



# The Journal of Samoan Studies

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# **The Journal of Sāmoan Studies**

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Cover design by Nadya Vaa of Capital Designs

The cover design by Nadya Va'a comprises abstractions of breadfruit leaves and ocean colours illustrating the growth and development of Sāmoa, its natural resources and land. The fale motif represents the social, political, economic and religious structures of Sāmoa, with tapa (siapo) motifs and textures in the design referencing fa'a Sāmoa and cultural heritage. The diagonal elements from old tapa designs symbolize quantified information.

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## Infant Feeding in Sāmoa: Knowledge, Attitudes and Practices.

*Madda H. Magbity, Seiuli Vaifou Temese, Alovale Sa'u, Safua Akeli, Penelope Schoeffel and Mohammed Sahib, Centre for Sāmoan Studies, National University of Sāmoa.*

### Abstract

*Sāmoa has a double burden of malnutrition; obesity associated with the prevalence of non-communicable diseases, and continuing cases of underweight children presenting at hospitals and health centres. A knowledge, attitude and practice survey of mothers/caregivers of young children in eight villages in four representative regions of Sāmoa was completed in November 2015. The objective of the research was to learn whether international (WHO, UNICEF) and government recommended feeding practices were promoted by district health workers and understood and practiced by mothers or caregivers of children under five years of age. The survey found that while key messages on infant feeding are generally well understood by nurses in the district health centres serving these villages, the knowledge and practices of mothers and other infant caregivers appears somewhat deficient. Most of them understood the importance of breast feeding but only 56 percent of mothers and caretakers know that complementary foods should be introduced, as recommended, at six months of age; 28 percent of the caretakers thought that during the weaning period, solid food given once a day was sufficient, and that only a small minority took their infants to health centres for growth monitoring. These findings suggest that there is a case for the reintroduction of monthly village-based maternal and child health clinics in cooperation with village women's committees.*

**Keywords:** Child healthcare, infant feeding practices, malnutrition, breast feeding

### Introduction

Malnutrition in the form of obesity, and its relationship to the prevalence of non-communicable diseases has been the major concern about nutrition and health in Sāmoa. However since 1969 malnutrition in the form of under-nutrition has been identified as a health problem among Sāmoan children. Over the years, a steady stream of underweight and malnourished children has been admitted to the paediatric wards. An audit of malnutrition cases admitted in the years 2006–2010 to the national hospital in Apia reported that 182 malnourished children had been admitted. Almost all of the cases were aged less than two years, with the majority being at weaning ages of 12–18 months. The factors contributing to these cases were considered not only to be the result of inadequate infant feeding practices but also poor quality water and sanitation leading to diarrhoea, which can underlie infant malnutrition if inadequately treated (Litara 2011). Government policy on the practice of child feeding to be recommended to mothers or other caregivers is based on WHO and UNICEF standards and health workers are trained to give advice based on these. While there is some evidence about the prevalence of child malnutrition, which we document in this article, there has been limited research on the extent to which key recommendations are understood and practiced by health workers and mothers or other care-

givers. This article presents the findings of research by the Centre for Sāmoan Studies at the National University of Sāmoa to examine this question using a knowledge, attitude and practice (KAP) methodology.

### Data on the Nutritional Status of Children in Sāmoa

The report of a study a research paper published in 1996 by Berces, Qusted and Adams (cited in Adams and Sio 1997) found from 1992–1994, that 49 children were so severely malnourished they were admitted to the paediatric ward.

**Table 1: Number of Malnourished and Underweight Children, 1997, Sāmoa.**

Year	Urban Upolu	Rural Upolu	Savaii
1992	97	67	64
1993	48	39	25
1994	49	28	6
1995	39	18	13
1996	30	19	2
<b>Total</b>	260	171	110

Source: Adams, J. and Sio, B. (1997). Research on Existing Situation of Malnutrition in Sāmoa, FAO, UNDP, UNESCO, UNICEF, Rome, Italy.

The study suggested policy options to Government for finalising the National Plan of Action for Nutrition which was being developed at that time. Based on these recommendations a Sāmoa National Nutrition Survey (SNSS) was undertaken in 1999. This found that the most common reason for not breastfeeding given by mothers of malnourished children (both urban and rural) was their belief that they had no (or insufficient) milk. There have been no further surveys since then.

Twenty years later, according to the data from the 2014 Demographic Health Survey in Sāmoa (DHS), malnutrition is still a recognized problem among the under-five population. This data shows no decrease in prevalence since the last nutrition survey in 1996. In 2013, Sāmoa saw 72 hospital admissions for acute, severe malnutrition. Of these cases, two children died. These results suggest that significant undernourishment and perhaps micronutrient deficiencies co-exist in Sāmoa along with high rates of excessive macronutrient and sodium intake.

Under-nutrition in young children was apparently more common up until the 1970s and 1980s, but this declined as Sāmoa became more prosperous. By 2000, the number of children requiring treatment for malnutrition had dropped and attendance at the outpatient malnutrition clinic run by the hospital's Nutrition Centre was so low that the clinic was discontinued. However, in recent years there have been increased child hospital admissions for acute malnutrition, with some deaths. These cases are associated with early cessation of



breastfeeding, use of inappropriate breast milk substitutes combined with sweetened tea, the use of baby feeding bottles and nutritionally poor solid foods, however more research is needed to clearly define the practices or barriers causing child malnutrition. While numbers of admissions are relatively small (68 children under 2 years in 2013) these cases indicate that child health outreach services may not be reaching vulnerable population groups. About 5,700 babies are born in Sāmoa each year with most babies (78 percent) born in hospital, while only about 18 percent are home births. Of those with evidence of birth weight, 10.2 percent are low birth weight with higher rates of low birth weight (20 percent) among babies born in Savaii.

Research has found a direct association between a lack of breastfeeding and malnutrition. WHO and UNICEF, recognising that exclusive breastfeeding for the first six months can decrease infant mortality by 19 percent and prevent malnutrition, especially in low and middle income countries like Sāmoa. These agencies recommend exclusive breastfeeding for the first six month of age, the addition of complementary feeds at six months, and continued breastfeeding until two years. They also recommend the early initiation of breastfeeding with one hour of birth.

Adams and Sio (1996) identified the following six important risk factors for infant malnutrition in Sāmoa; low birth weight, infection (particularly diarrheal and respiratory tract infection), lack of breastfeeding, informal adoption, living in rural Upolu, overcrowding in the homes, and lack of birth spacing. At least two or more of these factors were identified in all the studies so far carried out on infant malnutrition in Sāmoa. A report by the Ministry of Health (2014) connected poor dietary practices, artificial feeding with packaged UHT cow's milk instead of baby formula, as well as other poor nutritional practices. It refers to a study in the town of Apia that found 17 percent of bottle-fed infants were malnourished, compared to only five percent of breast fed infants.

The DHS also provides data to understand the context of infant and young child feeding practices in Sāmoa, including data about breastfeeding rates, initiation and duration of breastfeeding, introduction of complementary feeding. In addition to possible social problems influencing feeding practices, and the prevalence of gastrointestinal morbidity among young children, data presented in the DHS 2014 states that inadequate intakes of micronutrients such as Vitamin A and iron are moderate risk factors for the health of mothers and young children. The incidence of anaemia is of public health significance; with children 0–2 years and pregnant women reported as the most vulnerable groups. Of the malnutrition cases reported in 2006–2010, 51 percent were reported to have anaemia. In addition to the risk of anaemia, children under the age of two remain at risk with infant feeding practices continuing to be a challenge especially in

rural areas. This suggests that dietary change may be a further issue in child malnutrition.

The 2014 DHS found that four percent of children in Sāmoa under five are moderately or severely wasted. In well-nourished populations it would be expected that only 2.3 percent of children would fall below minus 2 standard deviation; therefore even a “low” level of less than five percent wasting may cause for concern in Sāmoa. The most affected age group in Sāmoa is 0-6 months, with nine percent of children moderately wasted and three percent severely wasted. The next age group (6–8 months) is also significantly affected with five percent of children moderately wasted and two percent severely wasted. Children with moderate and severe wasting are more likely to live in a rural area, in particular North West Upolu and Rest of Upolu and come from families in the lowest and second wealth quintiles. Moderate and severe stunting is found to be present in five percent of children aged less than five years of age. Although some stunting is present in very young children, moderate and severe stunting increases substantially in the 9–47 month age range in Sāmoa. Severe stunting is present in three percent of children aged 18–23 months. A correlation was found between stunted children, underweight mothers and very small and small size infants at birth. Stunted children and underweight (low weight-for-age) children are more likely to live in a rural area, with the highest prevalence of moderate and severely stunted children (six percent) in rural Upolu. A higher percentage of children with moderate and severe stunting come from families in the lowest wealth quintile.

The Pacific Child Health Indicator Project (CHIP), a clinician-led project with the primary objective to improve child health in the Pacific initially worked with health services in Sāmoa and Tonga. Comparing estimates regarding of infant and young child feeding practices in Pacific Island countries (citation) the proportion of all children age 6–23 months who receive the recommended variety of foods the minimum number of times a day in Sāmoa (40 percent in 2009) is almost same as in Nauru (38 percent in 2007) and in the Solomon Islands (37 percent in 2007), but higher than in Tuvalu (33 percent in 2007), and lower than in the Marshall Islands (55 percent in 2007). One key finding of the CHIP is the number of child admissions in Sāmoa and Tonga with serious malnutrition. It is reported that every week, at least one child is admitted to the National Hospital in Sāmoa with either Kwashiorkor or Marasmus. A clinical audit of malnutrition cases found associations with lack of breastfeeding, lack of understanding of dietary needs, use of traditional medicine and overcrowding (WHO 2011).

Cases of severe malnutrition are associated with children at the weaning age and the DHS showed that malnutrition is not a widespread problem among pre-schoolers. Of the 1107 children aged less than five years that were surveyed, the

prevalence of low weight for age was only 1.9 percent (95 percent CI: 1.2-3.0); low height for age was 4.2 percent (95 percent CI: 2.8-6.5) and a low weight for height was 4.2 percent (95 percent CI: 2.8-6.5). These low values are within the range expected in a well-nourished population, given the way the criteria were defined. The research stated that, "although there are sporadic cases of malnutrition admitted to the hospital they do not reflect the tip of an iceberg of a widespread public health problem as regards overall under-nutrition and growth. However this situation could change if there was a large change in food supply or eating habits, for example, after a cyclone" (Department of Health Sāmoa 2002). The Yale University Child Health Survey conducted in Sāmoa in July 2015 concluded that the levels of anaemia in the children and mothers were similar to those reported by the DHS 2014, however the research team reported on much higher levels of stunting in the 2–5 year olds surveyed (25.5 percent of boys and 15.8 percent of girls).

### **Social Context**

Although there has been little research on the social context of child malnutrition, an early study (1977) quoted in the UNICEF situation analysis report on Sāmoa (Government of Sāmoa 2006) states that some malnourished children were of mothers who were "nofotane". This term refers to women living with the family of their husband. According to Sāmoan customs wives are expected to render service to their husband's family, especially while they are young. The reference suggests that lack of food in the household was not necessarily the problem but was more likely to be the result of the mother having inadequate time to feed and care for the child whilst catering to other household chores for the extended family. Other anecdotal evidence on social factors is that the common practice of adoption (usually within families) of infants born to single mothers contributes to poor feeding practices. Mixed breast and bottle-feeding is a necessary choice for most working mothers; however the proportion of women who are economically active outside the home is only 27 percent in Sāmoa according to the 2011 Census of Population and Housing.

In general, poor nutrition of both children and adults in Sāmoa is associated with social, economic and dietary change. The national report from Civil Society Organizations (CSOs) on the Millennium Development Goal progress in Sāmoa (Commonwealth Foundation 2013) pointed out that:

*While hunger has not generally been a problem in Sāmoa, with subsistence farming playing a crucial role as a buffer for food security, CSOs believe there are indications in the expenditure patterns of the poorest households that many may be getting inadequate nutrition, with some households switching to cheaper, less nutritious food sources.*

Dietary patterns of Sāmoan children also show a high level of adoption of modern dietary patterns. Over half of 13–15 year olds participating in the Global School Food Survey in 2011 reported consuming soft drink one or more times every day for the 30 days preceding the survey. In 2003, Sāmoan youths aged 6–17 years were eating fewer serves of papaya and green vegetable per week than they were of cake, chips and soda—and in fact reported being more likely than adults to consume energy dense foods like cake and chips, but less likely to consume papaya and vegetables. The Global School Health Survey conducted in 2010, across in Sāmoa for 13–15 year olds found that 43 percent of boys and 59 percent of girls were overweight, of which 16 percent and 22 percent respectively being obese. The 2014 DHS found that overweight children under five years of age in Sāmoa are more likely to live in the Apia Urban Area and to come from families in the highest wealth quintile with more than secondary level of education.

A clear contradiction prevails in the health patterns of Sāmoa. At one extreme people suffer and die from non-communicable diseases (diabetes, cardiovascular and renal disease), once thought to be the diseases only of affluent societies. At the other extreme there are infectious diseases associated with poverty, poor living conditions and lack of hygiene and sanitation (typhoid, diarrhoea, other gastrointestinal diseases and respiratory infections).

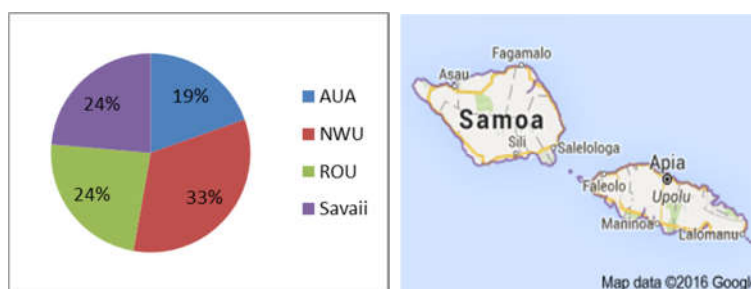
The Government of Sāmoa has enshrined the right to health in the Strategy for the Development of Sāmoa (SDS) 2012–2016. In its vision for an ‘Improved Quality of Life for All’, the government has linked four broad sectors to implement its development strategies. The four broad sectors of Economic, Social Policies, Infrastructure and the Environment have key outcomes that address the right to health. Nutrition is clearly a priority for the Government of Sāmoa and this is reflected in SDS. One of the indicators for the Strategy’s Key Outcome 6 ‘A Healthy Sāmoa’ is ‘to reverse the rising trend in NCDs including obesity’. As reflected in the results of recent surveys, action to improve nutrition, both under and over, is needed. The Health sector has defined the goals and priorities for the period 2008–2018 that will contribute to realizing the vision for a ‘Healthy Sāmoa’ in the Health Sector Plan (HSP) which is directly linked to the SDS under the Social Policies sector. The Sāmoa Health Sector Plan 2008–2018 presents the strategic vision “to regulate and provide quality accountable and sustainable health services through people working in partnership”. In response to the issues of malnutrition, overweight and obesity, the Government of Sāmoa has developed a number of policies, protocols, programs and initiatives including the development of the National Food and Nutrition Policy 2013–2018 with the aim of improving access to safe, affordable, nutritious and sustainable food.

## Research Design

In relation to the issues outlined above, a small research project was designed by staff and post-graduate students of the National University of Sāmoa in 2015. It aimed to review the evidence (summarised above) on infant malnutrition, and to design a small representative survey to examine the extent to which the government's recommended child feeding practices are known, understood and practiced by mothers/caretakers and advised by health workers. The survey applied a knowledge, attitude and practice (KAP) methodology. Nutrition-related KAP studies assess and explore peoples' KAP relating to nutrition, diet, foods and closely related hygiene and health issues. Assessing nutrition-related knowledge, attitudes and practices offers an opportunity to better understand a given situation by providing insights into the social, psychological and behavioural determinants of nutritional status. The use of the KAP survey in relation to this research was to enhance the knowledge, attitude, and practices of specific infant and young child feeding practices in Sāmoa specifically within two target groups: mothers/caretakers of infants and young children, and public health professionals in district health centres.

Site selection was based on a non-probability purposive cluster sampling method. The population of Sāmoa is approximately 180,000 and statistically, the country is divided into four regions (Figure 1), Apia urban area (AUA), North West Upolu (NWU peri-urban and rural), rest of Upolu (ROU rural), and Savaii (rural). Within these regions sample clusters of villages were chosen. The study sites selected covered a total of eight villages from these four different regions in Sāmoa. These comprised two selected urban villages (Lauli'i and Vaimoso villages) representing the Apia urban statistical region; Faleasi'u village representing the 'North West Upolu' statistical region, (Lufilufi, Saanapu, and Poutasi villages representing statistical region 'Rest of Upolu', and; and two villages Puapua and Salailua, representing the Savaii statistical region. Pretesting of KAP survey for caretakers and health centre staff was conducted through the first village and health centre identified for study (Lufilufi village and Lufilufi Health centre).

Figure 1: Statistical Regions of Sāmoa



In each of these locations the team met with the village women's committee from which mothers/care-givers were selected for interview. For each of the villages, the district facility was visited and a survey of public health nurses. Similar methodology was used for understanding the knowledge, attitude and practices of healthcare workers on infant and young child feeding practices. For each of the villages, the district facility was visited and a survey of public health nurses through a semi structured interview was conducted to gather responses.

The survey is based on a semi-quantitative questionnaire with multiple-choice questions. The KAP survey design was developed in English then translated into the Sāmoan language and back into English to ensure accuracy of the questions in the local language. The two main targeted groups: caregivers (mothers and grandmothers or other care-givers) and public health nurses in district health facilities were interviewed using a simple scale questionnaire. This allowed response categories for each of the variables. The research questions of the KAP survey were designed to examine the respondent's knowledge, attitudes and practices. A person's knowledge, attitudes and practices are overarching categories that encompass more complex and subtle psychological and social dynamics, such as their self-confidence and their susceptibility to peer pressure. To identify determinants that will enhance behavioural change or which serve as barriers, the KAP survey methodology should include questions that probe to see which of these determinants influence the respondent's outlook and actions. For example of such a question in the KAP survey was: "What would you do in case your child is losing weight?" The design for this survey used closed-ended questions which had a set of pre-determined coded answers from which the respondent chooses, producing numerical data for analysis.

