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Samoa

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LOCATION AND LINGUISTIC AFFILIATION

The Samoan Archipelago comprises nine volcanic islands from 13° to 15° south and 168° to 173° west. Since 1900, the islands have been divided into eastern and western moieties. The five islands in the east; Ta'u, Ofu, Olosega (the Manu'a Islands), Tutuila, and 'Aunu'u form the Territory of American Samoa, while the four islands to the west; 'Upolu, Savai'i, Manono, and Apolima make up the Independent State of Samoa (ISS). The largest population concentrations are in the Pago Pago Bay Area on Tutuila in American Samoa, and Apia on 'Upolu in ISS. Prior to colonial influence, there were two polities in the archipelago, separating the Manu'a Islands from the six islands to the west. All of the Samoan Islands are high volcanic islands with peaks up to 6,000 ft on Savai'i and partially encircling reef structures with nearshore lagoons.

The Samoan language falls within the Polynesian Group of the Austronesian language family. There are no significant dialect variations of Samoan, but there are important distinctions in the phonology from region to region within the islands. Samoan has a relatively elaborate lexical division between common words used for

everyday conversation (Shore, 1982) and respect or chiefly vocabulary used both for speaking to chiefs (*matai*) and between non-chiefly individuals to denote formality and politeness. Within the chiefly vocabulary, there are also alternate words used for and by chiefs (*ali'i*) and talking chiefs (*tulafale*). English is the most common second language and Samoans in American Samoa are highly bilingual in English.

OVERVIEW OF THE CULTURE

Population

Demographers agree that there were no reliable estimates of population in the Samoan Islands until the 1920s. Reports of missionaries and administrators during the 19th century vary widely in quality and supply widely varying population counts. Commodore Wilkes based his 1839 estimate of the population on reports from local missionaries to come up with a total of about 57,000. This early figure is viewed as the least reliable of the 19th century. The first reasonably reliable census yielded a total of about 34,000 in 1853. The discrepancy between these two censuses led to speculation about severe depopulation after European contact. However, most demographers

maintain that the population of the islands was relatively stable between about 34,000 and 39,000 throughout the 19th century. This stability was the result of the typical pre-transition patterns of high fertility coupled with periodic high mortality. The 20th century saw the impact of the demographic transition on the population of the islands. Entering the century with a population of about 40,000, continued high fertility coupled with reduced mortality due to improved medical care led to a 600% increase in population by the turn of the century. The estimated population of the archipelago for July 2001 was about 250,000, with 179,058 in ISS (CIA, 2001b) and 67,084 in American Samoa (CIA, 2001a). In addition, as many as 100,000 Samoans live abroad, mainly in the United States, New Zealand, and Australia.

History

Voyagers of the Lapita culture settled in the Fiji-Tonga-Samoa area between about 1500 and 1000 BC. Contacts between Samoa, Tonga, and Fiji were maintained throughout prehistory as well as later relations with other Polynesian groups including Tokelau, Wallis, and Futuna. Significant European contact and acculturation began in 1830 when John Williams of the London Missionary Society (LMS) arrived and established his church through fortuitous political circumstances.

There was conflict for colonial control between Germany, Great Britain, and the United States until 1900 when the four islands in the west became a German colony and the five islands in the east were claimed as the Territory of American Samoa by the United States. As a result of the League of Nations actions during World War I, New Zealand assumed administration of the German colony from 1914 to 1962. Independence from New Zealand as a constitutional monarchy came in 1962 with the founding of the Independent State of Western Samoa, name later changed to the Independent State of Samoa (commonly Samoa) in 1997. The eastern islands remain a United States territory, administered by the Office of Insular Affairs, U.S. Department of the Interior. The territory elected its first Samoan governor in 1977.

