

AGING AND WELL-BEING ON ROTUMA IN HISTORICAL PERSPECTIVE

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In this article, we present a historical overview of the conditions affecting the experience of aging among Rotumans on their home island. We draw on an array of cultural, social, and personal data derived from censuses, fieldwork, and archival sources covering more than one hundred years on Rotuma, which we divide into three segments for comparison: a baseline period (1903–60), the transition to modernity (1960–99), and the twenty-first century (2000–19). Among the changes that have affected the welfare of the elderly on the island are medical conditions, household size and composition, economic changes, and the proportion of older people on the island. Our findings suggest that the overall effect of these changes—a lower death rate, a shift to a money economy fueled largely by remittances, smaller household size, and considerably more national and international mobility—has, if anything, increased the well-being of elderly people on Rotuma.

Aging and Well-Being on Rotuma in Historical Perspective

Elderhood expresses itself in humans and elephants and chimpanzees and wolves, and so many others, too. It's a time of life that's reliant on relationships. On kinship. Notably, across most of human society, the idea of kinship isn't limited to blood relationships. It has to do as well with bonds formed with people who simply share our lives.

The Eight Master Lessons of Nature (Ferguson 2019, 228)

THE ISLAND OF ROTUMA is situated approximately 300 miles north of Fiji, on the western fringe of Polynesia. The island is volcanic in origin, forming a land area of about seventeen square miles, with the highest craters rising to 800 feet above sea level.

Rotuma was first visited by Europeans in 1791, with the arrival of Captain Edward Edwards in HMS *Pandora* while searching for the mutineers of the HMS *Bounty*, and soon thereafter by a series of European vessels interested in trading for supplies. By around the middle of the nineteenth century, English and Australian missionaries from the Wesleyan Church and French Roman Catholic missionaries had established churches on the island. By the end of the century, Christianity had become an integral part of social life on the island, and church activities occupied a significant amount of time in the lives of the Rotumans.

Politically, Rotuma has been governed as part of Fiji for more than one hundred years. When the paramount chiefs of Rotuma's seven districts ceded the island to Great Britain in 1881, for administrative convenience the British decided to incorporate it into the Crown Colony of Fiji. From 1881 to 1970, Rotuma was governed as part of the Colony of Fiji, with a resident commissioner (later a district officer) acting as governor, magistrate, and usually, medical officer. When Fiji was granted independence in 1970, the Rotuman people opted to remain a part of Fiji. They also decided to stay with Fiji, although not without controversy, following two military coups in 1987. As part of the colony and subsequently the nation of Fiji, Rotumans have been free to migrate to the main islands of Fiji and have been part of an ever-increasing two-way flow of population, goods and services, money, and information over the years (Howard 1961; Howard and Rensel 1994).

The Rotuman population reached a low of around 2,000 people following a devastating measles epidemic in 1911. From then on, it steadily increased and presently numbers approximately 11,000 people worldwide. However, according to the Fiji national census (Fiji Bureau of Statistics 2018, 92), fewer than 2,000 individuals were on the island in 2017, down from a peak of 3,235 individuals in 1966. The bulk of Rotumans have settled in Fiji's urban centers, although substantial enclaves have formed in Australia, New Zealand, England, and the United States.

In this article, we present a historical overview of the conditions affecting the experience of aging among Rotumans on the island. Our analysis is based on ethnographic data collected on Rotuma during a yearlong visit in 1959–60 by Howard and several return visits by Howard and Rensel from 1987 to 2019, as well as archival materials concerning medical, social, and economic conditions affecting the elderly (here defined as those aged sixty years and older).

Theoretical and Methodological Considerations

Anthropological interest in issues associated with aging in diverse societies has been traced to the publication of Leo Simmons's *The Role of the Aged in Primitive Society* in 1945 (Holmes 1983: 11–12). The book addresses such questions as, What in old age are the possible adjustments to different environments, both physical and social, and what uniformities or general trends may be observed in such a broad cross-cultural analysis? Gleaning data from ethnographic monographs from seventy-one preindustrial societies, Simmons identified a range of traits pertaining to the status and treatment of the elderly, including such variables as habitat and economy, religious beliefs and practices, and sociopolitical organization. Discussing Simmons's conclusions, Lowell Holmes wrote:

The general welfare of the aged was at least in part seen as resulting from the routine economic and personal services they perform for their family or community, and from their ability to wield civil and political power either because of individual ability or because of a combination of social and cultural factors. Simmons found that old people usually have high prestige in preindustrial societies, the only exceptions being in very rigorous climates that require great energy and stamina to survive. (1983, 12)

Although Simmons was a sociologist by profession, his work stimulated anthropological interest in aging by introducing the notion of cultural variability into the study of gerontological issues, which prior to that date had been conducted primarily in Western industrialized societies. Some twenty years later, another sociologist, Irving Rosow (1965), used Simmons's data to assess factors that contributed to the benign treatment of the elderly cross-culturally. His analysis (again, as summarized by Holmes) revealed that the status of the elderly is higher under the following circumstances:

If (1) they own or control property that younger people depend on; (2) their experience gives them a vital command or monopoly of strategic knowledge of the culture, including the full range of occupational skills and techniques, as well as healing, religion, ritual, warfare, lore, and the arts; (3) they are links to the past and to the gods in tradition-oriented societies; (4) the extended family is central to the social structure; (5) the population clusters in relatively small, stable communities where the governing values are sacred rather than secular, where roles are formally age graded, and where contacts are face-to-face; (6) the

productivity of the economy is low and approaches the edge of starvation—the greater the poverty, the relatively better off old people are by the standards of their group; and (7) there is high mutual dependence within the group—the greater the interdependence among members, the greater the reciprocal aid in meeting survival problems. (Holmes 1983, 12)

Some of the early critiques of these cross-cultural studies took exception to the selection of traits outside of their cultural contexts (Kimball 1946, 287), but as anthropologists became increasingly engaged with gerontological issues, ethnographic studies of aging in particular cultures began to accumulate, facilitating a different form of cross-cultural comparisons (for example, see Cowgill and Holmes 1972).

Early attempts to theorize about the aging process in society were based on the status of the elderly in Western industrialized societies. An example is disengagement theory, which looks at old age as a period of mutual separation between the elderly and society (epitomized by retirement from the workforce). According to disengagement theory, aging is seen “as an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the ageing person and others in the social system he belongs to” (Cumming and Henry 1961, 227).

As a wider range of societies, including tribal and horticultural groups, were brought into the picture, the theoretical focus shifted to the effects of modernization on the status of the elderly in society. The essence of this perspective is that the status of the elderly declines as societies modernize. The comparative project by Donald Cowgill and Lowell Holmes (1972) had as its theoretical orientation propositions concerning the status of aged individuals along a societal continuum from primitive to modern. A general hypothesis was that there is an inverse relationship between status of the aged and degree of modernization (Holmes 1983, 13).

More in keeping with anthropological perspectives are the activity theory and continuity theory, which attribute more agency to the elderly. First articulated by Robert Havighurst in 1961, activity theory is based on the notion that optimal aging occurs when individuals continue to participate in activities and relationships. Similarly, continuity theory maintains that normal aging involves older individuals maintaining the same activities, behaviors, and relationships that they did during earlier stages of the life cycle. These perspectives are compatible with the view that the elderly are generally able to negotiate their roles within social contexts, depending on their capabilities and motivations.

