

Pushing Children Up: Maternal Obligation, Modernity, and Medicine in the Tongan Ethnoscape

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In October of 1991, a witty, hard working and generous woman named Vasiti 'Aholelei suffered either a cerebral hemorrhage or cardiac arrest, and died. Vasiti had spent her last day weaving a fine kie mat destined for exchange with a New Zealand based woman she'd never met. She had eaten a large midday meal of pancakes, manioc, coconut cream and mango and then, because she did not feel right, laid down to rest. Despite pleas from her kinswomen, she died just after dusk.

Three days before, and only after repeated requests from the island's nurse, Vasiti had overcome her dread of traveling the open ocean and had visited the doctor at the small hospital on a neighboring island. Two days before her death, Vasiti, her weaving partners and I, had a conversation about that hospital visit. She began the conversation by asking me what 'high blood' was, what '180 over 130' meant, and whether it really was necessary to quit smoking and stop eating as she pleased? Finally, she had asked, would she really have to take the pills she'd been given, everyday, for the rest of her life?

In the same year, a younger, more active and less acerbic but equally witty and hardworking woman named 'Ana Seini Taufa was also looking forward to the exchange with her New Zealand partners. 'Ana Seini had amassed an impressive stock of pandanus textiles, a feat of skill and physical endurance necessitated mostly by the six sets of school fees that she and her husband needed to pay. Such energy and industry were expected of any mother in their middle years but 'Ana Seini was remarkable in that she had succeeded in living up to the ideal. In 1999 however, she stubbed her toe, and sepsis from the infected cut spread up her leg. The dynamic and seemingly healthy 'Ana Seini was diagnosed with diabetes mellitus type II and her leg was amputated just below the knee.

A few years previous to 'Ana Seini's amputation, the man officially responsible for the health care system both she and Vasiti encountered

retired from his position as Minister of Health. Dr. Sione Tapa is a small, steely man, discrete, yet candid. Fiercely committed to personal integrity, devotion to duty and the value of higher education, everything about Dr. Tapa was “first:” He was a star athlete and the first ranked student in his graduating year in Tonga, the first Tongan to receive a university degree in medicine, the first indigenous Director of Medicine, and the first commoner (non-chiefly) Minister of Health. It was he who steered Tonga’s medical services into the 20th century, and took Tonga to the international health community. In addition to ensuring that Tonga had a medical system which aligned with the principles promoted by the World Health Organization (WHO), Tapa also encouraged participation in international health trials with organizations such as the Atlanta Center for Disease Control (for e.g. a smallpox vaccine jet gun intended for Africa). As a member of the world community, and as a beneficiary of overseas consultants’ advice, it was, he said “only fair for Tongans to contribute to these researches” (Interview of 10/08/99). After more than 40 years of service, Tapa now lives a quiet, unassuming life punctuated by travel (and visits with foreign academics). Well traveled, well educated, exacting yet gracious, as comfortable in London, Geneva or Auckland as in Nuku’alofa, Sione Tapa epitomizes in his very person a modern member of what I shall describe as the Tongan global ethnoscape.

These three individuals I have described offer the means for contemplating at the level of everyday life (and death), the ironies, ambiguities, opportunities and tensions created by the interconnections which characterize globalization in the Pacific. I am especially interested in the experience of globalization, and its concomitant aspect ‘modernity,’ in relation to gender and health. These examples come from the Kingdom of Tonga, a central Pacific nation that has continually attempted to position itself as a fully participating member of the global society, while espousing rhetoric which

has variously privileged peripherality, nationalism, traditional Polynesian culture and modernity.

Contemporary Tonga is a society cross-cut on the one hand by discourses of tradition and kinship, and on the other by the perceived benefits of modernity and participation in the global economy. In this chapter I want to make three points about the experience of globalization in Tonga and for Tongans. The first point relates to the interconnection of globalization, modernity and the Tongan ethnoscape (I outline what I mean by globalization and the Tongan ethnoscape in the next section). The second relates to biomedicine’s role in the development of a modern Tongan nation and in the national agenda of global participation. The third point focuses on globalization and modernity as experienced by outer island women like Vasiti and ‘Ana Seini.

I begin with a discussion of globalization, ethnoscares, modernity, discourse, and hybridity. These factors I argue, are intrinsically interconnected. Medicine, as a modernist, hybridizing discourse offers a particularly salient example of those interconnections. I then look more closely at the ways in which medicine and health have figured as strategies in the modernizing of the Tongan nation, and Tonga’s relations with a globalized world. Sione Tapa figures as a significant example in this case. Finally, I return to consider how the Tongan reach for modernity and position in the context of globalization is experienced by individual women (like Vasiti and ‘Ana Seini) living in smaller villages.

COMPLEX CONNECTIVITY, GLOBALIZATION, AND TONGAN MODERNITY

Globalization is characterized by what John Tomlinson (1999) calls “complex connectivity.” As a theory, the concept of globalization and correlated concepts such as transnationalism (see Morton, this volume), internationalism (Marcus 1993), modernity (Appadurai 1996, Giddens 1990) and even the world system (Wallerstien 1976), emphasize to some degree or

another (and in various configurations) the interconnectedness of people, goods, ideas and practices, across national and ideological boundaries. Much of this literature focuses on political and economic forces, tensions of diasporic and home place identities, technologies for travel and communication, and resultant forms of social relations. Such relations depend on various technologies – telecommunications media and air planes in particular – which help to establish and maintain social contacts across great distances, but within very short time spans. The latter can lead to the sense of a ‘shrinking world’ and fears of a loss of authentic traditions and homogenization of cultures. This is sometimes described as the inevitable result of ‘modernity.’

Being ‘modern,’ as Anderson (1983) has so clearly described, offered to those of the burgeoning colonial (European) empires a kind of imagined, homogeneous identity which seemed to transcend national borders. The importance of both imagined belonging and cross-national connectivity is clearly displayed in the work of Appadurai, who identifies media and migration as the two major diacritics in any theory of modernity (1996:3). The notion of globalization, which is described as both evidence of and the pathway to modernity, and the notion of modernity, which is described as inherently globalizing (see: Tomlinson 1999:107, Giddens 1990) forms a rather tautological relation in the literature, a circularity of mutual construction. However theorized, it is the flow of ideas and practices, movements (or deterritorialization) of groups of people, and the various forms of connectivity (including products and communications), that are the key characteristics of a globalized, modern world.

I think of Tongans, both in-country and those who are part of the transnational diaspora abroad, as an ‘ethnoscape’. Ethnoscape is a term coined by Arjun Appadurai (1991) to refer to people living anywhere on the globe, who think of themselves as being linked by virtue of a particular ‘homeland’ or ancestry. More than just a diaspora, or relocated

persons, an ethnoscape includes the ideas and practices, and political, economic and cultural influences, which the members bring to bear on each other and the places they are living. An ethnoscape is intrinsically connected to globalization, hybridity and modernity, and a key aspect of any ethnoscape is mobility.

Tongans form an ethnoscape in which, to rephrase Appadurai (1991), the warp of stable communities, kinship and residence that characterize the traditional system and the actual everyday life of most residents, “is shot through with the woof of human motion, as more persons and groups deal with the realities of having to move, or the fantasies of wanting to move” (Appadurai 1991:192). This notion of stability cross-cut and overrun by the potential of movement describes contemporary Tongan society very well. There is one exception: the ‘woof of human motion’ that Appadurai flags as new, especially for post-colonial peoples, is not new, abnormal nor particularly startling for Tongans. As Epeli Hau’ofa (1995) points out, Tongans have always understood themselves as groups of people simultaneously mobile in space and time, yet stable through ties of kinship, and as legitimate actors within a social framework that extended beyond their (current) geographical territories. The European contacts and resulting ventures of guest working, illegal overstaying, lusting for foreign commodities or experiences, and the economic or educational emigration which have characterized Tonga through the 20th and into the 21st century, are just the most recent set of deterritorializations for the Tongan people. This is a people whose ancestors discovered and populated many, many, islands in the largest ocean on the globe, and then through trade, invasion, marriage, treaties and/or religious proselytization, repeatedly interacted with many of those Pacific societies. Tongans’ history of ‘complex connectivity’ dates from at least 2,900 years long, according to the most recent archaeological evidence for the oldest site in Tonga (Burley and Dickenson August 2001).

