3.2 Family and the roles participants play within them

The *‘āiga* and the role and relationships elders played and shared within them was another major factor these Samoan elders expressed as influencing their perceptions of wellness.

G1M3 shared this about a Samoan elder's role:

O le matafaioi lavā lea a le Samoa, o ia ma lana ‘āiga, especially le matai. O ia e faamaopoopoa ona au ‘āiga, i tulaga uma lavā e tatau

ona ola ma soifua ai ō tatou tagata Samoa. E le faigofie foi ona aumai le tu ma aga Samoa mai o, e faatino iinei. Ae e le mafai ona tuuina lata matafaioi poo tiute fai e faamatua, fa'amatai, faataitai o 'āiga i le tausiga o le 'āiga i le maopoopoga lelei, ina ia manuia mea uma.

That is the responsibility of a Samoan, them and their family, especially the *matai*. He gathers together and organises his family in all conditions that are required of all Samoan people to live by. It is not easy too to bring Samoan custom and protocols from there to practise here. However, you cannot leave the soul of your responsibilities, or duties as an elder, *matai* and leader of the family and taking care of the family in organising them well so that all things are successful and end well. (G1M3)

G3M1 added how 'family business' and matters consumed almost every hour of every day:

So every day something is going on, a? I le olaga lea faale'āiga, a? O le tele foi o ō tatou tiute na po o le matafaioi lena a tatou. Po o lea lavā mea e tutupu, we all go together. Aoinei la, you have a choice. E tau mamā laitiiti. O le isi taimi ua logo mai o le isi foi mea ua le logo maia. It is not as intensive as in Samoa. Pei o le tulaga lena. Ia ae vāganā o tatou e nonofo i nei ae tutupu mea i Samoa, ua oso i le vāalele e alu, leaga we have to be there because of family responsibilities. So the family and the family responsibility is still very strong in our culture

So every day something is going on, in this life of the family. There is also lots of duties and or responsibilities that we have. When things arise, we all go together. Whereas here, you have a choice. It is not as heavy. At times we are informed, and other times we are not informed. It is not as intensive as in Samoa. That is the current situation. Except when we are living here, and something happens in Samoa, we jump on a plane to go, unfortunate, because we have to be there because of family responsibilities. So the family and the family responsibility is still very strong in our culture. (G3M1)

G1M3 and G3M1 spoke about their roles and responsibilities as elders, *matai* and leaders to the family to ensure *fa'aSamoa* values and practice were upheld, as G1M3 so eloquently put it. Building on their views, G3M4 had this to add:

E iai le upu fa'aleaganu'u e fai i Samoa, "O le faletele¹⁴ e tua iai le faleo'o¹⁵" pei o se upu aganu'u e faatau tele ma tatou talitonu iai, o lona uiga, o le tautua ia e nofo i le faleo'o, ao le matai e nofo i le faletele. O i i le faletele e aumai uma i ai tonu o mea uma o le 'āiga i totonu o Samoa. Lea ua tautatala ai Samoa i le uiga o le upu lea, "O le faletele e tua i ai le faleo'o". A oo mai lea ua tatou soifua ma tatou ola iinei i Niu Sila, ua le maua le mea lena.

There is a cultural phrase they say in Samoa "The main house relies on the small house" it is a cultural phrase that is very important, and we believe in it. It means those residing in the small house, serve, whereas the *matai* dwells within the main house. The main house is where all the instructions for the family come from in Samoa. Here we are talking about Samoa and the meaning of the word "The main house is serviced by the small house" However now that we are here, we live our lives here in New Zealand, that thing is no longer found. (G3M4)

Quoting a Samoan phrase, G3M4 compared his experience of living in Samoa to living in New Zealand. He talked about the importance of *matai* and family elders, giving good counsel and instruction and 'leading from the front'. At the same time, he acknowledged that elders' decisions and successful functioning is dependent on the collective work of the *taule'ale'a*, *aumaga* (untitled men and women) who prepare and serve from behind. G3M4 noted the

¹⁴ *Fale tele* also called the *Fale talimālō* (guesthouse) literally means big house or main house; often round and usually the central main house of the family. It is always occupied by *Alii* (High Chief) in the family and used to welcome/accept and entertain important visitors and hold family meetings (I. & F. Lauaki, personal communication, May 1, 2018).

¹⁵ *Faleoo* (small house) – An ordinary dwelling house, often occupied by the untitled young men/women of the family, where they prepare everything to take care of those in the *fale tele*. It is also where they carry out and/or put into action the instructions from the *matai(s)* or family elders in the *fale tele* (I. & F. Lauaki, personal communication, May 1, 2018).

difference as being an absence of physical structure, and the makeup of the buildings within New Zealand, or perhaps a metaphor G3M4 could be making is about an absence or lack of reciprocity of cultural exchange, service and knowledge practised in New Zealand between younger Samoans and elders. In addition to the changes participants experienced as a consequence of time and place, G3M1 had this to say:

A e pei o le tau mai o mea e fai o le 'āiga, it gives them a bit of a challenge, a mental challenge o latou lagona, aua o se mea taua tele i le tagata matua o Samoa e faia o le faaiuga, decision making for the family. E mamafa e le faigofie. A oo la i le taimi ua longer that responsibility pei e le lavā le mafau fau o le tagata ua matua, ua le o toe mentally not able to make decisions. Lona uiga la, o se tulaga lena, e pau le mea e maua ai le mapusaga o le tagata matua, ua mātutua le fanau ua mafai na latou faia le filifiliga lena. You are no longer carrying the responsibility of "fai le tonu, fai le tonu". Ao le tagata la, tou te iloa foi, once you are in that stage ua leo toe tofia tonu o le 'āiga, the next thing is you deteriorate quite fast. So, that is the difference. A oo le taimi lea o lo o i ai ia oe le responsibility e fai le faaiuga, o lea fai le tonu mo le lelei o le 'āiga, you are actively in your brain in you mind, ma lou mafau fau ma lou agaga, o loo galue pea mo le lelei o le 'āiga.

It is like when you are told about things happening in the family. It gives them a bit of a challenge, a mental challenge that is cognisant of their feelings because it is very important to older Samoa people to make decisions, decision making for the family. It is heavy and not easy. However, when the time comes, and they no longer have that responsibility, the mind is not entirely there because the person has aged. They are mentally not able to make decisions. What this means is a situation that can only be resolved and give relief to the elderly is if their children are older to make the decisions. The elder no longer carries the responsibility of making this decision and making that decision. However, for the person, you all know, once you are in that

stage of not making decisions within the family, the next thing is you deteriorate fast. So that is the difference. However, when you are responsible for making a final decision for the good of the family, you are actively in your brain in your mind, and your mind and your feelings are working for the good of the family. (G3M1)

G3M1 spoke to the experience of elderly members as the decision-makers within the family. He highlighted the delight older people experience in making the hard and final plans for the family to execute. However, G3M1 also candidly spoke of the decline of mental capacities when elders are no longer able to make the hard calls and decisions that the family relies on them to make. It becomes then the responsibility of their older children. G3M2 shared this from his experience:

O au ma lou olaga, e le natia, na ave au i le falemai i le mea lea. O au ua le toe faia se faatonuga i si a'u fanau; o la'u fanau ua tuu i ai; tuu i ai i lo'u taimi matua ua i ai. O le 2012, matou faamatāia uma ai la'u fanau i Samoa i lou 'āiga i Lufilufi; 'āiga o lou Tina. Ou te le natia, na ave au i le falemai. Ua tau faaletonu lou mafaufau. Pei o le mea lea; mea o le fa'asoasoa o le selegi... Fai mai loa la'u fanau, "Ia vāai, tuu! Aua e te toe faia. Tuu iā matou." Ia lea ua tuu i i. Ua galulue latou, ua ou le toe faia... O lou atalii la, ia e sami taeao lana pe'a, ma le isi ou atalii, o le au alii uma ua fa'amatai.

Me and my life, I am not going to hide it, I was taken to the hospital for this very thing. I no longer give instructions to my children. I have left that to my children. I have passed on my time as an elder to them. In 2012, we bestowed *matai* titles on all my children in Samoa, with my family in *Lufilufi* [village in Samoa]. On my mother's side of the family. I will not hide it; I was taken to the hospital. My mind was affected. Like this thing of trying to budget funds. My children told me, "Look, stop! Don't do it anymore. Leave it to us." And so now I have left it. They do it, and I don't do it anymore. My son, he celebrates his

tattoo tomorrow, and my other son, both have been bestowed with chiefly titles. (G3M2)

G3M2 agreed with G3M1. He also added that being the family leader could also be a source of distress, especially with apportioning family responsibilities and financial issues. In addition, he talked openly about how he had striven hard to protect his children's (and thereby his family's) futures by passing on to them the responsibility of being a *matai*. Today his children were fulfilling the *tautua* and family obligations, which he had done in the past.

G3M2 and others believed the passing on of a love of family and family duties to one's children as an essential teaching and responsibility for elders. In return came the love and care shown by his children in accepting, honouring and fulfilling these duties.

4.3.3 Living arrangements and rest homes

Living arrangements were a concern raised in all of the group *talanoa*. Where and how elders lived was closely related to elders' ideals of family. This, in turn, impacted on elders' feelings of wellness. Again, responses contrasted the homelands with the New Zealand experiences as seen in these comments shared in the female group *talanoa*.

G4F4 added this factor which she believed influenced older Samoa people's wellness:

E le mananao tagata mātutua e o ese le 'āiga. E manao a e mafuta faatasi tagata. Tasi lena vāilaau aoga.

Older people do not want their family to leave. They want everyone to live together. That is one useful remedy. (G4F4)

G2F1 had this to say about living arrangements:

I'm thinking o Niu Sila, a nonofo toatele ni 'āiga, sometimes e fai mai e mamai mea faapena. But o le Samoa latou, e ola mai le Samoa ua

nonofo faatasi le 'āiga. So, e leai se mea fou ia tatou, pe masalo ona oinei i le tapunipuni o fale e ala ai ona tupu ma'i i le toatele e nonofo faatasi. A o le Samoa latou tusa a pe toatele le 'āiga, o mai fola e ola fiafia. E seāseā faalogo i se vevesi pe pisa se 'āiga e nonofo faatasi.

I'm thinking of New Zealand when families live together in big numbers, sometimes they say such arrangements make them ill. But for Samoans, they grew up in a family that lives together. So, it is nothing new to us, or perhaps it is here where houses are closed up, and that is probably how illness develops with lots of family living together. However, for a Samoan, even when there are lots of family members, they come spread out and live a happy life. You seldom hear dramas or disruptions from a family living together. (G2F1)

Both these female participants told of large families living together as a typical daily experience that has its benefits for the family collective, as pointed out by G2F1, of living in Samoa. Similarly, the benefits for the community of older Samoans were alluded to by G4F4, who asserted the practice of living together with family was 'therapeutic' for the elderly. However, G2M1 shared a different view about families living together:

Sometimes it can be stressful *too pe a umi na nonofo faatasi*. Maybe for a week but *a ovā ia e le tutusa tagata ma* what they contribute. *Niu Sila* costs money. Everything costs money whereas in Samoa you can get things for free.

Sometimes it can be stressful too when you stay together for a long time. Maybe for a week but if more than that, well people are not the same in what they contribute. New Zealand costs money. Everything costs money whereas in Samoa you can get things for free. (G2M1)

G2M1 makes a clear point and difference about living here in New Zealand and the realities of some family living situations. Addressing these differences, G2F3 humorously juxtapositioned the realities of living in Samoa and New Zealand:

You can go to the next house and eat a *fai* [cooked green banana] with their pig head (group laughs) or you can walk on the road and [people call out] “*Afe mai a, lea ua vela le mea'ai. Ia alu loa i lena 'āiga* (“Please come, the food is ready.” So you go to that family) (group laughs). But here is different everything costs money and you don't go and eat at somebody's house because if you do it twice, they will start talking about you saying do not come back here (group laughs), and I think that causes bad health because people stress. After all, you go in there and eat all their food and go without paying (group laughs), and then you start to get sick. I mean it all affects our health things like that. (G2F3)

Interestingly, participants G2M1 and G2F3 highlighted the value of money and the contribution of family members living together as factors that can affect their health. Participants painted a full picture canvassing both the benefits and limitations of living in large family environments both in Samoa and here in New Zealand. Family finances, or lack thereof, have a significant effect on New Zealand living arrangements. What was not mentioned and warrants further study was the makeup of these households. That is, who, in terms of family, were participants referring to when they talked about family members who stayed too long and did not contribute to family affairs? Were participants referring to their adult children or extended family members? Moreover, it was not revealed whether it was distant or close relatives that had varying effects on their health and wellness.

4.3.3 Rest homes

In discussing living arrangements, participants' conversations turned to a related issue of rest homes. Most of the discussions were about whether rest homes were an option for Samoan elders. This topic ignited an energetic debate among the female-only *talanoa* group. However, all members believed that caring for the elderly was a family duty of care.

G4F4 made this point:

O le Samoa a ia e tausi a e ia le tama ma le tina.

A Samoan cares and looks after their father and mother. (G4F4)

G4F1 agreed with G4F4 and added the following:

O Samoa a ia e faapena, e leai se matou rest homes. We look after our own. No matter how old they get, they still contribute to the running of the family.

In Samoa it is like that, we have no rest homes. We look after our own. No matter how old they get, they still contribute to the running of the family. (G4F1)

G2F1 shares this view of rest homes:

Toatele o tatou Samoa e lē o tatou people i homes. Even if it's someone staying home, giving up their job to look after someone at home, hardly ever ave tagata mātutua e nonofo i se fale mo tagata mātutua. It's just the way our people are – tausi i le fale.

Many of us Samoans our people do not go to homes for the elderly. Even if it's someone staying home, giving up their job to look after someone at home, we hardly ever take our old people to live in a home for older people. It's just the way our people are – care for them at home. (G2F1)

G2F3 added:

It's a different lifestyle. *O tatou a Samoa e tausi a le matua a o lenai atunu'u ua fa'āigaluega foi tagata*, it's hard, so they ended up taking them to the rest home so they can be looked after.

It's a different lifestyle. We Samoans care and look after our parents whereas in this country people have to work, it's hard, so they ended up taking them to the rest home so they can be looked after. (G2F3)

G2F2 saw the different situation in New Zealand, especially the need to work, as a reason for people putting their elderly loved ones in institutional care. G4F1 agreed and had this to say:

Auā ua faigofie i tagata e o ave ae o e earn money e totogi ai pili, mea faapena ma atina'e 'āiga. Ae ua ave mātua i falemai. Some of them ona o le faafitauli lena, financially ua le mafai ona survive without le isi income. So, therefore, ua ave si tina tuu ai 'ae se'i alu e fa'āigaluega e totogi ai pili

Because it's easy for a person to take them so they can go and earn money to pay the bills, things like that and the organising of the family, they take the older person to the hospital. Some of them because of that obstacle financially, you are not able to survive without other income. So, therefore, they take their dear mother and leave her, so they can go to work to pay the bills. (G4F1)

G2F3 and G4F1, like some other participants, understood and sympathised with the view that eldercare was a challenging issue for some Samoan families in New Zealand.

However, G2M2 shared this view:

Ailoga; auā e iai le cousin o au sa lelei lana galuega na i ai, ae ua nofo i le fale e vāai lona tama. Ae ia te au, leai pe ā e sili a i le, o le Samoa e tele a lo latou alofa i o latou tua'ā nai lo le ave i fale ia. Ua tele a tagata e avātu i ai ae e le lelei le look after foi gale. Ia o si Toea'ina gale supposed to have passed away a long time ago but he's still alive because ia te au ia e maua le soifua mālōlōina o le Toea'ina pe a i le fale i totonu o le fale.

Unlikely, because there was a cousin of mine who had a good job, but she stayed home to look after her father, but to me, no, whatever the case, a Samoan has much love for their parents rather than taking them to these homes. Many people have been taken there, but they are not looked after well. As for that old man, he's supposed to have passed

away a long time ago, but he's still alive because in my view, the old man has got health and wellness at home in his house. (G2M2)

G2M2 offered an alternative reason, which differed from those of the other participants, who suggested money and the means to make it as the motivating factor for family members, in particular, children, opting to put their parents into institutional rest home facilities. Instead, G2M2 asserted that Samoan people's love for their parents ensures their place and belonging within the home and family.

G4F1 leads a women's ministry that visits various rest homes throughout Auckland twice weekly to share "God's message of love, hope and prayer to older people that want to hear, and fellowship" (G4F1). She had this to say about her experience speaking with rest home occupants:

O nai Tina mātutua ua matou feiloai atu iai, some of them e leai se agaga fia nofo i fale tagata mātutua. They want to be home.

The older mothers that we have met, some of them have no desire to stay in a home for older people. They want to be home. (G4F1)

Her first-hand experience with elderly residing in rest home facilities spoke to their place of home and belonging that was absent within their current living situation. G4F1 then went on to make this point:

O le galuega lea matou te faia, lea ua matou vāai i matua ua ave e tuu i fale tagata mātutua. Ua fa'āigata ona faaaoga mafaufau o nae tagata aua ua leai se toe talanoa, ua leai se toe communicate mai i 'āiga ma fanau. O lona uiga ua vāve a ona āfāina mafaufau; ua le toe fa'aaogaina.

The work that we do that we see of those parents who have been taken and left in old people's homes. It is hard for them to use their minds because there is no more talanoa; there is no longer any communication

with family and children. What this means is that their minds are quickly affected because they are no longer being used. (G4F1)

Here G4F1 made a case for the adverse effects on older Samoans' health and wellness. She pointed to the lack of communication within rest home facilities and, although not explicitly expressed, G4F1 hinted at culturally specific forms of communication such as *talanoa* as having a place and significance in older Samoans' view of wellness and in influencing and maintaining their views.

In addition, G2M1 had this to say:

Pei e iai le thinking foi lele o tagata mātutua o Samoa ua ave faapena tusa foi pei ua neglected. Ua le alolofa lona 'āiga iā ia. So, e vāve a na mātutua. It becomes a burden on him or her being taken to a rest home.

There is this thinking about Samoan older people that are taken like that as if they have been neglected. Their family no longer loves them. So, they age faster. It becomes a burden on him or her being taken to a rest home. (G2M1)

He made a point about the negative feelings and experience of the older Samoans residing within rest home care. These opposing views of rest homes warrant further exploration into the experiences of older Pacific people living in New Zealand rest homes and care facilities.

4.4 Factors participants need to ensure and maintain feelings of wellness

Finally, participants were asked to describe the actual things they do to ensure and maintain their feelings of wellness. The most common factors were God (including faith, prayer and fellowship), being happy (which meant being humble and forgiving of others), communication, and adhering to a medical doctor's advice regarding the taking of western medicine in New Zealand.

4.4.1 God, faith, prayer and fellowship

G3F1 summed up the most common factor for participants as follows:

sili le māfana o le mafutaga nei pei ona saunoa ai G2F3 analeila. We build each other up. We need that. Encourage ai le isi e le isi. And we pray for each other. Pe a matou faatasi pe nofo toatasi i le fale we are still praying for each other i taimi uma, so that's what we need to maintain our feeling of wellness. That faith. That belief. Po o fea lavā le mea e fai everything comes from God. Lea e maua le malosi ma le fiafia ma le peace and that's our very strong belief at the moment which keeps us going

great is the warmth within this fellowship here just as G2F3 said earlier, we build each other up. We need that. Encourage each other. And we pray for each other. Even if we are together or living alone in our homes, we are still praying for each other all the time, so that's what we need to maintain our feelings of wellness. Whatever the thing we are doing everything comes from God. We have got our health and are happy and have peace and that's our very strong belief at the moment which keeps us going. (G2F1)

G2F1 communicated the essential elements of God, faith, prayer and fellowship that participants need to ensure their feelings and experience of wellness.

4.4.2 O le fiafia (Being happy)

Being happy and joyful was another central factor for these Samoan elders to feel and be well.

G4F2 had this to add:

O le fiafia a o le vāilaau aoga o le fiafia.

Happiness is a useful remedy to be happy. (G4F2)

G4F2 highlighted ‘being happy’ as a key factor to her being well. G1M1 builds on this point too, saying:

O a uma gisi mea e kokeki āga’i i ai e maua a i le fiafia. E te maua le loto maualalo pea e maua le fiafia. Ae e te maua le loto ma’a’a pe a e le fiafia.

All things connect back to being happy. You become humble when you find happiness. However, your heart gets hardened if you are unhappy.
(G1M1)

G1M1 asserted that happiness connects all the elements that contribute to feelings of being well and extended the meaning to include having a humble heart.

4.4.3 Fa’amagaloina (Forgiveness)

The ability to forgive others was another factor Samoan elders shared as being important to their feelings and experience of ageing well. G1M2 added this to the *talanoa*:

O le stress o le loto le fiafia, mafua mai tele i mea e te le fiafia i isi tagata ona teu i lou loto. Fai mai le tusi o Solomona, o le loto fiafia o lea? O le vāilaau o le ola. Fai mai Mataio ono, faiupu 25, a outou le fa’amagaloina e ua agaleaga mai ia te outou, e le fa’amagaloina foi oe e le Atua.

If your heart is stressed, you are not happy, it happens a lot when you are not happy with someone, and you hold it in your heart. The book of Solomon says a happy heart is what? It is the medicine for life. Matthew six, verse 25, if you do not forgive those that have wronged you, God will not forgive you too. (G1M2)

Forgiveness, G1M2 said, is another essential element to happiness and living a happy life which G4F3 agreed and shared the following:

Free *le mafaufau e le fa'avevesi i se mea e popole ai.*

Free your mind, so it doesn't stress about a thing. (G4F3)

Both G1M2 and G4F3 suggested the 'mind' as a powerful tool in alleviating stress and assisting people's experience of being well through forgiveness, which in turn gives peace of mind.

4.4.4 Fa'amālamalama lelei (Clear communication)

However, along with all the elements working together, G1M4 added the need for clear communication to being well:

A tupu le mea lea i le taimi lenei i le vā o au ma G1M3, e le tatau ona ou alu ese ae tatau ona fa'amālamalama lelei, e faamalie ai itu e lua. A mafai ona malie ma manino ma mautinoa ai le mea ua a'afia ai le vā o maua ma uma i i, uma! Ona malilie o both party ia ma fesoasoani i lou fatafata. E aafia ai la'u amio tonu, aafia ai lota faamaoni, aafia ai la ... lota ola fa'amagalo, a tagi a ia taita lota tagata kerisiano, ona mama lea o mea uma ma maua lou loto fiafia. Auā la e faapea le afioga a le Atua, ia outou nonofo lelei ma tagata uma lavā

If this happened now between me and G1M3, I must not leave until we have clarified the issue and both parties are satisfied, if we can calmly reason the breakdown in our relationship, it stops here, Finished! Then both parties are satisfied, and it helps your chest. It involves your righteous behaviour, connects my loyalty, and connects a life of forgiveness if our Christian selves cry out, then everything is wiped clean, and my heart is happy. Because God's word says, you shall live in harmony with everyone. (G1M4)

G1M4 cited the importance of immediately addressing any breakdowns in vā (relationships) in a calm manner and clear communication. It is a key factor G1M4 believed links all the elements of Christian faith and forgiving others which results in people having peace of mind and being happy and living in harmony.

