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'Tu ga na inima ka luvu na waqa'

(The bail to get water out of the boat is in the boat yet the boat sinks)

The cultural constructs of health and wellbeing amongst Marama iTaukei in a Fijian village in Lau and in a transnational Fijian community in Whanganui, Aotearoa

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degree of

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DEDICATION

This thesis is dedicated first of all to my four children, Christy, Koli Jnr, Gracie and Isaac. Thank you for being so patient with me-I can still hear your voices “Mummy are you finished yet? “ I can now say ‘YES’!! I hope that one day when you are all grown up you will understand what those long nights and early mornings, tears and hospitals runs were all about. Thank you for the joy you bring into my life and for being my source of inspiration whenever I want to give up-this thesis is dedicated to you!! You have my never ending love!!

I also want to dedicate this thesis to two women in my life who both passed away during the course of this thesis. First to my grandmother, Pu Pasimaca Qaravi Makiti, in retrospect you have taught me so much about health and wellbeing. As I interviewed the women, I finally began to realise what you have been trying to teach me over the years. I am thankful for your words of wisdom and the prayers you imparted into my life. To Na Levu Lupe, I had hoped you would be here to celebrate the end of this journey but you passed a year, too soon. I enjoyed our precious times in Nayau. Your words of wisdom and bubbly personality kept me going and I am thankful to God for your life. May you both rest in peace!!!

Vinaka vakalevu!!

ABSTRACT

The study identified that there are a number of criteria that have to be met in order for *Marama iTaukei* or Indigenous Fijian woman to be perceived as healthy. Findings suggest that current health frameworks need to take into account the determinants of health that are informed by cultural constructs that emerged as key findings in this study including: *Dau veiqaravi* or being of service, *Taucoko ni qaravi itavi* or completion and completeness of tasks, *Na veiwekani* or maintaining harmony in relationships and *Kena I rairai* outward reflection or physical appearance and *Bula vakayalo* or Spirituality. Exploring the intricate and delicate weaving of Fijian epistemologies and Western philosophies as illustrated through the *Tanoa Health Belief Framework* emerging from the findings in this thesis, may ideally be the future to improving health and wellbeing for, *Marama iTaukei*. The *Tanoa Health Belief Framework* has been developed to assist health and community workers to assess the determinants of health and wellbeing amongst Fijian women. This was a qualitative study with a total of 23 participants conducted in two geographical locations, one in Fiji and one in Aotearoa. The study was not a comparative study however; the study in Fiji enabled an exploration of how perceptions and experiences of health and wellbeing have evolved as Fijian women have migrated to Aotearoa. Ethnography was used as the overarching methodology as well as the *Vanua* methodology. Methods used included *talanoa*, participant observation and photovoice. In terms of methodology, a *Tali magimagi Framework* pulled together the strands of what constitutes this thesis. This includes the process of 'cultural discernment' emerging from the ethics process encountered in this research. The concept of 'culturally embedded agency' is also presented in this thesis arguing that there needs to be an agency-oriented approach to women's agenda. Culturally embedded agency calls for social policy that incorporates full participation of women in society, inclusive of indigeneity goals, cultural wellbeing and fairness. Implications of this study and recommendations are based on ensuring that health and wellbeing is achieved for the *Marama iTaukei*.

PREFACE

My interest in this research area was birthed when I was working for the Ministry of Health in Fiji in 1994 through my work in health promotion and community development in Fiji. It was during these years that I saw numerous health programmes being delivered and implemented, often with good intentions, yet these either failed or worked to a certain extent but became unsustainable after funding ceased. I began to think that perhaps we need to look at health and wellbeing from an Indigenous Fijian lens and not the western lens that had become part of our daily lives. I felt that if these health and wellbeing constructs were from the lens of the peoples they served, then we could perhaps better address the inequalities that affect their daily realities. Hence, these ideas are the origins of this thesis that is to explore the constructs of health and wellbeing from a Fijian cultural worldview amongst Indigenous Fijian women referred to in this thesis as *Marama iTaukei*.

This research has been a journey during which I have had to decolonise and change my own lenses to understand Fijian constructions of health and wellbeing. My life experiences have undoubtedly added to this thesis. I had completed most of my education in the southern states of the United States. The experience in the United States allowed me to live life as a minority in a predominantly western culture. My upbringing in Fiji allowed me to experience life as an Indigenous person within a dominant culture. The experiences in the United States and in Fiji have allowed me to live life both as part of a minority and as a member of a dominant group respectively.

It is in the United States that I encountered the civil rights movement and the struggle of a minority group of people, something I had never experienced being part of the dominant culture in Fiji. These experiences have remained a critical part of my life and have influenced my worldview in the fight for social justice for those marginalised by oppressive structures that are part of their daily realities.

Throughout my adult life, I have travelled and lived in other countries such as France, England, Japan and now Aotearoa, which have all impacted on my life and have influenced my worldview. With this exposure I feel that I have been able to reflect on things within my own culture that I would not have noticed otherwise. These various lenses have enriched my views and have allowed me to have an appreciation of my own culture and that of others. The title of the thesis “*Tu ga nai inima ka luvu na waqa*” literally translates as the bail to get the water out of the boat is within reach, but is not being used therefore the boat is sinking. This metaphor reflects the findings in this thesis that the answer has always been within the understanding of the cultural factors that influence health and wellbeing. Yet these cultural factors have never been explored and fully realised from an Indigenous perspective within the culture. Cultural factors, that metaphorically speaking, when not understood by those implementing the programmes and planning policies, makes the boat sink. This thesis explores these cultural factors through the voices of the *Marama iTaukei* in the hope that health and wellbeing can be effectively enhanced.

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GLOSSARY

B

- Bati balaou:* These are the warriors that protect the outer boundaries of the village and its chief.
- Bati leka:* Within the Vanua these are warriors that protect the inner boundaries of the village and its chief.
- Bula taucoko:* The achievement of a state of completion.
- Bure:* Traditional Fijian house.
- Butonivanua:* Chiefly clan of Narocivo.

C

- Colacola:* Burdens or tasks.

D

- Dau ni vakasala:* Provides instructions and perceived to be full of wisdom.
- Dau/gonedau:* Traditional role as fisherman or sailor.
- Daunivucu:* Composer of *meke* or traditional Fijian dance.
- Dautawaqa/mataisau:* Traditional role as canoe builders.
- Delaiwawa:* Part of the chiefly clan *Butonivanua* of *Narocivo*.

I

- iTaukei:* Indigenous Fijians as owners of the land.
- itovo vakavanua* Protocols and cultural practices and processes with the Indigenous Fijian culture.

K

- Kava:* Common name for yaqona, a ceremonial drink.
- Kida:* Lau dialect also called '*Boka*' in Bau dialect, a cultural process of paying respect for not being able to attend the funeral of a relative's death.

Korovesi: Part of the fishermen clan *Wailoli* and now non-existent in the village as there are no living males.

L

Lakalaka: Fijian dance or *meke* originally derived from Tonga and practised in the eastern part of Fiji, in which both men and women perform together standing.

Lemaki: Tribe within the village that are builders or carpenters.

M

Marama-iTaukei: Indigenous Fijian woman.

Matai: Traditional role as carpenters within the village social structure.

Matanivanua: Traditional role as an orator who speaks on behalf of a clan.

Matevakarua: Two die twice used metaphorically to mean overburdened to the point of death.

Meke: Traditional Fijian dances performed sitting or standing.

N

Na i tovo vakaviti: Fijian way of life, involving customs and traditions.

Na kila vakayalomatua: To have wisdom.

Na noqu i noke: Fishing basket (*noke*) - added prefix *na noqu* means 'it is mine'.

Nai lavelave: Methods or instructions to do something.

O

O au be'a: (*Cakaudrove* dialect) a voice of respect and humility to acknowledge the space that I am speaking from and to those I am speaking to.

Q

Qalicake: Known as farmers in the *Vuinayau* clan; the opposite of *Qalisawana* who work the land.

Qalisawana: Part of the fishermen clan *Wailoli*; the opposite of *Qalicake* who work the sea.

S

Salusalu: Garland prepared using fresh fragrant flowers.

Sau: the spiritual power believed to have the ability to curse a person who is disrespectful. *Sau* is often associated with chiefs or chiefly families, their curse for a commoner.

Sautu: Wellbeing or the good quality life of the *vanua* or people.

Sevusevu: Acknowledging entrance to the land or *Vanua*.

Solesolevaki: To work together to achieve a common purpose making mats, gardening.

T

Tabua: Polished tooth of a sperm whale, the most valuable item of Fijian property and used in exchange and ceremony.

Talanoa: Sharing of conversation and knowledge.

Tali magimagi: Used as a metaphor to talk about things in detail.

Tanoa: Bowl used to drink *yaqona*.

Tokatoka: Family units.

U

Umaumaki To eat staple food such as taro, yams and cassava with lemon, herbal or plain tea.

V

Vakamarama: A female having characteristics and qualities that bestows respect.

Vakaturaga: A male having characteristics and qualities that bestows respect; is said to be chieflike.

Vakarau vakavanua: The practices of the land or Vanua.

Vale ni bula: Hospital.

Vanua: The way of knowing, refers to 'a people, their chief, their defined territory, their waterways or fishing grounds, their environment, their spirituality, their history, their epistemology and culture¹'.

Vasu: Primarily defined as the village connection through the mother or the maternal links to a village.

Veikauwaitaki: Thinking of others.

Veidokai: Respect-to show respect.

Veisiko: To visit someone.

Veiwasei: Sharing with others.

Vuinayau: A *tokatoka* within the *Vuinayau* clan known as priests and warriors.

W

Wailailai: Part of the *Vuinayau* clan known as high priests and warriors or *bati*.

Wailoli: Clan in *Narocivo, Lau*, known as fishermen.

¹ Nabobo-Baba, 2006, p. 155.

Waisa: Part of the chiefly clan in *Norocivo, Lau*.

Y

Yaqona: Also known as *kava* or the traditional Fijian drink.

Yavirau: A traditional fishing event, usually guided.

Yavusa: Group of families populating a village.

Yalo: Spirit.

Yalomatua: Considered wise.

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1- O AU BE'A: INTRODUCTION

1.1. O Au Be'a

O au be'a - a voice of respect and humility to acknowledge the space that I am speaking from and to those I am speaking to. The utterance of these words demands attention in order that I acknowledge my ancestors and genealogy to those reading this thesis.

Ni sa bula si'a,

Na yacaqu o Litea, au goneyalewa ni Saqani, mai na 'oro o Naboutini.

Au vasu I Nayau, Lau mai na 'oro ko Narocivo. Na noqui tubutubu ko Talatala Iliesa Jovili Meo kei Radini Talatala Ilisapeci Cati Makiti-Meo.

Na tamaqu o Iliesa Jovili Meo, na luvei Apimeleki Meo, noqu Kuku Tagane. O Apimeleki Meo a la'o mai na yavusa o Nautosolo, to'ato'a o Valevutu, ena 'oro o Naboutini, ti'ina o Saqani, ena Yasana o Ca'audrove. Na watina o Vilimaina Likuca, Kuku Yalewa, mai na yavusa o Vuanimaba, 'Ocoma, Qamea, Ca'audrove.

Na Noqu Vasu

A jinaqu a luvei Tukai Seru Makiti mai na yavusa ko Maumi, ai tokatoka ko Wailailai, a koro ko Narocivo, a jikina ko Nayau, a yasana ko Lau. A wajina ko Pu Pasimaca Qaravi, e lako talega mai na yavusa ko Maumi, Narocivo, Nayau. Ia a jinai Pu Pasimaca e lako sara mai na koro ko Nasegai. A jikina ko Tavuki, mai na yasana vakaturaga ko Kadaou.

Au la'i sema sara I Navuso, Naitisiri, na yavusa o Naivisere, to'ato'a o Rokotarotaro. Vu mai 'ina na watiqa ka va 'ina na luvei 'eirau.

1.2. My Introduction

As an Indigenous researcher, it is important for me to introduce myself in my language. To first acknowledge my *Vanua* and the ancestors who have made it possible for me to be here today. To translate what I have just said, I first started with my father's dialect introducing my patrilineal lineage, and then my mother's dialect explaining my matrilineal lineage; this is who I am, my genealogy and family heritage. I also acknowledge my children's genealogy.

My name is Litea, I am from *Saqani*, the village of *Naboutini*. My maternal links are to *Nayau Lau*, the village of *Norocivo*. My parents are the Reverend Iliesa Jovili Meo and Mrs. Ilisapeci Cati Makiti-Meo. My father Iliesa Jovili is the son of Apimeleki Meo. The late Apimeleki Meo was from the *Nautosolo* tribe and the *Valevutu* clan from *Naboutini*, *Saqani*, *Cakaudrove*. His wife, my grandmother, was Vilimaina Likuca, from the *Vunimaba* tribe, *Kocoma*, *Qamea*, *Cakaudrove*. My mother is the daughter of the late Seru Makiti from the *Maumi* tribe, *Wailailai* clan in *Narocivo*, *Nayau*, *Lau*. My grandmother, Pasimaca Qaravi is also from the *Maumi* tribe and her mother was from *Nesegai* in *Kadavu*.

My introduction also acknowledges my husband; as a *Marama iTaukei* I have to acknowledge where I married to. His land is acknowledged before the family. I am stating here that I am married to the village of Navuso, Naitasiri the tribe of *Naivisere* and the clan of *Rokotarotaro*, and together we have four children. An Indigenous Fijian woman, once married, becomes part of her husband's village until his death. One of the final protocols during the funeral is that the woman's family will ask that the woman returns to her father's land. It is then up to the husband's family to grant her permission to leave or to stay in their village. *O au be'a*, or who I am has been stated, therefore I can now speak about this research and the purpose of this thesis.

The phrase, *Tu nai inima ka luvu na waqa*, is the metaphor used in the title of this thesis, meaning that the bail used to get water out of the boat is within reach; not recognising its use and not using it, is the difference between sinking and staying afloat. The metaphor in relation to this study implies that the answer to improving Indigenous health outcomes is within reach. Recognising what it is, can only be identified once there is an exploration of how health is perceived and what hinders and enhances the wellbeing of the women who contributed to this study.

1.3. Research Questions

The research asks the question: “How do Fijian women conceptualise health and wellbeing?” It provides an exploration of the cultural constructs of health and wellbeing as perceived by Fijian women living in Fiji and considers how these understandings have evolved among Fijian women who have migrated to Aotearoa. Fijians in this context are Indigenous to the land of Fiji and defined in the next few sections in this chapter.

1.3.1. Aims and Purpose of Research

- To explore Fijian women’s cultural understandings of health and wellbeing;
- To consider how cultural understandings of health and illness evolve following migration to Aotearoa;
- To document the research process and develop a possible research methodology for conducting research with Fijians that may have relevance for other Indigenous women.

Exploring Fijian women’s cultural understandings of health and wellbeing has created a body of knowledge explored in this thesis that may be drawn upon to

improve the implementation and delivery of health services for Fijian women, not only in Fiji, but in Aotearoa and transnationally. Other questions that guided the research are as follows:

- How is health and wellbeing perceived and constructed within a Fijian worldview? Understanding Fijian women's perception of health and wellbeing involved exploring lay explanations (Blaxter, 1990; Calnan, 1987) of health and wellbeing and how these perceptions influence understanding of health and wellbeing.
- What factors hinder and enhance Fijian women's health and wellbeing? I was interested in finding out about women's daily lives and the key decisions made on a regular basis that affected their health and wellbeing and that of their family.

The study looked at two geographical locations, one in Fiji and one in Aotearoa. Information was first collected at a traditional Fijian village, in order to gain a traditional and cultural understanding of health and wellbeing amongst '*I Marama iTaukei*'. The study was not a comparative study however; the Fijian research enabled an exploration of how perceptions and experiences of health and wellbeing have evolved as Fijian women have migrated to Aotearoa.

The discourse on health is often centred on health inequalities. 'Health inequalities' is a term used to designate the differences and disparities in health achievement and is defined as the systematic differences in health between different population groups (Joyce & Bambra, 2010; Kawachi, Subramanian, & Almeida-Filho, 2002). These are determined by dimensions such as socio-economic status, gender, geographic location and ethnicity (Joyce & Bambra, 2010; Marmont, 2005; Marmont & Wilkinson, 1999). While it is important to recognise the impact of health inequalities wellbeing and outcomes, this study takes a somewhat different focus and explores the experiences of health and

wellbeing from a cultural perspective. It is situated within the perspective that provides a critique of deficit approaches that (Reid, 2011; Reid, Robson, & Jones, 2000) privilege western interventions requiring that Indigenous groups assimilate or catch up to western measures in order to achieve better health outcomes (Airhihenbuwa, 1994, 1995, 2010; Reid et al., 2000; Tuhiwai-Smith, 2013). This study takes a positive lens on health exploring contributions to health and wellbeing within a cultural perspective. Tuhiwai-Smith (2013, p. 9) states that there is a need for “creative new methodologies and more research to help us better understand health determinants and the interventions that may help extend life and improve the quality of life”. This study offers a new methodology and an understanding of the Fijian worldview of health and wellbeing that contributes to ‘Bula taucoko’, the improvement of the quality of life for *I Marama iTaukei*.

1.4. Justification of the Research

This research explored geographical variability and understandings of health and wellbeing in a traditional Fijian village setting and in Whanganui, Aotearoa. Fijian women in Aotearoa, like myself, continuously live in a “negotiated space” (Mila-Schaff & Hudson, 2009) where we are always juggling our traditional cultural values, beliefs and behaviour with that of the current culture in which we live. Therefore, it was important to find out in this study how navigating two cultural contexts is negotiated, and how forms of agency within the culture impact on health and wellbeing for the *Marama iTaukei*.

The body of knowledge presented in this thesis contributes to the *iTaukei* (Indigenous) epistemology and lay understanding of health and wellbeing amongst Fijian women. A bio-medical understanding of health and wellbeing would mean focusing on risk factors contributing to illness and diseases as well as exploring the health inequalities lens and this was not the aim of this research. This study aimed to explore understandings within the culture that contributed to overall wellbeing. In addition the methodology used in this

thesis and the frameworks developed from the findings contribute to Indigenous knowledge.

1.5. Research Overview

In this research, there were a total of 23 participants. Fifteen were women in Fiji, recruited in a village. The selection process involved cultural protocols explained in the methodology chapter. Eight participants in the Aotearoa setting used a method called Photovoice. In both geographical settings, Indigenous methods of data collection such as *talanoa* were used to collect and make sense of the research material. The research used abductive analysis (Blaikie, 2000) to turn lay accounts of health and wellbeing, as described by participants, into technical accounts that explored the cultural constructs of health and wellbeing amongst Indigenous Fijian women. Theories about lay accounts of health were drawn from Blaxter (1976, 1990, 2004, 2010) as well as Stainton Rogers (1991) whose research was based upon working class English women. The thesis also draws upon Indigenous literature on health (Airhihenbuwa, 1994, 1995, 2010; Baba, Boladuadua, Ba, Vatuloka, & Nabobo-Baba, 2013; Baba, Mahina, Williams, & Nabobo-Baba, 2004; Durie, 1998, 2001, 2004a, 2004b, 2011) (Nabobo-Baba, 2006) (Yabaki, 2006) to explore health from the context of a collective culture and to analyse the cultural constructs of health and wellbeing.

1.6. Who are Fijians?

Fijians or *iTaukei* are the Indigenous people of the Fijian archipelago, which is located in the Pacific Ocean and has 330 islands, a third of which are inhabited. Fiji has a total land area of 18,333 sq.km. There are two major islands, *Viti Levu* which is 10,429 sq.km and *Vanua Levu* with the land area of 5,556 sq.km. Fiji has a total population of 837, 271. The *iTaukei* or Indigenous Fijians make up about half of the population at 475, 739 (Walsh, 2006).

There are three distinct groups of Pacific Islanders: Melanesians, Polynesians and Micronesians. Fiji is part of the Melanesian group of Islands. Fijians are among the seven major Pacific ethnicities that constitute the Pacific peoples population in Aotearoa. In Aotearoa, all Pacific ethnicities including Fijians are known as Pacific Peoples and are often referred to as Polynesians despite our diversities. The term 'Pacific peoples' embraces diversity and is defined by the Health Research Council as, "an umbrella term that is used to encompass a variety of Pacific Island nations and communities who are linguistically, culturally, and geographically distinctive from each other" (Health Research Council, 2005, p. 4).

1.7. Study Site: Nayau, Lau, Fiji

This research focused on the island of *Narocivo, Nayau, Lau* in Fiji, the geographical site of my maternal links. *Nayau* is an island on the eastern parts of Fiji and has a land area of 22 sq. km. It is considered to be on the north-central parts of the *Lau* group (Crampton, Davis, & Lay-Yee, 2005; Hocart, 1929). *Nayau* has three main villages, *Salia, Liku* and *Narocivo*. The population in *Narocivo* and *Salia* are about the same, with *Liku* less populated with less than 100 people. At the time of the study in 2010, there were about 150 people in the village of *Narocivo*.

The village structure is similar in most parts of Fiji. In Fiji, each village is also known as the '*Yavusa*' which refers to the people of that particular village. In any traditional custom, people from this village will be referred to as the "*Yavusa Moumi*", rather than the village of *Narocivo*, which is the name of the land. Each *yavusa* has several *mataqali* or clans; *Narocivo* village has three overarching *mataqali* (clans), the *Butonivanua, the Wailoli* and the *Vuinayau* clan (see Figure 1).

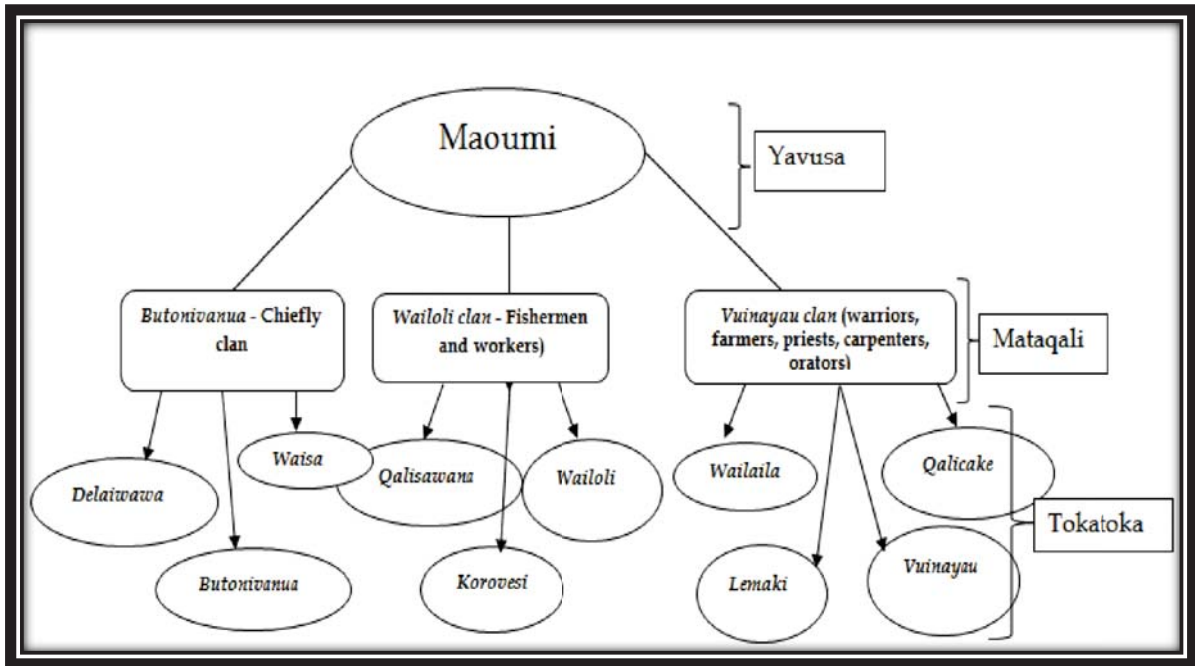


Figure 1 - Village social structure: Narocivo, Nayau, Lau

Each *mataqali* consists of groups of brothers and sisters known in Fiji as ‘*tokatoka*’; in *Lauan* dialect it is called ‘*batinilovolovo*’, literally meaning ‘from the same eatery’. Each *tokatoka* have roles and responsibilities within the village structure. In one of the interviews with the chiefs, I later realised that the *Yavusa*



Figure 2 - Study site: Narocivo, Nayau, Lau

also have roles within the whole province of *Lau* so it is not limited only to the village. Clan distinctions within the village of *Narocivo* are important within this thesis as villagers chose representatives from each clan to participate in the research.

The *Butonivanua* clan has three *tokatoka*, *Delaiwawa*, *Butonivanua* and *Waisa*. The village chief will always be

from the *tokatoka* of *Delaiwawa*. Their sole responsibility is to look after the village of Narocivo therefore the chief is known as *Tui Naro* (*Tui* means 'King', and *Naro*, short for Narocivo). This title began when the Tui Nayau who used to live in Narocivo was requested to move to Lakeba, Lau. When he left, he appointed the *Butonivanua* clan to create a village chief that can oversee the village in his absence (Scarr, 1984; Tui Liku, 2010). The other two *tokatoka* of *Butonivanua* and *Waisa* are all part of the chiefly clan of *Narocivo*. The clan of *Wailoli* are known as the fishermen and workers within the *Yavusa*, this means that whenever there is a wedding or a funeral or an occasion within the village, they will be responsible for getting fish and organising the activity around the village. There are three *tokatoka* within this clan, the *Qalisawana*, *Wailoli* and *Korovesi*. The *tokatoka* of *Qalisawana-sawana* meaning by the sea are responsible for activities within the seafront or within the ocean. The *tokatoka* of *Wailoli* are best known for the *yavirau* or the traditional communal fishing method usually occurs around Christmas or a special fishing occasion which can only be led by this *tokatoka* with support from the whole *Wailoli* clan. The *tokatoka* of *Korovesi* does not exist anymore as there are no living males in this particular clan. Remaining descendants of this *tokatoka* are women who have married into other villages or other families. Whenever there is a village function, the village will look to the *Wailoli* clan to plan activities associated with fishing.

The clan of *Vuinayau* is my mother's clan. Under this clan there are four *tokatoka* *Wailailai*, *Lemaki*, *Vuinayau* and *Qalicake*. My mother belongs to the *tokatoka* of *Wailailai* who are also known as high priests, calling upon ancestral Gods for healing and so on. Their roles no longer exist since Christianity came to Fiji. The clan members are also known as warriors who guard the periphery of the Chief's house, '*Bati Leka*', and '*Bati balaou*', guarding the periphery of the village. Women from this clan are the only women allowed to be inside the chief's house and are responsible for preparing the chief's food. The *tokatoka*, *Lemaki* are the carpenters or carvers of the village, they used to build houses

and canoes however this role no longer exists. As a consequence of modernisation there is practically no need for traditional builders in this village as there are new concrete houses and outboard motor boats. *Qalicake* the (opposite of *Qalisawana* from the Wailoli clan) are farmers and they work the land showing off their harvest during Christmas by hanging root crops and fruits in their clan meeting houses. The *tokatoka* of *Vuinayau* are the village orators or heralds men. They have a dual role not only in the village, but also the whole province of *Lau*. This clan bestows the title of the *Tui Nayau* or the Chief of *Lau*. The last chief of *Lau* was the late Ratu Sir Kamisese Mara, also one of Fiji's most prominent Chiefs and Prime Minister. At Ratu Mara's death, only the women from this clan were allowed to prepare his body for burial. As previously mentioned, the *Vuinayau* clan are also known as warriors not only for the village, but also the province of *Lau*. The role of the warriors, '*Bati Leka*', was highly debated in the death of Ratu Mara. The people at this village knew that they should watch over Ratu Mara but this role was being contested by the village that Ratu Mara resided in before his death. At a village meeting held to discuss this research, it was agreed that five women from each of these clans would participate in the study.

1.8. Study Site: Whanganui, Aotearoa

In Aotearoa, the study focused on Fiji women who resided in Whanganui. Whanganui has a total population of 42,640; about 2% of these are Pacific peoples. Since the 2006 census, Pacific peoples in Aotearoa have increased from 6.9% (265,974) to 7.4% (295,941) of the total population of 4,608,796 of which 14,445 are Fijians (Statistics New Zealand, 2013). The statistics indicate that the Fijian population in Aotearoa had increased by 40% since the census in 2001, the highest amongst all of the Pacific population groups (Statistics New Zealand, 2013).

The study site in Aotearoa is a community that was settled by Fijians during the industrial era of the 1970's. Fijians along with the Pacific population migrated to

Aotearoa in the early 1970's as Aotearoa offered work schemes to most Pacific countries in order to address manual labour shortages (Krishnan, Schoeffel, & Warren, 1994; Ongley, 1991). Most Fijians were recruited into the agriculture and forestry industry in Takorua, Hawkes Bay, Whanganui and Waikato (Krishnan et al., 1994; Vunidilo, 2008). Fijians still remain in these regions, but a large population group have settled in Whanganui. Canterbury also has a significant population of Fijians who migrated to work within their forest industries and still remain there to this day. In the 1980's and 90's, there have been a stream of Telecom² workers and skilled workers from Fiji migrating into Aotearoa. The numerous military *coup d'état* in Fiji has also increased the migration of highly skilled workers into Aotearoa and other parts of the world, now referred to as the 'brain drain' meaning the migration of well-educated citizens from Fiji (Vunidilo, 2008). The conceptual framework which focuses on exploring the multiple realities of participants unfolded during the research.