A shortcoming of all of these theoretical approaches, as they have usually been applied, is that they are essentially ahistorical. They generally presume

a static societal context in which people become elderly in the same, or a similar, societal context as the one into which they were born. Even modernization theory (although modernization is a historical process) has more often than not been applied by comparing societies in different stages of development within a limited time frame than by tracking changes over time within particular societies. This is a shortcoming because historically, the contexts within most people age in contemporary societies have multiplied significantly, offering increased opportunities for choice and negotiation. With this in mind, we have chosen to analyze aging in Rotuma over a period of more than a century, during which the contexts available to the elderly have changed markedly.

Within anthropology, an approach to the study of aging that has gained broad acceptance is the life-course perspective, a framework that has its roots in gerontology. The general aim of the approach within gerontology is to explore how biological, psychological, and social risk factor trajectories, acting across the whole life course, influence age-related diseases, functional decline, and disability (Heikkinen 2010, 8). Anthropologists employing this approach have focused their studies on aging over the life course as a social process, with attention to the intersections of individual lives, social structures, and social change. Research includes examinations of family ties and aging; work, family, and policy; trajectories of socioeconomic status and health from early life through old age; and the extended process of identity formation across the life course. As conceptualized by Harry Moody:

The life course perspective insists that to make sense of old age, we need to understand the entire life history. As people move through the life course, they are socialized to act in ways appropriate to successive social roles: student, parent, worker, retiree, and so on. But these structural factors only set boundaries: the meaning and experience of aging varies significantly by culture and is influenced by powerful factors such as gender, socioeconomic status (SES), and ethnicity. There is also room for individual variety and freedom of choice as human beings interpret age-related roles in distinctive ways. (2006, 5)

The approach was formally institutionalized within anthropology with the establishment of the Association for Anthropology, Gerontology, and the Life Course (AAGE) in 1978. This association advertises itself as “a multidisciplinary group dedicated to the exploration and understanding of aging within and across the diversity of human cultures.”¹ As of 2021, it has published forty-two issues of the journal *Anthropology & Aging*.

Although we have not used the life-course approach to study aging as such, we used the framework in our recently published *Rotuman Life Experiences 1890–1960*, volume 2. The book is based on a compilation of seventy life histories collected on the island by Howard and his Rotuman assistants in 1960, supplemented by relevant historical information about changes on the island since the late nineteenth century (Howard and Rensel 2021). In this article, we use the life-course perspective to review Rotuman life stages, which we discuss in the context of historical socioeconomic changes on the island.

Relevant Studies of Aging in Other Pacific Island Societies

Although many classic ethnographies of Pacific Island societies include a significant amount of information about the roles of elderly individuals, it was not until the 1970s that studies specifically focused on aging and the elderly began to appear in the anthropological literature.

Inspired by the theoretical interest in aging cross-culturally by Holmes, Sāmoa, where Holmes had done extensive fieldwork (Holmes 1958), has been the venue for several studies concerning the elderly in cultural context, beginning with Holmes's article regarding the negative effects of modernization on the status of elderly Samoans (Holmes 1972). Ellen Rhoads's study (1981) of aging in three Samoan communities in 1976–77 was an attempt to test the proposition that modernization and the status of the aged are inversely related. Rhoads discovered that although the three research sites where she did research were chosen to represent progressive levels of modernization, the Samoan elders managed to retain relatively high status in all three settings. This, she claimed, was due to the continuing strength of the Samoan extended family system. Rhoads concluded that the time factor cannot be overlooked and should be taken into consideration in future theorizing on the effect of modernization on status of elders, and that in Sāmoa, the fourteen years since the beginning of modernization was too short a time for the development of the predicted effects (Rhoads 1984).

Jay Pearson provided a further test of the effects of modernization on the status of elderly Samoans. He conducted interviews with young and older adults in rural Western Sāmoa, American Sāmoa, and among Samoan migrants in urban Honolulu based on the supposition that modernization and migration have caused changes in traditional social structure, social organization, household composition, economic opportunities, and health care systems. He reported that there were significant signs of both change and stability in the status of elderly Samoans and that although 75 percent of Samoans reported that the elderly are respected, obeyed, and consulted on important decisions, Samoans in American Sāmoa and Honolulu reported that the status of the elderly had declined over the previous ten years (Pearson 1992).

An excellent example of the life-course approach to aging in a Pacific Island community is James Nason's study on Etal, an atoll in the Mortlock group in the Caroline Islands, Micronesia, which at the time of his research had a population of 500–600 people. Nason traced the life stages from childhood, through young adulthood, and into adulthood while focusing on qualities germane to the ways the elderly are treated. Particularly significant is the normative expectation that adults be industrious, industry being “a cardinal virtue because the small size of the community makes it essential that every adult contribute his or her share. Furthermore, laziness is by definition a default on obligations to the immediate family, the clan, the district, and ultimately to the island itself” (Nason 1981, 162).

According to Nason, adult life on Etal was strenuous and physically taxing, and people were considered old when they could no longer do the hard manual labor required by gardening, fishing, and other adult activities. However, this does not mean that an old person's status was diminished; rather, it signaled a change in the nature of their contributions, from being major producers of food to fulfilling lighter physical tasks and important social and political roles. Most importantly, old people began to turn their attention to managing property, arranging inheritances, settling conflicts, and maintaining a network of relationships with relatives and associates.

Among the people on Etal, Nason detected a sense of foreboding about becoming old based on the fear of becoming incompetent and dependent on others. He noted that “whether old age will bring increased respect and continued active participation in the community depends upon four variables: respect achieved as a mature adult; ability or desire to participate actively; specialized knowledge or skills; and control over property” (Nason 1981, 165). Regarding the impacts of modernization, Nason observed:

A great many changes have taken place on Etal Island and in the life of its community since the Second World War. Some of these were simply continuations of trends that had begun earlier, such as the conversion of the population to Christianity and the alteration of the political system by virtue of the intervention of foreign governments. Many of these changes directly affected the position of the elderly in the community. With the decline of the traditional religious and political systems, for example, the important roles played by clan chiefs—usually older men—faded to the point of extinction. Gone, too, were many of the specialist roles and activities that formerly earned respected status for adult and senior men and women, e.g., navigation, long-distance trading, spirit mediumship and knot divining, magic, and warfare.... Western-style education has also played its role in this and other

changes in island life that have altered the position in which older people find themselves.

Now people are more likely to respect someone for Western education than for careful observance of island mores. Similarly, the control of cash has now become as important as the control of land. (1981: 171–2)

Finally, Nason predicted that there would be an increase in tension between old people and their adult children as the economy modernized, but he also thought that the next cohort of elders (those who were at the time of his study middle-aged) would have an opportunity to equip themselves more effectively for old age (Nason 1981, 173).