The pretesting methodology involved a discussion with the Women's Committee members to ensure that questions were relevant and was understood; subsequently some minor changes to the questionnaire were made. The KAP survey was conducted during a one month period from November 9 to 3 December 2015. The required information was collected from every caretaker and health professionals selected by the interviewers. At the end of each research day, the team met in to assess the accuracy and quality of the data collection in every questionnaire. Once the data in the field were collected and all completed questionnaires gathered, the principal researcher (Magbity) entered the data in an excel format together with a member of the research team to ensure accuracy and verify comments made by the interviews in the completed questionnaire.

The research team obtained informed consent through meetings with the women's committees of each village before the individual interviews were conducted. In each village the project team introduced themselves following

Sāmoan protocols and with discussion of the purpose of project team visit. The project team responded to all the questions put forward by village elders on the reason of the research. For example a common question to the team was: “why this village”. The project team explained that the sample selection followed the research methodology and attempted to have villages participating from each statistical region in Sāmoa. In explaining the purpose of the team’s visit guarantees of confidentiality were made by the team to ensure honest responses and complete answers. The team was given food and drinks in each of the villages and following the interviews the visit was celebrated with singing and dancing with the members of the team to thank them for their visit and for taking an interest in their village. Following Sāmoa culture, each respondent was thanked for their participation with a gift of SAT\$20.00 (approximately USD\$8.00).

### **Characteristics of the Sample Surveyed**

**Age:** Out of the total of 102 respondents, around 23 percent are below 29 years. The mean age was between 30–39 years (31 percent). Approximately 24 percent of the respondents were aged above 50 years and were caring for children under five years of age as grandmothers or aunts, as is common in Sāmoan culture.

#### ***Income:***

Poverty rates are assessed as the proportion of the population living on less than \$1.25 a day, measured at 2005 international prices, adjusted for purchasing power parity (PPP). The Sāmoa Human Rights Report of 2015 presents data showing that approximately 20 percent of Sāmoa’s population lives below the basic needs poverty line; the highest proportion of those falling below the basic needs poverty line are found among rural populations, and indicating that approximately one in every five Sāmoans lives in poverty. Of our sample surveyed, more than 56 percent of the respondents live on a monthly income less than SAT \$400.00 per month, which equals approximately USD \$160.00 per month. A further 37 percent of our respondents live on a daily rate of USD \$3.87 per day (less than USD \$120.00 per month or WST \$300.00), which is just above the USD \$1.25 a day poverty line.

#### ***Education:***

Out of 102 respondents, three percent of the caretakers have no education, 10 percent have gone through primary education and the majority, 83 percent completed secondary school education (n=85), and four percent had a university degree.

***Housing:***

A total of 54 out of 102 respondents (53 percent) have a Sāmoan open-sided house built with permanent materials, 15 percent have an open-sided house built from traditional materials (fale o’o), while 31 percent reported to have an enclosed house built with permanent materials.

***Number of children:***

Approximately 52 percent of respondents had more than one child less than five years of age. Of the total of the caretakers, 67 percent have more than two children within the household between 5–18 years and 30 percent have four or more children per household. The mean number of children was three children per household

***Household size:***

Around 53 percent of the caretakers reported to live in a household of nine or more persons and 24 percent live with more than twelve persons.

***Primary occupation:***

Almost 90 percent of the mothers/caregivers were home-makers. Of the fathers/husbands of caregivers, 77 percent were employed of whom 36 percent were farmers while other worked as teachers and security guards.

## **Research Findings**

***Knowledge of best practices for breastfeeding***

Government policy follows WHO and UNICEF recommendations for exclusive breastfeeding for up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. The KAP survey aimed to understand the knowledge of these recommendations and the extent of their practice. Nationally, the Sāmoa Demographic Health Survey of 2014 found that 87.6 percent of infants are breastfed within the first hour of life, and 97 percent within the first 24 hours. 51.3 percent of infants under six months were exclusively breastfed, 6.3 percent of infants below 6 months were not breastfed, 23 percent were fed with a combination of breast milk and food, and 13.7 percent were introduced to other milks and 72.1 percent of children (12–15) months continued breastfeeding.

One of the questions in the KAP survey on exclusive breastfeeding duration was: “How long should you give only breast milk to your child”? Table two shows the generally positive finding on the knowledge of caretakers about exclusive breastfeeding duration.



**Table 2: Exclusive Breastfeeding Duration**

<b>How long should you give only breast milk to your child?</b>	<b>Frequency (n)</b>	<b>Percent (%)</b>
Birth to 1 month	3	3 %
Birth to 2-3 months	9	9 %
Birth to 6 months	50	49%
More than 6 months	40	39%
<b>TOTAL</b>	102	100 %

The majority of caretakers (88 percent) had knowledge about the duration of exclusive breastfeeding and 39 percent stated they breastfed their children up to six months and more. In answer to the question: “when breastfeeding should be started”? Five answer options were provided and the analysis showed that 95 percent of caregivers know that breastfeeding should be initiated within the first hour of birth. More than three quarter of caregivers (75 percent) said that breastfeeding should be given when the baby cries or on demand, which could amount to seven–eight times per day. Another positive finding is that 88 percent (n=90) said they had been taught how to breastfeed. Of this group 75 percent had been taught by a nurse or a doctor and the remaining 25 percent by their mother or other family member.

### ***Complementary feeding***

Somewhat less positive was the result on complementary feeding. In response to the question: “at what age do you introduce complementary food (solid food)” as only 56 percent said it should to start at 6 months of age; 27 percent said it should start earlier than six months (five percent at three months, seven percent at four months and 15 percent at five months) while 15 percent said it should start at seven months of age (Table 3). Common explanations for early supplementary feeding of their babies were that supplementary food “helps the child to grow well” or that “breast milk is not sufficient for the child to grow and be strong”. Only two percent were uncertain about when to start complementary feeding as well as the duration of exclusive breastfeeding.

**Table 3: Introduction of Complementary Food**

<b>At what age do you introduce complementary food?</b>	<b>Frequency (n)</b>	<b>Percent (%)</b>
3 months	5	5%
4 months	7	7 %
5 months	15	15 %
6 months	57	56%
7 months	15	15%
Not sure	2	2%
<b>TOTAL</b>	102	100 %

When asking the caretakers: “What advice did you receive from the health centre about when to start complementary feeding to your baby?” 84 percent reported they had been given the advice to start at six months of age, which is in line with the global recommendation from WHO and UNICEF. However, eight percent of the caretakers reported to have been given the advice to start before six months of age and seven percent reported that it was instructed to start when baby got teeth. The majority of caregivers (77 percent) would continue to breastfeed over six month, 41 percent stated they would continue to breastfeed up to one year, 24 percent up to three years and 12 percent up to four years and more.

Some women had poor knowledge of the recommended frequency of complementary feeding: When asked “How often per day should baby over 6 months have solid food, 28 percent of the caretakers said that they believed it should be given only once per day. This may explain the data reported in the DHS with regards to under nutrition.

More detailed research would be needed to validate the frequency of complementary feeding. This study aimed mainly to review the knowledge, attitude and barriers towards infant and young child feeding and did not conduct nutritional assessment or household visit to observe the quantity provided. It should be noted that the Sāmoa DHS 2014 has more detailed data on the quantity of complementary feeding. In the DHS it is reported that 40 percent of children 6–23 months (breastfed and non-breastfed) from urban residency are being fed at least two times or more, in rural residency this is slightly higher with 49 percent of children been fed at least two times or more.

According to the WHO and UNICEF recommendation of Infant and Young Child Feeding (IYCF) Practices, children aged 6–23 months should receive complementary foods from at least three food groups. In total seven food groups can be distinguished: the first food group contains the milk products consisting of milk products, infant formula, cheese or yoghurt. The second food group contains foods from grains and roots and the third food group should be made of the Vitamin A rich foods such as fruits and vegetables. The fourth group are other fruits and vegetables, fifth are eggs, sixth group are meat, poultry and fish, seventh group legumes and nuts and eight group foods made with oil, fat and/or butter.

According to the 2014 DHS, 63 percent of children aged 6–23 months in Sāmoa received complementary feeding from minimum three or four of these food groups. Data from this study showed that the foods included semi-solid and solid food, such as taro, papaya, banana, pumpkin and soup. The majority of caretakers would prepare these food types for the infant and child. Only three percent would buy baby food from the shop. Table four compares our findings

with the DHS data from 2009 to 2014, which concluded that in both breastfed and non-breastfed children there was a substantial reduction of complementary foods in the critical weaning period (6–23 months), indicating that complementary feeding practices had declined over the past five years.

**Table 4: Comparison DHS and NUS Study on Child Feeding**

Indicator	DHS 2014	NUS Study 2015
Initiate breastfeeding within the first hour of life.	81%	95%
Initiate breastfeeding within the first 24 hours.	98%	95%
Exclusively breastfeeding, infants at 6 months.	70%	39%
Introduction of complementary foods at 6 months of age.	90%	56%
Complementary food and continuation breastfeeding.	90%	77 %

Only 56 percent of caretakers interviewed in this study introduced complementary foods at six months of age and 28 percent of the caretakers said they only gave solid food once a day. The key issues are the timely introduction of solid or semi-solid foods at the age of six months and the gradual increase of consistency, frequency, amount and variety of foods as the child gets older, while maintaining breastfeeding up to two years of age. During the introduction of complementary feeding, children are at high risk of under nutrition. Complementary foods may be of inadequate nutritional quality, or they are given too early or too late, in too small amounts, or not frequently enough. Breastfed children are considered fed in accordance with the minimum standards if they consume at least three food groups and receive foods other than breast milk at least twice per day in the case of children age 6–8 months.

### ***Growth Monitoring***

Only 30 percent (n=31) monitored the growth of their child through regular visit at the health centre. The majority of caregivers (67 percent n=68) said they assess the growth of their child based on their own knowledge. Three respondents said they would ask members of their village Women’s Committee to check that their child has normal growth. When asked: “What would you do if your child is losing weight”, more than 81 percent (n=83) of caretakers stated that they will visit the nurse at the health centre, while 20 percent said they would to visit a traditional healer or both a traditional healer and a nurse.

Hygiene: Most of the respondents said that they knew that hand-washing was a good hygiene practice.

## ***Child Feeding Knowledge and Reported Practices of Healthcare Providers***

### **Characteristics:**

In total six health facilities were part of this study, four in Upolu and two in Savaii. In total 20 healthcare professionals were interviewed and all but one of these was female. 40 percent were aged younger than 39 years; 10 percent (n=2) were aged 18–29 years and 30 percent (n=6) were aged 30–39 years of age. The majority, 60 percent (n=12) were aged 40 years and upwards, one being aged over 70 years of age.

All of the 20 healthcare providers interviewed were nurses and of these there were 10 qualified as midwives, five as registered nurses, three as enrolled nurses and two as auxiliary nurses. In terms of educational background, 65 percent had tertiary education (n=13) and 35 percent (n=7) had secondary education. The median period of service among these the nurses was from 16–20 years; most of them had worked already 11–15 years at the same location, so they knew their communities well.

The nurses reported that they saw most children aged between 0–24 months of age living in their area of responsibility. These age groups are the most commonly presented in the health facility or during their outreach in the villages. The most common diseases noted within these age groups were respiratory illness and diarrhoea. Feeding issues reported were inappropriate feeding practices such as giving young children in this age group ‘junk food’, lack of knowledge by the mother with regard to healthy foods, bottle feeding, teenage pregnancy, and late attendance at the MCH clinic. Some noted that there was increased frequency of malnutrition cases during the rainy season.

All nurses said they provided nutrition education to caretakers, especially to prenatal women and mothers, with 75 percent reporting that they provided nutrition training for mothers once a week at their health facility. The topics covered during their nutrition education sessions were reported to be on breastfeeding, healthy diet, hygiene and training on antenatal care, and the prevention and management of child malnutrition. The barriers reported by the health care providers in terms of providing education to caretakers in nutrition were lack of teaching resources, certain cultural and traditional issues, and lack of time to speak with patients.

Knowledge, attitude and reported practices: The health workers all demonstrated a good knowledge and attitude on infant feeding. Breastfeeding advice was the subject that nurses considered to be of the highest value for promoting infant and young child feeding practices. This scored as the most relevant information, followed by growth monitoring according to the WHO growth curves to spot underweight or overweight in children. All 20 healthcare

providers said they used growth charts in the child health book in their every day job. All 20 respondents scored correctly on the question: 'When breastfeeding should be started'; all of them stated within the first hour after birth. The same success was measured when asking how long exclusive breastfeeding should be continued; all 20 respondents stated it should be continued for at least 6 months of age. When asking the reason of why they believe exclusive breastfeeding is important, 55 percent (n=11) stated that it protects the infant from infection, 20 percent (n=4) said that breast milk is the ideal food for infant and the rest stated it will help the infant to grow properly.

When asking how long they believe breastfeeding should continue, 75 percent (n=15) stated at least for 2 years but also other options were given such as 5 years and upwards, until the child refuses or up to 3–4 years. When the infant is sick, 45 percent (n=9) advised mothers to continue with breastfeeding, or increase liquid intake for the infant. 60 percent (n=12) said they advised pregnant women to eat more food; to “eat for two” (although increased calorie intake is only recommended during last trimester of pregnancy). All the respondents showed correct knowledge regarding infant and young child feeding that complementary feeding should be introduced at six months of age. The majority, 90 percent (n=18) said they would advise mothers to continue with breastfeeding after introduction of complementary feeding at six months of age and after.

The majority of the respondents 85 percent (n=17), said that they believed that most cases of malnutrition result from the mothers lack of knowledge, also insufficient breast feeding and complementary feeding. All respondents said they gave specific recommendation on the quality of complementary feeding for infants over six months of age. Examples given were bottle feeding, mashed vegetables mixed with meat or fish to feed the baby to ensure they have a variety of nutrient intake. Around 60 percent (n=12) said they would briefly advise caregivers on the types and ways to prepare complementary foods. Some of them said they would use the opportunity to provide this advice during the child immunization and antenatal visits.

The nurses all said that they had seen a number of malnutrition cases, around 20 cases per year, and that most were referred to the hospital; however they said that follow up of these cases in the community was challenging. Giving infants un-boiled water was regarded as a main cause of diarrhoea and well as lack of hygiene contributing to other health problems. Forty percent (n=8) stated that adoption and the absence of the birth mother to breastfeed was an issue, 25 percent (n=5) believed the cause was inadequate feeding, and 35 percent believed this was a combination of the above. The majority report poor growth as one of the sign for malnutrition but other signs reported were when the child

is not reacting or is visibly tired. In cases of malnourished children presenting at the health facility, 95 percent (n=19) said they would provide in-facility treatment with oral rehydration support. Only one respondent said she would follow the malnutrition protocol and introduce F75 feeding for rehydration and for severe acute malnutrition F100 for six days and then F75 for 1–6 days or coconut water.

When asking what could prevent malnutrition, 55 percent (n=11) stated exclusive breastfeeding for six months. Others mention the need for more frequent infant feeding by caretakers, for better follow-up with the community, and for more health talks on the television and radio. Other measures suggested were to hold mobile health clinics to the community, and for the community themselves to take a role to encourage better health practices. With regard to the social context of the child malnutrition cases they had seen, respondents mentioned the family's poor living environment, teenage pregnancy, adoption, and lack of breastfeeding. Traditional or religious beliefs were reported as key barriers for treatment of early signs of malnutrition, as well as lack of awareness, teenage pregnancy, and inappropriate advice from traditional healers.

### **Conclusions**

Although this study only draws on a small sample, it covered villages in four regions of the country and found no significant regional difference in the knowledge, attitude and practice of those surveyed. The findings are generally positive. Public health nurses understood and professed to practice the recommendations that are endorsed by the government and by international agencies on the best practices for feeding infants and young children. However it was evident that they need more training and supply of resources to treat malnourished infants.

Mothers and other care givers generally had a good understanding of the positive benefits of breastfeeding immediately after giving birth and for the first six months, although some needed this message to be reinforced so they fully understood why this is important. However there was a very evident need to improve their understanding was in relation to the introduction of solid foods, the ideal food to be given, and the need for more frequent feeding. Almost one third of those surveyed needed to learn more to improve their understanding of how best to nourish an infant by feeding small amounts at least twice a day and increasing the feedings until the child is two years old. More research is needed to identify why caretakers have not followed recommended practices and how to change behaviour. Further, more than half did not take their child to the health centre for growth monitoring where they could receive guidance on feeding their child.

The fact that there is no systematic outreach for mothers of children under 12 months, and especially for caregivers who are not the biological mother of the child they are caring for is a concern and indicates an area in which maternal and children health care services could be strengthened. Until the 1980s in Sāmoa monthly village maternal and child Health (MCH) clinics were attended by the district public health nurses in meeting houses organised by the village women's committee. These organisations had authority in local governance matters related to community health, which was delegated to them by the village council and could fine the families of mothers who failed to bring their children for monthly health checks or to immunization clinics (Schoeffel 2016). Our research findings suggest that there is a case for the re-introduction of this village-based service. The findings also suggest the need for further research on traditional beliefs related to infant feeding and on the potential for educating traditional healers on best practices.

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## Expressive Arts as a Therapeutic Intervention: A Sāmoan Case Study.