Economy

The traditional economy of the archipelago was based on root and tree crop farming supplemented by fishing. The economic development of the two Samoas

(ISS, American Samoa) differed dramatically throughout the 20th century as American Samoa received substantially more developmental aid from the U.S. government than Western Samoa did from New Zealand. Family remittances from overseas remain a substantial part of the economy throughout the islands. Agricultural products, featuring coconut cream, coconut oil, and copra, are responsible for 90% of the exports from ISS, and 65% of the employment is in agriculture with another 30% in service, and 5% in industry (CIA, 2001b). About 50% of adult males and 20% of adult females are in the wage economy in ISS. The economy of American Samoa is tightly intertwined with that of the United States, with tuna canned at the local cannery forming the primary export. Unemployment was 16% in 1993, with the government accounting for 33% of the jobs, tuna canneries 33%, and a variety of other industries making up the final third of jobs in American Samoa (CIA, 2001a).

Social Organization

The fundamental unit of social organization in Samoa is the *'aiga* which can mean the household, the nuclear family, or the extended family. As an extended family, each *'aiga* is headed by a title holder or *matai*. Traditionally each *'aiga* had a specific compound with several related families living under its *matai*. Communities or villages (*nu'u*) consist of several *'aiga* with long term associations. *Nu'u* are governed by councils or *fono* in which all *matai* have a voice. The *matai* titles are divided into two general types, chiefs or *ali'i* and talking chiefs or *tulafale*, and ranked within each of these divisions from lowest to highest. The *nu'u* are independent political units but they group together into regional alliances for some purposes. This community level of organization is still important in the ISS and American Samoa, although residence has become increasingly based on the nuclear family rather than the *'aiga*.

Religion

There is little remnant of traditional religion other than generalized beliefs in ancestral spirits (*aitu*). Today Samoans are overwhelmingly Christian. In ISS 99.7% of the population adheres to Christianity, about half of which belongs to the LMS derived Christian Congregationalist Church of Samoa (CCCS). The rest are Roman Catholics, Methodists, Latter-Day Saints, and Seventh-Day

Adventists (CIA, 2001b). In American Samoa the CCCS accounts for about 50% of the population, the Roman Catholic Church about another 20%, and other Protestant and non-Christian denominations about 30% (CIA, 2001a).

THE CONTEXT OF HEALTH

Health Indicators

Many 19th century sojourners remarked on the general good health of the Samoan population (MacPherson & MacPherson, 1990). The well being of the Samoans has been attributed to a hospitable environment, an excellent vegetable- and marine-based diet, limited opportunity for infectious disease exposure from outsiders, and a high standard of personal hygiene, including frequent bathing. This good health notwithstanding, the early visitors to Samoa heard of an epidemic illness introduced by “sailing gods” long before the arrival of Europeans. This epidemic is said by one observer to resemble cholera. Other than this relatively isolated prehistoric episode, Samoans appear to have enjoyed a long stable period of good health prior to European exposure in the 19th century. Kramer (1903/1995), because of his medical training and extended stay in Samoa, provides the best early description of medical conditions. He notes the absence of malaria and comments on the occasional presence of leprosy, the frequent occurrence of respiratory ailments (much of which he classifies as consumption or tuberculosis), and the widespread incidence of elephantiasis (filariasis), which he estimates as afflicting 5% to 10% of the population. Many other 19th century visitors commented on the presence of elephantiasis which manifests as extreme swelling of the legs, scrotum, or breasts. While the high visibility of this disease (it was not uncommon to see Samoans with the signature swollen legs and ankles in the 1970s) accounts for some of the remarks, it is clear that this was a significant pre- or early-contact disease.

A seminal event separating the health history of ISS and American Samoa occurred in 1918. An epidemic outbreak of influenza (the Spanish flu pandemic) arrived in Apia aboard the New Zealand ship *Talune* in November 1918. The official death rate in ISS was recorded as 22% (20% among Samoans, 33% among part-Samoans, and 2% among Europeans) although the impact was much greater as many deaths occurred in the

succeeding year and the toll on the native leadership was particularly high. Seventy miles away, in American Samoa, there was no evidence of the flu. Death records for 1918 and 1919 from American Samoa show no increase in the number of deaths, no alteration in the age structure of mortality, and no cases attributed to flu. The Samoans blamed the New Zealand administrator for failing to quarantine the islands as had been done in American Samoa where the *Talune* was not allowed to dock. This incident colored much of the later New Zealand administration of the western islands.