4.4.5 *Fomai ma vāilaau i Niu Sila (Doctors and medicine in New Zealand)*

G2M2 shared this personal account of New Zealand medical doctors, their diagnosis, and medication they prescribe:

E iai le eseeseega i lou nofo i Samoa ma le nofo i Niu Sila. A o lea ua ou nofo i Niu Sila, fou lo'u fia alu i Samoa. A ou tilotilo atu a uma faapea e faatau se ma fanua, mā nonofo ai na o le pau a le mea na sui ai lou mafaufau o le fomai. Alu atu lou afafine e maua le liver i le ma'i, ae ua galo iinei fualaau. O atu i Samoa, e fai atu i ai ua galo fualaau o le liver ae fai mai le fomai "No, you've got diabetes!". Misa ae loa i o. Ma o a'u uo foi, tele molimau i mea faapena. Ua sui ai a ma lou talitonu e le gata i fualaau i Niu Sila e suesue lelei lou mai ma avātu e fetau ai. A e fesili mai se taimi po o a la'u faalogo iai, ia te au a ia, ou te faaluaina o Niu Sila. Ia te au ou te le toe alu i Samoa. I love Samoa ae ou te le toe alu e nofo ai. Ua sui la'u plan B i le mea lena. E lelei le puipuiga a Niu Sila i tagata mātutua

There is a difference when I stay in Samoa and living in New Zealand. However, now that I am living in New Zealand I had a new desire to go to Samoa, and I looked and thought of purchasing land and living there only I stopped and changed my mind because of the doctors. My daughter went to Samoa. She has a liver condition, but she forgot her medicine here. When they got to Samoa and told the doctor there that she had forgotten her medication for her liver, the doctor turned around and told her "No, you've got diabetes!" They quarrelled there. And my friends, lots of people vouch to this happening. I've changed, and I believe not only in the medication in New Zealand, but they have researched my condition thoroughly and prescribed the right treatment for it. Suppose you were to ask me how I feel about it. For me, I support New Zealand. For me, I will never go back to Samoa. I love Samoa, but I will never go back to live there. I have changed my plan B about that. New Zealand is good for looking after and protecting older people. (G2M2)

G2M2 gave a detailed account of how he saw living here in New Zealand gave him access to a proven health care system with doctors having a high level of understanding of older people's needs and ailing conditions and the ability to make the proper diagnosis and offer appropriate treatment options to keep him and his loved ones healthy and well.

4.5 Chapter Summary

This chapter presented the findings from group *talanoa*, exploring participants' views of age and ageing, their perceptions of wellness, the factors that influenced their views and the factors that are critical to ensuring and maintaining their feelings of being well. These were the four group *talanoa* questions and, as earlier noted, the Samoan elders' responses to each of the questions provided the central meanings of their views and experiences of wellness. The decision to present the findings this way showed participants' 'concrete descriptions' of their views and lived experiences of wellness as in the descriptive phenomenology approach. Although there is significant overlapping of themes, for example God, church, prayer and fellowship, which feature repeatedly across the three questions about wellness (questions two, three and four), it was important to illustrate the significance which these Samoan elders placed on these recurring themes in their wellness perceptions and experiences while living in New Zealand.

These Samoan elders' perceptions of age and ageing were positive and respectful as they reflected a life of growing up to appreciate what they considered to be the cultural knowledge carriers of *fa'aSamoa*. It was evident, from the Samoan words and terms elders used to describe age and ageing, that they were also deeply respectful, describing a role, status and reverence associated with the elderly. Participants shared the view that Samoa is not age-bound, and therefore they do not prescribe having age categories. Instead, age stages, for example, *matua*,

tagata matua and *tofa sinasina*, and transitions between each stage *mātua* and *tua'ā* *mātutua*, reflect and best describe these Samoan elders' age and ageing views and experiences.

The most common and significant theme that emerged consistently across the three main inquiries into elders perceptions of wellness was God, faith, prayer, church and fellowship. From there, different themes emerged. Participants' views of wellness included food and the need for them to consume Samoan staple foods like *talo* (taro) and *fai* (green banana). Male participants shared the physical benefits of working the plantations back in Samoa and the change in experience in New Zealand, which they are now very conscious of in relation to their *soifua mālōlōina* (health and wellness). Therefore, the need to *gāoioi* (be physically active) and take (multiple) *vāilaau* (medication) have now become part of participants' daily lives.

The word *soifua* and its word pairings (with *mālōlōina*, *lelei*, *laulelei*, *manuia* and *maua*) described a Samoan term and concept of wellness and set a baseline of terms to explore in more detail in the individual *talanoa*.

Concerning the factors that influenced their wellness views, following *lotu*, *mafutaga ma saoga tupe* (church, fellowship and fundraisers) as the most common influence was '*āiga ma matafai* (family and the roles) participants played within them. This highlighted both the benefits and drawbacks to their *soifua mālōlōina*, particularly mental wellbeing. Furthermore, living arrangements with or without family and the different experiences of living in Samoa compared to life in New Zealand, where overcrowding was a concern, were issues identified by elders. Some participants noted a growing trend among Samoan families in the placing of their older loved ones within New Zealand rest home facilities. *Taulasea* (traditional healers) and *fofō* (Samoa massage) were also highlighted by the *mafutaga tina* (women's group) as an influencing factor in their perceptions of wellness.

O le fiafia (being happy) was a common phrase among participants, both male and female, as a necessity of living well. *O le fiafia* was at the heart of *fa'amagaloina* (forgiveness) and peace of mind, which was achieved through *fa'amālamalama lelei* (clear communication) to maintain *vā* (close relationships). Lastly, the place of western medicine, in particular the doctors and the medical facilities here in New Zealand, were regarded as being more suited to older people and their physical needs.

These and the other themes that emerged from group *talanoa* provided the strong foundation from which further exploration, specifically more in-depth *talanoa taitoatasi* (individual *talanoa*) could take place. The following chapter presents the *talanoa taitoatasi* findings and the most common themes that influenced individual participants' lived experience of wellness.

Chapter Five: Perceptions of Wellness – Individual *Talanoa*

5.0 Introduction

This chapter presents the findings from the individual *talanoa* with eight Samoan elders living in Auckland. The individual *talanoa* were carried out to add to the rich material shared in the group *talanoa* and gain a deeper understanding of Samoan elders' perceptions and experiences of wellness. Five of these eight elders participated in the group *talanoa* and responded to the invitation to discuss their experiences further. At the time of the study, all five were married. The importance of broadening findings became apparent after seeking the views of elders who were not married. Three of those approached responded to an invitation to participate. These were Paulo, a widower, Alofa, a single mother, and Talalelei, a widow. At the time, Paulo and Alofa were living alone but in touch with their families, while Talalelei was living with her daughter and her family.

As noted, the main themes raised in the group *talanoa* were used as starting points for the individual *talanoa*. These themes included elders' holistic views of wellness, their experiences and challenges of being elderly in New Zealand today and how these contrasted with the positive remembrances of the elderly in the Samoan homelands. Again, the major difference between the males and females' stories was that the males spent longer talking about the responsibilities associated with being a *matai* and the challenges of maintaining the family lands in Samoa. On the other hand, the women enjoyed talking about their *mafutaga tina* (women's fellowship groups) and the opportunities they got to share God's love with the people they encountered through their voluntary work in rest homes and hospitals or out running errands.

This chapter is in four parts. In part one, elders' remembrances of their journey to New Zealand are presented, especially their hopes and dreams. Part two focuses on their day-to-day experiences and expectations as shared in our *talanoa*, and as outlined in the daily diary that each participant was asked to keep. Part three presents their connections with family, church and community. The focus of part three is on elders' social connections and how elders maintained such connections. Finally, in part four, participants' hopes for the future are presented. Unlike the group *talanoa*, most of the individual *talanoa* were carried out in the English language. Again, pseudonyms were used in place of elders' real names to protect their identity and personal dignity. A full list of individual pseudonyms and profiles can be found in Chapter Three (section 3.3.1).

5.1 Part one: The journey

Elders' stories of their journeying to New Zealand captured their hopes, dreams and aspirations for themselves and their families, and these stories were very compelling. In fact, such stories highlighted the centrality of family and the endurance of family ties with the homelands despite the length of time for which elders had lived in New Zealand. This was evidenced in the trips back home (not so regular now) and financial support through remittances they sent back to families in Samoa. Telephone calls, listening to the Samoan news on the radio and reading the Samoan language paper were new ways these elders connected today, which a few elders talked about.

The stories shared by four participants – Marina, Aleka, Alofa and Iakopo – captured the essence of participants' views shared in the individual *talanoa* but also notes some of their differences. Marina, the most recent arrival of the three, had lived in New Zealand for almost 15 years, Aleka for almost 50 years and Alofa for 55 years. However, like the other four

individual *talanoa* participants, Paulo noted that coming to New Zealand had brought ‘a better life’ for them and, in turn, their families back home.

Marina

Marina said she and her family had come to New Zealand through the quota system. She described the quota system as a blessing from God in having provided a better life option for her children than they would have had in Samoa:

We came to be in New Zealand because of God’s blessings. That is my answer. It was not like anybody brought us here. I compare our coming to New Zealand to the Israelites being led out of Egypt by Moses. Because in those days, life was hard in Samoa cultivating the plantations. We would look at our children and ask ourselves when they grow up, where will they stretch out and rest? We found our own land and worked it with our hands. We cried using our own hands for the land we have now and have now left with others to use. This is in Savaii where we lived. Then coming to New Zealand, I know that it is God’s blessings. We are free because we have everything we need and more and we are just so happy. I do not know about my husband, but I am so happy! My life here is so happy! Any talk about going back to Samoa, I do not think about it.

Aleka

The youngest of all the study participants, Aleka had come to New Zealand to complete his education and stayed on. He said:

I came to New Zealand as a student to finish my education, it was a family decision, and I stayed with my sister. And like everybody else you find work and help back home. I finished my education and took up a trade and started working here. The immigration and regulations were so flexible that I could transfer from being a student to finding a

job and becoming a permanent resident. When I came in 1969, economically, New Zealand was very good. And all my working life has been in New Zealand. A lot of challenges. Language was a big hurdle. You learn English in school, and of course, you sit exams, but when it comes to conversational language, I got myself pretty stuck when I first arrived, but I made friends and quickly picked up the language, but otherwise, it was difficult at the time. I have no other experience but being in New Zealand. So, I have experienced all the benefits of being here and working and sending money back home.

Alofa

Alofa explained that her long residence of 55 years in New Zealand had begun with a work opportunity at the Auckland Hospital. This had not been easy because, in the first instance, she had had to leave her children in Samoa until she had raised enough funds to bring them over:

I came from Samoa in '62. The year Samoa gained independence is the same year I came to New Zealand. I came from Samoa because there was an opportunity to work here in the hospital and I left all my three kids in Samoa, who were still very little. I came from a life in Samoa that was very poor. I loved my parents and my children, and that is why I came. The hospital job here helped me bring all my brother's and sister's children to New Zealand and later my own children. I was the first of my family to come to New Zealand. Now our family is scattered all around New Zealand because of my *galuega* (work) bringing two of my brother's and sister's children at a time.

All of the stories reinforced elders' journeys had not been just for themselves but their families back home, as seen in Sieni and Aleka's words:

We are not only looking after our family here. When we started our family and built our home here, we were also looking after our parents and families back home. There are still things back home we contribute to as a family. (Sieni)

We faced all the challenges of sending children to school and bringing up the family here. At the same time, we have that sense of responsibility to help home. (Aleka)

Iakopo

Iakopo's story was not easy, for he had been blinded in an accident in 1974. Iakopo recalled the exact date of his coming to New Zealand along with the number and sequence of the jobs he had held. He also remembered the day of his accident, setting this alongside the years he had lived in Samoa:

I came in search of a future, I have been here 47 years now, and I probably arrived before you were born. I came on the 16 August 1969 on a work visa and arrived at the old Airport in Mangere where some friends from Hastings were waiting for me. We went to Summer Street in Ponsonby and left for Hastings the following day. That is where I began living the New Zealand life of working – it is so different from Samoa. My first job was at a factory making batteries as a welder 'cos I was a welder in Samoa. When I finished up from there I got a contract also as a welder, and it meant a lot of travelling with jobs in Wairoa for three to four months, then off to Wellington. Travel was good 'cos you got to see New Zealand and that was the perks of the job. When I worked down the line, I was welding part-time on the railways, and I also worked as a meatpacker. My part-time job on the railway was the repair and maintenance of the old wagons. I would work at the meatpacker factory in the early morning, starting at 4 am. Finish there around 3 pm, go home for a rest and then off to my welding job with the railway where I would knock off around 10 or 11 pm because the job was inside a yard. And because I worked for the railway, we were given cards to travel for free by train. So, on the weekends and public holidays, I would knock off on Friday having already booked my train ticket to travel up to Auckland that night to arrive on Saturday. Then I

would come back down on Sunday night, in time for work Monday morning.

That is how I lived life back then. I came to Auckland in '69 and lived here from June '74. It was 28 June, that is when I had my accident, and I have been blind ever since. If I count the years, it has been 42 years since becoming blind, and I had only been in New Zealand for five years. So, I have been blind longer than from my time of birth and growing up in Samoa.

Iakopo is living with his wife in a one-bedroom unit in a village for older residents while their four-bedroom home in South Auckland is being renovated. For seven years, Iakopo has led a social group for *tua 'ā sinasina* (older people with silvery grey hair). He said:

We are not the founding members. Fifteen of the original members had passed away now, including Reverend Leao Siitia who started the group. When he passed away, there was a change in leadership, and I became the new leader. However, there was a change this year, but we are still part of the group.

5.2 Part two: A day in the life of an elderly Samoan

Each of the participants was asked to describe their typical day, which they did by filling out a daily diary account, which we then discussed. Most of the stories were quite similar, and so these two contrasting stories are shared: Paulo lives alone and has limited mobility. However, Sieni lives with her husband and their adult children.

Paulo's story

Paulo came to New Zealand in 1959, and his first job was in a saw factory. He had been a police officer in Samoa, but his father (a Samoan politician) disapproved of that job and therefore sent Paulo to New Zealand. Paulo returned to Samoa in 1963 for his father's passing

but has never been back to Samoa since. He did not offer reasons for this. On coming to New Zealand, Paulo had lived in Wellington where he and his wife had raised their five children. When his family was well settled, Paulo had begun studying to become a minister and subsequently was a pastor for 23 years. On his wife's death in 2008, Paulo retired from the church and moved to Auckland where his daughter was living. Paulo lives in a one-bedroom unit in a village of units for older people. Paulo is physically impaired due to a back injury sustained from a work incident, restricting movement in his legs. He said:

My legs are not at their full strength. When I was *manua* (wounded), my family told me that God would heal me in his time. And although I have other illnesses added to my condition, I am slowly on the mend.

His main mobility is through the use of a motor scooter. Recently he has been diagnosed with and is receiving treatment for cancer. Here Paulo shares how he gets on with his day:

Paulo's day

I begin my fellowship with God at 3.30 in the morning to 6.30. I listen to a radio programme, a prayer fellowship in the morning run by one of the Ministers who preachers in the morning. It's not until that is finished that I prepare my breakfast and have a cup of tea. I exercise everyday within my own home. Every morning when I hear the song 'follow the leader' on the radio that's when I begin my exercise. When I'm done with that I step outside to water my plants and assess what other plans I have for the day.

My legs are not at their full strength ever since I had my work accident. Luckily, I have a scooter that I rely on to get me to the Bank to get my pension and do my shopping twice a week. These trips are determined by the strength of the scooter as I live in a hilly area and the more work the scooter has to do, the more battery it uses. When it's a nice day I'll go for a ride to the park and take a newspaper to read. And, when I start to feel the cold then I make my way back home.

Then in the evening, every evening at 6.30 pm, is when I fellowship with God. Around about 7 pm to 8.30 it's dinner and a cup of tea then I will settle down for the evening to watch some rugby or sport. Then I lie down and think about God. Because it's only me at home. in the weekend though, my daughter comes and takes me to church... its too far away for me to go by my scooter.

Sieni's story

Sieni came to New Zealand in 1969 to attend secretarial college and lived with her sister. When she finished her studies, she began working and always sent money back home to her parents and family in Samoa. She married her husband in 1976, and they have three children. She and her husband and two of her adult children live in their West Auckland home, which they have had for over 40 years. Sieni leads a women's ministry that visits rest homes weekly to minister to the elderly residents. Most of Sieni's daily activities are carried out with her husband. Sieni's daily activities are very much like Paulo's, with God beginning and ending each day. The main difference is her mobility and her active involvement with her church, church ministry and community.

Sieni's day

Well, the first thing we do when we get up in the morning is sing worship songs and say a prayer. We then have a cup of coffee and some breakfast followed by our daily chores like cleaning the house and putting on the washing... Things like that. A lot of our days are spent studying the bible. Either we study the word together, or by ourselves as we are both involved in Church ministry. Monday mornings I go up to craft day held every Monday morning at Church. On Tuesdays, I have the women's ministry where we alternate Tuesday's with bible study and prayer meetings with rest home visits every second Tuesdays with two in South Auckland and two in the West.

During the day, my husband also keeps pretty much connected to the community because he is a Justice of the Peace. He also has a leadership role within our Church Parish and serves as a panel member on government boards. Pacific people and Samoan speaking patrons come from as far as South Auckland to our West Auckland home for documents to be sighted and signed.

One morning, we woke up there was a knock at the door before 8 o'clock, before half past 7, and there was already three old people sitting on our steps, early in the morning. So, we both came out with our pj's and our dressing gowns (laughs) to open the door and let them come in. Especially with our old people, they will just show up they don't ring. Just show up, knock on the door and ask for him. And, I think that's why he won't restrict his hours. And some of our people come very faraway, from Mangere, South Auckland. Because he's Samoan. And, a lot of our people too, they come with the forms that haven't been filled in. Because they want him to translate and make sense of their forms

After Dinner, we just sit around and catch up with our children and the youngest daughter living overseas over the phone. And, in the evenings, we'll have a family prayer and then go to bed.

Other stories

As with the group findings, the most dominant stories that emerged from these individual stories indicated a strong connection with God. For example, Alofa and Iakopo shared these remarks:

Foliga i le Atua (laughs) (it looks like God). My life now, 5.30 in the morning, that is when I wake and have fellowship with God. This is followed by reading my *Tusi Paia* (Holy Bible). I only finish reading my bible at 8.30. So, I start at 5.30 in the morning till 8.30. This is my routine even today. (Alofa)

When it hits six o'clock in the morning that's when I give thanks to God. (Iakopo)

Marina said her daily encounters with the Creator were not happenstance but behaviours they had learnt and practised at an early age in their families in Samoa.

For example, if you are raised from an early age as a child taught by your parents about God's will and purpose, you are more likely to grow up thinking about these things. So, if you grow up knowing God, then that is where it begins. So, if you live a spiritual life, witnessing the things your parents did, that is where you get an understanding of spiritual living. That is where the word *fa'atuatua* (faith) comes from. If you do something and do not *talitonu* (believe), then you will not receive. Do all things believing that God alone will answer.

Aleka reinforced this view:

We grew up understanding that your physical being, your intellectual being when we go to school and indeed our spiritual side because of our faith and belief that we are created in the image of God. And, that is how we grew up, and the Bible has been very influential in our day-to-day living. And, as we grow more spiritually, we seem to be more

involved with godly things, in our day today. It is the sacred side of your life.

Alofa went on to explain her relationship with God with these words:

Being in relationship with God and loving everyone that's one thing. All these questions, when I look at them, there is only one *auga* (theme). There may be lots of different questions, but there is only one theme they are geared towards. My *auga* to this is my *fa'atuatua* in God. This is number one for me. I am certain no one gives us blessings and *mālōlōina* (healing); only God can provide these things. All those questions are respectful, but there is only one they are *auga* to. Love is another. All these things are God. Even if you have a lot of materialistic things, they are God's. If there was a time that I would not obey God, He could take it all away at any time. That is what I tell my family if a person does not put God first, *e po ia, po ia, po ia* (They remain in the dark, in the dark, in the dark).

5.3 Part three: Connecting

When participants talked about their early years in Samoa, it was evident that almost everything they did was centred around or related to the family and church. When explaining the connections they valued most in New Zealand, these were also related to family and church. At the same time, other connections and relationships were being built and reinforced in New Zealand.

Family

As in the group *talanoa*, male participants talked about the importance of elders passing on their roles and responsibilities as *matai* to their children. Ensuring a love of family and a commitment to the continuity of the *'āiga* was highly significant, as seen in Aleka and Timoteo's reflections:

I feel burdened, if I am the one that's the title holder, with authority, sitting here and then comes the time I pass on, and I did not care for passing that responsibility on to the next generation down the line. Because there are family titles, there is family land, things like that. I will feel much more comfortable after I have given that responsibility to the next leader down, which is the next generation down from me. (Aleka)

It is an older person's responsibility to use their experience and wisdom within the family. And, especially within village proceedings. Share and use your wisdom within village gatherings. You are giving advice and wise counsel within family discussions and using all your knowledge as an older person to share and explain so they can learn from your experience. (Timoteo)

Timoteo added another perspective stressing the elders' responsibility to pass on their faith to family members and that God's word provided direction, purpose and lessons for living a Godly life. He stressed that elders must be (and are) role models for their children, and his hopes that their children would follow the example they had set:

Our family puts its trust in God, and that is what we want to pass down to our children. That is the beauty of someone who lives with their complete faith and trust in God, doing His will in everything and when their children grow up, they will walk the same path, being faithful and obedient. Our faith in God has helped us to help others. Everything we do is founded on love. I go to church to gain good thoughts and blessings you attend diligently. It is good role modelling for the children because if they see us attending regularly, they are more likely to want to follow our example.

Marina drew attention to another point – that her children and grandchildren were a great help with financial matters:

Yes, it is a huge help. Just like now and how we are currently living with our children. As an example, we all live together, and everything is now divided, and everyone has something to pay for. We pay the rent and our son and his wife pay the bills and do the food shopping. So, when everything is balanced, I am happy.

Church

Apart from the family, church and the social activities associated with the church were the most preferred social setting for these elders. On this point, Aleka noted some changes:

I think the nature of that is changing with maturity and age. Our younger days, we were involved in social things that are different as compared to now with the social circles that we are involved with. Either be the church or other leaders with the same involvement. Compare that to the social things when entertainment is not of much interest to you or older people.

