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Aging with the family: A sociology of social risks associated with family care in French Polynesia

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MAISON
DES SCIENCES DE L'HOMME
DU PACIFIQUE

Les Papiers de la Fondation no. 53

June 2023

This research was conducted in response to the call for postdoctoral fellowships by the French Red Cross Foundation, and with the financial support of its partner, the AGIRC-ARRCO and the VYV Group.

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To cite this article:

DOS SANTOS Lauriane, "Aging with the family. A sociology of social risks associated with family care in French Polynesia", French Red Cross Foundation, *Les Papiers de la Fondation*, no. 53, June 2023, 15 p.

Abstract

French Polynesia has faced a steadily aging population since the 1980s. The country's policy on the matter emphasises keeping the elderly at home and relying on care provided by the family. Barely more than 200 senior citizens currently live in dedicated medico-social facilities. This pioneering field study documents and analyses their living conditions, building on qualitative and empirical approaches in the sociology and anthropology of aging in recent years.

The study reveals that at-home care and family caregiving expose the elderly to specific forms of social isolation and precarity. By reviewing the lived experience of aging at home in French Polynesia, this paper identifies the social risks associated with the policy of family care in this context. Yet the importance of these findings extends beyond this specific case, leading to a deeper reflection on the limitations of family solidarity as the predominant or even exclusive foundation of social policy on aging.

Keywords: family care, aging, isolation, precarity, French Polynesia.

Résumé

La Polynésie française est confrontée au vieillissement continu de sa population depuis les années 1980. L'incitation au maintien à domicile des personnes âgées et au *care* familial constitue la ligne directrice de la politique du pays dans ce domaine. Aujourd'hui, à peine plus de 200 personnes âgées vivent ainsi dans des structures médico-sociales dédiées à leur prise en charge. Pionnière sur ce territoire, l'enquête de terrain documente et analyse leurs conditions de vie dans ce contexte, et s'inscrit dans la continuité des approches qualitatives et empiriques de la vieillesse déployée en sociologie et en anthropologie au cours des dernières années.

L'enquête révèle que le maintien à domicile et la prise en charge familiale exposent les personnes âgées à des formes spécifiques d'isolement social et de précarité qu'il s'agit de décrire et d'analyser. En revenant sur l'expérience vécue de la vieillesse à domicile sur le terrain d'enquête, l'article répertorie les risques sociaux liés à la politique du *care* familial dans ce contexte. L'intérêt des résultats constatés dépasse néanmoins le seul cas d'étude, pour s'inscrire, plus en profondeur, dans une réflexion sur les limites des solidarités familiales comme socle prédominant, voire exclusif, d'une politique sociale de la vieillesse.

Mots-clés : *care* familial, personnes âgées, isolement, précarité, Polynésie française.

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Introduction

While debate about aging and old age has been prominent in the French public sphere for decades, the issue has struggled to gain traction in the Global South, where countries are still seen as "youthful"¹. The emergence of similar conversations in French overseas territories has also been relatively recent². In French Polynesia, the delay in addressing aging as a matter of public debate was in part due to the country's demographics and economic history.

On the one hand, life expectancy in French Polynesia has long remained lower than in metropolitan France, meaning the issue of *dependency* (especially in old age) and how to deal with it has not been such a widespread topic. On the other, the later development of industry and services – along with the longstanding dominance of the primary sector and the non-monetary informal economy – delayed the introduction of a general contribution-based *pension* system.

However, French Polynesia has witnessed a continuous and accelerated aging of its population since the 1980s³. This demographic shift is due to factors such as increased life expectancy⁴, reduced birth rates, and the emigration of young adults for education or work.

Politically, French Polynesia – which gained relative autonomy within the French Republic in 1977 and further strengthened its independence in 1984 and 2004 – differs from other French overseas regions and departments. It has a hybrid system of government in which French state authority (in areas such as policing and justice) coexists with local authority

¹ NOWIK, Laurent, LECESTRE-ROLLIER, Béatrice (under supervision of), 2015. *Viellir dans les pays du Sud : les solidarités familiales à l'épreuve du vieillissement*. Paris: Karthala « Hommes et Sociétés ». 312 pages.