Of particular note are the analyses of old age on the island of Niue by Judith Barker (1989, 1990). Barker took issue with the prevailing notion that in Polynesian societies, frail elders were not devalued but remained powerful and active family and community members, cared for with matter-of-fact kindness within the family (Maxwell and Silverman 1970). Barker made a distinction between elders in good health, whom she found to be well-respected community figures, and frail, infirm elders, who were treated with disdain. Niueans recognize the difference linguistically, with capable, healthy elders labeled *ulu motua* (gray-haired one), a respectful reference to elderly status, and incompetent, decrepit old men called *penupenu-fonua* or *mutumutu fonua* (gray fish of the land), a derogatory reference to incompetence. Barker found that unkind treatment of decrepit elders on Niue was not a recent phenomenon. Based on her review of early missionary and ethnographic reports of mistreatment, she concluded that “Niuean neglect of decrepit elders is a well-established, systematic pattern of behavior and not merely idiosyncrasy or aberration” (Barker 1990, 617). In part, she attributed this cultural pattern to decrepit elders being too frail to contribute to a household by gardening, working around the house, or minding infants and toddlers, which creates obligations they are unable to repay. However, she pointed out that younger individuals with disabilities who were unable to meet reciprocity norms were not subjected to the same mistreatment as decrepit elders, so the reciprocal imbalance in itself could not be an acceptable explanation. A more compelling reason could be found in the Niuean cultural conception of decrepit elders as being in transition to becoming *aitu* (spirits or ghosts), “inhabiting a twilight world of not-quite-human-but-not-quite-ancestor” (Barker 1990, 619). Barker asserted:

Such near-*aitu* threaten to break the barriers between the worlds. In possession of alarming characteristics from both worlds, but not fully

competent in either, this human-in-transition, this ghost-in-the-making, threatens to contaminate this world with things from beyond, things that can damage or hurt people living in this world. This threat ceases only when the dying are dead, fully dead, when they are buried and have completed the transition to the other world and stay there. (1990: 619–20)

This notion helps to resolve the otherwise paradoxical situation that although decrepit elders might be mistreated while in transition, they were genuinely grieved after death.

For Niueans to abandon or neglect their decrepit elderly, then, to engage in nonsupportive or death-hastening behaviors, makes sense. To laugh at decrepit elders, to deride their feeble endeavors at being competent humans, to ridicule them, to neglect them, to be wary of and distant during interactions with them is not to disrespect an elder but to guard against foreign intrusion. These behaviors do not involve elders, but an entirely different category of being. These behaviors are attempts to deal with “matter out of place” as Mary Douglas (1966) would put it, to persuade a nearly dead relative to go to the proper realm, to die and stay dead, to cease to be human, to leave the land of the living and become a ghost, an ancestor who can once again be revered. (Barker 1990, 621)

Also worth mentioning is Douglas Oliver’s *On Becoming Old in Early Tahiti and in Early Hawai’i* (2002). Oliver’s analysis is mostly based on commentaries regarding old age in the early contact literature from both societies. He approached the issue from a life-course perspective and expressed his conviction of the following:

The status, etc. of the “elderly” in any human society can be comprehended only within the context of the other culturally defined stages of its members’ life courses, from beginning to end. Moreover, in order to learn why peoples differ in their ideas and practices regarding the life stages of their members it is essential to know something about certain other aspects of their lives—including their natural environments, demographics, economies, social relationships (including governance), and religious beliefs and practices. All that might seem to be a needlessly roundabout exercise just to discover how certain Polynesians used to deal with Old Age, but it is in my view absolutely requisite for discovering why they did so. (Oliver 2002, 9)

The available evidence from the late eighteenth and early nineteenth century literature led Oliver to conclude that *ru'aura'a* (old age) in Tahiti was comprehensively disvalued by younger Tahitians and that “except for a few individuals of chiefly office and forceful personality ... old people tended to be ignored, neglected and depreciated—and not infrequently considered to be such nuisances that they were ‘helped’ to die” (Oliver 2002, 97). Regarding old age in Hawai'i, he found opinions to be mixed:

On the one hand, there was the term *halu kupuna*, which was applied to the living consanguines of the grandparental generation (“a term of affection and pride”); *halu* having meant “feather” and “featherwork,” and by extension someone as “esteemed” and “precious” as featherwork (Pukui and Elbert 1957: 84–85). On the other hand, there was an effort made by young women to delay the physical appearance of “old” age (i.e., by avoiding bearing, nursing, and rearing children). (Oliver 2002, 109)

To account for the differences between these two historically related societies, Oliver proposed that the most proximate explanations were certain religious beliefs and values, along with differential parenting patterns. The relevant beliefs concerned an individual's godliness, which both Tahitians and Hawaiians believed was inherited from their parents and was the source of their social worth. However, Tahitians considered the potency of an individual's godliness to peak at birth, whereas in Hawai'i it came later in life (Oliver 2002: 118–9).

Oliver contrasted multiple ways in which the social worth of individuals is expressed customarily at various life stages in the two societies. A good example concerns the more common custom of *hānai* (fosterage) in Hawai'i of one's children's children. Reports indicated that the treatment of *hānai* children by grandparents was more indulgent than that by parents. This resulted in an affectionate relationship involving considerable respect between grandparents and grandchildren, which Oliver proposed became reflected in positive societal attitudes toward elderly grandparents. In Tahiti by contrast (among the *ari'i* [chiefly] class, at least), the grandparents of a person of rank sank in terms of privilege and public esteem as they became further removed from political and religious paramountcy, and hence godliness (Oliver 2002: 121–2).

Although Oliver dismissed the possibility that differences in physical environments may have directly influenced the differential treatment of the elderly in the two archipelagoes, he entertained the prospect that the degree of work involved in cultivating the main staples (breadfruit in Tahiti and taro and sweet potatoes in Hawai'i) had something to do with it, in that the labor and expertise required by the latter crops provided opportunities even for older adults to demonstrate their social worth (Oliver 2002: 123–4).

At the 1981 annual meeting of the Association for Social Anthropology in Oceania (ASAO), Dorothy and David Counts co-organized an informal session on aging and dying in Pacific Islands societies. Following the ASAO sequence of advancing to a working session at the next annual meeting and a symposium in the third year (a process aimed at developing and finalizing a set of papers for publication), a volume, *Aging and Its Transformations: Moving Toward Death in Pacific Societies*, edited by the Counts, was published in 1985. The book includes ten ethnographic chapters covering societies from all three cultural areas (Melanesia, Micronesia, and Polynesia). The unifying theme of the book is an emphasis on the transformational process in the life-death cycle. The chapters are grouped by their differential focus on aging and gender; aging, gender, and dying; and aging, death, and dying. Framing the chapters are an introduction by the Counts and a conclusion by Victor Marshall.

As might be expected from such a collection, some aspects of aging are nearly universal, such as the increased dependency of the decrepit old, although there are variations in the way they are treated depending on the unique features of different cultures. One thing that seems clear is that the aging process in the Pacific Island societies represented in the Counts's volume, with the exception of New Zealand, differs in significant ways from that characteristically found in urban industrialized societies. Thus, disengagement and modernization theories, which were developed mainly in North America and Europe, do not fare well when applied to Pacific peoples, or to other horticultural and tribal societies.

Of particular interest in the Counts's introduction is their discussion of the contrast in the effects of aging on men and women in most of the societies represented. One aspect of aging that appears widely shared in Pacific societies is a change in the content of gender roles, with old women enjoying more freedom than young women, "and, perhaps, more of a public face than their elderly male counterparts" (Counts and Counts 1985, 20). The change in women's status appears to be associated with menopause, which precludes childbearing and frees husbands from concern over the possibility that children born to their wives are not theirs. Thus, although younger women tend to be confined and modest in their behavior, older women are freer to act in bawdy and flirtatious ways, and express their opinions in public spheres. As the Counts pointed out:

Men usually dominate the public sphere during their prime years, years that may extend well into active old age. During their prime years, women usually have authority in the domestic domain. As they approach dependent old age, men begin to withdraw; they are replaced by younger men or, in some cases, by old women who act as mediators or who redefine particular public issues as being within the

domestic sphere, allowing them to extend their authority. The replacement process does not seem to work in reverse: old men, who have withdrawn from the public arena, do not replace elderly women and take over their authority in the domestic domain. It seems that old women are able to maintain their authoritative position much farther into the aging process than are men. Often they are able to do this ... because they continue their parenting role. By fosterage, by adoptions, and by extending the responsibilities of motherhood into political life, women demonstrate their ability to continue as active, responsible, contributing members of the domain where they have spent a lifetime building expertise and exercising authority. (1985: 20–21)

In the final chapter, Marshall discussed the theoretical implications of the case studies in the volume and concluded that none of the cases provides support for either modernization or disengagement theories of aging. However, he argued that they illustrate the value of the life-course perspective and “lead toward an interpretation of actors as socially constructing and negotiating the life course” (Marshall 1985, 273).