1.9. Conceptual Framework

This study explored the social realities of Fijian women in two geographical locations. The ontological philosophy of this study is that of constructionism, based on the premise that women's lives are comprised of multiple realities, all influenced and shaped by the nature of their social worlds (Denscombe, 2010). The epistemological foundation is based on interpretivism; the social realities of the women were interpreted by themselves through discussions using *talanoa* and Photovoice where participants document aspects of their lives and through the group process of *talanoa* engage in a critical reflection of their multiple realities (Wang, 2003; Wang & Burris, 1994; Wang, Yuan, & Feng, 1996).

Ontological philosophies are usually based on emic and etic understandings of the social world or the insider/outsider perspective. My stance would reflect an *etmic* position in which reflection as both insider and outsider is possible

² A local telecommunications company now called Spark in Aotearoa.

(Mila-Schaaf, 2010; Morris, Kwok, Ames, & Lickel, 1999). An insider is able to identify what is valued and give culturally specific meanings to accounts (Fay, 1996; Gegeo, 2001b ; cf. Peteru as cited by Mila-Schaaf, 2009). In contrast, an outsider may be able to more clearly identify what is new or novel within the research. The etnic lens allowed me to understand and comprehend the nuances, values and beliefs within the Fijian worldview but also bring an academic lens to the analysis of the research. The etic constructs according to Lett (1990, p. 130) “are accounts, descriptions, and analyses expressed in terms of the conceptual schemes and categories regarded as meaningful and appropriate by the community of scientific observers”. In this study the community of scientific observers included my role as an academic along with my supervisors and other stakeholders consulted to make sense of the data collected. Smith et al. (2008, as cited by Mila-Schaaf, 2009, p. 137) discuss the etnic perspective as a “negotiated space”, defined as a conceptual model that describes the interface between different worldviews and knowledge systems. The interface involved finding a common ground regarding what is ethical from both Indigenous and western worldviews, while not compromising culturally appropriate ways of doing both research and analysis.

Questions for this study focused on three themes. The first is on the lay understanding of health; the second on health practices and experiences of health; and third, on how health is prioritised based on women’s perspectives about health and wellbeing. The data collection methods for Fiji and Aotearoa differed because the same methods could not be repeated based on the set up of the two communities. The village in Fiji provided a contained environment in which participants lived within metres of each other and where there were daily interactions between participants. This allowed for ethnographic methods of *talanoa* and participant observation to be easily managed. In Aotearoa, participants were scattered within a geographical area and interactions were not necessarily on a daily basis. For the Whanganui study, participant methods

such as Photovoice and *talanoa* rather than participant observation made the study manageable. These different methodological approaches are based on the same conceptual framework which focuses upon exploring the multiple realities of participants and contributes to answering the research question: How is health and wellbeing conceptualised amongst Fijian women? Through exploring Fijian women's conceptualisation of health and wellbeing and their decision-making processes and health seeking behaviour, I was able to gain an understanding of how their lived realities are constructed as well as the factors that enabled or constrained their health choices and therefore their ability to achieve wellbeing.

1.10. Contribution to Fijian Epistemology

This thesis privileges the Indigenous voice and foregrounds the lay knowledge of women in this study. Lay knowledges have been analysed and transformed into technologies that guide action (Kenney, 2009; Kenney & Phibbs, 2015) enabling the creation of theories and a framework that are presented in this thesis. These words from Spivak (1990) speaks to the essence of this thesis:

For me the question 'Who should speak?' is less crucial than 'who will listen?' 'I will speak for myself as a Third World person' is an important position for political mobilisation today. But the real demand is that, when I speak from that position, I should be listened to seriously, not with that kind of imperialism. (p. 59)

Spivak's statement resonates with many Indigenous researchers from the Third World who are also academics. It is pertinent that contributions made in this research are heard and taken seriously as contributions to the academic world. On the other hand, as reiterated by Tuhiwai-Smith (1999), those of us who have lived away from our home lands and have been educated in the western world are often not considered authentic enough to be contributing to such Indigenous epistemology. I hope that in striving to be genuine and credible, that the findings in this thesis are taken as contributions to knowledge-building

and are of use for current and future generations. Specifically, the 'cultural discernment' ethics framework has been developed in this thesis, to assist students and researchers conducting research in Fiji or within other Indigenous cultural settings. A major learning in this research has been the ethics process of negotiating what is culturally appropriate and what is required by a university Human Ethics process and what is also required in a cultural context. The process has allowed me to develop a culturally appropriate human ethics framework which is presented in this thesis. Another methodological contribution developed in the thesis is the *Tali magimagi* Framework which is presented as a metaphor for drawing threads of the thesis together. The substantive chapters of the thesis present the voices of Indigenous Fijian women in Fiji and in Aotearoa who contributed to this research. The '*Tanoa Health Belief Framework*' developed in the thesis may be used by health and community workers to understand the determinants of health and wellbeing for Fijian population groups and to improve health outcomes. In addition, the thesis explores the understanding of gender from a Fijian worldview and a communal culture. The narratives of women who contributed to this thesis are not representative of the experiences of Fijian women in Fiji or New Zealand. Instead the talk illustrates themes at work among women who participated in this research.

1.11. Framing the Thesis

The first chapter is titled "*O au be'a*", which is translated as a voice of respect and humility to acknowledge the space that I am speaking from and to those I am speaking to. The utterance of these words demands attention in order that I acknowledge my ancestors and genealogy to those reading this thesis. In stating the words *O au be'a*, I am acknowledging that I can speak in this space, to have my voice heard, and to pay respect to the women who willingly participated in this study. It is in this space that I am Indigenous and introduce my genealogy and my Fijian heritage. I speak these words in my father's dialect to pay respect

to my *Kuku Tagane* (grandfather) 'Meo' and my *Kuku Yalewa* (grandmother). Respect is also paid in changing dialects to my mother's genealogy to acknowledge my *Tukai* and *Pu* (maternal grandparents); it is these shoulders that I stand upon with respect and humility. I am here because of them, their vision and their struggles to raise my parents, their seed gives rise to this thesis - to them I am truly indebted.

Chapter One: The introductory chapter explains the reasons and justification for doing this research, introduces the research aims and purpose and the research locations. The perception of health and wellbeing of participants, the *Marama iTaukei*, are introduced as women's lay understanding of health and wellbeing perceived through their beliefs and everyday interactions. The chapter also provides a synopsis of the methodology, epistemological foundations and an overview of the thesis.

Chapter Two: The literature review chapter is titled '*Na noqu I noke*', meaning 'the basket in which I store the fish that I have caught'. Metaphorically, I have searched for fish in the ocean and have caught what I consider fitting for my extended family, to nurture, to satisfy their hunger and perhaps crave for more. The literature critically analyses perceptions and models of health and justifies the need for the *Tanoa Health Belief Framework* that specifically looks at Fijian health and wellbeing. The research on methodology critiques the lack of ethical guidelines for an insider Indigenous researcher. These bodies of literature are among the rare fish that I have added to my '*noke*'. I have also included literature on gender and social policy which justifies the need to foreground Indigenous knowledge. Big, small and rare all add to making my '*noke*' full.

Chapter Three: This chapter discusses the overarching *Vanua* methodology used in this study and discusses the use of Ethnography and Talanoa. This is the first of the two methodology chapters in this thesis. This chapter discusses the methodology and the next chapter discusses the methods used in this study. This chapter is titled '*Tali magimagi*' to capture the delicate weaving of the

threads of the thesis, including sets of understandings about what is right in the Academy and what is ethical in a cultural context. My positioning as an insider, being from the culture and also an outsider, an academic and a researcher, illustrates the weaving process undertaken in this study. Emerging from the weaving process is an Indigenous ethics framework presented in this chapter as 'cultural discernment' explaining the process of what was culturally relevant within the study setting. This chapter argues that the Human ethics process within the Academy needs to be aware that not recognising the need for cultural considerations within methodology used in the field and in doing research perpetuates neo-colonialism.

Chapter Four: The second methodology chapter, titled '*Nai lavelave*', discusses methods used in the research. *Nai lavelave* means to explain the procedures taken in this research. The research took place in two different settings therefore it was important to ensure that the methods used were relevant and appropriate in the respective research settings. This chapter discusses the Photovoice method and the process participants used within the Aotearoa setting and the participant observation method used in the village setting. Details of the study such as the interview schedule, the recruitment phase of the study, and "getting into place" within the setting, are also explained in the chapter. The study used an abductive analysis process; this chapter explains the steps taken in the analysis and in keeping with abductive analysis, how lay accounts of health and wellbeing were turned into technical accounts. These are reported on in the findings chapters.

Chapter Five: This is the first of the three findings chapters. In this first chapter the findings and analysis from Fiji are presented. The cultural determinants of health and wellbeing of Indigenous Fijian women are explored and the constructs of health and wellbeing are illustrated using the *Tanoa Health Belief Framework* as a metaphorical structure as explained in this chapter.

Chapter Six: This second findings chapter explains and presents the findings and analysis of research material from Aotearoa. It considers how transnational Fijian women construct health and wellbeing. The first part of this chapter discusses how the forms of cultural exchange have been transformed to maintain culture in a modern world. Based on the findings from both Chapter five and six, the second part of this chapter presents the *Tanoa Health Belief Framework* as a tool that can be used by health and community workers. The chapter provides a guideline on how the Framework can be used to assess what hinders and enhances health and wellbeing amongst *Marama iTaukei* and contribute to formalising plans to improve health outcomes leading to the next chapter to explore gender realities and women's agency.

Chapter Seven: This chapter explores the triple burden of women (Molyneux, 1985; Moser, 1989) and considers how power and action are at play providing opportunities and constraints to women's culturally embedded agency. The chapter foregrounds the voices of women in this study and provides a cultural lens into the environment, social structures and daily realities of the *Marama iTaukei*. It argues that in order to achieve wellbeing, culturally embedded agency must be examined so that translation into social policy is informed and conducive to women's protection and wellbeing. Consciousness-raising for both men and women brings about the political awareness that potentially impacts on health and wellbeing.

Chapter Eight: This chapter draws on international policy frameworks relating to women, Indigenous peoples and human rights in order to argue that cultural values, cultural worldviews and collective approaches to health and wellbeing need to be incorporated into policies to improve wellbeing for population groups. At the national policy level, health and wellbeing cannot be achieved by exploring health alone. There is a need to work across sectors for understanding cultural determinants of health and wellbeing and for this to be reflected in social policy. This chapter presents a tool that may assist policy

makers in understanding how equality, indigeneity, social protection and human rights can be addressed in order to empower women and enhance wellbeing.

Chapter Nine: The final chapter provides a brief analysis of all the chapters presented in this research and the 'moral of the story' so to speak. It also provides discussion on the implications and limitations of the study, recommendations for policy and practice and suggestions for further research. These recommendations may also be relevant for Pacific women and Indigenous women globally. With cultural understanding of health and wellbeing, relevant social policies and health policies can then be developed. Arguments in this thesis state that because of colonisation, globalisation and the predominance of western philosophies and the bio-medical model in understanding health and wellbeing, Indigenous population groups continue to experience health inequalities.

1.12. Conclusion

The writing of this thesis has been a journey of realising how understanding culture opens up a whole series of inequalities women experience daily within the modern world where culture and modernity compete at the cost of women's health and wellbeing. It has been a real honour to listen to the voices of these women and make sense of the inequalities that continue to exist within our culture regardless of our geographical location. Recognising how women view health and wellbeing and what has been identified in this thesis as the "*Tanoa Health Belief framework*" provides a means to help health and community workers understand some of the competing notions for achieving Indigenous wellbeing.

The research has also generated understanding of how positive change has occurred for the participants. Having an understanding of how women's agency is enhanced and constrained provided an insight into the development

of social policies that are self-determining and can enhance wellbeing. The notion of indigeneity throughout this thesis has been paramount in all chapters. Realising that I have been the vessel to allow the voices of these *Marama iTaukei* to be heard and to make a contribution to academic scholarship has been an honour. Each chapter foregrounds the voices of these *Marama iTaukei*, I hope that you, the reader, will be able to gain some insight into the daily realities of these powerful women who have had to face the harsh realities of the modern world.

2- NA I NOKE: LITERATURE REVIEW

2.1. Introduction

The '*I noke*' or fish basket used metaphorically in this chapter signifies the different literature I have had to fish for in the ocean of Indigenous and academic knowledge.

This chapter discusses the literature around the questions that informs this research. Part of the literature review was written as I was at the proposal phase of the doctorate. Other literatures have been added as a result of findings from this research. The chapter discusses the theoretical frameworks that relates to health and wellbeing, gender and social policy. The Fijian *Tanoa Health Belief Framework* explained in the findings Chapters five and six forms the basis of the literature development in this chapter. The chapter draws first on the literature related to the meanings of health and wellbeing as well as lay understanding of health. Second, literature on indigenous and Pacific health models are reviewed leading to the development of the *Tanoa Health Belief Framework* presented in this thesis. Third, as this thesis is about the lay understandings of Fijian women, *i Marama iTaukei*, I have therefore included literature that forms the basis of theories utilised in the gender chapter. I begin with the literature on health and wellbeing.

2.2. Health and Wellbeing

The World Health Organisation (1986) focuses on health in relation to available resources to a changing environment.

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment.

Criticisms of health suggested that it has always been defined negatively as the absence of disease but modern understanding reflect positive aspects of health using terms such as wellness and wellbeing (Baun, 2008; Kindig, 2007).

In the Indigenous context, health is a holistic concept inclusive of spirituality, the importance of relationships, environmental factors, as well as aspects of culture and other factors that hinder and enhance wellbeing (Durie, 2001, 2004a, 2004b). To explore the understanding of health and wellbeing for indigenous Fijian women, I searched literature on studies conducted on Fijian women globally, in Fiji and in Aotearoa. A qualitative study of Indo-Fijian women in Canada by Elliot and Gillie (1998) looked at health beliefs amongst migrants. Indo-Fijians are descendants of indentured labourers from India who were brought to Fiji to work the sugarcane plantations in the late 1800s (Walsh, 2006). They have since settled in Fiji and are referred to as Indo-Fijians. Even though through settlement the two communities have managed to live together, their cultural heritages are distinct from one another. Indo-Fijian's cultural heritage has origins from the Southern parts of India, however as generations of Indians have made Fiji their home their culture has evolved to include some of the Indigenous Fijian culture. This current study though, focuses on *iTaukei* or Indigenous Fijians.

Another qualitative study by Becker (1995; see also Becker, Gilman, & Burwell, 2005), studied the prevalence of obesity and the effects of the media on body image and weight amongst young Fijian women in a rural Fijian village. Again these literatures do not explore the conceptualisation of health and wellbeing amongst Fijian women in general. Other qualitative studies conducted in Fiji explored the lives of villagers and women in a rural setting (Laverick, 2005; Yabaki, 2006). Yabaki's study considered the women's realities, their social and cultural obligations, but the focus of her study was to look at training and development needs of women specifically when the aggressive market economy has intersected with their traditionally subsistence way of life.

Laverick (2005) also conducted his study in a Fijian village to look at the notions of empowerment and community development. A study by Varani-Norton (2009) explored the roles of the church and other institutions that needed to be changed to improve women's status in Fiji.

According to the Ministry of Health in Aotearoa (2007), Pacific peoples have experienced poor health outcomes. Numerous literature sources list determinants of the poor health status amongst Indigenous populations groups as well as Pacific peoples including low socio economic status, lack of education and employment, poverty, low utilisation of primary health care services, late presentations of diseases and increased prevalence of chronic diseases (Gracey & King, 2009; Hefford, Crampton, & Foley, 2005; Ministry of Health, 2002, 2007). These authors define health negatively; the focus of this thesis is on positive influences on wellbeing.

This thesis specifically explores cultural understandings of health and wellbeing from Indigenous Fijian women's perspectives. Health is identified in the thesis as culturally constructed because even when migrating to Aotearoa, the beliefs remain the same, identified as those cultural values associated with the Fijian way of life or *Na I tovo vakaviti*. According to Hunter, Neiger, and West (2011), exploring conceptualisations of the social determinants of health and wellbeing is gaining momentum in the development of public health policies and programmes that are aimed at improving health outcomes. Literature reviewed when looking at social determinants include Marmont (2005); Marmont and Wilkinson (1999); Wilkinson and Marmot (2003) and the World Health Organisation (2003). All generally list 10 factors such as socio-economic circumstances, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transportation as determinants of health. None of the studies specifically looks at assessing cultural determinants of health and wellbeing within different ethnic groups.

2.2.1. Fijian Worldview and Health

Fijian epistemology is illustrated by Nabobo-Baba (2006) in a study of her own village reflecting Fijian worldviews based on three related dimensions *lagi* (the heavens), *vravura* (the earth) and *bulu* (the underworld or spirit world) (Nabobo-Baba, 2006, p. 37). Ravuvu (1987) explains that culturally:

the word *vanua* (land) embodies the values and beliefs which people of a particular locality have in common. It includes their philosophy of living and their beliefs about life in this world and in their supernatural world...for to live well in the world one has to live according to the *vanua* beliefs and values. (pp. 14-15)

Reference to health and wellbeing is very much underpinned by these worlds. Nabobo-Baba (2006) states further that there is a strong link between custom, culture and epistemology. Therefore, in conducting this study I needed to identify how intersections between custom, culture and epistemology affect health and wellbeing.

I was also interested in how perceptions of health and wellbeing may have changed for migrant Fijian communities in Aotearoa. Because we are not in our *Vanua*, has our culture and customs changed? If so, how does this affect perceptions of health? These questions lead to the development of Chapter six which explores transnational health and culture. Appadurai (2000) states that transnational communities are redesigned by transnational forces which flow through their new locale. These influences include technologies, media, labour and financial markets and globalisation. Appadurai (2014) also states that globalisation has a dual quality of 'flows and bumps' leading to the co-production of great wealth and extreme poverty hence creating new exposure to risk including social inequalities but also provides a new platform for the politics of hope. These flows and bumps also impact gender issues within their new society which can be politically emancipatory for some cultures where they begin to question or resist the culture they are from. Gender is also subject to

the transnational cultural flows particularly when sets of understandings about the respective roles of men and women change according to the geographic locale. Vertovec (2009) views transnational communities as a phenomena, that brings people together based on a shared culture, religious beliefs or geographical origin. Within the Aotearoa context, Spoonley (2001) explains transnationalism within a Pacific community; which can be described as communities who have links between their current place of residence and their place of origin. He adds that these communities strategically use resources in both places and social and cultural capital exchanges are necessary for the maintenance of kinships and relationships through which Pacific identities are crafted. In terms of how culture and Indigenous knowledge is maintained Durie (2004a) states that:

while indigenous knowledge is often valued because of its traditional qualities, a creative and inventive capacity forms the core of indigenous knowledge systems...., arising from the creative potential of indigenous knowledge is the prospect that it can be applied to modern times in parallel with other knowledge systems. (p. 1139)

Durie's statement emphasises that Indigenous knowledge can be applied in transnational communities and in modern times, the forms of transmitting the culture may vary giving rise to a new body of knowledge within these transient communities. I was interested in how Indigenous knowledge, worldviews and the transmission of culture vary between the two geographical locations and how changes have influenced health decisions.

2.2.2. Cultural Meanings of Health and Wellbeing

Eckersley (2001) stated that cultural determinants of health are often not considered in health literature, if discussed they are used in terms of explaining differentials and are omitted as determinants of health and wellbeing. Airhihenbuwa (1994, 1995, 2010) looks at the African cultural context of health. These works formed the basis of why I chose to look at the cultural constructs

of health and wellbeing amongst the *Marama iTaukei*. Airhenbuwa's studies provided an understanding of how cultural determinants of health were pertinent to developing programmes and policies that were relevant to the Indigenous communities that they worked within.

Cultural context of health and cultural values in the perceptions of health determine experiences of health in many cultures. Studies within medical anthropology by Herzlich (1973) and Landy (1977), looked at culture and illness. In the field of sociology a study by Pierret (1995) in which French participants identified the meanings of health, the author concluded that conceptualisations of health are a "collective heritage for which society is responsible" (p. 195).

Sobo and Loustaunau (2010) explored the multicultural context of health, culture and illness from both a sociological and anthropological perspective. They believed that perceptions and interpretations of health and health service utilisation is influenced by cultural norms and beliefs as well as the social structure and environment in which they exist. This thesis explores cultural beliefs and the social structures within the two geographical areas, examining how such factors influenced participants' perspective about health and wellbeing.

As the study was conducted with Indigenous Fijians, language was a major factor in understanding lay perspectives of health and wellbeing. The use of Fijian language in the illustration of the *Tanoa* model is pivotal in understanding the context or the language used to express health and wellbeing. As noted by Airhihenbuwa (1995), "The use of language in any culture is designed to mirror the worldview of the culture" (p. 15). Thiong'O (1993) expressed that:

culture embodies those moral, ethical and aesthetic values, the set of spiritual eyeglasses, through which people view themselves and their

place in the universe...language as a culture is the collective memory bank of people's experience in history. (p. 14)

The spoken words and the language used by participants are based on their own values; hence an integral component of this research was to explore language used by participants to describe health and wellbeing. The word that is used for health in the common Fijian dialect is '*tiko bulabula*', meaning to live a healthy life. Most of what is often referred to when discussing '*tiko bulabula*' today relates to environmental conditions and sanitation that was introduced during the colonial era (Gravelle, 2000; Williams, 1858). In an interview with a linguist, I was told that in order to find out the real meaning of health, I would have to unpack the context of the use of the word '*bula*', meaning life (Geraghty, pers. comm., October 2010). *Bula vinaka* is used when greeting someone; the word '*vinaka*' is added when greeting someone formally, *bula vinaka* means good life. The same word '*vinaka*', apart from meaning good, is also used when saying thank you.

Along with finding out the context of the uses of '*bula*' amongst participants, I also explored how participants constructed health. Grouping the key findings constructed five criteria that cumulatively described what constitutes a life that is complete or may be referred to as holistic. I refer to the holistic nature of what the women described as '*Na bula taucoko*' or '*Na bula sautu*', a construction of communal wellbeing which in some instances has been explained as 'a good society' (Baba, 2010; Baba et al., 2013).

In the following statement, Baba (2010) covers aspects of what occurs in the village or in a Fijian society, all contributing to an outcome or '*bula sautu*'. A 'good society' from a Fijian worldview is explained as follows:

a good life in the village entails ceremonies, feasting, some dancing and living at peace with the community, with the chief and with Fijian administration officials. (Baba, 2010, p. 40)

Nabobo-Baba (2006) defines '*bula sautu*' or '*sautu*' as "good quality life (of the *Vanua* or people) wealthy" (p. 155). The term '*sautu*' can be summarised into four main ideas: wellbeing, prosperity, peace and a good quality of life (Baba, 2010; Farelly, 2009; Nabobo-Baba, 2006; Ravuvu, 1983; Tuwere, 2002). In this thesis, I refer to the 'good society' as communal wellbeing. In relation to health, '*bula sautu*' is created when individuals and clans contribute or play their various parts producing an outcome that is labelled as '*bula sautu*'. The communal contribution produces a community and society that is harmonious. The findings argue that '*bula sautu*' also includes the process of moving towards good health.

2.2.3. Lay understandings of Health

Lay definitions of health are often referred to as "unscientific, based on folk knowledge and individual experience as opposed to the medical knowledge that is based on universal, generalizable science" (Blaxter, 1990, p. 13). Lay knowledge about health will be shaped in part by western medicine and by medical ideology as dissemination of medical information through modern technology, a globalised world, as well as the accessibility of health services makes it highly unlikely that a lay understanding of health will be purely non-medical (Blaxter, 1990; Bury, 2005; Calnan, 1987). Lay belief about health, according to Blaxter (2004), can be better understood as "common-sense understandings and personal experience, imbued with professional rationalisation" (p. 46).

Blaxter, Paterson, and Murray (1982) conducted a study exploring the lay understandings or folklore about health beliefs amongst mother and daughters, a three generational study which found that health attitudes and utilisation of services are much more complex than what they had originally hypothesised. They had hypothesised that health deprivation is transmitted through generations by women through the passing on of cultural beliefs and attitudes.

To find out how cultural constructs were conceptualised, I reviewed literature on lay understanding of health. This literature are contextualised in Chapter five and draws on the work of Blaxter (1976, 1990, 2004, 2010) who identifies that lay understandings of health are unscientific and based on folk knowledge. Bury (2005) and Calnan (1987) similarly believed that lay understanding of health is purely unscientific but that lay understandings can be influenced by everyday living and exposure to medical advertisements and medical ideology. Stainton Rogers (1991) also explored the concept of lay understanding of health and similar to Blaxter based lay knowledge on health beliefs of people. Other literature reviewed that have contributed to understanding the general meanings of health, culture and medicine include Herzlich (1973) who discusses the different forms of health as the “health-in-a-vacuum, reserve of health and equilibrium” (p. 55). Health-in-a-vacuum refers to the absence of disease. Health is almost not realised unless one is ill. Health as a reserve means that the individual cannot easily get sick because he or she maintains good health, commonly used and has resistance towards disease. Equilibrium is not definitive and refers in some instances to be ‘balance’, or it is something one either has or does not. Cornwell (1986) and Helman (1978, 1994) both refer to causes of illness as both internally and externally acquired from what is in the environment, and that people have limited opportunities to prevent disease. Bury and Gabe (2003) provide a sociological view of health and illness including an international perspective on the patterning of health inequalities, as well as health beliefs and knowledge.

In this research lay meanings of health were interpreted based on the women’s cultural realities. Health is clearly constructed according to their experiences and “shaped by cultural and moral values, experienced through interaction with other people and within institutions, and influenced by cultural specific beliefs” (Blaxter, 2004, p. 34). Therefore, it was important that their lay understanding of health as reflected by their culture, their moral values, and

their interactions is captured in this study. It is clear that participants' responses were reflected by their communal values and based on the Fijian worldview.

2.2.4. Fijian Meanings of Health

There are several concepts relating to health in Fijian culture, and this helps to draw contrast between Fijian concepts of health and those of 'western' culture. In any traditional Fijian setting there are traditional healers. These healers are believed to have this gift given by the Gods. Healing powers are based on genealogy and gifts being clan based and belong to that family lineage. My understandings of traditional healing practices are based on literature but primarily on personal communications with my late grandmother (P. Makiti, personal communication, September 25th, 2008).

Dau rairai: This term refers to spiritual healers, because all illness is automatically seen as having some spiritual connection with the ill person. The spiritual healer is believed to be able to see what this spiritual connection is and therefore performs either an exorcism, conjures up a mixture of herbs to be consumed by the patient or performs a ritual using the traditional Fijian drink known as *Kava*.

Dau sema sui: in the western world this can be seen as an orthopaedic surgeon. This person has the ability to heal injuries, including broken bones by massaging the injury and/or using leaves and herbs.

Dau soli wai: These healers were known as herbalists. They have various herbs for any ailment. They also can prescribe herbs for the prevention of certain illnesses.

In the colonial era, diseases such as measles, small pox and influenza killed thousands of Fijians (Gravelle, 2000; Lukere, 2002; Scarr, 1984). The use of

simple herbs and the mana³ of healers could not diagnose nor treat these introduced diseases leading to the death of population groups in and around Fiji. Due to contemporary Christian beliefs evident in Fiji most of these practices are not done openly. There are still those who give traditional medicine and heal joints, and to a certain extent spiritual healers still practice but often in secrecy as it is perceived as 'unchristian' (cf Vudiniabola, 2011a).

2.2.5. Sautu or Wellbeing

First, *sautu* or wellbeing as defined by Nabobo-Baba (2006) is explained in this chapter as 'leading to a holistic life'. Second, *sautu* in relation to prosperity means 'in abundance', so one can refer to a piece of land or village as '*vanua sautu*', relating to how fertile the land is. As well as abundant fruits and crops on land, the term may include abundance of fish in the sea; all signify a land or *vanua* that is in prosperous and referred to as '*vanua sautu*'.

Third, *sautu* can also be referred to as a 'period of time'. For example, if one identifies that the 1980s was a time of '*sautu*', it means that life was good, signifying abundance, wealth or a time when things were affordable and people lived a good life in comparison to times of recession or a period of paucity.

In a fourth definition, *sautu* can also mean 'peace' and 'not at war'. Peace refers to a place where there are no wars or fighting and the people are at peace with one another, leading to a good quality of life. In addition, *sautu* can relate to having a 'sense of peace' or *vakacegu*; just to be or to live with one's self, and yet be connected with one's relations, people, tribe and *Vanua*. To be able to live in peace requires *yalomatua*: *yalo* which means 'spirit' and *matua* which means 'older' but implies wisdom, so the word means to be wise or someone that is seen to have wisdom (Nabobo-Baba, 2006).

³ A Fijian word meaning having the power or the authority to become a reality in this context; the herbal medicine has the power to heal under the authority of the traditional healer.

Finally, *sautu* also means to have a wealth of things, both tangible and intangible. In the Fijian context wealth is not necessarily about having a lot of money, but relates to the land and maintaining relationships. The fertility of the land and sea, the number of children one has to be able to help out with roles and obligations of the *Vanua*, means that a family with many children is wealthy because the children will be able to give back to their parents and to the land. Also *yalomatua* or wisdom in the context of *sautu* will mean that the person knows the 'way of being' in relation to the *Vanua*. The person knows how to go about things within the *Vanua*. The person is therefore said to possess the qualities that are chiefly-like, qualities that bestows respect, honour and dignity also referred to as *vakaturaga* for men or *vakamarama* for women.