Today it is accurate to say that every family has at

least some kin living overseas. Much of this stems from the emphasis on education, which began early in the 20th century as a type of prestige gesture among elite families. But the gesture was quickly adopted by non-elites as a strategy for economic and social success. Today, good parents are those who support their children's studies and prioritize their education. Such parents hope that their child will receive a scholarship to study overseas, perhaps in New Zealand, Australia, Canada, the United States or Japan. They fully expect the educated child to get a salaried job, settle overseas somewhere and send remittances back to his or her family in Tonga. This is the way in which contemporary Tongans are expected to "help out the family" (see Evans 1997; Small 1997; and Lee, chapter 8). But this often results having fewer people left to carry on life in the smaller villages.

This "brain and labor drain" has, among other things, helped to keep population levels within Tonga stable at about 97,000 persons. While fueled in part by investment in education, migration has also resulted from a desire for freedom from traditional obligations and controls of chiefs, perceived shortages of land, a desire to travel and to gain new experiences. I say perceived land shortage, because while the area around the capital of Nuku'alofa and the main island of Tongatapu is experiencing a huge population boom, Ha'apai is de-populated, land is over-fallowed and it is labor, not land that is in short supply (Evans 1997).

But deterritorialization is not unidirectional. Appadurai has argued that while deterritorialized people—as members of an ethnoscape—transfer ideas, images, goods and experiences to one another, deterritorialization also disconnects people. He called it "one of the central forces of the modern world" that loosens the "bonds between people, wealth and territories" (Appadurai 1991:192-94). Tonga may be an anomaly (though I doubt it), but it is clear that in the Tongan ethnoscape, deterritorialization has not *necessarily* loosened the bond between people, wealth and territory. Rather, the relocation of large portions of families has resulted in complicated flows of

traditional gift items like textiles and food but also ideas, such as Tongan-style Methodism, to overseas communities of ex-patriot Tongans. In exchange, in-country residents receive non-traditional wealth such as currency, trucks, VCRs and freezers, but also scholarships, opportunities for 'eva—travel abroad—and ideas about national decision making and political representation. As Chappell (1999) notes, while not necessarily enabling democracy, transnationalism is affecting Tongan politics, insofar as exposure to republican and parliamentary systems overseas has led to calls for reform of the current system in Tonga. Furthermore, Gordon (n.d.) argues that the Tongan presence in the Church of Latter Day Saints (Mormons) is changing the character and representation of Mormonism, in the USA and elsewhere. A predominantly white American institution, the Latter Day Saints have had to re-frame some of their early teachings connecting skin color, godliness, and right to authority, for example.

While the globalization experience of deterritorialization and complex connectivity is not new for Tongans, Appadurai's point about the scale of the movement and the forms through which ideas and people move, is an important one. In Tonga, there is no isolated village where globalization is not evident. Vasiti and 'Ana Seini, for example, have experienced the "woof of human motion" first hand: They may have spent their whole adult lives on tiny Kauvai, but they thought about moving, they communicated with relatives who moved, and they sent things to and received things from overseas locales. During their lives, events such as world wars, the rise and fall of copra markets, economic recessions and anti-immigrant attitudes in places like the USA and New Zealand ramified through the village, affecting for example, when and where they went to school, and whether their husbands or brothers would get a guest visa, find work overseas, and send money home to help with school fees or annual church donations.

Appadurai's list of modern forces affecting an ethnoscape includes shifts in international capital, changes in production, technology or consumers'

needs, national violence, policies on immigration, and technologies of communication and travel. I would add internationalization of social policies, and, in particular, attempts to create a globally uniform level of individual health. Examples of the latter include the International Sanitary Convention of 1892 (designed to interrupt the spread of cholera), the anti-malarial campaigns of the 1950's, and the World Health Organization's (WHO) "Health for All by the Year 2000" campaign that began in 1977.

The push for "global health" (WHO 1981) represents one conduit of connectivity, one source of ideas and practices explicitly associated with being 'modern' and part of the international community. "Health for All" is the term for an altruistic campaign first promoted by the World Health Assembly in 1977, and officially launched by the WHO in 1978. Its objectives were classically modernist: use scientific (medical, social, economic) knowledge to tame the vicissitudes of both nature and social disadvantage, in order to achieve the humanitarian ideal of an end to unnecessary human suffering and a democratization of health at the level of every citizen. The "Health for All" strategy involved nationally set strategies, policies, and plans for action. One of the effects of the "Health for All" strategy was to precipitate a world wide development of national medical systems focused around primary health care, professional and public education, health promotion campaigns, and internationally homogeneous health policies and legislation. Examples of the latter range from lists of reportable diseases, to strategies for the professionalization of traditional birth attendants. The "Health for All" campaign also encouraged various means for monitoring and evaluating success within the local population, based on internationally accepted indicators. Just a few examples of the kinds of data—sources of capillary knowledge—collected on all nations of the world in compliance with international protocols include maternal and infant death rates, hospital usage, reportable diseases (such as influenza, malaria, measles, smallpox, and diarrhea), breast-feeding, education levels by sex,

and standards for nurse training and certification.

One way to interpret this nexus of practicing, thinking and talking about 'health' would be as a discourse characterized by complex connectivity which accretes, among other things, a corpus of experts, certain forms of knowledge, and disciplined bodies. This is an analysis based in post-structuralist, and especially Foucauldian, critiques of knowledge production (e.g. Foucault 1972, 1974, 1980). I want to make the case that this type of analysis is as valid in Tonga as in other 'modern' setting. However, because Foucault's *oeuvre* was clearly focused on European knowledge, and especially texts, it might be considered inaccessible to societies like Tonga's which have only very recently begun to compile written records. As in other Pacific nations, Tongan history and culture has been recorded mostly in oral forms (genealogies, stories, titles, site names, dances and songs). While some of the older material has been recorded in travel narratives (Mariner [1818] 1991) and ethnographic reports (e.g: Bott 1982, Collcott 1928, Gifford 1929), for Tongans this corpus of knowledge is still mostly publicized in ritual, in ceremony, and in speech events (for example, radio programs, church sermons, title investitures and kava drinking circles). How justifiable then, is it to apply a post-structuralist focus developed for textual analysis, to a setting where much that takes place is still oral? Lindstrom (1990:15) has shown that it is possible to "stretch the post-structuralist agenda so that it speaks to a non-textualizing society," such as those of the Pacific. As he argues in an analysis of ni-Vanuatu knowledge production, discourse is mostly talk. In Europe, talk was recorded in texts. In oral societies like Vanuatu (or Tonga), it is recorded mostly in speech events. I would add that for Foucault, a discourse is more than just talk. It includes the speakers and listeners of talk, both of whom are essential to any speech event.

Foucault's insight was that a discourse produces *something*. This is true of Pacific societies as well as European ones. Whether written or oral, influences and minute (or 'capillary') subjugations of human

beings are immanent in the social relations of a discourse. Foucault (1980) referred to this as power/knowledge, a term intended to demonstrate that discourse produces “knowledge” and such “knowledge” is productive of powerful relations. Such relations of power, whether they be between Parisian physicians and their clientele or Pacific island chiefs and their kin, are basically inherent “in the simple details of living one’s life according to the dictates and expectations of local culture” (Lindstrom 1990:17). Borofsky’s (1987) analysis of Pukapukan knowledge production is a good example of how everyday discussions and speech events produced a new form of social organization (the *akatawa*) which was accepted and believed to be traditional.

I am aware that when applying Foucauldian insights to Tonga, it is important to remember that, as most studies of the post-colonial have shown, local culture has a tendency to display indigenization of aspects of colonial power. One clear example of this in Tonga is the way in which the current monarchy mimics the structure of 19th century British aristocracy as much as it does represent paradigmatic Polynesian chiefly formations. Appadurai connects this blending of colonial forms of power and emergent local traditions to experiments with modernity (1996:90). As he sees it, blended or ‘hybrid’ cultures evolve along with the interconnections that characterize globalization. In some ways, then, hybridity epitomizes modernity.

Hybridity is an important concept, not just for understanding what it is to be modern, but for understanding Western biomedicine. In theory, biomedicine is based in rational, scientific objectivity and motivated by humanistic principles. In practice, biomedicine has demonstrated a tendency to claim whatever therapies prove efficacious (herbal, diet, massage, surgery, acupuncture, shamanic rituals) as part of its scope, and the propensity to be motivated as much by capitalist profitability as humanism. This hybrid nature of biomedical practice (previously described as its cosmopolitanism, see Leslie 1976), is part of what makes biomedicine a prototypic example of a

modernizing discourse. In addition, there is what Foucault called medicine’s totalizing ‘gaze,’ by which he meant its ability to systematically create the objects of which it speaks (see Foucault 1972:49, 1973), and finally, there is the dependence on ideas of scientific rationality which underlie biomedicine’s claim to authority. Because science is always thought of as ‘modern’, biomedicine’s rhetoric of scientism (most currently promoted through emphases on ‘evidence based practice’) allows it to lay claim to a perpetual modernity. Biomedicine’s ‘modern’ cachet is not to be underestimated. Certainly, health discourse and attendant practices have been one means through which Tonga has actively participated in a modernizing process.