² The island of Reunion, studied by Frédéric SANDRON, was one of the first focal points for research in social science. See SANDRON, Frédéric, 2014. *Viellir à la Réunion : implications individuelles des évolutions démographiques, économiques et sociales*. Trajectoires et âges de la vie. Paris: AIDELF. 16 pages. International AIDELF conference, Bari, Italy. 2014/05/26-29.

³ ISPF. 2019. *Matahiapo en chiffres*. Factsheet [online edition].

⁴ There was a significant surge in the medicalisation of Polynesian society in the 1960s, a decade that saw the opening of the Pacific Testing Centre, (Centre d'Expérimentation du Pacifique or CEP) for nuclear tests in the region. This era also brought major changes including significant migration (both from metropolitan France and between the islands and archipelagos of French Polynesia) along with a sudden transformation of the structure of the local economy.

(particularly with respect to social and regional initiatives)⁵. Like New Caledonia and Wallis-and-Futuna, French Polynesia is relatively free to formulate its own social and family policies.

In French Polynesia, policy on aging primarily emphasises in-home care and family support, backed by public assistance given to families based on social criteria⁶. Data from the Institute of Statistics of French Polynesia (ISPF) show that barely more than 200 elderly people currently live in dedicated care facilities, either in a "living unit" or with a licenced "family host"⁷.

Local public discourse justifies this family-oriented approach to care for seniors in different ways: *culturally* because family solidarity is a cornerstone of traditional Ma'ohi society; *economically* since there is relatively little public investment in alternative facilities; and *socially* because it is seen as a means of preventing isolation and precarity among the elderly. This study focuses on the latter aspect.

The aim is to document and analyse the living conditions of the elderly in a context of *familism*, where kinship and family solidarity take precedence over other types of solidarity and social ties (elective, civic or professional)⁸. *The focus is on determining whether home care with support provided by the family in this context protects the elderly against the risks of social isolation and precarity, or in fact exposes them to specific forms of these risks, which then need to be documented and understood.*

Methodology

The field study⁹ was conducted over twelve months in French Polynesia and involved an extended stay on Tahiti, the main island. Given the country's geographical fragmentation and its hypercentralisation in Tahiti, shorter research trips to other islands and archipelagos (ranging from a week to a month) were also undertaken to provide a broader perspective.

Fieldwork involved the ongoing and anonymised participation of public actors and residents. It began with a series of exploratory interviews with social workers and medico-social staff interacting with elderly people in French Polynesia on a daily basis, which helped to clarify issues and expectations from the perspective of actors on the ground. This phase

⁵ BERNARD, Gille. 2006. *Histoire des institutions publiques à Tahiti, du XVIIIème siècle à nos jours*. Pirae: CRDP. 146 pages.

⁶ French Polynesia has its own equivalent of the family caregiver, or "aidant familial" found in mainland France, referred to locally as "aidant feti'i" (the Tahitian term *feti'i* refers to a bond of kinship). See ASSEMBLÉE NATIONALE, 6 February 2020. Rapport d'information no. 2662 fait au nom de la délégation aux Outre-mer sur « le grand âge dans les outre-mer », by Stéphanie ATGER and Ericka BAREIGTS (deputies). 73 pages.

⁷ PASQUIER, Julie, TRABUT, Loïc, March 2022. *Feti'i e Fenua : caractéristiques des familles et solidarités autour des parents âgés*. Points études et bilans de la Polynésie française no. 1295. ISPF/INSEE, pp. 1-4.