In the following section, we critique the concepts of well-being and successful aging as they have been used in the gerontological literature with regard to their suitability for studies such as ours.

Concepts of Well-Being and Successful Aging

The commonsense understanding of the term *well-being* is reflected in dictionary definitions such as the entry in the eleventh edition of the *Merriam-Webster Collegiate Dictionary*: “a state of being happy, healthy, or prosperous” (2003, 1421). The problem for researchers arises in trying to operationalize the concept, since it can be used in different contexts: physical (in reference to a healthy body), psychological (in reference to happiness and other positive emotions), and socioeconomic (in reference to social and economic circumstances that minimize stressful conditions such as poverty, social isolation, racial stereotyping, and absence of vital support services or to characterize the relative social status of groups within societies).

A further complication is that there can be disconnects between contexts, such that individuals living in favorable social circumstances may suffer from psychological depression and general unhappiness, whereas those in what might be considered dire economic circumstances may express satisfaction and even happiness with their current lives. Some of these discrepancies may be the result of degrees of perceived relative deprivation when comparing one's own circumstances with those of reference groups. For a general discussion of

the problems with operationalizing terms such as *well-being*, *quality of life*, and *happiness*, see Veenhoven (2000).

Studies of well-being generally fall into two types: those relying on the subjective responses by the study population to questionnaires or interviews and those relying on information about the objective circumstances in which members of the study population are embedded (economic viability or income, social inequality, social participation, etc.). Subjective responses can be divided into cognitive comparisons with standards of the good life and affective responses regarding how one feels most of the time. This gives researchers an opportunity to include several variables, from a narrow, focused range to an extensive array of measurements. A good example of the range of inclusiveness is found in scales used to measure happiness. At one end of the spectrum is the Subjective Happiness Scale, which consists of four items; for each item, subjects are asked to choose a point on a seven-point scale “that you feel is most appropriate in describing you.” The first question asks for a personal assessment of how happy the person considers themselves to be, from “not a very happy person” to “a very happy person”; the other three questions involve comparisons with peers and the respondent’s relative happiness level.²

In contrast, the Oxford Happiness Questionnaire consists of twenty-nine items, using a six-point scale ranging from “strongly agree” to “strongly disagree.” The questions include both cognitive and affective assessments, for example, “I feel that life is very rewarding,” and “I do not think that the world is a good place.” At the top of this scale, one can be “too happy,” based on research that “seems to show that there’s an optimal level of happiness for things like doing well at work or school, or for being healthy, and that being ‘too happy’ may be associated with lower levels of such things.”³

Considerations of well-being in Pacific societies take into account cultural values and spiritual beliefs. As Tufoua Panapa and his coauthors point out in their study of well-being in Tuvalu:

Though specific emphases and ideas regarding health and wellbeing differ among Pacific societies, commonalities are also apparent. Some of these include an emphasis on the importance of harmonious relations with the living, the spirit world and the environment; the centrality of the collectivity; the relevance of Christianity and spirituality more generally; and physical-mental-social dimensions. (2021, 8)

In Sāmoa, for example, as Cluny and La’ava Macpherson (1990, 151) emphasized in their study of medical beliefs and practices, equilibrium between people, and between people and spirits, is central to notions of health and well-being. Likewise, in Tonga, according to Claire Parsons, “harmony in

communities and between people both living and dead is what maintains well-being” (1985, 90), whereas several health-related studies among New Zealand Māori report that harmonious relationships among people, the spirits, and the environment are key to well-being (see, e.g., Pere 1988; Durie 1994).

The same is true in Rotuma. The Rotuman word that can be glossed as well-being is *lelei*, which refers to anything that is good, desirable, or in good order or condition, such as in good health, cured or healed, and getting on satisfactorily. In combination with other terms, *lelei* has more specific references, such as *mür lelei* (to be in good health) and *noh lelei* (to be comfortably situated or well off as regards to housing, food, friends, etc.) (Inia et al. 1998, 250). The adverb *pau* (very) is often added for emphasis. In response to the question ‘*Āe tapen?* (How are you?), a typical response is *Lelei pau* (Very well).

A concept parallel to well-being that has been widely used in the gerontological literature is that of successful aging, which involves similar complications, particularly when used cross-culturally. As Maureen Tam noted, “Success is a relative concept that is culturally constructed and determined by people within a given cultural context, with accompanying culturally relevant norms and values” (2014, 882). As a result, Tam pointed out many factors have been postulated as pertinent to varying cultural contexts, including “longevity, physical health, mental and psychological health, cognitive functioning, social relationships, life satisfaction, subjective well-being, independence, active participation, learning, development, contribution to society, and reemployment, among others” (2014: 882–3).

In a similarly critical mode, Sarah Lamb suggested that “successful aging discourse might do well to come to better terms with conditions of human transience and decline, so that not all situations of dependence, debility and even mortality in late life will be viewed and experienced as ‘failures’ in living well” (2014, 41).⁴ Nevertheless, she acknowledged that although no uniform definition of successful aging has emerged from the vast literature on the subject, several common cultural themes underlying the varying definitions stand out, including an emphasis on individual agency and control; the value of independence and the importance of avoiding dependence; the value of activity and productivity; and a vision of not aging while pursuing the goals of agelessness and what could be termed a permanent personhood (Lamb 2014, 44).

The Rotuman Data

We have included this discussion of well-being and successful aging in order to frame our own methodology for the study of aging on Rotuma. We have not, in all the time we have done research on Rotuma, specifically studied the aging process or the life circumstances of the elderly. It was only when we were

presented with the opportunity to attend a session at an ASAO conference dedicated to the topic of aging in the Pacific Islands that we assessed the data we have accumulated over the past several decades and thought we might have something to contribute.

Our main issue was how to operationalize the concept of well-being. Unlike Hilary Lapsley and Marama Muru-Lanning in their research with Māori elders (in this issue), we had little subjective data from elderly individuals concerning their cognitive and/or affective states, so we were extremely limited in that regard. However, much of our data had a bearing on the life circumstances of the elderly, which we have somewhat arbitrarily defined as those individuals in their sixties or older. So our working conception of well-being is based on external conditions that are generally considered to be favorable or unfavorable to an individual's welfare. Of particular relevance from our perspective are (1) health-related factors such as the availability of medical treatment, including access to doctors and nurses, medical facilities, and medications; (2) the social positions of the elderly, both in households (e.g., head of household, dependent, grandparent, or single or married) and in the community (chiefly status, religious leader, and degree of active participation in community affairs); (3) access to economic resources of various kinds; and (4) cultural norms that apply to the elderly, including expectations regarding appropriate roles for elderly men and women, notions of caregiving, and the value placed on elders' command of esoteric cultural knowledge. Our data include the following:

- Demographic data derived from birth, death, and marriage registries dating from 1903 to 1960 that include information such as age of death and the causes to which death was attributed.
- Islandwide censuses conducted by our Rotuman research assistants in 1960 and 1989 that include socially and economically relevant information, such as household composition and relation of each person to the household head (and thus, by extrapolation, to other family members, such as grandchildren). For more general trends, such as outmigration and population trends, we rely on official censuses conducted by the Fiji government.
- Life histories from fourteen older individuals, mainly recorded by Rotuman research assistants in 1960, which include details about these individuals' circumstances up to and including that time.
- A study of returnees to the island conducted by Rotuma High School students under our supervision in 2012, including eighteen elderly individuals, containing data about community participation, household composition, sources of income, and satisfaction with their lives on Rotuma.