But what is it to be modern? And what is it to be a modern Tongan? One way to try to define this is to look at access to and use of material, and particularly technological products. But I would argue this is a limited version. One of the hallmarks of modernity, notes Latour (1993) is scientific rationalism: the creation of knowledge in which ‘science’ investigates and catalogues the ‘natural’ world. Such an endeavor, a discourse wherein a totalizing ‘gaze’ is applied and subjects are constituted as they are described, requires a mental leap (of faith) in which ‘science’ and ‘nature’ are separated. To be modern, in this usage, is to be clear about what is fact and what is fiction, to keep the categories discrete, and to avoid muddled or hybrid thinking. However, Latour argues, while supposing a separation of science and nature, modernity actually erects (equally) false categorizations and typologies. In other words even the so-called modern people are subject to hybrid thinking, and thus, have never really been modern (Latour 1993). Barley’s (1988) analysis of medical technicians’ magical thinking, including “letting the machine rest” and “speaking gently to it” in the face of CT scanner machine breakdown is a perfect example. Equally relevant examples from Tonga include the registered nurse informing a patient that traditional medicine is not to be trusted, and then re-tying the red belly string the woman is wearing under her clothes to protect her infant from *tevolo* (spirit attack); or

the Tongan student who fasts before an exam in the hope that God will recognize the sacrifice and reward her with a good mark. Belief in electrons and neutrons, even though they have never actually been visualized, is a form of hybrid thinking typical of moderns.

I think of 'modernity' as the espousal of enlightenment principles including the value of education and the relevance of rational thinking based on the separation of nature and culture – as consciousness of a multiplicity of societies, lusting for exotic commodities and a vision of a "world of progress and production" (Baudrillard 1998). From this perspective, Tonga has consistently sought after what might be called the status of being 'modern' while retaining the flavor and functions of 'tradition'. The result of this agenda according to some analysts has been a 'compromise culture' (Marcus 1978). However, the interconnections which characterize the modernity of the contemporary Tongan ethnoscape are much more complex than religion and tradition. I would suggest that Marcus' description of the syncretism of Christian and classical Tongan practice is better understood as part of the ongoing 'invention' or 'figuratōn' (from Wagner 1975, 1986) of Tongan culture, what Gordon (1998) refers to as indigenous modernity. Latour's (1993) recognition of the links between hybridity and modernity are more helpful for thinking through the amalgam of traditional culture (called 'ulungana fakatonga) and contemporary practice (called anga fakatonga) that is the essence of indigenous modernity in Tonga today. Contemporary Tongan culture is not characterized by compromise, but by hybridity, and modernity in Tonga is not just about commodities, but forms of interconnections and ways of thinking and attitudes (i.e. thinking as a modern, explicitly trying to be modern).

Latour (1993) has noted that modernity is linked to identity. Pointing to the way in which being modern is constructed through a structural (imagined) opposite, Latour argues that modernist thinking claimed rationality and objectivity in contrast to the irrational, 'superstitious' thinking of those who are

not modern. The latter were variously termed 'savages', 'primitives' or 'natives'. Again, very subtly, modernity is linked in a similar process to nationalism. Latour also noted that nationalist statements (speech acts, slogans, public campaigns) he notes, pull on 'science' and scientific knowledge for authenticity and for inspiration of national identities. The American and Russian automobile industry, space race, and cold war messages are particularly salient examples of rhetorical linkages of scientism and national identity. Like other science-based forms of knowledge, biomedicine, with its claim to being 'modern' and 'scientific' can be seen as a natural ally to nationalism and the emergence of a 'modern' identity. This is particularly evident in Canada, where universal health care and the highest caliber of biomedicine are fundamental to notions of Canadian identity.

Thus, if one of the parameters of globalization is willing and active participation in the flows of ideas and practices (that complex connectivity identified by Tomlinson [1999]) and if we recognize biomedicine as one public practice which pulls extremely effectively on notions of modernity and science, then it follows that we must pay attention to the ways in which medicine and health have figured as a strategy in the modernizing of Tonga's national identity, and especially the political strategies of the Tupou dynasty.

MODERNITY AND MEDICINE IN TONGA

The actions of the late Queen Sālote Tupou III, who reigned Tonga throughout most of the 20th century, provide a particularly clear example of cultural hybridity, and the use of medicine and health discourse in statecraft. The same type of political strategies are also evident in the actions of her son, the current monarch, King Tāufa'āhau Tupou IV. Within Tonga, Queen Sālote is remembered as having both enlisted and resisted British guidance in developing her nation and preparing it for independence from its protectorate status. She is also renowned for having championed

(and re-invented) Tongan traditions such as the royal kava circle, poem and song compositions, the wearing of the *ta'ovala* (woven waist-mat), and for her ability to position herself as the authority of all genealogies. All of these held particular importance in the construction of a national, Tongan identity vis-a-vis both foreigners and Tongans. While generally demonstrating adherence to official forms of Tongan tradition and custom, her son King Tāufa'āhau is publically associated with an agenda to modernize the nation through monetization, enabling of out-migration, and a love of sports. Less well recognized is the way both monarchs seized on health and medicine to craft Tonga's position vis-a-vis the international, global milieu. Three examples, all related to medicine, are offered as illustration of the fact that, despite being located on the geographic and economic periphery of the world system, Tongans have not been shy about their capacity to participate within the world system.

They have in fact made transnational contributions, insofar as they have affected those living outside of Tongan borders in material, if generally unheralded ways. The three examples provided here indicate that Tonga has actively participated within the international society, has consistently thought of itself as a nation which could participate globally, and has espoused and sought to acquire public evidence of modernity.

In 1924, the late Queen Sālote asked a simple question, one that was eventually to prove instrumental in establishing a medical school dedicated specifically to training Pacific Islanders. She was speaking to Sylvester Lambert, a physician funded by the Rockefeller Organization to combat hookworm in Pacific populations. Lambert had been trying to convince the Rockefeller Foundation to fund a medical school for Pacific Islanders. The school was to be located in Suva, Fiji, and was envisioned as a major expansion of a training program that was training indigenous Fijians about sanitation, first aid and vaccinations. It was a risky proposal, insofar as some doubted that 'blacks' had the intelligence to study medicine (Lambert 1941). The proposal had generated a lot of enthusiasm among colonial civil

servants in Fiji, Samoa, Tonga and elsewhere, who were faced with the logistical problem of getting European doctors to stay in the civil service, but the little medical school was not sufficiently grandiose for the Rockefeller Organization, who doubted that the expense would be worth the population to be helped, and criticised the curriculum for being insufficiently rigorous (Heiser 1924). Lambert was meeting with the Queen to give her the sad news that the Rockefeller funding request had been denied, and so the idea of school to train Pacific islanders to be doctors would have to be abandoned. Queen Sālote asked why the Pacific island nations could not pay for their own medical school to train their own people in modern medicine (Lambert 1941:211 and 282). It seems that neither Lambert, nor the colonial officers had considered the idea of a self-funded program based on a partnership contribution model. Queen Sālote's suggestion revived the project. The Central Medical School, which eventually became the Fiji School of Medicine, was subsequently established in 1929, with Tonga contributing and guaranteeing the fees of an annual complement of four students.

The school came to be a model within the then British Commonwealth for the training of natives in medicine, proving among other things, that non-Europeans could learn the skills required to practice modern medicine, and opening the doors for other, similar programs. This school, which students from across the Pacific still attend, has since graduated at least 1,000 professionals in medicine, dentistry, pharmacy and allied health areas. Lambert's claim was that without the support and confidence of Queen Sālote, the school would never have eventuated. The investment that Tonga made in the establishment of the school and the training of medical personnel is clearly an example of the nation operating in a transnational context and demonstrating the skills to be an equal partner in planning and decision making. But it is also, I suggest, evidence that Queen Sālote recognized the necessity of creating her own cohort of professionals (in this case doctors), if she was to maintain the claim that

Tongans were capable of managing their own national affairs, and safeguard her islands from colonization or annexation such as her father (King Tupou II) had almost suffered, and which all other Pacific nations had experienced.