⁸ For more information on this and the concepts of *solidarity* and *familism*, see PAUGAM, Serge. « Chapitre 15. « Compter sur » et « compter pour ». Les deux faces complémentaires du lien social », in CASTEL, Robert (ed.), 2012. *Changements et pensées du changement. Échanges avec Robert Castel*. Paris: La Découverte « Sciences humaines ». pp. 215-230; PAUGAM, Serge, 2011. *Repenser la solidarité*. Presses Universitaires de France « Quadrige ». 980 pages.

⁹ BEAUD, Stéphane, WEBER, Florence. 2010. *Guide de l'enquête de terrain*. Paris: La Découverte. 336 pages.

was followed by interviews with senior citizens and their families based on a *comprehensive*¹⁰ approach designed to gather their views on the issues at stake and identify scope for improvement.

The first phase of the study, which began in October 2021, focused on providing a framework by clarifying population dynamics and collecting quantitative data on aging in French Polynesia; it also established a preliminary profile of the generation targeted by the study and reviewed the social and political history of the region in recent decades. The second phase created a series of social profiles and experiences related to precarity and isolation among the elderly people included in the study. Given the prevalence of caregiving by families, establishing contact with these senior citizens meant entering households and gaining a first-hand view of family life.

The study encompassed 60 semi-structured¹¹, ethnographic¹² or free-form interviews with senior citizens (aged sixty and over), along with institutional actors (medico-social and charity workers) and family caregivers ("aidants *feti'*"). These interviews sometimes required a Tahitian interpreter. Research also included direct on-site observations (in homes and in the few care facilities for seniors) as well as a review of feedback from social investigations, where available. This made it possible to document cases of withdrawal of family care, guardianship or legal placement of the elderly outside their home environment for social, economic, medical or psychological reasons.

The field study involved collecting life stories and conducting direct observations to compile some thirty profiles of elderly individuals. These profiles reflect diverse social and health conditions experienced later in life by women and men aged 60 to 100 from different economic backgrounds and family structures, with varying degrees of autonomy.

This assessment benefited greatly from the aforementioned qualitative study on domestic violence towards dependent individuals continuing to live at home¹³, conducted during a postdoctoral tenure at the Maison des Sciences de l'Homme du Pacifique¹⁴. It was further enriched by recent findings from the INED/ISPF study on population aging and the "*Feti'i e Fenua*" quantitative study.

¹⁰ See KAUFMANN, Jean-Claude. 2014. *L'enquête et ses méthodes. L'entretien compréhensif* (3rd ed.). Armand Colin, coll. 128 pages.

¹¹ COMBESSIE, Jean-Claude. II. Semi-structured interview in COMBESSIE, Jean-Claude (ed). *La méthode en sociologie*. Paris: La Découverte « Repères ». 2007. pp. 24-32.

¹² BEAUD, Stéphane. L'usage de l'entretien en sciences sociales. Plaidoyer pour l'entretien ethnographique. *Politix*. vol. 9 no. 35. 1996.

¹³ DOS SANTOS, Lauriane. 2022. *Les violences familiales envers les personnes âgées et handicapées en Polynésie française*. Rapport d'enquête sociologique remis à la Direction des Solidarités, de la Famille et de l'Égalité de Polynésie française. Maison des Sciences de l'Homme du Pacifique (CNRS-Université de la Polynésie française). 80 pages.

¹⁴ This research was supported by the concurrent development of a collective research programme entitled *Saisir le changement social en Polynésie française. Institutions, populations, territoires*, coordinated by Loïs Bastide (Lecturer in Sociology at the University of French Polynesia). Research was conducted as part of the postdoctoral work in sociology, associated with the Maison des Sciences de l'Homme du Pacifique (MSH-P), a research unit of CNRS and the University of French Polynesia.

Findings

The analysis of the data collected in this study highlights the most salient *social risks* associated with aging at home and in a family setting. The concept of "social risk" is explored in terms of factors that weaken social ties, exposing individuals to life's uncertainties and leaving them vulnerable to social isolation and precarity, thereby threatening their *protection* or *recognition*¹⁵. This identified three main types of social risks: more **precarious health** due to family and domestic confinement (1), **routine abandonment** of the elderly in family homes (2), and a context conducive to the **economic predation** of elderly people's social incomes within families (3).