Paulo and Sieni stressed that church was a place of worship, to praise God and give thanks and hear the teachings from the word of God:

First of all, I go to worship my God. Secondly, it is in the Bible that we should fellowship with other Christians. And thirdly, that my children will follow. (Sieni)

It is very important for me to attend church because I like to listen to the word of God. (Paulo)

The church, for Marina, was also a haven when she felt sick and needed healing.

The reason why I go to church is because there are lots of things that I find personally beneficial. I get a lot of help with my spiritual side with my life but especially with God's healing because I was a person that suffered many illnesses. But through God's love and healing, I am healed.

Alofa, like other participants, put aside their *sefuluai* (tithe – usually a tenth of one's earnings) for God first and the rest was for everyday expenses and utilities.

As soon as I get my money, I always put God's aside first. And then it is not like we live in New Zealand for free, we have bills. And then I *faasoasoa* (allocate funds) to all these things. But that is after first putting aside God's money.

Marina talked about the local women's fellowship she met with twice a week. It was her main social activity. She felt blessed by the opportunity it gave her to share her faith within her community and in the company of like-minded peers.

I attend a women's *mafutaga* group/fellowship. We like to go and visit the elderly in rest homes. I enjoy going because I know I will get blessings from going; nothing comes for free. And I enjoy being part of it. And because there are lots of *tagata mātutua* older people like me, I like to chat with them. I do not like to go to places where there is a lot of young people. That is why I really like our women's *mafutaga* group because we are around the same age and have older people's conversations. We meet once a week and alternate week-by-week with prayer meetings held at each other's homes one week with visits to several rest homes around Auckland alternate week.

Tala and Alofa said that while they liked catching up regularly with close friends and parishioners, they preferred to stay clear of idle talk:

I do not attend any social groups, but if there is a friend that is going through something, *mafatiaga* (hardship) that is deeply affecting them, I will go and visit that person to offer support and strengthen them. Give them an encouraging word to cheer them up. (Talalelei)

I enjoy best meeting and chatting with people from the church rather than family. When I go to family, I hear things that do not sit well with me. That is a lot of my family things. I will hear things that do not

sound right, and that is when I say it is time to finish. *E ese a latou tala!*

Their conversations are weird! That is why I prefer the church. (Alofa)

Physical health

Although most participants testified to being in good health, most suffered from conditions such as diabetes, rare blood conditions, and comorbidities of age-related conditions. None said these conditions had limited their activities.

So, the answer to your question is that illness does not prevent us from getting what we need to do. (Aleka)

No. Like I said, I have diabetes and asthma, but none of those things affect me now. (Alofa)

Most of these elders had regular visits to their GP as part of their ongoing treatment.

I see a doctor regarding my condition – diabetes. The doctor's checked and saw that it was affecting my heart and kidneys. I just agreed with whatever treatment they were proposing to get me better. So, thanks to their treatment, I am much better. Ever since that, I have recovered well and am eating well and doing good. (Timoteo)

I have only just completed two cycles of chemo. There is nine in total that the doctors are hoping to clear it by. However, if we get to three or four treatments, and there is no improvement, then that is when they will stop treatment. (Paulo)

Aleka's health condition required regular blood tests, and he always followed up to check on his results. Aleka believed everyone should visit the doctor regularly 'as a matter of routine':

My other routine is going to the lab test for my blood, so I stick to that. And I think the doctors and the hospital are appreciative that I come back to them. If I do my test today and I haven't heard my result in the next couple of days, I ring up the hospital, and they tell me. Either that

or they get onto me smartly and tell me I need to get on to do this now because your results are not showing. My thing with the doctor's visits are once every three months. Every three months, I visit the doctor for a personal health check-up. You know, you should visit the doctor regularly as a routine.

Alofa, on the other hand, said she seldom goes to the doctor despite having asthma and diabetes. She believed she kept herself well by following a balanced diet:

I very seldom see the doctor. The only time I need to really see the doctor is when I have run out of my medication. But I very rarely see the doctor. Maybe once a year but only when I am sick. I keep well by eating well, and I often eat but in small portions. I only have *talo* or *fai* once a week. There are times when I feel like eating *fai*, so I have one. But I really like *umala* (kumara). But when it comes to meat, I only like *mamoe* (lamb). I don't like chicken but if that is all that's there to eat, I'll eat it. I like to make soup with it or roast it. It's not that anyone has banned me from eating anything else, I just like eating lamb, especially it's aroma when you cook it. I also like fruits.

Employment

Aleka shared how, in his role as an industrial inspector, he had helped bring young Māori and Pacific people into the public service sector. He was proud of the achievements gained.

First, I had a job as an industrial inspector with the Labour Department, and that is how I got into public service. I was with the Labour Department and transferred to Palmerston North, and I use to visit all the freezing works factories and farms around the centre. I was involved there for a little over five years. Then I transferred to Auckland, where I was appointed a position within the State Services Commission. I became responsible for Māori and Pacific Island recruitment into the Public Service. I challenged the department, saying "Why aren't you taking Pacific Islanders?" And they said, "Two things,

their qualifications are not up to standard, and the second thing is when we advertise, they are pretty slow in applying.” I said, “All right, give me those two questions, and I will find the answer for you.”

I had to attend all the career programmes in colleges from Auckland and up north, up to Kaitaia. I was speaking at their career evenings. I would go back and ask them to give me a vacancy, and I would give them the referrals. I had been giving them referrals for over a year, and they would say “We are getting a far better quality of Pacific Islanders than our normal applicants.” By the end of the project, there was well over a thousand young recruits entered into public service. When they made the assessment and found that the level of Māori and Pacific Islanders had gone way up, then they decided to stop that programme.

Today, I have a role now with the Ministry of Social Development, sometimes I go to a meeting, and some old person that comes along says “I remember you” I have no idea who they are or what their name is. And then they say, “You recruited me to this department.” Now they are managers, responsible people. In high positions, because they came through the scheme that I was involved with. So, there was a lot of satisfaction in that. And even at AUT when they have their career programmes, I was involved there.

Radio and IT

Whilst in earlier days these elders had relied on family and church notices for information, their primary sources of news and information about social services were now radio and IT. Marina and Talalelei said:

The radio is very useful. It is very informative. You can find out things that are happening in Samoa and even be informed about a relative’s death as they announce these on the radio too. So, for instance, we may have a family death in Savaii that we wouldn’t have known about if it

wasn't broadcast over the radio. So, the radio is another source of information. Everything is useful if used appropriately. (Marina)

The radio has programmes that tell us how to apply for pension and other allowances. For instance, if I need funds for shopping, I can go to WINZ¹⁶ and get financial assistance. Say, for example to if I need to purchase warm clothes for winter I can go there also for assistance. Household furniture, I can enquire there too. But for three years, from 65 years to now I haven't been to ask for anything. But there are lots of people that take advantage of these services. The only thing I went to them was for my dentures. We got a quote from the dentist and took it to WINZ to get my dentures made and fitted. And that is the only reason I have been there. (Talalelei)

Social media such as Facebook and Skype were increasingly used to connect with family and loved ones living abroad. Communicating in this way also reinforced participants' feelings of wellness:

But telephone these days is probably the easiest way to stay in touch with family. You can converse with one another through things like Facebook and video talking on the phone. My granddaughters were talking, one here with another one in Australia. Then all of a sudden, she gives me the phone, and I can see my granddaughter in Australia talking to me holding my newborn great-granddaughter. (Marina)

I think only (name of child) has a Facebook page, I have never liked Facebook, and I think (name of child) found out that her details had not been deleted and that they (child's details) were still there a few years later and that they weren't able to delete it. People were still

¹⁶ WINZ stands for Work and Income New Zealand. New Zealand social services that offer financial support to low income earners and jobseekers and assist with finding accommodation for those in need. WINZ also administers superannuation payments to retired people, war pensions to veterans and residential care and support subsidies (Ministry of Social Development, n.d.).

communicating with it. I use Viber to talk with (name of child). And it's really good because we can converse and see her face. (Sieni)

Sieni strongly expressed a dislike for Facebook as 'too much information'. However, she said she now uses a mobile app called Viber to stay connected with loved ones.

5.4 Part four: Future aspirations

As has been noted throughout all the *talanoa*, discussions frequently turned to thoughts about the future and, moreover, what this held for their roles as elders in their families and communities.

New Zealand or Samoa?

The question of whether elders preferred to remain in New Zealand or return to Samoa was often raised when these elders thought about the future. Each participant argued the pros and cons of 'going back' at this time in their lives. Their first concern was for the family:

Family

Aleka's concerns for his children's future were echoed in many of the responses made:

I think it's getting to the point of not what we prefer because we are fairly established. It's now again the burden I say is how are the children and family going to do in the next ten years? Some of the girls are struggling "oh I would like to get a home. I want to get a deposit for the house." The cost of houses is so astronomical. It is burdening on us. How can we help these girls? How can we do this? Well, we appreciate to know that the value of the house is going over the roof, really but until such time we can turn that into money and give it to them and say go buy yourself a home, so that is the feeling. The feeling that our concern for their wellbeing and the experience of our wellbeing that we are so thankful that we are now in a home that we are not facing

the same burden of having to pay high rent prices because we have got a good home. But now the responsibility is for the children. Praise the Lord that one of them has their own home. But the girls still have to go through that process.

In her response, Alofa also referred to her children:

I have been in New Zealand for a long time. I really want to go to Samoa. I have already told my children that I want a house in Samoa that I can go and live in. They say, “If you go to Samoa, who is going to take care of you?” We have also spoken about when my time comes. I want to rest with my father and mother in Samoa. But they say no. No. We live here, and you’re going to rest in Samoa. We cannot have that. So, I asked them this question “So what happens if you all decide to move overseas and abandon me here? It is best I go to Samoa and rest in my native land, besides my father and mother!” That is when they say they will think about it. Nobody, not even my granddaughter wants me to go. When I tell them, I am going to build my house in Samoa, and they can visit. The answer is still no; there’s no way.

Calling New Zealand home, Aleka spoke about the family life they had established in New Zealand:

I think our life is here now ever since we established here. So, we have no practical experience of living as a family in Samoa. I think the answer is New Zealand. This is home. This is home.

Finances

The comments about financial security were interesting, and warrant further study:

We are happy to be here in New Zealand. Yes, we have to pay for accommodation and housing and bills, but everything balances out.
(Marina)

We would never get the same pension back in Samoa. Only the Prime Minister gets paid this kind of money in Samoa. There is a lot of help from the government here. It is a blessing. (Timoteo)

Medical care

The superior medical care available in New Zealand was another factor as seen in these comments by Sieni and Talalelei:

Well, I feel most well in New Zealand because the hospital care is better here. Now in old age, we prefer to be here. (Sieni)

Faamolemole, o Niu Sila e iai lou soifua mālōlōina lelei. Ia, o le mea muamua, o le lelei o lau fomai, o loo feagai ma le vā'āiga o au, ae le gata foi i le na, ia o le lelei foi o le tausiga, i le itu i le tino, ia o le isi mea, ia e tele foi au uo e fellowship e maua ai lou fiafia ma lou olioli, e faatupu ai foi lou malosi.

Please, it is New Zealand, that is where I am healthy and live well. The first thing is I have a good doctor who is concerned with looking after me and not only that they are good at attending to aspects of the body, and the other thing is I have a lot of friends I fellowship with, and that is where I get my happiness and joy from and it grows my strength. (Talalelei)

Paulo and Alofa held a different view:

At this present time, I want to go to Samoa. My desire is to live in Samoa. There is nothing for me here. And yes, I am getting a pension but I am a person who likes to work. There is land here to plant, but you have to sell it. Whereas in Samoa there is plenty of family land free to cultivate and do what I want to do with it. To work the land and if I get strength from doing so, praise and glory to God. So right now, I would like to go back to Samoa. But my daughter does not want me to. (Paulo)

I prefer Samoa. Yes, Samoa may be weak in terms of their economy, but you can eat for free in Samoa. I can go to the next house and eat for free too. But in New Zealand, everything is money. You go there, and you need money, you go there, you need money. In Samoa, you can live a happy life. Even if you are poor, you can still live a happy life. And I like Samoa because of where I grew up. It is my home country. I will miss my grandchildren, but as for my children, they can do whatever they want. It is my grandchildren. I would miss the most if I were to go. My grandchildren are more precious to me than my children. (Alofa)

5.5 Chapter summary

This chapter presented the findings from individual *talanoa* with eight participants. These findings supported the holistic conceptualisation of wellness, which was a finding from the group *talanoa*. The Creator God permeated every aspect of their lives from their personal relationships with Him through to their parenting of their children, and was at the core of their values, beliefs and practice in their everyday lives. God was an essential theme for these participants' perceptions and experience of age and wellness, together with family and social relationships and the use of their resources as central themes for ageing well.

Family emerged as the major theme for participants who had come to New Zealand, with the spirit of *alofa* (love) and *fa'aaloalo* (respect) for their loved ones extended into their social circles. Church and the associated events and activities emerged as the preferred social setting for participants and an important factor influencing these elders' feelings and experience of wellness.

Technology and other forms of communication, notably the Samoan radio broadcast, were useful for providing information, from the passing of relatives living abroad to pension and benefit entitlements, along with spiritual support and encouragement and entertainment for all

ages. These new methods of communicating emerged as a significant theme in participants ensuring they were living well.

Physical life, diet and regular doctors' appointments were less frequently highlighted but still significant factors that participants identified as necessary to ensure and maintain their perceptions of age and wellness, and to live an active life despite major physical health conditions. It provided an opportunity to display their faith and trust in God who gave them the strength to *gāoioi* (move) and gave *fa'amalologa* (healing) in their lives and the lives of loved ones.

While all talked with joy about the Samoan homelands, most said New Zealand was their place of feeling the best, healthwise (Sieni, Talalelei & Paulo, section 5.4). Moreover, it was their preferred country to live in for the next decade (Aleka, Marina & Timoteo, section 5.4). While they were not explored further, these preferences were likely related to the availability of medical care as well as the financial security they enjoyed on account of their pensions.

With all these factors combined, a holistic approach and perspective emerge as the pinnacle of ageing and living well for participants. At the core lies God, the Creator of heaven and earth – the essence of participants' lived experience of age and wellness while living in New Zealand.

Chapter Six: Discussion

6.0 Introduction

This chapter presents and discusses findings presented in Chapters Four and Five relating to Samoan elders' perceptions and experiences of age, ageing and wellness while living in New Zealand. The findings highlight a Samoan way at this time in New Zealand for this group of elderly Samoans.

As noted throughout the thesis, the current study aimed to explore views on and experiences of wellness from an ageing Samoan population, as little is known of the phenomena of either ageing or wellness among elderly Pacific migrants living in New Zealand (Doolan-Noble et al., 2019; Parr-Brownlee et al., 2020; Tamasese et al., 2014; Tautolo et al., 2017). Thus, the current study aims to shed light on an ethnic-specific group of Pacific elders, namely Samoans, to add to the current body of knowledge on wellness and ageing populations.

The discussion follows the layout presented in Chapters Four and Five, correspondingly discussing the findings in line with the study's overarching research questions: 1. What are elderly Samoans' perceptions of age and ageing? 2. What are elderly Samoans' perceptions of wellness? 3. What factors influence elderly Samoans' perceptions and experience of wellness? 4. What do elderly Samoans do to ensure and maintain their feelings of wellness? These essentially were the group *talanoa* indicative questions that provided the foundation of the participants' major findings and themes for their wellness views and experiences. Additionally, it provided the basis of the inquiry for the individual *talanoa*, which raised questions about the concerns that these Samoan elders had for the future? This way, the presentation and discussion of findings are consistent with the overall thesis structure in reporting a study that set out to

explore an ageing Pacific population's perceptions of wellness, and also to capture their ageing experiences.

This discussion is, therefore, in three parts. First, these Samoan elders' concepts of age, ageing and wellness are described and whether these align with the western concepts is considered, to address research question one and two. Next, the ways in which this group of elders maintained their feelings of wellness, including new connections in New Zealand are discussed, addressing research questions three and four. Finally, elders' thoughts and reflections as they look to the future are examined.

6.1 Part one: Samoan concepts of age and ageing and the essence of wellness

Overarching this discussion is the finding that while they have adapted in many ways to the New Zealand way of life, Samoan elders' perceptions of age, ageing and wellness remained firmly grounded in the *fa'aSamoa* worldview and behaviours. These elders continually referenced the importance of God, church and *mafutaga*, family and their roles within them, social relations and health in their lives. These elements working together matches the relationship between the elements in the *Soifua mālōlōina* model: *Atua* (God), *tagata* (people) and *laufanua* (land) and aligns with the relationship between the elements in the Samoa worldview (Fairbairn-Dunlop et al., 2014; Pulotu-Endemann, 2001; Tui Atua, 2007). Second, their aspirations and experiences were not solely focused on their present. Instead, they revealed a seamless continuum of time that drew heavily on the past, with an eye towards the future of their children and generations to come. These Samoan elders' experiences epitomised the commonly heard Pacific saying that “walking backwards we look to the future” (Matisoo-Smith & Gosling, 2018, p.184).

6.1.1 Age and ageing

Participants used a variety of terms to describe age and ageing, each with their own meaning. While most were general, for example, *matua* (elder), *sinasina* (silvery or greying of hair), some were gender specific, for example, *Toea'ina* (old man) and *Lo'omatua* (old woman). These elders did not measure their lives according to western terms and categories for old age (old: 65 years to 79 years, and old-old: 80 years) or the chronological age boundaries in Erikson's developmental stages (G4F1, section 4.1.5).

Instead, they held a cyclic and relational concept of time and ageing. Like Tamasese et al.'s (2014) elderly Pacific participants, these Samoan elders measured their lives as being along a continuum of time where their past experiences afforded them a special place as the carriers of prior knowledge as in the *fa'aSamoa*, *fa'amatai* and *tautua* (Paulo, section 4.1.1).

These elderly Samoans were also looking towards the future to pass on their experiences and nurture their younger, future generations to be the next generation of leaders within their families, villages back home, church and communities (Aleka, section 5.2).

Samoan values of *fa'aaloalo* (respect) and honour were embedded in the terms and the language they used to capture and describe ageing concepts, in contrast to Erikson's theory of development, which focusses on age and stages of developmental tasks. The words elders shared pointed to levels of respect and behavioural qualities which reflect the overall revered place of the elderly in the *fa'aSamoa* (G3M4, section 4.1.1).

The formal language that was used further displayed the distinction of elder roles and responsibilities, signalling their roles as knowledge bearers – custodians of cultural knowledge – coupled with their lived experience as migrants, their place and position in the immediate,

extended family, community and people, as in the *fa'aSamoa* (Timoteo, section 4.1.1; Fuata'i, 2011; Tamasese et al., 2014; Tui Atua, 2014).

Also, the terms they used to talk about age and ageing did not relate directly back to tasks, as in Erikson's stages of development for people aged 60 years and above, the task relates to the crisis of integrity versus despair. That is, Erikson believed that people in their late adulthood reflected on their lives and either felt a sense of satisfaction or a sense of failure (Erikson, 1982). As shown in Table 4, below, a crisis and a basic virtue is allocated to each developmental stage and age. A crisis arises between the two opposing orientations or attitudes and is influenced by the individual's attitude towards life, self and others (Stevens, 2008, p. 43). The successful resolution of the crisis at each developmental stage means an individual is said to have developed a positive ego and, in turn, a virtue. At the final stage of Erikson's model, an older person who has successfully resolved each stage of development forms a positive ego and the subsequent virtue of wisdom (Darling-Fisher, 2019, p. 433).

Table 4. Erikson's stages of development

Erikson's Stages of Development			
Stage	Crisis	Basic Virtue	Age
1	Trust vs. Mistrust	Hope	0 - 1 ^{1/2}
2	Autonomy vs. Shame	Will	1 ^{1/2} - 3
3	Initiative vs. Guilt	Purpose	3 - 5
4	Industry vs. Inferiority	Competency	5 - 12
5	Identity vs. Role	Fidelity	12 - 18
6	Intimacy vs. Isolation	Love	18 - 40
7	Generativity vs. Stagnation	Care	40 - 65
8	Ego Integrity vs. Despair	Wisdom	65+

Source: McLeod (2018).

Erikson's stages of development have value for the current study as they highlight a definitive and acclaimed academic account of the human's life course and psychosocial development. It allows us to locate the current study population within a gold standard framework and see how Samoan elders measure up in ego formation and virtue. Based on the stories and experiences of the Samoan elders shared in this study, these elders would have positive ego and wisdom. However, this study is not concerned with providing a life course explanation of Samoan elders living in New Zealand but, instead, it seeks to provide their views on and experience of the topical issue of age, ageing and wellness at a given time and place. The elders who participated in this study provided an intimate and culturally distinct account of their age, ageing and wellness experience and views at the time of the study and in the context of living in New Zealand.

The elders' words signalled a set of values, ideals, relationships and behaviours of respect and status, as in the *fa'aSamoa*. For example, *mātua* is used when talking about one's parents, while *tua'ā* is the respectful and formal word used when referring to another's parents. Another example, *Lo'omatua*, was commonly used for older women, whereas *'Olomatua* were accorded special status and recognition. These terms align with the categories outlined in the research by Tamasese et al. (2014).

In sum, the elder's role was to safeguard, share and pass on the family *gafa* (heritage, identity and lineage knowledge) to the next generations. The commonly used words that were shared, such as *tofa loloto* (deep wisdom), *sinasina* (silvery haired) and *toe ulutaia* (breadfruit metaphor) reinforced the fact that elders' roles were as the custodians of cultural knowledge and family history, and as community leaders. As Shore (1998) proposed, different terms were used to distinguish those elders who could not care for themselves from those who were independent. The participants also shared terms which made similar distinctions: *pegapega*, *ua*

afu le soifua and *ua pulapula lagoto le soifua* were terms referencing a group of very elderly Samoans nearing the end of their lives, though they were highly respected, loved and looked after by *‘āiga* (family) for their *tautua* (service). Also, Shore found that people were sometimes classified as ‘old’ when they became dependent on their children, irrespective of their actual age or appearance. However, these elderly, at the time of the study, were not dependent on their children for their everyday needs nor did they require assistance with their self-care. Most of the elderly participants were active physically, except for two males, one legally blind and always accompanied by his wife, and another male who needed a walking aid to walk.