In the same time period, as a response to the aftermath of the world influenza epidemic of 1918, the Queen established a national radio station in Tonga. While initially the radio was intended as a means of communicating emergency information, it quickly came to be used for (among other things) health promotion messaging and lectures about Tongan tradition. This is a direct example of one of Appadurai's diacritics of modernity (1996:3): the importance of communications media, and the motivation of health needs in the dissemination of modernity and in the invention of an imagined, national, indigenous identity (Appadurai 1993, Anderson 1983).

A third example of Tonga's direct, active and material participation in events with international ramifications relates specifically to the "Global Health for All by the Year 2000" campaign. The impetus for the campaign came from the World Health Assembly held in 1977, and the campaign was officially launched in 1978 at the WHO conference at Alma Ata. Among the 134 participating countries' representatives at the conference were Drs. Sione Tapa and Laumeesi Malolo, two indigenous Tongan physicians, both trained originally at the Fiji School of Medicine, and both with post-graduate training overseas. But it was not just their presence in Alma Ata to which I point when noting Tonga's direct participation in an event of this nature.

As described above, Dr. Sione Tapa was the first Tongan to obtain a degree in medicine from a medical school that was not designed for 'natives'. While the Fiji school had been preparing numerous Pacific Islanders to be medical officers, it transpired that they were not considered good enough by European and American practitioners' standards to be 'real' doctors. Fiji graduates' professional titles began as "Native Medical Practitioner". The first Indo-Fijian to

graduate was awarded the title of "Indian Medical Practitioner". Eventually, in a move to be less racially insensitive, the professional designation changed to "Assistant Medical Practitioner". The graduates of the medical school in Fiji were considered acceptable to work as medical officers in their own nations, or in other Pacific nations, but they were still regarded as inferior to European physicians, especially insofar as management and important decisions were concerned. Their certificates and experience were not considered the equivalent of university degrees, and as 'natives' there were generally considered unsuitable for positions of authority. It was usual for the "Native Medical Practitioner" to work under the authority of a European Chief Medical Officer.

Tapa changed all this by virtue of his academic excellence and zeal for learning. After he graduated from the program in Fiji, he studied for the New Zealand school certificate, and was then granted admission to the university medical school in Dunedin. He was selected as a candidate for medical training and supported specifically throughout the several years of his advancement through schools in Fiji, New Zealand and other overseas locations by the then crown prince and Prime Minister, the current ruler King Tāufa'āhau IV. Tapa drew the royal's attention because of his participation in sports, as well as his high graduation marks. He became the hope of the Tongan Privy Council for an indigenization of modern medical practices in Tonga and indeed, despite the misgivings of the colonial medical officer in the Kingdom at the time, became the first indigenous Director of Medicine. He eventually become the first 'commoner' (non member of a chiefly family) Minister of Health.

Tapa was the architect of Tongan medical practices for 26 years. He was instrumental in framing government health and sanitation policies, in planning and managing the complement of medical services and personnel (practitioners and nurses). He suggested renaming the Department of Medicine the Ministry of Health, he collaborated with international researchers and consultants, did post-graduate studies overseas in

Europe and arranged for Tonga to become a member nation in the WHO (after which he participated annually). If anyone can be credited with aligning Tonga's health system firmly along modern medical principles (as outlined by the WHO), it was Dr. Tapa.

Prior to Tonga's independence (1970), Tapa was the Tongan representative to the WHO under the British. He was, he says, well known by WHO people because of the various training sessions and research projects in which he had participated. Upon Tongan independence, as Director of Health, Tapa prepared Tonga's bid to join the WHO. This occurred in 1975. He continued to serve as Tonga's representative to the WHO in 1976 and 1977. In 1977, Tapa was asked to sit as president of the World Health Assembly. The WHA is the international body that governs the WHO. Its mandate includes determining overall budgets and setting major policy directions. 1977 was the year when the idea that "every individual in every country of the world should be able to attain the level of health necessary to lead a socially and economically productive life" was drafted at the WHA. It was, for Tapa, a time of great promise, when health was to be achievable by anyone:

WHO had ... begun, you know, a sort of basic health service, previous to this idea, you know? Some call it a slogan. I don't believe it's a *slogan*. Its very important, the idea of health being unified, you know, so that it can be achieved by all....You see, it referred really to the citizen of a country. ... I remember the resolution [I was president of the WHA at the time] and the wording – important words– is: the "attainment by every citizen". *Citizen, see, by every citizen*, of a socially and economically productive life. This was the gist of the thing (Sione Tapa, interview of 10/08/99. Italics indicate vocal emphasis during the interview).

As president of the WHA, Tapa was instrumental in drafting the resolution that became what is probably one of the most widespread and influential (non-military) international political actions: the "Global Health for All by the Year 2000" initiative. It is hard to speculate on the degree to which Dr.

Tapa brought a specifically Tongan influence to the WHA resolution on global health for all citizens. But it is true that the democratization of health access is congruent with traditional Tongan notions of sympathy, generosity and love – called *'ofa* – that are supposed to characterize social behaviors. 'Ofa implies that one has the responsibility to act kindly and generously towards others, and that a resource such as food (or access to health) should be shared.

In the same interview, Tapa noted with some regret that this was a time "when there was talk of a new international economic order... a new health order," but one which was negatively affected by the actions of the oil cartels, beginning in 1973. As Tapa recalls it, "the price of oil went up, and of course that affected economic development throughout the world, but especially in developing countries" (10/08/99). The extra expense of crude oil meant that donor nations stopped giving money to recipient nations, and poorer nations had to spend money on fuels that would otherwise have gone into better health services, research and promotion programs. In hindsight, the 'new international health order' that Tapa looked forward to did not necessarily eventuate as he (and many others) hoped, although it is clear that for over two decades global health problems received major political, academic and economic attention, and that many nations accepted the principle of access to primary health services at minimal or no cost.

The simple details of "living one's life according to the dictates and expectations of local culture" (Lindstrom 1990:17) in the context of a hybrid, modern, globalizing nation promoting medical training, health and cultural promotion in radio programming and international health forums must necessarily precipitate a previously unprecedented amount of complex connectivity, in the form of transnational exchanges of ideas about services, policies, practices and priorities which, while focused on health, had ramifications throughout Tongan society. Excellent students were sent overseas to study and to bring back skills and ideas. Government departments and

procedures had to be established. The hybrid nature of the Tongan civil service encompassed both European and Tongan employees but also ideas and practices.

These examples (medical training, radio and the WHO) are also indications of a small, supposedly under-developed nation actively aiming to be 'modern' and to participate as an active player in the global community. The same examples also gainsay the implication that political and economic influences only flow into a small, nation state, rather than into and out of those peripheral sites (see Chappell 1999).

What I have described so far are but a few accomplishments of which Tonga, as a nation seeking recognition as a modern member of the global society, can be proud. The argument and examples to this point indicate that Tonga is a 'modern' nation and that it is clearly inaccurate to characterize Tongans who are in-country as somehow 'less modern' than anyone living outside of the country. The nation's modernity is clearly evidenced in the clear espousal of humanist philosophies (i.e: free medical services), the use of education and biomedicine as an envoy to modernity, and the relevance of scientific medicine within the nation-building process. However, as I discuss in the next part of the chapter, gendered prescriptions for behavior which are linked to notions of what it is to be a 'traditional Tongan mother' mean the effects of the modernizing process have had different ramifications for women and this may be particularly true for women of Ha'apai, like Vasiti and 'Ana Seini.

There remains a sense across the Tongan ethnoscape that Ha'apai people are the most traditional, the least sophisticated, least modern members of the ethnoscape. For many, the stereotype of Ha'apai is of those who simply follow 'the Tongan way.' The question I turn to next is: how do these so-called traditional people of the nation (as exemplified by women in the outer island villages of Ha'apai) experience the globalized, modernizing nation state that is represented by the Tonga of Sione Tapa? Is that most modern of tropes "health for all" a reality

for village women like Vasiti and 'Ana Seini, in the year 2000?

TRADITION AND MATERNAL OBLIGATION

Vasiti and 'Ana Seini lived all of their adult lives on the coral atoll known locally as Kauvai, one of the many scattered islands in the Ha'apai region of Tonga. Ha'apai encapsulates a number of contradictions. On the one hand, it occupies a certain position of centrality as the nations' geographic center, as the historic land base of the chief and warrior who founded the current dynasty, and as a kind of romanticized center of traditional Tongan culture: Ha'apai is described by Tongans living in the capital as *the place* where real Tongan traditions are *still* practiced. Similar statements are made by overseas Tongans for whom the *idea* of traditional Ha'apai is just as significant as its reality.



Figure 23.1. 'Ana Seini Taufa, Photographed in 1992.