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### Abstract

*Expressive arts have been used for therapeutic purposes for centuries and today therapists use the arts to heal a range of recognised psychological problems. Many of the current commentaries and research reports have been concerned with children and adolescents who have been traumatised. However, there is minimal robust research and investigations of the efficacy of impacts and detailed descriptions of programmes are needed. In this case study a Sāmoan 'art as therapy' programme is briefly outlined describing the activities developed in a school district. It was designed to assist 177 children traumatised by a tsunami in 2009. Another purpose of this study was to identify the outputs of the expressive arts programme and the students' responses to the intervention. Using different modes of the arts, the children displayed their sorrow, disbelief and anguish at first and then, as the programme developed, a noticeable improvement in mood was detected. Most of the children indicated that it was a useful programme for them and sought additional similar experiences. The implications, recommendations and limits of the research are discussed.*

**Keywords:** expressive arts, therapy, trauma, tsunami

### Introduction

Engaging in expressive art activities has been recognized for centuries as having therapeutic value. Using arts as an adjunct to psychological and psychiatric treatment grew in the 19th Century culminating in the development of a formalized discipline in the next Century with formal training of art therapists. Accordingly, there is now considerable literature about the positive contributions of the arts to the mental health of children (and increasingly adults). Indeed, there are many reports of how the arts have been specifically employed to promote healing in a range of psychological problems including the effects of physical illness, behavioural problems and psychological trauma associated with natural disasters, abuse, accident, war and domestic violence. Nevertheless, more studies are needed to ascertain the efficacy of interventions, how they work and the nature of their application. In this evaluation study, a therapeutic expressive arts programme is detailed and its outcomes outlined for the traumatised children.

### Literature Review

There is a range of expressive arts disciplines. The expressive arts (alternatively known as the creative arts) include visual art, music, dance/movement, drama, poetry, creative story writing, bibliotherapy and play (Malchiodi 2014). Although

excluding music, the following definition provides a succinct account of the therapeutic process;

*[Expressive therapies].... are a form of psychotherapy that uses creative modalities, including visual art-making, drama, and dance/movement to improve and inform physical, mental and emotional well-being. Arts therapy works by accessing imagination and creativity, which can generate new models of living, and contribute towards the development of a more integrated sense of self, with increased self-awareness and acceptance (ANZATA 2012).*

An expressive arts therapist uses these modes of expression and integrates them with a psychological therapy to create a unique intervention for a client. This may occur over a period of time and vary in nature but typically includes a warm-up activity, goal setting and investigation of the issues via the expressive arts. For example, the therapist may ask the client to draw a picture of the idea and create a story about it rather than discuss it in detail. The therapist and client then interact about this drawing to facilitate meaning, understanding and resolution.

Malchiodi (2005) makes the point that expressive art therapies can have a unique dimension, sometimes not located in traditional psychotherapy. She states they often promote a speedier self-exploration more than verbal expression which may be constrained. Secondly, they are action oriented and the doing, making and creating energizing the client to move forward. Another quality is the prominence of an individual's imagination which can consider the past and future and hence is an important reflection tool. Furthermore, expressive arts can facilitate improved psychosomatic responses for example; traumatic stress can be alleviated by releasing the stored memories via the arts leading to a healthier somatic response. As Malchiodi states these benefits create a healing uniqueness and can effectively complement traditional psychotherapy.

An important issue relates to the nature of the arts interventions. Essentially, the question revolves around the role of the expressive arts as a formal therapeutic intervention versus its value in itself to heal. Although some argue for the primacy of therapeutic intent, it is mostly agreed by experts that arts alone have capacity to heal. For example, Malchiodi (2013) refers to a continuum of practice—'art as therapy' and 'art therapy'. She noted that 'art as therapy' embodies the idea that art making is, in and of itself, therapeutic and that the creative process is a growth-producing experience. The Editor of *Art Therapy* (2008), in commenting upon the difference between art and art therapy, advances Malchiodi approach in stating;

*From my perspective, therapy is better defined by the individual. If walking around a park helps you relieve tension, that's therapy. If painting is a remedial or rehabilitative process for you, it's therapy...more specifically, it's art therapy. Any act or hobby that is curative or healing in some way would be considered therapy. If that act or hobby is art, then that is art therapy.*

Central to the idea of arts being healing is the creative process but is it also related to the facilitator relationship or is it this and the therapist interpretation and leading role that helps the client to help solve the issues? One means of understanding this difference is to consider the analogous situation of counselling. Roger's (1986) humanistic client-centered approach is based on the notion that the conditions for psychological growth are made available for the client to enable healing whereas other counselling approaches endorse this but also indicate the lead role and action strategies implemented by the counsellor as being significant. Jones-Smith (2014) indicates that both approaches can be effective. Likewise, in both of the arts approaches, it would appear that the creative activity along with a facilitative role are important (Malchiodi 2013).

A number of commentaries have discussed the use of the arts as therapy and art therapy to assist healing. These reports have mostly considered children and adolescents and a range of these is discussed in this section. In a historical account, spanning a period of almost 200 years, Frost (2005) charted how children had coped and had developed fortitude in very adverse situations (such as the holocaust) by being engaged in activities involving play, work and the creative arts. In a more specific applied sense, a number of other sources have provided accounts of how the arts can be used purposefully. For example, Carey (2006) provided a comprehensive overview of how various well-designed programmes have contributed to the psychological well-being of young people who have been traumatised. Furthermore, in a survey of the research on classroom-based programmes, Beauregard (2014) outlined the usefulness of expressive arts for those who had experienced either conflict in their country, natural disasters, severe economic disadvantage or refugee turmoil. A 4 week arts therapy programme in a school in Sri Lanka to help children overcome the impact of the widespread 2004 Asian tsunami was outlined by Chilcote (2007) as an effective approach. Similarly, in a Polynesian context, Latai and Taavao (2012) detailed how the school context was used as the centre of the community to develop a programme assisting children in Sāmoa to manage the suffering that followed a tsunami in 2009. All of these accounts are indicative of a growing literature on the value of expressive arts for healing and many are accompanied by recommendations for further development. Under-pinning all these studies however is the importance detailed to cultural, ethical and spiritual aspects in the recovery programmes (Varghese 2010).

Although the literature is growing, there are not only calls for more research but also additional information about the specific characteristics of the programs and how they are implemented. van Westrhenen and Fritz (2014) have concluded in an exhaustive survey of the research that methodological issues have prevented it being viewed as an equally effective approach to other psychotherapies. Machiodi (2005) acknowledges this and indicated the need for

wide ranging research and investigations into the efficacy of the use of arts to heal. The development of quantitative approaches are needed however to balance the emphasis upon the qualitative (Leavy 2015). In the following case study, a programme to help children overcome the trauma associated with a tsunami is outlined and the associated research was designed to assess the efficacy and value of the program. It considers an expressive arts program in a cultural context outlines programme specifics and reports on qualitative and quantitative data outcomes.

### **A Sāmoan Case Study: The Moving On Art as Therapy Program**

#### ***Background***

In 2009 Sāmoa was struck by an earthquake of more than 8.3 on the Richter scale and the entire southern side of the island of Upolu was overwhelmed by a tsunami wave. The devastation resulted in 143 lives being lost. One aspect of particular concern was the impact upon the children who witnessed and experienced these events. Therefore, the Moving On: Art as Therapy Program was developed in 2010 to facilitate the healing process for the children of the Aleipata district and six workshops were conducted over a period of six months. It was understood that the programme would provide an opportunity for the children and the community to improve their emotional well-being and stress levels via a self-exploration of the events and aftermath. Furthermore, it provided an opportunity for the development of a contextually-driven model for helping in times of disaster and would also add to the existing international literature. One of the authors, Leua Latai, Senior Lecturer for Visual Arts at the National University of Sāmoa, designed and developed the research programme and led the implementation of it. The school community and the Ministry of Education, Sport and Culture whole-heartedly supported the programme and this provided the implementer an added incentive to develop a local programme of support. The research component of the programme was also developed by Dr Lex McDonald (Victoria, University of Wellington, New Zealand) a child psychologist of experience of many years.

The programme was conducted at three sites—Satitōa and Lalomanu Primary Schools and Aleipata Secondary School. Most of the children at the 3 sites were either at school or on their way to school when the tsunami arrived. The art activities consisted of creative movement to music, drawing and painting, creative story writing and puppetry drama.

The programme consisted of the following components:

1. Warm up: greeting, welcoming and movement to music activities. Laughter and noise was encouraged but wind down closure involved relaxing to soft

classical music.

2. Sharing mood sessions: students were asked to share how they felt at the time (eg., sad, happy)
3. Art as therapy activity: creative writing (poetry and story writing), painting and drawing to music and drama (puppetry) to capture their mood particularly with regard to upsetting concerns.
4. Warm down: After the art activities students were asked to talk about their artwork (thoughts and feelings) which were then displayed on the classroom walls.

A significant part of the program was the sharing and reflection of the student creations with other students and the facilitators, and a community exhibition of artworks and story books. Data relating to the paintings, drawings, creative stories and poetry was collected during the art as therapy activities.

### ***Methodology***

This research utilised a mixed qualitative and quantitative design but with an emphasis on qualitative data. The emphasis upon the qualitative research approach was important because it was the specific and unique feelings, emotions and expressed responses of the participants that were being sought. Quantitative data was an additional aspect designed to support and align with the qualitative aspects as well as provide a simple measure of the relative value of the programme to the participants.

The participants of the study were the 177 children and young adults (ranging from 5 to 18 years) who were affected by the tsunami. Some data was also collected from the parents who collaborated with the children. The facilitator was the Senior Lecturer for Visual Arts from the local university and supported by the principals and school teachers from the community.

The products collected included drawings, paintings, creative stories and poetry. These were then photographed and displayed and sessions were recorded on video. Structured interviews were also undertaken with the children and data concerning the overall impressions of the programme was collected. Firstly, there were large group interviews (approximately 15 children) led by the programme coordinator, and this was followed by small group interviews (five–six children) whereby children were interviewed individually to expand on the identified issues. These group sessions not only provided access to data but also became a means of peer support.

A simplified thematic analysis (refer to Miles, Huberman and Saldana 2010) was used to analyse the data. This approach was used to capture dense data—the insights, responses resulted in rich data most useful for assessing the impact

of an exploratory programme. All the obtained data (drawings, paintings, written work and interviews) were gathered and both researchers jointly allocated codes to the artefacts. These codes were then grouped into patterns/categories and on interpretation of these, the themes were detected. To ensure consistency, the process was repeated some weeks later but no significant differences were noted. A theme was identified by examining the codes and patterns and if there was a durable repetitiveness of ideas represented in any and across the different genres then a theme was recognised. Furthermore, information collected from the sharing sessions and interviews was detailed as narratives and percentages of responses were used to analyse the data obtained from the interviews.

The trustworthiness of the qualitative data was ensured by the range of student responses, the gathering of student artefacts, a colleague evaluating the data and the fidelity of the overall research process plan.

Ethics approval for the study was obtained from the National University of Sāmoa Ethics Committee.

### ***Findings***

This research was undertaken to identify the outcomes of The Moving on Art as Therapy Program which was designed to enable the children to express their feelings following the experience of the tsunami. The programme enabled the children to share their thoughts, fears, sorrows, grief, hopes, and the need for rebuilding and the expectation for moving to a better life. The results, as indicated below, revealed that the programme was a useful vehicle to provide for expression of feelings and communication (the key purposes of a therapeutic arts programme).

### ***Observations***

During the programme implementation, the children's (and others) feelings and behaviour provided insight into the emotional impacts. Many responses of the children, teachers and parents were documented on video and although these recordings were not planned to be part of the programme, they added further meaning and corroborative evidence of what was occurring in the programme implementation. It was observed for example the stress impacts on the children—several of them developed diurnal enuresis which persisted for several months. Furthermore, often it was recorded that the children, teachers and parents wept as they voluntarily shared their stories which frequently resulted in a close emotional bonding and support.

Although the programme was designed to facilitate the children's responses, many of the adults (parents, teachers, and other community members) personally engaged and benefitted from it. For example, some parents

participated in the book project and discussed their feelings and emotions and when the art was displayed one evening there was overwhelming support of the parents and other community members. It was observed that parents solemnly viewed and commented emotionally on their children's art.

Some parents sobbed as they stood quietly viewing the children's work, uninterested in the food that was provided. One commented, "I was not aware that our children were consumed with these vivid memories". When stories were read by the children there was silence and physical comforting (e.g., hugging, cuddling, holding and touching each other) as well as verbal support whilst the teachers and parents, consoled and comforted each other as well.

Furthermore, it was observed that some of the children had strong emotional responses. For example, one Year five student drew a picture of the tsunami and its effects, then bent and kissed it acknowledging the human figure in the drawing. His peers looked on quietly.

After several weeks of sharing sessions, it was evident that a closeness amongst the children, research team, teachers and parents had developed. Furthermore, many of the children not involved developed a curiosity, peering through the windows of the room indicating that they wanted to participate. (The programme targeted a group of 10 students from each grade but due to the overwhelming interest of other students it was opened up to all).

### ***Expressions via Drawings, Paintings and Written Work***

The children were encouraged to share their thoughts and feelings via drawings, paintings and written accounts and many of these responses were further explored when the interviews and other interactions with the children, teachers and parents occurred. It was designed to facilitate emotional responses and this was achieved—a range of emotions and thoughts were revealed. In the analysis a number of themes were detected—death, fear, destruction, heroes, spirituality and moving forward, the most powerful and evocative being concerns with death and fear of the tsunami.

#### **Theme 1: Death**

Many of the children indicated a pre-occupation with death and dying and this was depicted in their drawings, paintings and writings. One secondary student commented:

*I didn't care about anything I ran as fast as I could towards the mountains distraught hearing the cries of people dying and feeling helpless as there was nothing I could do. I kept running and crying ..... death was upon us.*

Verbal and written accounts of the wave included descriptions of it as the arrival of death. For example, one student from Aleipata stated "I stood there

and looked at the arrival of death. The wave soaring over me like a massive giant God's wrath didn't have any boundaries of whom to take". Another student in her story book wrote "For about thirty minutes I floated around hanging on to a large piece of wood, when I heard a voice crying out 'I want to live'. I felt helpless for there was nothing I could do". One other student drew the tsunami and described his pleas: "It looked like a fierce animal. I saw people of my village running and screaming. Please God I don't want to die. I murmured to myself, God protect us, remain faith in us."

Some children reported seeing naked corpses strewn around their community and a number of them indicated the stench of death. A Year nine student described the corpses: "I witnessed the death of the elderly and young. Their mouths and faces were covered with mud and dirt .....were bloated and swollen from swallowing seawater and started to smell."

Other children discussed death and in their aiga and the destruction it brought. The drawings portrayed decapitated bodies, naked corpses, coffins and destruction of their village. For example, in figure 1 a drawing by a Year 10 student depicts a victim a member of his aiga drowning which he witnessed.

**Figure 1: Drawing by a Year 10 student. Aleipata, 2010.**



## **Theme 2: Fear**

Associated with death concerns many children indicated the fear of the "aitu," (monster wave), its impact and the likelihood of return. The following drawing in Figure 2 by a Year one student depicts the huge face of the aitu. The descriptions and depictions of the tsunami wave were variously termed aitu, temoni (demon), monster, sauai (giant), a man, manu feai (wild beast), uliuli e pei o se malala



(black as charcoal), foliga e pei o se temoni (features like a demon), foliga saua (expressions of fuming rage), blood wave (galutoto) and wave of wrath.

**Figure 2: Year 1 student depiction of the tsunami. Aleipata, 2010.**



**Figure 3: Year 9 student depiction of the tsunami wave. Aleipata, 2010.**



In the verbal accounts and representations by the participants it was noted that the younger children referred mostly to the tsunami as a monster, whereas the older children discussed the wave in terms of the destruction and damage as in figure 3. To some of the children and parents the cause of the tsunami was rationalized as a consequence of the wrath of God for the desecration of their land due to change and modernization. For example, in the following excerpts some students' poetry from students at the secondary school indicated the wrath of God and the consequences of not abiding God's law. A Year 10 student wrote;

#### **God's wrath**

*"I have witnessed God's wrath  
It is Gods will and wisdom."*

Another student stated:

*"Sāmoa, Behold  
Prepare for the day of reckoning  
Honour the Sabbath."*

A number of drawings, paintings and stories were about the attempts to escape the tsunami. One student wrote about his experience and fear of the tsunami as a horrifically saddening experience;

*The tidal wave wiped out the entire district and it was as high as a mountain and like a man. It uprooted the trees and destroyed the houses even the churches. It was a sad time and dark morning and sorrowful one because many people were killed and injured.*

Figures 4, 5 and 6 are illustrations of these fears that were expressed by the students.

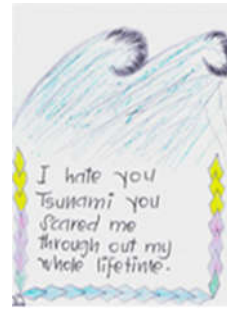
**Figure 4: Illustrations of fear depicted by Year 9 student. Aleipata, 2010.**



**Figure 5: Illustration of fear, running away from the tsunami by Year 9 student. Aleipata, 2010.**



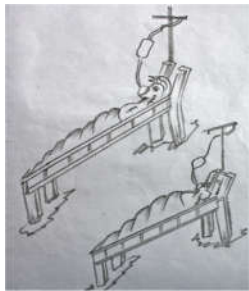
**Figure 6: Depiction of feelings about the tsunami, Year 10 student. Aleipata, 2010.**



In the group interviews there was also constant references to fear of death. A Year nine student stated: “When I saw the wave I ran as fast as I could with fear with my younger brother following .....racing towards the mountains. The only sounds we heard were those of the dying”.

Understandably, drawings and paintings of fear and death dominated the first weeks of the programme. A number of the children drew images of dead people and some sketched the hospital with the wounded as (depicted below in figures 7 and 8). In figure 9 another student illustrated rows of coffins for his villagers with the Red-Cross symbol attached. However, as the programme continued the horrific images began to subside and the art focused on what was currently happening in their environment.