Nonetheless, although they were both impaired either visually or physically, the elders’ impairments did not hinder their ability to do everyday life activities (Iakopo, section 5.1; Paulo, section 5.2)

The respect underpinning these terms was highly evident, despite the extensive global literature on elders’ self-perceptions of ageing being influenced by their negative experiences (Isaacs & Bearison, 1986, cited in Levy, 1996). Further study is needed to ascertain whether Samoan youths in New Zealand are familiar with these Samoan terms and whether youth associate these terms with respect. It seemed that negative comments by youth had not influenced these elders’ perceptions of ageing. Shore (1998) noted that there was no evidence of negative experiences among his elderly study participants who were “accorded respect by juniors by virtue of their age, their experiences and their wisdom” (p. 111). Further study is warranted into Pacific youths’ perceptions of Pacific elderly and whether these contribute to negative self-perceptions and, in turn, influence future negative health behaviours.

An interesting point raised in all groups was that Samoan women ‘lived longer’ than males. One view was that women had less physically demanding jobs than males who had laboured on the land in Samoa and continued working in heavy labouring jobs in New Zealand. A female

participant's view was that women were child-bearers and having more than two children required strength, as the experience was physically taxing. These differences in views warrant further study.

These everyday terms have rarely been documented and though they are taken for granted, highlight the importance of Samoan concepts of age and ageing and the nuances of deep meaning associated with them, particularly the elders' well-defined roles and responsibilities as custodians of cultural knowledge and family history, and as community leaders. These ideas align with Durie's (1999) idea of *kaumātuatanga*, which speaks to the respected and well-defined roles older Māori have as *kaumātua* advocates for *whānau* (family) and *hapū* (tribe and community). Māori generally have a positive view of ageing and elderly people. Durie describes two implications for Māori's positive view of age. The first is that the roles they are assigned are positive and vital for the survival of tribal *mana*, and the second is that the set of new expectations that come with age and how elderly will make changes or adapt to cope with their people's expectations (p. 102). This study also aligns with Kukutai's (2006) recommendation that strategies to optimise wellbeing for older Māori need to be culturally defined and understood.

Furthermore, this study builds on and adds depth to Tamasese et al.'s (2014) research which aligns with the present study's findings on Samoan words and terms for age and ageing, and on the Samoan conceptualisation of age and ageing. It further highlights the importance of allowing and ensuring populations on the periphery – minority and migrant populations – to determine their own definitions of health and wellbeing in order to optimise their experience of being well (Durie, 1999; Kukutai, 2006). Furthermore, it is an ethnic-specific response to appeals by government agencies and health institutions for more ethnic-specific research to better facilitate the provision of culturally apt health services and care (MOH, 2007, 2008)

specifically for older populations (Kukutai, 2006; Parr-Brownlie et al., 2020; Tamasese et al., 2014; Wiles, Wild, et al., 2011). These terms shared by Samoan elders to describe age and ageing concepts should be considered in future planning and policy-making for ageing Pacific populations in New Zealand.

6.1.2 *Soifua* – The essence of wellness

In addition to the words and phrases of age and ageing, participants also used a variety of terms to describe health and wellness. *Soifua* was the word elders used to describe their perceptions of wellness. *Soifua* encapsulated the holistic relationship between the elements of spirituality, mental, physical and social resources, which fits the Pacific worldview. *Fa'aSamoa* ideals, behaviours and practices culturally informed these elders' perceptions and experiences of wellness. The central importance of this holistic view of wellness was evident in the everyday language used, such as "*Malo le soifua ma le lagi e mama*". This phrase, which is commonly used in everyday greetings, offers praise and a prayer for good health to those one encounters (G3M1, section 4.2.1).

While much of the global research on ageing focuses on a medical model of ageing, including a decline in physical and mental capacities (Bassuk et al., 1999; Bishop et al., 2010; Gates & Walker, 2014; Stranks, 2007), these elders' feelings of wellness were not 'purely medical' but all-encompassing of their spiritual, mental, physical and social environments. For both males and females, wellness was achieved when there was a harmony in their lives between spiritual, mental, physical and social elements (Fairbairn-Dunlop et al., 2014; Lui, 2007; Pulotu-Endemann, 2001; Tui Atua, 2007, 2009, 2014; Tu'itahi, 2005). This finding also supports the rationale underpinning the *Fonofale* model (Pulotu-Endemann, 2001). In sum, elders' perceptions and experiences of wellness were holistic and culturally informed. The central importance of this holistic view of wellness was also evident in the everyday language used.

As was noted earlier, these elders coupled *soifua* and other words to describe various wellness stages. For example, *soifua mālōlōina* was living a healthy life; *soifua manuia* was living a happy and blessed life; *soifua lelei* and *laulelei* were living a smooth and steady life; and *soifua maua* was a praise of living a long life and many years (G2F3, G2M1, G3M1 and G3M3, section 4.2.1).

A second major discussion point was that these elders had a positive outlook and respect for life and living. They also believed that they had a responsibility to take care of themselves and to have some control over their wellness. This supports Nguyen and Seal's (2014) study which found Chinese and Vietnamese elders felt a sense of wellness when they had some control of their health by being physically able to look after themselves and mentally able to engage with others and their surroundings.

What is more, these Samoan elders' positive perceptions of ageing and attitude towards the ageing process resonate with the developmental dimension in Fullen's (2019) wellness model. It asserts that a healthy, realistic attitude towards growing older improves older adults' memory and increases their longevity. Through their past and present experiences reflected in the words and stories shared, the respect and love these elders expressed for the aged and ageing adults speaks to their positive view of ageing. These elders' ability to recall past experiences growing up and how these shaped their views of ageing speak to their memory performance and with some, at the time of the study, living longer than expected lives (G1M1, G1F3, G1M2, G3M2 and G3M4, section 3.3; Paulo, Alofa and Iakopo, section 3.3.1).

6.1.3 *Le Atua ma le fa'atuatua* – God and faith

God and faith were the most significant factors in maintaining wellness in the face of challenges and difficulties. Spirituality here refers to a belief in and a personal relationship with the

Christian God which permeated all aspects of these elders' daily lives - prayers of praise and thanksgiving started and ended the day for each of them. Samoan elders' placed their Creator first and last, acknowledging God as their purpose for existing and living long and blessed lives. As commented by one participant: "*Sili atu lou naunau i le ola faaleagaga!*" ("The most important for me is living an exceedingly spiritually life. That's how I know God loves me.")

This has synergy with the God element of the *Soifua Mālōlōina* Model in which Lui (2007) stressed the importance of having a balanced relationship between *Le Atua* (God), *tagata* (the person) and *laufanua* (land) for one to be in a state of *mālōlōina* (wellness). This holistic view of health allows the person to fulfil their responsibilities and obligations to themselves, their family, community and God (Lui & Schwenke, 2003).

Similarly, the spiritual post featured in the *Fonofale* Model by Pulotu-Endemann (2001) works together with culture (values and beliefs), family (nuclear, extended or constituted), physical (biological or physical), mental (mind) and other elements (age, gender, sexuality/sexual orientation, socioeconomic status) to constitute good health (p. 6). For these elders, the spiritual aspect featured high in their views on and experience of age and ageing. The word *soifua* for these elders captured and described a Samoan concept of wellness. For them, it was a holistic concept grounded in God (the spiritual element) that encompassed every aspect of their lives and everything they did (Aleka and Alofa, section 5.2)

These findings reinforce and align with the findings from the Hawaiian studies by Ihara and Vakalahi (2011, 2012) as well as Tamasese et al.'s (2014) New Zealand study, which found that, for Pacific elders, spirituality overarched everything. This centrality of the divine in these elders' lives matches Dunn's (1959) concept of 'high-level wellness' and the need to consider the "spirit of man" (p. 788) as an essential element in achieving good health.

The participants had their own perceptions of wellness that were holistic, attesting to the global literature on spirituality as a major influence on ageing populations' perceived wellness (Adams et al., 1997; Dunn, 1959, 1961; Footitt & Anderson, 2012; Fullen, 2019; McDonald, 2012; Roscoe, 2009). The elements that impacted elders' wellness views aligns well with and best reflects the most poignant elements, especially spirituality, as influencing participants' perceptions and experiences of age, ageing and wellness. The importance of spirituality does not negate the other factors given primacy by other populations. Instead, it reflects the priority given by other migrant populations living here in New Zealand and abroad that value spirituality, family roles and responsibilities, cultural knowledge and heritage as having greater priority for oneself (Families Commission, 2010; Ihara & Vakalahi, 2011; Sato-Komata et al., 2015; Tamasese et al., 2014). Furthermore, it supports Tamasese et al.'s (2014) Pacific terms of respect for their elders and their place of prominence in Pacific society. It also sets a framework of terms not previously found in past or current literature on Pacific health and offers a foundation for Samoan concepts of health and wellness. In addition, the ethnic-specific terms and definitions afford a base for building positive strategies for Pacific-specific aged healthcare and provision of services.

6.1.4 *'āiga* – Family as an enduring factor for maintaining wellness

The *'āiga* in Samoa, the name, title, and place, is paramount and significant to the participants' views on wellness. Family is the source of identity, of social engagement, and it sets elders' place within their immediate and extended *'āiga*. Family is the foundation for reinforcing participants' identity here in New Zealand. It was family that brought them here, through either chain migration or work opportunities, in search of better living standards and conditions for their growing families and future generations. As seen in the findings, the family was often the driving force to make the move abroad and remit funds back home for remaining family

members, to help with day-to-day living and *faalavelave* – special events such as funerals, weddings or church functions: “For both his family and mine, over 30 years of sending money. 40 years now” (Sieni, section 5.2). Those remaining back home were usually parents and siblings and some children who were left behind until more suitable living arrangements could be made for them to come over. Opportunities for family and subsequent betterment for future generations are common pull and push factors for all first generation migrants (Lee & Francis, 2009; Zhang, 2014; Zhang & Duncan, 2014). Participants’ accounts confirm a great many narratives on migrant populations’ movements for better opportunities for second and third generation, New Zealand-born Pasefikans (Fairbairn-Dunlop & Makisi, 2003; Macpherson, 2004; Macpherson & Macpherson, 2009; Macpherson, Spoonley, & Anae, 2001). Elders’ migration to New Zealand afforded them and future generations opportunities for educational advancement and greater subsequent work opportunities. Fairbairn-Dunlop and Makisi’s (2003) collection, *Making Our Place: Growing up PI in New Zealand*, captures the stories of second and third-generation New Zealand-born and raised Pacific people as setting the foundation for cultural identity for this ever-growing Pacific population. The collection also confirms the movements of grandparents and parents to New Zealand for ‘*āiga* to advance family and nation.

Interestingly, the priority which these Samoan elders afforded their ‘*āiga* was slightly different to Fullen’s relational wellness dimension. As previously mentioned, Fullen (2019) supplanted the commonly used term ‘social wellness’ with ‘relational wellness’ to emphasise the more meaningful relationships older adults share with partners, family members, friends and others. These meaningful relationships are perceived as supportive, being important to others and being able to support others themselves. This also sums up these Samoan elders’ view and experience of ‘*āiga* in their ageing and wellness process. However, the difference in Fullen’s

model is that marital relationships and friends, who were significant to older adult's wellbeing, whereas their children and relatives were not (George, 2010).

6.1.5 *Fanua* – land in the homelands

Land that was either customarily tenured or privately purchased back home meant *gafa*, genealogy, community, purpose and belonging. Land was identity, place, and a standing point, *faasinomaga*. It grounded villagers in customs specific to *nu'u* (villages) and generic to the Samoan people. Land back in Samoa signified permanence of family and future; like property in New Zealand, it meant security and place. While in New Zealand, the eyes of these ageing Samoans were on the safety and security of the land for family and future generations. Land tenure and distribution back in Samoa was an important concern for elderly Samoans living in Samoa and abroad, as it meant the security of basic needs and the identity of who they are was in the land. Land validated their status and place. Customary land is most assuredly linked to the conferment of a chiefly family title. Honorary chiefly titles were not recognised lawfully; however, the threat to customary land ownership is real, a highly contentious debate for Samoans given the growing number of titles being bestowed today. Although this was not explicitly expressed as a real threat by the participants in our study, some found themselves travelling back to Samoa for family land disputes tied up with titles being granted to non-descendants of their respective *nu'u*. Participants believed their back-and-forth travel was part of their role as elders within their *nu'u* and their family in New Zealand. It was their responsibility to ensure *matai* titles were allocated among *aumāga* (untitled men) representative of the different families within the village. In doing so, family land, roles and responsibilities were secure. It was a responsibility taken so seriously that failing to perform their duty was described by some participants as a great disservice to the family and future generations (Aleka, section 5.3)

It was important to these Samoan elders to pass on, to the next generation of *matai*, the *fanua* (land) in the Samoan homeland and the responsibilities attached to it. The fact that they were able to fulfil this familial obligation while they were still alive was important to their views and experience of ageing well. *Fanua*, for these elders, resonates with the *laufanua* element in Lui's (2007) *Soifua mālōlōina* model, where he identifies *laufanua* as being one of three key elements in achieving *soifua mālōlōina* – a state of wellness. This also aligns with a key finding from Flores-Palacios's (2016) case study of Lotofaga, Samoa, which found elders who migrated to New Zealand due to climatic events in their village still held strong feelings about and attachment to the land.

Elders' views illustrate the interconnectedness of the *āiga* (family), *tulaga ma matafai* (roles and responsibilities) to *fanua* (land), *tu ma aganu'u* (Samoa customs, behaviours and protocols) to ensure *soifua manuia* (living well). It further alludes to the importance of knowledge transfer, of authority, of leadership, of titles, roles and associated responsibilities. It encompasses a holistic Pacific worldview and reflects the shared values held among Pacific people to ensure complete health and wellness, and further echoes our participants' experiences in maintaining and ensuring their perceptions of wellness.

6.2 Part two: A hybrid *fa'aSamoa* in New Zealand

The concepts discussed in part one of this chapter transferred into the participants' New Zealand lives, adapting in some ways to the new system and place. It was evident that these *fa'aSamoa* concepts of age and wellness continued to influence participants' day-to-day living in New Zealand with some adapting to accommodate their experience within their adopted homeland.

6.2.1 God, church and *mafutaga* (fellowship)

Uppermost, and continuing, was these elders' belief in the Creator God. All elders spoke about and demonstrated a tremendous faith in God as their source of life, strength and ultimate purpose for their existence. It has been noted that spirituality meant a very personal and intimate relationship with their Creator, who they believed provided guidance and a clear path for their lives. As they talked, it was clear that elders' faith and belief had been learnt in their early lives in Samoa and shared with them by their parents. These elders emphasised the importance of passing on this faith to their children (Timoteo, section 5.3)

This is a belief reinforced by church attendance and membership, with the church becoming the new community for these participants: a place to praise and worship their Creator and receive God's word, a place for fellowship with other believers and joining Christian Ministry groups that offer spiritual support and encouragement to other community groups residing in rest homes and retirement villages within the local and wider Auckland region. Although the church was the new community reinforcing and nurturing participants' spiritual beliefs and faith, these participants' spirituality had greater meaning and depth than community membership. It meant a very personal and intimate relationship with their Creator, God. He provides guidance and a clear path for their life and purpose and a never-wavering faith (Aleka, section 5.2).

These findings support and build on the work of Ihara and Vakalahi (2011), in both the findings outlined above and their valuing of their personal spiritual connection with God the Heavenly Father as their most cherished and sacred relationship, surpassing physical boundaries of church and community membership (Alofa, section 5.2).

Blessings from God and departed loved ones were believed to come from the prayers, faithfulness and blessings of their long-departed parents and the personal faith they passed on to and instilled in their children, and these sentiments were shared and expressed among participants. These blessings were afforded to participants who cared for their parents and family, both immediate and extended, through the remittance of funds for *faalavelave* (special events back home). In contrast, others expressed the blessedness of having a faith and belief in God that He rewarded through the answering of their prayers (G2F1, section 4.2.2; Marina, section 5.1).

This finding of spiritual connection through prayer supports the findings of Ihara and Vakalahi (2011), whose participants identified prayer as a way to spiritually connect with God, give thanks, and seek help and guidance. The spiritual connection these Samoan elders' spoke about is different from the spiritual wellness dimension posited by Fullen's (2019) wellness model for older adults. These Samoan elders described having a personal relationship with the Christian God and having faith and using prayer to communicate with Him. Fullen described spiritual wellness for older adults as having purpose and meaning through their participation in spiritual and religious practices which, in a general sense, sums up these Samoan elders' spiritual wellness. However, the spiritual and religious practices in Fullen's model are not clearly outlined or explained, which makes his spiritual wellness dimension vague. Besides, these Samoan elders were very clear that their church attendance and worship were not legalistic (religious) practices but a conscious choice to be in relationship with their Creator (G3M1, section 4.3.1).

6.2.2 'Āiga and social relations

While *'āiga* (family) was paramount to elder Samoans, the environment, time and context which family now occupied was different – urban and living in New Zealand – as was family

members being more dispersed now which meant that meeting up for family *fono* was problematic. So, they became technology-savvy, using telecommunications to remain in contact with family back home in Samoa and living abroad in Australia. Phones were the main form of communication, with more tech-savvy participants using mobile digital platforms such as Skype and Viber to see and speak with family members and children living abroad.

This finding concurs with Li and Chong's (2012) study of transnationalism and social wellbeing among older Chinese immigrants living in New Zealand. They found that older Chinese immigrants were able to remain connected with family and friends through improved technology such as the internet and cheaper long-distance telecommunication services. However, like the participants in the present study, the older Chinese in Li and Chong's (2012) study maintained ties with family and friends back home with the occasional visit which gave them much joy and happiness and allowed them to create and maintain their social connectedness here and back home. In this way, Li and Chong (2012) suggested, the concept of 'home' has become a binary entity for the older Chinese in their study, who exist in a physical world that is somehow incomplete without the imagined or virtual one facilitated through technology. Perhaps this is an explanation for these older Samoan participants who exist in a physical sense here in New Zealand but have created and maintained social connectedness with their family and friends back home by using virtual platforms and technology tools.

6.2.3 New social systems – New communities

The participants in this study were also creating new social systems – some a part of and others separate from their usual church activities. For example, some of the female participants were members of a women's ministry who voluntarily visit various rest homes throughout Auckland to offer spiritual blessings and nourishment to their residents, some of whom were Pacific-

specific populations while most were non-Pacific residents. Some found new opportunities to share their faith, but other participants were accustomed to doing similar voluntary work. They had done so in hospital settings on Sundays, inviting hospital patrons to participate in hospital Sunday chaplain services. One participant serves as a Justice of the Peace and has serviced both his local and the wider Auckland community for over three decades. He is also a lay preacher and assists his local church in conducting services within various Returned Services Associations. Two others head long-established Samoan elderly groups within the Auckland region, namely, *Tua'ā Sinasina*, which translates as silvery hair, and *Logo i Tino Matagi Lelei 60+*; these groups respectively operate in Central and South Auckland (Iakopo, section 5.1).

Participants' involvement in these church groups and other community engagement supports the findings of other studies of diaspora migrant communities who also valued positive family relationships (Sato-Komata et al., 2015). Nevertheless, they were also making new connections through faith-based community groups, which they reported as having positive health and wellness benefits (Nguyen & Seal, 2014).

Furthermore, this factor also supports Tamasese et al.'s (2014) study of Pacific elders who reported that, while spirituality was a vital component in their perceptions of themselves, it also marked their relationships with others.

6.2.4 *Tautua*

Tautua or service was the belief and value underpinning their participation in the activities described in the previous section, and other activities. In these voluntary and community-based activities, these Samoan elders were venturing out of their traditional family and church social systems to serve others in their local and wider Auckland communities.

These findings align with Fullen's (2019) relational wellness dimension about older adults and the social support they perceived to receive and give to others being related to health benefits and longevity (Krause, 2006). Furthermore, these Samoan elders' *tautua* resonates with Fullen's vocational wellness dimension which refers to older adults' life pursuits as meaningful and purpose-driven, regardless of whether they were paid or not. Voluntary work, which best describes the vocational pursuits of these older Samoans, was also known to be positively associated with subjective wellbeing (George, 2010)

These findings concur with Wiles and Jayasinha's (2013) study of older people living in New Zealand (East Auckland and South Waikato). Care for place is a term used to describe the active and varied ways in which older people contribute to and are involved in their neighbourhoods and communities through volunteering, advocacy, activism and nurturing. Furthermore, these forms of care for place positively affect the older people and the communities they serve.

6.2.5 Financial security

While this finding was not firmly established, participants' comments suggested that these elders were becoming less financially reliant on their families compared with past times. While most said they received financial support from family members, all participants also received the New Zealand Superannuation or other benefits. For those who lived alone, the pension provided the bulk of funds for daily living. All elders appeared optimistic about their financial position and expressed genuine gratitude for the monies received from the New Zealand pension (Marina and Timoteo, section 5.4).

This finding reflects the overall economic position of many older Māori and Pacific people living in New Zealand (Fergusson, Hong, Horwood, Jensen, & Travers, 2011; Kukutai, 2006;

Tamasese et al., 2014) whose primary source of income was the New Zealand pension. The participants in these studies reported various levels of economic hardship due to their low income. However, in the face of financial uncertainty, most of the Samoan elders in this study surprisingly appeared optimistic about their financial position.

These findings can also be compared with the contextual wellness dimension in Fullen's (2019) model. It also refers to older adults' financial circumstances, the communities they live in and how their living environments shape their lives and effects their quality of life and subjective wellbeing. Older adults who had inadequate finances and lived in communities they perceived as deprived and lacking financial resources had reduced contextual wellness (Blazer, 2008; Wiggins et al., 2004). However, as noted above, most of the Samoan elders in this study appeared grateful for the money they received from their pensions and content with the communities they lived and served in.

This positive outlook could be attributed to their faith and belief in God's blessing over their lives for reasons previously mentioned. Also, some participants expressed the importance of setting aside God's share of monies first before allocating remaining funds to bills and other expenses (Alofa, section 5.3).

Living within a larger family setting with adult children and grandchildren could also explain participants' perceived economic stability, with the cost of living and daily expenses being shared amongst family members (G2F1, section 4.3.3; Marina, section 5.3)

Yes, it is a huge help. Just like now and how we are currently living with our children. As an example, we all live together, and everything is now divided, and everyone has something to pay. We pay the rent and our son and his wife pay the bills and do the food shopping. So, when everything is balanced, I'm happy. (Marina)

6.2.6 Health

These elders were very aware of the health services available in New Zealand and learned how to access them over time. Each one shared information about routine doctors' check-ups and daily medications, which involved taking multiple tablets daily in half of the cases. While not discussed deeply, participants' medical details matched the Pacific health statistics for New Zealand (MOH, 2014). Most said they had co-morbidities of illnesses such as diabetes, high blood pressure and other age-associated illnesses. As has been noted, one male elder was blind, and another had limited movement in his legs. However, these two said they accessed the medical services when they needed to. It was clear that their disabilities did not restrict their participation in community group activities. For some of these elders, the access to medical services was the main reason they did not want to go back to live in the homelands (Sieni, section 5.4)

Taulasea Samoa, traditional healers, also known as *fomai Samoa* (Samoan doctors), were sought by some participants and used in conjunction with western forms of medicine and medication, especially when a cure was not easily available from modern medicine. Some participants believe traditional healing to be more effective than western medicine in diagnosing and treating illnesses (G4F1, G4F3, section 4.2.6).