- A published collection of Rotuman sayings covering a variety of topics, including notions of appropriate and inappropriate behavior for elderly individuals.
- Our personal observations in Rotuma during multiple periods of fieldwork from 1959 to 2019.

As should be apparent, this array of data spans a period of more than one hundred years. Our analysis therefore offers a historical perspective from a period not long after initial European intrusion to the contemporary era. In this regard, we take our cue from James Stowe and Teresa Cooney, who pointed out that historical time is an essential part of analyses of successful aging insofar “as it describes development as embedded in sociohistorical conditions that change over time” (2015, 46). Furthermore, they noted, “Neglect of historical time is critical because it puts theorists at risk of formulating and promoting definitions and operationalizations of SA [successful aging] that are historically bound and may quickly become inappropriate” (Stowe and Cooney 2015, 46). Elsewhere in this issue, Juliana Flinn and Laura Zimmer-Tamakoshi include deep historical time frames in their analysis of the socioeconomic changes confronted by Pollapese and Gende people, respectively, as they faced the impacts of colonization and missionization.

Although it would be stretching the point to characterize the process of change to be modernization insofar as the concept of modern applies to contemporary industrialized societies, many significant changes have occurred in Rotuma over the years that are the result of engagement with various agents of such societies. More important to our analysis than modernization per se are demographic, social, and cultural changes unique to Rotuma.

The Rotuman Life Course

The general term for children in Rotuman is *le'é*, but further distinctions are made for little children (*lelea riri'i*) and very little children (*lä' riri' leav pau*) (Inia et al. 1998, 250).⁵ Childhood in Rotuma is generally a period of considerable indulgence. Parents and parent surrogates of both sexes are extraordinarily warm and indulgent toward children, not only during infancy but throughout childhood. In most cases, overt demonstrations of affection do not significantly diminish in later childhood, even after siblings are born. For the most part, discipline is usually rather lenient, carried out by mothers rather than fathers. Achievements are recognized and rewarded, and independence is encouraged. Most adults we interviewed remembered their childhood in fairly idyllic terms.

The next stage, *haharagi*, includes adolescence but has a broader meaning as well. Its age range can be quite variable, from preteen well into the twenties. The term is conventionally used for youngsters who have left school and have not yet married and for those still in school who have passed the age of sixteen or so. The term *haharagi* is also used to describe someone who is stout or plump and in good physical condition, regardless of age (Inia et al. 1998, 212).

Although several changes took place over the last quarter of the twentieth century, particularly in the form of a relaxation of restrictions on females (Howard 1998), Rotuman culture, as it applied to *haharagi* throughout the twentieth century, was fairly consistent. The most important relationships for youths were with members of their own age group. During this stage, males ordinarily slept away from their parental homes, although they customarily continued to eat with their own family. Restrictions were greater on adolescent girls, who did not form peer groups of the same intensity. They slept at home and contributed to household activities more regularly than did males of the same age. Although young men formed the nucleus of communal labor, they did not regard the obligation as an imposition since most communal events involved feasting and fun, as well as work. Young men were granted a great deal of license by their elders, who often turned a blind eye to youthful pranks and evasions. They were generally absolved from regularly contributing to their households unless there were no married adult males to carry the burden. In general, adults saw youth as a time for fun and recreation, and for courtship—something of a golden age.

The following stage, *mafua*, likewise has a broad range of reference depending on context, from simply a fully grown adult to someone who is old—as opposed to young (*mea'me'a*). It is also used to designate the elder in a relationship, such as older brother or sister. In its verb form, *ia mafua'ia*, it is used as a euphemism for “to die.” Quite apart from life-course stages, *mafua* is also used in reference to a man appointed to act as master of ceremonies for a district chief, particularly involving the ritual presentation of kava (Inia et al. 1998, 255).⁶

Throughout the twentieth century, the main occupation of adult males who remained on the island was as horticulturalists. They were responsible for growing plants like taro and yams in order to feed their families and contribute to festive occasions like weddings and other events involving large groups of people. They also contributed to their family's income by cutting copra and preparing it for export. All such activities required considerable physical labor away from the homestead. Adult females mostly stayed in the village, tending to children and keeping the home compound in order. They also wove mats from pandanus leaves, which were vital items for ceremonial events and were

considered the main objects of wealth on the island, apart from money. Both men and women contributed to the food supply by fishing.

People of advanced years who are still competent and active may be referred to as *mafua pau* (very old), whereas the term *hamua* is used to describe someone who is old and incapacitated. This distinction is similar to that reported by Barker in Niue (1990), although Rotumans do not treat the latter as harshly, as discussed in the next section.

One of the most treasured rewards of elderly status throughout the period covered, particularly for women, has been grandparenthood. The term for grandparents and grandchildren, *mapiga*, is reciprocal. As in most cultures worldwide, the relationship between grandparents and grandchildren is emotionally gratifying for both parties.⁷

Regarding Treatment of the Elderly

Our experience over the years is that the way in which an elderly individual is treated by immediate kinsmen and the community at large is quite variable, ranging from the tenderest of care and expressions of esteem to relative neglect and social disregard. Much depends on the personal histories of the people involved. Thus, an elderly person who had been a paragon of virtue by Rotuman standards during their adult life is more likely to be treated kindly in their dotage than someone who had been disreputable.

We have also identified two cultural patterns that appear to be keys to the way an elderly person is treated, quite apart from their physical or mental conditions. One is the general pattern of kindly, often doting, treatment of young children. As noted earlier, in contrast to some other Polynesian societies, the welfare of children is prioritized in most Rotuman families: they are fed first and given the most desirable morsels; indulged with toys, clothing, and other desired items; and shown overt affection. Thus, the Rotuman life-history accounts include frequent expressions by adults about how they feel a strong obligation to care for their aging parents because their parents were so kind to them when they were children. A second cultural pattern that mitigates the treatment of those who become feeble and dependent is a widely shared Rotuman belief in immanent justice—the notion that if one is cruel or negligent of those in need, it will result in punitive bad luck. As Rensel and Howard put it in an article concerning disability in Rotuma, “mistreatment of disadvantaged persons is itself a moral transgression and can lead to affliction of unkind individuals. Using this reasoning, people sometimes explain an acquired affliction as a consequence of mistreating someone who had that same condition” (1997, 29). If one considers feebleness in old age a form of disability, the implications are quite clear.

The Baseline Period (1903–60)

Medical Conditions Affecting the Elderly

The government registries provide information concerning longevity, maladies, and causes of death among the elderly for much of the colonial period. During the early part of this period (1903–30), the average crude death rate on the island, approximately forty-one per thousand, reflected the devastating effects of introduced communicable diseases, such as measles, influenza, whooping cough, and tuberculosis. Over 1930–44, the rate fell to approximately twenty-five per thousand, which can be attributed to the introduction of public health measures by resident district commissioners, who were also physicians. Following World War II, when sulfa drugs and antibiotics such as penicillin were introduced, the rate fell again, to approximately thirteen per thousand during 1945–54 and down to nine per thousand by 1955–59.

To gain an idea of how these circumstances affected the elderly during this overall period (from 1903 to 1960), we first looked at the age of death for people sixty years or older. Table 1 shows the number of deaths per age group by decade, followed by the proportion of total deaths of people who survived past one year of age for the whole period, which was 3,675 people.