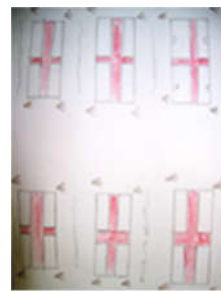
**Figure 7: Victims of the tsunami illustration by Year 8 student. Aleipata, 2010.**



**Figure 8: The wounded and dead of the tsunami disaster, illustration by Year 9 student. Aleipata, 2011.**



**Figure 9: Coffins of the tsunami victims, depiction by Year 8 student. Aleipata, 2010.**



### **Theme 3: Environmental Destruction**

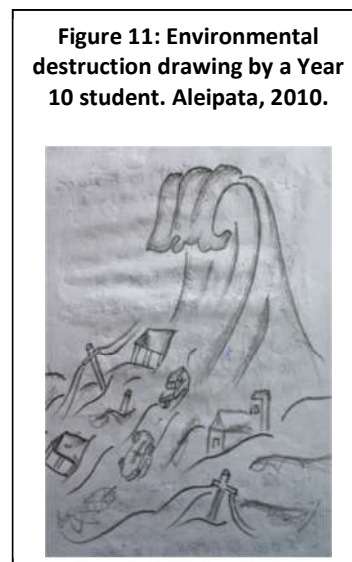
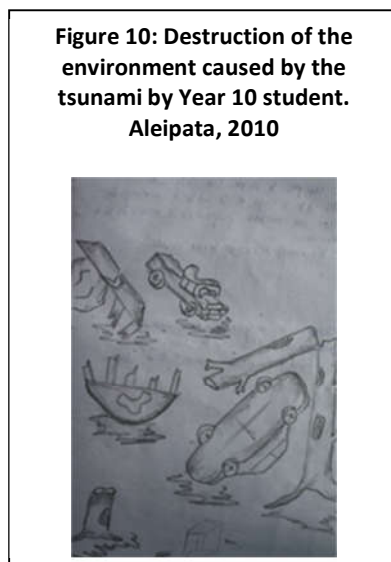
A third theme that arose was the awareness of the environmental destruction. Extensive damage was caused to the landscape, crops, churches, and school buildings, and this was documented by the children. A student from the Secondary school described the following;

*We witnessed the entire depletion of our village. People's homes were torn apart, cars were thrown everywhere and people's personal belongings were scattered all over. The number of dead corpses was staggering and we witnessed bodies piling up. We live up in the mountains now and refuse to go back to the coastal area where we once lived.*

A student observation of the wave's destruction in her poem "O le Galulolo" (The Tsunami), described how, in one minute, the wave had destroyed homes, houses and church buildings.

*"These one minute visits  
Were horrific acts  
Brick houses, church buildings and two storey homes  
Graves and tombs were uprooted  
Tourist sites were desecrated."*

The following illustrations depict the destruction of the environment as understood by the children (refer Figures 10 and 11).



### **Theme 4: Heroes and Support**

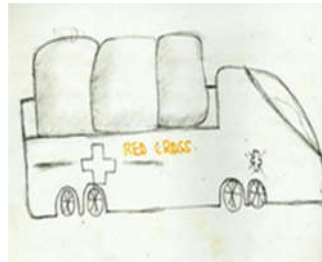
Immediately after the tsunami, support arrived and the children acknowledged this in their art. Support of the local community, agencies, government and international groups and other nations arrived quickly and for many students these people were seen as heroes, saviours and god's servants. For example, in figure 12 a student wrote:

*This is the truck, the Red Cross truck and the tank, we are very lucky to have a water tank, without the water tank we wouldn't be able to survive. We have everything now, cups, bowls, spoons, forks, and clothing. I would like to thank those who have come to help us because of the tsunami and to Gods servants for all these gifts.*

**Figure 12: Soldier hero who assisted, drawn by a Year 3 student. Aleipata, 2010.**



**Figure 13: Red Cross truck bringing in aid, illustration by Year 9 student. Aleipata, 2010.**



Some of the children of Satitōa Primary School drew pictures of the New Zealand Air Force helicopters and a Year 2 Satitōa Primary student discussed his picture about the soldier hero who helped his family (figure 12).

### **Theme 5: Importance of Spirituality**

Another discernible theme was the importance of spirituality. The tsunami was interpreted alongside the people's strong commitment to Christian beliefs and also there was an intermingling of significant cultural beliefs tied to the "va tapuia," (sacredness) of their land. Sāmoa is built on a foundation of belief in God and this has significance for daily living and for managing understanding about untoward events. In times of crisis therefore, there is a seeking of solace and comfort that can be gained from Christianity and for many this support was invaluable in dealing with the tsunami. It was stated by some that the *va tapuia* was broken when the community permitted modernisation and the tsunami was a consequence. A student from Aleipata Secondary School wrote: "God gives and takes. Let us not take the tsunami lightly. To my village and family let us try to attend church and repent so we may receive God's blessings three fold."

Others made drawings in their storybooks and comments in the sharing sessions relating to spiritual issues. For example, in figure 14, a painting by a five-year-old girl from Satitōa Primary School portrayed the rainbow symbolizing heaven. The two rectangular shapes outlined in pink with two female stick figures were the coffins of her relatives and she went on to describe how happy she was

that her aunt was safe in heaven. In figure 15 below, a Satitōa student illustrated the Ten Commandments.

**Figure 14: Heaven illustrated by 5 year old student. Aleipata, 2010.**



**Figure 15: A Year 6 student illustrates the Bible. Aleipata, 2010.**



#### **Theme 6: Moving Forward**

After several months, it was noted that the responses of the children, teachers, and parents began to consider the future, thinking about rebuilding and reconstruction. This was a force that promoted resilience and energised people to promote development and regain stability.

The sorrow and grief however was to some extent a necessary phase because it foreshadowed the beginnings of hope, rebuilding and moving forward. Hope was depicted in the work of the children—they were beginning to accept what was happening. Others indicated the positive effects of personal growth, social support and coping. The hope for these children had numerous meanings however—for example, drawings of peaceful landscapes, pictures displayed super heroes, red-cross, aid programs, helicopters, planes and daily necessities of food, clothing and reconstruction work. It was a movement towards the future a rebuilding mentally and physically. The artworks depicted an increase of hope focusing on the more optimistic in contrast with earlier works—there were several painting documenting an increased quality of life.

A Year 9 student from the secondary school wrote:

*If you look at our village now everyone has everything in their homes ..... houses are built electricity restored and installed to our new location.....Some of the houses that were destroyed by the tsunami are now been rebuilt. The only sad part is that no one lives where we used to live ..... where our village used to be. In the mornings at six everyone heads down to where our old village used to be and see them return at four in the evening for supper. In the evenings there are volley ball games and the young and old hang out in the evenings”.*

The images the children drew in the latter months focused on rebuilding and the reconstructing of their environment. For example, in figure 16 below a Satitōa student painted Namu'a Island without the ravages caused by the tsunami. The island was back to normal—he painted Namu'a Island with green trees, beach *fales* where they were before the tsunami and kayaks, canoes, birds and fish in the water.

**Figure 16: Namua Island without the ravages of the tsunami. Illustration by a Year 6 student. Aleipata, 2010.**



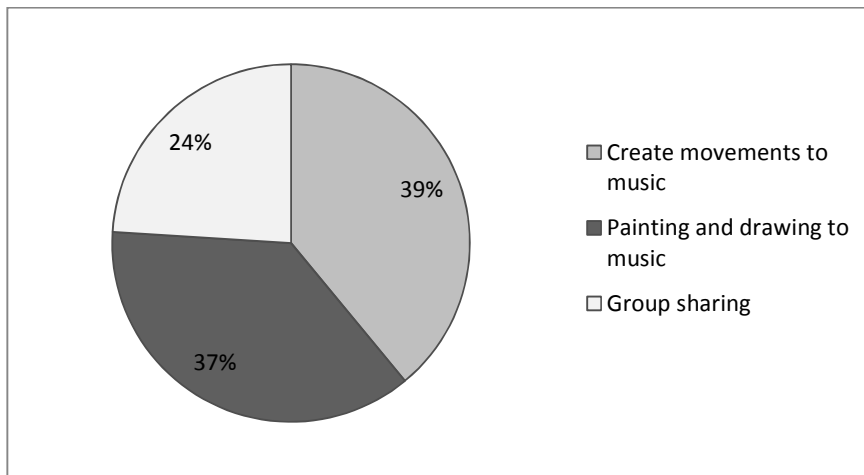
### ***Structured Group Interviews***

The group interviews were designed to evaluate the children's responses to the intervention. A simple analysis of the quantitative data considered the overall impressions, favourite activities, coping strategies, helpfulness of the programme and areas for improvement. Overall, the programme was regarded very favourably and considered most useful. Table 1 summarises these findings.

**Table 1: Percentage Responses from the Interview**

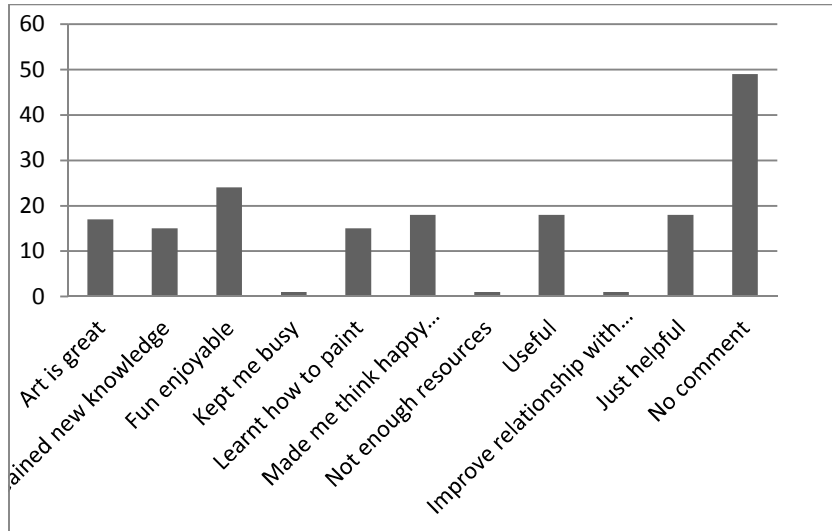
Question Item	% (117 participants)
Did you enjoy creative movement to music activities?	39
Did you enjoy painting and drawing?	37
Did you enjoy the sharing sessions?	24
Did the programme help you forget sad and painful memories?	89
Did the programme suit you and no need for change?	44
Overall, were the activities meaningful?	90
(Emotional) Difficulties – painting and drawing the tsunami	33
(Emotional) Difficulties – writing and drawing about the tsunami	4
Would you like the programme to continue?	53
Would you like art as a subject at your school?	35
Would you like the art therapy programme to continue for you?	24
Would you like programme to be made available for others?	18

**Favourite Art Therapy Activities**



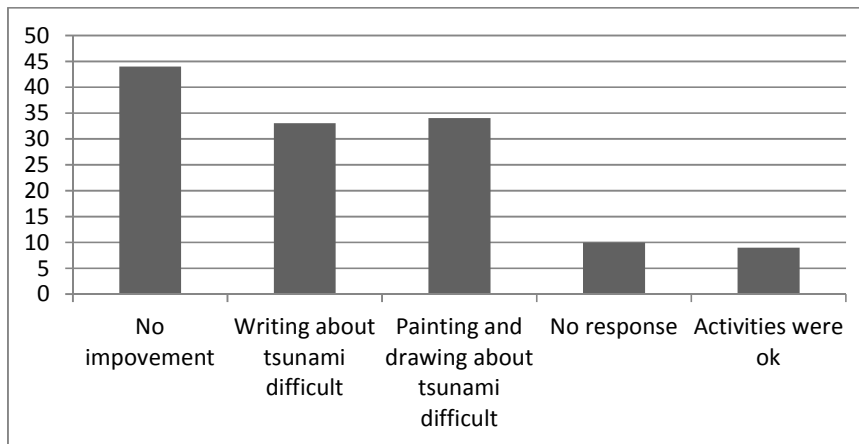
The favourite Art Therapy Activity the children enjoyed the most was the Creative Movements to Music 39 percent, Painting and Drawing 37 percent and Group Sharing 24 percent. Other art therapy activities included puppetry, poetry and book making.

### Was the Art Therapy Programme Helpful?



This graph illustrates the participant's response to the Art Therapy Intervention. They were asked whether they found the art therapy program useful. 24 percent said the activities were fun and enjoyable, 18 percent found the projects useful, allowed them to think and feel happy thoughts for a moment and 49 percent did not comment.

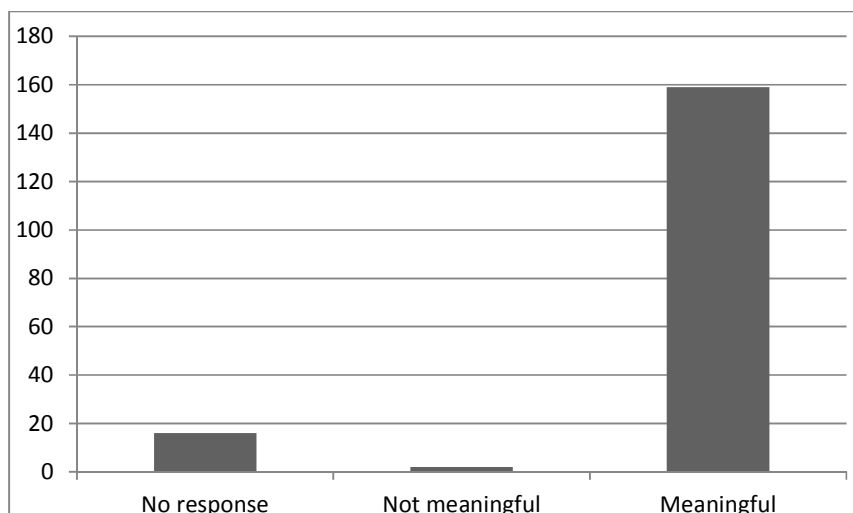
### Areas of Improvement



The participants were asked if the Moving on Art Therapy Program needed improvement. 44 percent said they liked the program as is and it needed no improvement, 33 percent found writing about the tsunami difficult, 34 percent said that painting and drawing about their tsunami experience difficult, 10 percent didn't respond and nine percent thought the activities were ok.



Were the Art Therapy Projects 'meaningful'?



159 participants found the Art Therapy Projects meaningful.

One of the features of these findings was that none of the children had art as a subject in their curriculum—the novelty of the activities may have resulted in the positive responses to the programme. However, the trends were evident and it appeared that the programme had served its purpose—and only a few wanted to continue to discuss the tsunami.

The favoured art therapy activities included painting and drawing, creative movements to music and group sharing sessions. It was indicated by 39 percent of the participants that they enjoyed the creative movements to music, 37 percent liked the painting and drawing and 24 percent noted the importance of the sharing sessions. In response to how the art therapy program helped, 89 percent replied that the activities helped them forget painful and sad memories as well as it keeping them physically and mentally alive it focused them on happier thoughts. Some indicated they had never engaged in such activities before and had learnt new skills (i.e., drawing and painting), as well as developing new knowledge useful for their future. When asked if the activities were meaningful, 90 percent responded that they found it so. The programme suited 44 percent (with no need for improvement) whilst, 33 percent indicated painting and drawing about the tsunami was difficult, 32 percent found the painting and drawing challenging and four percent found thought that writing and drawing about the tsunami was difficult. Some commented on the need for more time to complete tasks while a few others found it a struggle to understand the English language. Over half of the participants (53 percent) stated that they would like the program to continue, 35 percent wanted art to be introduced as a subject and wanted an art teacher at their school, 24 percent expressed specific interest in art as therapy programme continuance and 18 percent recommended the

program to be continued to create opportunities for other children. On the other hand, two percent didn't want discussions on tsunami to be included as a topic again although conversely two percent felt the programme should continue to remind them of the tsunami and to heal their pains.

This quantitative data, although not directly measuring outcomes in terms of healing, provided a generally positive account of the programme and it can be interpreted that the activities promoted positive opportunities for the participants' expressions. Some encountered difficulties with the specifics of the programme however, although it was difficult to assess whether this was because of the nature of the topic or the modes of expression.

### **Summary**

Observations relating to the children, parents and teachers' responses to the tsunami were indicative of a grief response with noted emotional responsibility, seeking of support and profound pain and shock. This was the context in which the expressive arts programme operated. The findings relating to the outputs of the programme resulted in a number of themes. The observation of death in the community was a key theme because it was a traumatic reality for many of the children, parents, and teachers and fear of the tsunami was another key theme with the *aitu* identified as a monster or a powerful destructive force. The destruction of the community was alluded to by many of the participants as well. In all the drawings and words of the participants there was a vividness that was evocative and haunting. Sometime later more positive feelings were expressed when the children, teachers and parents commented about the support received and the heroes. As a means of acceptance and being able to cope, it was noted that the spirituality of the people in terms of religious beliefs and wider cultural values and practises facilitated acceptance and understanding.

Overall, the data collected indicated the participants were able to convincingly communicate their feelings, probably more so than via a solely verbal mode. There is evidence in the evocative responses that meanings, feelings and the self were encountered when thinking about the tsunami and its effects and this provided an opportunity for recovery. The different forms of expression gave insight into the perceptions of the children with clarity and the identified themes indicated a community of experience gradually leading to healing and growth.

### **Discussion and Conclusion**

The purpose of the research study was to ascertain the outcomes of an art's as therapy programme designed to facilitate students' feelings and thoughts about the tsunami. Another objective was to gather the students' perceptions of the

value of the programme. It was intended to be a therapeutic experience for the students to facilitate their healing. The findings indicated that the children communicated their feelings and thoughts most poignantly and a growth from distress to coping to planning for the future emerged. Most of the feedback from the students revealed a satisfaction with the programme and urged the sustainability of it. These findings are important because they indicate the value of the intervention to individuals and being a group activity it provided a relatively easy means of support and easing of the trauma.