2.2.6. Health Service and Models of Health in Aotearoa

In the case of health service delivery in Aotearoa for Pacific peoples, the Ministry of Health (2008) stated that numerous health initiatives using ethno-specific models for Pacific peoples are being implemented yet health inequalities continue to increase. Models of health used in Aotearoa include the pan-Pacific, Fonofale model developed by Puloto-Endemann (2001, 2002) and the Tokelauan, Te Vaka model developed by Kupa (2009) which I explain in the next few sections. Other models discussed such as the Tongan Kakala model (Helu-Thaman, 2007, 2009) and the Cook Islands, Tevaevae model developed by Maua-Hodges (Te Pou o te Whakaaro Nui, 2011) are mostly service delivery models but have been also used in some instances as models of health (Suaalii-Sauni et al., 2009).

Initiatives implemented with Pacific communities in Aotearoa using these various models of health, have great intentions but Airhihenbuwa (1994) as well as Young (2002) both state that health initiatives for some population groups often fail in desirable outcomes as they are not implemented within an appropriate cultural context. The same report by the Ministry of Health (2008) stated that despite the increase in health inequalities there is still a need to

collect ethno-specific data on the health perceptions of Pacific peoples. This study therefore, explores the cultural constructs of health and wellbeing from an Indigenous Fijian perspective. There is minimal research conducted in the perception of health for Pacific peoples (Basset & Holt, 2002; Capstick, Norris, Sapoaga, & Tobata, 2009). Studies that include colonial discourses in health and wellbeing include Finau, Wainiqolo, and Cuboni (2004). Specific examples of the colonial influence on the delivery of maternal health was explored by Lukere (2002) as well as Ram and Jolly (1998). They outlined how the nursing profession had been dominated by the teachings of the colonial rule and how the role of Indigenous birthing attendants and midwives were disregarded creating scepticism about Indigenous medicine and traditional knowledge. These literatures on colonial discourses form the basis of the analysis in Chapter five and Chapter six.

Studies by Agnew et al. (2004) revealed that there is often misunderstandings about current Pacific health beliefs and health service delivery models. An area of concern is that if the values within the health belief models cannot be implemented and assessed then it cannot be a service delivery model but rather should remain as a health belief model. Suaalii-Sauni et al. (2009) reported that:

Pacific models of care (service delivery) were found to be informed by Pacific models of health belief and existed in implicit rather than explicit forms. To develop clearer or specific articulations of Pacific models of service delivery, the first step for services is to develop written expositions (a theory) of how these models might be framed taking into equal account cultural, clinical, and service management issues. (p. 19)

For this reason, I decided to look at the *Tanoa Health Belief Framework* that can be implemented as both a health belief and health service delivery model. Chapter six documents the *Tanoa Health Belief Framework* as a tool that can be used by health and community workers in Fiji, Aotearoa and globally to assess

the cultural determinants of health amongst Fijians. I will now review literature on existing Pacific models of health in Aotearoa.

2.2.7. Pacific Health Belief Models

Literature indicates that most of the existing models in Aotearoa are similar to Te Whare Tapa Whā (Durie, 1998), hence do not really look at the root causes or the cultural determinants of health as previously mentioned in the literature review of wellbeing. Even though Pacific peoples share certain commonalities, our values, culture and beliefs are distinctively different and this reinforces and validates the need for this study to be ethno-specific. In the following section, I review five models used in health and community services and service delivery in Aotearoa. I have also included an emerging Fijian wellness model developed by Vudiniabola (2011a), to showcase some of the constructs within models of health. I begin with Te Whare Tapa Whā model.

2.2.7.1. *Te Whare Tapa Whā Model*

The Te Whare Tapa Whā model (Durie, 1998), uses a house or wharenuī as a metaphor to illustrate the components of health from a Māori worldview. All four walls of the house are necessary for strength and symmetry. The four walls comprising first the 'taha wairua' or the spiritual side; 'taha hinengaro' meaning thoughts, feelings and intellect; 'taha tinana', the physical side; and the 'taha whanau', the family or social dimension. These four dimensions represent health in balance. The model has continued to evolve, but spirituality or the 'taha wairua' according to Durie (1998), was considered to be the most important aspect of health; "that without a sense of spiritual awareness and a mauri (spirit or vitality, sometimes called life force) an individual cannot be healthy and is prone to illness and misfortune" (p. 70). Models that follow look at similar aspects of health but from within their own cultural context.

2.2.7.2. Fonofale Model:

The *Fonofale* model by Pulotu-Endemann (2001, 2002) depicts a Samoan *fale* model commonly used in Aotearoa as a health belief and service delivery model. Similar to the Te Whare Tapa Whā, in order for wellbeing to be achieved there has to be an equilibrium or balance of spiritual, physical, mental or mind and family. *Fonofale* named after Pulotu-Endemann's aunt, identifies six dimensions of health.

The *fa'ave* is the foundation that the *Fale* is built upon and represents the *aiga* or the extended family that forms the basis of any Samoan family. The four poles of the *fale* include first the *fa'aleagaga* or the spiritual dimension, which incorporates beliefs in traditional ancestral Gods and Christianity as well as nature. Second, *fa'aletino* or the physical aspect looks at the absence of disease and illness as well as diet and physical activity or all things contributing to a person's physical health. The third, *mafaufau* or mental aspect, explores aspects of wellbeing of the mind, and fourth, the *isi mea*, looks at socio-economic factors, gender, educational and sexual orientation. Culture or *aganu'u* is symbolised by the roof of the *fale* or *falealuga* (Agnew et al., 2004; Mafile'o, 2009; Pulotu-Endemann, 2001; Te Pou o te Whakaaro Nui, 2011). Surrounding the *fale* are dimensions such as time, context and environment which all are interrelated to the effects of health and wellbeing for a Samoan person. The *Fonofale* model has also been used as a pan-Pacific model in Aotearoa.

2.2.7.3. Te Vaka: Tokelaun Health Belief Model:

The Te Vaka or canoe developed by Kupa is a Tokelaun model of health. Kupa (2009) stated that after the introduction of the *Fonofale* model, he realised that there were two other concepts within the Tokelaun culture related to the welfare and sharing that are not included in the *Fonofale* diagram. Kupa was eager to include these two missing elements especially since the *Fonofale* model was being used as a pan-Pacific model yet was not fully reflective of the Tokelaun culture. Kupa (2009) states:

These two concepts are the *Fatu Paepae* and *Inati*. *Fatu Paepae* is a matriarchal title carried only by elder women who are responsible for overseeing the welfare of and care of the entire extended *kaiga*. This means that the *Fatu Paepae* holds a privileged leadership role, and is very influential in key family decisions. (p. 157)

Kupa (2009), identified the following factors:

Fenua relating to the natural environment; Tino o Te Tangata, the human physique and physical fitness; the Mafaufau, conscientiousness and strength of mind. The Inati which is the system of sharing for the benefit of the *kaiga*; Tapuakiga/Talitonuga relating to ancient beliefs and Christianity and the *Kaiga* or the families and the traditional sacred relationships between members. (p. 158)

The Te Vaka also incorporates the physical, spiritual, mental and family and the four important components depicted within parts of the canoe. The next is an emerging Fijian model of health and wellness.

2.2.7.4. Vale Ni Bula:

Vudiniabola (2011a) identifies a *'vale ni bula'* in her research thesis, as a health and wellness model for Fijians. Her thesis looked at the Fijian Diploma of Nursing curriculum and offered an Indigenous approach to the current nursing curriculum. She suggests that "the *'vale ni bula'* is useful in curriculum development and evaluation and in the analysis and evaluation of the health of individuals, of families, of communities both within and outside the hospital environment" (p. 126). She identifies four factors: the *'Bou'* or the central beam, the *duru* or the poles and the *Vanua* and God. The *Bou* or the central beam, relating to identity which according to her participants was either their reverence for their Christian God or their ancestral God. The second factor, is the four posts or *'duru'* relating to the physical, spiritual, mental and the socio-economic aspects of living. She states that the four factors of Indigenous health define the roles, responsibilities and obligations of that person to the *Vanua* and

to God. The scope of the thesis by Vudiniabola (2011a) did not explore the cultural constructs within these roles, responsibilities and obligations which form the basis of the *Tanoa Health Belief Framework* presented in this thesis.

2.2.7.5. Other Pacific Models:

Other models used in Pacific health include the Cook Island *Tivaevae* model developed by Maua-Hodges which uses the process of the quilt making to assign tasks and roles for women. Each part of the quilt has to be carefully selected and when brought together the process ensures that a beautiful high quality quilt is produced (Te Pou o te Whakaaro Nui, 2011). Similarly the Tongan *Kakala* model developed by Helu-Thaman (2009; 2007) looks at the process of gathering, analysing and organising information for dissemination of results in a research process. Both models look at research rather than health belief as other models have illustrated. I also looked at some of the health promotion literature so that I was fully aware of factors identified as enhancing or hindering health and wellbeing.

2.2.8. Health Promotion and Health Seeking Behaviour

Health promotion and health seeking behaviour, allows health to be seen as a resource for everyday life, not the objective of living. In addition, health is seen as a positive concept emphasizing social and personal resources, as well as physical capacities. In order to accomplish this, health promotion is not just the responsibility of the health sector, it goes beyond healthy life-styles to wellbeing (World Health Organisation, 1986).

Nutbeam (World Health Organisation, 1998) illustrated some measures of health promotion related to health outcomes that sparked an interest in how health was measured in this thesis. Because health outcomes measures changes in health status and takes much longer, the study focused on changes in the determinants of health. These are defined as intermediate health outcomes, associated with modifying social, personal and environmental factors allowing

people to increase control over factors that control their health (Nutbeam, 2000) .

The thesis then explores what these social, personal and environmental factors are, how they were constructed and how then these factors hinder or enhance health and wellbeing for participants. Theories were then generated on how health promotion can be adopted to create change, in order to do this an exploration of how participants conceptualised health and wellbeing and how these concepts are constructed were the main objective of the study. Because the study focused on *Marama iTaukei* or women I also had to review literature on gender, feminism and agency of women first looking at how politicised gender has become.

2.3. The Politics of Gender

To define gender would be to narrow the scope of the discourses in feminist theory. West and Zimmerman (1987) state that gender is understood “as a routine accomplishment embedded in everyday interaction” (p. 125). Gender representation in this quote means that an action done repetitively on a daily basis distinguishes the difference between female and male. Elson (1991) states that gender takes into context the relational space between women and men. The implication is that women cannot be studied in isolation but rather are studied in relation to men. This statement by Elson highlights that one gender is only understood in comparison to the other. West and Zimmerman as well as Elson make distinctions between the two as individuals having distinct characters that distinguish them from each other. The problem is that both, Elson and West and Zimmerman, do not include a collective ideology of gender. Haraway (1991) suggests that “complex differentiation and merging of the term ‘sex’ and ‘gender’ are part of the political history of the words” (p. 130). She further suggested that the:

shared categorical racial and sexual meanings of gender point to the interwoven modern histories of colonial, racist, and sexual

oppressions in the systems of bodily production and inscription and their consequent liberatory and oppositional discourses. (p. 130)

Within the Fijian worldview even though there are physical distinctions, and difference in roles, the focus is more on how they both unequivocally contribute to a 'good society'. How then is gender perceived from a Fijian worldview?

2.3.1. Gender from a Fijian Worldview

In the discussion on the politics of gender, we can see the varying views of gender and roles. The role of women within a Fijian worldview beckons respect when willingly carried out; as explained by Ravuvu (1983), contribution is made for the communal good.

A fact that is often ignored is that women who know well and accept positions in their own society; willingly carry out their family duties and other demands and obligations relating to their community. They are recognised and admired for their efforts. They are respected for displaying specific female qualities in accordance with the values and beliefs of the people and are greatly appreciated for playing the roles appropriate to their defined positions within the family or community hierarchy. (p. 2)

Ravuvu's point is that the ability to do their duties and obligations is defined by societal values and respected when carried out. For women these societal values when carried out willingly and to the best of their ability can be referred to as '*nai itovo vakamarama*' (behaviour that bestows respect for a woman). *Vakamarama* embodies qualities that epitomise womanhood and need to be understood in relation to the term *vakaturaga*. *Vakaturaga* is defined as "recognising the presence of others and at the same time considering them as equal or superior and therefore willing to serve" rather than expecting to be served (Ravuvu, 1983, p. 105).

Katz (1993) states that *vakaturaga* is to have characteristics of living like that of chiefs, therefore maintaining harmony by respecting and honouring others and by fulfilling one's duties and responsibilities towards others. The person is said to possess the qualities that bestows respect, honour and dignity (Meo-Sewabu & Ramacake, 2011). Achieving *vakaturaga* means carrying out clan roles within the social structures through the village and provincially and, can be said to be a practice of inclusiveness, reconciliation, unity, dialogue, participation, partnership, fellowship, sharing and service. In the same context achieving *vakamarama* means maintaining harmony (*veikawautaki*) by honouring relationships (*kila na veivekani*) and practicing values that harness wellbeing. The understanding of *vakamarama* is key to understanding gender in the traditional Fijian culture.

Lasaqa (1984, p. 23) explains that "The Fijians realise they must serve their chiefs and at the same time the chiefs are obliged to look after their people" (p. 23). There is a communal sense of reciprocal duties each has to do for the other. Fulfilling roles and obligations within the *Vanua* social structures often goes beyond the confinement of the village itself. In the context of the village setting these roles can be further divided into roles within the family, within the *Vanua*, the village social structures and within the institution of modern society that are existent in the village.

2.3.2. Discourses affecting gender

The displacement of the traditional way of living was influenced by Fiji's colonial history specifically the installation of colonial administrators who enforced a colonial cultural regime (Lasaqa, 1984; Nayacakalou, 1975; Ravuvu, 1987; Scarr, 1984; Willis, 1851). Alliances formed changed the notion of service for others, instead of serving as in the true meaning of *vakaturaga* and *vakamarama*, the leaders expect to be served instead, with reciprocity of duties not practiced accordingly. Notions of serving were further perpetuated by missionaries who taught men to focus on agriculture and women on sewing

and rearing children (Emberson-Bain, 1992; Gravelle, 2000; Knapman, 1986; Leckie, 2002b). Clearly the shift begins to take place making gender roles more apparent.

In addition, work by Jolly (1998), Lukere (2002) and Leckie (2002b) discuss the 'Hygiene mission', an initiative enforced by the colonial administrators to resolve the depopulation of Indigenous Fijians. Villages were required by law to clean their villages and had strict sanitation measures. Thomas (1990) stated that regulations governing health and sanitation were enforced by the colonial administrators and missionaries by enlisting the support of chiefs. Village check-ups followed, which still exist today but are not as strictly adhered to as in the colonial days. Mothers were taught to raise their children according to the colonial rule perpetuated by religious teaching (Knapman, 1986; Leckie, 2002b; MacNaught, 1982; Vudiniabola, 2011a). During the course of the research, I was interested in finding out if some of these colonial discourses were still prevalent within participants' lived experiences.

Leckie (2002b) highlights that "officials and missionaries profoundly influenced gender relations" (p. 123). Female qualities or achieving *vakamarama* continue to evolve as values and beliefs are constructed within modern Fijian society. One such example is provided by Emberson-Bain (1992) who states that "traditional ideologies of Fiji's culture prescribe women's confinement to the domestic arena and exclusion from the corridors of power and decision making" (p. 146). Her statement clearly discusses the politics of gender at a time when the women's rights movement was beginning to gain momentum in Fiji. I was also interested in looking at the use of power within gender and how control of power impacts upon gender relation.

Power within the western construct needs to have a public face, representation in Parliament, equal opportunities in education and work have been highlighted as a way to achieving the empowerment of women globally (Leckie, 2000; Narsey, 2007; World Bank, 2011). This was a period when better

treatment of women needed to occur as traditional societal structures that respected and protected women were breaking down giving rise to inequalities and violations amongst women hence the emergence of organisations such as the Fiji Women's Crisis Centre and the Women's Rights Movement. Many women are no doubt indebted to these initiatives and are still benefitting from the work being done by these organisations. I was also interested in finding out about women's agency and how these forms of agency can inform the development of health and wellbeing programmes as well as inform policy.

2.3.3. The notion of women's agency

In terms of women's agency Leckie (2002a) states that:

womens agency in Fiji [is] where both the individuals and groups must constantly negotiate change for women within their identity as members of an ethnic group, local community, union or religious group. (p. 159)

Leckie means that women in Fiji are part of many layers within a community, and in order for change to occur they must constantly negotiate within all these various layers.

Literature focusing on Fijian women includes that of Emberson-Bain (1992) and Bolabola (1986); Emberson-Bain and Slatter (1995) discuss women within a traditional Fijian setting, stating that women are usually marginalised and not considered as decision makers. The following quotation may provide an understanding to how women are perceived in a Fijian context:

The status of women was inferior to that of males as seen by their secondary roles; marginal participation, or exclusion, from ceremonies, rituals, decision-making, and wars. Women's low status was also reflected in their sitting position at ceremonies and at meals, and their allotted bathing spots in village rivers usually at the lower end. (Bolabola, 1986, p. 2)

Although I recognise the structures that continue to marginalise Indigenous Fijian women within the culture, I focused on literature that explored agentic action that empowers women. Chattier (2005, 2008, 2012, 2013, 2014a, 2014b, 2014c) in particular, considers the multiple layers of negotiations women endure that are often not captured in universal measurements of poverty and amongst those who are marginalised. Chattier (1995) argues that the complex layers of an individual's daily realities needs to be taken into consideration when looking at wellbeing. Leckie (1995; 1995) similarly provides examples of working women in the Fijian and Indian ethnic groups and their realities. Sen (2001) considers that the focus of feminist movements over the last decade have primarily been on better treatment, and slowly women are now being seen and recognised as an agency for social change – “the dynamic promoters of social transformations that can alter the lives of both women and men” (p. 189).

There have been movements in Fiji highlighted in the literature, naming inequalities such as gender bias in the workplace and poverty (cf Chattier, 2012; Emberson-Bain, 1992; Leckie, 2000; Narsey, 2007), domestic violence, the status of women, women's rights and education (Chandra & Lewai, 2005; Chattier, 2013; Hay, 2009; Jalal, 2009) and also identifying colonial discourses that have affected gender in Fiji (Jolly, 1998; Lukere & Jolly, 2002; Vudiniabola, 2011a).

Leckie (2000, 2002a) also studied the complexity of the multiple layers of obligations that are part of women's daily reality often perpetuating their marginalisation. I also reviewed literature written on Pacific women to provide an overview of the rhetoric relating to gender issues in the Pacific (Ferro & Wolfsberger, 2003; A. Jones, Suaalii, & Herda, 2000; S. Jones, 2009; O'Brien & Tiffany, 1984; Yeoh, Teo, & Huang, 2002) which critiques ways in which Pacific women are negatively portrayed in the literature, including as the 'exotic other' and as incapable of making economic decisions. I also reviewed older literature such as Sahlins (1962); Tongamoa (1988) which provided a general

understanding of how women were viewed within Pacific societies. These points are discussed further in Chapter seven.

I included literature that brings marginalised voices to the centre and empowers them as Indigenous women. These included reviewing post-colonial theory such as that of Spivak (1988, 1990, 1999) specifically her work on the subaltern theory. I also looked at how I could privilege the voices of the women and those often marginalised within a capitalistic global world, and this included Southern theory by R. Connell (2007) and the work of bell hooks (1981, 1984, 1989, 1990, 2008) who offered a perspective on experiences and representations of African-American women. Her work provides a critical lens on how marginalisation is perpetuated and how Eurocentric perspectives are always privileged over being black or other ethnicities.

2.3.4. The 'Exotic Other'

A number of early anthropological studies on Melanesia women, as highlighted by O'Brien and Tiffany (1984) portray women from a male dominated lens without any in depth study of women's role or any appreciation of how women contributed to the village economy and wellbeing. Whiting (1941) and Sahlins (1962) portrayed women as incapable of making economic decisions. S. Jones (2009) highlighted that a very few studies have looked at female roles and their contribution to economic systems and subsistence in Fiji and Polynesia. If women are discussed it is often in association with their beauty without any recognition of intelligence, skills, knowledge of cosmology and the environment associated with everyday living. Most images of Polynesia are influenced by Gauguin's paintings in Tahiti which feature the exotic other, half naked, lazing under a tree surrounded by tropical fruits. The portrayals of Melanesian women are often associated with savagery, but again without any recognition of their social roles as traditional knowledge holders capable of making intelligent choices (A. Jones et al., 2000; O'Brien & Tiffany, 1984).

The *Marama iTaukei* (Indigenous Fijian woman) is often seen or written about as silent, 'exotic other', or as the savage woman, limited to domesticity and the passive victims of patriarchy (cf Dolan, Johnstone-Louis, & Scott, 2012; Knapman, 1986; Williams, 1858). To unpack some of the concepts of gender and the complexity of women's roles I looked at some the work by Molyneux (1985) who explored the practical and gender interests of women. These two concepts were expanded further by Moser (1989) into practical gender needs and strategic gender needs of women. Practical needs relate to what women do daily to survive and within the household while strategic gender needs relate to examining structures within the society that continue to marginalise the women. These two concepts form the basis of the arguments presented in Chapter seven.

2.4. Gender and Language

A study by Sahlins (1962) in the same region in Lau, Fiji described women as spending an "extraordinary amount of time in idle, sometime vicious gossip" (p. 121). He further translates what a man in the village stated, that women sit around and 'pass gases'. The literal translation of the word 'ci' is to 'pass gas'; within the Lau group, the word 'ci' when used in the context explained by Sahlins, means 'to die' however. The man was saying that women just sit around and then die. The man obviously considered women's work to be not as physical as men. Perhaps he meant that women work in a sheltered environment while men work out in the open under direct sunlight. Nevertheless, the manner in which women are represented within the language used by both the man interviewed and Sahlins emphasises how women's work is not valued. Rather the language portrays a male-dominated, capitalist view of women as being idle without recognising that women's work at the home is part of what builds cultural and social capital, hence contributing to the overall wellbeing of the village and Fijian society as a whole.

Even though I agree that the voices of participants are often not heard in societal and political structures, I struggle to use the term 'subaltern' (Spivak, 1992) as it connotes a derivative of the main. The term denotes something less without exploring the 'main' or the altern. The altern itself remains unexamined yet has the power of definition. Voices do not always have to have a public face in order to affect change. One such example can be seen in the work of FEMlink's Sharon Bhagwan Rolls who was recognized for "giving voice to the voiceless". She conducted this in Fiji by travelling throughout Fiji with a suitcase radio interviewing women and discussing their daily realities. Ms. Bhagwan Rolls in 2014, was recognized and received a 'Woman of Distinction Award' for her dedication. In her speech she stated that:

While their media and peacebuilding efforts may not always claim the national headlines, just as the peace vigils are a not a passive but deliberate silence. It is very much a component of non-violence. It is in such silence and stillness that the seeds of action are sown. And our silence is not in isolation, because we believe that when women come together for peace, our message can resound throughout the nation and throughout the world.

To have a voice means that the women are able to get organised and come together to be the active agents of change. Their voices do not have a public face but their passive resistance changed things at grassroots level.

2.5. Conclusion

Literature reviewed has formed the basis for the chapters written in this thesis. Understandings about health and wellbeing continue to differ for most cultural groups. The aim of the search was to find out if there were any studies that have already been conducted on the cultural constructs of health and wellbeing for Fijian women. I explored lay understandings because the focus was on positive health perspectives rather than deficit views that focus on health inequalities within ethnicity. Gender perceptions globally and within the Pacific have aroused a curiosity to find out more about the agency of women in

Fiji especially within a culture that is patriarchal. The essence of *vakamarama* and the expectations of the *Vanua* raise a lot of questions about agency with *Marama iTaukei*. The literature gathered to be in the '*I noke*' informs the research and the exploration of the cultural understandings of health and wellbeing amongst *Marama iTaukei*.

3- - TALI MAGIMAGI: WEAVING METHODOLOGY, RESEARCH ETHICS AND FIELDWORK PRACTICE

Indigenous epistemology is derived from their ecology; from people's experiences, perceptions, thoughts and memory, including experiences shared with others; and from the spiritual world discovered in dreams, visions, inspirations, and signs interpreted with guidance of healers and elders (Battiste, 2008, p. 499)

3.1. Introduction

The chapter outlines the methodology that was developed for this study. This chapter also discusses the ethical approval process for the research which involved the intricate weaving of what is academically sound in the western world and what is culturally appropriate in Indigenous research. Human ethics processes as organized within the Academy may be viewed as technologies for the calculation and management of risk. While there are risks within any research with regard to ethics processes and the conduct of research, this chapter illustrates how western paradigms associated with 'expert knowledge' and the 'lay knowledges' of an Indigenous population group, produce competing understandings about ethical practice. It is argued that expert knowledges, as used within dominant western notions of research, often subjugate Indigenous frameworks of knowledge (Battiste, 2008; R. Connell, 2007; Tuhiwai-Smith, 1999). The chapter aims to show the pathways involved to justify the steps taken in the research process. In the Indigenous world this knowledge is valued and often considered sacred in some instances.

Cultural understanding and Indigenous knowledge provided a framework for responding to ethical dilemmas in this research. The chapter links methodological epistemologies with Indigenous ways of knowing, western and Indigenous research ethics and the politics of doing research in the field. This

framework is an example of a Fijian Indigenous epistemology. In this chapter I introduce the methodology using the *Tali Magimagi Framework* which crafts the weaving process undertaken throughout this thesis.

3.2. Tali Magimagi Framework

I introduce the methodology in the metaphorical context of weaving or the *tali magimagi* for the weaving together of the threads of the thesis in this chapter. The following are excerpts from my field research notes, part of which became instrumental to the conceptualisation of the *Tali Magimagi Framework*:

During the research, we visited another village on the Island, this village is considered to be hardest to reach. The easy option is a 3 hour walk over rough mountainous terrain, the dangerous option is by boat, the reef is so vast and difficult to manoeuvre that ships hardly go there. Small fishing boats have to dock elsewhere at low tide, and then passengers have to walk along the coast which is just inches from the reef. Missing the low tide, means that there is no possibility of going across. The boat ride takes an hour in addition to a 30 minute walk to the village. My grandfather grew up in this village and when our relatives living in this village heard that we were in our original village, they walked the 3hr walk bringing 3 big baskets of root crops and livestock to welcome us but more importantly to acknowledge the link to my maternal grandfather.

To reciprocate we visited them also with gifts from the city. The visit was a quick one as the tide was coming in fast when we arrived, but nevertheless, an elaborate meal had been prepared for us. We performed our cultural welcoming ceremonies and met all the relatives that were there. After the meal, we began our trip back; we had been walking for about 30 minutes when my uncle from the village came riding on a horse with a bundle in his hand. He handed the bundle to me which consisted of some tapa and a roll of '*magimagi*'. I thanked him as I unfolded what looked like 10 metres of *magimagi*, this exchange was a way of him honouring our

relationship as his niece. Fijians refer to this as ‘*vakamenemenei*’ meaning to be given the best or to be spoiled. We said our goodbyes and I could see that tears had welled up in his eyes as he farewelled us. (Field research notes)

The significance of this exchange dawned on me much later in the research, when discussing how *magimagi* is made with my elders. I was overwhelmed thinking of the painstaking details and intricate weaving of the fine fibres creating the *magimagi*. The process takes days and one has to be highly skilled to carefully select the fibres to weave together into a continuous string. This is in fact the essence of the details and intricate weaving of the research methodology and methods employed in this research.

The process of making the *magimagi* involves baking young green coconuts in the earth oven and then beating them with a stick, fibres are then dried. The best fibres of the same shade of colour are selected and rolled together using hands or thighs, then woven together piece by piece using 3 plaits. This is usually done by the men in the village, but everyone in the village participates in the process also; children can be seen helping their grandfathers with the rolling of the fibres. I was told that often once a young boy turns 18 in the village, making the *magimagi* is a task that he is assigned (M. Ledua personal communication, January 22nd, 2012).

The fibres are very fine, requiring a skilful weaver. It is the Fijian version of a rope used to tie things together when building canoes, *bure* (Fijian houses) or anything else that has to be held together as nails are not used. The *magimagi* is strong and durable, and also requires skills in tying knots and in binding things together.

The study is based in two geographical locations, Fiji and Aotearoa. The study focuses primarily on Fijian women who have migrated to Aotearoa. However,

in order to gain an understanding of Fijian perceptions about health and wellbeing data was first collected in a traditional Fijian village. The thesis is not a comparative study, but merely seeks to gauge how perceptions evolve following migration to Aotearoa.

The Venn diagram below illustrates the methodology used amongst participants in Fiji and in Aotearoa. The common methodologies used between the two geographical locations are the *Vanua* methodology and the *Talanoa* process. The insider/outsider role is discussed here, exploring the ethical dilemmas experienced in the research process and the weaving of the strands that has emerged from this research as the *Tali Magimagi Framework*.

I begin with the overarching methodology used in this chapter, the *Vanua* methodology. The next chapter discusses the methods used in the collection of data.