These data show that about 18 percent of those who were born prior to 1900 and survived past 1902 (that is, not counting those who died by the age of one year) lived to be sixty years or older, and less than 2 percent lived to be eighty years or older. Life expectancy (average age of death for those who survived their first year) was 32.9 years.

The causes of death among the elderly, as recorded by district commissioners, reflects the effects of communicable diseases, as illustrated in Table 2.

Household Size and Roles

Howard's 1960 household census recorded 119 people sixty years or older living on the island, including 58 women and 61 men. The majority of both women and men were living in households of five or more people—43 of the women (74.1 percent) and 47 of the men (77.1 percent). Only one person, an eighty-year-old man, was living alone.

Most of the men (52, or 85.2 percent) were heads of their household (*pure* in Rotuman⁸) or lineally related to the household head as father or grandfather (5, or 8.2 percent), 3 of them (4.9 percent) were affines of the pure via their sisters, and 1 person (1.6 percent) was the husband of the pure. Of the women, 10 (17.2 percent) were household heads, 20 (34.5 percent) were married to the household head, 19 (32.8 percent) were lineally related

TABLE 1. Deaths of People Older Than Sixty Years on Rotuma, by Age Group, 1903–60.

Age (y)	No. (%)
100+	1
90–99	14 (0.004)
80–89	43 (1.2)
70–79	276 (7.5)
60–69	327 (8.9)

TABLE 2. Causes of Death of People Older Than Sixty Years, 1903–60.

Cause of Death	No.	Percentage
Senility/debility	224	28.0
Pneumonia/bronchitis/asthma	122	15.3
Influenza	110	13.8
Tuberculosis/phthisis	66	8.3
Cardiac disease/arteriosclerosis	62	7.8
Diarrhea/dysentery	44	5.5
Gastroenteritis/peritonitis	24	3.0
Filariasis	21	2.6
Cancer	10	1.3
Measles	9	1.1
Other	108	13.5
Total	800	100.2

to the household head (as mother or grandmother), 7 (12.1 percent) were lineally related to the pure's wife, and 2 (3.4 percent) were consanguineally related to the pure. A significant majority of these elderly individuals were in households with grandchildren present: 79.3 percent of women and 75.4 percent of men. In addition, 7 women and 4 men were in households with great-grandchildren.⁹

The clear sense we get from these data is that the elderly were well integrated into families in which they held positions of authority or influence and had the company of spouses, children, and grandchildren, among others.



FIGURE 1. Retired schoolteacher and author Elizabeth Inia (on right) watches Fiu Maria, wife of the Juju district chief, demonstrating her technique for weaving an *apei* (fine pandanus mat). Juju, Rotuma, 1991. Photo by Jan Rensel.

Cultural Norms and the Elderly

We have found that Rotumans everywhere and over time consistently regard work as central to assessments of personal worth. There are seventy-four sayings concerning work documented by Elizabeth Inia in her 1998 book, *Fāeag 'Es Fūaga: Rotuman Proverbs*. Many of them are admonishments addressed to people who shirk work, but the one that best captures the spirit of the cultural norm is *Kop la pumahan* (You have to sweat). According to Inia, the message communicated by this saying is that you must work hard to be rewarded. Inia reported that this proverb “refers especially to gardening; you cannot expect much from the soil unless you are prepared to do the work necessary to grow things” (1998, 60). It is also said to students who are told they are only likely to succeed if they study hard and that “none but the hard workers deserve success” (Inia 1998, 60).

As described above, during the colonial period (1881–1970), men’s work revolved around the production and preparation of food, whereas women’s focused on maintaining the household, minding children, and weaving mats. Nearly equal in importance to domestic work was communal effort—work on

behalf of the church or the community. This work generally required efforts similar to those within households, since feasting is a central part of most communal activities. Today, hard work is still valued and remains central to an individual's reputation, although additional opportunities for acquiring resources (for instance, through remittances from relatives abroad) now provide alternative paths to social merit.

From a social standpoint, the importance of work is that it allows individuals to engage appropriately in reciprocal exchange. Proper relationships, involving people of equal status, are expected to balance over time. Exchanges may involve labor, food, political support, money, or other valuables in various combinations, but to be considered a fully competent person requires being able to give as much as one receives. Giving less than one receives diminishes one's status proportionately vis-à-vis those who give more. To elevate or maintain one's status in the community therefore requires access to resources and/or the capacity to contribute labor when needed.¹⁰

A dominant theme in the life histories collected by Howard and his assistants in 1960 among elderly individuals is anxiety regarding their ability to contribute enough within their families. Here are a few illustrative examples:

M. T. (age about 64): Now my wife and I are old and there is only one of my daughters and her children taking care of us. Most of the days I have to stay in bed, and only my grandsons are supplying us with food. I can see that they are doing their best, but it is so pitiful for me to watch them working so hard to supply our whole family with our needs. Now I am very weak and in ill health, so that only my grandsons are left to supply our family with what we need.

A. K. (age about 60): Now I am old and whenever I feel sick I always think of my wife, because we haven't got a daughter, and in spite of her weakness in her later years, she always did her best to stay with me and she would sometimes massage the sore parts of my body. Now I'm staying home with my two sons and their wives. I'm unable to help them in any kind of work because I'm very old and feel sick very often, and because of that I stay in the house like an old woman.

A. A. (age about 64): By now my youngest daughter had a husband and I am living with them and my grandchildren. My son-in-law is a very kind man. He works very hard every day since my husband and I are very old and feeble and we are counted to be like children. But he takes good care of us—like we were his own parents. He does everything we

want him to do for us. The only thing I can do now is to look after the children when they are asleep, but I am unable to do any hard work, just sleep and eat like other children do.

A. I. (age about 64): Now [my husband and I] are both getting old and are weak in health. My youngest son and one of my twin daughters and her husband are taking care of us. The rest of my children have married and have gone away to Fiji. I wish they will all live happily with their respective families, like the time we were taking care of them.... Now we are living with our daughter and youngest son. I am old and am unable to help my daughter very much with her children.

Rotuman Sayings Regarding the Elderly

Rotuman attitudes toward older people are also reflected in several traditional sayings in Inia's collection of Rotuman proverbs. One metaphor that Rotumans have used in reference to advancing age is expressed in the saying *As ta ifoana* (The sun is going down), which implied, according to Inia, that one's body was growing weak. This further implied that the elderly had difficulty performing common chores and contributing to household economies. More critical is the saying *Mafua ka kat 'atmai ra. Kat 'inea ra ta te* (Old but immature. Does not know anything) or referring to the elderly as *Mafua kai'uge* (Old conch shells). These latter sayings might have been leveled as criticisms of someone who was old but unable to do things properly, like a woman who was married and had children but could not plait mats or make baskets or a man who did not know how to make canoes or coconut graters. Although old, such people had to be told what to do; they were considered unable to think for themselves. Another saying, *Mafua 'ā fikou* (Old ones eat hermit crabs), has a similar meaning regarding the ineptitude of an old person who did not know how to do certain things according to Rotuman custom. The saying referred to the use of hermit crabs as bait when fishing with a line and hook. If he failed to catch any fish, the fisherman ate the hermit crab instead, an indication of his incompetence as a fisherman (Inia 1998: 3, 80).

Other sayings concerning age status occur in the form of criticisms for acting inappropriately to one's category. For example, an older man looking for a young wife was said to "want to smoke a pipe" (*Mafua'ia ma pa ha' paip'ia*)—pipes having been introduced by Europeans in the 1800s and smoked only by younger men—whereas young women were advised, *Se mama'ia le nuj leva* (Do not believe the bearded one), referring to older men who attempted to entice them with beguiling stories (Inia 1998: 81, 123).