Today health differs in the two Samoas based in part on differences in the resources available to American Samoa from the United States. The health care system, water treatment, and general sanitation in American Samoa have been ahead of those of their neighbors to the west for more than 50 years. As a result, American Samoa progressed through the epidemiological transition before Samoa. Health indicators for ISS are on par with the worst found in Polynesia, although health conditions are substantially better than in many developing areas (see Table 1). On the basis of life expectancy and infant mortality American Samoa is among the healthiest of Polynesian groups. Throughout the Samoan archipelago, the most common cause of hospital admission is respiratory disease, frequently flu or pneumonia. Tuberculosis, leprosy, and viral hepatitis are also present in significant numbers.

Chronic and obesity-related diseases became more frequent causes of death in both Samoas throughout the

Table 1. Health Characteristics of the Independent State of Samoa and American Samoa

Characteristic	ISS	American Samoa
2001 estimated life expectancy at birth, years	69.5	75.3
1995 crude birth rate/1,000 pop.	4.6	4.1
2001 estimated Infant Mortality/1000 births	31.8	10.4
1995 Mortality deaths/100,000		Rank
Circulatory diseases	42	#1
Neoplasms	23	#3
Respiratory diseases	18	#2
Perinatal conditions	13	—
Infections and parasitic diseases	13	—
Kidney diseases		#4
Accidents and injury		#5

1995 sources: American Samoa (WHO, 1999a), ISS (WHO, 1999b). 2001 sources: American Samoa (CIA, 2001a), ISS (CIA, 2001b).

20th century, with circulatory diseases being the number one cause of death by 1995. Modernizing influences of engagement in the world economy in the second half of the 20th century brought about significant changes in diet, especially in American Samoa where the shift from subsistence agriculture to wage labor and purchased foods was most dramatic (Bindon, 1988). Changing economic conditions also altered patterns of activity, as wage employment for both men and women generally involves less demanding activities than prior to contact, resulting in massive obesity and its sequelae (Bindon, 1995). There appears to be a genetic predisposition to diabetes among Samoans with a diabetes prevalence of 3–12% in ISS and 27% in American Samoa (Bindon & Baker, 1997). The high diabetes rate in American Samoa shows up in the mortality statistics primarily through the complications that result in increased deaths from kidney and cardiovascular diseases (see Table 1).

Health Infrastructure

Prior to contact there was a limited set of personal practices and healers (*fofō*) available for the relatively few native health problems. Most medical consultation occurred within the village context where different healers were responsible for specific conditions. By the 1860s, there were trained physicians (*foma'i*) in Apia, brought in by the LMS and German companies. The German Navy established a hospital in Apia in the 1890s, but there was no western medical attention paid to the eastern islands until 1900 (Gray, 1960). As the U.S. Navy began administration of American Samoa, plans were made for a dispensary near Pago Pago which turned into the local hospital and served until it was replaced by the current L.B.J. Tropical Medical Center in Faga'alu in the 1970s. In ISS, the genesis of the public health system of outreach dates to the experience with the Spanish flu. The New Zealand administration established women's committees (*komiti tumama*) in the villages to promote health and hygiene. By the 1940s there was a well established system of primary health care available throughout ISS, and many village hospitals were built.

MEDICAL PRACTITIONERS

Prior to contact individuals offered their own prayers for ailments or they consulted one of the healers or *fofō* near

Table 2. 1996 Healthcare Workforce in the Independent State of Samoa and American Samoa

	ISS		American Samoa	
	Number	Per 10,000	Number	Per 10,000
Doctors	57	3.44	16	2.90
Dentists	6	0.40	N/R	N/R
Pharmacists	6	0.40	N/R	N/R
Nurses	257	15.50	146	26.20
Midwives	60	3.60	N/R	N/R

N/R = Not Reported.