A number of themes emerged from the individual arts outputs and group activities—death, fear, environmental destruction, heroes and support, the importance of spirituality and moving forward, and these highlighted the growth of the students towards acceptance. These findings were remarkably consistent with the results of studies (Chilcote 2007; Parr 2055) with similar trauma. As in the other interventions, the emphasis upon the cultural context aided the recovery; there was an emphasis upon group sharing and support (as in fono), it quickly became a community involved programme of support and healing and had an emphasis upon the role of spirituality to understand and sustain coping responses. The strength and resilience of the culture are indeed important values as is the nature of the recovery attempt during disaster times (Varghese 2010), the locally designed expressive arts programme promoted these values to assist recovery.

The community became involved in the programme observing, participating and contributing to it. It was a catharsis for them too as they assisted their children to deal with the tragedy. It was cathartic in that the programme (via the drawings, discussions, etc) provided an opportunity for release of the children's emotions and also enabled many community members who participated to come to terms and help them cope with the tragic events. In many senses it was a re-living of the terror but in a safe place and thereby enabling a pathway for overcoming the terror. Furthermore, in a very practical sense and, as noted by Huss, Kaufman, Avgar and Shukre (2015), the arts can act as a vehicle for community building after a disaster—it appears that the community in Aleipata soon realised the potential of the programme beyond assisting the children. It became a programme that was readily accepted and provided a very cost-effective intervention in terms of numbers and resources for the community helping with the overall reconstruction. In a community where support agencies are somewhat minimal and hampered by lack of personnel, material and financial resources, a local venture that understood the cultural imperatives was particularly prized and implementation was requested in other areas. In essence therefore, the significance of the programme can be understood better if it was assumed that it occurred in a context whereby the major therapy for resolution

of the tragic events was likely to be time-healing (in other words time would heal the loss, suffering, etc). The expressive arts programme became a means of providing adjunctive therapeutic value maximising healing effectiveness.

Interestingly, not all children responded positively to the programme despite growth of understanding and healing being apparent in most of the children. A few even found it aversive and wouldn't participate if it was repeated. Because of the nature of the event and the consequent rekindling of the experiences via the arts it is probable that some of these children constantly associated it with the horror and despair of the tsunami and this impacted upon their attitudes. Some indicated that it

was difficult to draw (etc.) and this may have also influenced attitudes. Many however noted their participation as an opportunity to express their views and communicate their feelings.

There are a number of study limitations. The children chose to share their stories but it is unknown if they shared all that was important—perhaps it was too painful or personal. The programme facilitators promoted support for the children to present valid feelings and communications but it was unknown to what extent this ensured high level of findings. However, the data collected was convincing evidence to meet the objectives of the study and therefore provide confidence in the findings. The collection of descriptive data was limited (although useful) and it only gave an aspect of the participants' value of the programme and its components. However, it is important to note that it was a study that sought interpretation of findings and description of outcomes, not one that was evaluative. Another important issue is that the study does not provide data on participants' perception of the measurable impact of improvement—the arts outcomes are sufficient evidence but further investigation would have been needed to gauge healing improvement levels.

A number of recommendations arise from this study relating to future research agendas. There is the need for additional research and in particular quantitative studies are needed—to assess reliability of programmes and identify which strategies/arts are more favoured/effective along with identification of important contextual issues. Nevertheless, more in-depth qualitative studies are also necessary to build more understanding of the use of arts in a therapeutic manner. Another important recommendation is for recognition to be given to such programmes and to ensure that a readiness of response is available soon after trauma occurs in a community. A planned programme with resources is a necessity.

This case study is an example of expressive arts as therapy and has highlighted the value of an adjunctive psychotherapeutic approach in a community devastated by a natural trauma. It provides evidence of the utility of the arts as a psychological health promoting tool and one that can readily be implemented. It was a culturally indexed programme that provided a natural process for expression of feelings, reconciliation of anger and sadness, positive growth and understanding for the future. The findings indicated specific therapeutic values of an expressive arts programme for the children and community. Furthermore, the study adds to the growing international literature as well as further inquiry into public policy with the growing rate of natural disasters in the Pacific.

Expressive art therapy integrates all of the arts in a safe, non-judgmental setting to facilitate personal growth and healing. To use the arts expressively means going into our inner realms to discover feelings and to express them through visual art, movement, sound, writing or drama. This process fosters release, self-understanding, insight and awakens creativity and transpersonal states of consciousness. (Rogers 2013)

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## Education and Culture in Post-colonial Sāmoa.

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### Abstract

*This paper examines the history of 'Western' education in Sāmoa in relation to Sāmoan culture, and in the context of post-colonial theoretical perspectives, and in particular, notions of 'hybridity' and 'mimicry'. Sāmoan hybridity was created from a mixture of early 19th century versions of Christian theology with older social ideology leading to new justifications of hierarchical power, transformed modes of clothing and housing, expurgated versions of traditional practices, resonant urban memes from abroad, aspirational education systems based on learning from foreign books and student-centred pedagogy, and now, new streams of information and inspiration from social media. In the 1990s neoliberal educational reforms gave all Sāmoans access to secondary education intended to develop the nation's 'human resources', albeit with inadequate resources and problematic consequences for accelerated divisions of social class and rural and urban locations. We consider these issues in relation to multiple post-colonial Sāmoan identities and contested spaces in educational policy and curriculum and Sāmoan cultural values.*

**Keywords:** Postcolonialism, Hybridity, Education, Sāmoa

### Introduction

This paper examines the history of Western education in Sāmoa in relation to Sāmoan culture in the context of post-colonial theoretical perspectives. As summarised by Hickling-Hudson, Matthews and Woods (2004), post-colonialism draws on the ideas of Gayatri Spivak (2003), Homi Bhabha (1994), Frantz Fanon (1967) and Edward Said (1978) on the ways in which colonizing powers assimilate subaltern native elites to their hegemonic ideology. From this perspective, education is a means of ideological conquest to reinforce the power of the colonists. However, in the post-colonial era there is a space for the formerly colonized to reorganise and reclaim their cultural, educational and political values, allowing them readjust and to rectify foreign cultural, social and education interpretations instilled by Western colonizers. Homi Bhabha's notion of 'hybridity' is the emergence of a post-colonial culture drawn from multiple sources imbued with mimetic representations. Hybridity describes the mixture of two or more cultures in a singular place; to develop a new life that inherits both characteristics to produce something entirely different. For Bhabha, the mimicry of the colonialists by the colonised inspired ambivalence on both sides; the rulers scornful of native appropriations, the natives hopeful of converting acquired ideas and practices into power.

As we shall show, Sāmoan hybridity was created from a mixture of early 19th century versions of Christian theology leading to new justifications of hierarchical power, transformed modes of clothing and housing, expurgated

versions of traditional practices, resonant urban memes from abroad, aspirational education systems based on learning from foreign books, and now, new streams of information and inspiration from social media. Our question is whether this hybridizing space became one of agency; refurbishing Sāmoan values and reclaiming Sāmoan social, cultural, education and economic organisation and practices. For, as Ghandi (1998: 21) wrote 'we want the English rule without the Englishman. You want the tiger's nature but not the tiger ... the only way forward, accordingly, is to render the tiger undesirable'. Thus one of the most pointed insults in the Sāmoan language is to call a person 'fia palagi' (someone who mimicks Europeans). We will argue that within the hybridizing space, all Western borrowings become Sāmoan. Furthermore, the mixing of the Sāmoan cultural values, customs, and language, with incoming influences has been selective.

Sāmoan culture in its flexibility and malleability has been continuously reshaped in the colonial and postcolonial eras; yet in recent years the promotion of certain values by the United Nations and other international agencies has been widely resisted by Sāmoa's elite. For example the concepts of 'human rights', 'children's rights', 'women's rights' have been opposed by authority figures because they are perceived to undermine Sāmoan cultural values that require submissive obedience to parents, teachers, chiefs (matai) and ministers of religion (faifeau), and which reinforce a hierarchy of communal rights and obligations. Thus notions of student-centred pedagogy are resisted because are perceived as Western ideology, allowing children to speak out of turn and encouraging to them to question the teacher in the classroom. This is unacceptable to most Sāmoans (Tuia 2013), although there has been persistent efforts by external aid-funded advisers to refocus teaching methods on these purportedly more progressive and efficacious learning approaches, despite their challenge to Sāmoan culture. We suggest that older, long-established pedagogies Sāmoan pastor schools (A'oga a le Faifeau) arising from hybrid missionary and Sāmoan values could be revisited in training Sāmoa's teachers and organising its schools.

### **'Western' Education in Sāmoa since the 1850s**

Sāmoan resistance to liberal western ideology is linked to the way in which foreign knowledge has been assimilated over the past 200 years. Nineteenth century English models of education were introduced to Sāmoa by the first Christian mission; the London Missionary Society (LMS), which was supported mainly by the non-conformist Congregational church in England. In 1834 the first simple reading books in the Sāmoan language were produced for teaching of reading and writing. The first schools were established in 1836 by English missionaries for those seeking baptism. As early as 1837, sixteen Sāmoans were



employed by the mission to teach literacy and Christian principles. By the 1850s the Church had consolidated its presence sufficiently to open village schools. When translation of the Bible was completed in 1855 the mission began to promote mass literacy in the Sāmoan Language, along with elementary numeracy, so that people could read the Bible (Faletoese 1959 cited by Tanielu 2004 and Tupolo-Tauaanae 2014). These schools placed great emphasis on memorisation by observation, copying, chanting and rote-learning which may have been a missionary technique but was well suited to Sāmoan ideas about the acquisition of knowledge (Tanielu 2004).

Education was the main tool of the Missionaries to bring about a religious and a cultural revolution in Sāmoa, working through villages whose organising principles had gradually been modified by Christian teaching (Meleisea 1987). By 1900, when Germany annexed the western islands of Sāmoa, most of the people of Sāmoa were literate in their own language. Under German rule education was left to the churches and a few other private providers. New Zealand ruled Sāmoa initially under a military administration that replaced Germany in 1914, and later established a civil administration under a League of Nations mandate in 1921, then under a United Nations Trusteeship in 1949. Before Sāmoa became an independent state in 1962 the majority of Sāmoans had only received education in village 'pastor' schools.

The first efforts to establish a nation-wide government education system were made in the 1950s. Before this time, Government schools in the town of Apia were reserved for the children of foreign residents and part-Sāmoans; similarly the Roman Catholic church operated small number of colleges, mainly for part-Sāmoans. A teachers college was established and government schools were set up for groups of villages under an arrangement by which the government supplied the teachers, while the villages supplied housing and food for the teachers under leadership from village councils. By the 1960s there was vigorous competition between villages to attract effective teachers—their effectiveness was measured by the number of children who qualified to enter selective English language junior and senior secondary colleges teaching the New Zealand school curriculum. The mainstream Congregational, Methodist and Mormon churches also established secondary colleges in the 1960s. During these transformative years, Sāmoans placed high value on what they perceived as the *papalagi* (European) education system (Boon et al 2006). Seeking to rival the higher status Europeans and part-Europeans in the colonial pecking order, educational achievement and proficiency in the English language became highly prized. Sāmoan parents urged their children to do well, which they saw as a means to a better future as well as a blessing to the whole family (Tuia 2013).

Along with the revolution in education in the 1960s came mass migration, mainly to New Zealand but with smaller numbers moving to the United States via family connections in American Sāmoa. Today there are more people of Sāmoan ethnicity living overseas than there are in Sāmoa, and the Sāmoan economy relies on their remittances to maintain its economy. With these social and economic influences in post-colonial Sāmoa, there was increasing adoption of Western lifestyles. European-style houses raised the status of village families, so migrants sent money home to build these kinds of houses for their parents. Village prestige was raised when modern school buildings were constructed. There were new social influences. In traditionally-oriented Sāmoan families the role of children is to serve their elders, but today increasing numbers of ethnic Sāmoans are moving into the middle class, a status formerly occupied exclusively by part-Europeans. Nowadays middle class Sāmoan parents serve their children rather than the reverse; when they can afford it, they send them to private schools and pay for additional tutoring after schools.

### **Post-colonial Discourse**

How does this brief summary of the history of education in Sāmoa sit within scholarly discourses on post-colonialism? This perspective emphasises the ways that Sāmoans were socially, culturally and educationally marginalized under colonial rule. This certainly occurred; the mixing of people and cultures was a source of violent conflict and civil wars in the 19th century (Gilson 1976; Meleisea 1987). The Sāmoans embraced Christian theology and mission schools, but resisted foreign interference in their affairs even after colonial rule was established. Under German rule 1900–14 there were a few years of peace, but Sāmoan leaders soon rebelled as they realised German ambitions to convert them into powerless peasants. The Germans responded by deporting these rebel chiefs. Peace continued under a relaxed New Zealand military administration from 1914–1920, but in native eyes New Zealand was discredited in 1918 for failing to quarantine Sāmoa from the 1918 influenza pandemic which killed one in five Sāmoans. When a New Zealand civil administration took over in 1921 in the ensuing decades Sāmoans rebelled again against repressive paternalistic interventions in their politics and economy (Meleisea 1987).

Sāmoans were more isolated from the outside world during the sixty-two restrictive years of colonial rule than they had been in the previous century, the ethnic Sāmoan majority (the ‘natives’) were forbidden to travel except in rare circumstances with colonial consent (Meleisea 1987). The post-colonial era was a time of opening up and moving out. From the late 1960s people left their villages in their thousands to work in New Zealand factories—willingly joining what is now New Zealand’s struggling, and to a great extent marginalised, Polynesian

underclass. Are we to understand this transformative period as one driven by Sāmoan agency or by the forces of hegemonic, globalising capitalism?

The migration process globalised Sāmoa within 20 years. The course of globalisation has steered a small, resource-poor island nation from one where almost all of its people lived in subsistence and exchange based village economies into one with massive external dependence on aid, continuing emigration, remittances, and imported food and other goods. Sāmoa's association with developed countries has increasingly been founded on hopes and expectations that they will infuse its economy with their money in the form of aid and investment. Yet there is ambivalence about external dependence, which is suggested by a renewed—and perhaps anxious—emphasis on Sāmoan identity (*fa'asinomaga*). This identity was less problematic in the past when the Sāmoan 'us' was contrasted with the colonial 'them', but today there are multiple Sāmoan identities among which one looks back to the precolonial era for inspiration, and one which is aspirant, urbanising, modernising and globalising. Sāmoa's post-colonial 50 year past has been a time of recontextualising and restructuring of Sāmoan cultural values. Consequently, there are dilemmas for today's education system. Today's social and cultural values stem not only from Sāmoa's colonial past that has slowly infiltrated socialisation, culture, education and political affairs, but also from a feedback cycle of influence between Sāmoans in the diaspora and their families in Sāmoa.

### **Sāmoan Culture**

What we know of Sāmoan culture before European contact was founded on its old religion in which the highest chiefs (*ali'i*) were distinguished by their divine genealogies, serving also as priests and mediums of their ancestor gods (Meleisea 1995). Sāmoan people spoke the same language and shared the same values and beliefs, but they were familiar with the Tongans with whom their highest chiefs often intermarried, and to some extent with other parts of the Polynesian island world. Education was based on observation, participation and the memorisation of oral literature such as legends and epic poems (*solo*), as well as genealogies and songs (Maiai 1957; Tuia 2013, 1999; Silipa 2004). Young men belonged to the *aumaga* society and learned the arts of war and craftsmanship; young women belonged to the *aualuma* society and learned decorative and practical textile arts (Maiai 1957). Sāmoan values were imparted to all; respect for the dignity of traditional institutions (*mamalu* and *fa'aaloalo*), for authority (*fa'aaloali'i*), for sacred relations (*va tapuia*), for respectful social distance (*va fealoai*), and for reciprocity (*fetausiai*) (Tuia 2013: 9) which were to be demonstrated in everyday cultural and social activities. For those not possessed of divine ancestry, power was achieved by service (*tautua*) and, for some, gradual progression to leadership. During the 19th and the first half of the 20th century, these modes of learning persisted alongside a gradual process of Christian indoctrination which

slowly eroded the traditional basis of chiefly rank and levelled old social hierarchies. As Meleisea points out (1995 and 1987), Christian ministers became the new sacred chiefs. But, left intact, was the respect for social order based on the authority of chiefs and church ministers and the expectation of submission to these authorities. When people speak of fa'aSāmoa (Sāmoan culture) today, they emphasise respect and obedience to parental and patriarchal authority. No wonder, therefore, that liberal 'Western' values are resisted as alien to Sāmoan culture.

Values of reciprocity have survived but are recontextualised. In the past these were practical as well as social; there was no money and food could not be stored, so was shared. The meaning, uses and size and texture of fine mats (ie toga) may have changed (Schoeffel 1999) but they are still the most symbolic of all gifts, nowadays functioning solely for that purpose, and indispensable at ceremonies. Now when a ceremonial gift (sua) is presented every culturally required article in the presentation can be replaced with a modern equivalent, but not the fine mat. It continues to serve the purpose of respect and honour as it did in the past. These ceremonial occasions marking funerals, the conferring of matai titles (saofai) and in some instances, weddings, are very expensive events compared to earlier times when money was not given as a gift, and all gifts were locally made or grown. However these ceremonies have the same social functions that they had in the past; showing respect to authority and bringing extended families together. Nowadays families typically assemble from several different countries for major ceremonies, particularly funerals (Lilomaiva-Doktor 2016) reinforcing the transnational bonds among families. Sāmoan customs and cultural activities have changed, but as the Sāmoan saying goes 'Tumau faavae ae sui faiga'—practices change but the foundation remains (Tuia 2013; Va'a 2006) referring to the belief among many Sāmoan that there is an enduring cultural logic, unchanged in the past two centuries.