But Ha'apai's broadly scattered and small, mostly low-lying islands, weak infrastructural links, and high levels of out migration, serve to keep the region, and islands like Kauvai, at the economic and political periphery of the nation. Yet this peripheralization does not mean that Kauvai islanders have no experience with the processes, practices and effects associated with globalization. The ramifications of globalization, the complex connectivity which Ha'apai people experience include dietary changes (towards fattier, sweeter and saltier foods), loss of children or whole families from the village (as children enter school around age 12 and have to move off island, or as families out migrate for work), overseas telephone calls, letters and gifts of foreign currency (from kin who have relocated), excursions to New Zealand, Australia or California, magazines, sports teams and radio programs from overseas, material goods (traditional and foreign) and numerous health and development campaigns, many of them focused on mothers' roles and practices.

The emphasis on mothers and children that pervades much of the international health promotion initiatives and redeployed in Tonga is echoed in traditional Tongan emphases on mother's work. Tongan kinship is based on a bilateral kindred model with some skewing according to maternal and paternal 'sides' of ego's kindred, where paternal kin are higher ranked and hold greater authority. According to Tongan idioms of kinship, a mother and her kin are structurally responsible for 'pushing her child up,' and thereby making a child socially healthy (Young Leslie 1999, see also Morton 1996, Moengangongo 1988, Bloomfield 1986, Spillius 1958 for descriptions of mothers and health). Mothers do this by living lives considered to be morally and socially appropriate, demonstrated through publically recognized industry, and the production and deployment of barkcloth and/or pandanus mats intended for gifting. Ceremonial occasions such as weddings or funerals call for maternal kin to donate this type of traditional women's wealth (and the best of those gifts are passed on to the receiver's

paternal kin). But everyday social relations are maintained by smaller gifts, usually of food or (between men) kava. 'Ana Seini's industry in making and stockpiling so much women's wealth (pandanus mats) made her a very good mother, indeed.

In the same system, and because of the traditional skewing of gifting and obedience obligations, father and father's kin are said to 'push you down' because their authority is supposed to be unquestioned, and because they must be given the best of your wealth. While fathers are traditionally responsible for providing a family's food and shelter, making children healthy and teaching them how to be Tongan, is by default, the work of mothers and, by extension, a child's maternal kin. This is referred to as the *fātongia oe fā'e*, the maternal obligation.

Therefore in the traditional idiom, mothers are considered to be transmitters of cultural practices and protectors of traditional culture, called *'ulunganga fakatonga*. A child who is not behaving properly, and thus is considered to be socially, physically or spiritually unwell, is described as *ta'e mohe 'ofi* –one who didn't sleep close. This is a public criticism of the mother, and refers to her failure to sleep near her children and teach them (through bedtime stories), the important cultural information that is supposed to help any Tongan know his or her place, duty, and personal obligations within the social order (that is genealogies and rank-based behaviors).

The contemporary international health discourse however, places mothers in a different, if still pivotal position. Within the health discourse, mothers are in some ways the targeted subjects of programs aimed at modifying their daily practices. Messages focused on improving public health and productivity, aimed at ensuring Tonga as a nation is in line with other 'modern' nation states, target mothers by emphasizing breast-feeding, vaccination promotion, and nutrition. Mothers therefore act as front line workers, interpreting these internationally framed and locally disseminated health promotion messages and carrying out the instructions of nurses, doctors, nutritionists and media-based

educators, most of whom assume that women are the domestic managers for the family. This assumption may hold true in the urban Tongan setting, but it does not necessarily apply in the more subsistence-based outer islands. There, men generally select what food is available for eating on a daily basis according to what is available (from their gardens, livestock or the ocean). Historically, cooking was considered unsuitable for women because it is dirty work. Today, men effect the family's nourishment, at least on a weekly basis, insofar as they still do much of the cooking for the Sunday meal because it often includes slaughtering a piglet and building an *'umu* (earth oven).

Women in general, and mothers in particular, are targeted because demographic and epidemiological research has shown that factors such as nutrition, employment, girls' education, families' access to primary health care services, fertility control and clean water contribute to a national transition from a population with high levels of morbidity [disease], mortality [death] and low productivity to one which is 'healthy' (e.g.: Caldwell 1986, Garenne and van de Walle 1985, Lindenbaum, Chakraborty and Elias 1989, Simons 1989, Cochrane et. al 1980, 1982, Rubinstein and Lane 1990, Lane and Rubinstein 1996). From this research, maternal education has been hailed as a particular development goal (and marker) because of its direct, positive effect on child survival (Cochrane, O'Hara and Leslie 1980, Herz and Measham 1987) and on reduction of birthrates. Lower birthrates have an indirect effect on women's and children's survival (Herz and Measham 1987, Lane and Rubenstein 1996).

Examples of global initiatives originating from agencies such as UNICEF and WHO that have influenced Tonga's health promotion campaigns include: Better Maternal Child Health Through Family Planning, Safe Motherhood Against Maternal Mortality, the Task Force for Child Survival, and Strategies For Encouraging Mothers To Have Children Immunized (see Evans et al. 1990:6). Philanthropic agencies with globalizing agendas have adopted the same maternal emphasis. In

1989, for example, the Ford Foundation sponsored an Interdisciplinary Workshop in Ahmedabad, India on Mother's Education and Child Survival (Simons 1989). Material from these workshops and initiatives is housed in the library of the main hospital in Tonga, right next to the office of the WHO representative and accessible to hospital staff as well as students at the nursing school located on the same grounds. One of the major specialities within the Tongan medical workforce and the only nursing speciality recognized and paid for by government funds is of "maternal-child nurse". Under Sione Tapa, maternal and child survival has been taken very seriously. For women living on Kauvai, survival is generally assumed, but living well is a different matter. The neologism for health, *mo'ui lelei*, glosses as living well, and in everyday (i.e. non-clinical) settings, this term indexes living well through the maintenance of appropriate social relations, what is referred to as *va lelei* (Young Leslie 1999). Living well requires far more than compliance with medical and health promotion messages. In a survey I conducted with all the mothers (81 women) in the village where I lived on Kauvai, no-one indicated that she made her children healthy by the activities associated with health promotion measures. Inoculation, balancing the nutritional component of their food, or complying with the advice of the local maternal child health nurse were not mentioned as means to ensure a healthy child. Instead, mothers cited cleanliness, obedience, prayer, eating freely and maternal behavior as keys to a healthy child.

Overall, living well for a women depends on fulfillment of her maternal obligation. Part of her obligation is to enrich her family. This is referred to as *fakakoloa* (making / to be like wealth). *Fakakoloa* can mean obtaining material provisions and commodities or weaving pandanus mats or beating barkcloth, but it also implies the active creation of a moral and social setting necessary for children to develop into good, healthy Tongans. Good Tongans are persons who display the traditional social characteristics of love and generosity (*'ofa*), duty to family (*fátongia*), respect

(*faka'apa'apa*), mutual aid (*feitokoni'aki*), and obedience (*talangofua*) to those of higher rank (including God). A woman who is competent at *fakakoloa* not only produces ceremonially vital textiles, she knows how to deploy those valuables –when to give what to whom– in various life passage events, and does so in such a way that the family benefits. Gifting benefits can derive through release of an obligation incurred by a previous gift, creation of a future obligation, or elevation in social status gained by the distribution of a large amount of wealth (i.e. pandanus mats).

Polynesians are famous for their generosity and the magnificence of their gifting. Indeed Polynesian gifting played a major role in the development of Mauss's now classic theory of reciprocity and social structure (Mauss 1990 [1925]). The pre-Christian Tongan social formation at the point of European contact was one based on a flow of tribute towards centrally located paramount chiefs, with the redistribution of prestige goods back to local chiefs, played out through the idiom of kinship. Gifts are gendered, and the names reflect this. Pandanus mats and barkcloth are both forms of ceremonially significant textiles. These textiles, called as a class *koloa* are produced, given by, and associated with women, while kava, pigs and garden produce or *ngōue* (the generalized term for the root crops grown by men, with special reference to yams [*uff*] and taro [*talo*]). are associated with men. While pre-contact ceremonial and exchange activity was controlled by the chiefly and socially elite women, now non-chiefly Tongans also engage in such forms, and the ceremonial uses of *koloa* have come to be iconic for traditional culture of all strata of Tongans. Today, events such as birth, first and twenty-first birthdays, marriage, school graduation, travel overseas or return from travel, taking a title (for example, a noble or a minister of the church), death, and serious demonstrations of gratitude or affection are marked by presentations of women's textiles. For overseas members of the Tongan ethnoscape, pre-arranged exchanges of the sort that Vasiti was preparing for on the day of her death are one of the best ways to stay connected with kin or villages in Tonga.