Sources: ISS (WHO, 1999b); American Samoa (WHO, 1999a).

their village. Missionaries brought a limited medical knowledge starting in the early 19th century and western physicians and nurses began to arrive later in the 19th century. Throughout the 20th century increasing numbers of western practitioners took part in health care in the Samoan Islands. Physicians, nurses, midwives, dentists, pharmacists, and an array of technicians currently populate the healthcare workforce (see Table 2). The training of most of the biomedical practitioners takes place overseas in the Fiji schools of medicine and dentistry as well as in schools of medicine and public health in New Zealand, the United States and Australia. Most nurses are trained locally although some are sent overseas for additional training. *Fofō* continue to train through apprenticeships and practice in most villages.

CLASSIFICATION OF ILLNESS, THEORIES OF ILLNESS, AND TREATMENT OF ILLNESS

Precontact paradigm

Prior to the arrival of Europeans, Samoans attributed illness to the displeasure of the gods or to the work of spirits (*aitu*). Stair, who visited Samoa in the 1840s, classified the gods into four categories, the third of which was the *aitu* who were responsible for much of the mischief and illness that befell Samoans (Stair, 1897). These beliefs resulted in treatments that focused on identifying the act that caused the displeasure or the *aitu* responsible for the malady and prescribing behaviors to assuage the god or *aitu*. There are many prayers that are

aimed at keeping various gods happy and preventing illness, such as this from George Turner who was an LMS missionary in Samoa in the 1840s and 1850s:

In [one] family [the god Tuiali'i] was prayed to for life and health before the evening meal; an offering of a blazing fire was essential to the success of the prayer, which ran as follows: "This is our fire to you, it burns bright; other fires are dim and going out; send these families to the lower regions, but give us life and health." (Turner, 1884, p. 75)

Other prayers and offerings were made once a specific god or *aitu* was identified as being responsible for an illness:

In a case of sickness, a cup of kava [*'ava*, beverage made from the root of *Piper methysticum*] was made and poured on the ground outside the house as a drink-offering, and the god [Salevao] called by name to come and accept of it and heal the sick. (Turner, 1884, p. 51)

In some cases the families could not approach the god directly for intercession, and instead they had to commission a priest or work through other human agents, as noted by Turner:

At one place in Savai'i Salevao had a temple in which a priest constantly resided. The sick were taken there and laid down with offerings of fine mats. The priest went out and stroked the diseased part, and recovery was supposed to follow. (Turner, 1884, p. 49)

and

In another place [Taisumalie] was incarnate in an old man who acted as the doctor of the family. ... His principal remedy was to rub the affected part with oil, and then shout out at the top of his voice five times the word Taisumalie, and five times also call him to come and heal. This being done, the patient was dismissed to wait recovery. On recovery the family had a feast over it, poured out on the ground a cup of kava to the god, thanked for healing and health, and prayed that he might continue to turn his *back* towards them for protection, and set his *face* against all the enemies of the family. (Turner, 1884, p. 59, emphasis in the original)

In these ways, Samoans sought to cope with the ailments they encountered prior to contact.

Stair is not alone among 19th century visitors in referring disdainfully to the limited native medical system of Samoa, comparing it unfavorably to that of Tonga and commenting that, "their remedies were few, and for the most part unreliable" (Stair, 1897, p. 164). MacPherson and MacPherson (1990) argue that the impoverished indigenous medical system of Samoa became elaborated upon contact with Europeans due in part to the introduction of new illnesses and in part to borrowing of practices from the missionaries and traders who gained more prominence

in Samoa during the 19th century. By the time Kramer visited the islands in the 1890s, much of the original health belief system about *aitu* had been obliterated by the missionaries and the Samoans had over 50 years of experience in dealing with diseases and treatments introduced by Europeans.