On a positive note, an elder who danced with consummate skill after a period of retirement was applauded and praised. '*Uhag ta rahrah mase 'on isu* (The end of the log has been covered with ash), people remarked, implying that there was still life in the old man or woman, just as the embers inside the log still burn. This saying is based on the observation that the heavy logs that frame a *koua* (earth oven) burn until they appear to be reduced to ash, but the embers beneath the ash burn for some time afterward and can be used to ignite another fire. When an elder performed again on a special occasion, people would shout out this phrase in praise and appreciation (Inia 1998, 208).

In general, as people aged in Rotuma in the era prior to 1960, they likely encountered conflicting evaluations regarding their worthiness. On the one hand, their diminished abilities for work and contributions to the household and community could result in their being seen as burdensome dependents; on the other hand, their roles as grandparents, storytellers, and repositories of cultural knowledge could accord them a certain measure of esteem. In addition, as the preceding sayings imply, they did well not to violate the expectations for appropriate behavior if they wanted to avoid being mocked and treated as the butt of jokes.

The Transition to Modernity (1960–99)

Medical Conditions

By 1960, communicable diseases had essentially been eradicated, or at least greatly controlled, by “wonder drugs” such as sulfonamides, penicillin, and other antibiotics. The Rotuman population was in a transition to modern diseases such as hypertension, diabetes, cardiac disease, and stroke. This transition is attributable to changes in diet (greater quantities of processed foods) and activity patterns (greater reliance on motorized vehicles for mobility and less time spent walking and producing food), which has led to higher rates of obesity and its associated conditions.

Thus, in a study regarding the prevalence of diabetes and hypertension in Rotuma from a sample of 915 individuals tested in 1996, Dr. Temo Kilioni (1996) reported rates of 25.0 percent of those older than sixty years with diabetes, 30.1 percent with hypertension, and 60.8 percent as overweight or obese.¹¹ The percentage of overweight and obese individuals was significantly higher among females, a finding Kilioni attributed to “the fact that females live a very sedentary lifestyle as compared to men” (1996, 8).

The significance of this transition for aging in Rotuma lies with the types of medical conditions the elderly have had to cope with under premodern and modern conditions. For example, Dr. S. M. Lambert, who visited Rotuma in

1928, reported that he found Rotuma "heavily laden with hookworm, yaws, tuberculosis and leprosy" and that "over 90 percent of the inhabitant were covered with scabies" (1941, 168). He added that most of the elderly men had elephantiasis, which would have resulted from filarial infections. Such conditions would likely have affected the lifestyles of elderly individuals insofar as they would have been inhibited in certain kinds of activities that were contributions to household economies. In contrast, the modern noncommunicable diseases, while not as generally debilitating, can result in obesity, strokes, and heart attacks that severely restrict activities and may require constant care.

Household Size and Roles

The most striking aspect of our field census results in 1989 is the considerable increase in the number of elderly individuals on the island (218 people) compared with 1960 (120 people), despite a decline in overall population. People were likely living longer as a result of the decline in impact of communicable diseases, in turn due to considerable improvements medical treatment. Thus, although deaths from heart disease, diabetes, and obesity have increased, a significantly higher proportion of the island's population was (and is) living longer.

In addition, the demographic changes that took place over the last decades of the twentieth century altered the conditions within which the elderly found themselves. To begin with, Rotuma's population diminished as a result of continuing outmigration. Whereas the population on the island reached 3,234 people in 1966, according to the Fiji census, the count declined to 2,810 people in 1996. This occurred at the same time as the total population of Rotumans within Fiji increased to 9,727 people because of widespread migration from the island to cities and towns elsewhere in the country. In addition, a significant number of Rotumans have emigrated internationally, especially to New Zealand, Australia, England, Canada, and the United States.

As a result of the disproportionate outmigration of individuals of working age, the percentage of the population aged sixty years or older more than doubled on Rotuma, from 4.3 percent (129 people) in 1956 to 11.1 percent (312 people) in 1996. This may have partly resulted from older, economically unproductive people potentially being considered a burden, rather than an asset in Fiji, whereas on Rotuma, older people, if they are healthy enough, are still capable of making contributions to their households and communities.

Concurrently, average household size on Rotuma also decreased from a high of 7.4 people in 1956 to 5.9 people in 1976 and to 5.3 people in 1989 (data for 1989 from a census we conducted during fieldwork), and to all appearances, it has continued to decline since. The major change over the years has been a

substantial increase in households composed of single people or married couples (11.2 percent in 1989 compared with only 3.3 percent in 1960) (Howard and Rensel 1994, 235).

Rotuma in the Twenty-First Century (2000–19)

It appears that most of the trends that began in the late twentieth century have continued into twenty-first century. The decline in population on Rotuma, largely as a result of outmigration, has continued to reach 2,002 people in 2007 and 1,583 people in 2017. During this decade, the percentage of people sixty years or older increased to 15.7 percent.

Medical services available on the island have not improved, and in the last decade, they may have declined somewhat. The hospital clinic, which was torn down to be replaced by a new one, was originally scheduled to be completed in 2015. It had not been completed during our visit in August 2019. In the interim, the lone doctor on the island, assisted by several nurses, had to work out of a makeshift dispensary in a room in the government office complex. Probably as a result, mercy flights of seriously ill patients to Fiji appear to have increased. On a positive note, concern for maintaining a healthy lifestyle seems to have become more culturally salient, particularly among those, including many of the elderly, who have spent time abroad.

Household data from the 2007 Fiji census show a decline in median size to 4.75 people, with thirty-four households of 1 person only, and sixty-seven others with only 2 people. (Unfortunately, household data from the 2017 census are not yet available.)

Our current perspective on the status of the elderly on Rotuma stems from two recent visits to the island, in 2012 and 2019. Although those visits have not generated the kinds of comprehensive data we were able to gather in 1960 and 1989, our short stay in 2019 was informative, as was a 2012 survey of returnees to the island after a significant time abroad conducted by students from Rotuma High School under our supervision (Howard and Rensel 2017).

Included in the 2012 study of returnees were eighteen individuals (eight women and ten men) aged sixty years or older. None of the women were living alone, although two were only with their husbands; the rest were in extended families with grandchildren present. In contrast, half of the men were living alone, and none of the others reported living in an extended family with grandchildren present. Although an extremely small sample size, these data suggest that elderly women are valued as *mapiga* (grandparents) in households but men's grandparental role is of lesser value.

Additional data from the 2012 survey provide some insight into the living conditions of these elderly individuals. For example, most of the women (five)

TABLE 3. Proportion of Elderly Individuals on Rotuma, 1956–2017.

Census Year	Total Population	60 and Older, No. (%)	75 and Older, No. (%)
1956	2,991	129 (4.3)	26 (0.9)
1966	3,234	179 (5.5)	36 (1.1)
1976	2,704	198 (7.3)	33 (1.2)
1986	2,588	258 (10.0)	44 (1.7)
1996	2,810	312 (11.1)	55 (2.0)
2007	2,002	281 (14.4)	71 (3.5)
2017	1,583	248 (15.7)	72 (4.5)

and men (seven) reported getting income from sources such as pensions, remittances, and in two cases, wages and copra production. Five of the women and seven of the men reported having gardens, and all but one of the women and three men told the interviewers that they participated in community affairs. Regarding overall satisfaction with their life circumstance, none of them expressed regrets about returning to Rotuma, and thirteen of the returnees reported their current circumstances as “very satisfying,” three as “somewhat satisfying,” and only one as “not very satisfying.”