### **Education for All**

Hybridised Sāmoan cultural values shaped the education system in the post-colonial era (Tuia 2013; Afamasaga 2006). Most primary schools operate under the control of village councils of chiefs who appoint the school management committees. The Ministry of Education Sports and Culture (MESC) appoints the teachers and because it rarely provides housing for primary or secondary teachers in rural areas, most live in villages under traditional village government. By the late 1980s, there were 21 government rural junior secondary schools under district management, and about 90 primary schools under village management. Four secondary schools (Sāmoa college, Avele, Vaipouli, and one other) and three primary schools ( Leifiifi and the two Malifa schools ) were fully funded by the government. There were also six secondary schools operated by churches. In the 1990s the government of Sāmoa abolished the old system of

selective education based on an adaptation of the New Zealand school curriculum, whereby a relatively small number of children with the highest marks were admitted to secondary schools. Now there are district secondary colleges with classes up to Year 13 throughout Sāmoa, also mainly under the control of the village councils in each district; today most children attend school for ten years or more in proportions comparable to those in developed countries.

A key objective of the neoliberalist 1995–2005 Education Policy and Strategy was to give rural students the same access to education as those in town. By doing this, it was hoped that rural students would not only have equal access to senior secondary education, but there would be less overcrowding of urban schools. It was intended that all students everywhere in Sāmoa would have access, and thus the opportunity to have thirteen years of education in schools by qualified teachers using the English language for instruction, with comparable facilities and with a unified national school curriculum. This was to have included vocational subjects to be taught up to Year 13, as well as ‘academic’ subjects. The new policy drew on a 1992 World Bank study of Sāmoa’s education sector that declared Sāmoa’s human resource development was being held back because only a small proportion of secondary school graduates were being produced by the system who were eligible for employment or for postsecondary education and training. Under this neoliberal project the purpose of education was reformulated on the assumption that the goal of education was to produce workers—‘human resources’—for growing the economy.

These reforms have accelerated social class-based rural-urban divisions. A 2012 evaluation of the first Asian Development Bank loan to the education sector found that in rural areas there was a tendency for high status and well-off village residents (such as church ministers, small business proprietors) to send their children to schools in town, because village or district schools local schools were perceived to be inferior to those in town. These students either commuted to school from their villages, or boarded with relatives in town. The main problem was that although there was no overall shortage of teachers, the rural secondary schools were short of qualified subject specialist teachers living within a reasonable commuting distance from the school, so many had not received specialized training in the subjects they were teaching (ADB 2011). Urban schools could more easily employ qualified teachers living in town or in peri-urban areas. Thus the growing divisions of social class have been facilitated by the inequality between rural and urban schools.

We do not propose to offer a detailed analysis of Sāmoa’s secondary education system here, but draw attention to the fact that there are now 34 senior secondary schools: 25 government, 16 church, and 5 private, for a population of about 190, 0000 people. Resources for secondary education

services are spread very widely over a large number of schools, but they are also spread very thinly. Further, most of these schools do not produce students with sufficient knowledge or skills to win scholarships, qualify for university or obtain the kinds of employment that their parents had hoped for. They also point to fa'aSāmoa values that each village must have its own primary school, and each district and each church its own colleges (Afamasaga 2006). The state has limited authority over the fa'amatai system of local government, so when school fees were abolished by MESC in 2011 government schools moved increasingly into a legal limbo between community ownership and government control and questions of who should pay to maintain and equip schools. Village-appointed school committee members are mainly older men, who tend to have limited experience in or knowledge about education, especially secondary education. They usually expect some remuneration for attending meetings as well as income to pay for the maintenance of school grounds. Therefore school committees merely changed the name of the fees: school fees became 'enrolment fees' and were still charged.

### Culture and Education

As we have discussed previously Sāmoa's hybridised culture retains authoritarian and hierarchical values adopted from missionary teaching merged with older values that do sit easily with contemporary educational approaches such as this, for example:

*In student-centered classrooms, students are directly involved and invested in the discovery of their own knowledge. Through collaboration and cooperation with others, students engage in experiential learning that is authentic, holistic, and challenging. Students are empowered to use prior knowledge to construct new learning. Through the development of the metacognitive process, students reflect on their thinking. Curriculum and assessment are centered on meaningful performances in real-world contexts. As a partner in learning, teachers intentionally create organized and cohesive experiences to assist students to make connections to key concepts (Ralis 1995).*

UNESCO (2004, p. 231) advises that:

*...in many countries, present styles and methods of teaching are not serving children well. Pedagogy needs to respond to cultural and classroom contexts. Structured approaches to teaching, ... are not at odds with a child-friendly learning environment. Where such approaches are introduced, reforms to teacher training and school management will usually be required.*

According to UNESCO (2011: 1) "The vision of [Sāmoa's] Ministry of Education, Sports and Culture for the period 2006–2015 is a holistic education system that recognizes and realizes the spiritual, cultural, intellectual and physical potential of all participants, enabling them to make fulfilling life choices". This vision statement sits well with the global ideals of education cited

above, but could raise uncomfortable questions. Could these not also be seen in postcolonial contexts as arising from internationally promoted globalising, homogenising, democratising cultural ideals that do not sit well with fa'aSāmoa? Is it not the case that indigenous values are praised when they can be demonstrated to conform to these globalised ideals, and problematised when they do not? Would a child-friendly learning environment produce children who would feel comfortable in a cultural environment where children are expected to be self-effacing and to accept authority unquestioningly? Such values may be dissonant with liberal modernity, but they have survived for generations because they function for community cohesion.

The global agenda aims to ensure that developing countries like Sāmoa have education systems that serve the interests and needs of the people. However, the change in the education systems in former colonized nations are part of a rapid flow of global changes and influences which do not always allow deliberation over new approaches to education introduced by aid donors and international advisory agencies such as UNESCO. Passive resistance to new educational philosophies may be encountered if they are not owned by those who are expected to benefit from them. There is an unspoken condition that underlies offers of aid and technical assistance from international agencies and donor countries that their educational philosophies and approaches are inherently superior so should be adopted without question. As we have pointed out, one of the features of postcolonial Sāmoa is the emerging class system—middle-class Sāmoan parents have no problem with these globally advocated approaches and will, if they can afford to, send their children to private schools where such pedagogies are practiced. However, around 60 percent of Sāmoan households are in villages where student-centred approaches are at variance with community values that explicitly reject individualism as foreign (*palagi*) (SBS 2009: 23).

Are there more culturally acceptable and effective Sāmoan approaches to learning? Tanielu thinks that there are. She points out that the long-established Sāmoan pastor schools (*A'oga a le Faifeau*) not only fostered the maintenance and retention of the Sāmoan language, but utilised a competency-based form of assessment in which each child had to acquire the expected competency before he or she could be promoted to the next class. (Tanielu 2004: 220). Similarly, Tupolo-Tauaanae (2014) interviewed adults who had attended *A'oga a le Faifeau* as children and who emphasised the benefits of the pedagogical methods that were used to develop oral and aural and memory skills of the students. However, it should be born in mind that these schools only had three grades, and since those days little has been written in the Sāmoan language for children to develop their ability to read, or interest in reading.

## Conclusion

Since the 1960s the educational aspirations of most Sāmoan have been to harness what they perceive to be the empowering outcomes of 'Western' education for their children. Increasingly those Sāmoans who continue to live in traditional ways are perceived to be 'the poor' (see Escobar 1994). But at the same time there are on-going fears that Sāmoan language, cultural values and customary ways are slowly slipping away. For this reason educational policy and curriculum has been a contested space since the 1970s; can Sāmoans have 'Western' education without losing their identity? Can Sāmoan social and cultural values be reconciled with contemporary quests for knowledge and ways of being that can be converted into social status and wealth? Many Sāmoans assume that local cultural values do govern and guide Sāmoan's education system (Iyer and Tuia 2015; Tuia 2013) but since the 1990s it has been mainly driven, albeit not very successfully, by a utilitarian neoliberal agenda aiming to shape children into individuals, as 'human resources' for economic development, rather than as junior members of a hierarchical kin-based collective. The ambivalence reflects Bhabha's (1994) notion of mimicry in which the imitation of the dominant group is imperfectly comprehended and misinterpreted. Tibile (2012: 17) suggests that Bhabha's notion of mimicry is based on ambivalence, exaggeration, anxiety, and repetition with a difference, which surely reflects the situation in Sāmoa. Our education system imperfectly and partially aims to encourage upward mobility, changing values and beliefs only to the extent that there is an uncomfortable space between Sāmoan values and those of neoliberal modernity. This divide is most often reflected in the way Sāmoans love to mock pretension, for example in jokes about the imperfect English spoken by most of our people, as in Bhabha's discussion of the comic approach in discourses that mocks and undermine the efforts to become one of the dominant 'other' (1994: 86). While Sāmoans express their post-colonial cultural identity in dress and adornment (matai, faalavelave, tatau and malu, lavalava, elei ula's and sei) we hesitate to confront the dilemma of how to make education Sāmoan.

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# A Review of the Social Protection Programmes in Sāmoa since 2009.

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## ABSTRACT

*Social Protection Programmes for Sāmoa have assisted our policy makers and development partners to promote economic growth and development of physical and social infrastructure. The significance of social protection has become evident, as investments in social protection reduce vulnerability, mitigate chronic poverty, and nurture inclusive growth. Social protection programs assist households to invest in their future and to manage risks, such as extreme environmental events, sudden illness, and economic shocks. Governments across the globe recognize the need to improve their countries' social protection systems to better target disadvantaged and marginalized groups. To develop and implement effective social protection programs, a Social Protection Index, a monitoring tool is essential to inform decision making and track progress over time. By reviewing the current Social Protection Programmes for Sāmoa, which are specifically enhancing our own social protection. In essence, an update of the Social Protection Index's (SPI) are encouraged to be conducted regularly which will lead to improvements in the way that the tool is constructed and used. These revised SPIs enables in-depth analysis of social protection at the country and regional levels, capturing the adequacy of social protection by looking at program expenditures, coverage, distribution, and impact. With uniformity in metrics and methods, the revised SPI can be used as a benchmark to improve social protection through better design, coverage, gender equity, and poverty targeting.*

**Key words:** *Social protection, Social Protection Indexes, poverty, program expenditures*

## Introduction

Social protection is defined as “the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people’s exposure to risks and enhancing their capacity to protect themselves against hazards and interruption/loss of income. This definition categorizes all programs under the traditional components of social protection as social insurance, social assistance, and labour market programs” (ADB 2012).

The Social protection Index (SPI) is a “relatively simple indicator that divides total expenditures on social protection by the total number of intended beneficiaries of all three social protection programs e.g., social insurance, social assistance, and labor market programs.” (ADB 2013) SPI’s enable in-depth analysis of social protection at the country and regional levels. It captures the adequacy of social protection in a country by looking at program expenditures, coverage, distribution, and impact. With uniformity in metrics and methods, the SPI can be used as a benchmark to improve social protection through better design, coverage, gender equity, and poverty targeting.

For Sāmoa, the definition of social protection is defined and incorporated in the context of events such as tsunamis or tropical cyclones, which have huge impact on the lives of the people. Social protection is defined as “the means to ensure community preparedness and resilience, community protection and security, community sustainable livelihoods and that the gendered impact of natural disasters is minimized” (MWCSO 2010).

In a country regularly affected by natural hazards one-fifth lives below the national poverty line (ADB 2011). However, poverty in Sāmoa does not mean hunger or destitution. A UNDP analysis on the 2008 HIES estimates the Basic Needs Poverty Lines (BNPL) for essential non-food expenditure as a national average household expenditure of SAT\$493.01 per household, or SAT\$53.59 per capita per week; 26.9 percent is the proportion of the population with weekly per capita expenditure less than the basic needs poverty line (ADB 2012).

Sāmoa’s extended family system is an important contribution to social protection, which is so central to our country’s social structure and way of life. The extended family is the central unit and organisational structure for traditional social protection. The extended family system consists of several family units (*’aiga*), each headed by a chief (*matai*). This hierarchy forms the basis of the matai system. Each family group is represented on the village’s ultimate decision-making body, the council of chiefs, by its *matai*. Each family is also represented in the *’aualuma* and the women’s committee of which it is part, and the *’aumaga*, two bodies in the traditional village social governing structure that serve the Council of Chiefs. The traditional role of the *’aualuma* is maintaining peace, producing crafts and ensuring cleanliness in the village. The *’aumaga* mainly implements the Council of Chief’s decisions, helps families in need and provides food (AUSAid 2012).

Social Protection Programmes for Sāmoa are divided into 3 categories. They include the Child Protection Unit (CPU) of the Ministry of Women Community and Social Development (MWCSO), Disaster Management Recovery Programmes of government, Medical Treatment Schemes of the National Health Services (NHS) and the Ministry of Health (MOH), and the Disability Assistance programmes of Ministry of Education, Sports and culture MESC and MWCSO. The Social Insurance schemes include the Pension Schemes of National Provident Fund (NPF) and lastly the Labour Market Programme includes the Ministry of Commerce, Industry and Labour (MCIL) and the NUS Apprentice Schemes and the Talavou related Programmes of MWCSO. The review of Sāmoa’s SPI was based on the total expenditure of the government ministries in these programmes and is divided by the total number of intended beneficiaries of all three social protection programs, for example social insurance, social assistance, and labor market programs. This gives an index of the total social protection expenditure

spread across all potential beneficiaries, compared to the estimated value of the total poverty line expenditure of the reference population. For the purposes of the SPI calculations, the poverty lines were standardized as being equivalent to 25 percent of nominal gross domestic product (GDP) per capita for 2015.

In this research paper the most recent overall Social Protection Index (SPI) calculated for Sāmoa in 2015 is 0.049, revealing that the average per capita social protection expenditure was 4.9 percent of poverty line. This is a decline when compared to the last SPI for Sāmoa in 2009 which was calculated at 0.066. The SPI for this period (2009) is also very low if compared to the previous results of other Pacific Island countries, such as the Marshall Islands 0.167 and Fiji 0.060 for the years 2009–2011 (ADB 2012).

The breadth of 0.231 implies that the social programs, together, reached nearly 23 percent of the population. A depth of 0.213 indicates that the impact is weak, as average expenditures per actual beneficiary is 21.3 percent of poverty line expenditures.

As calculated, Sāmoa's social assistance components are about 16 percent of total expenditure on social protection (2015) with social insurance 82 percent and Labour Market Programme two percent. The large allocation for social assistance is a result of the government assistance during disasters such as the Tsunami of 2009 and Cyclone Evan in 2011 which killed about 250 people and devastated most of the tourism industry infrastructure and many plantations.

In relation to poverty reduction, in 2015, the values of SPI are 0.002 for the poor and 0.047 for the nonpoor, indicating that the poor have less access to most social protection programs, except for those programs directly targeted to them. The poverty focus indicator is 0.034 for 2009–2015. In relation to gender disparities, in 2015, the SPI is 0.005 for women and 0.007 for men. The social protection expenditure for women was also lower than that for men, thus indicating that gender inequality is increasing and must be addressed. This suggests that Sāmoa should work to further increase the value of its SPI, in both breadth and depth. This may be achieved by shifting the social protection focus toward more labor market programs and other related activities, especially for youth, the poor, and others who are vulnerable to poverty or hardship.

### **Sāmoa's Economy**

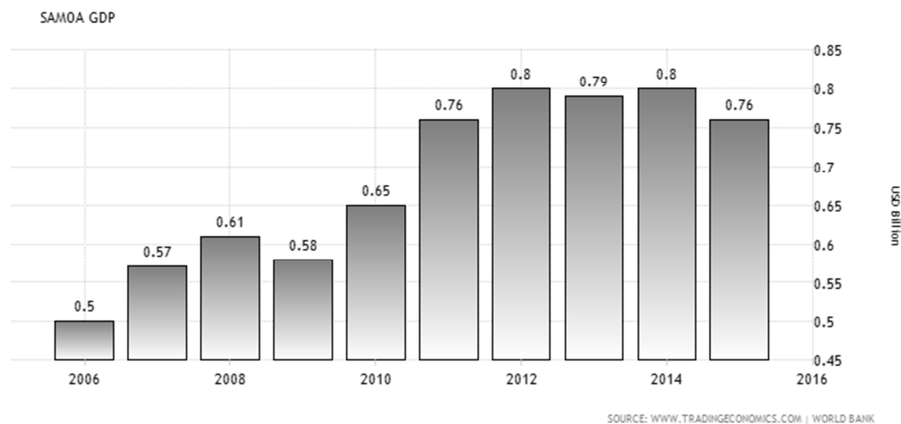
Sāmoa's economy is driven primarily by remittances, tourism, industry, agriculture and infrastructure projects funded mainly through aid from its development partners. This leaves the economy highly sensitive to exogenous shocks. Further, Sāmoa's vulnerability to natural disasters remains a constant threat to the development of the economy as a whole. An earthquake and

tsunami in 2009 plunged the country into years of reconstruction and rehabilitation, only to be followed by tropical cyclone Evan in 2012. Sāmoa was one of the Pacific’s better performing economies before it was hit by an earthquake and tsunami in fiscal year (FY) 2009.

From FY1999 to FY2008, the economy grew at an average of 4.3 percent a year. The bulk of this growth was driven by services output, mainly commerce, and transportation and communication, whose share of gross domestic product (GDP) averaged 58.8 percent during this period. Industrial output, mainly from manufacturing and construction, ranked second with an average share of 28.6 percent. Agriculture and fisheries output had an average share of 13.8 percent (Sāmoa Bureau of Statistics 2015).

For the periods of 2009–2011 about 51.2 million tala was disbursed by the government to all sectors in the country as payments for relief, recovery and rehabilitation activities. It does not include funds and cash received as loans and grants for specifically targeted programmes such as tourism rebuilding programmes, education programmes and other recovery programmes (MOF 2012). This can contribute to a higher SPI of 0.66 calculated in 2012 (ADB 2012).