This finding adds to and supports Macpherson and Macpherson's (1990) sociological approach to Samoan medicine and practice. It recognises the unique position culture plays in shaping people and society's response to illness.

6.2.7 Traditional foods

In addition to the discussion on health, all participants talked longingly about the foods of the homelands that they loved eating. However, more specifically, they spoke about growing their

own foods and the hard physical labour they endured working their family *maumaga* (plantations). These elders noted with great affection and satisfaction the *gāoioi* of walking to and working the family crops. The family *maumaga* provided these elders and their families with homegrown organic staple foods of *talo*, *fai*, and *popo*, among other seasonal crops. In contrast, the surrounding seas provided a plethora of fresh fish and other seafood treats. As one participant said, the foods back home were natural, without chemicals added to them. Although most traditional foods could now be purchased in New Zealand, these were not the same as foods that had been personally cultivated and laboured over. Again, these findings support Ihara and Vakalahi's (2011) Hawaiian study where Samoan and Tongan participants identified traditional foods as an essential component in maintaining their notions of wellness. However, the participants in this study thought the consumption at least fortnightly of Samoan traditional foods was sufficient in maintaining their experience and ideas of being well.

6.2.8 Access to information

In past times, Samoan elders said, they had relied on family members for information through word of mouth and face-to-face communication. As a result of the technology boom and the introduction of high-speed broadband, most participants knew about the internet. There were varying degrees in their understanding and knowledge of how to use it on various mobile digital devices. Radio – whether in the Samoan or the English language – was the primary source of information for this group. It provided entertainment, spiritual guidance, relevant information and up-to-date news on current affairs in regard to health, social and political issues both here in New Zealand, in Samoa and overseas. The radio was very interactive, providing many opportunities for Samoans to send good wishes to family abroad, make *alofaaga* (dedications), and offer their opinions on topics or current issues debated in the mainstream and in community-specific contexts. In line with Papoutsaki and Strickland (2008), the radio news

was a major way for these elders to hear the news and also maintain cultural security. Others preferred printed material, both Samoan and English newspapers, to glean current events happening in New Zealand and abroad. For example, through reading the newspaper, Paulo had gained a free mobility scooter, which he relied on heavily to get around his local shopping area due to his leg wound.

These findings again sit alongside and add to the study by Li and Chong (2012). They found that older Chinese migrants' use of "transnational networks of media" (p. 34), such as satellite Chinese TV news and other Chinese televised programmes, added to and strengthened a hybrid identity in a (re)construction of place, socially and culturally (Pries, 2001, as cited in Li & Chong, 2012) that enhanced their sense of belonging to both China and New Zealand. These instantaneous cultural exchanges of information and ideas, Li and Chong asserted, "construct and affirm 'imagined' – and now increasingly – 'virtual communities'" (Cottle, 2000, as cited in Li & Chong, 2012, p. 36). This was another way the older Chinese participants in Li and Chong's study sustained cultural heritage remained socially connected and maintained their collective sense of 'Chineseness' (p. 34). It can be said that the participants in the present study were also creating and strengthening a hybrid identity. They were effectively increasing their sense of belonging to Samoa and New Zealand, remaining connected socially through Samoan media while also sustaining cultural heritage and their collective sense of 'Samoan-ness' as in the *fa'aSamoa*.

6.3 Part three: The future

6.3.1 Passing down of elder's knowledge

Central to participants' roles as elders was the passing on of their knowledge. Essentially, the examples of knowledge transfer of cultural significance, *'āiga*, protocols and relationships

which describe the act of passing down knowledge, roles and responsibilities to the next generation of leaders are a poignant and necessary ritual followed by participants in this study. They are themselves concerned with the smooth transition of new leaders and harmonious living among future descendants (G1M3, G3M1 and G3M2, section 4.3.2).

Participants' narratives align with the experiences of Māori and also with the experiences of other diasporic migrant populations who themselves place significant value on indigenous knowledge, culture, language and practice. They recognise the need to preserve and maintain this knowledge and practice for future generations (Durie, 1999; Fairbairn-Dunlop et al., 2014; Families Commission, 2010; Tui Atua, 2014) or else it will forever be lost.

6.3.2 Children

Most participants did not express thoughts about or concern for their own future. For them, their children were their future. They were seriously worried for their children's future wellness, both spiritually and socially, as Samoans in New Zealand. Financial security was another concern but, again, for their children. For example, would their children be able to buy their own homes in the current unaffordable property market? For those elders who did not share this concern, one could speculate that their lack of concern was an indication that their priority lay elsewhere rather than in the security of material possessions.

6.3.3 *Mo 'āiga* – For family: The journey to New Zealand

With the privilege of speaking with these elders, and capturing their experiences, came the beauty of their migration stories to New Zealand. Family and its betterment in life, education and work opportunities became the shared and most obvious reason for all these elders' journey to New Zealand. Whether they came as a student to finish school, winning a quota placement or work opportunities, whatever the circumstances that brought them here, all had a family

(immediate and extended) in their hearts and their future in their hands. They worked and sent remittances to help family members back home living on family land and plantations – usually parents, children they had left behind at the time, and extended family members. This was the norm for these elders in their working days where most worked as blue-collar workers in factories while others were office workers and recruitment managers for government agencies. Now, in their later stages, these elders' concerns were still for the family legacy through family land and titles back home, and for their adult children and their future hopes and aspirations. Their goals, and their reasons for coming to New Zealand, to better themselves and their family circumstances and opportunities, and to raise the standard of living for the family, remain the same. However, the passing of close family members, parents and siblings meant their immediate concern now lay with the continuity of the family legacy. It could happen through the security of land and family titles in the homelands and for those families that remained. These were serious concerns expressed by many male elders, but equally important was their own adult children's future and future generations. This was linked to the security of life back home as it meant their own children would have access to their ancestral lands and titles if they chose that path.

Additionally, their security of home and place here in New Zealand were a concern. Their hopes and dreams of coming to New Zealand may have been realised with their now-adult children having been educated and afforded work opportunities by growing up in New Zealand which they may or may not have received growing up in Samoa. These accounts spoke to the many migration stories and reasons for migration from small Pacific Island dwellings to bigger shores and opportunities. These elders' truly authentic and rare accounts validated other stories of upward mobility from the islands to New Zealand – the land of opportunities (Connell, 2009; Fairbairn-Dunlop & Makisi, 2003; Lee & Francis, 2009; Macpherson & Macpherson, 2009a; Nosa, 2009). Moreover, these elders' stories provided a personal account of the first Pacific

settlers telling their own migration stories of their motivation for making the journey to leave their homelands for distant shores.

6.3.4 Future care

The elders showed little concern for their own futures in terms of investments and other material things. This suggests that their faith in God meant their future was in His hands. This lack of concern could also suggest an expectation that elders would be cared for by their children, as in the *fa'aSamoa* (Shore, 1998; Tamasese et al., 2014). This age-old tradition of Samoan elderly being cared for by their children and family members – *tausi matua* – is synonymous with the Chinese and Asian practice of filial piety (*xiao*) mentioned in Nguyen and Seal's (2014) study of Chinese and Vietnamese elders. However, the Samoan elders in this study mentioned the expectation of elder care by family members in Samoa (G4F4 and G4F1, section 4.3.3) sharing their own experiences of caring for their parents and elderly loved ones (Sieni and Aleka, section 5.1). It was not a priority for them in their current circumstances. Nor was it highlighted as a significant factor or need in maintaining their perceptions and experience of age, ageing, and wellness.

Given the increase in the numbers of Pacific elders in rest homes today, further research is needed to see whether the traditional care of elders within the family is still upheld and practised by Samoan and Pacific families. It is particularly important given that the concept of 'ageing in place' is held to have positive health benefits and outcomes and is considered by global and local authorities as the most cost-effective care for elderly (Wiles, Leibing, et al, 2011; Wiles & Jayasinha, 2013). This concept, and the growing number of Pacific elderly being placed in care, warrant further study.

The main dilemma these elders faced when they talked about ‘home’ was whether to stay in New Zealand or go back to Samoa. This finding matches Li and Chong’s (2012) study where, for older Chinese, ‘home’ had become a binary entity. While not noted in the group and individual *talanoa* conducted in the present study, this fits the Samoan concept of *fa’a’āiga lua* or having a concept of ‘home’ as being in more than one place. In Li and Chong’s study, participants existed in the physical world that, for them, was somehow incomplete without the imagined or virtual one facilitated through technology. This may also hold true for elder Samoans. This concept of ‘home’, as in *fa’a’āiga lua*, in the *fa’aSamoa* warrants further study.

Whatever the reasons these participants gave for not being concerned for themselves and their future care, it was evident that they lived in the present, and were grateful for whatever they possessed (Aleka, section 5.4), spiritually (Paulo and Seini, section 5.2), mentally (G2M1, section 4.2.2), physically (Alofa, section 5.3) and socially (Marina, section 5. 3).

6.3.5 Final days

As noted, the language and terms these participants used suggested a separation in the stages of eldership between those who could look after themselves and those who could not. However, more importantly, they were terms laden with *fa’aaloalo* and *tautua*. As they contemplated where they would like to spend their final days, most participants said they would prefer staying in New Zealand due to the readily available access to hospital facilities and trained staff. Their children and grandchildren’s love were the other main factors for their preference for staying in New Zealand.

6.4 Chapter summary

The findings have shown that wellness for these elders is underpinned by a *fa’aSamoa* and *faaKerisiano* (Christian) perspective. In the *fa’aSamoa*, elders are revered for their deep

wisdom (*tofa loloto*), knowledge of genealogy (*gafa*), family history, titles and land (*tofa tatala*). The collective notions that they uphold connect them to their *‘āiga*, *fanua* and *tu ma aganu‘u*. They are the custodians of the Samoan language, culture and family history. Moreover, it was their responsibility as elders and *matai* to pass this knowledge on. Upholding these cultural obligations, and ensuring the next generation is equipped with family history and cultural knowledge, gave these elders a sense of wellness, for they had fulfilled their roles and responsibility as Samoan elders. Furthermore, it ensured a communal sense of belonging through social networks and practices such as church and fellowship groups.

This sense of belonging and the feeling of fulfilling one’s role and responsibility as Samoan elders leads to these elders’ experience of living and ageing well – *soifua manuia* and *soifua maua*. In describing the Samoan words and terms they used to describe age and ageing, it became apparent that the words were steeped with life (*soifua*), good health (*soifua mālōlōina*) and respect (*fa‘aaloalo*). Elders attributed it to living a life of service – *tautua* to family, *nu‘u* and *tu ma aganu‘u fa‘aSamoa*. This life of service and love for family, culture, and community was their hope for their children and children’s children (G3M1 and G3M2, section 4.3.2). It was essential to ensure the security of family resources back home and access to family land, titles, history and knowledge for their children and future generations. The travelling back home to maintain ties and fulfil *matai* roles and *‘āiga* obligations, which reinforced *faa‘āiga lua*.

These elders’ roles and responsibilities changed as they advanced in their years and, with the passing on of responsibilities of *matai* to their children, they were now taking on new roles. Some were now caregivers for their grandchildren in their immediate families, and others were caregivers to their ageing and ailing parent(s); all were leaders within their church and wider social group activities. Some were using their years of experience and service within their

communities as a Justice of the Peace or a government advisory board member within their local community. Most of the women were volunteers, ministering God's goodness in rest homes and in the private homes of elders who wanted prayer and support.

For these elders, their changing roles and new social connections further cemented their sense of belonging and value within their own families and wider community and adopted home here in New Zealand. They were now considered *tagata mātutua* (elderly, older people). In western terms, they are referred to as retirees. Erikson's model describes this stage as the later adulthood years of senior citizenship and wisdom (McLeod, 2018). While Shore (1998) suggested that elderly Samoans usually do not leave the house, choosing instead to perform light duties at home such as sweeping and weaving mats, these Samoan elders' usual activities involved social and community engagement. They were attending activities and collaborating with like-minded individuals to serve within their local and wider Auckland communities. For example, Iakopo, at the time of his interview, had served seven years as the *taitai* (chair/leader) of *Tua'ā Sinasina o Samoa i Niu Sila* (Samoan elders in New Zealand social group, established in 1998 by the late Reverend Leao Siitia). Aleka, at the time of the study, served as a Justice of the Peace and sat on the Ministry of Social Development's advisory council. Seini led a women's fellowship that ministers in rest homes around Auckland. This speaks to elders' social connectedness within their communities and how that connectedness contributes to their feelings and experience of wellness.

Physically, these elders suffered from the usual ailments (such as diabetes and high blood pressure) associated with their advanced years. However, these and obvious physical impairments did not stop them from the everyday life activities which most people take for granted (Iakopo, section 5.1 and Paulo, section 5.2). Aleka summed up the general view that most of the elders shared regarding their illnesses: "So, the answer to your question is that

illness does not prevent us from getting what we need to do” (section 5.3). Alofa added “I have diabetes and asthma, but none of those things affect me now” (section 5.3). In addition, their health was their personal responsibility: “You have got to get up and exercise. Because we no longer live the life of constant movement that was in Samoa. That is how it is here. We are more conscious about being well.” (G3M1, section 4.2.5).

However, this view was strongly accompanied by having strong faith and belief in God. *FaaKerisiano* (being Christ-like), as it was mostly referred to in this study, emphasises the importance of spirituality in these Samoan elders’ views on and experience of being well. Samoan elders are revered for their relational status within the Samoan worldview as being the mediators between the cosmos and the people due to their *tofa loloto* (knowledge and wisdom) (Paulo, section 4.1.1).

For these elders, the spiritual featured significantly in their views on and experiences of wellness. The word *soifua* for these elders captured and described a Samoan concept of wellness. For them, it was a holistic concept grounded in the spiritual that encompassed every aspect of their lives and everything they did (G1F1, G2M1 G2F1 and G4F2, section 4.2.2; Marina, Aleka, Alofa, Paulo and Sieni, section 5.2).

This study has found that the elders’ views on and experience of ageing and wellness here in New Zealand require all the elements of culture, family, spiritual and other elements, as captured and described in both the *Soifua Mālōlōina* Model and the *Fonofale* Model. Moreover, while most of these elder Samoans were retired from paid employment, they were still very active within their own families (immediate, extended, in New Zealand and Samoa), making new social connections and serving their respective communities. However, of all the elements, the most dominant ones were *fa’aSamoa* and *faaKerisiano*, which shaped their views and contributed to their ageing and wellness experience.

This study speaks to the strength of the Samoan health models and how they can be used to address Samoan and Pacific ageing populations in creating Pacific health incentives and programmes. It reflects a more culturally appropriate approach that captures spirituality, people's faith and the belief systems that play an essential role in these elders' views on and experiences of ageing well and being in a state of wellness.

Chapter Seven: Key Findings

7.0 Introduction

This qualitative study aimed to explore the perceptions of wellness of elderly Samoans living in New Zealand. Given little is documented about their ageing experience, it was necessary to first establish their views on and experience of age and ageing before engaging their views on and experience of wellness. The exploration started with four key questions: 1. What are Samoan elders' perceptions of age and ageing? 2. What are Samoan elders' perceptions of wellness? 3. What factors influence Samoan elders' perceptions and experiences of wellness? 4. What do Samoan elders' need to ensure and maintain their feelings of wellness? Four group and eight individual *talanoa* were conducted using phenomenology through a Pacific worldview.

This chapter presents the key findings on Samoan elders' perceptions of ageing and wellness, the factors that influence, ensure and maintain their wellness experiences, and their views and hopes for the future. In addition, the *talanoa* research methodology is noted as a key feature to eliciting *talanoa* and capturing Samoan elders' lived experiences of ageing and wellness.

7.1 Concepts of age, ageing and wellness

One of the main findings was that these Samoan elders had their own concepts and understandings of age, ageing and wellness. They had their own terms to describe their experiences which directly related to the *fa'aSamoa* and reflected a Samoan worldview.

7.1.1 Age and ageing

Matua (age, old, elder) and *tagata matua* (elder person) were generic terms of age and ageing. At the same time, *tofa sinasina* (silvery white wisdom), *tofa loloto* (deep wisdom) were formal and respectful descriptions of those more senior. The words used to describe age and ageing were not chronological or age-bound, as in New Zealand and the global discourse where 65 years is used as a marker. Instead, terms signalled a stage of life or physical state, for example, *pegapega* was about an elderly person who required assistance to bathe. Other terms spoke to elders' long service to 'āiga, and *nu'u*. *Ua afu le soifua* relates to the fruits of one's labour, and *ua pulapula lagoto le soifua* is a metaphor of one's life coming to an end with the grandeur and peace of the setting of the sun. These are figurative or metaphorical terms referring to life, longevity and old age itself.

Furthermore, these terms are often used to formally signal respect (E. Kruse-Vaai, personal communication, February 19, 2019). The terms are not directly related to Erikson's stages of development. Instead, the terms reflect a set of values, ideals, relationships and behaviours of respect and status, as in the *fa'amatai*. Moreover, they align with the categories outlined by Tamasese et al. (2014).

7.1.2 Soifua – Wellness

Soifua was the word elders used to describe their feelings of wellness. It was a holistic concept featuring a consideration and a relationship between elements of the spiritual, physical and social, as in the Samoan worldview (Tui Atua, 2007). Wellness was achieved when there was a balance and harmony between their spiritual life, family life and social interactions. This Samoan concept of wellness contrasts with the commonly used medical model of health and terms which focus mainly on physical health. As has been noted, this belief aligns with Dunn's

(1961) concept of ‘high-level wellness’, which considers “the spirit of man” (Dunn, 1959, p. 788) as an essential element in achieving optimum health.

These Samoan words and phrases provided a collated collection that referenced age stages, status and wellness from an ageing Samoan population in New Zealand, a language spiritually steeped and highly respectful. It confirmed the absence of universal age categories within the *fa’aSamoa*, as previously concluded by Tamasese et al. (2014). Furthermore, it supports the importance of spirituality, and the personal responsibility to care for oneself and one’s family, in shaping their perceptions and experience of age, ageing and wellness while living in New Zealand. Understanding the Samoan language and the critical factors of spirituality, self-care, and family would benefit future policy and the planning of programmes geared towards ensuring and maintaining elderly Pacific people’s health and future care.

A second finding was that, despite most of these elders suffering significant health conditions, they had a positive outlook on life. They considered it their responsibility to look after and keep themselves well. This positive attitude was grounded in their faith and belief in God. It may be that this positive view of life acted to mask serious illness and disease which, therefore, was being left undiagnosed and untreated. While not explicitly explored in this study, the relationship between spirituality and modern medicine among Pacific elders warrants further study.

7.1.3 Factors influencing perceptions of *soifua*

While maintaining the elements of the Pacific worldview, these elders’ spiritual life through church, and the family relationships in both the homelands and New Zealand, remained important. They saw maintaining their state of wellness as their responsibility, and the new social connections they made and their access to technology helped them achieve their holistic

approach to wellness. Not surprisingly, these Samoan elders continually reminisced about their childhood days in Samoa and their relationships as elders with their family in the homelands and New Zealand. They were always looking back, with their eyes to the future, as they adapted to life in New Zealand.

7.1.4 Group *talanoa*

A third finding relates to the group *talanoa* perceptions of wellness, what influences these perceptions and how they are maintained. Participants reinforced the importance of spirituality and identified the church and their responsibilities to family as influencing their views and ensuring their experience of wellness. For example, the church and the related activities that it presented were, for most, a source of strength and encouragement in being well. Males expressed having a great sense of responsibility to pass on family titles and the responsibilities attached to the role while they were still alive and still had the capacities to do so. In fulfilling these roles, they felt a sense of relief and accomplishment which assisted their feelings of wellness and experience of ageing. Participants raised future concerns about living arrangements, specifically rest homes, as they have seen several of their peers being placed into care. Most participants agreed this was not common among Samoan families who traditionally cared for their elderly parents and loved ones in the family home. However, there was consensus that the practice was a growing trend among Samoans and other Pacific peoples living in New Zealand and Samoa. That warrants further exploration.

7.1.5 Individual *talanoa*

A fourth finding is that individual participants' accounts reinforced the factors identified in the group *talanoa* – of spirituality, family and church as significantly influencing their views on and experience of ageing well. In addition to the church emerging as the new social setting for

most, the new connections they made through various community groups, activities and *mafutaga* they became affiliated with helped them age well. Technology and other factors physical life, diet and medical check-ups were things that the participants considered they needed to maintain *soifua manuia*. Furthermore, while thoughts of their future care would be inevitable, their concerns were more for their children's future aspirations and future generations.

Spirituality and faith

Spirituality was the belief in a greater power, in the heavenly, the Creator God of heaven and earth. This strong and unwavering faith was something they had been introduced to as children and, as adults, they have come to understand the true value of the lessons and meanings of their Christian teaching and upbringing. A personal relationship with their God, with whom they communicated through prayer and lived out the relationship in faith in their everyday lives, was the essential element influencing participants' views and ensuring and maintaining their experiences of ageing and wellness. God's *mana* is what these participants leaned on for strength both in spirit and in the physical. Therefore, spirituality, specifically a belief in the Christian God, was crucial to these participants' perceptions of wellness.

'Āiga – Family

Family was also a significant factor in these elders' perceptions of wellness. These elders were seeking opportunities for their family that were better in New Zealand than back home; it was the most significant reason participants had journeyed to New Zealand. These elders were challenged in the sense that families now live further apart, and regular 'get-togethers' were difficult. In New Zealand, they were developing new social connections, and the increase in technology use by elders enabled them to maintain social connections with their family members, ensuring their *soifua lelei*.

Tautua – Service

These elders' service to family, church and community gave them a great sense of wellness. Underlining their belief in and valuing of service was their *alofa* for their families in New Zealand and Samoa, which signified the importance they placed on their relationships with family, friends and their community. Also, it highlighted the important ways in which these values underpinned their identity in the *fa'aSamoa* and their roles as seniors and leaders within the *fa'amatai*.

New social connections

Church, activities and community group participation helped participants to maintain their feelings of being well. New connections arose from participants' active participation in and involvement with local community groups such as the *mafutaga tina*, *Tu'aā Sinasina*, and *Logo i Tino Matagi Lelei 60+*, as either coordinators, leaders or members, and one Justice of the Peace had over 40 years of public service. Essentially, these new endeavours outside of participants' traditional social systems of family and church were the new social connections participants were creating. Their social connectivity was increasing and so, too, was their contribution to community and society.