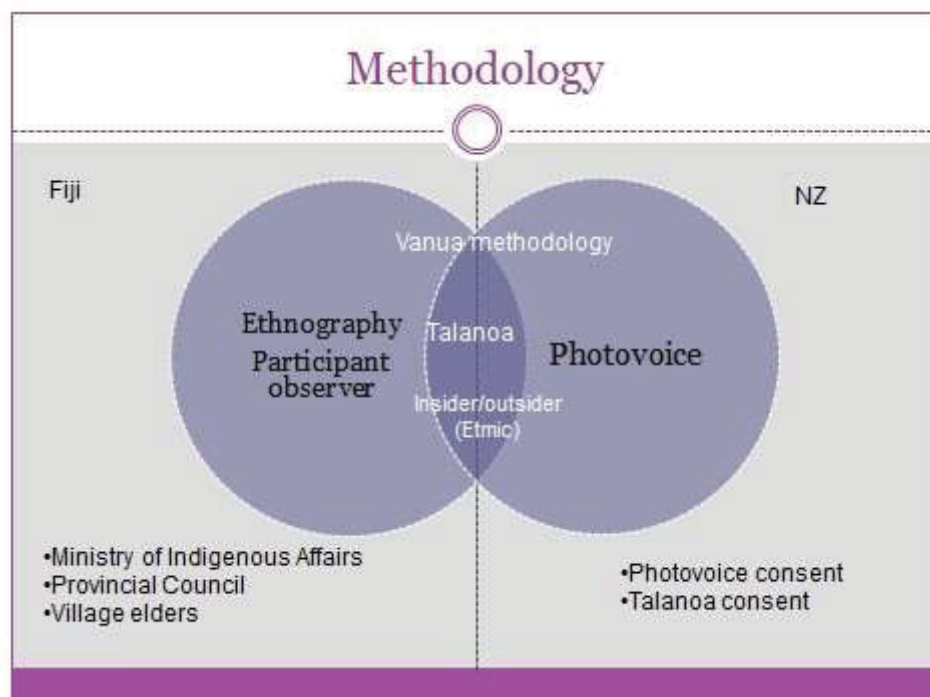


Figure 3 Methodology for research

3.3. Vanua Methodology

Vanua literally means land and is defined ‘as a people, their chief, their defined territory, their waterways or fishing grounds, their environment, their spirituality, their history, their epistemology and culture’ (Nabobo-Baba, 2006, p. 155). The *Vanua* methodology is the main sinnet⁴ woven through this study ensuring that respect, humility and traditional Fijian cultural protocols were adhered to. Nabobo-Baba (2006) explains the *Vanua* methodology as follows:

Vanua research supports and affirms existing protocols of relationships, ceremony, and knowledge acquisition. It ensures that the research benefits the *vanua* and that love, support and resources given by the people are appropriately reciprocated. The *vanua* researcher ensures that no harm is done to the *vanua*, which means that all information is carefully checked to ensure that that [sic] might be unsettling or have the potential to damage relationships is not made public. (p. 25)

For Fijians, our relationship to the *Vanua* determines how we relate to other Fijians. The degree to which I can be friendly or should be respectful is dependent on which part of Fiji each participant is from. Therefore, an understanding of cultural boundaries and protocols is vital. To ensure that these protocols are adhered to, I used the *Vanua* methodology as well as a collective support group which I have termed as the ‘*cultural discernment*’ group (Meo-Sewabu, 2012), defined in the latter half of this chapter. The cultural discernment group were responsible for overseeing what is culturally ethical within the research setting. The *tali magimagi* ethical framework allows for the intricate weaving of *Vanua* protocols and ethics guided by the cultural discernment group and western research tenets.

The *Vanua* research framework involves methods that are grounded in the realities of “indigenous Fijian values, protocols of relationships, knowledge and ways of knowing” (Nabobo-Baba, 2006, p. 24). Complimentary to the *Vanua*

⁴ A sinnet in the context of the magimagi is made out of coconut husk that is plaited for durability-the process of making the sinnet is explained in this chapter.

research framework, I have developed the *Tali Magimagi Framework* which includes what is ethical within a cultural setting, making the woven strands of the sinnet stronger and durable. Sustainability is achieved through incorporating culturally appropriate and ethical research practices and by negotiating to include Indigenous processes in the Human Ethics application for approval by the Academy.

In the context of research, *Vanua* methodology ensures that respect, humility and traditional Fijian cultural protocols are adhered to encompassing what both western and Indigenous researchers aim to minimise harm amongst participants. Reducing harm in the Indigenous frameworks means acknowledging kinship and relationships with participants. Creswell (2009) notes that “researchers need to respect research so that they are left undisturbed after a research study...that interviewers need to be cognisant of their impact to minimise disruption of the physical environment” (p.90). Creswell may have meant relatively undisturbed as research of any kind disturbs a research site to some extent. In the Indigenous setting, showing respect in a research site means addressing the existing layers of governance within the research setting. Addressing the different structures means acknowledging kinship within the village and amongst the participants; this most often will disrupt the village norm but is an ethical part of what is culturally appropriate when entering the research setting.

Within western research tenets, conducting the study with participants known to the researcher is often not considered ethical because of the suggested lack of objectivity included in such circumstances. As an Indigenous researcher, it was important for me to conduct the study at either one of my parent’s villages or my husband’s village because this is what is expected based on Fijian ‘ways of being’. Conducting this research in any other village in Fiji would imply that I do not belong to a village or may imply that I have been ousted from my own village or do not know my position in reference to the land. This may also

imply that I know little or have no common courtesy or knowledge of my own culture. The blame for not conducting the research in one of these villages however, would rest with my family (my parents). The research was therefore conducted in my maternal village known as my *koro ni vasu*. Being a '*vasu*' ensures that I am treated with favour; the complex nature of this relationship is discussed in Chapter five when interacting with relatives in the village. In addition, my own cultural experiences growing up in Fiji enabled connections to be made with women participants, in order to capture the diversity of their experiences.

In the Indigenous world, I am never an individual but always part of a collective (Nabobo-Baba, 2008; Ravuvu, 1987; 1993; Tuhiwai-Smith, 1999). Therefore, to go alone into a research setting would be an insult first to my immediate relatives, and those receiving me at the village. This does not mean that I cannot go to another village. If I do go to another village, it would involve another set of complex cultural protocols and obligations, and extended members of my paternal and husband's family would have to accompany me. This process would be done by Indigenous Fijians when entering any village. The protocols and behaviour is called '*i tovo vakavanua*' or '*vakarau vakavanua*', which literally translates to protocols or behaviour associated with the *Vanua*. In her study of *Vugalei* epistemology, Nabobo-Baba (2006) stated that:

Appropriate customs and behaviour are determined by a system of kinship relationships and life principles. Appropriate behaviour is based on the tenet that spiritual and material worlds are interconnected; respect for people, resources, the ancestors, and God, governs all important behaviours and values. (p. 88)

In conducting cultural protocols of entering the *Vanua*, we are weaving together the strands of the *magimagi* using highly skilled experts who helped conduct appropriate customs within the *Vanua* and the Fijian community. Not conducting the appropriate protocol warrants curses and the wrath of the

ancestors within the land we have entered. Because of our spiritual connections with the land and our ancestors, the belief is that not conducting the appropriate behaviour has negative implications from the spiritual world that may manifest in the physical world (Nabobo-Baba, 2006; Ravuvu, 1983).

For an Indigenous researcher, knowledge of the appropriate research site can be based on what the literature refers to as our connection to the *Vanua* and knowing the empirical world and social order or socio-cultural relationships in the village. It was therefore important that the ethics committee understood what the process of conducting research with extended family members meant to an Indigenous researcher.

3.4. Talanoa methodology

According to the *Vanua* methodology, conducting the study in my '*vasu*' (maternal links) brings privileges and guarantees a fruitful '*talanoa*' by the researcher and participants. Nabobo-Baba (2006) refers to *talanoa* ' as a process to which two or more peoples talk together, and which embodies "Fijian information-sharing protocols" (p. 27). Otsuka (2005) states it is important that researchers "establish a good interpersonal relationship and rapport with ethnic Fijian participants" (p. 2). *Talanoa* research expects researchers and participants to share not only their time and interests but also emotions. Researchers need to use culturally appropriate procedures in conducting talanoa research effectively.

Nabobo-Baba (2006), Otsuka (2005); Vaioleti (2006), and Latu (2009) describe *talanoa* as a methodology. The same authors refer to the methodology as 'subjective' because the whole aim of *talanoa* is to give meaning to whatever is being discussed. *Talanoa* is an effective tool for collecting and analysing data within oral tradition such as that of Fiji and many other Pacific Indigenous cultures. Violeti (2006) translates the word *talanoa* from a Tongan context with "*Tala* means to inform, tell, relate and command, as well as to ask or apply. *Noa*

means of any kind, ordinary, nothing in particular, purely imaginary or void” (p. 23). Nabobo-Baba (2007) defines *tala* from a Fijian perspective, as to ‘offload’. *Noa* is often used with a prefix ‘*na noa*’ meaning yesterday so *talanoa* means literally offloading stories of recent events.

According to Tuwere (2002), early Fijians expressed oral tradition through several means, one of which was *talanoa*, when stories are relayed by the old to young people about recent events. Another means is what Tuwere (2002) refers to as ‘*tukuni*’ which are legends about the past. He suggested legends can be “both true and false so the authenticity was measured by remembrance. If the legend is remembered then it must be true” (p. 21). Within the research setting I was both an insider and an outsider.

3.5. The Insider position and the *Vanua*

Ontological philosophies within research are based on the emic and etic understandings or the insider/outsider perspective. My stand reflects an etmic position in which reflection as both insider and outsider is possible (Mila-Schaaf, 2010). The etmic lens allows me to understand and comprehend the nuances, values, beliefs within the Fijian worldview as well as what is required from an academic lens. The *Tali Magimagi Framework* permits the researcher to adopt an etmic positioning that allows for the interface of knowledge systems, weaving together strands of the sinnet so that the resultant piece is more durable; as opposed to having just an emic (insider) or an etic (outsider) position. Morris et al. (1999) discussed assumptions on emic and etic perspective. They explained that the goal of emic or inside view is to describe behaviour “as seen from the cultural insiders perspective” whereas an etic (outsider view) will describe behaviour from a vantage point that is external to the culture looking at constructs of what may “apply equally well to other cultures” (p. 783). Etic-outsider view would also involve multiple settings and making cross-sectional comparisons whereas insider view are more likely to conduct ethnographic fieldwork, participant observation and interviews which

are the part of the methods used in this study as an insider. Geertz (1983) explains that etic view is often distant from the respondents and accounts are based on surveys rather than getting into place within the research setting and interacting in person with respondents. More importantly in terms of content analysis as explained by Morris et al. (1999) an emic insider view provides a window into Indigenous thinking whereas an etic/outsider view would treat the culture within the research setting as experimental and make comparisons to assess how the impact of factors vary across cultures.

The praxis of research in this instance is viewed from an Indigenous lens and an insider perspective. In addition, lessons learnt offer valuable insight into what is considered ethical practice within an Indigenous population group that may have wider applicability to research that is conducted across other forms of structural difference. The structural difference has already been explained in the governance process within our land and the different forms of collaboration that occur. Our connection to the *Vanua* and land is paramount and therefore I have incorporated discussions on my role as an insider/outsider and as a researcher/academic and the interface between them, specifically focusing on what is ethical from the Fijian worldview.

The interface in research can be likened to a weaving process described by George (2010):

Weaving or plaiting is used from within a kaupapa Māori context to denote the action of bringing people, or threads, together in meaningful relationships or patterns. Using those metaphors in relation to research is significant because research as a human endeavour is fundamentally created around relationships. By consciously weaving the threads together in ways that honour the contribution and participation of all those who weave the piece, it is

possible to work more harmoniously, to create a more beautiful pattern, to plait a stronger rope. (p. 15)

The statement discusses the importance of building relationships and trust when working alongside Indigenous populations. Working together in partnership creates a stronger bond. For Indigenous researchers even more important are the cultural protocols and processes that has to be adhered to and that they are accountable for within the *Vanua*.

Tuhiwai-Smith (1999) argues that:

at a general level both insider and outsider researchers have to have ways of critically thinking of their processes, their relationships and the quality and richness of data and analysis. However, the main difference is that insiders have to live with the consequences of the processes on a day-to-day basis forever more. (p. 137)

In the Fijian context the first protocol involves addressing governance of the *Vanua* or the land. As an Indigenous researcher, I am never an individual but always part of a collective. Even though in the Academy the study is considered my own, studying within my own cultural setting means there are cultural obligations and protocols that must be adhered to as part of a collective culture, but more importantly, as an ethical part of acknowledging the land. Therefore, doing anything that goes against my cultural values, marks me and my family for a lifetime as the study within an Indigenous worldview becomes part of the collective and reflects on the family as a whole.

Silverman's (2006) term of 'ethical safeguards' from an Indigenous context means carrying cultural protocols and obligations in accordance to the *Vanua* (land). Adhering to the cultural protocols of the land safeguards my cultural position as an Indigenous researcher. To go alone into my own cultural setting will be an insult first to my immediate relatives, and to those receiving me at the village. Therefore, I included a group of relatives who I refer to as the

'cultural discernment' group. Their role was to ensure that how I conducted the research was culturally ethical and culturally appropriate.

The Massey University Ethics Committee questioned the role of this advisory group, and by attempting to respond to their question I had to explain the concept of 'cultural discernment' to the committee. Cultural discernment can be defined as a process in which a community or a group of people collaborate to ensure that the research process is ethical within the cultural context of the research setting (Meo-Sewabu, 2012). The process however is not that simple as the cultural context means understanding the complex systems of Fijian knowledge or the Indigenous setting being studied. I struggled to explain to the Ethics Committee (Academy) why it was so important for me to take the group of relatives with me to the research setting. There was no doubt in my mind that taking them was ethical within the cultural setting, but within the Academy I had to substantiate my arguments with existing literature, and the concept of communal discernment assists in explaining the necessity of this process. Such experience of what is culturally relevant and concerns of the Academy was also expressed by a number of Indigenous researchers hence the development of decolonising research methodology by Tuhiwai-Smith (1999) and *Vanua* Research Framework by (Nabobo-Baba, 2006, 2008) and other research frameworks that question the universal truth about research (Battiste, 2008; Gegeo, 2008; Gegeo & Watson-Gegeo, 2001; Helu-Thaman, 2007).

As Indigenous researchers we can identify what is valued and take culturally specific meanings into account, as the ontological basis for action is better understood by an insider (Fay, 1996; Gegeo, 2001a; Mila-Schaaf, 2009). Another important factor to highlight is the relationship between Indigenous realities and the research outcome as expressed by Tuhiwai-Smith (1999) who states that:

much of what I have read has said that we do not exist, that if we do exist it is in terms which I cannot recognize, that we are no good and that what we think is not valid. (p. 35)

Statements such as this exemplify how the insider position allows for a greater understanding of the nuances and culturally specific meanings within the research settings. The *Tali Magimagi Framework* incorporates cultural specific meanings, nuances and other cultural factors that are understood from within the culture itself. The Framework weaves the various threads together, safeguarding the cultural position of the researcher within the research setting as well as how participants are represented in the outcomes of the research. It is through these processes that the praxis of research unfolds using an Indigenous lens and an insider perspective.

3.6. Overview of Qualitative Research Methods: Ethnography

The methodology used also required an interface of knowledge systems. Qualitative research was used in this study. The word qualitative implies the qualities of entities and processes and meanings that are not experimentally examined or measured. Qualitative researchers study things in their natural setting and interpret phenomena in terms of the meanings people bring to them. In addition, qualitative research focuses on reflecting the quality of something (process) and is value laden (Denscombe, 2010; Denzin & Lincoln, 2003b; Tolich & Davidson, 2011). In comparison to quantitative studies which emphasizes the measurements and analysis of causal relationships between variables, not processes (Value free framework) (Denzin & Lincoln, 2003a). Qualitative methodology looks for patterns and generates theory which involves inductive logic and reasoning. Qualitative research covers a broad range of approaches which are linked to different beliefs about what there is to know about the social world and how to find out about it. Generally directed at providing an in depth and interpreted understanding of the social world by learning about peoples social and material circumstances, their experiences,

perspectives and histories, qualitative research encompasses five traditional enquiry methods: Biographies, Case study, Ethnography, Phenomenology and Grounded theory (Davidson & Tolich, 2003a; Denscombe, 2010; Denzin & Lincoln, 2003b; Ritchie & Lewis, 2003; Stewart-Withers, Banks, McGregor, & Meo-Sewabu, 2014). This study employed the qualitative research method of Ethnography.

3.7. Qualitative methodology using Ethnography

Ethnography was used within the village setting for this research. O'Leary (2004) states that, "Ethnography studies attempt to understand the reality of the researched" (p. 129). Wolcott (2008) describes ethnography as 'a way of seeing' and not 'the way of seeing'. When conducting insider research he divides 'a way of seeing' into three categories: one is that ethnographers tell the story of a people, best reflected by Malinowski (1922) in what is considered as traditional ethnography, that the ultimate goal of an ethnographer is to "grasp the native's point of views, his relation to life, to realise his vision of his world" (p. 25). The second way of seeing is that "ethnography helps people tell their stories, usually in ethnographic autobiographies"; and third that people tell their own story. Wolcott (2008) refers to this as "the native goes anthropologist", providing examples of native students stepping into academia and conducting studies amongst their own people (cf. pp. 145-169).

If I were to place myself in Wolcott's definition, I would describe myself as 'the native goes anthropologist'. This study provides an opportunity to use ethnography as a method to collect data from my own people. Creswell (2009, p. 13) explains that "Ethnography is a strategy of inquiry in which the researcher studies an intact cultural group in a natural setting over a prolonged period of time by collecting, primarily, observational and interview data." As an insider and because I was entering a research setting where I had close maternal links there was no need for me to stay for a 'prolonged period' as required for

ethnographic studies. The use of the *Tali Magimagi Framework* exemplifies the weaving process carefully crafted in my methodology because I was studying my own culture. Participants and the villagers were able to candidly share and interpret their stories with me. As the researcher, I assisted in its translation into the western world, ensuring that the stories told are presented in the right context and their meaning is accurately reflected in the process. This ethnographic study used a “combination of observation, participation and unstructured interviewing” (Sissons, 2007, p. 276).

The study explored the social realities of Fijian women at the two geographical locations in Fiji and Aotearoa. The ontological philosophy of this study is that of a constructionism (Creswell, 2009; Davidson & Tolich, 2003b; Silverman, 2006), based on the premise that women’s lives are comprised of multiple realities all influenced and shaped by the nature of their social world (Denscombe, 2010; Mertens, Cram, & Chilisa, 2012). The epistemological foundation is based on interpretivism (Denzin, Lincoln, & Tuhiwai-Smith, 2008; Tolich & Davidson, 2011; Trainor & Graue, 2013; Tuhiwai-Smith, 1999); the social realities of the women are interpreted by themselves through discussions using *talanoa* and photovoice in which participants document aspects of their lives and through the group process of *talanoa* engage in a critical reflection of their multiple realities (Wang, 2003; Wang & Burris, 1997; Wang et al., 1996). *Talanoa* can be defined in Fijian, Tongan and Samoan contexts as sharing a conversation and knowledge (Latu, 2009; Nabobo-Baba, 2006; Otsuka, 2005; Vaioleti, 2006), as discussed further in the next chapter. Participant observation was used to gather data from the village.

3.7.1. Participant Observation

According to DeWalt and DeWalt (2011), “participant observation is universally accepted as the central research method for cultural anthropology” (p. 2). Participant observation is a method that allows the researcher to be part of the community, population or organisation that is being studied, allowing the

researcher to “gain additional insight through experiencing the phenomena for themselves” (Ritchie & Lewis, 2003, p. 35). Being part of the village in the case of this study allowed me as a researcher to experience their daily lives within the village setting and be part of the events and activities of the village recording interactions as they occur. This method was appropriate for me as an insider as not participating in the village activities and being a pure observer is culturally inappropriate. As an insider, doing research in my mother’s village, I was expected to participate in the daily activities within the community. Jorgenson (1989, p. 15) explains that participant observation provides “direct experiential and observational access to the insiders world of meaning”. DeWalt and DeWalt (2011) suggest that this method “puts you [the researcher] where the action is and lets you collect data...any kind of data that you want, narrative or numbers” (p. 2). It is also important to highlight my position as an outsider, an academic, a researcher and having grown up in a culture different from my own in the United States and for the majority of my life living outside of Fiji has also provided a critical lens to the weaving together of the kind of data being collected. Being a participant observer allowed me to be in a unique position to be sympathetic to both positioning as an outsider and an insider. Talking through the issues within these positionings with my cultural discernment group and the communal discernment community permitted the richness of the data to be collected and interpreted through *Talanoa*.

Talanoa through the use of participant observation allows for the use of ethnography with significantly enhanced researcher visibility and reflexivity and a strong member role (Anderson, 2006). The study allowed me as the researcher to ‘intelligibly translate’ meaning into Fijian cultural dynamics. Fay (1996) also stated that “it is not so much being an insider/outsider but rather the requisite openness, sensitivity and acuity to grasp the significance of activities, experiences and their expressions” (p. 26). The *Tali Magimagi*

Framework began to emerge through thinking about what was culturally ethical for this study.

3.8. Ethics Process and Proportionate Reason

In addition to the overall methodology, a human ethics approval form was submitted and approved through the Massey University Human Ethics Committee that consisted of a set of criteria required by all Aotearoa Universities (Appendix 1). The process allowed me to critically think about ethical requirements from the Academy and also as an Indigenous researcher giving rise to the *Tali Magimagi Framework*.

In addition to the University Ethics requirement, I was also required to submit a research application to the Ministry of Indigenous Affairs (MIA) in Fiji as the research was taking place in an Indigenous village. This application was developed by the MIA for all research conducted in Fiji. A cultural research declaration was approved for this research and acknowledged as contributing to *itaukei* (Indigenous) traditional knowledge by the Director of MIA (Appendix 4). Ethics approval was also gained from the Ministry of Health in Fiji as the research pertained to Health. In Fiji, I was also required to meet with the Lau Provincial office because the study was being conducted in the Lau group. They fully supported the research and requested a copy of the final draft to be presented to the Provincial Council meeting. I visited their office after the research in the Lau group to thank them for their support as well as provide a draft preliminary report of the study. The approval letter from MIA allowed the Provincial Office staff members to make contact with the village on my behalf. If required one of their staff was prepared to travel with me to Nayau for the duration of the research.

After a few days in the village, I realised that in order to engage participants and to ensure that they fully participated I had to stop controlling the process. Goffman (1989) refers to this process as 'fully penetrating a place' allowing

yourself to be vulnerable to the culture of the place and letting go of the rigid process required of me from the University's ethics process. As explained by Gegeo (2001) "it [research] is about our ontology and what we want to create for our future generations. What good is political independence if we remain colonised epistemologically?" (p. 278). The ontology of the research process required that I worked alongside participants and allowed villagers to have some control, for example, selecting participants for the study as well as choosing the activities we did together during the research process.

All these research processes conducted alongside participants would not have been possible if I had controlled the process as required by the University ethic's process. The research process did not see villagers as 'objects' of the research but rather as participants that have a voice in how the research process was to take place. What was ethical as an Indigenous researcher was to ensure that the villagers agreed on the process and that I did not disregard their knowledge of what is appropriate. This was not easy for me as I thought initially that I had broken every rule of the ethics process within the Academy. These experience of having to constantly negotiate between the Academy and what was required within the *Vanua* is used metaphorically in the weaving of the *magimagi* or sinnet explained in this chapter. A major strand in the weaving of the *magimagi* was the ethical considerations for this study.

The ethics process of 'proportionate reason framework' and the notion of communal and cultural discernment in the context of Fijian epistemology constitutes the first part of this section. The second part will discuss ethical considerations as an insider/outsider and processes that occurred in Narocivo, Nayau, Lau, my maternal village, also considered my *vasu*. Third, I will define and explain how cultural discernment was applied during the research process in acknowledging relationships in the village, adhering to cultural protocols, arranging the reciprocity process and selecting research participants. Narratives from field notes, personal reflection, critical analysis of the processes

and questions from the Academy highlight themes at work in relation to the ethical requirements for this study. Goffman (1989) explains that (Indigenous) ethnographic research is about getting into place and making yourself (and your culture) vulnerable; for this reason western research ethics need to be open to alternative ethical practices.

3.9. Proportionate Reason and Communal Discernment

Proportionate reason according to Angrosino and May de Perez (2003) “relates to how social research can be linked to an ethical framework where moral judgements have to be made” (p.236). They state that making these judgements relates to subjective relativism and every researcher will have to base their decision on what is ethical. The concept of ‘proportionate reason’ is a framework that places values on alternatives (Angrosino & May de Perez, 2003). The value of the alternatives reflects that an action taken is in proportion to the reason it was taken in the first place. Sets of understandings about right and wrong or good and bad are based on the values and morals determined by a combination of norms and the belief systems within a community, society or culture. Making moral judgements stems from moral theology and what may be considered the lesser evil among the alternatives when an action is taken (Knauer, 1967; Levy, 1985; McCormick, 1973). There are a vast array of possible actions based on the values and morals determined by a combination of norms and belief systems within a community, society or culture. For example, moral judgements on whether something is right or wrong are made as a result of our beliefs constructed as part of growing up within that culture. Judgements made are subjective, depending on the audience, and decisions are based on what has happened in the past (wisdom of the past or experience). Judgement is also based on the consequences of the decision made, whether it is best to suffer or avoid the consequences. Judgement can also be based on what other people have said has worked for and against them so the person will have to make a judgment at a particular point in time. In summary, the ultimate judgement is

subjective as it depends on beliefs, values, past wisdom and consultations that jointly contribute to the decision that will be made at the end. However, the decision can also be based on the 'wisdom of the past' and the expertise derived from theories and people within the research community. The values placed on these alternative actions are determined and influenced by moral (and cultural) principles defined by a community.

3.9.1. Communal discernment

Angrosino and May de Perez (2003) refer to the guidance of the decision-making process as one that will ultimately be directed by a 'community'. This community decision-making process was first coined by Gula (1998) as "communal discernment" (p. 287). Discerning that the actions taken in the course of the research are based on the sum of what the community considers is ethical. This 'community' may include the ethics committee, supervisors and stakeholders in the research settings (Angrosino & May de Perez, 2003). In addition, the 'community' can also include the researcher's own knowledge and understanding of what is relevant and appropriate. Hence the tangible and intangible come together creating a 'community' which discerns that actions taken in the research are ethical and ensures that the greater good is achieved or in research ethics terms that 'harm is minimised'.

As an Indigenous researcher, this 'community' also includes adhering to my own cultural values as a Fijian. The concept of 'communal discernment', as a group to consult for the cultural ethical dilemmas that could arise during the course of the research, was a reasonable argument for why my relatives were an essential part of my research community. They were part of my communal discernment mechanism, ensuring all things were conducted in a culturally ethical and appropriate manner allowing me to consider all angles to minimise harm, within the village with participants and to myself.

Knowledge of what is culturally ethical is often not verbally expressed as it is a part of the 'way of knowing' or is a given within a culture. The framework of proportionate reason is linked to participant observation in that proportionate reasoning allows us to account for an action or actions that has/have a whole range of meaning(s): that there is a whole context to why an action or actions has/have taken place (Angrosino & May de Perez, 2003). I will explore how actions taken are done through a group consensus on what is ethical from a cultural context.

It is pertinent that Indigenous research is culturally ethical in its approach to the research setting to avoid any cultural repercussions that may befall the family. Consensus processes are part of all cultural activities within Fijian communities, including weddings, funerals or local village ceremonies, and are not only done within extended families but also within larger groupings for occasions such as provincial cultural events. Therefore consensus and decisions are made by groups of people and almost never done individually. To describe the context in which these consensus process occurs in the Fijian worldview, I will explore how the group making the decision may be described using the Fijian language.

Even though in the Fijian language there is no name for a 'consensus group', in the first instance, I would refer to the group as '*dau ni vakasala*' or a group that gives advice. Their role, however, was much more than to just to 'give advice'. I refer to the discernment process in the context of a Fijian worldview as '*na kila vakayalomatua*'. '*Na kila*' means knowledge and '*vaka*' is a transition meaning 'likened' or similar to. '*Yalo*' means in spirit and '*matua*' literally means older or an elder but implies someone who is wise or is full of wisdom. So the term would mean the group has the knowledge or the wisdom to make decisions ensuring that the greater good is achieved at the end of the study, hence harm minimised from the cultural context. The wisdom to make decisions is based on having grown up in the culture, understanding the norms, nuances and traditional values based on the Fijian ethos.

Tuhiwai-Smith (1999) argues that at “a general level both insider and outsider researchers have to have ways of critically thinking about their processes, their relationships, and the quality and richness of data and analysis. However, the main difference is that insiders have to live with the enduring consequences of the research process on a day-to-day basis” (p. 137). Doing anything that goes against my cultural values marks me and my family for a lifetime. Therefore, what I refer to as the process of ‘*cultural discernment*’ was an essential component of my research community. I refer to my relatives who were part of my research community as the ‘*cultural discernment*’ group as they were responsible for all the cultural arrangements in the research process. This group consisted of my mother, her older sister, an aunt from the city and an aunt from the village. They are all from the same clan within the village. Every process was deliberated by my ‘*cultural discernment*’ group before I went into the wider village community. Every so often, my uncle would be called in to discuss some of the concerns but all ensured that what was being done in the village was ethical within the village cultural context. I should also note that this group changed in size according to who had the knowledge and the expertise on what was being discerned.