More precarious health

French Polynesia is vast and fragmented, comprising 118 islands and 5 archipelagos, each with a distinct geography and social history. Its organisation is heavily centralised around the island of Tahiti¹⁶, home to the region's main employment hub and its most substantial urbanisation, particularly in the Papeete metropolitan area. In the peripheral insular spaces, which lie at varying distances from Tahiti, the lack of state services or institutional and professional support in daily life means there is no real alternative to family care for the elderly.

These parts of French Polynesia have the least access to medical and social services¹⁷. Many islands lack regular medical personnel or typically have only a contract nurse¹⁸ (on a one or two-year assignment, sometimes longer)¹⁹ and receive occasional visits from doctors sent by the country's department of health. The study reveals that, in this context, it is not uncommon for elderly people living on islands without readily available healthcare to opt for traditional remedies when ill, often refusing medical evacuation ("*evasan*") to Tahiti or the mainland due to the fear of dying far from their family and home.

"If you tell them they need to go to the emergency room in Tahiti, they refuse. They prefer to stay here. I have two cases of grandmothers who broke their hip in a fall, and they refused to go to Tahiti. We explained that if they stayed here in the Austral Islands, they wouldn't be able to walk again, but they prefer to be poorly treated here at home, rather than going to Tahiti for surgery. They'd rather stay here

¹⁵ Protection and recognition are two inherent aspects of the social bond described by Serge Paugam. See PAUGAM, Serge. 2009. *Le lien social*. Presses Universitaires de France « Que sais-je ? ». 128 pages.

¹⁶ MERCERON, François, MORSCHÉL, Jean. Tahiti et ses périphéries insulaires : formation et crise d'un espace centralisé. *Hermès, La Revue*. 2013/1 (no. 65). pp. 56-63.

¹⁷ These significant inequalities in healthcare in French Polynesia were acknowledged in the late 1980s by researchers from the institute of research for development (formerly ORSTOM): VIGNERON, E., SIMON, V., JEANNETIE, F. 1989. *Problèmes de santé dans un territoire insulaire : les evasans en Polynésie française*. ORSTOM. Tahiti, Centre Hospitalier Territorial de Mamo'o (available online: https://horizon.documentation.ird.fr/exl-doc/pleins_textes/pleins_textes_5/b_fdi_23-25/30348.pdf). For more recent research, see SERVY, Alice. Les évacuations sanitaires en Polynésie française : comprendre les mécanismes qui contraignent ou facilitent l'accès aux soins, à partir de l'expérience de patients atteints de cancer. French Red Cross Foundation. *Les Papiers de la Fondation*. no. 37. June 2022. 28 pages.

¹⁸ All nurses interviewed were women.

¹⁹ All nurses interviewed were women.

and never walk again than go to Tahiti and take the risk of dying there, far away and alone²⁰."

The strong emphasis on *family caregiving* and the attachment to family in Polynesian culture contributes to situations where elderly people do not access medical services or healthcare. This is a key factor leading to *precarious health* among older adults in French Polynesia.

In French Polynesia, areas with significant disparities in care facilities – especially remote islands and archipelagos far from Tahiti – rely heavily on family as the primary support system (with generations either living together under the same roof or as close neighbours). In these areas, the quality of care for senior citizens as they become more dependent is largely contingent on intrafamily interpersonal relationships and the economic status of the household. This creates clear disparities in the living conditions of senior citizens and the opportunity to "age well²¹".

Routine abandonment of the elderly in family homes

According to the latest population census, over half of Polynesians live in large families or households home to several families²². The term "family" refers to a group of people living together that comprises one of the following arrangements: childless couples, couples with unmarried children or single-parent families²³. The most common family structure is the "extended family household²⁴", where several generations of the same family live under one roof. As a result, a significant portion of elderly Polynesians (47%) live in multigenerational households²⁵. The stories collected during this study often reflect these multigenerational living situations.