Technology

Technology, particularly, for most participants, Samoan radio, was a great source of information that delivered new current events and topics and other relevant information about pensions and benefit entitlements in the Samoan language. These elders did not rely on their family or children for information. Similarly, the increased use and awareness among participants of social media platforms such as Facebook and Viber showed a generation of elderly Samoans advancing in age and using new technology.

Future concerns and hopes

A further finding was that children's and families' future wellness were these elders' most important concern for the future. Also, when they talked about their children's future wellness, they were talking about their spiritual wellness, their social wellness and their security of livelihood. This concern for their children and future generations fits the Samoan concept of *'āiga* and the *fa'amatai*. Elders' focus was on the continuity and sustaining of *fa'amatai*, *'āiga* and family systems, their source of identity, security and place even though they lived in New Zealand. It involved a focus on the present and looking back (to the past), to inform the future.

This concern for family was what brought most of these elders to New Zealand. Their families, and providing a better future, education and opportunities for them, were what motivated these elders to come in the first place. Even in their advanced years, it is no surprise that their families remain their primary concern. What is enlightening is the love these elders had for their remaining families back home and the security of land and titles for generations to come. They had laboured many years here and made New Zealand home for their children and children's children. Still, most wanted to secure land and the family titles that were attached to them for both immediate and extended family members and future generations both here in New Zealand and remaining in the homelands. Transnationally, they were the elders within their respective families both here in New Zealand and abroad. Their parents left the legacy of their family lines, titles and deeds to them to carry on and secure for generations to come. Now it was their responsibility to carry on the family legacy while they were still alive. This aligns with *fa'aSamoa* and the importance of *'āiga*, *nu'u*, and *aganu'u*.

Although all participants talked longingly about Samoan homelands, most saw New Zealand as their preferred place at this time in their lives, especially because many had children and other family members living in New Zealand. As well, they appreciated the medical care and

financial support. What is more, they laughed as talked about how the Samoan foods here were not like the ones they had planted themselves back in the homelands, but they were able to buy most of them in New Zealand. Although a concept of home was not explicitly explored in this study, these Samoan elders' experiences match those of the Chinese elders in Li and Chong's (2012) study who viewed 'home' as a binary entity. This understanding fits the Samoan concept of *faa'āiga lua*. As was noted earlier, most of these elders had lived here in New Zealand for over 15 years. More recent migrants may have a different view on this point, which warrants further study.

All these elders had heard about the increased use of rest homes by the Pacific community in New Zealand, and a variety of views were shared on this point. At the time of this study, none of this sample of elders lived in a rest home. Twenty-six of the 28 were living in their own accommodation. Two were living alone in community villages among elderly residents, but in constant dialogue with their families. Given the current study focused on elders living independently or with family, further study of ageing Pacific populations living in rest homes or care facilities is needed.

Until recently, this group of ageing migrants has been absent from local ageing population studies (Doolan-Noble et al., 2019; LiLACS, n.d.; NZLSA, 2014; Parr-Brownlie et al., 2020; Tamasese et al., 2014). The importance of ethnic-specific research on migrant and minority populations and their definitions and expectations of age, ageing and wellness has been noted (M. P. Miller, 1991; A. M. Miller & Iris, 2002; Tamasese et al., 2014), particularly its use in policy planning to facilitate strategies and the provision of healthcare and social services that are culturally defined and understood (Durie, 1999; Kukutai, 2006). This study's findings offer a rare insight into the lived experiences of age, ageing and wellness from an ageing Pacific population living in New Zealand, namely Samoan elders who represent the largest ageing

Pacific population living in New Zealand. Through *talanoa*, they described Samoan concepts of ageing and wellness.

Furthermore, shared spirituality, specifically *Le Atua* (God), *‘āiga* (family), *tautua* (service) are the main influences on their perceptions of wellness and factors for maintaining them. Again, family was their main future concern, specifically, the hopes and dreams of their children and their family back home. These findings offer a view on and experience of ageing and wellness that is culturally defined and understood. Thus, they should be considered in the planning and implementation of policy and programmes related to elderly Samoans’ healthcare and the provision of services to them.

7.2 *Talanoa* research methodology

The application of a qualitative approach was a crucial factor in capturing the views and experiences of Samoan elders. The use of *talanoa* methodology enabled participants to tell their stories while *vā* allowed the participants to freely express their thoughts and experiences. This holistic approach, incorporating spirituality and family, was shown to be effective in engaging older Pacific people and would be of benefit in future research, planning and policy involving this cohort.

Chapter Eight: Conclusions and Recommendations

8.0 Introduction

This chapter presents the recommendations for future research. In addition, the implications for future care, service provision and policy for other elderly Samoans, their families and communities living in New Zealand are discussed. The chapter concludes with the study's original contributions, followed by the study's limitations and brief final remarks.

8.1 Recommendations for future research

Additional research into the experiences of elderly Pacific living in New Zealand is needed to understand their health needs and ensure that health policy and programmes enable successful ageing and wellness among these and other migrant populations in the diaspora. Based on the findings, the following recommendations for future research focussed on policy and programme planning for elderly Samoans' healthcare and the provision of services to them are presented.

- The Samoan elders' self-perceptions of ageing were positive and were influenced by their faith in God, family and church. These factors that influenced elders' positive self-perceptions warrants further research as it offers an alternative perspective to the global literature on mainstream self-perceptions of ageing.
- Similarly, elders' positive view on life raised the question of whether these views mask serious illness and disease. Further research to better understand their experiences and the reasons why they choose to remain positive despite their serious health concerns is needed.

- A finding was that both male and female participants considered that women lived longer than men. Therefore, an investigation into Pacific women's views on and experiences of living longer would be advantageous. It would give a unique perspective of ageing Pacific women's views and experiences of ageing and wellness that is absent from global and local literature.
- Further research into the Samoan concept of *faa'āiga lua* as a concept of 'home' for Samoan and other Pacific elders and older migrant populations is required. This would provide an ageing Pacific specific understanding and conceptualisation of 'home' and offer a different experience to mainstream views.
- This study was conducted with four groups and eight individual participants living in Auckland. Research could be replicated with other elderly Pacific populations in New Zealand and other migrant populations in the diaspora in order to gain cultural nuances and experiences of age, ageing and wellness as migrants living abroad so as to better inform government policy and programmes for their future care needs.
- The Samoan elders' in this study lived with family members or alone in private residences. Therefore a study exploring the growing trend of elderly Samoans' and elderly Pacific people being placed in New Zealand rest homes, particularly the factors contributing to the increase in numbers from the perspectives of the older people and the family members who place them there would be beneficial. This would provide insight into Pacific elders' view and experiences of living in rest homes and their family members' reasons for placing them in care. Both perspectives are currently absent from the literature.

8.1.2 Recommendations for policy action

In addition to the recommendations made for future research, the following recommendations for policy are presented in the hope of informing future policy and programmes for older adults that are culturally informed and inclusive of all ageing populations in society. This study of Samoan elders' hopes to encourage other silent ageing populations to share their cultural specific experiences of ageing and wellness to inform health authorities, government agencies, health providers and society in general that other voices and experiences exist and can offer invaluable lessons for ageing well.

- The Samoan words *soifua*, *soifua manuia*, *soifua mālōlōina*, *soifua maua*, *soifua lelei* and phrases describing wellness – *malo le soifua maua ma le lagi e mama* and others (see Chapter Four, sections 4.1.1 and 4.2.1) – should be utilised in the planning and implementation of policy and programmes related to elderly Samoans' healthcare and the provision of services to them.
- More culturally appropriate approaches should be used when researching Pacific elders. A holistic approach that incorporates the elements of spirituality, family and church should be considered.
- Samoan radio programmes should be more fully utilised to broadcast vital health and social services information to Samoan listeners.
- The findings can inform general and medical staff in hospitals and health care facilities and be used as a guideline to interact with ageing Pacific elderlies in their care.
- The views and experiences of family members who live and care for their elderly loved ones can be used to inform policy from a Pacific caregivers' perspective.

8.2 Limitations of the study

The study was conducted within the Auckland region, and therefore the findings cannot be generalised to represent the perceptions and experience of all elderly Samoans living in New Zealand. Furthermore, the views and experiences are limited to those elderly living in the ambit of family. Absent are the experiences of those living in rest homes and care facilities, and therefore that topic warrants its own study.

8.3 Original contributions

This study has made a number of original contributions to the area of age, ageing and wellness from an ageing Pacific migrant population living in New Zealand.

Noted throughout the thesis was the lack of global and local research on ageing Samoans views and experiences of ageing and wellness. Most of the literature on older people reflect the views and experiences of the dominant ageing groups in society and therefore models of care, provision of services and facilities for older adults is based on these mainstream views. The current study prioritised other more silent ageing groups in society that are invisible among a rapidly growing ageing population in New Zealand and worldwide. The views and experiences of the Samoan elders' in this study offer a unique culturally nuanced lived experience of age, ageing and wellness as first generation migrants living in New Zealand. This research contributes to the body of knowledge on older adults' perceptions and experience of age, ageing and wellness living in New Zealand.

This study revealed Samoan words, terms, phrases and associated markers for age, ageing and wellness that Samoan elders share and use in their day to day activities and interactions with others, and offers a rare collection of Samoan terms.

The use of *talanoa* as a research methodology to capture Samoan elders' lived experiences of ageing and wellness and the sequential use of group *talanoa*, to capture a broad spectrum of their views and experience which provided the baseline for further in-depth exploration in individual *talanoa* was original in its contribution to the study on ageing and wellness.

8.4 Final remarks

This study makes the following contributions to global and local knowledge on ageing population and wellness studies. The first is to the global research on ageing ethnic migrant populations as it highlights a Pacific way of conceptualising age, ageing and wellness. the findings challenge the dominant health models and cultures, which do not fit the needs of migrant Pacific people living in New Zealand.

The second contribution is to local policy and service provision for Pacific elderly, as the findings align with New Zealand health authorities' obligation to ensure all New Zealanders receive culturally appropriate services. These results can help improve healthcare services for Pacific people.

Moreover, the study assists in strengthening the community's understanding of the needs of ageing Pacific family members. This can allow the Pacific community's involvement in designing and tailoring community-based solutions and providing healthcare services. A final contribution is to the local research on ageing and wellness, as the Samoan elders' views give a different experience and level of understanding of age, ageing and wellness whilst living in New Zealand. An understanding imbued with spirituality and culture that challenges mainstream notions of age, ageing, and wellness highlights the significant roles Samoan elders play within their church, family and community.

A final point, the findings should be used as a foundation document on which a model of wellness for ageing Samoans living in New Zealand can be developed and implemented into policy and programme planning for elderly Pacific people until such time that other ageing Pacific specific perspectives are documented in the literature and inform their own models of ageing and wellness.

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Glossary of Words and Phrases

The English translations of these Samoan words and phrases have come from several sources namely dictionaries by Allardice (2000), Ma‘ia‘i (2010a, 2010b), and Milner (1993), *talanoa* with Samoan elders and Samoan literature (Fairbairn-Dunlop, 1991, 1998, 2017; Meleisea, 1987; Tuagalu, 2008; Tui Atua, 2003, 2005, 2007, 2014).

<i>aganu ‘u fa ‘a Samoa</i>	Samoan culture
<i>‘āiga</i>	family
<i>alagaupu Samoa</i>	Samoan proverbs
<i>alofa</i>	love
<i>aualuma</i>	unmarried women
<i>aumaga</i>	male youth
<i>ao</i>	head
<i>ao sinasina</i>	white or silvery head
<i>e fa ‘avāe i le Atua Samoa</i>	is founded on God
<i>e po ia</i>	they’re in the dark
<i>fa ‘aaloalo</i>	respect
<i>fa ‘amagaloina</i>	forgiveness
<i>fa ‘amālōlōina</i>	healing

<i>fa'amatai</i>	chiefly system of Samoa
<i>fa'aSamoa</i>	Samoaan way of life
<i>fa'asoasoa</i>	allocate funds
<i>fa'atuatua</i>	faith
<i>faguu</i>	Samoaan coconut oil
<i>fagogo</i>	Traditional Samoaan night time stories
<i>fai</i>	green banana
<i>fautuaga lelei</i>	give good counsel, good advice
<i>feau</i>	chore
<i>fefa'aaloaloai</i>	treat one another with mutual respect
<i>fofō</i>	Samoa massage
<i>foliga i le Atua</i>	it looks like God
<i>fono o matai</i>	Village council of chiefs
<i>gāoioi</i>	to move
<i>laga ie toga</i>	weaving mats
<i>lauti</i>	tea leaves
<i>Lo'omatua</i>	older female
<i>lotu</i>	church

<i>Lufilufi, Upolu</i>	Village in Upolu
<i>Maagiagi, Upolu</i>	Village in Upolu
<i>mafatiaga</i>	hardship
<i>mafutaga</i>	group/ fellowship
<i>mafutaga Tina</i>	women's fellowship group
<i>malo</i>	government
<i>mālōlōina</i>	heal
<i>mamoe</i>	lamb
<i>manua</i>	wounded
<i>matai</i>	Samoan chief
<i>matua</i>	elder or older
<i>matua tausī</i>	older person who is being care for or looked after
<i>mātua</i>	parents
<i>mātutua</i>	old
<i>measina</i>	cultural treasures and valuables
<i>Niu Sila</i>	New Zealand
<i>nu'u</i>	village
<i>o le ala i le pule o le tautua</i>	in order to lead, one must serve

<i>o le avā i matua e faalevālevāina ou aso</i>	honour your parents and your days will be numbered
<i>‘Olomatua</i>	old woman
<i>pegapega</i>	the act of bathing a very old individual separate from the normal bathing area of the aiga
<i>pitonu‘u</i>	community
<i>saoga tupe</i>	fundraiser
<i>sefuluai</i>	tithing – usually a tenth of your earnings
<i>sinasina</i>	white or silvery haired
<i>tagata</i>	a person
<i>tagata matua</i>	elder or older person
<i>tagata mātutua</i>	elder or older people
<i>talanoa</i>	to talk
<i>talanoa lautele</i>	group talk
<i>talanoa taitoatasi</i>	individual talk
<i>talitonu</i>	believe
<i>talitonuga</i>	belief
<i>talo</i>	taro – root vegetable
<i>tapu</i>	sacred

<i>taua</i>	valued, important
<i>taule'ale'a</i>	untitled men
<i>tausi</i>	take care of or look after
<i>tautua</i>	serve
<i>Tiavea</i>	Village in Upolu
<i>toe utaia/ toe ulutaia</i>	oldest person living in the <i>nu'u</i> and <i>'āiga</i>
<i>Toea'ina</i>	older male
<i>tofa</i>	wisdom
<i>tofa loloto</i>	deep wisdom
<i>tofa sinasina</i>	white wisdom signifies living a long life
<i>tofa tatala</i>	having a lot of knowledge but unable to share it
<i>tua'ā</i>	parent – formal word
<i>tua'ā mātutua</i>	older parents
<i>Tusi Paia</i>	Holy Bible
<i>ua afu le tautua</i>	describes the fruits of one's labour of long service and love for family, village and community
<i>ua pupula lagoto le soifua</i>	a metaphor of one's life coming to end with the grandeur and peace of the setting of the sun
<i>ulu</i>	breadfruit

umala

kumara

vā

relationship between people, places and their
environment

Acronyms

LiLACS

Life and Living in Advanced Age Cohort Study

MOH

Ministry of Health

NZLSA

New Zealand Longitudinal Study of Ageing

WHO

World Health Organization

Appendices

Appendix A

Ethics Approval



12 May 2014

Peggy Fairbairn-Dunlop
Faculty of Health and Environmental Sciences

Dear Peggy

Re Ethics Application: **14/18 Perceptions of wellness: Older Samoans living in New Zealand.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTC).

Your ethics application has been approved for three years until 28 April 2017.

As part of the ethics approval process, you are required to submit the following to AUTC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 28 April 2017;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 28 April 2017 or on completion of the project.

It is a condition of approval that AUTC is notified of any adverse events or if the research does not commence. AUTC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

A handwritten signature in black ink, appearing to read 'K O'Connor', written in a cursive style.

Kate O'Connor

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Falegau Melaine Lilomaiaava Silulu falsil06@aut.ac.nz

Appendix B



Participant Information Sheet

Group *Talanoa*

Date Information Sheet Produced

28 January 2014

Project Title

Samoan Elders' Perception of Wellness: A New Zealand Case Study

An Invitation

Talofa lava. My name is Falegau Lilomaiava Silulu and I am a student at AUT University. I would like to invite you to take part in my research exploring older Samoans experiences and perceptions of being well. This is important information for the New Zealand government and health and disability services as the Samoan ageing population is fast growing. For this study I will talk with community groups and also speak with some people individually.

What is the purpose of this research?

The purpose of this research is to explore older Samoans experiences and perceptions of 'being well'. The findings will be used to profile the growing ageing Samoan population in New Zealand, to raise awareness of your needs so as to assist the provision of health care and disability services. Furthermore, the successful completion of this study will provide a doctoral degree.

How was I identified and why am I being invited to participate in this research?

You are Samoan aged 65 years old and above and you came along to a short presentation about my study that I gave at your church and/or place of worship. You are one of up to 24 elderly who have expressed interest in taking part in one of four group *Talanoa*. We would like to invite you to participate.

What will happen in this research?

The focus group will take up to one (1) hour of your time and will take place in a location that is central and most suitable for all participants. Interviews can be in either English or Samoan or both. If you agree I would like to record our interview using a digital tape recorder. During this time, I will also take notes. I will transcribe each interview and return it to you to check and make sure that I have correctly used your words and meanings. The interview will focus on four main questions: 1. What are your views of age and ageing? 2. What are your views of wellness/well-being *Soifua mālolōina*? 3. What factors influence your perceptions and experiences of wellness/well-being *Soifua mālolōina*? 4. What do you need to ensure and maintain your feelings of wellness/well-being *Soifua mālolōina*? Your responses will form the basis of my research project and inform a Samoan perspective of wellness. Your participation is entirely voluntary. And if you do agree, you are free to withdraw from the study at any time.

What are the discomforts and risks?

The ageing experience is a sensitive issue and it is likely that some may experience discomfort in expressing their views. However, the study's overall purpose is to capture experiences of wellness and celebrate ageing Samoans health and wellbeing. Therefore, the only inconvenience anticipated will be the time we take to interview you.

What are the benefits?

The findings from this research will assist the Samoan community's understanding of the health and well-being of our ageing population and health care services for Pacific people. It will also strengthen the Pacific community's understanding of the needs of ageing family members. It will enable Pacific community's involvement in designing and tailoring the provision of health care services. Findings will also add depth and understanding to the current national health statistics of this ageing population and will inform government policy and service provision for this group. Lastly the research aligns with NZ health authorities' obligation to ensure all NZers receive culturally appropriate services.

How will my privacy be protected?

Your personal details, information and opinions will be kept confidential. No other person besides myself and my supervisors, will see your transcript. All interview transcripts, recordings and observation notes will be destroyed 10 years after submission and approval of the final research report. Furthermore, while the report will remain in the form of an unpublished thesis, a copy of the final report will be made available to you and your church and research findings may be published in academic journals and or disseminated at academic/professional conferences.

What are the costs of participating in this research?

There are no financial costs of taking part in this study. However, we ask for at least one (1) hour of your time for the interview.

What opportunity do I have to consider this invitation?

If you would like to take part in a group *Talanoa*, please contact me within two weeks of receiving this information sheet.

How do I agree to participate in this research?

You can contact me and we will discuss a time and place that is central to agreed participants to meet and have our group *Talanoa*. However, prior to our group *Talanoa* you must first read, understand and sign the consent form. You can post it back (return address to be included on envelope) using the freepost envelope supplied. Or you can give it to me at our group *Talanoa*.

Will I receive feedback on the results of this research?

You will receive a summary of the main findings of this study and if you would like to view a full report of the study, you can do so by contacting me.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor's, Tagaloatele Professor Peggy Fairbairn-Dunlop, peggy.fairbairn-dunlop@aut.ac.nz, and (+649) 921 9999 ext 6203 and Fa'alāva'au Dr Juliet Boon Nanai, juliet.nanai@aut.ac.nz, and (+649) 921 9999 ext 7560.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Falegau Melanie Lilomaiva Silulu, falegausilulu@gmail.com and (+649) 211 198 614

Project Supervisor Contact Details:

Tagaloatele Professor Peggy Fairbairn-Dunlop, *peggy.fairbairn-dunlop@aut.ac.nz* and (+649) 921 9999 ext 6203 and Fa'alāva'au Dr Juliet Boon Nanai, *juliet.nanai@aut.ac.nz* and (+649) 921 9999 ext 7560. **Approved by the Auckland University of Technology Ethics Committee on 12th May 2014, ATEC Reference number 14/18**

Fa'amatalaga o le Su'esu'ega

Talanoa Lautele

Aso sa tusia lenei pepa

28 Ianuari 2014

Ulutala o le su'esu'ega

Mālamalamaga o le Soifua mālōlōina: Tagata Mātutua o Samoa o soifua ma papa a'ao i totonu o Niu Sila

Le vala'aulia

Talofa lava. O lo'u igoa o Falegau Lilomaiaava Silulu. O a'u o se teine ā'oga i le Iunivesetē o Aukilani Fa'atekonolosi - AUT. 'Ou te vala'au atu ma le fa'aaloalo lava i lou 'auai i la'u su'esu'ega, e sālī ai ni manatu o Tagata Mātutua Samoa i latou mālamalamaga ma masani i latou Soifua mālōlōina i totonu o Niu Sila. E tāua tele lenei fa'amatalaga mo le malo o Niu Sila, ma matāgālua ma auaunaga o Soifua Mālōlōina, ma le lē atoatoa ai o le malosī o le tino ma le mafaufau, 'auā ua vave ona fa'asolosolo i luga numera o Tagata Mātutua Samoa. Mo lenei su'esu'ega, 'ou te fia talatalanoa ma fa'alapotopotoga itū'āiga o Tagata Mātutua ma nisi Tagata Mātutua ta'ito'atasi.

'O le ā le fa'amoemoe o lenei su'esu'ega?

O le fa'amoemoe o lenei su'esu'ega e sālī se fa'amālamalamaga ma masani o Tagata Mātutua Samoa i lo latou Soifua mālōlōina. E fa'aā'oga fa'amaumauga e maua mai i lenei su'esu'ega, e fa'aalia atu le faatoateleina o Tagata Mātutua Samoa i totonu o Niu Sila, fa'apea foi le fa'ailoaina o lou mana'oga e fesoasoani i le fa'atonuina atu o auaunaga o le soifua mālōlōina ma i le lē atoatoa ai o le malosia o le tino ma le mafaufau i le atunuu lautele. 'Ae lē gata 'i lea, a mā'ea manuia lenei su'esu'ega e maua mai ai le fa'ailoga.

Pea fa'apefea ona lautogia ai a'u ma aisea foi ua vala'aulia ai a'u e 'auai i lenei su'esu'ega?