Cultural discernment is a process in which a community or a group of people collaborate to ensure that the research process is ethical within the cultural context of the research setting (Meo-Sewabu, 2012). The concept of cultural discernment evolved as I was asked by the Ethics committee about the purpose of taking my maternal relatives on this research. It was essential for me as an Indigenous researcher ‘to get into place’ in Goffman’s (1989) terms. Getting into place, meant following through with the protocols and processes of the *Vanua* guided by the cultural discernment group. *Vanua*, as defined by Nabobo-Baba (2006), refers to “a people, their chief, their defined territory, their waterways or fishing grounds, their environment, their spirituality, their history, their epistemology and culture” (p. 155). The formal Human Ethics protocols

complicated this process for me as an Indigenous researcher. Culturally, I knew that doing what is culturally appropriate was imperative but how do I portray this to the Academy? To do so I have to discuss the cultural discernment process in the context of Fijian knowledge.

I did not pre-select who would make the decisions about my research in the Fijian village setting; maternal family members including male and female consisting of up to nine close relatives came together on my behalf to plan the cultural protocols of the research. This is all part of representation as a collective: the clan and the *Vanua* which can be defined as an all-encompassing concept that is inclusive of belonging to a place, ways of knowing and relating to others. Every process was deliberated by my cultural discernment group every morning as we had breakfast and before I went into the wider village community. Every so often, experts or knowledge holders would be called in to discuss areas of concern, but all ensured that what was being done in the village was ethical within the village cultural context. The group changed in size according to who had the knowledge and the expertise of the particular issue.



Figure 4 Cultural discernment group

It would not be fair to think that all decision-making processes during the research always went smoothly. There were several incidents during the research process where a consensus was not reached, so the group would have to either come back to the issue later or ask for advice on who knew more about what was being discussed with the aim of resolving the issue. Examples used in the following paragraphs show how cultural discernment took place in the research process.

3.9.2. Cultural Discernment as an Ethics Framework

It is argued that expert knowledge (as used within dominant western notions of what constituted valid research) often subjugate Indigenous frameworks of knowledge construction (Baba et al., 2004; R. Connell, 2007; Kenney, 2009; Nabobo-Baba, 2006, 2008; Tuhiwai-Smith, 1999). Epistemology for Indigenous population groups includes the role of the land in social structures and dynamics, cosmology and spirituality and ways of knowing that are our daily realities. The fact that lay knowledge from Indigenous populations is not written in the western context does not make that knowledge any less important. Initiatives such as that of Suaalii-Sauni and Aiolupotea (2012), who describe developments in transferring Indigenous practices or lay knowledge into academic frameworks that are relevant for researching Pacific communities are a case in point. They call for more proactive collaborations between universities and Pacific country-based researchers in the development of Pacific research methods and methodologies. This chapter proposes 'cultural discernment' as one such method in the area of ethical requirements from a Fijian worldview or what is ethical from the Fijian cultural context.

What is ethical within the Fijian cultural context can only be understood by exploring Fijian epistemologies and worldviews. Fijian ways of knowing are complex. A number of writers have extensively documented Fijian knowledge systems including Baba (2010); Baba et al. (2013); Baba et al. (2004); Nabobo-

Baba (2006, 2008, 2015); Nayacakalou (1975); Ratuva (2007); Ravuvu (1983, 1987); Tuwere (2002). Ratuva (2007) for example, refers to the knowledge system in the village context at three levels: “*kila ni vuravura* (knowledge of the empirical world); *kila ni bulavakaveiwekeni kei naitovo* (knowledge of the social order and socio-cultural relationships); and the third, *kila ni bulavakayalo* (knowledge of the cosmos)” (p. 91).

Nabobo-Baba (2006) identifies the *Vanua*⁵ as the main foundation of learning and encompasses spirituality, customs and relationships. She unpacks these further when researching Vugalei village, referring to epistemology as “important knowledge” or the way of knowing within that village context. Ravuvu (1996) and Tuwere (2002) also explored these concepts of the *Vanua* as the basis of our way of being or how we relate to others and with our environment. I draw on these literatures to discuss the knowledge that guided what to ‘discern’ in the village context.

3.9.3. Discerning Relationships in the Village

When we first arrived in the village, an aunt from another clan in the village came and told me that I should come and stay at her home for the duration of the research. I was very fond of her as she once lived with us in the city when I was growing up. I did not see a problem with that and was excited about being able to stay with her. I told my cultural discernment group and when they all had a quizzical expression, I knew I was about to get a long explanation as they told me to sit down. They explained that the house in which we were currently staying belongs to my mother’s clan. To live in another clan’s house will not only offend the elders of my mother’s clan, but also would also reflect negatively on the cultural discernment group who were perceived by the villagers as the moral compass in the context of my research.

⁵ *Vanua*, in the context of the way of knowing refers to ‘a people, their chief, their defined territory, their waterways or fishing grounds, their environment, their spirituality, their history, their epistemology and culture’ Nabobo-Baba (2006: 155)

Therefore, the assumption is that this cultural discernment group should be teaching me the values of the *Vanua* and knowing the ways of being in the village. Of course this was met initially with a lot of resistance on my part as I did not really see how staying with another relative could be wrong. Eventually after all the explanation of what may occur if I did stay with the relative, I felt that it was in my best interest, and more respectful of village ethics, not to go.

The '*cultural discernment*' process was based on the group knowing relationships in the village through having grown up in the culture, understanding the relations and the boundaries within the village context. The group understood the genealogy of the village, where the physical and social boundaries were, which relative needed to be visited, who needed to be recognised with certain gifts that we brought, and who needed to be acknowledged (including those who were deceased or absent). Most importantly, they knew how I should carry myself in the presence of others to show respect at all times. These protocols are an accumulation of the villagers' knowledge about maintaining social order, understanding local socio-cultural relationships, and the manner in which these relationships needed to be respected.

Respect was displayed in several ways. During our stay in the village, food plates were brought at every meal from different households, referred to as *itabetabe*⁶ or *takitaki* (food brought to guests). Any leftover food would be taken over to the neighbours to be shared. In addition, members of the extended village community would bring yams, livestock, mats and *masi*⁷ or tapa cloth to acknowledge and honour our relationship; this cultural practice is referred to as

⁶ Food brought by village members to acknowledge and honour relationships, usually their best food or if a delicacy is being made, this was done throughout our stay in the village.

⁷ Traditional Fijian bark cloth made from Mulberry tree (*Broussonetia papyrifera*) used in weddings, other Fijian ceremonies

'*veisiko*⁸'. The villagers' gift-giving gestures signified the importance of honouring our relationships or *veikauwaitaki* (to care for another) which emulates *veidokai* (respect). At every visit, the 'cultural discernment' group would explain the relationship and tell me how I should refer to them as my aunt or uncle; naming the relationship accorded the level of respect I needed to display. Knowing how to show respect is learnt from any early age within the Fijian culture. Processes associated with honouring relationships are part of Fijian village norms and practices that is a way of maintaining harmony and acknowledging and honouring relationships within the village structure (Nabobo-Baba, 2008, 2015; Ravuvu, 1983, 1987).

3.9.4. Discerning Cultural Protocols and Links to the *Vanua*

The importance of a display of knowledge of the empirical world and the relationships and social-order and our links to the *vanua* can also be illustrated by the protocols that had to be conducted as part of this research. The cultural protocol including materials to be given to groups and participants of the study were discussed by the group. They decided that a *tabua* and *yaqona* would be needed for the *sevusevu* ceremony. The cultural protocol of the *sevusevu* not only honours the land but, if accepted by the village elders, it implies a blanket consent for us to be in the village and for all villagers to participate and support our work whether its research or otherwise. With this approval, individual consent was redundant. From the University's perspective, I was required to seek individual consent of each research participants, but from the Indigenous Fijian perspective this may be considered an insult to the collective permission already given by the village elders.

To meet the demands of both worlds, I explained to the women that in the western world, individual consent is required. I had to reassure the women the consent was in no way disrespecting what has been done at the village level.

⁸ Literally means to visit-in Fijian custom one cannot go empty handed to visit someone

Instead, I asked them to consider the option and to be aware that they are in no way obligated to sign the consent. I felt awkward explaining this, and felt that I was solely doing this for the University's ethics process, knowing that what we were going to discuss was understood to be confidential and that in our Indigenous world this did not have to be stated outright.

An additional component of the cultural protocols included the '*kida*⁹', which required that a whale's tooth (or *tabua*) was to be presented (the biggest one that we had) to the village chief to acknowledge our ancestors and close relatives who have passed on and to apologise for our absence from their funerals. As a result, it was decided that five *tabua* were needed and given to me by the cultural discernment group. *Yaqona* or *waka* (eight kava roots) were provided to account for all the ceremonies, plus visitations that may occur during the stay in the village. We also took ingredients for tea and western food items considered valuable in the village as shipments take several weeks to get to the village. Also included were bales of fabric, laundry powder and soap, everyday consumables, as well as church hymnals and bibles considered precious to the villagers. In addition, we left for the village assuming that everything we took may not come back with us, as relatives may request it¹⁰. Therefore, giving things away valued the relationship regardless of the value of the item being given.

This idea of giving and reciprocity, including the way the villagers brought food to be shared contributes to maintaining relationships in the village and reinforces the value of *veikauwaitaki*. Knowing what to do and what to take relies on the norms of the village and what will be expected. The cultural

⁹ Literally means to be in shock, when someone dies. My mother had been away for 40 years and myself 20 years.

¹⁰ Within the Fijian culture the communal way of living believes that materials within the village or that community are shared by the community. Within the culture, there is a 'Kerekere system' so you can request for things to be given to you and it will be so (see article by Farrelly, T., & Vudiniabola, A. T. (2013). Kerekere and indigenous social entrepreneurship. *Sites (Palmerston North, N.Z.)*).

discernment group assigned roles to ensure that each cultural protocol was conducted appropriately, therefore strengthening our links to the *Vanua*. An integral part of strengthening our relationships is through gift giving and the reciprocity process. What and how much to give was an important area of debate among the discernment group that involved a lot of discussions and some frustration that had to be resolved before research could begin within the village setting.

3.9.5. Discerning Reciprocity and Gift Giving

Practices of reciprocity and gift giving, have for years, been questioned in research ethics globally (Ericksen, 2007; Lien & Melhuus, 2007). Reciprocity in a Fijian worldview can also relate to status (Toren, 1989; Toren & Pauwels, 2015). Reisman (2004, as cited by Silverman, 2006) noted that ethical universalism that has been constructed in one cultural context and exported to another without modification poses practical risks in research. Hence the notion of reciprocity and giving money or receiving gifts may be viewed in a western research context as a 'dubious bargain'. In discussing a study conducted by Marvasti (2004), Silverman (2006) notes that such a dilemma is common for researchers in 'third world' countries. Once again the assumption is that participants from 'third world countries' who are defined as poor according to the western world definitions are desperate for the money. Therefore, Silverman (2006) suggests that a possible solution is to "solicit interviews without any rewards; the situation is likened to that of giving a starving person a plate of food in exchange for an interview" (p. 322).

Riessman (2004) however, in stating that ethical universalism is dangerous in this context is correct, as it informs researchers about what to expect in the third world. What may be relevant for some countries, researchers should not assume it is relevant for all 'third world countries'. The critique perhaps was based on the fact that we are part of the third world and perceived as poor, so the dollar is more than enough for our troubles. What is missing is the understanding of

the cultural context on the significance of giving and reciprocity within the so-called 'third world' cultures. The perception of us as 'poor' is a definition constructed by capitalists because of the perceived lack of economic capital, but we are 'rich' within our Oceanic cultural worldview because of our connections to our families, to our *Vanua*. Our cultures thrive on social capital allowing us to work collectively to source our livelihood from the ocean and land that surrounds us with very little need for economic capital. Reciprocity in terms of gift giving and status are explained as follows when once again I had to substantiate the need for reciprocity within my cultural context.

Reciprocity also implies that not only gifts are given, but also that knowledge and skills as visitors or researchers are shared in the village during the visit. In this context, it was appropriate that my mother conducted some training in Christian education (her field of expertise) as it was expected of her by the villagers, as someone from the *clan* and as an avenue for maintaining relationships with participants and the *Vanua*. As an academic, I clearly understood the concerns of the University's ethics committee relating to what may be viewed conflict of interest between the aims of the research and the religious training that my mother was going to do in the village setting. At the same time I knew that in order to be true to my culture I needed to be accompanied by my relatives as I am accountable to my people for the rest of my life.

The notion of reciprocity and gifting is a good illustration of Fijian ways of knowing as it relates to knowledge of the cultural system and relationships within the village. My mother was expected to give back to the villagers by way of her profession. She is acknowledged as a Church minister's wife, a trainer or teacher in Christian education and women's issues. I had to incorporate her role into the ethics application along with a guideline of how the research and the training would take place. This was not an extension of the process but a necessity in order to fulfil what is viewed as culturally appropriate in

accordance with the Vanua for the maintenance of social order and socio-cultural relationships. According to the Massey University Ethics Committee, my mother's role conflicts with the standard section on ethical issues present in the project in all Aotearoa University Human Ethics approval forms that seeks to ensure that there is no 'conflict of interest' in the project.

The Human Ethics Committee fully supported most of the elements of reciprocity built into this research project (giving of gifts, sharing of knowledge etc.). However, the committee was concerned about the possible linking or interference of religious or missionary activities with the project and felt that a focus on community development initiatives might be more appropriate. I was able to successfully mediate and resolve this tension by explaining how status and clan roles are understood within a Fijian worldview. Leading or opening an occasion with religious activities is viewed as part of the reciprocity process expected by the village (Brison, 2007; Miyazaki, 2004; Nabobo-Baba, 2006; Ryle, 2010). Our participation ensured that relationships are maintained in the village and in doing so these activities became part of the reciprocity process. As an academic, I clearly understood what the concern was; at the same time I know that I am accountable to my people for the rest of my life.

Reciprocity and gift giving is an integral part of Fijian culture and collective cultures. This process was vital to ensuring the data collection phase was successful. A story was once relayed to me about a man who for years had continuously given to his community. His daughter was to be married and he was on his way to the bank to get a loan for his daughter's wedding when members of the community came for a visit. They had an envelope that contained the community's collection to assist with the wedding. There was no need for him to get a loan as the collection was well over what he needed.

All over Oceania, reciprocity is the essence of our communal and collective value that capitalises on social capital and is not time specific. We do this for weddings, for funerals, for birthdays and for births, in the village and wherever

we live globally. Social, cultural and capital exchanges occur globally to maintain our collective culture. This flow of exchanges has been likened to a form of 'transnational cooperation', and is also referred to as transnationalism (Hulkenberg, 2015; Mafile'o, 2008; Spoonley, 2001; Vertovec, 2009). Within Oceanic cultures these exchanges, despite living in diaspora, allows us to maintain our sense of belonging to the *Vanua*.

Concerns expressed by the Human Ethics Committee about support offered to people involved in the research as well as individualised consent processes for participating in research or for taking photographs in the village suggest that western understandings about ethical research do not translate easily to Indigenous settings. Existing literature (Battiste, 2008; Helu-Thaman, 2007, 2009; Kenney, 2009; Nabobo-Baba, 2008; Sua'ali'i-Sauni et al., 2014; Tuhiwai-Smith, 1999), feedback from conference presentations, as well as discussions with fellow Indigenous researchers also confirm that I am not alone in experiencing discomfort with western ethical frameworks.

3.9.6. Discerning Photo Consent in the Village

An additional area of consent was the photo consent in the village. One of the participants wanted me to come to her house to show me *masi* (traditional Fijian bark cloth made from mulberry tree or *Broussonetia papyrifera* and used in weddings, and other Fijian ceremonies) and mats that she made for her daughter's 21st birthday. When I came to her house, everything was laid out as if the person being honoured was there. It was a beautiful array of *masi* and mats that she had tirelessly worked on for the past year that I marvelled at. She wanted me to take pictures of it to show the world, as she was so proud of her work. She then wanted to show me how she made the yellow dye for the *masi* (Fig. 5), the usual dye is made of natural products but to for this yellow tint she added yellow food colouring. I just listened and recorded her story and took pictures of all that she had displayed. She then walked me to another house to

show me where the women were all working together in preparation for an upcoming wedding. She referred to this process of working together as *'solesolevaki'*¹¹. She would pause every now and then to ask me: "did you get that?" She felt that I had to capture every second of the process in order to fulfil her role as teacher.



Figure 5 Display of mats and Masi for the 21st birthday



Figure 6 Women preparing mats for an upcoming wedding (the process of solesolevaki explained in this thesis)

This is one example of the many times I was constantly asked to record stories or take pictures. The story is explained to demonstrate that the whole village was in control of what should be included in the photos, therefore the process of individual photo consent became redundant and almost an insult to the villagers. Participants and villagers wanted me to take pictures of everything. There was an initial hesitation on my part as I felt that this was far from what the Academy had rigorously wanted me to reassure them of. It became a contest for participant clan members as they found out that two other clans had their songs recorded and were dressed up for the work that we conducted together. I could soon see a buzz of participant clan members asking me to retake their pictures in their best attire, with make-up and necklaces included. They felt that every picture taken should be shown to the world. They wanted

¹¹ Solesolevaki process is explained in Chapter 5 and defined as 'to work together to achieve a common purpose making mats, gardening'.

the world to catch a glimpse of who they are; villagers wanted to teach me everything. Not taking their picture or my not wanting to be part of this would make them feel that they were not important enough to be included in the study. I therefore took pictures of everything as instructed by the villagers.

An Ethics Committee may find the taking of photographs to be problematic and insist on individualised consent for each photograph. The story however, illustrates how this worked out differently and that if I did not take photographs, their feeling was that activity (and by implication the person) was not important enough for me to notice. Having their voices heard empowered the women in the sense the realities of their lives were being told by one of their own. It was also important to the villagers that their stories here were interpreted in a manner that respects who they are rather than as part of the colonial discourse that has shaped how they have been portrayed historically as savages, exotic and incapable of making any economic decisions within their livelihoods.

In the context of the *Tali magimagi framework*, selecting the strands of what needed to be woven into this thesis depended on what the villagers considered as credible information that needed to be part of the story I captured. My role then was to ensure that these stories are woven in to reflect what was considered credible from their perception. Strands had to be carefully selected at times with advice from and consent of the 'cultural discernment' group discerning what to put aside or to add or to make stronger. Weaving what was essential from the Academy also had to be considered by 'communal discernment' this process included my supervisors, literature, researchers I spoke with and other stakeholders I consulted with to be able discern which strands needed to be selected and woven into this thesis. The careful selection of strands from both researcher positioning of the insider and the outsider, allowed for the strands to be delicately woven together producing the sinnet that brings together the ethics process expressed in this chapter. Interpreting

and weaving the stories together to reflect the essence of their lived reality was a delicate matter. Every strand of sinnet chosen was done with careful consultation and consideration to make it the durable sinnet that forms the core of this thesis.

3.10. Conclusion

This chapter provided an overview of the methodology and the ethical process utilised in this study. The next chapter discusses the methods used to collect the data in this study. The interface involved finding a common ground on what is ethical from both worldviews but not compromising what is culturally appropriate. The quote by Battiste (2008) at the beginning of this chapter reflects the essence of the '*tali magimagi*' framework skilfully crafting the research process within the Academy and the ethical process as an Indigenous researcher. As an Indigenous researcher, cultural discernment ensured that the research process was ethical within the cultural context of the research setting (Meo-Sewabu, 2012). In this research the knowledge of the cultural discernment group was based on having an understanding and knowledge of the Fijian way of life and an understanding of the *Vanua* and associated cultural processes and protocols.

When Indigenous ways of knowing are appropriated or misunderstood, more damage and harm can be created and neo-colonization perpetuated unknowingly. The cultural processes that took place as an Indigenous researcher suggests that when working within Indigenous population groups, new forms of ethical practice are required and should be considered as expert knowledge. Human Ethics processes as organized within the Academy may be viewed as technologies for the calculation and management of risk. The insider role, the reflection processes, the role of the family members and the discussion process with elders and relational support throughout the research process collectively formed the basis of the 'cultural discernment' mechanism. The group discerned or made judgements on cultural processes to ensure that those

actions taken in the research were culturally appropriate and ethically sound within this particular research setting.

4- - NA I LAVELAVE NI VAKADIDIKE: METHODS

4.1. Introduction

Na i lavelave refers to methods used or instruction given to accomplish something.

This chapter discusses the research methods used in this study. The data collection process are outlined in the flowchart (Fig. 7) as having three major phases: the recruitment of participants and two data collection phases which included the combination of the use of '*Talanoa*' for the women in the traditional setting and Photovoice combined with the option of individual interview and '*Talanoa*' for Fijian women migrants. The methods of using photos and *Talanoa* were distinctive for the two populations groups. I chose to use *Talanoa* in the village because I could have access to all the participants at any one time within the confined environment of a village. I could be part of their daily living and interact with them and observe them on a daily basis. *Talanoa* was used as a means of making sense of their daily realities. I could not do the same in Aotearoa as participants were not confined to a village even though they were from the same region. Being part of their daily living would be impossible; Photovoice was a method that allowed me as a researcher to have a closer look at their daily realities and then have a *Talanoa* in which we discussed some of their ideas of health and wellbeing as expressed through photos that they had taken. Participants were asked to capture images representing health and wellbeing plotted over time in relation to key life course events. The life span timeline included experiences of health and wellbeing as a child, as a young woman, and as an adult. The key events time line included attending school, church, family celebrations and events, natural disasters, marriage, childbirth, migration but were not limited to these alone. The research in Fiji included becoming part of the community and actively participating in regular activities

and engaging in *talanoa* sessions around a number of themes relating to health and wellbeing.

4.2. Interview schedule

The interview schedule (Appendix 9) was developed from my understanding of the literature on the lay meanings of health (Blaxter, 1976, 1990, 2004; Stainton Rogers, 1991). Topics were developed under the three themes: First “Defining Health and wellbeing”: questions asked under this theme focused on their understanding of health and wellbeing, how they would define it, who they would refer to as healthy and not healthy as well as who would they refer to as exhibiting and wellbeing and who was not. The second theme on cultural practices was aimed at gaining perspective on their health practices, what they did when someone became ill, what preventative measures for illness they practiced, uses of the traditional medicine and food choices as well as finding out if there were forms of physical activity. The third theme pertained to how they prioritised health focusing on health decision making processes, health information access and knowledge of basic health remedies. These set of questions guided the research. Before going to the village, I had the opportunity to discuss the interview topics with some of my aunts in Suva, two of which were also part of my ‘cultural discernment group’. This was a very helpful process ensuring that the questions asked were capturing the topics discussed and that the language I used was respectful.

4.3. Recruitment phase

In both locations women had to be Indigenous Fijian by birth as the study pertained to Indigenous Fijian women. A listed criteria was that participants also had to be 35 years old and above as the research focused on women who were involved in making key family decisions. This was not the case in both settings as some were younger but because they were considered decision makers they were therefore included in the study. In Aotearoa the participant selection criteria included those who had migrated to Aotearoa when they were

over 18 years old (legal adult age NZ) and have lived in Aotearoa for at least three years. In both settings the women's age ranged from 23 to 70 years old.

Information sheets about the study were written in Fijian in the *Lau* dialect (Appendix 2) and translated into English (Appendix 5). Data collection in Fiji was conducted using my mother's dialect '*Lau*' (dialect from *Lau* group). In the Aotearoa, Fijian language was used in the first instance to establish kinship relationships between myself and the participants. Use of Fijian language was maintained when appropriate and used interchangeably with English ensuring that all participants were freely able to express themselves. Participants were assured of anonymity and informed that data collected would be stored in a confidential location within the University and cannot be accessed except by the researcher. Participants were also informed that they could withdraw from the study at any time.

Ultimately, the study consisted of 23 participants; 15 in the village setting of *Nayau, Lau, Fiji* and 8 in Whanganui, Aotearoa setting. Women in the village were confined to the village setting and women in Aotearoa were either shift workers or were professionals in their fields. Two of the women were elderly in their late 60's but were both independent women receiving pension in Aotearoa. Nom-de plume are used in this thesis for women in the village as those common to the *Lau* group of Islands and in Aotearoa as common Fijian names for anonymity.

4.3.1. Selection in Village

As explained in the methodology chapter, selecting participants in the village was possible after allowing the women to choose participants themselves. The women felt they had to take care of me and immediately wanted to help with what was needed to make the research possible. After explaining the purpose of the study, one of the elders spoke to the women and they collectively selected participants for the study. The women ensured that there was an equal

distribution amongst the three clans in the selection of participants and that each extended family was represented in the sample.

Sets of understandings within the western Academy about individualised, voluntary participation in research appeared to be breached by the collective selection process employed by the villagers. Collective decision-making about participating in research, as described here, is an example of the disconnection between ethical requirements within the Academy and what took place in reality in the village setting - potentially placing me in an awkward position as an Indigenous researcher:

Indigenous research approaches problematize the insider model in different ways because there are multiple ways of both being an insider and an outsider in the Indigenous contexts. The critical issue with insider research is the constant need for reflexivity. (Tuhiwai-Smith, 1999, p. 137)

Women in the village were from each of the three clans Butonivanua, Vuinayau and Wailoli. Great lengths were taken by the women elders to ensure that all the *tokatoka* (sub clans) within the *mataqali* (clans) were also represented. Once selected and before the research began, information about the research was once again explained to participants to ensure that details of the study were clear. Each participant was then asked if they still wanted to be part of the study. Many responded: "why not?" They felt elated to be part of the study. Others responded that they wanted the world or Aotearoa to get a glimpse of their lifestyle; these words were uttered with a sense of pride. None of the participants refused to participate; however participants were also assured that not participating in the research had no negative implications and that it was a choice they must make and that I would respect their decision. Another aspect of being an insider researcher was to ensure that there was no backlash from clan members for anyone selected and who did not wish to participate in the study. Fortunately all participants willingly gave up their time to participate,

and discussions that occurred took place freely and with ease. Women who were present at the meeting but were not selected as participants were part of the training programmes organised by my mother, ensuring that they did not feel left out of the whole process.

During the research, any information arising that was potentially damaging was managed by the 'cultural discernment' group. Again, I reiterate that I had to ensure that whatever I did in the research process did not offend participants because as an insider, I have to live with the consequences forever. It is not something I was willing to jeopardise. Learning to let go of controlling the research process allowed for and operationalised a number of things that contributed significantly to the success of the study. The sampling process gave women control over choosing participants and deciding which village activity I was to be involved in.

Participants felt empowered by the process as most perceived that whenever a foreigner comes to the village that they are there to educate them. When the tables were 'turned' so to speak, the women were elated by the idea of teaching me, they wanted to teach me everything traditional that still existed and they wanted to show me everything and explain why this is so. I often found myself moving between opposite sides of the village as villagers would send their children to come and get me to see how food was being prepared or how pots were being washed or to show me the catch of the day from the sea. Selection process in Aotearoa varied from the village setting however there were still cultural protocols that had to be adhered to.

4.3.2. Selection in Aotearoa

In Aotearoa, participants were contacted through the wife of the Church Minister. I have known the Church Minister's wife from my childhood days in Fiji where our parents were both Church Ministers. We met again in Aotearoa and have remained friends for a while. She was considered a leader in the

community as a Minister's wife. A *sevusevu* was presented to her and her husband to explain the purpose of the study and to request her assistance with the recruitment of participants. Once all the formalities were completed, we retreated to kitchen to discuss the study in detail over some baking that I brought with me. In total she was able to recruit 12 women but only 8 followed through with the photovoice and the *Talanoa* that followed. Two of the women that did not follow through explained that they lost their disposable cameras; the other two stated that they got too busy and did not take any pictures. Even though the four women did not participate they still attended the afternoon tea we had after the *Talanoa* session at the end of the study. I felt that this is part of their sense of service to the Minister's wife and also that they still wanted to contribute in some way by bringing food to share for the afternoon tea.

It is also important to note that most Indigenous cultures are hierarchical and someone coming from the outside with an academic title or considered to be of a certain status is always regarded with the uttermost respect. It is therefore important that one must take off their 'professional hat' and seek to establish trust by first respecting the cultural protocols and "lowering of oneself and showing deference in relationships" explained in terms of social practice by Mafilo'o (2004, p. 251) as showing humility. It is only when humility is expressed that participants found it easy to discuss their concerns. The danger is that if these qualities of humility are not reflected by the researchers, participants are more likely to tell you what they think you want to hear and will mostly probably just nod their heads in agreement for all the questions without any real explanation.

In Aotearoa, the introduction process allowed me to find participants positioning in relation to me within the *Vanua*. Each participant introduced themselves and stated the province or village they come from in Fiji along with their name as the final part of the introduction. Establishing these relational links through the acknowledgement of the *Vanua* helped build trust and

enhanced the richness of the information being gathered. The data collection process is explained in the following flowchart (Figure 7).