Production of the textiles (pandanus mats and barkcloth) required by members of the ethnoscape wishing to live as cultural Tongans is a multi-pronged way for mothers to push up their children. By producing and properly deploying their textiles, women demonstrate to neighbors and kin that they are industrious, have knowledge of *'ulungaanga fakatonga* (Tongan culture), and the ability to properly engage in prestige and ceremonial gifting. By exchanging these textiles with women overseas, village women are also able to maintain or create social linkages across the oceans that may prove beneficial later, when children leave Tonga on scholarships, or to find work. The return gifts of cash women receive from their overseas partners help women pay for other necessities required by children and families engaged in a modernizing society, such as school fees and attendant costs (books, uniforms, etc.), overseas travel, house improvements, and church donations.

Thus, despite Gailey's (1987) contention that the missionization period resulted in women's textiles being relegated to secondary economic importance, *koloa* continues to play a significant role in contemporary social practice. In addition to its uses in ceremonial presentations, as a means for tying the ethnoscape together, and as a source of otherwise scarce cash, women's textiles are used as a source of emergency funds, and as collateral in bank loans (Young Leslie 1999; see also Horan 1998, Schoeffel 1996). There are few sources of cash on islands like Kauvai. Food is mostly self-produced from gardens, livestock (mostly pigs, goats and horses), the reef and ocean. The only people with paid employment are the elementary school teachers, the nurse and elected town officers. Cash comes from the episodic sale of agricultural products, copra or fish, and women's textiles. *Koloa* therefore has a particularly gendered function in the modern economic system, insofar as a lack of any other source of income for women living on the outer islands makes it the key element in an overseas exchange system perpetuated between women, in which Tongans of the ethnoscape exchange *koloa* in return for cash or commodities.

But women's textiles are not the most frequently gifted items. Food is the way in which good social relations are managed between kin and neighbors on an everyday level. It figures prominently in greetings, such as *ha'u tau kai*—come let us eat— and the most frequently asked question to visitors is *na'a ke kai*—have you eaten? To be stingy with food is one of the worst social sins possible. The term for greediness is *kai po'uli*—eating in the dark. A surplus of food is always desirable and within the village plates of extra portions of cooked foods flow back and forth between neighbors each Sunday, and between some households, daily. The historic ceremonies of first fruits gifts to the highest ranking chief, the Tu'i Tonga, included, in addition to textiles and other durables, massive amounts of prestigious foodstuffs—garden, animal, and ocean-based produce.

Today, feasting and displays of large amounts of food are still very important, and every ceremony at which textiles would be exchanged includes a feast. On Kauvai, where most people are Methodist, the first week of each new year is marked by feasts, sometimes two a day, at which the entire community will be fed by one extended family. Families elect to give a feast, often in honor of a deceased loved one, but most frequently the New Years' feasts are named in honor of a young child. Such feasts are called *feilaulau*—a sacrifice—and the intention is clear: a family offers a feast for the eyes of God, in the hope that He will reciprocate with blessings for their child. The offering is witnessed by their community (the guests) and most importantly, accepted and praised by the representatives of the church and local elites (i.e: chiefs, other ministers). Food production then, is one way in which men demonstrate their capabilities and fulfill their responsibility to their families.

Access to food, especially prestige foods, is important in traditional Tongan constructs, and evidence of that access, in the form of large bodies, is equally important. As for most Polynesian people, large, corpulent (and motionless) bodies are indices of personal and familial rank and power, tangible

embodiments of contemporary and historical access to resources. In many ways, each body can be read as evidence of a genealogy, a kindred's ability to fulfill social obligations. A large body potentially signifies sacred and chiefly connections. In other words, social weight is demonstrated physically. The kinship system ranks sisters above brothers and while wives are subordinate to their husbands, women enjoy relatively high social status in Tongan society in general. The way in which women literally embody familial prestige and demonstrate social status is through consumption of food. Women feel social pressure (and then freedom) to be large bodied. This begins in the teenage years, as girls go through puberty, and becomes full-fledged as young women begin to consider marital opportunities (Tupoulahi 1997).

Men probably do not get as obese, mostly because of their work and athletic activities. This begins in secondary school, where the curricula generally include sports, and periods of work in the school gardens—hoeing and other forms of farm labor required to produce the crops that feed the students. This type of physical labor traditionally carries on throughout a man's life, although the move towards an urban, waged labor force is contributing to more male obesity. Farming in Tonga is hard work, and requires the expenditure of a great deal of energy, helping men to better utilize the calories they consume. Farming is very clearly not women's work. Women are expected to remain still, indeed to stay seated whenever possible. Their prototypic forms of labor, whether barkcloth beating, weaving pandanus mats, doing childcare or laundry, is done sitting down. School girls participate in some active sports—netball for instance—but this stops as soon as they leave school and must begin to behave like proper adults.

The principles of status as demonstrated through bodily comportment are the same for chiefs and highly ranked persons as for women in general. So men who acquire titles, salaried employment or prestigious social positions often become obese as well. Partly this is because they tend to be in situations where

they are presented with high calorie foods (i.e: at feasts) more frequently than lower status men, but it also seems to be because body size symbolizes, for both women and men, desirable individual characteristics such as high personal rank, maturity, wealth and sophistication (Tupoulahi 1997). In the final sum of things, obesity signifies success and good social relations.

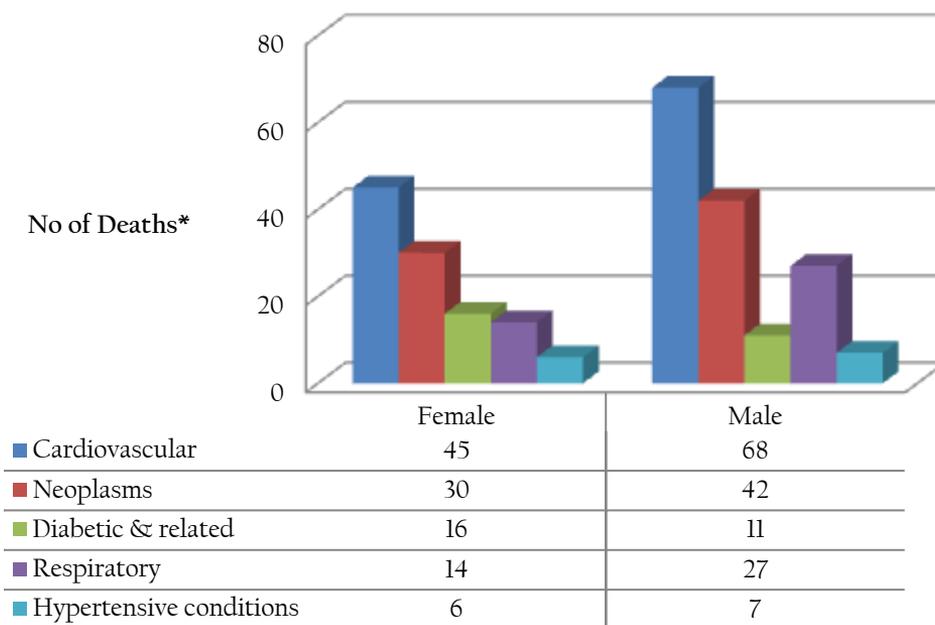
Modern Tonga has a problem now with obesity. This problem is exacerbated by two factors: gendered assumptions about work and the large body as an icon of good social relations, and the influx of high fat, imported foods related to (in part) the king's monetization program. This was an effort to increase the flow of foreign funds into Tonga, and to stimulate a waged labor force, initiated in the late 1970's as part of a development and modernization agenda. Along with other imports came cheap, high fat meats (i.e: corned beef, mutton flaps and turkey tails), highly sugared drinks (soda pop), candies and other 'junk foods' that very quickly were adopted into the regular diet, and have become mainstays at daily meals as well as icons of (cash) wealth at feasts. The cultural propensity towards overeating and public demonstrations of 'pushing one's child up' by demonstrating success through consumption of imported foods, combined with inappropriate diets and decreased levels of physical exertion, are combining to make modern Tonga a nation of the obese. The legacy of globalization in Tonga as in other parts of the Pacific is becoming one of morbidity and mortality rather than connectivity.