O oe o le tagata Samoa e 65 tausaga ma luma atu lou matua. Sa e afio mai i le fa'amatalaga o la'u su'esu'ega i lou Falesā po'o lou Fale tapua'i. O oe e tasi o 24 tagata matutua sa e fā'aalia lou finagalo malie e te 'auai i totonu tasi o fa talanoaga fai lautele. O lou valaaulia lea e te 'auai.

O a mea tutupu i lenei su'esu'ega?

O le talanoaga, e tusi e tasi le itula o lou taimi e fai ai, i so'o se nofoaga e saogalemu mo ta'ua uma ma e tusa ma lou finagalo. O nei talanoaga, e mafai ona fa'aPeretania, pe fa'aSamoa foi pe fa'aā'ogaina uma foi gagana uma nei e lua. 'Ae tusa ma lou finagalo, ou te fia pu'eina nei talanoaga i se laau pu'e leo. I le taimi lava lea, ou te tusia foi ni tala pu'upu'u. 'Ou te tusitusi uma le talanoaga, ona tu'uina atu lea o fa'amaumauga o le tusitusiga, e te faitau i ai ma siaki ua sa'o le fa'amaumauga o 'au sauno'aga ma ona uiga. O lenei su'esu'ega e va'ai fa'apitoa i fesili e fā: 1. 'O le ā sou iloa po'o sou mālamalama i le matua po'o le fa'amatua tagata? 2. 'O le ā sou iloa po'o sou mālamalama i le Soifua mālōlōina? 3. 'O le ā ni vāega e a'afia ai lou iloa po'o lou mālamalama ma lou masani i le Soifua mālōlōina? 4. 'O le ā ni tulaga taua e tataua ona iai e tusa ai ma lou lagona Soifua mālōlōina? O au sauno'aga i nei fesili, o le fa'avae lea o lo'u su'esu'ega ma e faufautua ai se mālamalamaga mai Tagata Mātutua Samoa, po'o se fa'auiga Samoa i le mataupu lea o le Soifua mālōlōina. O lou finagalo malie e te 'auai i totonu lenei su'esu'ega, e mafai i so'o se taimi lava ona e te'a ese ma le su'esu'ega, e leai foi se isi e fesiligia pe su'esu'e aiseā.

'O le ā ni tulaga lē mautinoa?

O le masani o Tagata Mātutua i le fa'asolosolo o latou tausaga e fai sina ilitata o le mataupu ma e iai nisi e mata e fa'alogi ni tulaga fa'agēgē e fā'aali se latou manatu. Peita'i ane, o le 'autu aoao o lenei su'esu'ega e pu'eina pe fa'amaumauina se fa'amālamalamaga ma masani o Tagata Mātutua Samoa i lo latou Soifua mālōlōina po'o latou Soifua Manuia. E leai ni tulaga lē mautinoa i lou 'auai i totonu lenei su'esu'ega. E na'o le taimi e fai ai le talanoaga e fa'alavelavea ia te oe.



‘O le ā ni itulelei?

O taunu’uga e maua mai i lenei su’esu’ega e fesoasoani i itū’āiga Samoa ma latou mālamalamaga i le Soifua mālōlōina ma le tino manuia o faitau aofa’i o tatou Tagata Mātutua ma auaunaga o le tausiga o soifua mālōlōina mo Tagata Pasifika. ‘Ae tonu foi e fa’amalosia ai mālamalamaga o itū’āiga Pasifika i tulaga taua e tataua ona tausi ai Tagata Mātutua i totonu o tatou ‘āiga. ‘Ae tonu foi e maua mai ai le avanoa o itū’āiga Pasifika i le mamaluina o auaunaga o soifua mālōlōina. O taunu’uga foi e fesoasoani i le fa’amālamalamaga o numera faitau aofa’i o Vāega Aoa mo Tagata Mātutua i Niu Sila. E ave foi taunu’uga e fa’atonutonuina faiga fa’avae o le mālō ma fa’atinoga o auaunaga mo le au Mātutua. ‘Ae lē gata ‘i lea, o le su’esu’ega lenei e feagai tonu ma matāfaioi o le mālō e tataua ona mautinoa auaunaga e feagai lelei mo Tagata uma o Niu Sila.

Pe fa’apea fea ona puipuiga o’u fa’amatalaga patino?

‘O ‘ou fa’amatalaga patino pe’i o lou suafa, lou alalafaga, ‘o ‘ou tausaga fa’apea foi ‘ou manatu fa’aalia o le a fa’aā’ogaina i lenei su’esu’ega, o le a fa’alililoina. E leai nisi e pito atu ia te a’u ma o’u Faiā’oga le va’ava’aina lenei su’esu’ega, o le ā va’ava’ai i ou sauno’aga ua fa’amaumauina. O talanoaga, ou sauno’aga pu’e leo ma fa’amaumaua uma e ta’ofi se’ia mātē’a le sefulu (10) tausaga ona uma lenei su’esu’ega. ‘Ae mātē’a loa le sefulu (10) tausaga ona fa’alēaogaina pe fa’atafunaga uma lea o nei tusitusiga ma fa’amaumaua. ‘Ae lē gata ‘i lea, ātonu e tumau pea fa’amaumaua o lenei su’esu’ega i totonu se tusi e lē lolomia a le Iunivesetē. E avanoa pe’a se kopi o le su’esu’ega mo lou silafia ma le iloa i lau aulotu. O taunu’uga foi o lenei su’esu’ega, ātonu foi e fa’aā’ogaina i totonu o tusi lolomiina a Ā’oga Maua’uga ma fa’asalalau i totonu o fono fa’alapopotoga a Ā’oga Maua’uga ma tagata aoaoina.

‘O le ā le tau pe a ou ‘auai i totonu lenei su’esu’ega?

E leai lava se tautupe i lou ‘auai i totonu lenei su’esu’ega. Peita’i ane o le itula e tasi o lou taimi matou te fa’aaoga e taitai ai le talanoaga.

‘O le ā le avanoa ua tu’u mai ia te a’u e fatua’i lenei vala’aulia?

Afai ua e fia ‘‘auai i lenei su’esu’ega, fa’amolemole fa’afesota’i a’u i totonu lua vaiaso, sefulu fā (14) aso i le taimi e o’o atu ai lenei pepa fa’amatalaga o le su’esu’ega.

Pe fa’apefea ona o’u tali atu i lo’u ‘‘auai i lenei su’esu’ega?

Afai ua e fia ‘‘auai i lenei talanoaga pe o se talanoaga fai to’atele, fa’amolemole fa’afesoota’i a’u ma ta’u mai le taimi ma le nofoaga e mafai ona tatou fetau’i iai ma talatalanoa i le su’esu’ega. I le aso lava lea, ou te fa’amatalaina atu le pepa e tataua ona e fa’atumuina, e fa’aalia lou malie e te ‘auai ma e tu’u atu nei pepa e ave’ā ma oe i le fale e te toe faitau fa’alelei iai. Pe’a e talitonu ua e malamalama lelei i tulaga o le su’esu’ega e fa’atoa e sainia ai lea. ‘Ae iai ni ‘au fesili, fa’amolemole fa’afesota’i a’u. ‘Ae ua malie lou finagalo ma ua uma ona e saini le pepa e fā’alia lou malie, fa’amolemole toe lafo mai (tuatusi e toe lafo mai iai ua uma ona tusia i luga o le teutusi) i le teutusi ua uma na tapena ma ua uma ona pipi’i ai le fa’aailoga.

‘O le ā o’u mauaina se tala i taunu’uga o lenei su’esu’ega?

E te mauaina le tala ‘oto’oto o taunu’uga taua o le su’esu’ega ma ‘ae mana’omia le lipoti atoa o le su’esu’ega, e mafai ona mauaina pe’a e fa’afesoota’i a’u.

‘O le ā le mea e fai pe’a iai so’u popole i lenei su’esu’ega?

‘Ae iai ni tulaga o lenei su’esu’ega e fa’apopoleina ai ‘oe fa’afesoota’i muamua le au Faiā’oga va’ava’aina le su’esu’ega, Tagaloatele Professor Peggy Fairbairn-Dunlop, Imeli: peggy.fairbairn-dunlop@aut.ac.nz, Telefoni: (+649) 921 9999 ext 6203 ma Fa’alāva’au Dr Juliet Boon Nanai, Imeli: juliet.nanai@aut.ac.nz, Telefoni: (+649) 921 9999 ext 7560.

Fa’apopoleina i tulaga o le fa’atinoina o le su’esu’ega e Tataua ona fa’afesoota’i le failautusi o pūlega o AUTECH, Kate O’Connor, Imeli: ethics@aut.ac.nz, Telefoni: 921 9999 ext 6038.

‘O ai o’u te fa’afesoota’i mo ni fa’amatalaga atili i lenei su’esu’ega?

Fa'afesoota'iga o le Tama'ita'i su'esu'e:

Falegau Melanie Lilomaiava Silulu, Imeli: *falegausilulu@gmail.com*, Telefoni mopili: (+649) 211 198 614.

Fa'afesoota'iga o Faiā'oga Vā'avā'aiina:

Tagaloatele Professor Peggy Fairbairn-Dunlop, Imeli: *peggy.fairbairn-dunlop@aut.ac.nz*, Telefoni: (+649) 921 9999 ext 6203 ma Fa'alāva'au Dr Juliet Boon Nanai, Imeli: *juliet.nanai@aut.ac.nz*, Telefoni: (+649) 921 9999 ext 7560.

Fa'amaonia e le Komiti Amioga Tauāloa i le Iunivesetē o Aukilani Fa'atekonolosi 12th May 2014, AUTEK Numera Fa'asinoia: 14/18

Participant Information Sheet

Individual *Talanoa*



Date Information Sheet Produced

27 January 2014

Project Title

Samoan Elders' Perceptions of Wellness: A New Zealand Case Study

An Invitation

Talofa lava. My name is Falegau Lilomaiava Silulu and I am a student at AUT University. I would like to invite you to take part in my research exploring older Samoans experiences and perceptions of being well. This is important information for the New Zealand government and health and disability services as the Samoan ageing population is fast growing. For this study I will talk with community groups and also speak with some people individually.

What is the purpose of this research?

The purpose of this research is to explore older Samoans experiences and perceptions of 'being well'. The findings will be used to profile the growing ageing Samoan population in New Zealand, to raise awareness of your needs so as to assist the provision of health care and disability services. Furthermore, the successful completion of this study will provide a doctoral degree.

How was I identified and why am I being invited to participate in this research?

You are Samoan aged 65 years old and above and you came along to a short presentation about my study at your church and/or place of worship. You were one of up to 24 elderly who agreed to take part in one of four focus groups. You were advised that eight of you, two from each of the four focus groups would be invited to participate in an individual *Talanoa*. You have now expressed your interest in being part of an individual *Talanoa* and we would like to invite you to participate.

What will happen in this research?

The individual interview will take up to one (1) hour of your time and will take place in a location that is safe and suitable for both you and I. Interviews can be in either English or Samoan or both. If you agree I would like to record our interview using a digital tape recorder. During this time, I will also take notes. I will transcribe each interview and return it to you to check and make sure that I have correctly used your words and meanings. The interviews will focus on four main questions: 1. What are your views of age and ageing? 2. What are your views of wellness/well-being *Soifua mālolōina*? 3. What factors influence your perceptions and experiences of wellness/well-being *Soifua mālolōina*? 4. What do you need to ensure and maintain your feelings of wellness/well-being *Soifua mālolōina*? Your responses will form the basis of my research project and inform a Samoan perspective of wellness. Your participation is entirely voluntary. And if you do agree, you are free to withdraw from the study at any time.

What are the discomforts and risks?

The ageing experience is a sensitive issue and it is likely that some may experience discomfort in expressing their views. However, the study's overall purpose is to capture experiences of wellness and celebrate ageing Samoans health and wellbeing. Therefore, the only inconvenience anticipated will be the time we take to interview you.

What are the benefits?

The findings from this research will assist the Samoan community's understanding of health and well-being of our ageing population and health care services for Pacific people. It will also strengthen Pacific

community's understanding of the needs of ageing family members. It will enable Pacific community's involvement in designing and tailoring the provision of health care services. Findings will also add depth and understanding to the current NZ national health statistics of this ageing population and will inform government policy and service provision for this group. Lastly the research aligns with NZ health authorities' obligation to ensure all NZer's receive culturally appropriate services.

How will my privacy be protected?

Your personal details, information and opinions will be kept confidential. No other person besides myself and my supervisors, will see your transcript. All interview transcripts, recordings and observation notes will be destroyed 10 years after submission and approval of the final research report. Furthermore, while the report will remain in the form of an unpublished thesis, a copy of the final report will be made available to you and your church and research findings may be published in academic journals and or disseminated at academic/professional conferences.

What are the costs of participating in this research?

There are no financial costs of taking part in this study. However, we ask for at least one (1) hour of your time for the interview.

What opportunity do I have to consider this invitation?

If you would like to take part in an individual *Talanoa*, please contact me within two weeks of receiving this information sheet.

How do I agree to participate in this research?

You can contact me and we will discuss a time and place that is safe and convenient for both of us to meet and have individual *Talanoa*. However, prior to our *Talanoa* you must first read, understand and sign the consent form. You can post it back (return address to be included on envelope) using the freepost envelope supplied. Or you can give it to me at our *Talanoa*.

Will I receive feedback on the results of this research?

You will receive a summary of the main findings of this study and if you would like to view a full report of the study, you can do so by contacting me.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor's, Tagaloatele Professor Peggy Fairbairn-Dunlop, peggy.fairbairn-dunlop@aut.ac.nz, and (+649) 921 9999 ext 6203 and Fa'alāva'au Dr Juliet Boon Nanai, juliet.nanai@aut.ac.nz, and (+649) 921 9999 ext 7560.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of ATEC, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Falegau Melanie Lilomaiva Silulu, falegausilulu@gmail.com and (+649) 211 198 614

Project Supervisor Contact Details:

Tagaloatele Professor Peggy Fairbairn-Dunlop, peggy.fairbairn-dunlop@aut.ac.nz and (+649) 921 9999 ext 6203 and Fa'alāva'au Dr Juliet Boon Nanai, juliet.nanai@aut.ac.nz and (+649) 921 9999 ext 7560.

Approved by the Auckland University of Technology Ethics Committee on 12th May 2014, ATEC Reference number 14/18.

Fa'amatalaga o le Su'esu'ega

Talanoa Ta'ito'atasi

Aso sa tusia leni pepa

27 Ianuari 2014

Ulutala o le su'esu'ega

Mālamalamaga o le Soifua mālōlōina: Tagata Mātutua o Samoa o soifua ma papa a'ao i totonu o Niu Sila

Le vala'aulia

Talofa lava. O lo'u igoa o Falegau Lilomaiaava Silulu. O a'u o se teine ā'oga i le Iunivesetē o Aukilani Fa'atekonolosi - AUT. 'Ou te vala'au atu ma le fa'aaloalo lava i lou 'auai i la'u su'esu'ega, e sālī ai ni manatu o Tagata Mātutua Samoa i latou mālamalamaga ma masani i latou Soifua mālōlōina i totonu o Niu Sila. E tāua tele leni fa'amatalaga mo le malo o Niu Sila, ma matāgālua ma auaunaga o Soifua Mālōlōina, ma le lē atoatoa ai o le malosi o le tino ma le mafau'au, 'auā ua vave ona fa'asolosolo i luga numera o Tagata Mātutua Samoa. Mo leni su'esu'ega, 'ou te fia talatalanoa ma fa'alapotopotoga itū'āiga o Tagata Mātutua ma nisi Tagata Mātutua ta'ito'atasi.

'O le ā le fa'amoemoe o leni su'esu'ega?

O le fa'amoemoe o leni su'esu'ega e sālī se fa'amālamalamaga ma masani o Tagata Mātutua Samoa i lo latou Soifua mālōlōina. E fa'aā'oga fa'amaumaga e maua mai i leni su'esu'ega, e fa'aalia atu le faatoateleina o Tagata Mātutua Samoa i totonu o Niu Sila, fa'apea foi le fa'ailoaina o lou mana'oga e fesoasoani i le fa'atonuina atu o auaunaga o le soifua mālōlōina ma i le lē atoatoa ai o le malosi o le tino ma le mafau'au i le atunuu lautele. 'Ae lē gata 'i lea, a mā'ea manuia leni su'esu'ega e maua mai ai le fa'ailoga.

Pea fa'apefea ona lautogia ai a'u ma aisea foi ua vala'aulia ai a'u e 'auai i leni su'esu'ega?

O oe o le tagata Samoa e 65 tausaga ma luma atu lou matua. Sa e afio mai i le fa'amatalaga o la'u su'esu'ega i lou Falesā po'o lou Fale tapua'i. O oe sa tasi o 24 tagata matutua sa 'auai i totonu tasi o fa talanoaga fai to'atele. Ua uma ona ta'u atu e to'avalu o outou, to'alua mai vāega o fa talanoaga fai to'atele e vala'aulia e 'auai i totonu se talanoaga ta'ito'atasi. I le taimi lava lea ua e fā'aalia lou finagalo malie e te 'auai i se talanoaga ta'ito'atasi. O lou valaaulia lea e te 'auai.

O a mea tutupu i leni su'esu'ega?

O le talanoaga, e tusi e tasi le itula o lou taimi e fai ai, i so'o se nofoaga e saogalemu mo ta'ua uma ma e tusa ma lou finagalo. O nei talanoaga, e mafai ona fa'aPeretania, pe fa'aSamoa foi pe fa'aā'ogaina uma foi gagana uma nei e lua. 'Ae tusa ma lou finagalo, ou te fia pu'eina nei talanoaga i se laau pu'e leo. I le taimi lava lea, ou te tusia foi ni tala pu'upu'u. 'Ou te tusitusi uma le talanoaga, ona tu'uina atu lea o fa'amaumaga o le tusitusiga, e te faitau i ai ma siaki ua sa'o le fa'amaumaga o 'au sauno'aga ma ona uiga. O leni su'esu'ega e va'ai fa'apitua i fesili e fā: 1. 'O le ā sou iloa po'o sou mālamalama i le matua po'o le fa'amatua tagata? 2. 'O le ā sou iloa po'o sou mālamalama i le Soifua mālōlōina? 3. 'O le ā ni vāega e a'afia ai lou iloa po'o lou mālamalama ma lou masani i le Soifua mālōlōina? 4. 'O le ā ni tulaga taua e tataua ona iai e tusa ai ma lou lagona Soifua mālōlōina? O au sauno'aga i nei fesili, o le fa'avae lea o lo'u su'esu'ega ma e faufautua ai se mālamalamaga mai Tagata Mātutua Samoa, po'o se fa'auiga Samoa i le mataupu lea o le Soifua mālōlōina. O lou finagalo malie e te 'auai i totonu leni su'esu'ega, e mafai i so'o se taimi lava ona e te'a ese ma le su'esu'ega, e leai foi se isi e fesiligia pe su'esu'e aiseā.

'O le ā ni tulaga lē mautinoa?

O le masani o Tagata Mātutua i le fa'asolosolo o latou tausaga e fai sina ilitata o le mataupu ma e iai nisi e mata e fa'alogi ni tulaga fa'agēgē e fā'aali se latou manatu. Peita'i ane, o le 'autu aoao o leni su'esu'ega e pu'eina pe fa'amaumauina se fa'amālamalamaga ma masani o Tagata Mātutua Samoa i lo latou Soifua mālōlōina po'o latou



Soifua Manuia. E leai ni tulaga lē mautinoa i lou ‘auai i totonu lenei su’esu’ega. E na’o le taimi e fai ai le talanoaga e fa’alavelavea ia te oe.

‘O le ā ni itulelei?

O taunu’uga e maua mai i lenei su’esu’ega e fesoasoani i itū’āiga Samoa ma latou mālamlamaga i le Soifua mālōlōina ma le tino manuia o faitau aofa’i o tatou Tagata Mātutua ma auaunaga o le tausiga o soifua mālōlōina mo Tagata Pasifika. ‘Ae tonu foi e fa’amalosia ai mālamlamaga o itū’āiga Pasifika i tulaga taua e tataua ona tausi ai Tagata Mātutua i totonu o tatou ‘āiga. ‘Ae tonu foi e maua mai ai le avanoa o itū’āiga Pasefika i le mamanuina o auaunaga o soifua mālōlōina. O taunu’uga foi e fesoasoani i le fa’amālamlamaga o numera faitau aofa’i o Vāega Aoa mo Tagata Mātutua i Niu Sila. E ave foi taunu’uga e fa’atonutonuina faiga fa’avae o le mālō ma fa’atinoga o auaunaga mo le au Mātutua. ‘Ae lē gata ‘i lea, o le su’esu’ega lenei e feagai tonu ma matāfaioi o le mālō e tataua ona mautinoa auaunaga e feagai lelei mo Tagata uma o Niu Sila.

Pe fa’apea fea ona puipuiga o’u fa’amatalaga patino?

‘O ‘ou fa’amatalaga patino pe’i o lou suafa, lou alalafaga, ‘o ‘ou tausaga fa’apea foi ‘ou manatu fa’aalia o le a fa’aā’ogaina i lenei su’esu’ega, o le a fa’alililoina. E leai nisi e pito atu ia te a’u ma o’u Faiā’oga le va’ava’aina lenei su’esu’ega, o le ā va’ava’ai i ou sauno’aga ua fa’amaumauina. O talanoaga, ou sauno’aga pu’e leo ma fa’amaumauga uma e ta’ofi se’ia mae’a le sefulu (10) tausaga ona uma lenei su’esu’ega. ‘Ae mae’a loa le sefulu (10) tausaga ona fa’alēaogaina pe fa’atafunaga uma lea o nei tusitusiga ma fa’amaumauga. ‘Ae lē gata ‘i lea, ātonu e tumau pea fa’amaumauga o lenei su’esu’ega i totonu se tusi e lē lolomia a le Iunivesetē. E avanoa pe’a se kopi o le su’esu’ega mo lou silafia ma le iloa i lau aulotu. O taunu’uga foi o lenei su’esu’ega, ātonu foi e fa’aā’ogaina i totonu o tusi lolomiina a Ā’oga Maua’uga ma fa’asalalau i totonu o fono fa’alapopotoga a Ā’oga Maua’uga ma tagata aoaoina.

‘O le ā le tau pe a ou “auai i totonu lenei su’esu’ega”

E leai lava se tautupe i lou “auai i totonu lenei su’esu’ega. Peita’i ane o le itula e tasi o lou taimi matou te fa’aaoga e taitai ai le talanoaga.

‘O le ā le avanoa ua tu’u mai ia te a’u e fatua’i lenei vala’aulia?