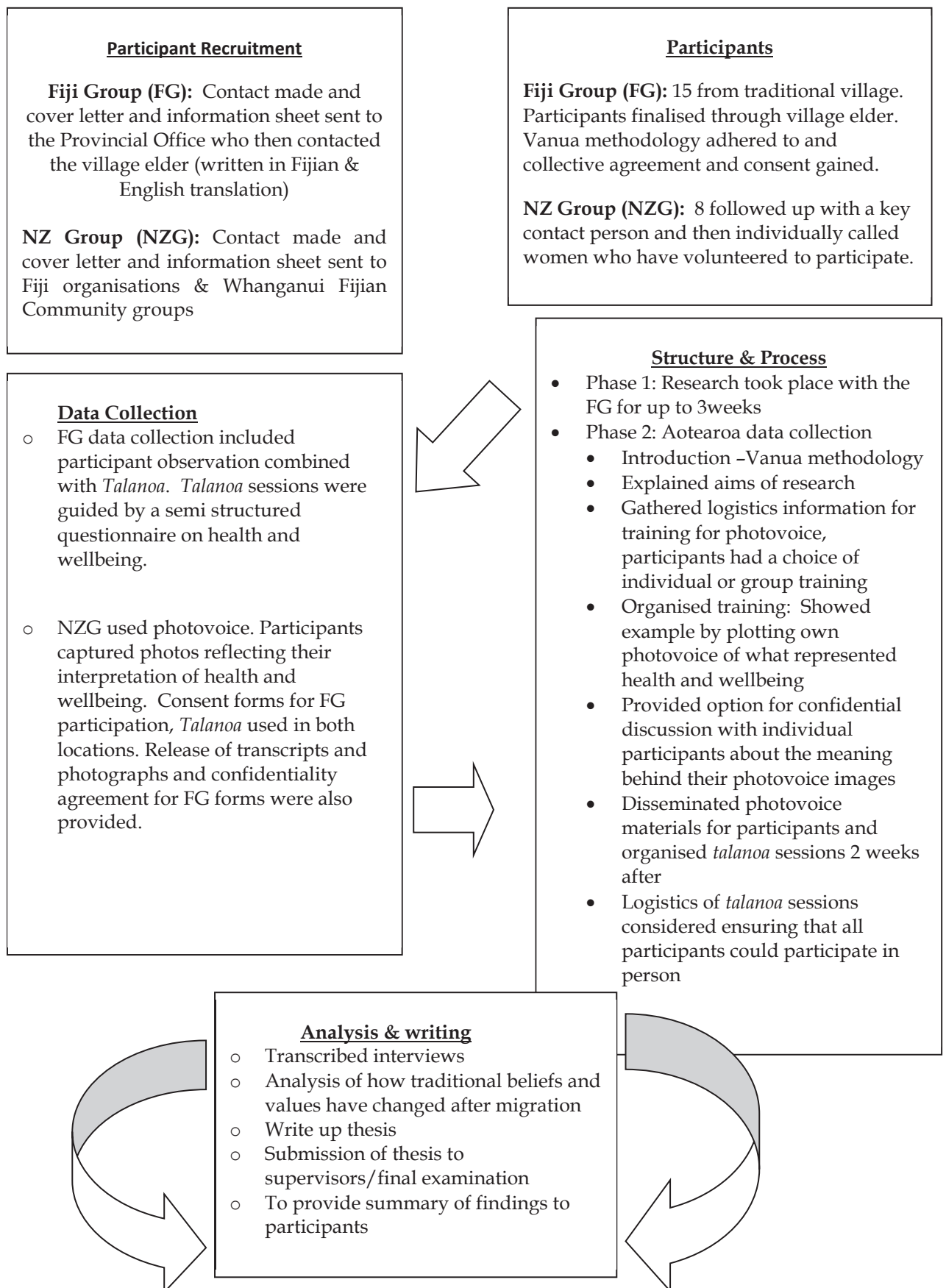


Figure 7 – Data Collection Flowchart

4.4. Getting into place in the *Vanua*

In Chapter three, I discussed the significance of adhering to the *Vanua* methodology and the associated protocols. This chapter provides details of those cultural protocols that ensured that data collected was not only done in a culturally ethical manner, but also was validated by the village community and the participants in Aotearoa. Hence the need for the cultural discernment group I discussed in Chapter three. The following includes some of the cultural processes that were part of the data collection process:

When we arrived on a small fibre boat late in the evening, an aunt from the village came to the shore to greet us and took us straight to the home we were to stay in. As we entered the house, a huge meal had been prepared to welcome us. Dusk had set so we could not really see but heard people going back and forth. As we sat to partake in the meal the aunt started updating us on relatives and families in the village. Afterwards she suggested that we will have to talk to the men about the study. She suggested that I give the information sheet to my uncle who will then inform the orator who presents the ‘sevusevu’ and ‘kida’ on our behalf. She asked for my uncle to come in and told him what needed to be done. My uncle suggested that we will have to wait for Na Levu [my mother’s older sister] to arrive before any formalities [cultural protocols] occur, as she is the eldest and needs to be respected. They discussed this to and fro while I listened anxiously and a bit worried about the time frame I had in the village. But it was about respecting the village protocols and abiding by what is appropriate. We waited for two more days. The two days heightened curiosity amongst villagers and suddenly I felt like the ‘kaivalagi’ or an outsider but the two days proved to be an essential build up to the research as it allowed me to survey the landscape and observe daily activities of the village. (Field research notes)

The first part of the *Vanua* ceremony was the performance of the ‘kida’ in which a *tabua* (a polished tooth of a sperm whale, and considered the most valuable item of Fijian property and used in exchange and ceremony) was presented to

the village elders. This was done to acknowledge our ancestors and close relatives who have passed on and to apologise for our absence from their funerals. The second protocol conducted and has to be done by every visitor to address the village governance or any traditional Fijian setting is the *sevusevu*. The *sevusevu* acknowledges entering the land. To accomplish this a *tabua* and *yaqona* were presented to the villages elders. Relatives valued the relationship regardless of the value of the item being given. This idea of giving also reflects the notion of reciprocity and maintaining relationships in the village. Knowing what to do and what to take is based on knowing the norms of the village and what will be expected. The cultural discernment group ensured that these cultural protocols were done appropriately.

The *Vanua* or elders responded as follows:

Keitou doka ka marau, ka luvuci, ni ko nanuma tu mai a omu koro ni vasu me ko mai valata kina a omu vuli. A vanua yawa sara ko tiko mai kina, iko tawa guilecava me ko mai vala sara I a omu kor ni vasu a omu vuli, keitou sa vakavinvinaka kina vakalevu. (Field research notes-village elders)

We are happy and grateful (emotional) that you have chosen your ‘vasu’ (maternal links to the village) to conduct your schooling (research). Even though you live far away, we are honoured that you have not forgotten your ‘vasu’. For that we are thankful and have respect for you. (Field research notes - village elders)

In other words, they also they were proud and grateful that I had come all the way back to the village, to the land of my ‘vasu’ to conduct this research. The response meant that the elders had given us blanket permission to conduct the study and move around the village freely. The cultural process acknowledged the importance of their Indigenous knowledge and how they valued the thought of contributing to the research. The research was conducted in my maternal village known as my *koro ni vasu*. Being a ‘*vasu*’ ensures that I am

treated with favour, the complex nature of this relationship is discussed in Chapter five when interacting with relatives in the village.



Figure 8: Clan Orator Matanivanua presenting the kida and sevusevu

In the Fijian culture, a male figure is traditionally the orator and performs all the cultural protocols. The protocols conducted were done collectively by male elders on my behalf. Female elders will ensure that I know how to respond to cultural protocols, what cultural materials to prepare and how to behave in a culturally appropriate manner.

When the actual cultural protocols took place, everyone in the village knew what their tasks were. The roles and responsibilities within each clan are by inheritance and when born into these roles, one is equipped or deemed to have the traits of the assigned roles. Our *Matanivanua*, clan's heralds man and/or orator came to the house we were residing in moments before the ceremony, where I met him for the first time. I was quite nervous as another uncle 'rattled off' the details of the study to him, a brief summary of what was written in the information sheet, to which the orator nodded his head agreeing that he understood. I was so sure he had missed the whole thing and that it would be all wrong. To my surprise and amazement he presented our protocols with such eloquence using metaphors and figures of speech that could only be perfectly stated by a true Orator.

This experience definitely made me appreciate and acknowledge what Subramani (2001) refers to as the "Oceania library" defined as metaphors, sayings and analogies derived from a world of vocabularies and knowledge that can only be appreciated by an insider. What amazed me in this whole

process was the eloquence of vocabularies and the manner in which it was delivered. The rhetorical exchanges which took place reflected the philosophical understanding displayed through the eloquent rhetoric, which I believed was an exchange of philosophies from the Indigenous world – an example of what Connell (2007) would refer to as ‘Southern Theory’.

Historical accounts about what was happening in the village were relayed to me in metaphors and poetry, everything in the village had a purpose and had a relational meaning to village members; this I believe was the philosophical glimpse of the knowledge of the Vanua and philosophies discussed by Indigenous Fijian writers (Nabobo-Baba, 2006; Ratuva, 2007; Ravuvu, 1987; Tuwere, 2002). The significance of this *Talanoa* would have been missed by a western researcher who was not connected to the village or one whose way of thinking heavily dictated by western philosophies. Hence, placing a different meaning and interpretation on the information gleaned in research, and is likely to be superficial. This is important in anti-discriminatory practice because not only is difference acknowledged, but meaning systems of the populations who are being worked with or studied are foregrounded.

4.5. Data Collection and Talanoa as a Method

Talanoa can take place in both formal and informal settings. *Talanoa* in the formal setting within the context of this research took place when adhering to the cultural protocols associated with entry into the land. When conducting *talanoa*, regardless if it is a one-on-one conversation or in a group one has to be aware of the nature of the *talanoa*. When called or when asked to participate in a *talanoa* session, the word used in the request allows one to gauge if it is a formal or informal discussion. For example, the prefix ‘*vei*’ or *veitalonoa* taka would imply an exchange of the current events to resolve something and it may be both formal and informal. Even the tone used by the person requesting the *talanoa* can usually allow one to gauge if the *talanoa* is going to be formal or informal. For example, ‘*tou mai talanoa tu ga*’ meaning ‘we will just talk’, the

addition of the *'tu ga'*(just) at the end of the statement means it will be informal whereas if they say, *'tou mai veitalanoa mada'* meaning, let's have a talk or discussion, usually means it will be formal with the aim of resolving an issue.

For this study, I chose to conduct *talanoa* in an informal discussion with my participants. This meant that all social status within Fijian society, including age differences were put aside and participants were made to feel at ease, there was a sense of equality and participants were able to candidly discuss experiences.

These *talanoa* were relayed through stories, metaphors, jokes and explanations that allowed other participants to agree, disagree or tell their own stories in relation to what is being discussed. Even though these *talanoa* sessions are often filled with laughter and shared light-heartedly, there were instances where stories were relayed to me in confidence and addressed by participants and once the issue was discussed thoroughly, the laughter would begin once again. My role as the facilitator of the *talanoa* was to guide the conversations according to the open ended questions I had prepared. Rather than reciting the questions, I had a fair idea of what information I was to gather and as stories were being told I would look for cues asking participants to elaborate or adding to their stories or sharing jokes with a purpose in mind. I felt that in all the *talanoa* sessions, a sense of trust had developed and women were able to share openly. There was no time limit to the *talanoa* sessions. At the end of the *talanoa*, it often felt like we were all just relating stories back and forth but in reality the purpose of the study had been achieved.

In both Fiji and Aotearoa, *talanoa* sessions provided the platform in which discussions about what hinders and enhances their health and wellbeing took place. With these explorations I was able to attain an understanding of the participant's lay understanding of health, illness and wellbeing and how these perceptions were constructed amongst participants in both locations. As far as analysing data, *talanoa* allows participants to agree or disagree to what is being discussed. In doing so the data is being scrutinized and debated to the point

where the data can then be discarded or included in the study. It is in the researchers' best interest to clarify and authenticate data through this process. Tuwere (2002) suggested gauging authenticity through 'remembrance', if the majority of participants remember events and incidences then it must be true.

4.6. Getting into place in Aotearoa

Research in Aotearoa took place after returning from Fiji. Our first gathering with the participants for the Photovoice training was held once again at the Minister's wife's residence. Because the *sevusevu* had been done previously, there was no need for the *sevusevu*, we however took some baked goods to share with the women for tea. In the Fijian custom it is expected that guests coming to a home will bring something such as groceries, food items or anything else that can be gifted to the house being visited. Refreshments were served by the host, a cultural way of welcoming participants and interpreted as a sign of appreciation for their participation. I took my sister in law and the whole family with me as once again to go alone would be seen as inappropriate. Participants also brought their partners and children. The church Minister explained to everyone present the purpose of the gathering after which he welcomed us and conducted a *lotu*. After the *lotu*, the women went into the kitchen area to have tea and begin the Photovoice training. During the tea session, we all introduced ourselves and so I was able to establish the links with the *Vanua* and our relationships. The majority of the women were from the same region I am from or from the region where my mother comes from and our relationships are not restricted as previously explained according to our links with the *Vanua*. There was a lot of laughter and casual jokes as would occur in any Fijian gathering. After a while the Minister's wife asked if I could begin. Waiting for them to tell me when to begin was important as I used the time to listen to them and talk about their lives as sort of an ice breaker.

I first thanked the women for agreeing to come and then explained the purpose of the study and that I will be training them on the use of Photovoice. I had

brought along my laptop which was now placed in the middle of the kitchen table with all the women sitting around. I then preceded with the power point examples of pictures I had that represented health and wellbeing for me. I also discussed some of the highlights of things that made me happy and instances when I felt I was not achieving being happy or a sense of wellbeing. Participants were then each given a disposable camera with 12 exposures. They were asked to take four pictures around the themes similar to the interview schedule used in Fiji which included: Defining Health and Wellbeing; pictures taken here represented what made them feel well and unwell as well as what made them happy and what made them unhappy. Under the cultural practices theme, they were asked to take pictures of things within the culture that they felt made them well or unwell as well as happy or unhappy. The third theme of prioritising health was discussed during the *Talanoa*. I had anticipated that pictures presented would stimulate discussions on how they prioritized health. The remaining four exposures allowed for any additional photos they wanted to take that helped complete their 'voice'. I also mentioned that was going to arrange for another meeting after two weeks' time to discuss the pictures they had taken and what they signified as well as interpretations of them.

All the women agreed and we once again reverted to the *talanoa* or discussion ranging from what the study is about to wanting to study at Massey University to family stories and other things that were going on in their daily lives. I felt at the end that because I knew most of the participants in general the flow of the conversation was conducted with ease and without hesitation. One of the participants remarked that it was good to see a Fijian doing this kind of study (referring to health and wellbeing) as most of the information they receive are from Samoans and Tongans or other Pacific nations so it was a relief for them and they expressed an eagerness to participate because it was one of their own. There was almost a sense of 'Fijian pride' to be part of the study.

4.7. Photovoice and Talanoa

Photovoice as described by Wang (2003)

is designed to enable people to produce and discuss photographs as a means of catalysing personal and community change. Photovoice integrates Freire's (1993, 1996) approach to critical education, feminist theory and a participatory approach to documentary photography. (p. 181)

In this study, the Photovoice method used a number of stages suggested by Booth and Booth (2003, p. 432) as follows:

- a. Agreeing on the themes of the project; this was conducted during the photovoice training,
- b. Taking the pictures, we agreed that this would last for a period of 10-12 days
- c. After which participants select which photographs to use either individually or as a group: This process used Talanoa in which participants explained what the pictures meant to them. Booth & Booth state that this means that participants are contextualising the images and telling the stories in the picture.
- d. Then "codifying the themes or messages linking the photographs [which is] a group process of naming and acknowledging the collective experience to which the photos bear witness" (p.432).

After a period of 10-12 days, I collected the cameras from participants and paid for the development of the photographs. A *Talanoa* session was then organised by the Minister's wife (same woman who brought participants together) a few days later, to discuss the meanings of the pictures taken. Once again we baked pies and took items for the tea. This time the session was held at the Church hall.

For contextualising and codifying images captured, I took some butcher paper with me and gave the developed pictures back to the women. I then asked if

they could place the pictures they wanted to share on the butcher paper and number them. They were also told that if they felt that they wanted to discuss the pictures in privacy then they could do so. None of them wished to do this. However, participants were reminded that they still had the option of having an individual interview if there were confidential issues arising from their photos or issues they did not wish to discuss within the *Talanoa* forum.

After thanking them, one of the elders conducted a *lotu* and then we began our *talanoa* of the pictures. The *Talanoa* group process of naming and linking messages to the images took a maximum of two hours.

To show my appreciation, I also prepared a bag for each participant; the bags included beauty products, sewing kits, scissors, writing pads and pen, cleaning materials and other household items. Because there were a number of questions last time we met about studying at University, I also included some pamphlets and marketing items. We also bought frozen chicken and potatoes that was distributed by the Ministers wife amongst the participants after the study.

4.7.1. Photovoice Photo Consent

The Massey University Ethics Committee was a little unclear over the planned use of image recording. I was asked to provide more detail regarding the planned use of images (whom or what will be photographed, when, for what purpose and what is the consent process?). In addition, the committee asked if I could elaborate on the guidelines to be provided to participants regarding Photovoice. When using Photovoice, I was aware that images captured could potentially have family members or people that would be identifiable and that the narratives may contain personal information. Therefore, in the event that pictures of people were taken, these pictures were used only for the purpose of the discussion and not reproduced or presented elsewhere.

Participants had control of the photos and the 'voice' explaining the photos. I noted that I realised that in taking these pictures participants may need to

photograph family members and other groups of people. These pictures would only be used at the discussions and belonged to the participants. Pictures that identified people were not be reproduced, but only used at the discussion or *talanoa*. In the Photovoice training session participants were encouraged to consider representing health and wellbeing through images of objects that represented certain periods in their lives when they have felt for example happy or sad. Consent was sought to use photographs that participants had taken of objects representing these different dimensions of health and wellbeing. In the thesis, these photographs were paired with their stories relating to why the image was important to them (hence the need for consent forms to release the photographs - see Appendices 6 and 8).

The consent for the release of photographs were sought only for photographs that participants wished to gift to the researcher to use in presentations or in written documents by the researcher. I ensured participants that gifted pictures excluded people who maybe identifiable. Photos used in Chapter Six were of objects and representations that do not identify the participant. Participants were asked to include only the pictures they wanted to discuss on the butcher paper provided.

In Fiji, pictures taken of the village, the waterways and plantations, community projects, the sea, participants before and after research and many other activities became a vital part of the analysis stage and were not necessarily as part of a presentation. Pictures used in presentations and those shown in this thesis were those approved and shown to the participants at the end of the village visit. In Aotearoa those photos that participants provided and consented for are shown in Chapter six.

In Aotearoa, pictures of places or research sites, a group photo of participants and different phases of the research process were captured. The whole intention of these photos was to help me as a researcher to keep a mental note of things at

the research site but more importantly the photographs contributed to my personal collection as a tribute to my mother's village and the research journey both in Fiji and in Aotearoa. Participants were informed of what they were consenting to at all times. Once again cultural discretion was used and oral consent recorded as part of the *Talanoa* sessions.

4.8. Participant Observation



Figure 9: Working with Butonivanua clan on the left and Wailoli clan on the right.

Observation took place during participation in the village activities. The research process was clearly explained to the participants at our initial meeting. Activities in the village were organised at several levels, one the daily chores or the running of a household, secondly tasks denoting participants contributions to family or clan and thirdly tasks associated with the wellbeing of the whole village. These tasks can range from cooking to fishing, collecting firewood, weaving mats and making *masi* (tapa cloth), to taking care of the children and washing or household chores.

The activities were planned by the women from each clan. The women from *Butonivanua* decided to teach me how to make virgin coconut oil. The process

involved picking up to 25 coconuts each and walking for about 3 to 5 kilometres to fetch coconut and return to the village. The 2nd clan Wailoli are the fisherman clan, they decided to take me fishing the first day and then make



Figure 10: Working with the Vuinayau clan to weave Bolabola and Talanoa in the evenings

mats the next day. The 3rd clan Vuinayau taught me how to make Fijian food as well as weaving coconut leaves for the kitchen walls and floor. *Talanoa* or focus group discussions took place allocated by each clan. The location was usually their eating *bure* (*fale*), which was convenient and comfortable to participants.

4.9. Informed Consent: 'Blanket' Permission

When explaining to participants their individual rights as participants, I found that a lot of the participants looked puzzled and could not understand why there was such a thing as 'individual rights'. The collective consent to participate in the research was given during the *sevusevu*. In this cultural process the approval is given by the village elder, which implied 'blanket' consent for us to be in the village and for all villagers to participate and support our work, whether for research or anything else of that sort. Therefore it seemed redundant to request for an individual to consent to participate in the research. From the ethics committee's perspective, I had to state their individual rights as research participants, but from the cultural perspective this was perhaps an insult to the blanket permission already given by the village elders.

I was surprised that all participants wanted to sign the focus group consent form as they felt it made things official for them. Even women who could not write properly wanted me to sign on their behalf - there was an overall feeling of belonging after the signing. I felt that this partly had to do with how I explained things to them that in the western world we have to ask for the consent of each individual and that what I was asking was in no way disrespecting the blanket permission endorsed at the village level. That they however, needed to consider the option, but are not in any way obligated to sign the forms. Some of them stated that signing is similar to getting money out of the post office, they have to sign to make it official, and another likened the process to the election, all western notions of individual identification processes. I will note however, that most researchers within Indigenous cultures, including evidence from other Indigenous researchers indicate otherwise; that 'consent forms' are often frowned upon and viewed with suspicion (Cram, 2001; Nabobo-Baba, 2006, 2008; Riessman, 2004; Tuhiwai-Smith, 1999). Signed consent for individual consent and for participation in the focus group or *Talanoa* (Appendix 3) was requested from participants, these consent forms were also translated into Fijian both in the *Lau* and *Bau* dialect. Oral consents were recorded whenever signing was deemed culturally inappropriate. Participants were assured that all information will be kept confidential and stored securely at Massey University.

At the end of my time in the village, I presented reflections on the entire research process and highlighted the key ideas that were emerging. The men in the village wanted to be included in this meeting but the consensus of the cultural discernment group and the participants were not to include the men. The men were disappointed but one of the males, my uncle who was part of the cultural discernment group explained that it was pertinent for the women to share freely amongst each other and with me the researcher. The presence of men could have compromised the study and more importantly confidentiality

of the information shared by the women could not be ensured if the men attended the meetings. The message was eloquently relayed to the men by the clan orator and was well received. At the Sunday service the same week, my mother addressed the church congregation and thanked the men in particular for the support offered during the research and for their wives participation in the study.

4.10. Analysis

The study uses Abductive analysis; Blaikie (2000, p. 101) defines this:

as a research strategy that describes and understands social life in terms of social actors' motives and accounts. The strategy aims to discover everyday lay concepts, meanings and motives and produce a technical account from the lay account and therefore develop a theory iteratively (p. 101).

Participants or social actors' lay accounts of health and wellbeing are described in this thesis according to the social actors' understanding using their language and iteratively developing new concepts and theory construction of the *Tanoa Health Belief model* presented in this thesis.

I chose not to use any data analysis software such as NVIVO as I needed to understand the data intimately. Interacting with the data, sorting and analysing was much harder and very time consuming. Sorting data as such was worth the time and effort as I was able to interact and revisit the data time and time again as is the process of abductive analysis. Another factor for not using any software was that data was in the Fijian language and entering concepts in software would not capture the richness of the data collected.

Creating the theory iteratively meant that I had to look at existing theories on lay accounts of health after which I was surprised to find that health was based on a collective understanding. This element of surprise was then revisited in the data to investigate if there were instances that proved otherwise. In such

instances attempts have also been made in the findings chapters to highlight the differing voices on understandings of health and wellbeing and while these were not representative of the majority of the voices expressed in this thesis it is important to acknowledge these. Timmermans and Tavory (2012, p. 180) state that in abductive analysis the “surprise, puzzle or anomaly may trigger a novel theory that emerges methodologically through careful data analysis against a background of cultivated theoretical expertise”.

I began by reading all the transcribed notes and then underlining some of the general themes that emerged from the research. As I underlined and highlighted the notes I also noted the page numbers of the themes in general. There is no road map of how this analysis should occur but I appreciated being immersed in the data and listening to the participant’s voices. Making sense of these general themes raised a lot of questions on the context of the word health or ‘*tiko bulabula*’ in the Fijian language. Theoretical ideas about health in the Fijian context began to emerge through the first set of data analysis. Timmermans and Tavory (2012) suggest that when unexpected or anomalies occur an abductive inference is made which involves making a preliminary guess based on the interplay between existing theory [lay accounts of health literature] and data presented. “If data fully accounts for the empirical phenomena then the data is verified”(p. 179). Otherwise there is a recursive abductive process in which theoretical constructs derived from the data is refined and articulated via presentation of theory in seminars, discussions with colleagues, through publications, my cultural discernment group and my supervisors. Theory is then refined but also gives rise to reinterpretation of the data once again in light of the emerging theoretical ideas. The first analysis process took about 6 months; I finally was able to grasp how to turn these lay understanding into technical accounts of social life.

Blaikie (2000) explains that in abductive research “the research becomes a dialogue between data and theory mediated by the researcher” (p. 181). The

technical accounts the theories are presented in two Chapters, five and six. To make sense of the lay accounts, I wanted to present them in a manner that was practical and most importantly was unique to Indigenous Fijian knowledge. I first thought of metaphors that could relate all five criteria but somehow I had the persistence that the idea of a framework that relates to Fijian will work. The concept of collectivity and inclusiveness had to be captured somewhat in this metaphor or framework that I was anticipating. It was at a meeting that the *Tanoa* was part of a picture on the wall - I could not contain my excitement as the criteria all seemed to align with the struts of the *Tanoa*. The philosophical meaning of the *Tanoa* all affirmed the relevance in a metaphorical sense explained later in this chapter.

This second set of analysis in abductive research is both inductive and deductive, testing some of these ideas and making sense of other emerging themes within the data. The second set of analysis occurred after I continued to ask questions about the lay accounts presented in the themes within the first set of analysis. Were these lay accounts specific to the culture or to the fact that they were women and if so does the data reflect these? The process meant that I had to look at specific accounts that relate to gender theories. This gender chapter was one of the most difficult chapters to write as there was not much literature on Indigenous women and Indigenous Fijian women supporting theories emerging from the data interrogation. The analysis led to the emergence of the “Culturally embedded agency” presented in Chapter Seven. I was quite clear that I did not want to focus on a deficit portrayal of women as apparent in the literature review. Interactively, I had to create theory and test it according to the data that I was interrogating. What struck me with the second set of analysis was the role of social policies in both research settings. The concept of culturally embedded agency, led to an investigation of policies that are conducive to women’s wellbeing and agency and its implications on health within the two research settings. Analysing these concepts in relation to

Indigenous wellbeing expressed by the women in this study led to the creation of a social policy model that embraces key concepts and theories emerging from the lay accounts expressed by participants in this study.

4.11. Credibility of the research

In relation to credibility of the processes and tools emerging from this study, the *Tanoa* Health belief Model and framework as well as the *Tali magimagi* framework and the processes undertaken on methodology and methods, as well as the ethics process have been presented numerous times in public forums over the course of this research. They have been critiqued, challenged and peer reviewed and I believe is a robust tool in exploring the cultural constructs of health and wellbeing of Indigenous Fijian women. Chapters written specifically on ethical dilemmas experienced during the research have been published in two international text books in the fields of social development (Meo-Sewabu, 2014c) and development studies (Stewart-Withers et al., 2014). Three other articles emerged from this thesis, one of which titled *Global declarations and village discourses: Social policy and Indigenous wellbeing*, (Meo-Sewabu & Walsh-Tapiata, 2012) which was published in an international Indigenous journal. Two other articles were published one in an international journal (Meo-Sewabu, 2014a) and the other a chapter highlighting Pacific research in Aotearoa universities (Meo-Sewabu, 2014b) as a contribution to the social sciences research network.

4.12. Conclusion

This chapter has discussed methods used to collect data. Getting into place within the two settings meant that my role as an insider in the context of the *Vanua* as well as my role as an outsider, an academic and a researcher was carefully woven together in order to navigate my positioning throughout data collection process. Methods were also carefully chosen to suit the setting of the research; in the village setting using participant observation was appropriate.

In the Aotearoa setting, using photovoice was ideal as participants were dispersed over a geographical region and obviously participant observation could not be used in this context. However, the use of *Talanoa* in both research setting and the use of Fijian language led to the richness of data collected in both settings. In the data analysis process, abductive analysis was used to interact with the data. Primary analysis led to themes and concepts emerging in *the Tanoa Health Belief Model*. Secondary analysis and reinterpretation of data led to theory construction of “Culturally embedded agency” and theory construction of the implications of social policy on Indigenous wellbeing of women. The next chapter highlights findings from the first set of analysis conducted in this research.

5- - NAI BALEBALE NI BULA: LAY

UNDERSTANDINGS OF HEALTH: FIJI CONTEXT

5.1. Introduction

This chapter discusses findings on Fijian women's lay understandings of health and wellbeing and their interpretations of factors that hinder and enhance their health and wellbeing. Hence, it directly links to the research question: "How do Fijian women conceptualise health and wellbeing?" Findings about health and wellbeing are in two chapters, the first explores the lay understandings of health and wellbeing of women in Narocivo, Nayau, Lau in Fiji. Part two of the findings are presented in the next chapter which focuses upon lay understandings of health amongst Fijian women in Aotearoa.

This chapter outlines lay understandings of health from the western context and presents the lay understandings identified from this research by Indigenous Fijian women in the village setting. Findings identify that while western understandings are directly associated with illness and physicality and the ability to move around, Fijian understandings are primarily based on their contribution to communal wellbeing. This chapter explores the contexts of the lay understandings in Fiji and introduces the '*Tanoa* model', which emerged from the findings. The *Tanoa* model is the representations of health in Fijian context, which includes some of the dimensions of *sautu* or *bula taucoko*. *Bula taucoko* means the achievement of a state of completion or wholeness.