Contemporary paradigm

MacPherson and MacPherson (1990, p. 79) characterize the contemporary Samoan paradigm as "two sets of medical belief and practice [existing] alongside one another in ... an arrangement aptly described ... as a 'collage'." That is, the biomedical and indigenous systems are both used to satisfy the medical needs of the population. Part of this coexistence may have resulted from the public health training of individuals who were already recognized as *fofō* within their villages. As the western medical establishment increased in scope throughout the 20th century, Samoans came to rely on biomedically trained physicians for *ma'i palagi* (European sickness) and on *fofō* for *ma'i samoa* (Samoan illness). In American Samoa, where the establishment of medical care by the Naval administration was seen as beneficial and the epidemic of 1918 was avoided, traditional medicine has been less integrated into the overall medical paradigm. As a result, the tension between the systems is greater as noted by Holmes and Holmes in their quotation of the following letter from a medical center member published in the *Samoa News* of November 17, 1988:

The most disturbing preventable problem has been the use in children of local Samoan bush medicine. By this I mean the plant and herbal medicines given by *taulesea* [*taulasea*, polite term for healer] or *fofō*. In the past year, we saw at least six children die after being given "Samoan medicine" by mouth from a *fofō*. The picture was not a pretty one. The children initially had mild cases of the "flu." They were then given "Samoan medicine" and soon developed seizures, kidney failure and increased acid in the blood. Despite intensive care at the hospital, these children died within three days. ... Many of the medicines given by a *fofō* are probably safe for children, but some are poisons and will quickly kill a child. In the first half of 1988, more children died in American Samoa from being given "Samoan medicine" than died from any other cause. (In Holmes & Holmes, 1992, p. 132)

In Samoa, as elsewhere, idiosyncrasies are certain to abound within the lay view of the biomedical paradigm, such as the attribution of diabetes to eating too much sugar. This may derive in part from a misapprehension of the Samoan term for diabetes (*suka* or *ma'i suka*). With

regard to obesity, one of the first claims an acculturated Samoan will make is that, "I eat too much taro," possibly because of the full feeling that taro gives. In fact, both obesity and diabetes would benefit from a diet with more taro and less of the high fat, low fiber foods that have become common during the 20th century. Both conditions would benefit even more from cultivating the taro that is eaten, thus increasing the physical activity of the individual.

Mental Health

Few cultures have had as much written about mental health as have the Samoans, beginning with Mead's characterization of a people with few neuroses and little maladjustment (Mead, 1928) and accelerating to a fever pitch with Freeman's depiction of aggressive and suicidal Samoans (Freeman, 1983). Several volumes have since dealt with this controversy (see Caton, 1990; Holmes, 1987; Orans, 1996). Neither extreme viewpoint is likely to have much merit and a better characterization of Samoan mental health would lie somewhere between the two. A psychiatrist working in American Samoa in the 1970s hypothesized that the underreporting of mental illness by biomedical standards in American Samoa was a result of the social system, which provides a means of "curing" emotional disorder by family group process and ritual, by making the disorder less disruptive, and by absolving the affected individual of personal guilt (Walters, 1977). Thus, much of what would be diagnosed and treated as deviant under the biomedical paradigm is informally handled within Samoan families.

SEXUALITY AND REPRODUCTION

Sexual attitudes and practices in Samoa have been shaped in part by the open walled houses and the general openness of the village setting. Premarital sex is strongly discouraged for women, an attitude that continues to be supported by the church in Samoa and enforced by a woman's brothers. Abortion was practiced in cases where the girl was afraid of her family or ashamed and pressure on the abdomen was the primary method used (Turner, 1884).