**Figure 1: Sāmoa GDP 2006-2015**



There was a significant increase of Sāmoa’s GDP in the periods of 2009–2012, but then it remained stagnant with little growth from years 2012–2014 and continued to fall in 2015. There were also two consecutive quarters of negative economic growth (Dec and Mar quarters of FY 2012/13) following Cyclone Evan in December 2012. The outcome was led by the transport and communication sector largely due to the seasonal pattern of the industry, as well as the recovery of the agriculture sector from the devastation caused by cyclone Evan (MOF 2012–2013).

**Table 1: Basic Statistics, 2015**

Indicators	Unit	2015
GDP (current prices)	SAT million	1,574
GDP per capita (current prices)	SAT	8,316
Gross national income (current prices)	SAT million	7,905
Total population	persons	189,236
Average household size	persons	3,300
Population aged 60 years and over	persons	7
Employed population	persons	58,673
Population living below the national poverty line	persons	47,309
Disabled population	persons	4,061
Children aged 0–14 years	persons	71,890
Disaster-affected population	persons	7,500
Per capita poverty line income (annual)	SAT	1,641
Number of unemployed and underemployed	persons	13,263

Fualautoalasi-Walter 2013

### Employment

Sāmoa faces a critical challenge in supporting sustained economic and employment growth and poverty reduction in the aftermath of the 2008 global economic crisis, the 2009 tsunami and the 2012 cyclone. In fiscal year (FY) 2011/12, the economy grew by 1.2 percent, and growth is estimated to have slowed to 0.9 percent in FY 2012/13, reflecting the impact of Cyclone Evan on the economy (Ministry of Finance, [MOF] 2012). In FY 2013/14, economic growth is projected to recover to 3.1 percent (MOF 2014).

Sāmoa's labour market is characterized by the formal sector and the non-formal sector. The formal sector is estimated to account for around 40 percent of the labour force in Sāmoa and the non-formal sector for around 60 percent of the labour force.

Since 2005 however, job growth in the formal segment in Sāmoa declined. Between 2000 and 2007, the number of jobs in the private sector increased from 12,168 to 16,921 but fell to 12,711 in 2010 (SBS 2011). Analysis of census results tells a similar story, with wage employment declining from 28,179 in 2006 to 23,365 in 2011 (SBS 2011).

The decline in jobs in the formal segment has coincided with a decline of value added in manufacturing. Between 2000 and 2005, manufacturing GDP grew by 35 percent but decreased -36.7 percent between 2005 and 2010 (SBS 2011). Such developments are likely to have been influenced in part by the expiration of the Multi Fiber Agreement. This is an international trade agreement on textile and clothing that was active from 1974 until 2004. The agreement imposed quotas on the amount that developing countries could export in the

form of yarn, fabric and clothing to developed countries. It expired at the beginning of 2005 and under which Chinese investors produced garments for export—garments were one of Sāmoa’s leading exports in the first half of the 2000s (ILO 2016).

A recent negative impact on the economy is the forthcoming closure of Yazaki Electrical Distribution System Eds Ltd in 2017. This is Sāmoa’s largest manufacturing industry making electrical wiring apparatus for the car manufacturers in Australia. It employs more than 2,000 workers and makes up over 20 percent of the manufacturing sector's total output. Another devastating impact is the closure of Sāmoa Tuna Processors (S.T.P.) in American Sāmoa where a hundred more workers are expected to lose their jobs. The company’s canning operations are shutting down indefinitely on 11 December due to “adverse business conditions”. The majority of production staff at the Cannery are from Sāmoa.

### **Population**

The population of Sāmoa is 189,236 where 97,722 (51.64 percent) are males and 91,514 (48.36 percent) are females. About 76 percent live on the island of Upolu, and 24 percent of the population lives in the bigger island of Savaii (Samoa Bureau of Statistics [SBS] 2011). The census 2011 showed that the urban population in the Apia urban region constituted 19 percent of the total population, while 81 percent made up the rural population. The region of north-west Upolu has the highest proportion of the total population with 33 percent while the other regions of rural Upolu and Savaii shared 24 percent each.

Sāmoa differs from other Pacific island countries in that its population is concentrated on only two islands that have relatively well developed roads and communications infrastructure. However, there are significant gaps between the two major islands, with Savai’i lagging behind Upolu in both economic growth and human development indicators.

A strong development pattern has emerged across Sāmoa in which rural and urban villages are located in close proximity to the coast, along the fringing plains. About 98 percent of the population lives in these narrow coastal plains, which include the town of Apia on Upolu with a population of 38,000 (SBS 2011). Sāmoa’s 11 districts encompass 330 villages. The population is largely homogenous, with an estimated 93 percent of native Sāmoans.

### **Disability**

Given the strong linkages between disability and poverty, there has been a growing interest in mainstreaming disability in social protection interventions. Evidence clearly indicates that persons with disabilities are more likely to live in poor households, have limited access to employment opportunities, and have lower education enrolment and attendance rates.



People with disabilities may share a number of experiences that reduce their access and/or demand for services: discrimination and stigma, traditional social norms preventing use of services, limited resources, visibility, inaccessible programmes etc. Alongside an adequate supply of services, social protection can help address these causes of exclusion. Social protection plays a key role in realizing the rights of persons with disabilities of all ages: providing them with an adequate standard of living, a basic level of income security; thus reducing levels of poverty and vulnerability. Social protection schemes concerning persons with disabilities can have a major role in promoting their independence and inclusion by meeting their specific needs and supporting their social participation in a non-discriminatory manner. These social protection measures may include poverty reduction schemes; cash transfer programmes, social and health insurance, public work programmes, housing programmes, disability pensions and mobility grants.

The 2011 Census of people with disabilities, a total of 4,061 persons with disabilities were identified of which 47 percent were males (1,358) and 53 percent (1,516) females. Although the vast majority (80 percent) lived in rural areas and 17 percent lived in the Apia urban area, nearly all services and schools for people with disabilities are concentrated in the urban area only.

The National Policy on disability endorses the initiatives already taken by the Ministry of Education Sports and Culture (MESC) with respect to the development of “inclusive education” in Sāmoa. The Ministry of Education, Sports and Culture Strategic Policies and Plan 2006–2015 aims at building upon the strength of the existing systems and programmes to improve outcomes of its Special Needs Education Strategic Policies and Plan statement.

One notable development has been the establishment of the national building code for Sāmoa which requires provision of access for people with disabilities to public buildings through building regulations. Access requirements in the code include continuous pathways from the boundary of the allotment, and from any car parking space on the allotment, whether within or outside the building, as well as from any other building on the allotment to which access for people with disabilities is required.

## Education

There are links between social protection and education: Education is one route through which poverty can be prevented from passing on from one generation to the next, by providing employment skills. Social protection aims to address the problems of poverty and inequality that act as barriers to universal education in many countries. Social protection instruments can help to improve education outcomes for poor people by addressing the underlying poverty and

inequality that prevents poor children accessing education (if, for example, they have to work to survive) or from fully benefiting from the education they do receive. It can also strengthen demand for education by reducing direct or indirect costs of accessing services. Social protection can be made universally available or targeted at particular groups in order to increase the impact and minimize costs. Programmes can also impose conditions, such as that the children of families who receive cash transfers should attend school regularly. Social protection may raise families' demand for education by improving their situation so that, for instance, they no longer need their children to stay at home or work.

In 2015, Sāmoa continued to require compulsory primary education. All students attending year 1–8 have access to free tuition toward the achievement of universal primary education. The literacy rate for Sāmoa is 99.58 according to the United Nations Educational, Scientific, and Cultural Organization (UNESCO) Institute for Statistics 2010. This is high, and it may be a result of Sāmoa having had an above 90.0 percent net enrolment from 1999–2007 (SBS 2011).

### **Social Protection within the National Development Strategy**

The Strategy for the Development of Sāmoa, 2015–2016 builds on the long-term goal of achieving an improved quality of life for all. In pursuit of this objective, a number of key strategic economic outcomes must be achieved: maintaining macroeconomic stability; scaling up investment in tourism to promote Sāmoa as an attractive tourist destination; promoting a healthy and educated Sāmoa; improving the business environment; strengthening social cohesion and stability; improving infrastructure services; and recognizing the importance of the environment through sustainable management of natural resources, increased investment in renewable energy sources, and mainstreaming climate change and disaster resilience. It is believed that the achievement of these strategic outcomes will result in the attainment of Sustainable Development Goals and targets.

### ***Social Protection Initiatives***

Education and Health Services in the country five years prior to independence were very basic although the population enjoyed human rights and fundamental freedoms without discrimination in respect of race, sex, language or religion (USP 2012). These services have been greatly improved over the past 50 years and are now accessible to all members of the rural population.

Sāmoa prioritises children in social protection. The Ministry of Women, Community and Social Development has taken a leading role in the provision of policies that create a centralized framework for the care, protection, and

development of children from birth to age 18 years. These documents also direct the work of all government stakeholders and partners on child development and child protection. Such programmes include the works of the Child Protection unit (CPU) and the Division for Youth under MWCSO who worked with the children under the Care of Sāmoa Victim support group.

Although much progress and success has occurred in child development, evidence is increasing on the rising vulnerability of children in certain areas. Sāmoa has made a moderate advancement in efforts to eliminate the worst forms of child labor by enacting the *Labor and Employment Relations Act*, which raised the minimum age for hazardous work to 18. A new law has strengthened protection against the sexual exploitation of children, and has criminalised forced labor; however children are still working as street vendors. Although data are limited and the extent of the problem is unknown, children are also employed in agriculture. The Government of Sāmoa has not collected recent information on exploitative child labor and the last official study on child labor was conducted in 2005. The lack of recent official data and other information does not allow for an accurate assessment of the full nature and extent of the worst forms of child labor in Sāmoa. However, the focus on children remain to be aligned with the government's commitment to the Convention on the Rights of the Child, A World Fit for Children, and the Sustainable Development Goals that place child development as a top priority in national policy and planning. Much of Sāmoa's social protection commitments for children are the responsibility of the Ministry of Women Community and Social Development.

The Sāmoa National Youth Policy, 2011–2015 ensures that the justice systems through the facilitation of appropriate training and human resources development opportunities will protect children. It provides a commitment to the promotion of their collective human rights by identifying risk and protective factors related to child maltreatment. It commits to strengthen the delivery of effective and responsive social reintegration and restorative justice programs for children and young people in contact with the law. And it commits to enhanced efforts to protect the rights of children with disabilities by facilitating and supporting the ratification of the Convention on the Rights of Persons with Disabilities. Another commitment was to advocate for and promote law reform in line with the Legislative Compliance Review of Sāmoa with the Convention on the Rights of a Child in 2006.

Further, the *Family Safety Act* of 2013 provides for greater protection of families and the handling of domestic violence and related matters. In 2013, child care and protection legislation was passed to addresses care and protection issues relating to children in light of obligations under the Convention on the Rights of the Child. It also makes specific references to findings in a report by the

Ministry of Women, Community and Social Development on the *Convention on the Rights of the Child Legislative Compliance Review* in 2006. Given the number of acts involved in these initiatives, the Sāmoa Law Reform Commission has indicated a focus on protection of families and in particular child care to be emphasized again in the Constitution of Sāmoa, the Infants Ordinance 1961, and the Young Offenders Act 2007. These issues were included in the Commissions agenda for Legislation Review in 2006.

Some of the following interventions are proposed to be achieved in the coming years by government in its latest Strategy for the Development of Sāmoa:

1. Continue to strengthen affiliations between the government and its partners to ensure that the Ministry of Women, Community and Social Development is adequately resourced to realize its mandated function as the national children's social protection mechanism (SDS 2016–2020).
2. Work toward enacting the *Child Care and Protection Act*. At present, community representatives, line ministries, nongovernment organizations, the private sector, and those under aged 18 years have consulted on the bill. It should be submitted to the Cabinet for discussion before it goes through parliamentary procedures by the end of 2014 (SDS 2016–2020).

The Ministry of Women Community and Social Development (MWCSO) is the national Focal Point for the CPU. The unit is responsible in ensuring and advancing the country's commitment to the Convention on the Rights of the Child, "World Fit for Children", and the Millennium Development Goals which puts child development as a top priority in national policy and planning. The unit also administers the National Policy for children which is based on the vision for the Government of Sāmoa's Strategy for Development (SDS 2008–2015), which is "Improved Quality of Life for All".

There is a *Child Care Protection Bill 2013* that is in progress and it provides for the care and protection of children in Sāmoa and for the recognition and enforcement of the rights of children in a manner which reflects Sāmoan culture, traditions and values and is consistent with international conventions and standards. There is also a *Family Act 2013* which is for the protection of families including children. There is also the *Education Act 2010* that provided relief for school fees for all children in government primary schools from Years 1 to Years 8.

Government Funding in supporting this unit has been steady that is about 275,000 has been appropriated for works to support all services for children. Donors such as WHO and Healthy Environments for Children Alliance (HECA)

through the Ministry of Health were also very instrumental in the many Programs for the protection of children.

Low primary school attendance and secondary completion rates—the recently completed Demographic Health Survey (DHS), 2009 records that 89 percent of children aged 5–12 are attending primary school. Note the MDG indicator for achieving universal primary education is based on enrolment achievements of 88.5 percent. Secondary School figures for age group 13–18 are much lower. Only 59 percent of those students aged 13–18 who should be attending are attending with much wider gender gap in favor of females (70 percent) than for males (51 percent).

There is free primary (except after 4 pm at the Tupua Tamasese Meaole Hospital, TTM) and secondary care for children under five years of age in all government facilities. There is also now a separate pediatrics outpatient clinic at the TTM Hospital. However, despite the upgrade in health facilities, the long waiting queues, lack of specialist’s pediatricians and poor tertiary service, care continues to be a problem and is often reported in the media. Sāmoa’s Health Care System, which is predominately a public service, has a well-developed Primary Health Care and Health Promotion System resulting largely from the collaboration between the national network of village women’s committees and community nursing services in the delivery of health programmes to the community.

However, Sāmoa’s child mortality rate is quite low if compared to international standards and is a cause for concern as the child and infant mortality are the basic indicators of a country’s socioeconomic situation and quality of life. Since 2012–2013, the MWCSO budget for Child Protection Services has been increased by SAT\$42,116, from SAT\$275, 335 to SAT\$317,451. For the same period, child protection services were allocated 2.55 percent of the MWCSO funds—in 2014–2015 it is 3.04 percent.

**Table 2: The Child Protection Unit**

<u>The Child Protection Unit (CPU)</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Annual Cost/Expenditures*	253,578	276,000	275,335
Number of Beneficiaries, total	49,151	52,127	60,000
Number of Beneficiaries, female	39,320	41,701	48,223
Number of Beneficiaries, male	9,831	10,426	11,777
Number of Beneficiaries, poor	49,151	52,127	60,000
Number of Beneficiaries, non-poor	NA	NA	NA

***Medical Treatment Scheme (MTS)***

The Ministry of Health and the National Health Service are the implementing agencies for the MTS/Institutional Programme to provide quality health care for

the country. This scheme is part of the SSCSIP (Strengthening Specialized Clinical Services in the Pacific) program who worked with Pacific Island Countries Ministries of Health to provide clinical service, academic and health training. The Scheme supports the costs of treatment in New Zealand hospitals for a modest number of Sāmoa-based patients with life-threatening medical conditions but with a good prognosis for recovery. The scheme also focuses on strengthening the regulatory functions of the Ministry of Health, health promotion, disease prevention and improving the quality of health service delivery which is the strategic focus of the Health Sector Plan 2008–2018 in the SDS 2015–2016. NZ Aid and AusAID works with Sāmoa, the World Bank and United Nations to support this initiative. The scheme also supports regular visits to Sāmoa by New Zealand medical specialists in specialties not currently supported by the Sāmoa health service. The medical specialists treat patients, conduct clinics, and provide training for Sāmoan health professionals. NZAID provides over NZ\$700,000 annually in support of the Medical Treatment Scheme (MTS). The government of Sāmoa also contributes about SAT\$10 million tala annually in the funding of overseas treatment, which includes travel and hospital visits. The main challenges are the allocation of this assistance. All Sāmoans are eligible to be funded, but no specific criteria have been put in place to identify for example the poor from non-poor and prioritizing women and children.

Furthermore, NZAID also provide NZ\$12 million over five years to the Ministry of Health through a SWAp which focuses on key areas including governance, improved health systems, health promotion and prevention, quality health care delivery, partnership commitment and financing health. NZAID also supports the collective agreement between Government of Sāmoa, Health Agencies and Development Partners (including the World Bank, AusAID and NZAID) for the delivery of sector wide health development assistance.

**Table 3: Medical Treatment Scheme/Institutional Programme (NZ)**

Medical Treatment Scheme (MTS)	2011	2012	2013
Annual Cost/Expenditures*	11,050,000.0	10,550,000.00	
	10,068,850.00		
Number of Beneficiaries, total	300	385	524
Number of Beneficiaries, female	144	185	251
Number of Beneficiaries, male	156	200	273
Number of Beneficiaries, poor	234	300	409
Number of Beneficiaries, non-poor	66	85	115

Fualautoalasi-Walter 2013

### ***Disability Assistance***

The MWCS is the national Focal Point for Persons with Disabilities whereas the Disability Unit is its implementing program unit. Its key role is to coordinate and implement the National Policy for Persons with Disability and lead mainstreaming

disability issues into national plans, legislations and Plans. The total number of people with disabilities living in Sāmoa is 2,096, females 941 and males 1,155 The National University of Sāmoa (NUS) is providing special needs education training under the Faculty of Education Program for the Diploma in Teaching. There is also a major Inclusive Education Special Needs Program implemented by MESC as identified in their Policy and Strategic Documents. The advancement and full protection of women and girls with disabilities is also an area that is addressed under the Policies and Plans.