Doctors I interviewed in Tonga (1999, 2000 and 2001) were keen to discuss the problem of obesity, and the resultant morbidity issues resulting from poor diet and eating habits: cardiovascular and circulatory problems, certain neoplasms, and very significantly, diabetes. At the Tongan Medical Association conference in September of 2001, the major causes of death –eating-related non-communicable diseases (NCDs)– were the focus of attention for most presenters and participants. For men and women, cardiovascular problems such as the hypertension and

heart disease experienced by Vasiti are the greatest killers in modern Tonga. Presenting a comparable picture, an unpublished analysis by Crowley (n.d. circa 2000) suggests that 48% of all deaths in Tonga are due to cardiovascular disease, neoplasms and diabetes. Overall, the top five causes of death are modern, lifestyle related diseases (see Figure 1). In Tonga, as in other parts of the Pacific, people are dying from "the good life" (Zimmet et.al 1990).

While data analyzed in the Ministry of Health Report does not consistently reflect gender differences, it is clear that there are sex-based differences in suffering and death in Tonga. Tongan physicians suggest that any gender parity that might appear in statistics on eating related NCDs is equivocal. Anecdotal evidence indicates that secondary complications, such as the sepsis and possible amputation which can affect non-insulin dependent (or 'adult onset') diabetics, more severely affect women. Why this is so is not yet clear, although most physicians I spoke with surmised it is because women's inactivity, greater levels of obesity, and natural propensity to higher body fat make them more susceptible to infections. What is clear is that 'Ana Seini Taufa, the middle aged mother with non-insulin dependent diabetes who I described at the beginning of this chapter, is just one of many who found themselves being treated at the special diabetic clinic at Vaiola Hospital. And like others, she had to learn to use crutches and wheel chairs (a real trick on rural roads and in villages with few roads at all!). In 1999 there were 1,463 diabetics registered at Vaiola (up from 1,336 the previous year) and they made 10,881 visits to the clinic. Material presented at the Tongan Medical Association conference in 2001 indicates that these numbers have risen again, and are expected to continue to rise. Diabetics make up the largest cohort by far of any of the special medical clinics set up by the Ministry of Health (see Figure 23.3).

While data exists (accessible to Ministry of Health and the Central Planning Department) which could clarify the sex-linked differentials in diabetes morbidity, it has yet to be analysed or published. Nevertheless, the



*Data from Report of Minister of Health, 1999

Figure 23.2 Tonga: Top Five Leading Causes of Mortality (by Sex)

anecdotal and collateral evidence, in combination with ethnographic research (e.g.: Young Leslie 1999, Tupoulahi 1997), demonstrates that as described above, individuals whose personal status means they have social expectations associated with prestige, namely women and elite males (chiefly men, church ministers, government employees, for example) are most likely to be those who are obese. The cultural etiquette that high status persons should be mostly immobile, and large bodied has its counterparts: hypertension, heart disease, circulatory problems, and the ailment that plagues the Crown Prince and several other members of social elite, gout. These problems, of course increase with age (see Table 23.1)

I have argued thus far that social expectations of gendered roles and the public demonstration of appropriate social relations means that women are more likely to become and stay obese, and that the spin off effects from this embodiment of familial and

Table 23.1 Tonga: Obesity and the Rate of Diabetes (by Sex)

	Obese	Diabetes	Age 30+
Men	10.9%	0.8%	3.7%
Women	39.1%	2.3%	9.4%

Source: Data from draft: Tonga Report on the Economic Costs of NCDs.

traditional ideals has health (and death) ramifications which disproportionately affect women. I have suggested that it is not just tradition (*anga fakatonga*) that underlies this skewing of illness burden. Part of the problem lies in the easy availability of low quality and dangerous food substances.

Evans, Sinclair et.al (2000) have analyzed food preferences, knowledge of nutrient value, and food selection factors in Tonga. They compared factors based on island groups, age and gender and found that, among other things, the current consumption patterns actually contradict food preferences

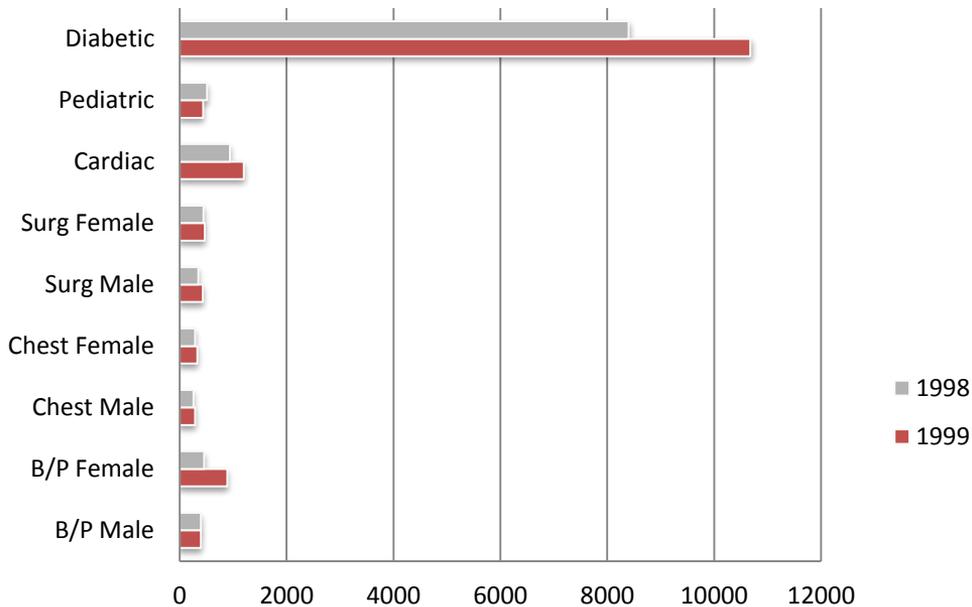


Figure 23.3 Special Clinic Visits, Vaiola Hospital (Data from Report of the Minister of Health, 1999)

and knowledge about nutritional value. Food choices made were best explained by accessibility, particularly cost and convenience. On reading their data, it becomes clear that cultural ideas about eating are also involved. This includes the fact that for Tongans, having *kiki*, something special to perk up a meal of starches (e.g.: taro, yam, manioc), is desirable. *Kiki* tends to enhance the flavor—usually because of its fat content—and make a meal interesting. *Kiki* can include traditional treats like pork, fish, or any other meat, which today includes imported, high fat foods such as mutton flaps, turkey tails, and sausages. It is no coincidence that the term for ‘fat’, *ngako*, is also the term for food that is tasty. Having *kiki* in a meal is also an implication of access to wealth.

There is another aspect of social and personal conduct that impinges on women, and has ramifications for their share of the national morbidity statistics. Personal status and ‘good

breeding’ is demonstrated not only in bodily bulk, but also deportment—how one moves. Symbolically, stillness and silence, like girth, indexes chiefly status. Women, ideally, should move gracefully, sit (especially when indoors), eat well and in quantity, and should not spend unnecessary time out of doors.

The cultural prescriptions on deportment, labor and eating can combine in particularly dangerous ways for women: Even when they are working hard, women are not expending all the calories they consume, because weaving is not an aerobic activity. Also, sitting for long periods impedes the circulation of the lower limbs, raising the risk of thrombosis and reducing oxygenation of the tissues (which increases risk of infection). Finally, diets high in imported foods further predispose women to obesity and the attendant health risks.

Men’s work is garden work, and women’s work is within the domestic space. Weaving

and barkcloth production are therefore, for many reasons the paradigmatic traditional labor for Tongan women. One of the woman's (especially mother's) key duties to her family, is, as 'Eva Feimo'efi'afi said in a public church address one May morning: "*Ko e fakakoloa 'o e fāmili 'oku fai 'e he fū'e*" ("The wealth of the family is made by the mother"). When describing the duties of the mother, 'Eva referred to a gamut of duties –from domestic chores to ensuring children's Christian education, but emphasized that women represented the wealth of a family by virtue of their industriousness, and their ability to produce women's wealth –pandanus textiles and/or barkcloth. Such production makes it possible, as described above, for women to fulfill their maternal obligations.