Research conducted in the course of this study reveals that, even in large family settings, home care and family support for seniors often translate to domestic confinement and minimal social interaction. Common observations in these households include elderly persons with reduced mobility being confined to a single room or receiving only brief visits from a single family member, mainly at mealtimes²⁶. This situation is a paradox in Polynesian society, where

²⁰ Extract from an interview with a contract nurse from Caisse de Prévoyance Sociale (2 June, Austral Islands, French Polynesia).

²¹ This term initially appeared in medical research in the 1980s before being used more broadly. See CRIGNON-DE OLIVEIRA, C. 2010. Qu'est-ce que « bien vieillir » : Médecine de soi et prévention du vieillissement. *Les Cahiers du Centre Georges Canguilhem*, 4. pp. 177-191.

²² Source: ISPF/INSEE. 2017. *Recensement général de la population en Polynésie française*.

²³ FARDEAU, Leila. *Un quart de ménages complexes en Polynésie française. Des modes de coresidence adaptés aux crises*. Notes from the 21st International AIDELF Conference, Athens, Greece. 27 May 2022.

²⁴ See SIERRA-PAYCHA, Celio, TRABUT, Loïc, LELIÈVRE, Eva, RAULT, Wilfried. *Les ménages complexes en Polynésie française. Résistance à la nucléarisation ou adaptation à la "modernité" ? Espace populations sociétés* [Online]. 2022/1.

²⁵ PASQUIER, Julie, TRABUT Loïc. *Feti'i e Fenua : caractéristiques des familles et solidarités autour des parents âgés. Points études et bilans de la Polynésie française*. No. 1295. March 2022. ISPF/INSEE. pp. 1-4.

²⁶ These findings were observed during visits to various family homes and mentioned in the social investigations reviewed.

large families are still common, leading to a scenario in which *"many [elderly people] live in isolation, surrounded by family members"*²⁷.

Interviewees close to retirement age expressed a similar sense of insecurity regarding family care in their impending old age: *"Today, it's clear that the matahiapo [elders in Tahitian] are the forgotten ones. Often, they are abandoned by their families. When I see this, I wonder how it will be for me? Who will take care of me?"*²⁸

Information from social investigations, institutional statistics and interviews with medical and social workers reveals that *"abandonment"* is the primary reason for reporting violence to Polynesian social services regarding individuals aged 63 and over²⁹. This term is used by the administration to describe a specific category of welfare issues, which spans a range of practices, including *"negligence"*, *"lack of hygiene and care"*, *"deprivation of care or food"* and *"violations of dignity"*³⁰.

Statistics from the Polynesian Institute of Statistics (ISPF, 2019) show that only 13% of seniors in French Polynesia live alone, compared to 31% in metropolitan France³¹. However, these figures belie a deeper issue: continuing to live in the family home can coexist with experiences of social isolation and daily exclusion within the household. The living situation alone does not fully highlight feelings of loneliness or exclusion in old age, nor does it serve as a reliable indicator of social integration.

Field research reveals that even when an elderly person is cared for in a family home, social isolation can manifest as a diminishment in the diversity of relationships and a narrowing of social circles. This isolation is particularly evident when elderly individuals no longer attend social events such as religious, communal or neighbourhood gatherings, indicating reduced engagement with the broader community.

A context conducive to economic predation by family members

Seniors' contribution to the family economy is a key factor determining their ongoing integration – however minimal – into poorer households. The data highlighted two ways in which they provide this financial contribution: working past retirement age (in the formal or informal economy), and redistributing their age-related allowances within the family.

Since the introduction of a minimum pension in French Polynesia, elderly family members previously seen as a financial burden have become a significant source of income for many households, especially in a context where neither an income support scheme (RSA) nor unemployment benefits exist³². The introduction of allowances for the elderly (broadly called

²⁷ Extract from an interview with Moea, a Tahitian woman of Chinese origin caring for her 90-year-old mother at home.