5.2. Health and worldviews: Western vs. Fijian Lay Understandings of Health

The following Table 1: *Views on Health*, illustrates the differences in the conceptualisation of health and wellbeing from a western and Fijian perspective. Drawing on Blaxter (1990), Stainton Rogers (1991) identifies nine definitions of health which focuses on physical fitness, functional capacity,

social capital and emotional wellbeing. Both Blaxter (1990) and Stainton Rogers (1991) explore lay understandings of health within a western context. In summary, responses from Blaxter's study varied by age and gender with older participants relating health more to the ability to function despite illness or old age. Younger participants discussed health in terms of strength and fitness while women emphasised the ability to manage or cope with things (Stainton Rogers, 1991, p. 87). Fijian lay understandings of health are not based on their ability to function physically nor based on strength or things that relate to them individually. Health is defined according to how they are able to be active participants in their community. I draw on Blaxter's definitions to illustrate the differences in the two worldviews. The two sides of the table do not necessarily correlate; however, they refer to two varying views about lay understanding of health.

Table 1: Views on health, shows the difference between the two worldviews.

Individualised Western lay understandings (Blaxter, 2004, 2010; Stainton Rogers, 1991)	Communitarian Fijian lay understandings
<p>Health is</p> <ul style="list-style-type: none"> • Not ill (not harmed physically) • Active, despite disease (disease but healthy) • A reserve (both parents are 90 years old so has a good stock family) • Living a healthy life (exercise/diet) • Physical fitness (toned body) • Energy and vitality (feeling good whumph) • Social relationships (enjoy life, everyone is their friend) • A means-to-an-end (being able to do better despite body dysfunction) • Wellbeing (energetic, happy, emotionally stable) 	<p>Health involves</p> <ul style="list-style-type: none"> • <i>Dau veiqaravi</i> (To be of service) • <i>Taucoko ni qaravi itavi</i> (Completion and completeness of tasks) • <i>Na veiwekani</i> (Maintaining harmony within relationships and family) • <i>Kena i rairai</i> (Physical appearance) • <i>Bula vakayalo</i> (Spirituality and outward reflection of happiness)

The Fijian views are based on five specific cultural values and beliefs identified by participants as contributing to their health and wellbeing. According to the participants, the inability to fulfil any one of these values means that someone is

unhealthy and not fully achieving wellbeing in the village context. When discussing the village context, participants make reference to the social structures of the *Vanua*, their ways of being, epistemology, history, environment and culture.

Findings from the research identified five criteria contributing to the *bula taucoko* or *bula sautu*. The first criteria participants made reference to is *Dau vei qaravi* which translates as to be of service; and secondly *Taucoko ni qaravi itavi* or the ability to complete tasks to the best of their ability and gaining a sense of completeness. Both criteria relate to tasks assigned within the various institutions such as the church, schools, as well as the social structures within the *Vanua*. Third is *Na veiwekani* which means relationships and practices that enhances maintaining harmony within relationships. The fourth criteria, *Kena i rairai*, means physical appearance; and the fifth criteria, *Bula vakayalo*, means spirituality as an outward reflection of happiness (see Figure 11). Using the *Tanoa* as a metaphor, I present the five criteria identified by the participants in this study to illustrate lay understandings of health from an Indigenous Fijian perspective but first I need to explain the relevance of the *Tanoa* to the concept of health.

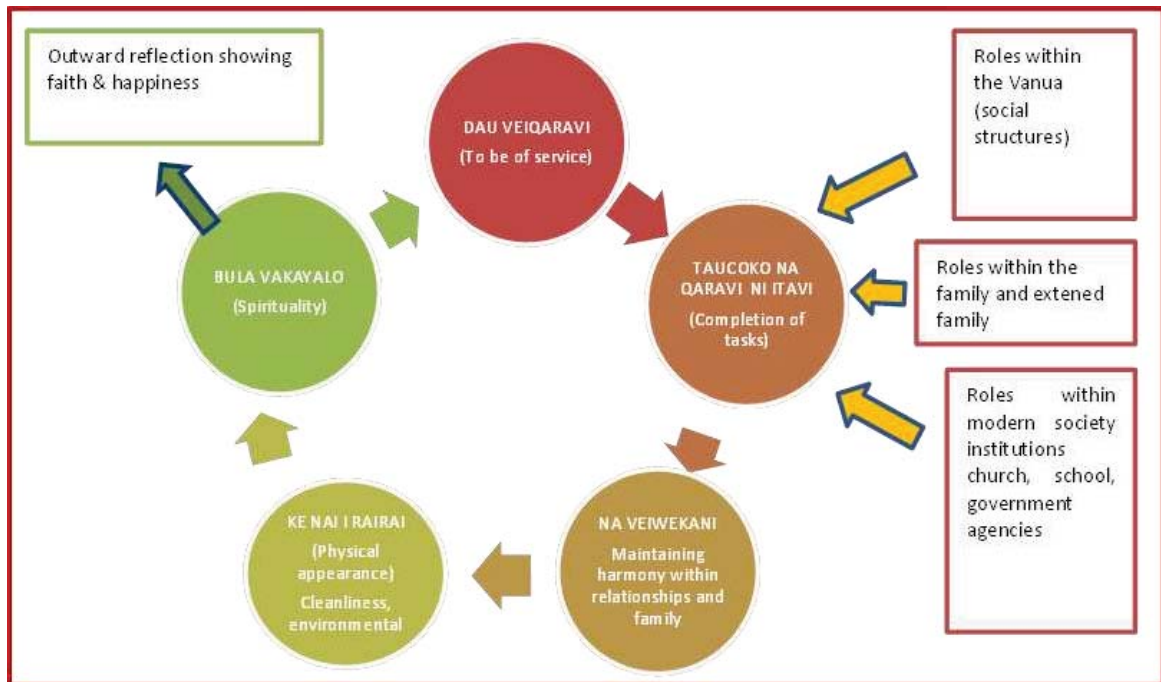


Figure 11 - Fijian constructs of health and wellbeing

5.3. Origins of the Tanoa

The *Tanoa* is a wooden bowl used to infuse the traditional drink in Fiji known as the *yaqona* or *kava*. The *Tanoa* is said to be originally from Tonga (Williams, 1858). However, Lester (1941) stated that Ratu Cakobau, a Fijian chief whom Lester had the privilege of working alongside, suggested that the *Tanoa* was exported to Tonga over 400 years ago from Kabara, Lau in Fiji. The reason for this argument is that the wood used to make the *Tanoa*, the Greenheart of India (*Azelia bijuga*) known in Fiji as *vesi*, does not grow anywhere else in the Pacific but is only found in Fiji. The *vesi* grows abundantly in Kabara, Lau. The people from Kabara are renowned in Fiji for their carving and carpentry skills. Others believe that the *Tanoa* was brought by Banuve chief of Bau in Fiji from Tonga. Because it was such a significant event he named his son, Tanoa, after the artefact (Lester, 1941). In Tanoa's reign the *yaqona* culture became part of Fijian society, but back then the liquid was only consumed by chiefs (Gravelle, 2000; Lester, 1941).

The origins of *kava* for which the *Tanoa* was created in Tonga, is the story of a leper girl named Kava, who was sacrificed for a King. The King, when hearing about the sacrifice asked that the *lovo* (earth oven) she was cooked in not be unearthed and to remain as her grave. Years later, two plants - the *kava* and the sugarcane - grew from her grave (Latu, P., pers. comm., June 28th, 2013). The Fiji story talks of the same leper daughter from Tonga being buried in Vuna, Taveuni part of Vanua Levu in Fiji (Lester, 1941). When *kava* is consumed excessively, a person can develop scaly skin called *kanikani* in Fijian, resembling the skin of a leper.

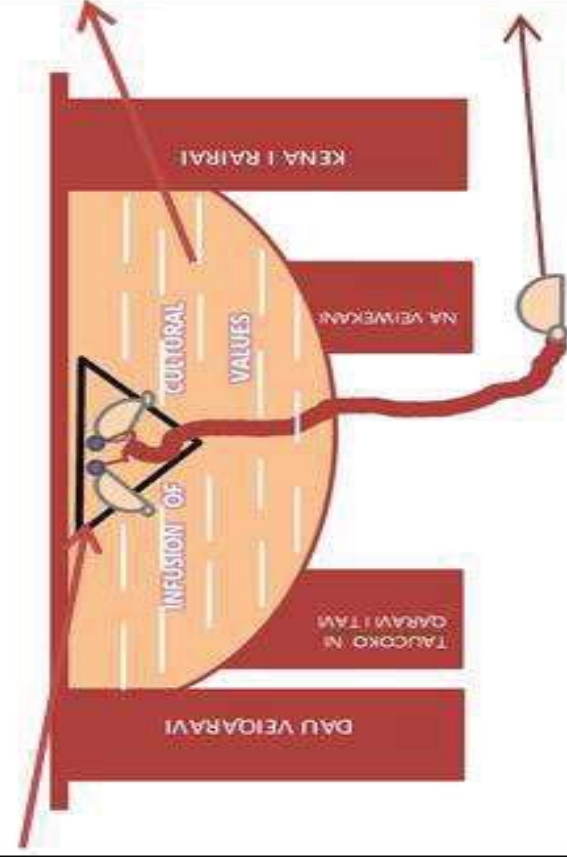
The *kava* therefore, is rooted in a sacrifice. It was then that the *Tanoa* was created to infuse *kava* and also to signify the *Tanoa*, the buried past sacrifice in honour of the Tu'i Tonga (King of Tonga). The Tongans also carve bowls for mixing food known as *kumete* (bowl used for food by commoners), but the *Tanoa* in which the *kava* is infused was purposely used for the Tu'i Tonga's official *kava* ceremony. *Tanoa* is a symbol of unity and solidarity, of fellowship and peaceful interactions of people with their Tu'i.

The *Tanoa* in Fiji is seen as a feminine entity, the bearer of water and plant from the earth mother, while the *sau* is said to be contained inside the *buli* (cowry shell) attached to the sinnett that is fastened to the *Tanoa*. The sinnett, symbolic of the umbilical cord is stretched out toward the son of the land, the paramount chief (Tora, 1986). *Sau* is the spiritual power that is believed to have the ability to curse a person who is disrespectful. Showing respect is demanded when amongst chiefs; therefore the *sau* is often associated with chiefs or chiefly families, their curse for a commoner. Using the *Tanoa* as a metaphor, I now present it as a Fijian Health Framework contextualising what the women identified as the cultural constructs of health and wellbeing in the village context.

5.4. Tanoa Fijian Health Belief Framework

The meaning of health can be interpreted in several ways according to the participants. These meanings are dependent on what is inside the bowl to be infused so to speak. *Yaqona* has become the traditional drink of Fiji and is used in almost every Fijian cultural protocol. The drink is used to formalise processes and seal agreements. *Yaqona* is also used as a medium for reconciliation and in the case of this research was used as an entry point in the village through the *sevusevu*. The *yaqona* ceremonies are significant for building harmony and maintaining relationships. Informally it is a way of bringing people together to *talanoa* or talk and discuss issues that relate to their everyday living. The sitting format is a circular pattern, where village planning, discussions and other important matters are considered.

Triangular shape of Tanoa depicts spirituality in which the sinnet is threaded through. The two cowry shells depict the Vanua and modern institutions. The sinnet holds the two together. The ability to weave roles and obligations from all areas depicted through the sinnet determines the condition of the shell at the end and if the sinnet can be rolled out a healthy person who reaches out to others and appears complete outwards projection of happiness.



Drink in the Tanoa is fluid depicts the fluid nature of cultural values affected by many things occurring around the Tanoa. It is an infusion of cultural values affected by geographical spaces, gender and other factors.

The cowry metaphorically depicts an outward display of one that is complete spiritually and is always happy- a shiny cowry means one who is healthy and achieves wellbeing.

Figure 12 - Tanoa Health Belief Framework

Although the *Tanoa* is traditionally known to serve *yaqona*, the bowl can also be used to serve food or display fruits. What is displayed in the bowl also depicts images that women felt externalises health or makes health visible. There has been both positive and negative portrayal of *yaqona* in contemporary society (Aporosa, 2008; Prescott, McCall, & National Drug and Alcohol Research Centre (Australia), 1989; Singh, 2004) despite the fact that it is also used to harness reconciliation. Even though consuming *yaqona* brought people together it also took away from what the participants described as quality time together with family. Disagreements between husband and wife, according to participants, at times resulted from the abuse of *yaqona* and the blurred delineation of women's roles; these roles were often fluid in nature as commitments are made to meet roles and obligations from all three institutions of the church, the Vanua and the family. Values are heavily influenced by modern society and the church. Metaphorically, their cultural values, their role in the Vanua social structure, roles in society combined with the influence of modern social institutions such as the church, and schools are depicted by the colour of the *yaqona* fluid or as muddied roles (colour of the *yaqona*) which participants discussed.

On the other hand positive images such as fruit displays and serving food depict transient Fijian communities where *Tanoa* is used in a modern form to display things other than *yaqona*. Metaphorically, whatever is being held in the *Tanoa* represents the 'fruits' of what is being produced by the five criteria (the struts). The use of the *Tanoa* to display fruits and food instead of the *yaqona* can be referred to as indigenising modernity described by Sahlins (1999) as the process in which modernising goods and influences are used to power 'traditional' life-ways. What changes are the forms, scope and extent to which these institutions and values are given expression over time and place by diverse communities and generations of people who identify as Fijians.

Health for the participants was seen as a holistic concept. The four struts of the *Tanoa* represent *dau vei qaravi* (to be of service), *taucoko ni qaravi itavi* (completion

of tasks), *na veiwekani* (maintaining harmony), and *ke nai i rairai* (physical appearance). In Fiji, the struts or legs are referred to as 'breasts' that offer the life giving drink (Lindstrom, 2004). I see the four breasts as carrying the drink of health and wellbeing for the participants. As noted earlier, the drink can be muddied from the negative effects, therefore health and wellbeing is not achieved. To explore these health criteria, I first explain the use of health as a state or status.

5.5. Health as a State or Status

The Fijian women who contributed to this research referred to health as a longer term attribute, reflective of the five components they identified as needing to be accomplished or that they needed to be actively participating in, in order to be considered healthy. This is despite the fact that the person identified to be healthy may be living with a long term condition such as diabetes or hypertension. A key finding from this research then, is that if the person being described was perceived to be an active participant in the five components then they were considered healthy.

Blaxter (2010) defines health status as:

a longer term attribute, changing rapidly only in the event of the sudden and unexpected onset of serious illness or permanently damaging trauma...health state is an erratic condition, relevant to health status only if it derives from it or if (because of its typicality or frequency) it reflects back to be incorporated into health status.(p. 10)

The participants' state of health was defined within the five criteria, and when asked whether they considered themselves healthy the women responded to this question with much humility. Saying that if they were healthy they would be meeting all the criteria within the five components they identified. According to participants, one's health status is judged by others, but rarely

would a person imply when saying 'I am healthy' that they mean that they have met all the five criteria:

Au sa bau kila sara no ga niu sa bau bulabula vinaka. Au kila vakai au ni marau a yaloqu. Ko au a bogi vakai, kau tawatawa lakova, ia ko I au lakova sara tuga mai. Kila e marau a yaloqu kau bulabula vinaka. Au lako sara tug a mai niu sa bulabula vinaka. E ratou dau kila toka ko ratou iei, vakalailai ga au baca. Ka iei au bulabula vinaka sara no ga, baleta ni marau tu a yaloqu. (Koto)

I know that I am healthy because my spirit is happy. I do not normally go out at nights like this [talanoa was done in the evenings], but I am just coming out now because my spirit is happy and I am healthy. I came because I am healthy. I usually get sick every now and then. But I am healthy because my spirit is happy. (Koto)

Koto is referring to her happiness as contributing to her health status. Her spirit is happy she therefore feels her health status is healthy. Health status would be the long term effect of what she is going through rather than her health state which would mean a point in time as explained by Blaxter (2010).

I explain lay meanings of health in terms of status rather than state as health status refers to the longer term effect rather than a point in time. Hence, health status within the western construct is often measured by morbidity and mortality over time and the life span (Bergner & Rothman, 1987; Stratford, Binkley, & Riddle, 1996). Findings from this study clearly suggest that health status is much more than morbidity and mortality rates as reiterated by Finau et al. (2004) who state that health measures 'should also include wellness, satisfaction with life, and happiness' (p. 110). One of the criteria identified by women is *Dau veiqaravi* or the ability to serve.

5.6. Dau Veiqaravi: Health Status as Reflected in the Ability to Serve or 'To be of Service'

A key finding is that participants' identified the completion of tasks and to be of service as one of the main criteria for determining health. The concept of

'service' - *dau veiqaravi* - was a recurring theme and is represented in the first strut of the *Tanoa*. To serve, within a Fijian worldview can be viewed as the ability or to willingness to meet and fulfil obligations within the several layers of a Fijian society. In her study of an Indigenous Fijian village, Brison (2007) stated that 'people frequently told us, everybody had their "duties" and "burdens" and good things were generally achieved through everyone playing his or her assigned role' (p. xiv). The Fijian word for burden is *colacola*; this word also refers to carrying something on your back so in the Fijian context when one says *colacola*, you can almost visualise a person barely walking because they are carrying a heavy load on their back. Roles (duties) or obligations (burdens) identified by participants relate to tasks for everyday living. Roles within the village social structure are inherent within their status, and are carried out as a way of maintaining relationships, in addition to obligations associated with modern social institutions such as that of the church, and of the State such as schools.

5.6.1. Roles and Fijian Identity

Roles and tasks are accorded through the social structures of the *Vanua*. People are born into roles. A tribe or clan will know its role within the *Vanua* so they are socialised from a very early age about the responsibilities that come with the role. Tasks are assigned by the *Vanua* as well as provincially, or by tribe or clan.

Obligations and tasks within the *Vanua* social structure are associated with an individual's identity or status within the village's social structure. Learning these perceptions, values and beliefs are a result of being socialised into that culture. Eckersley (2005) defines socialization as the "process of transferring attitudes, beliefs and behaviours between and within generations, the means by which societies shape patterns and behaviour and being that then affect health" (p.252). Fijian identity is secured by the ability to fulfil the tasks and obligations associated with the role in the *Vanua* social structure into which they have been

socialised (cf Baba, 2010; Nabobo-Baba, 2006; Ravuvu, 1983). Communal obligation is inherited and socialised within individuals and families within the social structures of the village. The *Vanua* social structures define the status of families within a village community.

For example in this particular village, within the three main clans, as explained in Chapter One, are sub-clans with defined roles and duties all of which in combination contribute to the systematic running of the village. Roles of each clan generally must be upheld within the village social structure to produce communal wellbeing ('a good society'). Traditionally this social system worked efficiently, but as modern social institutions began to increase in the village, additional layers of obligations and duties have adversely impacted participants' health and wellbeing.

Modern societal institutions would be those other than the *Vanua* social structure. Institutions such as the church, the schools and other networks that have been created as part of living in the modern world. As villagers are exposed to modern social institutions, the division of labour becomes more complex as tasks multiply and become insurmountable. Regardless which institution assigns the tasks however, the division of labour is usually organised according to structures within the *Vanua*.

Nabobo-Baba (2006) states that a person's health and wellbeing is reflected by his/her relationship with the *Vanua* and the ability and degree to which he/she is able to carry out their roles and obligations. The need to fulfil these roles and obligations are centred on Fijian cultural values of *veikauwaitaki* (to care for another). Ravuvu (1983) refers to the act of serving as '*veikauwaitaki*', manifested when a person offers to provide service for others, sharing and caring for another. *Veinanumi* is another word meaning to care for that means the same as reiterated by Becker (1995) and Ravuvu (1983). Ravuvu likens the act of *veikauwaitaki* and or *veinanumi* to that of a *vakaturaga*. An example of *veikauwaitaki*

or one that displays values that epitomises Fijian society such as *vakamarama* or *vakaturaga*, is through the serving of food.

5.6.2. Serving within the Modern Institutions

The concept of serving or being of service is carried out within modern institutions within the village. Visits from government agencies into the village required that the villagers bring food or *itabetabe* for the officials. Within the church, the same practice is called *tali vunau* (Lau dialect), a meal customarily prepared for the preacher to be served at the end of the church service. Ravuvu defines this as:

tale ni vunau (common dialect) as a return gift for the sermon often in food form prepared by one of the households. Each household within the village takes turn each Sunday preparing special meals for the dauvunau[preacher]. Money is sometimes offered to cover his transport costs. (p. 97)

As with other practices, this reinforces the importance of *veikauwaitaki* or caring for another and emulates respect to the person being served.

5.6.3. Serving within the Clans

During the research, I had to spend a number of days with each clan. Every afternoon when I returned to my uncle's home, all the aunties would ask me, '*dou ka vakasigalevu cava?*' (What did you have for lunch?), or '*a cava ka ratou ririga me kemudou i vakasigalevu?*' (What did they cook for your lunch?). This questioning implies that each clan is supposed to be hosting the visitors to show that they care and that serving the best food represents their respect for the relationship. One of the clans is known as the fisherman clan (*dau* or *gonedau*). As I prepared for my first day with the fishermen clan, my aunties commented, '*kai eratou na ririga saraga e dua a kemu ika levu*' (now this clan will cook a big fish for you). In the afternoon, the aunties asked, '*e vakaevei ka qai dua a kemu ika?*' (So

did you eat fish?). Of course the answer was yes, they served fish cooked in coconut cream and curry, and it was so delicious.

What the whole conversation meant was that there is an expectation that the best food will be served as a way of living up to the standard of 'service' expected from each clan. If I had responded by saying, 'we just had leftovers' it would reflect badly on the clan, implying that they do not care (*sega ni veikauwaitaki*) or are disrespectful of the relationships between clans. Therefore, to be of service or to serve well means that participants are fulfilling what is expected of them within the social structures and that they are fulfilling these roles according to how Fijian society perceives them to be. In addition that the serving of these tasks are done to the best of their ability and are completed fully.

5.7. Taucoko na qaravi ni itavi: Health Status as Reflected in the Completion and completeness of Tasks

Another key finding represented in the second strut of the *Tanoa* is that participants felt being able to complete their tasks to the best of their ability makes them happy and therefore healthy:

Au kaya tiko a tuvaki ni nona qarava nona i tavi ena veisiga. E dua na turaga sa bulabula ena vakaraitaka saraga na nonai teitei beka, se nona qoli, se nai itavi kece e valata e tukuna jiko ni sa bulabula vinaka. E baleta a tuvaki yagoda e bulabula a ka keta valata. Ka kece eda valata noda itavi cakacaka, teitei cava tale eda kaya kina ena taucoko. (Bale)

The way he serves or does his tasks every day, he is a healthy man, as it shows through his gardening, through his fishing. In all his roles and in everything he does, it will show that he is healthy. It is because of the condition of his body, is healthy, in all we do. Everything we do, our roles, tasks, or gardens, or whatever else we do, will be complete. (Bale)

Health status is reflected in how well one is able to serve (*vei qaravi*). How well he/she serves and is able to complete his or her work or tasks (*itavi*) also determines one's health status. *Itavi* can be defined as the work one is given or one is willing to do¹². Therefore, the response states that how well one can do his/her daily work and tasks reflects a person's health status. His/her state of health will be reflected for instance, through what is produced in the garden, the abundance in fishing and in any work that he/she does will reflect health status.

The response implies that if the garden is fruitful, the fishing abundant and the work/tasks done well and completed or in abundance, then the person is healthy. On the contrary, a bare garden or one that is not fruitful, or if the fishing harvests only one or two fish that are easy to catch (as opposed to deep sea fishing), then one can be deemed unhealthy as the work does not qualify for the state of good health.

The essence of this response is that health can be attributed to one's work ethics, and that the fruitfulness or the abundance of what is being attempted and achieved reflects good health. An optimal state of health includes being able to achieve everyday activities such as gardening and fishing, and everything the person does is complete or in fruition and therefore a reflection of someone with a good health status. Once again attaining good health is attributed to the roles and obligations and the ability not only to be able to carry them out, but to the fruition or the abundance which reflects the skills the person has to be able to carry out the task well. Their response also implies that the person is faithful in his/her role and does it well.

¹² Literal translation of *itavi-cakacaka lesi se bolea me qarava; cakacaka e dodonu me qarava*: Ravuvu, A. (2005). *Nai ivolavola vosa vakaviti: Tabana ni vosa kei na itovo vakaviti*; Institute of Fijian Language and Culture: Suva.



Figure 13 - Health and Vakamarama

values of *vakamarama* (utopic values of a woman in a Fijian society). In accomplishing such tasks, she herself is achieving the sense of happiness and the state of completion. Her spirit is happy therefore she displays the characteristics of someone that is perceived by participants to be healthy. The changing lifestyle also impacts upon health and wellbeing.

All participants had referred to one of the elderly women in the village as being healthy (see Figure 13). At the time this picture was taken she can be seen here weaving a mat. In making the mat she is contributing to the community or the society. Her contribution has a part to play in the 'good society'. Serving or to serve means that she is maintaining harmony and relationships with family. In essence, she is displaying the

5.8. Changing Lifestyle and Health

In the context of lay understandings of health, the process of achieving *bula sautu* or *bula taucoko* and communal wellbeing (good society) is often compromised because roles and obligations now have multiple layers. What was once a clear social structure limiting roles within a particular society becomes complicated as communities are not limited to the village but are also globally-located. Each community or society requires contributions from individuals to produce an outcome. As a result, conflict starts occurring in tasks to be produced for that desired outcome which adversely affect health and

wellbeing. The costs to maintaining communal wellbeing can be seen for example in the changing dietary patterns.

Changing dietary patterns impacted by globalisation, change in lifestyle and the impact of trade policies in Fiji have adversely affected health (Becker, 1995; Coyne, 2000; Hughes & Lawrence, 2005; Lako, 2001; R. R. Thaman, 1988, 2003; Thow et al., 2011). Traditional dietary intakes consisted of nutritionally sound food, rich in vitamins and minerals and especially high in fibre. According to Lako (2001), the traditional diet was “extremely varied with a nutritionally sound food pattern of root crops, dark green leaves, fish, seaweeds, shellfish, crabs and assorted seasonal fruits” (p. 183). By the nineteenth century, the British and indentured Indian labourers introduced a variety of new food that started changing the traditional diet of Fijians (Thow et al., 2011). Introduced dietary patterns were well established by the 1960’s (Coyne, 1994 as cited in Thow et al., 2011). Thow et al. (2011) indicates that there were:

four key dietary changes that had negative health implications were the shift from starchy staple food, root crops and starchy fruits to refined cereals and increased consumption of meat, oil and processed and packaged food. (p. 21)

In addition, Lako (2001) identified six factors that have contributed to the diet transition. She identifies ethnic pluralism as the first factor; this is the emergence of multicultural societies impacting not only the consumption of a traditional Fijian diet, but also eating patterns. Second, the overemphasis on a cash economy led to the changes in subsistence farming which affected diet as traditional food crops were shifted to more inferior-infertile land. Third, urbanisation or urbanised lifestyle created reliance on more imported foods resulting from cash employment, so instead of gardening, buying food became the preferred and easier choice which subsequently affected diet. Fourth, food aid has left rural communities, especially the younger generation, preferring imported food rather than the traditionally preserved foods. Fifth, changing

values of prestigious food, the idea that ‘imported foods are only available to those who have money;’ and finally, the global food industry, the change in agriculture policy from subsistence farming to a more export driven policy has dramatically reduced domestic supply of nutritious Indigenous root crops (pp. 186-187; (also see Gewertz & Errington, 2010; Snowdon, Moodie, Schultz, & Swinburn, 2011). Food transitions and change in diet were explained as follows by participants.

5.8.1. Food Transition

Dietary patterns have been dramatically impacted upon due to the fact that the women’s tasks consume most of the day, therefore diet consists of food that is easy and readily available. Because participants are so busy or preoccupied with fulfilling and completing their tasks, the easier food option usually meant something bought from the shop such as canned tuna or corn beef eaten with staple food such as *cassava* or *taro*. The practice was reiterated by most of the participants. Given that it is widely practiced, food choice was not given much consideration in terms of nutritional status if they were too busy with tasks. One eats to fill an empty stomach rather than to be healthy. Most of the participants stated that they will eat what they referred to as *umaumaki* - this means that they will eat staple food, for example yam, *cassava* or *taro* with tea or lemon leaf tea, often with minimal nutritional status.

Participants stated that practicing *umaumaki* was often done only when eating alone or with another close relative, but never practiced when a guest comes to their home or if their husband was home. Husbands would often be out at the plantation or fishing during these meal times so participants did not see the need to prepare an elaborate meal, rather something to fill their stomach. In turn, this affects the nutritional status of their daily diet because of lifestyle change in the villages.