Afai ua e fia “auai i lenei su’esu’ega, fa’amolemole fa’afesota’i a’u i totonu lua vaiaso, sefulu fā (14) aso i le taimi e o’o atu ai lenei pepa fa’amatalaga o le su’esu’ega.

Pe fa’apefea ona o’u tali atu i lo’u “auai i lenei su’esu’ega”

Afai ua e fia ‘auai i lenei talanoaga pe o se talanoaga fai to’atele, fa’amolemole fa’afesoota’i a’u ma ta’u mai le taimi ma le nofoaga e mafai ona tatou fetau’i iai ma talatalanoa i le su’esu’ega. I le aso lava lea, ou te fa’amatalaina atu le pepa e tataua ona e fa’atumuina, e fa’aalia lou malie e te ‘auai ma e tu’u atu nei pepa e ave’ā ma oe i le fale e te toe faitau fa’alelei iai. Pe’a e talitonu ua e mālamlama lelei i tulaga o le su’esu’ega e fa’atoa e sainia ai lea. ‘Ae iai ni ‘au fesili, fa’amolemole fa’afesota’i a’u. ‘Ae ua malie lou finagalo ma ua uma ona e saini le pepa e fa’alia lou malie, fa’amolemole toe lafo mai (tuatusi e toe lafo mai iai ua uma ona tusia i luga o le teutusi) i le teutusi ua uma na tapena ma ua uma ona pipi’i ai le fa’aailoga.

‘O le ā o’u mauaina se tala i taunu’uga o lenei su’esu’ega?

E te mauaina le tala ‘oto’oto o taunu’uga taua o le su’esu’ega ma ‘ae mana’omia le lipoti atoa o le su’esu’ega, e mafai ona mauaina pe’a e fa’afesoota’i a’u.

‘O le ā le mea e fai pe’a iai so’u popole i lenei su’esu’ega?

‘Ae iai ni tulaga o lenei su’esu’ega e fa’apopoleina ai ‘oe fa’afesoota’i muamua le au Faiā’oga va’ava’aina le su’esu’ega, Tagaloatele Professor Peggy Fairbairn-Dunlop, Imeli: peggy.fairbairn-dunlop@aut.ac.nz, Telefoni: (+649) 921 9999 ext 6203 ma Fa’alāva’au Dr Juliet Boon Nanai, Imeli: juliet.nanai@aut.ac.nz, Telefoni: (+649) 921 9999 ext 7560.

Fa’apopoleina i tulaga o le fa’atinoina o le su’esu’ega e Tataua ona fa’afesoota’i le failautusi o pūlega o AUTECH, Kate O’Connor, Imeli: ethics@aut.ac.nz, Telefoni: 921 9999 ext 6038.

‘O ai o’u te fa’afesoota’i mo ni fa’amātalaga atili i lenei su’esu’ega?

Fa’afesoota’iga o le Tama’ita’i su’esu’e:

Falegau Melanie Lilomaiva Silulu, Imeli: *falegausilulu@gmail.com*, Telefoni mopili: (+649) 211 198 614.

Fa’afesoota’iga o Faiā’oga Vā’avā’aiina:

Tagaloatele Professor Peggy Fairbairn-Dunlop, Imeli: *peggy.fairbairn-dunlop@aut.ac.nz*, Telefoni: (+649) 921 9999 ext 6203 ma Fa’alāva’au Dr Juliet Boon Nanai, Imeli: *juliet.nanai@aut.ac.nz*, Telefoni: (+649) 921 9999 ext 7560.

**Fa’amaonia e le Komiti Amioga Tauāloa i le Iunivesetē o Aukilani Fa’atekonolosi 12th Me 2014, AUTEK
Numera Fa’asinoia: 14/18**

Appendix C

Consent Form

Group *Talanoa*



Project title: ***Samoan Elders' Perceptions of Wellness: A New Zealand Case Study***

Project Supervisor: ***Tagaloatele Professor Peggy Fairbairn-Dunlop and Fa'alāva'au Dr Juliet Boon Nanai***

Researcher: ***Falegau Melanie Lilomaiava Silulu***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 27 January 2014.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐

Participant's signature :

Participant's name :

Participant's Contact Details (if appropriate) :

.....
.....
.....
.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 12th May 2014, AUTEK Reference number 14/18

Note: The Participant should retain a copy of this form.

Pepa Fa'atumu

Maliliega mo ē o loo 'auai i lenei Su'esu'ega



Ulutala o le su'esu'ega: Mālamalama o le Soifua mālōlōina: Tagata Mātutua o Samoa o soifua ma papa a'ao i totonu o Niu Sila

Fa'iā'oga Vā'avā'aiina le su'esu'ega: Tagaloatele Professor Peggy Fairbairn-Dunlop and Fa'alāva'au Dr Juliet Boon Nanai

Tama'ita'i su'esu'e: Falegau Melanie Lilomaiaava Silulu

- Ua o'u faitauina ma mālamalama i le fa'amatalaga o le su'esu'ega sa tusia i le aso 27 Ianuari 2014.
- Ua o'u fa'aā'ogaina lo'u avanoa e fa'afesiligia ma ua talia uma.
- Ua o'u mālamalama i le taimi lava lea o le talanoaga e iai tusitusiga o ni tala pu'upu'u ma e pu'eina nei *Talanoaga* i se laau pu'e leo ma e fa'amauiina talanoaga i tusitusiga.
- Ua o'u mālamalama i se taimi lava o le su'esu'ega a le o'o fo'i i le fa'aiuga o le su'esu'ega e mafai lava ona o'u te'a ese atoa ma o'u talanoaga sa fa'amauiina i lenei su'esu'ega, e leai se itūleaga po'o se isi e fesiligia pe su'esu'e aiseā.
- Pe'a o'u te'a ese, ua o'u mālamalama o talanoaga uma atoa ma tala pu'eina ma fa'amauiina tusitusiga ma nisi tulaga e fa'aā'oga, e fa'alēaogaina uma.
- O'u te lotomalie e 'auai i totonu o lenei su'esu'ega
- O'u te mana'o e tu'uina mai se kopi o le lipoti fa'atala'oto'oto o lenei su'esu'ega (fa'amolemole togi le tasi): 'Ioē○ Leai○

Saini lou suafa :

Tusi atoa lou suafa :

O 'ou fa'afesoota'iga (pe'a finagalo malie iai) :

.....
.....
.....
.....

Aso :

Fa'amaonia e le Komiti Amioga Tauāloa i le Iunivesetē o Aukilani Fa'atekonolosi 12th Me 2014, AUTEC Numera Fa'asinoia: 14/18

Tala pu'upu'u: E Tatau ona taofi sau kopi o lenei pepa.

Consent Form

Individual Talanoa



Project title: ***Samoan Elders' Perceptions of Wellness: A New Zealand Case Study***

Project Supervisor: ***Tagaloatele Professor Peggy Fairbairn-Dunlop and Fa'alāva'au Dr Juliet Boon Nanai***

Researcher: ***Falegau Melanie Lilomaiva Silulu***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 27 January 2014.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐

Participant's signature :

Participant's name :

Participant's Contact Details (if appropriate):

.....
.....
.....
.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 12th May 2014 AUTEK Reference number 14/18

Note: The Participant should retain a copy of this form.

Pepa Fa'atumu

Maliliega mo ē o loo 'auai i lenei Su'esu'ega



Ulutala o le su'esu'ega: Mālamalama o le Soifua mālōlōina: Tagata Mātutua o Samoa o soifua ma papa a'ao i totonu o Niu Sila

Fa'iā'oga Vā'avā'aiina le su'esu'ega: Tagaloatele Professor Peggy Fairbairn-Dunlop and Fa'alāva'au Dr Juliet Boon Nanai

Tama'ita'i su'esu'e: Falegau Melanie Lilomaiaava Silulu

- Ua o'u faitauina ma mālamalama i le fa'amatalaga o le su'esu'ega sa tusia i le aso 27 Ianuari 2014.
- Ua o'u fa'aā'ogaina lo'u avanoa e fa'afesiligia ma ua talia uma.
- Ua o'u mālamalama i le taimi lava lea o le *Talanoaga* e iai tusitusiga o ni tala pu'upu'u ma e pu'eina nei *Talanoaga* i se laau pu'e leo ma e fa'amauiina *Talanoaga* i tusitusiga.
- Ua o'u mālamalama i se taimi lava o le su'esu'ega a le o'o fo'i i le fa'aiuga o le su'esu'ega e mafai lava ona o'u te'a ese atoa ma o'u *Talanoaga* sa fa'amauiina i lenei su'esu'ega, e leai se itūleaga po'o se isi e fesiligia pe su'esu'e aiseā.
- Pe'a o'u te'a ese, ua o'u mālamalama o *Talanoaga* uma atoa ma tala pu'eina ma fa'amaumauga tusitusiga ma nisi tulaga e fa'aā'oga, e fa'alēaogaina uma.
- O'u te lotomalie e 'auai i totonu o lenei su'esu'ega
- O'u te mana'o e tu'uina mai se kopi o le lipoti fa'atala'oto'oto o lenei su'esu'ega (fa'amolemole togi le tasi): 'Ioe○ Leai○

Saini lou suafa :

Tusi atoa lou suafa :

O 'ou fa'afesoota'iga (pe'a finagalo malie iai) :

.....
.....
.....
.....

Aso :

Fa'amaonia e le Komiti Amioga Tauāloa i le Iunivesetē o Aukilani Fa'atekonolosi 12th Me 2014 AUTEK Numera Fa'asinoia: 14/18

Tala pu'upu'u: E Tatau ona taofi sau kopi o lenei pepa.

Appendix D



Interview Schedule

Group *Talanoa*

Profile Questions:

- Male/Female? •Age? •Place of birth? •Marital status?
- Length of NZ residence? •Number of Children? •What is your main source of income?
- Any other financial assistance? •Do you attend church?
- Number of people in household? •How many people in your household work?

1. What are Samoan views of age and ageing?

Probes: Is there an age boundary for Samoans? Is elderly an age-related concept? Is it different for male and female? Is it different from palagi/non palagi living in NZ/Samoa? What terms are used to describe age/ageing?

2. What are Samoan views of wellness (*Soifua Mālōlōina*)

(For example, the past, the present and the future; holistic/specific medical)
Probes: Is it different for male and female? Samoan terms to describe wellness?

3. What factors influence Samoan perceptions and experiences of wellness?

Probes: family and family responsibilities, location (NZ/ living with family/rest home?), religion (church/ non-church) health (traditional/ medical) gender?

4. What do Samoans need to ensure and maintain their feelings of wellness?

Probes: medication, the church, family and family responsibilities etc.

Fa'asologa o Talanoa

Talanoa Lautele



Fesili tala'aga

Ali'i po'o se Tama'ita'i? E fia 'ou tausaga? O fea na e fanau ai? Faiāvā/Fa'aipoipo?
E to'afia 'ou alo? O le a le ala taua o lou tupe maua? E iai nisi fesoasoani tautupe? E te
susū i le lotu? E to'afia tagata soifua totonu lou aufale? E to'afia tagata i totonu lou aufale e
faigaluega?

1. a manatu o tagata Samoa I le tausaga o le tagata ma le tausaga matutua?

Fesilisili: E iai se tapula'a o tausaga mo tagata Samoa? E iai se eseese o Ali'i ma Tama'ita'i? E iai se eseese o tagata palagi ma tagata lē palagi? O a vāega o lo'o fa'aaoga e fa'amatala ai le upu tausaga ma le upu tagata matutua?

2. a ni manatu o tagata Samoa I le mataupu o le soifua mālōlōina?

(Fa'atusa: I tausaga ua teā, tausaga nei ma tausaga lumana'i; Atoatoaina o le soifua/fa'apitoa/fa'afoma'i).
Fesilisili: E iai se eseese o Ali'i ma Tama'ita'i? O a ni alagā'upu Samoa e fa'amatala ai le soifua mālōlōina?

3. a tulaga e a'afia ai lagona ma masani o tagata Samoa i lo latou soifua mālōlōina?

Fesilisili: āiga ma matāfaioi o le āiga, nofoaga (Niu Sila/ soifua fa'atasi ma āiga/fale tagata matutua?), lotu (po'o le lē lotu), soifua lelei (taulasea po'o togafiti fa'aSamoa/fa'afoma'i), itū'aiga?

4. a tulaga e tatau ona iai e mautinoa ma tautua ai lagona soifua mālōlōina o tagata Samoa?

Fesilisili: Vailā'au, le lotu, āiga ma matāfaioi o le āiga.

Appendix E



Interview Schedule

Individual *Talanoa*

Profile Questions:

- Male/Female? •Age? •Place of birth? •Marital status?
 - Length of NZ residence? •Number of Children? (& age?)
 - How many people in your household? (age, relationship to participant, employed/ school etc.)
 - How did you come to New Zealand (do you go back to Samoa often? Why?)
 - What is your main source of income?
 - ☐ NZ Superannuation ☐ Any other, please specify _____
 - Do you attend church? (distance, as often as you would like?)
 - Are you in good health? Please elaborate _____
-

1 Describe what a typical day looks like for you?

What is your daily routine?

Probes: from getting up in the morning, daily chores and activities, evening activities and before you go to sleep?

2 Perceptions of Wellness (being well?)

What makes you feel well (really well)?

What kinds of things make you feel unwell?

What do you like doing best? Don't like doing?

Would you describe yourself as a 'well person'?

3 Factors that impact wellness

- a) start with what you are calling probes... before the big question see turn around in most below)
- b) Also, I'm not sure of 'physical being' 'spiritual being' social being

Physical

Are you more or less active than a year ago? Do you regularly exercise? How often a week?

What other physical activities do you engage in? Household chores, gardening etc.

Does illness prevent you from being active?

*How would you describe your current **physical being**? And how important is it to you in feeling and being well?*

Do you have regular doctor visits? Why? Please explain

Social

(Probe: earlier you said you went to let's talk about that)

What social groups do you **belong to** (follow up from typical day) **and how often do you try to go/ go?**

church, local schools, aiga related volunteer groups etc.?

Do you visit friends and family regularly? What factors influence your ability to meet often (then they might say age...)

What do you enjoy the most when gathering with family? Friends?

How would you describe your current social being? Compared with earlier years?

And how important is it to you in feeling and being well?

Spiritual

(Probe earlier, you said you went to x church) or not

Is going to church important to you (yes/ no) Reasons for answer (can you give three reasons why?)

Do you think people's faith grows stronger as they get older (reasons for answer) (spiritual belief?) Are you more spiritually connected now that you are older?

Do you believe your life has purpose?

How would you describe your **spiritual life**? And how important is it to you in feeling and being well?

Cultural Responsibilities – the fa'aSamoa

How important is the *Fa'aSamoa* to you (generally, past, today here in New Zealand) and why?

What are some of the *fa'aSamoa* you try to maintain?

What do you see as not so important today?

Are you able to keep up and maintain your aiga ties / DUTIES in Samoa? (Challenges?)

Do you think peoples *fa'aSamoa* roles/ responsibilities change as people get older, or do they stay the same? (Personal to wider perspective)

Economic Circumstance

How does your current economic circumstance affect your feelings and experience of being well?

Probes: Does it help or hinder your experience and feelings of being well? Please explain? Do you live in an extended family household? Does it help maintain your feelings of being well? For example, having extra family members to assist with household chores and expenses? Being older and living in NZ has your economic circumstance changed?

4 NZ vs Samoa (this is a whole question by itself I suggest)

How did you come to be in NZ?

What are the benefits of living in New Zealand for you/ what are the challenges?

Do you go back to Samoa (at all, often, yearly etc.... constraints)?

Where do you feel most well? (NZ, Samoa) and why (3 reasons)

If you could, where would you prefer to live in the next ten years and why?

5 Ageing

Are there some Samoan terms to describe age/ageing? (General).

How do you feel about age and ageing? (Why)

Is there an age 'when suddenly you get old/ or feel old? (Age related)

Is aging different for male and female?

Do you think being an 'elder Samoan' is different from being an 'elder palagi?' Why?

Fa'asologa o Talanoa

Talanoa Ta'ito'atasi



Fesili tala'aga

- Alii/Tamaitai? _____ •E fia ou tausaga? _____
- O fea na e fanau ai? _____ •Faiāvā/Fa'aipoipo? _____
- O le a le umi na e nofo ai I Niu Sila? ☐Nofo mau ☐Permanent Residence
- E to'afia 'ou alo?
- E to'afia tagata e nonofo i totonu o lou fale? (Latou tausaga, fesootaiga ma oe, faigaluega pe aoga etc.)
- Nofoaga ☐Fale motu ☐Mau totogi ☐Fale o le malo
- Pe fa'aapefea ona e malaga mai I Niu Sila (e te alu soo I Samoa? Aisea?)
- O le a le ala taua o lau tupe maua?
- ☐Pesione a Tagata Matutua ☐Poo se isi ala fa'amolemole
- O le a le maua o lau vasega I le aoga
- _____
- E te lotu? (o le a le mamao o lou faletapu ai ma e te fiafia ona susu atu I taimi tele?)
- E te soifua manuia? Faamatala fa'amolemole
- _____

1. Faamatala mai poo a le foliga o ou aso taitasi?

- O le a lau masani e fai i aso taitasi?

Fesilisili: Amata mai I le taimi e te ala mai ai le taeao, feau masani ma nisi gaioiiga, gaioiiga o le po ma taimi e te tofa ai?

2. Malamalamaga o le Soifua maloloina (soifua manuia)?

- Pe a tau atu upu ia, o le a sou iloa poo sou malamalama iai fa'amolemole...

'Soifua' 'mālōlōina'

'manuia'

'laulelei'

'maua'

- O a ni vaega e aafia ai lou lagona manuia? (matuai feasoasoini atili I lou manuia)
- O a ni vaega e aafia ai lou lagona e le manuia?

- O a ni vaega e te fiafia iai e fai/ ma vaega e te le fiafia e faia?
- Pea e mafaufau I se tagata manuia, e te taua oe o se tagata manuia?
- E iai ni alagaupu fa'aSamoa e faamanino pe faamatala ai *soifua mālōlōina*

3. Vaega e aafia ai le Soifua maloloina

Tau I le tino

- Ua sili atu pe ua itiiti mai lou gaioi I le tausaga lea ua tea? Pe te masani ona faamalositi tino? E tai fia taimi le vaiaso?
- O a nisi tau i le tino gaioiiga e te 'auai? Feau masani o le aiga, tapena fanua etc.
- Pe iai ni gasegase e taofia ai lou gaioi tele?
- Ae e mafaufau I lou tau o le tino, faamatala mai lou tau o le tino I le taimi nei fa'amolemole? Ma o le a le taua ia te oe e maua ai lau lagona malosi ma lou soifua maloloina?
- E masani ona e vaaia le fomai? Aisea? Faamatala faamolemole

Tagata lautele

- E te 'auai i ni gaioiiga ituaiga (I aso taitasi) ma e fia taimi e te 'auai/ pe te taumafai ona e 'auai?
pei o le lotu, aoga latalata mai, au ofo etc.? O le a le mea e sili ona taua ia te oe pe a faapotopoto faatasi ou aiga ma au uo masani?
- E te asiasi I aiga ma au uo ma e masani? O a ni vaega e taitaina ai lou agavaa e mafuta atili ai?
- O le a le mea pito sili te fiafia iai pea e mafuta ma aiga ma uo masani?
- Ae e mafaufau I lou tagata lautele, o le a sou lagona I le taimi nei fa'amolemole? O le a se faatusa ma tausaga ua tea?
- Ma e taua ia te oe e maua ai sou lagona malosi ma soifua manuia?

Faaleagaga

- I fesili muamua sa e tali mai e te susu I le lotu po le sauniga/le susu I le lotu?
 - E sili ia te oe le susu I le lotu? Ma aisea? (Saunoa mai i tolu ni ou fa'amatalaga fa'amolemole?)
 - Pe a e mafaufau I le fa'atuatua o le tagata, e atili ona malosi pea fa'asolo I le matutua (alavala mo le tali)
 - Ua sili atu lou tagata faaleagaga I le taimi nei I lea ua e matua
 - E te talitonu e iai se fa'amoemoe sili I lou olaga? Talu ona e matua, ua sili atu lou 'auai faaleagaga
 - Pe fa'apefea ona faamatala mai lou tagata faaleagaga i le taimi nei fa'amolemole ma le taua ia te oe e maua ai lou lagona malosi ma soifua manuia?
- O le a sou finagalo I le taulasea? E taua ia te oe pe leai ma aisea?

Matafaioi Fa'aSamoa

O le a le taua o le fa'aSamoa ia te oe? (aoao, aso ua mavae, nei I Niu Sila) ma aisea?

O a ni vaega o le fa'aSamoa e te taumafai ona tausī?

O a ni vaega e te le faatau tele I aso nei?

Ua e mafai ona tausī faasootaiga ma aiga/tiute poo matāfaioi I Samoa? (E iai ni tauluilui?)

Pea e mafaufau I matāfaioi fa'aSamoa ma le aganuu, e sui pea matutua tagata, pe tumau pea? (Faapito I le taofiga lautele)

Tulaga tautupe

Pe fa'aapefea ona aafia ou lagona malosī ma soifua manuia I tulaga tautupe?

E feasoasoani pe taofi lou masani ma ou lagona soifua manuia? Faamatala fa'amolemole?

E te nonofo faatasi ma aiga lautele I totonu lou aufale? E fesoasoani I le tausiga o ou lagona soifua manuia? Faatusa: A iai nisi aiga e fesoasoani I feau masani o le aiga ma mea e totogi. Talu ona e matua ma nonofo I Niu Sila ua sui le tulaga o lau tautupe?

4. Soifuaga Niu Sila vs Samoa

Pe fa'aapefea ona e susu mai I Niu Sila?

O a ni feasoasoani poo le aoga I le nonofo I Niu Sila mo oe/ o a ni tauluilui?

O fea tonu e sili ai ou lagona soifua manuia (Niu Sila, Samoa)? Ma aisea? (Faatolu mai ni ou manatu)

Poo fea e sili ia te oe e te soifua ai mo tausaga sefulu sosoo ma aisea?

5. Malamalamaga o le faamatua

E iai ni upu Samoa e faaoga e faamatala ai tausaga o le tagata poo le faamatua a tagata?

O le a sou manatu/lagona I le tausaga o le tagata ma le faasologa I le matua (poo le faamatua)?

Pe iai se vaevaega o tausaga o tagata Samoa?

Pe iai se eseese mo Alii ma Tamaitai?

Pea e mafaufau I le tagata matua Samoa, e iai se eseese ma le tagata matua palagi? Aisea?

6. Fesili faaiu

E iai se isi tala e te fia saunoa mai ai ae lei faamavae la tatou mataupu?

Faafetai tele lava mo lenei avanoa. Ia faamanuia pea e le Atua ia te oe ma le tausī/toeaina ma le nofo a alo.