²⁸ Source: *Notes de terrain*, conversation with Asther, a 58-year-old Polynesian man (Austral Islands, 15 May 2022).

²⁹ Recensements des signalements de violence sur personnes âgées, DSFE, 2020.

³⁰ Categories to be selected on forms used to report violence.

³¹ Ibid.

³² Extract from interview with Pierre, a retired social worker (Tahiti, 8 November 2021).

"moni ru'au" in Tahitian³³) has brought new monetary dynamics into Polynesian families. Some actors on the ground note that *"family relationships"* have taken on a *"transactional nature"*: *"You get the impression that the children are there largely because of the pension and the minimum allowance... Would families be there if there were no pensions? Who knows³⁴?"*

In this context, public solidarity mechanisms, based on the transfer of capital, are absorbed by and redistributed through practices related to family solidarity. Although these practices are often witnessed by pension fund social workers, the way in which these incomes are really used and managed within families remains unclear in the absence of a detailed study of family economies in the region.

"We often realise that the elderly people in our social services do have pensions, and they can afford to pay [for professional home help]. When we calculate how much it would cost them monthly, they can actually afford it. But what needs to be considered is how that money is managed by the family. Because we notice that when the pension comes in, at the beginning of the month, it's withdrawn in full [in cash, at the bank counter]. After that, we don't know how it's managed on a daily basis³⁵."

In this respect, the study reveals an apparent conflict between the institutional expectations related to elderly individuals' income entitlements and family practices concerning intergenerational solidarity. Since these allowances are ultimately designed based on the metropolitan model (i.e. as individual compensation granted to senior citizens), their circulation within families is often seen by social workers (who are generally trained, at least partly, in metropolitan France) as *"economic violence³⁶"* and a form of denial of seniors' socio-economic rights.

³³ *Moni* is a deformation of the English word "money"; *ru'au* refers to aging.

³⁴ Extract from an interview with the CPS department of social affairs (Papeete, 9 December 2021).

³⁵ Ibid.

³⁶ Term mentioned multiple times during interviews with social workers in French Polynesia.

Conclusion

This research aligns with recent studies on aging in "Global South" countries over the past few years³⁷, enhancing our understanding of contemporary population aging in familist societies. These studies often straddle sociology and anthropology, and employ qualitative approaches that combine interviews with direct observation. They focus on the theme of solidarity. The findings of the study discussed in this paper should be considered in relation to other research on aging and care for the elderly in French Polynesia and in other social settings.

Forms of isolation and precarity embedded in family solidarity

The research findings shed new light on the issue of social isolation and precarity associated with aging in a family setting. They challenge the notion that "the family is the first line of defence against isolation³⁸" by showing that family environments can also foster social isolation and precarity.

Firstly, while some research on care for the elderly in other familist contexts suggests that "when the family is distant, has emigrated, or is too busy, an elderly person can become isolated, either permanently or just during the day³⁹", the study conducted in French Polynesia reveals that social isolation of the elderly can also occur in situations where the family is physically present and available on a daily basis, in the form of routine abandonment within homes.

Secondly, the study reveals that an *attachment* to family and home (particularly in terms of *land ownership* and as family property passed down through generations) leads people to avoid using healthcare services. This aligns with ongoing research on disparities in access to healthcare in French Polynesia, especially regarding the refusal to accept medical evacuation ("*evasan*") services in the overseas territory. The deep-seated attachment to the family – against a backdrop of significant inequalities in access to healthcare in the region – leads to specific affects, such as the "*fear* of evacuation⁴⁰", stemming from a reluctance to die away from loved ones and familiar surroundings. This paper emphasises the importance of

³⁷ For more information, see ANTOINE, Philippe, GOLAZ, Valérie (ed.), « Vieillir au Sud », *Revue Autrepart* no. 53 | January-March 2010, Presses de Sciences Po « Sciences humaines & sociales », 199 pages; Blandine DESTREMAU, 2021, *Vieillir sous la révolution cubaine. Une ethnographie*, Paris: Éditions de l'IHEAL « Travaux & mémoires », 310 pages.