Although we did not obtain any numerical data during our 2019 visit, informal conversations with long-term residents made it clear that continued out-migration has resulted in depleted villages and households. However, support from remittances (and, among some returnees, pensions) has made most of the elderly financially independent and no longer dependent on support from neighbors and local kinsmen. Thus, they are no longer bound to the cultural values that placed an emphasis on ability to contribute labor to a household or village, although their esteem within the community still may be evaluated in terms of their willingness to engage in reciprocal relations, to contribute in various other ways to community activities, and not to require much support from neighbors and kin.

Discussion

As can be seen in Table 3, the proportion of elderly individuals on Rotuma has progressively increased from 1956 to 2017, as has the oldest age group (seventy-five years or older). This can largely be attributed to the combined effects of the continued outmigration of working-age individuals and their families,

a decline in overall population,¹² and the availability of more effective medical treatment (although not necessarily on Rotuma).

The change in household size and its implications for elderly individuals beg further analysis. Why would so many older people now choose to live by themselves or as couples when other possibilities are open to them? After all, contemporary Rotumans, like their ancestors, tend to be a sociable people. Demographics, especially the continued outmigration of younger people and their families, has clearly been a factor, but there is more to it than that.

To understand the progressive reduction in household size, we must first look to changes in the area of household economy. When Rotuma was primarily a subsistence economy, based on horticulture and reciprocal labor, large households that included multiple active workers were at an advantage. Men who could contribute food from their plantations not only could provide more than adequately for their families but could also contribute lavishly to community events (see Inia 2001, 137, for an account of ceremonies honoring chiefs). Likewise, women, in addition to tending to household chores and minding children, were mat makers, and mats, particularly fine white mats (*apei*), were the main source of wealth in the prestige economy (Inia 2001: 19–23). Elderly men could continue to participate in food production provided they had help from younger, more fit men in the household; elderly women could continue to weave mats because, although it required skill, it did not require arduous labor. All this took place in the context of considerable interhousehold exchange and mutual dependency (Fig. 1).

The transition to a money economy, which was still in progress in the latter part of the twentieth century (Rensel 1994), coincided with the enhanced availability of food sources (through purchase) and the demise of the prestige economy (chiefs are no longer honored in the traditional manner of gift giving, although they may be given money or shares of excess food such as fish or beef on occasion). In addition, although fine mats are still a valued product on ceremonial occasions (they are now sold for hundreds of dollars), fewer younger women have been learning the requisite skills (which partly accounts for their increasing monetary value). However, economic change in Rotuma has not had devastating effects such as those experienced by the Gende in Papua New Guinea due to the disruption of their exchange networks (Zimmer-Tamakoshi, this issue).

Access to money on the island has been accelerated by the considerable success enjoyed by Rotumans working elsewhere in Fiji and overseas, which has resulted in remittances valued at more than a million dollars a year. Reliance on remittances, pensions for retirees, and wages for those now employed has dramatically reduced reliance on traditional labor requirements and interhousehold relations. Therefore, one answer to why households have become smaller

is that they are economically feasible, provided they have enough monetary income. Most households now do not have to rely on the labor of their members to survive, and indeed to thrive.

This explanation still does not address the decrease in the sociability that traditional, large households provided. How do members of one- or two-person households satisfy a need for sociability? The answer is twofold. There are still many opportunities at the village and district levels to participate in multiple activities, ranging from daily evening kava sessions to church services and other religious activities; intermittent ceremonial events such as births, marriages, and funerals; and community events such as the Rotuma Day celebration of cession to Great Britain, which involve communal feasting and group dances requiring multiple rehearsals.

Perhaps even more important is that the elderly are by no means confined to the island. Virtually all adults on Rotuma have spent extensive time abroad visiting siblings, children, and grandchildren in Fiji and elsewhere, and they frequently have visiting relatives, thus providing family intimacy whenever they feel the need for it (see, e.g., Howard and Rensel 1994).

Finally, as we have argued in previous publications (Howard and Rensel 1988/89, 2007) Rotumans have a long history of struggling for control of their autonomy, both at a collective and at an individual level. As we put in the preface to our book *Island Legacy*:

All of our experience with Rotuma—our reading of accounts by Europeans and Rotumans alike, our field research, and the oral reports of visitors to the island over time—have led us to perceive a dominant theme pervading Rotuman experience. In short, we have come to see Rotuman history in the light of continuous attempts to preserve autonomy.

By autonomy we are referring to the capacity to function independently, free from control by others. To a great extent, Rotuman history can be viewed as a continuous struggle between politically powerful groups and individuals who have attempted to impose a social order of their choosing, and politically weaker groups and individuals who have attempted to maintain their autonomy. The struggle has taken place at every level of Rotuman society: individuals within households, households within villages, villages within districts, between districts, and between Rotuma and the outside world. (Howard and Rensel 2007, xxiii)

Working through our data has convinced us of the value of the life-course approach to aging in historical context, particularly in relatively small

populations, like Rotumans, that have undergone dramatic (and accelerating) demographic, social, and cultural change over the past century. Although some variables, such as increased access to public health measures that have extended the lifespan of Rotumans significantly, have contributed to dramatic changes, others, such as the cultural emphasis on autonomy, have contributed to a stability in the overall well-being of elderly Rotumans. All things considered, in our view, older individuals in Rotuma nowadays are mostly in a pretty good place, both physically and in terms of overall well-being. They are blessed with multiple options, and most of them have access to the resources they need to choose the ones that suit them best. We expect that residing on the island will become increasingly attractive for Rotumans as a retirement option to aging elsewhere, given the turmoil taking place in so many urban environments abroad.

NOTES

1. See the AAGE website: <https://anthropologyandgerontology.com/about-aage/>. See also the website for the journal *Anthropology & Aging*: <https://anthro-age.pitt.edu/ojs/index.php/anthro-age>.

2. <http://sonjalyubomirsky.com/subjective-happiness-scale-shs/>.

3. <http://www.new.meaningandhappiness.com/oxford-happiness-questionnaire/214/>.

4. For additional critiques of successful aging terminology, see Dillaway and Byrnes (2009), Stowe and Cooney (2015), and Katz and Calasanti (2015).

5. For more detailed descriptions of Rotuman life stages, see Howard (1970) and Howard and Rensel (2021).

6. See Inia (2001) regarding the role of the mafua in ceremonies: <http://rotuma.net/os/ceremonies/mafua.htm>.

7. For several studies of grandparenting in the Pacific, see Armstrong and Flinn (2007).

8. The term *pure* in Rotuman essentially refers to the authority to make decisions on behalf of a group, whatever that group may be.

9. Because no comparable information on household composition is available in official Fiji Government censuses, we rely on our field censuses in 1960 and 1989 for comparative purposes.

10. For more on the importance of being able to engage in reciprocal relationships, see Rensel and Howard (1997).

11. Weight and height were compared against the standard weight and height table from National Food and Nutrition Commission (NFNC) to classify individuals as underweight, ideal, overweight, or obese. Hypertension was defined as a blood pressure reading of 140/90

or greater on three consecutive readings, and diabetes was defined as a random blood sugar (RBS) reading of 11.0 mmol/L on two occasions (Kiloni 1996).

12. The figures for 2007 and 2017 would be higher if only Rotumans were included in the population totals. The figures include a significant increase in non-Rotumans (mostly Fijians) who have been assigned to government jobs on Rotuma, along with their families. Few or none of these are likely to be older than the mandatory retirement age of fifty-five.

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