The Government of Australia through AusAID, has agreed to support the Government of Sāmoa in mainstreaming disability initiatives/programs and national development policies. This program is expected to last 4 years covering the period July 2013–June 2017. AusAID contributed about SAT\$1.5 million tala for the period of 2012–2013 for inclusive education activities across four prioritized outcome areas and each activity will contribute to achieving the objectives of the National Disability Policy. The initiation of this program marks an important milestone for both Governments’ as it strengthens their commitments to the Development for All Strategy and Pacific Regional commitments such as the PRSD and the Incheon Strategy in addition to the provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Whilst the establishment of the special needs units in government schools saw an initial rise in the number of children with disabilities attending school the number again dropped due to operational difficulties. Referrals of new born babies and children detected with impairment from the Ministry of Health continues to be made to the Loto Taumafai Early Intervention programme which is the only village based program available on island that focuses on prevention and rehabilitation of children with disabilities under the age group of 15 year. The programme continues to support at least 300 families of children with disabilities and is struggling with the limited financial and human resources available to cater for the increasing demand for such services.

**Table 4: Disability Assistance**

<b>Disability Assistance</b>	<b>2011</b>	<b>2012</b>	
<b>2013</b>			
Annual Cost/Expenditures* 1,100,000.000	1,100,000.0	1,100,000.000	
Number of Beneficiaries, total	103	1522	2096
Number of Beneficiaries, female	45	670	941
Number of Beneficiaries, male	58	852	1155
Number of Beneficiaries, poor	80	1171	1613
Number of Beneficiaries, non-poor	23	351	483

Fualautoalasi-Walter 2013

## **Pensions**

The Senior Citizens Benefit Fund (SCBF) was established in 1990 pursuant to section 71 of the National Provident Fund (NPF) Amendment Act 1990. This Scheme is fully funded by the Government of Sāmoa and is administered by NPF. Sāmoa does not have a compulsory social insurance scheme for its entire population; however, the NPF provides for retirement in a system where employers and employees paid premiums as part of their contributory schemes. When they reach age 55 years, they are entitled to their payouts (NPF 2012).

The Benefit Fund is unique because all its aged citizens in all walks of life are qualified as beneficiaries, free in choosing of any profession in contrast to Developing Nations where one would have to work to earn it. That is, as long as you are 65 years and living in Sāmoa and is a Sāmoan citizen, you are eligible regardless of whether you contributed to NPF or not.

The SCBF has for the past years since November 1990 grown and fledged. Its beneficiaries have increased by four percent and costs increased by two percent in this Financial Year 2013/2014. At the close of the 2013 Financial Year, the Fund has in its Operations cash of SAT\$1,480,228.00 from Total Budget approved of SAT\$17,609,641.00.

The monthly Pension for those aged 65 and over is SAT\$130 tala to SAT\$135 tala. They also receive free travel on Government inter-island sea ferries, business class travel on government ferry to Savaii, free medical treatment and free medications at Government Hospitals.

The SCBF paid out SAT\$9,236 beneficiaries at the end of June 2014 a total of SAT\$15,180,497.00 for monthly pensions, and SAT\$1,344,931.00 for medical and travel expenses all of which are funded fully by Government. Of the 9, 236 beneficiaries, 5,175 are women which are about 56 percent of the total number of beneficiaries.

The challenge is that the SAT\$135.00 tala or US\$61.00 dollars a month is low, if compared to other neighboring islands.

**Table 5: Expenditure on Pensions by Number of Beneficiaries and Amount 2011-2013**

<u>Senior Citizen Benefit Fund</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Annual Cost/Expenditures*	15,940,000.00	16,674,261.00	
16,911,381.00			
Number of Beneficiaries, total	9,526	8,565	9,236
Number of Beneficiaries, female	5,337	4,799	5,175
Number of Beneficiaries, male	4,188	3,765	4,061
Number of Beneficiaries, poor	NA	NA	NA
Number of Beneficiaries, non-poor	NA	NA	NA

Fualautoalasi-Walter 2013



### ***Apprentices Program***

The Ministry of Commerce Industry and Labour (MCIL) administers the Apprenticeship Scheme. This Scheme was established under the Apprenticeship Act 1972 and the Apprenticeship Regulations 1973. The scheme combines work and part-time study which involves both practical skills and an understanding of theory in the trades. Apprentices need to complete three (3) to four (4) years or six thousand (6,000) to eight thousand (8,000) hours. The award of the Certificate of Due Completion is awarded to candidates who qualify as competent in a trade of their choice.

The Apprenticeship, Employment and Labour Market Division (AELM) Division keeps a record of job seekers who have registered with the Ministry. They refer these jobseekers to employers who have vacancies within their place of work. The Placement of jobseekers from the registry occurs when employers accept the referred jobseeker after interviews. The Ministry also offers assistance in compiling curriculum vitae (CV's) and the writing of job applications for jobseekers who seek such assistance. This is also a free service.

The AELM Division also under its annual budgetary activities conducts annual job search skills training for those on the jobseekers register and those who wish to further their knowledge on basic job search skills in finding employment. The budgets have been the same of about SAT\$0.5 million tala per year for the MCIL to service these needs. Government also allocated SAT\$125,300.00 tala for the National University of Sāmoa as the Apprenticeship Training Provider. It aims to assist students with their final year's school and to be aware and prepare for jobs available in industries and sectors of our country. It also allows Year 12 and 13 students to increase their knowledge and to experience the various services being provided by different industries or workplaces. The main challenge is that not many people are tapped into these free services. Awareness Programs and advocacy support is required for young people and especially the unemployed to use these services.

**Table 6: Expenditure on the Apprentice Program and Number of Beneficiaries 2011-2013**

<u>Apprentices Program</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Annual Cost/Expenditures*	508,874.00	511,972.00	
508,916.00			
Number of Beneficiaries, total	111	123	123
Number of Beneficiaries, female	11	25	33
Number of Beneficiaries, male	100	98	90
Number of Beneficiaries, poor	85	94	94
Number of Beneficiaries, non-poor	26	29	29

Fualautoalasi-Walter 2013

## Analysis of Country Results

In 2001, ADB approved a Social Protection Strategy, which supports developing member countries in their efforts to reduce poverty and vulnerability and to provide their populations with effective social protection. It recognized that monitoring and assessment of social protection was a priority for improving the existing systems and developing new policies and programs.

**Table 7: Calculation and Disaggregation of Social Protection Index by Category**

	Social Insurance	Social Assistance	Labor Market Programs	All Social Protection Programs
Total social protection expenditure (SAT)	16,911,351	3,257,000	509,000	20,677,351.00
Beneficiaries	9,591.00	37,075.00	111.00	46,177.00
Reference population	71,936.00	123,260.00	7,627.00	202,823.00
25% of GDP per capita (SAT)	2,079	2,079	2,079	2,079
Social Protection Index	0.040	0.008	0.001	0.049

GDP = gross domestic product.

Source: Consultant's estimates 2013

The overall SPI for Sāmoa in 2015 is estimated at 0.049, as shown in Table 4. This implies that the per capita social protection expenditure of the government was about 4.9 percent of the poverty line expenditures (set at 25 percent of the per capita GDP).

The disaggregation of social protection for social assistance is approximately eight percent of the social protection expenditure. Table 5 shows social protection expenditure by category in Sāmoa. This is a very significant increase due to the increase in assistance during the Cyclone Evan period in 2015 December.

**Table 8: Social Protection Expenditure by Category**

Social Protection Category	2015 Annual Expenditure (SAT)	Percentage
Pensions	914,372	7
Health insurance	0	0
Unemployment benefit	0	0
Other social insurance (e.g., maternity, disability benefits)	0	0
<b>All Social Insurance</b>	914,372	7
Assistance for the elderly	0	0
Health assistance	1,881,000	15
Child protection	276,000	2
Disaster assistance and relief	7,808,000	61
Other social assistance	1,350,815	11

All Social Assistance	11,315,815	89
Labor Market Programs	518,577	4
<b>TOTAL SOCIAL PROTECTION EXPENDITURE</b>	<b>12,748,764</b>	<b>100</b>
	<b>Gross Domestic Product</b>	<b>1,574</b>
<b>Social Protection Expenditure Indicator (SPEXP)</b>	<b>0.8%</b>	

Source: Consultant's estimates 2015.

The depth of social protection expenditures is about 0.213, while the breadth is 0.231, indicating that social protection programs together reached nearly 49 percent of the population. However, the value of breadth warns that the expenditure per beneficiary was low and did not meet people's needs. Table 9 shows the SPI disaggregation by depth and breadth.

**Table 9: Disaggregation by Depth and Breadth**

	Social Insurance	Social Assistance	Labor Market Programs	All Social Protection Programs
Depth	0.848	0.042	2.206	0.213
Breadth	0.047	0.183	0.001	0.231
Social Protection Index	<b>0.040</b>	<b>0.008</b>	<b>0.001</b>	0.049

Source: Consultant's estimates 2015.

The disaggregation for the SPI for the poor is 0.002 and 0.047 for the nonpoor (Table 10). This indicates that the poor have less access to most social protection programs except for those programs that were developed or earmarked for a particular group of beneficiaries.

**Table 10: Disaggregation by Poverty Status**

	Poor	Nonpoor	Total
Social protection expenditure (ST)	673,663	20,003,688	
Reference population	202,823	202,823	
25% of GDP per capita (ST)	2,079	2,079	
Social Protection Index	0.002	0.047	0.049

GDP = gross domestic product.

Source: Consultant's estimates.

In relation to gender, the SPI for women is 0.022 and men 0.027 (Table 8). Women, both in number of beneficiaries and as well as expenditure, are behind men. Women's access and expenditure were 22 percent, compared to men's 27 percent, further illustrates that the gap between the genders is widening.

**Table 11: Disaggregation by Gender**

	Women	Men	
Social protection expenditure (ST)	9,152,808	11,524,543	
Reference population	202,823	202,823	
25% of GDP per capita (ST)	2079	2079	Total SPI
Social Protection Index	0.022	0.027	0.049

GDP = gross domestic product.

### Conclusions

The SPI in 2015 for Sāmoa decreased in comparison to the 2012 results. One reason could be the increasing number of social protection programs recently established for the disaster relief programmes that were completed or were not sustainable and were active only for a particular period of time. However, the social protection programs with the most challenges are those focused on persons with disabilities and the school fee scheme. Both have been involved in court cases because of misuse of funds by employees. In addition, funding by the Australian aid program for programs focused on children with disabilities is now being scrutinized.

Another issue to be examined is the lack of health insurance and unemployment benefits in Sāmoa. Although the economy of Sāmoa could not sustain such major financial commitment, these are basic rights that still warrant government consideration. Medical treatment is heavily subsidized by the government, but more needs to be done, on accessible and affordable health insurance and better medical facilities and outreach. Other social insurance, such as maternity benefits and disability benefits, also do not exist. However, provision of maternity leave (eight weeks of leave with pay) is a statutory requirement for all government ministries and corporations and is administered by the Public Service Commission under the *Labour and Employment Relations Act, 2013*.

Data on SPI programs should be collected and be updated regularly to reflect the real situation in Sāmoa. Data should be disaggregated by gender and related to economic status of individuals to better analyze the situations of women and of the poor in social protection programs and policies. Most of the financial assistance provided to Sāmoa is not specific to the poor, and the most vulnerable. For example, funds received either as pledges and donations during the tsunami disaster went into general revenue accounts of government and was disbursed and appropriated to all the sectors in Sāmoa, suggesting that there was no targeting of people according to their need. As a result, it reached only a small proportion of those in need, especially women and children. More transparencies would be achieved if the SBS were given the mandate and support to collect and collate information for a properly designed database with access to up-to-date,

accurate information for social protection activities and beneficiaries. This initiative would result in more complete data sets leading to more accurate assessment and calculation of our social protection indicators which may result in improved policies and programs.

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**Oceanian Journeys and Sojourns: Home Thoughts Abroad.**  
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As a recent returnee to Samoa, *Oceanian Journeys and Sojourns: home thoughts abroad* (2015) has come at a timely moment in my life. Throughout the text I reflected on my own family's mobility journey since leaving these shores as a child in 1986. Education and employment opportunities were key narratives of our sojourn to New Zealand and Australia. Now, thirty years later, my circular journey has been influenced by 'aiga (family), genealogical connections, and Sāmoa as my ancestral home. As editor Judith Bennett writes: "For some the return may be in their lifetime or that of children or descendants because, for most Pacific people, there is always a connection to ancestral home places" (p.12).

This collection of twelve essays is divided into three parts. The first titled 'People and Pacific Places' introduces the 'heart' of mobility, as Bennett highlights the life and work of scholar Murray Chapman, himself a sojourner who has navigated the movement of people in Oceania among other places. Metaphors play a key role in understanding mobility, with particular reference to Joel Bonnemaison's (1994) analogy of the 'canoe' and 'tree' in Vanuatu which has salience throughout the text and narratives. Through an interview with David Gegeo, it was heartening to read Chapman's story about his early academic life and the influential people who guided his canoe. His foresight to question the rigid economic paradigm of migration began in Tasimauroi in the 1960s with his humble 'retrospective mobility register' research tool (p.47). As these essays reveal, Chapman's work has been a significant departure point for the authors and their own journeys.

In Part Two 'Pacific People in Movement', Sa'ililemanu Lilomaiava-Doktor emphasizes the 'va (social space) in Sāmoan culture as the central metaphor to understanding life cycles (funerals) and events (church dedications) that influence Sāmoan mobility: "The relationship between physical and conceptual spaces can be grounded in examination of metaphors, which are simultaneously part of cultural communication and reflections of social relationship" (p.91). Of interest were the 'improper mobility' categories that are associated with 'aimless wandering' (p.77). This point is carried through by Lola Quan Bautista who acknowledges the people movement in Satowan Atoll located in Chuuk is "a highly complex phenomenon" (p.93). The dynamic interactions demonstrate nuanced mobility factors such as 'no roots and 'false wandering' over the

common theories of 'urban drift' and 'education explosion' (p.124). For Asenati Liki the key reference point for understanding Teine uli or Melanesian-Sāmoan women is through 'kinship'. 'Aiga relationships that were formed within the boundaries of the colonial copra plantations now extend beyond these sites to places such as Vaitele and New Zealand. As Liki asserts "For Teine uli identification with 'aiga relations has been a far more enduring reality than with other identities (as labourers, for example) often imposed by outsiders" (p.137). Raymond Young's analysis through the narratives conveyed by interviewees Fane, Sera, Pita, Mele and Laisa exemplifies the 'embodied geography of movement' framed within the Lakeban and Fijian experience. This in turn links people, pathways and places (p.190). On a personal journey Tarcisius Tara Kabutaulaka presents the various inflections that saw him leave his veraqu (home) as a child, his central point of reference. His reflection on tuhu vera (changed places) provided insight into his layered identities as he moved to and from Tasimaui, Honiara, Fiji, Australia and Hawai'i. He writes: "I belong to multiple worlds, yet am rooted in Tasimaui" (p.216). Jully Makini's poem 'The Ethnic Tension' references volcanic eruptions, cyclones, and tsunami in response to the conflict in the Solomon Islands. Her essay documents Honiara before independence, and changes in the raw political landscape before RAMSI (Regional Assistance Mission to Solomon Islands). Despite security anxieties, various groups and associations responded to the crisis. In her poem 'Tears over Honiara' she writes "I cried for the good times, which will never more come" (p.227). For Makini this experience will take time to heal.

In Part Three titled 'People, Culture and Research' Bennett outlines her search for American naval officer Lieutenant John Burke, a military historian during the Second World War and his collecting activity in Melanesia. Burke's collecting and the dispersal of objects to various museums in the United States and elsewhere revealed a complex chain of object mobility, from village to port and beyond Melanesia. His service had taken place in the context of war, complicated by the terms of British administration. However simultaneously it seems Burke had a role in indigenous politics. The subsequent framing of these collections in institutions nullify's Burke's narrative due to his sudden death in 1946, as Bennett writes: "Perhaps Burke the historian may have had more to tell than Burke the collector" (p.269). Yvonne Underhill-Sem critiques the 'silences' in research methodology as she asserts the "need to be more critical in our analysis of how we know what is not said and what 'the unsaid' means" (p.278). In the context of 'mobility of the body' in Wanigela, Papua New Guinea, Underhill-Sem critiques the 'discursive construction' of maternal and pregnancy spaces. For the women she interviewed, the silences articulate a way of knowing, understanding and seeing the world, which needs to feature more prominently in discussions around women's bodies. Gordon Leua Nanau presents the mobility of 'research'



in the case of the Solomon Islands. He highlights the challenges of fostering a research culture due to funding, legislative clarity, intellectual property and local and international collaboration. Nanau's analysis reveals a complicated and shifting perception of research, and its national and regional implications. Going forward the Solomon Islands National University together with the government requires a working partnership to ensure how research can reflect policies it seeks to develop and implement. As the last chapter, Eric Waddell makes several key points around the premise that "Oceania is as much about movement and networks, both within and beyond the region, as it is about deeply rooted communities" (p.336). In reflecting on his engagement, Waddell argues that the Pacific Studies programme needs to be embedded in an 'evolving regional reality' (p.323). This entails the 'awful truth' that Oceania has moved on. Pacific Studies since the 1990s is now facing another shift, one that will need to include multiple perspectives, voices, approaches to knowledge, learning objectives, and a sense of place, oriented by scholars of Pacific heritage, and centered on 'lived and shared experience' (p.341). The future of Oceania will need to be transformative.

The editor and authors are commended for producing a diverse collection of essays that make a significant contribution to the complex discourse associated with 'Oceanian Journeys' of past, present and future. Its rich stories of mobility and circulation offer new perspectives on how people have (and are) engaged with their own journeys in Oceania. The challenges of identities, movement, histories, and place reveal a moving centre and periphery.

## Contributors

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