In ISS and American Samoa, relatively high fertility rates have been maintained from pre-contact times. A poster aimed at promoting birth planning in the Ob/Gyn clinic at the LBJ Tropical Medical Center in

American Samoa in the 1970s said "You space your coconuts, why not your children." Fertility continues to be high. The WHO (1999a; 1999b) provides total fertility rates of 4.76 for ISS in 1991 and 4.5 for American Samoa in 1995. Harbison (1986) described a differential effect of education on women in ISS and American Samoa. In ISS, education did not show a depressing effect on fertility. Harbison speculated that because education was provided within the village context, it tended not to shift attitudes on fertility and ideal family size, and since there was little opportunity for employment, education did not tend to remove women from their families. In American Samoa, wage jobs were available, especially for educated females, and attitudes about the cost of additional children and ideal family size were changed as a result of women's experience in schools and the work place (Harbison, 1986).

HEALTH THROUGH THE LIFE CYCLE

Pregnancy and Birth

During pregnancy, Stair (1897) tells us a woman would permit her hair to grow long to mark her condition and to assure a healthy child. After 2 or 3 months, food would be brought by the husbands 'aiga. A few months later the husbands family would present a gift of pigs called *o le popo* (of the child). The number of pigs would vary according to the rank of the husband, up to fifty pigs for the wife of a very important chief. One final gift of food called *o le taro fanaunga* (the taro of birth) was brought to the mother and then all of the gifts were divided up to political connections of the wife's family (Stair, 1897).

Turner (1884) describes rituals surrounding the birth of a child as follows: [The woman's] father was generally present ... and either he or her husband prayed to the household god, and promised to find any offering he might require, if he would only preserve mother and child in safety. ... "O Moso, be propitious; let this my daughter be preserved alive! Be compassionate to us; save my daughter, and we will do anything you wish as our redemption price." (Turner, 1884, p. 78)

He says that if the child was a boy the umbilical cord was cut on a club to help him be brave in war; if it was a girl her cord was cut on the *tapa* (bark-cloth) making board so that she would be useful to the family. Infanticide was unknown in old Samoa according to Turner.

Today most Samoans attend pre-natal clinics and give birth in the local dispensary or hospital with family

in attendance or nearby, or at home with the assistance of a midwife. Birth weights of American Samoan infants averaged 3,250 g in the 1980s, a very high value, perhaps reflecting the high rate of diabetes in the population (Bindon & Zansky, 1986). Birth weights were somewhat lower in Western Samoa, but they were still in the mid-range of birth weights on a worldwide basis. Samoans are less likely than most populations to be at risk for low birthweight (less than 2,500 g).

Infancy

After children were born they were lovingly cared for. For the first 3 days, attention was paid to shaping the head by laying the child on its back and surrounding the head with flat stones. The hand was used to press the forehead and the nose to produce the desired shape (Turner, 1884). The mother's milk was examined by a woman every day for up to a week to determine if it was ready for the infant. During this time the infant was fed on the juice of the coconut, after which breast-feeding and supplementation with pre-masticated vegetables was started (Stair, 1897).

Contemporary infants are primarily breast-fed, but this varies between American Samoa and ISS. In American Samoa, where employment opportunities are better, women tend to wean their infants early to return to work. In ISS, breast-feeding is likely to continue longer. In both areas, infants grow very rapidly during the first 6 months of life after which time the infants in ISS, especially from remote rural areas, tend to slow in rate of growth (Bindon & Zansky, 1986). Bindon and Cabrera-Mereb (1990) found infants in American Samoa to be quite healthy, with respiratory complaints being the most common illness. They also found that exclusively breast-fed infants tended to be healthier at 3 through 9 months than infants who were at least partially bottle-fed.

Childhood

Stair (1897) describes child rearing as alternating between overly severe punishment for minor infractions and over-indulgence. Holmes and Holmes (1992) also note severe punishment in Manu'a in 1954. Similar discipline continues to be the norm, and is the source of some difficulties with child welfare organizations outside the islands. By 3 or 4, the gender roles are being shaped among the children and girls begin to assume household roles. By 5 or 6 a young girl may be baby-sitting and