³⁸ JOURNAL OFFICIEL DE LA RÉPUBLIQUE FRANÇAISE. Combattre l'isolement social pour plus de cohésion et de fraternité. Avis du Conseil économique, social et environnemental sur le rapport présenté par M. Jean-François Serres, rapporteur au nom de la section des affaires sociales et de la santé. Mandature 2015-2020. Session of Wednesday 28 June 2017. 31 pages. <https://www.lecese.fr/travaux-publies/combattre-l-isolement-social-pour-plus-de-cohesion-et-de-fraternite>

³⁹ DESTREMAU, Blandine. Crise de la reproduction sociale et refamiliarisation de l'État social à Cuba : adieu la "femme nouvelle" ? *Revue interventions économiques* (online). 53/2015. pp. 24-25.

⁴⁰ For more information, see recent research sponsored by the French Red Cross Foundation: SERVY, Alice. Évacuation sanitaire : l'expérience des patients. *Pratiques & Humanités*. no. 15. November 2022. 4 pages.

considering social attachments and the affects they evoke in understanding the inequalities in French Polynesia's health sector.

Finally, the findings on the redistribution of pensions and other allowances by the family resonate with similar mechanisms observed in other contexts (notably in Latin America and Africa) where family solidarity is predominant. Claire Scodellaro's research on the use of pensions in South Africa illustrates that public solidarity and private solidarity are not mutually exclusive; instead, they complement each other⁴¹. However, in contrast to the findings of this study in French Polynesia, the redistribution of state benefits within the private sphere in South Africa is not seen as an infringement on the elderly's rights from an institutional standpoint. Public policies in South Africa encourage such practices, seeing them as a way to improve living conditions across generations, strengthen families and compensate for reduced support from the government⁴².

The ideal type for aging well in French Polynesia: the figure of the elder

The data collected in this study shed light on the most prominent social risks associated with aging in French Polynesia, whether the process involves different degrees of dependency on others or the ability to maintain daily autonomy. While the data revealed a broad range of social, family, economic and health profiles, the study did reveal a recurrent ideal type in the shape of the "elder" (*matahiapo* in Tahitian).

This "elder" figure transcends strict age categorisation and encompasses various social characteristics. Elders possess significant symbolic capital within their families and society. They remain actively involved in the family economy and in diverse social spaces outside the family unit (like religious activities, associations and recreational spaces). This involvement ensures their public presence beyond domestic confines and offers protection against precarity. Elders are thus key social, economic and symbolic resources within their families, with the concept of intergenerational transmission playing a central role in defining their social position.

While the primary focus of this study was to identify and analyse risk factors and the vulnerabilities of the elderly in relation to social exclusion and precarity, future research and further analysis of the data collected could better document the social figure of the elder in the Polynesian context. This would include any defining characteristics, contributing to a deeper understanding of the social experience of aging.

These initial findings align with existing sociological knowledge on factors that protect individuals from social exclusion and precarity. Drawing on the work of Serge Paugam, these safeguards can be summarised as relying on the principle of diversifying spheres of

⁴¹ SCODELLARO, Claire. Les articulations entre solidarités publiques et solidarités privées en Afrique du Sud : les pensions vieillesse et leurs effets. *Autrepart*, 2010/1 (no. 53). pp. 57-74.

⁴² Idem.

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attachment and sources of social connection. This approach serves a dual function of ensuring individuals receive appropriate *protection* and *recognition*⁴³.

⁴³ See French Economic, Social and Environmental Council, (Conseil économique, social et environnemental, CESE). Section des affaires sociales et de la santé. « Combattre l'isolement social pour plus de cohésion et de fraternité ». Questions à M. Serge PAUGAM. 2017. Link: https://www.youtube.com/watch?v=armO82D092E&ab_channel=Conseil%C3%A9conomiquesocialetenvironnemental

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