However, not all women can make *koloa*, or have it when they need it. Overseas Tongans in particular depend on their kin and contacts in Tonga for their *koloa*. The monetary wealth available to overseas members of the ethnoscape means they have greater opportunity to participate in gifting and greater impetus for competition in public prestations. This, in combination with overseas Tongans' desire to help the family has meant that thus far, there has always been a market for the exchange of *koloa*. The exchanges (*katoanga*) between women of Kauvai and Tongans from Honolulu, Auckland and California, that I have seen and been privy to the planning of, involve, as does any other gift exchange, initial gifts, counter gifts and a great deal of public celebration and merriment. *Katoanga* exchanges are arranged usually between kin or migrated village residents and a contact person or "Chair" on Kauvai. It is not unusual for other members of the overseas ethnoscape who hear of the impending *katoanga* to request admission so that they too, can acquire the pandanus mats required for ceremonial gifting. A *katoanga* takes about a year to complete. Each woman is matched to a partner (one in Kauvai, one overseas) and it is not unusual, as in the case with Vasiti, for exchange partners to have never

met. The women agree between themselves as to sizes and appropriate cash and other material compensation, and the weavers get started. Often there is a half-way installment, and the final exchanges are generally scheduled for October, when Kauvai women need to begin collecting cash for the Christmas and New Years expenses. While the Ministry of Finance historically tended to ignore this source of income at the national level, the *katoanga* were essential for villagers on Kauvai. In 1992, for example, in the village where 'Ana Seini and Vasiti lived, weaving income represented the highest single source of cash to the village: men's sales of fish and agricultural products was worth approximately 14,000.00 *pa'anga* while women's pandanus products brought in approximately 19,000.00 *pa'anga* (Young Leslie 1999. The *pa'anga* was then worth approximately US\$ 0.75). According to Niuatoputapu's Health Officer, women's weaving represents the only source of cash for the family today (Vaka'uta 2001). From a recent visit to Kauvai (August 2001) I can confirm that for many residents on outer islands (like Kauvai and Niuatoputapu), the means to elevate the family's social and material status, to 'push up' one's children, continues to rest, ultimately, on *koloa* production.

Education was and continues to be, a key strategy for familial success, as has been discussed by many (see Morton, this volume). But education costs money. Even though well subsidized by the government at the elementary level and the churches at the secondary level, there are still fees, books, uniforms etc. to pay for. Overseas funded scholarships for university are available, but not everyone is a 'top student' who can win a scholarship. In families with seven children (the norm on Kauvai) and few or no ways to earn cash other than through the sale of products of their own labor, women create the "wealth of the family" mostly by weaving. While women do sometimes take some of their textiles to the market in the hopes of a sale, on Kauvai, the preferred means of marketing their pandanus mats is through the commissioned exchanges called *katoanga*. It was this type of

exchange that Vasiti was preparing for, the day she died.

There is one other health problem connected to traditional practices (like weaving) and production for the wider ethnoscapes—the spinal distortions and consequent back pain that is associated with being a life-long weaver. Vasiti’s body, misshapen by curvature of the spine, indicated the exigencies of life lived to the hybrid tune of both tradition and modernity. She resisted travelling to the hospital because the small boats on open ocean scared her, but also because of her back problems. Vasiti had difficulty walking any distance, and she was not alone in this complaint. Of the twelve women over the age of sixty living in the village when I first went there in 1991, six, all life-long weavers, were unable to stand upright because of severe curvature of the spine.

While not a reportable item according to WHO formulas and so not recorded in national health statistics, back pain associated with weaving was one of the top complaints dealt with by the Health Officer from Niuatoputapu, Mr. Vaka’uta (reported to the Tongan Medical Association conference, August 2001). The type of spinal deformation I saw on Kauvai is probably not new: evidence of arthritic changes exists in the Tongan archaeological record. Spennemann (1990) notes arthritic changes evident in the spines of individuals recovered from a burial dated at 1200-1500 AD. The changes observed in the female bones are consistent with stresses related to severe and frequent periods of bending; Spennemann speculates as to the role of women in the pre-contact economy that would cause such spinal changes. He considers shell fishing, barkcloth beating and gardening labor and concludes that the most likely cause of the arthritic changes was food production. Unfortunately, he did not consider the bodily changes that take place from years of weaving, a form of labor which, far more than barkcloth production, requires hours of sitting and leaning forward at the waist, and which reshapes women into hunchbacks.

Culturally competent persons can ‘read’ the social body, Vasiti’s world laid out on her skin,

and in her hands, eyes and misshaped back, but also they can see her stocks of (self-made) textile wealth and extensive kin network. From a Foucauldian perspective, her body is a site of disciplines based in ideals and routines for daily practice that substantiate a political ideology: that of the contemporary yet traditionally Polynesian Tongan nation. Vasiti’s body was a product of her daily practice, practices she engaged in for familial, ceremonial and fiscal reasons and we can read her life’s priorities—including the things she has been willing to sacrifice—in her body.

Imagine Vasiti at her death, a moment thick with implications for any discussion of globalization—if we know what we are seeing. Picture her, wearing a faded polyester dress made in Hong Kong, lying on a prestigious, self-made mat called a *fāla*, in her small house. That house was built of plywood stamped “BC Timber products” (referring to British Columbia, Canada) and its purchase was subsidized by the Commonwealth of Nations as hurricane relief in 1982. The mat was commissioned by a woman from New Zealand for her daughter’s wedding and traditional wealth exchanges. When she died, Vasiti was surrounded by the three junior kinswomen who regularly wove with her and a young anthropologist who had, until recently, worked as a registered nurse in a hospital intensive care unit in a major Canadian city. On his way to her side was a Methodist minister who had studied, among other things, Greek philosophy in Fiji and Australia. Her relatives in California were telephoned with the sad news, and people in the next village were informed by a young man riding a bicycle made in Taiwan. Thus ended the life of one sixty-plus year old woman who lived her entire life on a tiny atoll in the middle of the Pacific Ocean. But living on an atoll in the middle of the Pacific Ocean did not mean living a life disconnected from the rest of the world.

CONCLUSION

In this chapter I have described the Tongan experience of globalization, and its concomitant aspect ‘modernity,’ in relation to gender and

health. I focused on three themes: what it means to be a 'modern' Tongan, the role of biomedicine in the strategic framing of Tonga as a modern nation, and the ramifications for women of the current embrace of modernity in a globalizing Tonga.

To understand the Tongan experience of globalization, I argued, is to recognize that Tongans are, and perhaps always have been, embracing and combining ideas, attitudes and behaviors which we now associate with modernity. The image of Tonga as a place "lost in time," the "last Polynesian kingdom" –stereotypes which are evidenced in both tourist brochures and the nostalgic remembrances of ethnic Tongans living overseas– are romantic views which ignore the scope of most Tongans' international interconnections, both historical and contemporary. In other words, it is a mistake to think of Tonga as simply 'traditional Polynesia', and in-country residents as simply traditionalists, people who cling to old fashioned behaviors in opposition to what we might call 'modern' ways. I say, therefore, that Tongans are as 'modern' as anyone else. A heretofore unrecognized and yet key point of evidence for Tonga's early embrace of modernity and equal participation with the global community is the state sponsored emphasis on medical services for and by Tongans, and Tonga's active participation in a global strategy of 'Health for All'.

The other main theme in this chapter was that women, as mothers, are nodes at which the ambiguities and tensions of 'traditional' and 'modern', 'global' and 'local' are realized. While modernity and globalization has been beneficial to some members of Tonga –people like Sione Tapa– its experience has been different for other segments of the society –women like Vasiti and 'Ana Seini. Traditionally, maternal family members view themselves as responsible for cultural and domestic reproduction, a process which depends heavily on women's work as mothers, textile producers and exchangers, and which includes the production of children's health. Within this context, contemporary village

women walk a fine line. On the one hand they are expected to 'live well', embodying Tongan culture and tradition, and raising healthy Tongan children. On the other hand, as mothers, Tongan women are expected to support a socialization and educational program which encourages their children to become a part of the wider Tongan ethnoscape, with most eventually leaving Tonga to join the overseas diaspora.

Despite a state-level espousal of modernity (symbolized in this instance through medical services), the overall experience of global participation has been painful for village mothers. On the one hand, there has been increased access for sons and daughters to overseas education and work, high demand for the ceremonial textiles village women produce, new varieties of material goods and foods, and new sources of social prestige. On the other hand, embracing modernity has meant shrinking villages, smaller village networks, increased personal social responsibilities, dispersed families and susceptibility to debilitating conditions such as diabetes, circulatory diseases and arthritis. Ultimately, I now suggest, the intersection of modern ideals and traditional emphases on maternal roles mean that the emergence of the Tongan diaspora over the last four decades (see Morton, this volume) has partially resulted from, and ultimately also abets, a lifestyle in which women's physical health is sacrificed, in the interests of their children's social health and future in a globalized society. Mothers raise the children who move overseas and become the 'market' for the traditional goods which the mother's produce. The children become the sources of the remittances upon which the modern Tongan economy is based, remittances that are motivated by feelings of love and nostalgia for the (now unhealthy) mothers who have remained behind.

Some of the perceived benefits of participation in the 'modern', global society are advanced education and health services. However, fulfilling the diverse expectations required to achieve both modernity and retain the traditions that make Tonga unique leaves village women at risk to particular forms of morbidity and death.

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