caring for her next younger sibling. Boys have more freedom during early childhood, although they may have to feed the chickens, fetch water, and accompany their mother in gathering food on the reef. By 7 or 8, both boys and girls have assumed an active role in the gender-appropriate tasks of the household. An exception to this training may occur in a family where a mother has no young daughters and cannot adopt a young girl to help with the housework. In such a case, a son may be recruited by the mother to fill the role of a young girl in helping the mother manage the household. In such cases, when the boy continues to adopt the female gender role into adolescence and perhaps adulthood, the name *fa'afafine* is applied. A *fa'afafine* may marry and have children but continue to play a female role in the family and the village. Since the institution of formalized schooling, the patterns of training and household assistance by children have been dramatically altered. Pre-school child care is more likely to be done by the elderly while school age siblings are in class, and everyone shares in the household chores once done by the children.

Adolescence

Male circumcision is the norm in Samoa. At about 9 or 10, two boys arrange to go to a specialist to perform the surgery. They bring him a gift of food and *tapa*. The operation involves a single longitudinal incision on the foreskin which peels back and after healing looks as if the foreskin has been removed (Holmes & Holmes, 1992). There is no other ceremony associated with this milestone. No such female operations are conducted.

A young man joins the *aumaga* (society of untitled men) with the sponsorship of his *matai* at around 14 or 15 or after he graduates from school, today. The *aumaga* serves the village at the direction of the *fono*. Adolescent girls used to join the *auauma* (unmarried women) and sleep in a separate house serving as a court to the *taupou* (village princess). Today the group comes together only on special ceremonial occasions, frequently for dancing and singing.

Adulthood

Turner (1884) says that adulthood was marked for men by tattooing. Males spend their adulthood seeking a *matai* title and their wives support this attempt as their status is also enhanced. Today upward mobility through

educational and occupational advancement increase a candidate's chances of gaining a title. This upward mobility has not been without added health cost. Bindon (1997) reported on an analysis of lifestyle and blood pressure in American Samoa that indicated attempts to present a higher material culture status than can be afforded caused a stress response in Samoan men, but not women, increasing the men's blood pressures. Women who were working outside their home had lower blood pressures, but husbands of women working outside the home had higher blood pressures. Some of the strongest impacts of modernization among Samoans have been exerted as a result of trying to adopt a western material life style with insufficient resources.

The Aged

Old age has traditionally been identified in Samoa as the best time of life. The elderly, over about age 50, are treated with respect, they have minimal demands on their time and energy, and one can rely on the support of one's children and relatives. Many of these attitudes persist today, although times are changing. Since the 1970s, homes for the aged have been opened in both ISS and American Samoa, a result of the emigration of younger Samoans and the occasional failure of family resources to provide for the elderly who remain in the islands (Holmes & Holmes, 1992). A number of elderly Samoans suffer the depredations of diabetes, blindness being one of the most visible symptoms.

Dying and Death

The dying were traditionally looked after at home where friends and family could easily visit to pay respect. If wounded in battle or taken sick away from home, every effort would be made to return home prior to death. Today, Samoans who are terminally ill prefer to spend their time at home with their family rather than staying in one of the hospital or dispensary facilities. Local nurses assist with this desire by stopping in on the ill at home.

At death, while the body is being prepared by female relatives, word is sent to relatives in other villages. Family begin to arrive bearing gifts of finemats (*afuelo*, woven of pandanus fiber) and *tapa*. After the funeral the gifts will be given to the female relative in charge of body preparation and she may make a further division to reinforce political ties. If the deceased is an important chief, the

display of wealth may be great (Holmes & Holmes, 1992). Today, in addition to the finemats and barkcloth, cash and purchased goods may also form part of the funerary wealth. A *matai* from the deceased's family will call on family members to make contributions (*fa'alavelave*) to support the funeral and burial.

Burial takes place on the family homestead with the erection of a small mound of volcanic rocks in the form of a monument to the deceased. The interment of individuals on family land was an important part of pre-missionary religion with the belief that they joined the ranks of the *aitu* that oversaw the health and well-being of the family. Today the burial also takes place on family land but the mounds are likely to be constructed of concrete and incorporate Christian icons.

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