5.8.2. Daily Diet

The daily diet of the participants has changed dramatically as a result of the change in lifestyle, and a preference for food that is convenient and easy to prepare. Some of the participants, when asked about their daily diet, explained the following:

Gunu ti ena mataka, gunu ti bani se roti se parile. Oti mai, keirau dau sega soti ni kania na kakana mai na sitoa. Na noodle a ka vaka mai, keirau sa tawa dau kania ena weirau vale. Ni ko keirau ga, keirau sana rawa ni se boro ga mai ka sa ko koya. So a gauna, keirau kana boro vakalolo wale sara ga. Dua tani ni keirau dau qoli tu. Au sega soti sara ni dau qoli. Na se boro ga, mai keirau sa na mai kana boro. Keirau na umaumaki tale e na siga levu, ni oti na mata ka keirau na gunu ti tale ena sigalevu, oti ma i keirau na qai kana boro tale ena kayavi. (Selai)

Drink tea in the morning with buns [freshly baked by her] or roti [flat bread] or pikelets. We [with her husband] don't really eat items sold at the shop such as noodles; we don't really get it at our home. We will only get green leafy vegetables and cook it in coconut cream. Not that we fish [the norm would be to eat the leafy vegetable as a side dish for the fish]. At lunch, we will just umaumaki [to eat a staple crop such as taro or cassava with tea] and then we will have the leafy vegetables again in the evening. (Selai)

Even though Selai here mentions that they do not buy from the shop their diet however changes to *umaumaki* which is brought on by the many tasks they have to complete leaving them with very little time to cook their own meals. Biu in the next statement makes the similar remarks about food of convenience. In fact what they consume on most days are mostly carbohydrates rather than a combination of other protein and vegetables:

Na mataka, au dau gunuti bisikete se raisi. Sikoni se bani kei na ti se drauna ni moli. Siga levu, tini ika keina drauni kau vakalolo. (Biu)

In the morning, I will drink tea with biscuits or rice [bought from shop or from the hurricane food ration]. Scones or buns freshly baked with either tea or lemon herbal tea. At lunch it will be tin fish [bought from shop] and green leafy vegetables cooked in coconut cream. (Biu)

The expectation is that they will eat lunch wherever they are, usually at the plantation for men and some women, and at sea for others. Dinner is usually the meal where they eat a full meal of either fresh fish or meat with green leafy vegetables finished off with a cup of tea. Tea is consumed perhaps more than by the British who introduced it to the Fijian diet, even to the point of morning and afternoon tea in between the three main meals. Traditionally, lemon leaves instead of tea would be consumed but again with the introduction of convenient food in the local shops and the food aid, drinking lemon tea is not as common or now mixed with tea leaves. Even if consumed, there is almost a stigma associated with it as not being as prestigious as store-bought tea. Dietary patterns in the village directly impact upon health outcomes, which have been reflected in the literature about changing dietary patterns (Coyne, 2000; Gewertz & Errington, 2010; Hughes & Lawrence, 2005; Lako, 2001; Lako & Nguyen, 2001; R. R. Thaman, 1988). Changing dietary patterns are also attributed to the food aid brought into the village after natural disasters occur.

5.8.3. Effects of Food Aid

Lako (2001) discussed how food aid has made young people within rural communities prefer imported food. Another factor identified in this village and anecdotally occurring in most villages and rural communities, is the sense of dependency that food aid has created. At the time of the research, a hurricane had just devastated the village. One of the village elders shared with me that even though he was grateful for the donor aid bringing in food to the village, the aid has created dependence rather than the resilience that they once had before. Some of the participants as well as women in the village, also

mentioned to me in passing that in the past once hurricanes finished, everyone would know what to do. The men who were house builders would fetch materials in preparation for the rebuild. As well as cleaning, women would start planting crops and fruits and looking for what could be salvaged.

The whole village would work together to bring normalcy back into the village. Food rations, clothing and other donations although desperately needed, have created dependency on the outside help in the last 10 years. Elders and participants felt the food aid has also disrupted their resilience and fulfilment of roles that contribute to communal wellbeing. The changing lifestyle is inevitable as part of a globalised world; this has influenced the dietary patterns of participants and has impacted upon the completion of tasks affecting their health and wellbeing. In addition, the cultural value of maintaining harmony and relationships within the family is also paramount for participants.

5.9. Na Veiwekani: Health Status as Reflected by Maintaining Harmony within Relationships and Family

The third key finding representing the third strut of the *Tanoa*, identified by participants is the importance of *veiwekani*, meaning relationships or kinship. In order to keep the kinship tight there are processes and cultural practices that have to be adhered to. Honouring relationships are part of Fijian village norms and practices and is a way of maintaining harmony within the village structure (Nabobo-Baba, 2008; Ravuvu, 1983, 1987). In honouring these relationships, harmony is built, renewed and maintained at all times. Participants highlighted how maintaining good relationships is an important attribute of one that is healthy:

...ena taucoko tiko, ena taucoko saraga na marau, ena okati tiko kina a ona bula. Ni dua e bulabula o ira saraga na nodra vei maliwai ni matavuvale. Baleta ni bulabula vinaka, a matavuvale kila ena bulabula kei na mamarau, baleta ko nai liuliu e vakaraitakina tiko a bula ni matavuvale. (Bale)

It will be complete, happiness will be complete. When one is healthy the family is included, how they interact with each other as a family [relationships and interactions in a family]. Because being healthy is also reflected in a family, they will be happy because the head of the family reflects the health status of the family. (Bale)

The response may also relate to the communal nature of participants' lives, the collective being important and taking primacy over the individual. Therefore, health in this context is seen as a collective reflection rather than that of an individual. This response notes also that the health of the head of the family mirrors that of the family.

If relationships are somehow severed, maybe through disagreements, then harmony is not maintained amongst family therefore a complete state of health is not achieved. Being happy also implies that harmony has to be maintained at all times. Distinguishing the head of the family as that person reflecting good health means that the head of the family fully participates or is an active contributor to the work of the community. In doing so he is able to maintain harmony and the positive reflection is for the family rather than just the individual. Maintaining harmony is partially fulfilled by the roles and obligations bestowed or requested by members of the various institutions that exist within the village community and can range from cleaning the church for the Sunday service to cooking for the village meeting to helping with school activities. Assisting in the roles and obligations are the extended family and clan members. Roles and obligations are conducted communally, referred to in this village as *solesolevaki*¹³. This practice allows clan members and extended family members to work together to achieve a common purpose or an allocated task; most importantly it lessens the burden for the person or clan who may need help to complete allocated tasks.

¹³ Solesolevaki is a traditional indigenous Fijian practice in which clan members or villagers work together to achieve a task, as explained in Chapter 1.

Modern society however, disrupts the *solesolevaki* system as families migrate to the urban centres for education and the so-called 'greener pastures'. Hence, working collectively becomes less frequent at two levels. One, not enough clan members remain in the village to fulfil roles and obligations, yet the expectation to fulfil these remains the same and even increases with the use of modern technology. Secondly, the demand of the modern world disrupts communal wellbeing as extended family members' work towards maintaining their own immediate family needs. Not being able to contribute or participate in family obligations has real implications for their relationships and hence individual and collective wellbeing.

Communal wellbeing in the example of the *solesolevaki* relates to the concept of social capital. Social capital was first defined by Putnam (2000) as "the collective value of all social networks and the inclination that arise from these networks to do things for each other" (p. 135). It is further elaborated as "features of social organisation, such as trust, norms, and networks that can improve the efficiency of society by facilitating coordinated actions" by Putnam, Leonardi, and Nanetti (1993, p. 167). These definitions continue to evolve, but all focus on the importance of building a communal cohesiveness, hence a sense of communal wellbeing. Veenstra and Patterson (2012) note that "relatively few studies have addressed the interconnectedness of social capital with institutionalised cultural and economic capital as determinants of health" (p. 280). The responses of the women clearly show how cultural capital and a community that thrives on social capital integrated with roles and responsibilities of institutionalised state, determines factors that attribute to health and wellbeing. Even though they are able to work together, roles are often not shared anymore, adding more burden on the person responsible as shared here by Sereana that a reminder to work together was announced over the radio.

Levu a meca era katona tu, era sa dau tawa wasea. Kila dau kaya toka mai a rajio, dau kaya toka mai me dua a Vanua mera dau solesolevaki. Kila a odra, a bibi ni tavi e lai vala ma ei, dodonu me a cola jiko ga ko taukei ni ogaoga. Era lai valata vata mai, kila era sa lai cola vata kece. Ka ra sa lai vakaitavi kece kina, sa na mamada ai tavi...raica mada a levu ni ka keta vakavalata. Keta tawa kila a ona drakai ni keta marau jiko. Keitou dredre jiko, keitou veiwasei jiko, e malemaleka. Keitou kaya ga me levu mai a meca, kila e vaka e mamada jiko ga ai tavi keitou valata e mamada. Kevaka ni keta cola duadua jiko, wailei keta sa drakai bogi mai sebera tu ni seru a uluda. Keta sa koto yani ka moce keta se bera ga ni sili (Sereana).

There are a lot of things that we just keep to ourselves and do not share. You know that it was announced over that radio that events of the Vanua should be done through working together (*solesolevaki*). Often times when there is an event the person it is for is solely responsible. You know they do everything. But if we all do it together, we will not be tired but we will be happy. We will laugh, share, it is very nice. We can keep working and want more work to do. But if we do it on our own, well by the time the sun sets we still have not combed our hair. We just go to sleep even without showering (Sereana).

Whenever there is a village event, each clan knows what their roles and tasks are. They also know that their tasks and roles contribute to the whole. Not doing their part and not fulfilling the tasks means that the whole or the outcome will be compromised, and an outcome may be produced that is not the ideal desired outcome.

Contributing to an event through voluntary work¹⁴ or by donating goods for the community illustrate the obligations that are associated with village life. Ceremonies include community weddings, funerals, other cultural events such

¹⁴ Working towards communal good in a Fijian community is done to maintain the relationships and hardly seen as work or titled as volunteering-it is considered part of contributing to a communal wellbeing.

as welcoming visitors celebrated through feasting and contributing in kind to the communal good. Not contributing would mean that the person does not know his/her responsibility as part of that community. Not contributing relates to what Durie (2011) refers to as developing 'a fractured worldview' meaning that there is a cultural disconnection. The person may risk disconnecting from the relationships within family, tribe, and community. Therefore their contribution to the *Vanua* is not accomplished nor done in completion or not appropriated to maintain communal wellbeing. Hence the cultural disconnection that Durie alludes to.

Ryle (2010) explains that some of her participants referred to the traditional Fijian rituals such as funerals as *matevakarua* or a double death. Double death relates to the expenses incurred in traditional practices. For example, the expenses of a traditional Fijian funeral require so much money that it often leaves the families' funds exhausted and therefore causes a double death to the family. This means not only losing a loved one, but also losing money which could have long term implications for the health and wellbeing of the family. Traditionally, the concept of *solesolevaki* or working together to achieve the tasks associated with family events should have lessened the burden on a particular family. However, since all families are similarly burdened, instead of drawing together to help resolve the burden many families resolve their own issues independently, which adversely affects their health and wellbeing as well as that of the whole village.

5.9.1. Maintaining Relationships through Food Sharing

Maintaining relationships in the village are also experienced in the sharing of food. The houses in the village are always left open so at every meal, whenever someone passes by, my aunt or uncle would call out to the passer-by '*mai kana*' (come and eat), or '*a vakasigalevu sa vala jiko iei, lako mai, mai kana*' (we are having lunch, come and join us). This is done at every meal and not calling out would be considered rude and impolite. In sharing the meal or the anticipation to join

a family or someone else for a meal not only acknowledges the relationship, but also contributes towards building and maintaining relationships. Another is in how food is distributed, for example:

I woke up one morning to my uncle calling me to come and take a picture of the fish they caught that morning. It was 5.30am. I got up surprised to see that everyone was awake and looking at the piles of fish, some hanging on hooks attached to the make-shift tent and others scattered over pieces of corrugated roof on the grass inside the make-shift tent. My uncle said that the fish was for us; he then started dividing the fish into piles and called a couple of the young boys to take the fish to the various clans in the village. (Field research notes)

This story is one of many I've recounted in my research journal which depicts the many acts of sharing and looking after others. The act of sharing (*veiwasei*) and to care for another (*veikauwaitaki*) is done for the ultimate goal of maintaining harmony to build and maintain relationships within the village.



Figure 14 Itabetabe sharing food

This is the essence of why participants felt that building relationships and hence maintaining harmony is an essential determinant of health and wellbeing. Another form of *veikauwaitaki* was shown in welcoming us as explained partially in Chapter three on the 'cultural discernment' process of 'discerning

the relationships in the village' by way of sharing food as explained in the next example:

When I arrived in the village, there was an elaborate meal prepared to welcome us. Fresh fish in coconut cream, *uvi* (yams) and *ugavule* (coconut crabs) filled the dining area. Two of my aunties were welcoming us in and said, 'cewa sara, dou kana' (come, sit down and eat). Even during the meal, my two aunties would keep saying 'kana vakalevu' (insisting that I have some more food). (Field research notes)

Their gesture signified the importance of honouring our relationships or *veikauwaitaki* which emulates *veidokai* (respect) stemming from the ideal qualities that are chiefly-like or *vakaturaga* or *vakamarama*. During our stay in the village, food plates were brought at every meal from different households, referred to as *itabetabe*¹⁵ or *takitaki* (food brought to guests). Any leftover food would be taken over to the neighbours to be shared, also another value stemming from the ideal qualities one aspires to have as a Fijian. In addition, members of the extended village community would bring yams, livestock, mats, *masi*¹⁶ (tapa cloth) and *waiwai* (coconut oil) scented to acknowledge and honour our relationship. This is referred to as *veisiko*¹⁷ but again emulates caring for another.

To be part of a community one must be relatable and seen as an active contributor to whatever is happening within the village. Not to be a participant and someone who keeps to himself or herself is perceived as in an unhealthy state. Interestingly such people were also perceived as lonely people and are pitied as those not having relatives that they can relate to. Maintaining a harmonious relationship with family is seen as vital and an important cultural value and form of social interaction within most Indigenous cultures

¹⁵ Food brought by village members to acknowledge and honour relationships, usually their best food or a delicacy is made. This was done throughout our stay in the village.

¹⁶ Traditional Fijian bark cloth made from Mulberry tree (*Broussonetia papyrifera*) is used in weddings and other Fijian ceremonies.

¹⁷ Literally means to visit - in Fijian custom one cannot go empty handed to visit someone.

(Airhihenbuwa, 1995; Durie, 2001, 2011). In addition to maintaining relationships, completion of tasks and being of service, participants identified an individual trait of physical appearance that nevertheless reflected health of the family.

5.10. Kenai i Rairai: Health Status as Reflected in Physical Appearance

The fourth criteria represents the fourth strut of the *Tanoa*, identified as a key finding to what contributes to achieving health and wellbeing is the physical appearance of a person. Physical health is defined as someone who appears well groomed, and is well spoken. The individual's healthy appearance is indicative of the person's health status. Health status will be apparent in the appearance of his/her family and in the environment in which he or she lives. Some of the responses relating to these factors were as follows:

Io keta na raica yani a kenai i rairai vaka me serau mai. E vaka me serau. Mai a kena i rairai ni keta raica yani, e vaka e drokadroka mai. Ni rairai bulabula e vaka e serau mai a kenai rairai, drokadroka vinaka mai, tuvaki mai vaka vinaka ai serau ni matana. (Bale)

Yes, if we look at this person, he/she will be glowing [repeated]. When we look at the person, he or she will be green [literal translation explained below]. When someone is healthy the person will appear to be glowing, flourishing [the word green is repeated here], their face will be glowing. (Bale)

Bale used the word *drokadroka* which literally means green, signifying life and can refer to land or food to mean that it is full of life or is flourishing and looks healthy. It also means fresh. Another way in which physical appearance is explained is through clothing.

5.10.1. Cleanliness and Clothing

The two responses represent how health is reflected on the family as a whole rather than just the individual, as reflected in the western worldview as shown in Table 1:

Au vakabauta keda na kaya ni dua e bulabula, matai eda raica e savasava, kenai i rairai, na tuvaki ni yagona. (Biu)

I believe that if one is healthy, first we will see cleanliness, the person's looks or appearance, the condition of the person's body. (Biu)

Keta na raica e dua e lako mai keta na raica tu mada ga yani na nona sulusulu. A drauniuluna mada ga ka sa tawa seru tu, keta sana qai raica e vakaivei tu mada a i rairai ni ona matavuvale. (Koto)

...when someone comes our way, we will first look at the person's clothing [how they are dressed]. If their hair is not even combed, we will wonder what the person's family looks like [the family's appearance]. (Koto)

Health of the leader of the family is seen as having a ripple effect on the extended family. A person viewed in this way is thus seen as an active participant and contributor to village obligations, knowing what is expected of him or her.

Happiness was identified by participants as the ability to complete the tasks, roles and responsibilities. The inability to complete these tasks or fulfil responsibilities of a role made them unhappy. Participants noted that they were happy, it reflected outwardly by their actions. They will care about how they look and are able to comply with beautifying themselves such as combing their hair when they get up in the morning. They go about their daily tasks with a clear and happy heart. All of these factors, participants believed, are determined by their service to God and their ways of being in the *Vanua*.

Respondents also made frequent references to their spiritual being, noting that if their spirit was happy, they would be happy to follow through with morning hygiene. Otherwise, they would put it off because the daily tasks and roles and obligations seemed insurmountable. This does not imply that the participants were unhygienic; respondents stressed that keeping up with the morning rituals was not considered a priority when there were many other tasks to be done. So they often found themselves putting it off to later when they had time, but often would get so caught up with the tasks they had and very little time for themselves.

Nevertheless, they remained aware of how this reflected on their family, and this was yet another tension between cultural ideals, and practical actions of everyday life. Most women stated that worrying about unfinished tasks would be on their mind before going to bed and was the first thing they thought about when they woke up; they often would prioritise what had to be done for others rather than for themselves. The ability to complete tasks and responsibilities made them happy as this meant that they were thinking of others before themselves, a value that in turn makes them happy. Health in the next example is reflected in how the person carried himself or herself and that they appeared well groomed, but interestingly the participant made reference to how he/she spoke:

Ko na raica mada ga na kenai i rairai ni seru vinaka tu ka rairai vinaka na kena i rairai, ka savasava nai sulu ka darama. Kila na dau mamarau tu e veisiga ni da dau raica tu e na veisiga. E na vosa ka totoka na nona vosa, ka savasava ka totoka. (Salote)

When you see this person, they will be well groomed, hair is nicely combed, and wearing clean clothes. You know the person will always be happy every day. When they speak their speech is beautiful and you know they will reflect cleanliness and will look good. (Salote)

*Da na raica tiko kina e sa loma ocaoca sa tawa seru rawa na uluna.
Io sa na sega mada ga ni seruta rawa na uluna, rairai malai ka
vucesa. (Sereana)*

You will see that this person is also burdened [highly stressed], [when] they will not even be able to comb their hair. Yes, they will not be able to even comb their hair, and they will be visibly lifeless and lazy. (Sereana)

In the Fijian context when a person emulates goodness, they can be said to be someone '*e vosavosa vinaka*', someone who speaks well. This implies that when they speak, they are respectful and exemplify humility. It is also seen as a characteristic of one that is *vakamarama* or *vakaturaga*, as exemplified by the woman in the picture at the beginning of this chapter (Health and Vakamarama Figure 13).

In contrast, the person who is unhealthy is seen as someone who is burdened; the participant is referring to the inability to complete tasks or inability to be an active participant in what is required of him/her in terms of obligations. Because they are burdened, they are unable to groom themselves. This sentiment was reflected by most participants in saying that because there is so much expected of them, they would put off grooming themselves until every task has been completed, which for most of them just never happened until the end of the day. Participants environment was also a dimension mentioned reflecting health and wellbeing.

5.10.2. Environmental factors

The final findings on environmental factors and or their surroundings indicated that once again health is not individualised, but reflective of the whole family and the family's environment. The person is judged as healthy not only by their appearance but this is inclusive of how they maintain their environment:

Ena raici ga ena ona i rairai, a onai jikojiko, a onai sulusulu. Keta na raica ga e dua e lako mai, keta na raica, oi dua na tamata dau vakasavasava jiko bulabula. Keta na raica a ona i jikojiko, a ona matavuvale keta na sarava toka kina. (Koto)

You can tell by someone's look, their environment [or compound], the way they dress. We can see someone coming and we take a look and know, this is a healthy person based on his/her environment and his or her family. (Koto)

Participants referred to how the compound or garden is well kept, that it is clean. Participants had also identified a well-kept compound for the women in Figure 13 as culturally the link seems to indicate that the plants are part of her, the work and effort she has put into it and bearing fruits is indicative of good health. When asked about someone who was not healthy, participants' identified a person that was mentally disabled. But they also stated that he was not fully unhealthy because he has the best kept plantation. The person they were referring to had one of the biggest plantations in the village and continuously worked in the plantation. Health in this context was attributed to his work ethics and also that the plantation is a source of food that allows the person to be an active contributor to village obligations whenever it is required of him. The final key findings identified by participants are aspects of spirituality.

5.11. Bula Vakayalo: Health status as Reflective of What is Internal (Spirituality)

The final key finding as contributing to health and wellbeing was identified by participants as spirituality. In the context of the *Tanoa*, *Bula vakayalo* or spirituality is depicted in the *Tanoa* bowl rim and projecting into the cut that the sinnet or *magimagi*¹⁸ is threaded through. Cowry shells are then attached to the sinnet. Within the Fijian culture, the sinnet is only rolled out in the presence of a

¹⁸ The making of the *magimagi* or sinnet is explained in detail in Chapter 3.

chief, in modern days it is rolled out to the guest of honour. The number and placing of the cowries on the sinnet is dependent on the creator of the *Tanoa*.

There were two ways in which spirituality was perceived; one is that of Christianity and the other of ancestral Gods. Illness, accidents and bad things happening to a person are often attributed to bad spirits in the supernatural world (Nabobo-Baba, 2006; Ravuvu, 1983; Ryle, 2010). At the time of the research there had been stories shared about several deaths in the village being attributed to supernatural occurrences. According to the women's stories the deaths were a consequence of breaking a taboo in the village. The stories would often end with the need to be faithful to the Christian God to protect them from the supernatural. These are normal conversations in Fijian society and it is believed illness or diseases are brought on by the supernatural even if the illness has been diagnosed medically (Nabobo-Baba, 2006). Illness is often associated with how one conducted themselves in the village. Illness is seen as a physical manifestation of a spiritual breach. The absence of disease or illness is associated with the fact that they are respectful and know to how behave or conduct themselves in the village or Fijian society in general, rather than the medical diagnosis of one with a disease as in the western context.

Even though discussions from participants did not focus on the supernatural, values within the village of maintaining peace and harmony are underpinned by how they act or carry themselves within the village. How they carry themselves can be said to be the sum of the four criteria explained: being of service, completing the tasks, maintaining relationships, and maintaining physical appearance and environment. Participant responses implied that all four criteria can easily be fulfilled if spirituality was intact. Vice versa, participants identified that spirituality determined the steadiness of the struts. In the context of health, the women highlighted that empowerment from within was reflected in whether the tasks or obligations are also done with ease. When not fulfilling their roles, the person was burdened because they had not asked

for empowerment from God; hence this affects their health as they appear burdened and stressed. The opposite is to be happy, projected as an outward display of spirituality.

5.11.1. Spirituality and Happiness

A key finding was that happiness was seen as the product or an outward display of one that is complete spiritually, as shown in the Fijian cultural constructs of health in Figure 11. In the *Tanoa* framework, the outward display is the cowry shell at the end of the *Tanoa*. The appearance of the cowry is dependent on what is happening internally; a nice polished cowry represents a happy person and an unpolished one would represent the opposite.

Literature indicates that there is a strong correlation between health and happiness (Graham, 2009; Greve, 2012). The correlation is stronger between health and happiness rather than income and happiness, therefore linking good health with high levels of happiness (Graham, 2009). All the women agreed that health was a state of complete happiness. This state included being worry free and not having burdens. Burdens in this context would mean obligations within the village social structures and institutions such as the church and the schools. What makes one happy can be explored in several contexts within a Fijian worldview, and it is therefore important to look at how the women defined happiness as stated in these two examples:

Au dau kila saraga ke dua e tukuna ni sa bulabula saraga kenai i balebale na yalona e marau tu. (Bale)

I know that if someone says they are healthy, I know that it means his/her spirit is happy. (Bale)

Iko na raica ga na tamata mamarau. (Soko)

You will see, this person will always be happy. (Soko)

Soko explains that service to God is an outward reflection on spirituality:

Keta na raica e so na raica ni ra bula vakasinaiti vakayalo e na rairai vinaka, baleta keda da qarava tiko e dua na kalou ka savasava. Ka kalou e na vakaraitaka sara tu ga a meca ka qarava tiko ko koya ka savasava. (Soko)

Some will see that a life filled with the Holy Spirit will look good, because he or she is serving a clean God [meaning righteous or free from sin, without evil]. (Soko)

The examples indicate therefore that whatever is occurring internally is reflected in what people do. A happy person will tend to be easy to get along with, easy to relate to. The opposite would be someone who is always negative and often perceived as someone who stirs trouble. The person is perceived as not willing to share openly and not wanting to participate in activities. Participants added that when one is happy, they are able to share conversations or *talanoa* openly. The converse is perceived to be someone who is unable to share because they are unhappy, and therefore do not achieve a good health status.

5.11.2. Factors Affecting Happiness

Ravuvu (1983, p. 107) wrote that in a Fijian society it is really important to be happy; he describes this in the context of living for today and not worrying about what tomorrow brings, that tomorrow will sort itself out. He further illustrates the concept of being happy using a Fijian metaphor "*Maroroya me qai kena na qele*" (to keep it only to feed the earth), or "*Maroroya me qai kena na baca*" (to keep it only to feed the worms) (p. 107). In other words, that for one to work tirelessly without a break is bad for one's health and also morally unacceptable. One has to live in the moment and be happy and content. The idea is that all things will come together so there is no need to worry about something that one cannot control. Complete happiness for many of the participants meant being able to meet the demands of both the internal and external factors associated with the institutions that they are part of (refer to Figure 15 below).

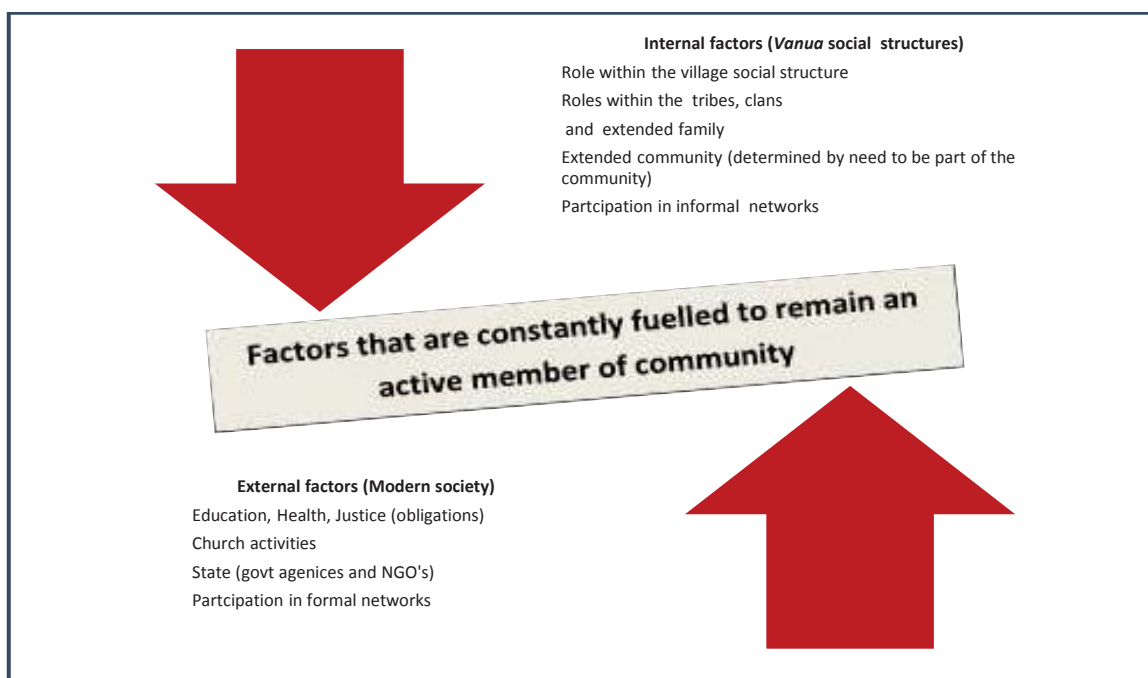


Figure 15 - Internal and external factors affecting health and wellbeing

The imbalance in relation to the internal and external factors is created as competing demands come together in a globalised world. Participants are part of both worlds, the *Vanua* and modern society and have to be active participants in both. To illustrate the imbalance, the diagram above shows internal and external factors at work. Internal factors are associated with being part of the *Vanua*. The *Vanua* has many layers of social structures, all of which comes with obligations that have to be met in order to remain an active member of the *Vanua* regardless of geographic location. On the other hand, modern society referred to here as 'external factors' also has tasks, roles and obligations that have to be met in order to remain a part of the institution of choice. For example, being part of the Church requires active participation in church activities, being part of the choir, contributing financially and so forth; not complying is perceived negatively within that institution and therefore reflects negatively on the person's role within the community.

The imbalance is perpetuated when the *Vanua* social structures are used to assign roles when dealing with external factors and associated institutions. For example, the village chief delegates duties to clan members wherever there are visitations from State officials (representing external institution). Clan members are expected to get all the food required in their own time and at their expense. The idea is that there will be a constant rotation of clans responsible so it does not fall on one clan alone. However, if the State officials or representatives from all the different government ministries all visit at the same period, which is usually what occurs because the boats going out to the Islands occurs once a month, then it certainly jeopardises meeting the needs within the immediate family as roles and obligations associated with the visit are seen as more important. All resources are focused on the visit.

The collective system worked well in a traditional Fijian village when exchanges and the barter system was a way of helping families and clan members were delegated to do tasks, but the turn to a cash economy in modern Fiji has also pushed for individual gains rather than that of the collective (Brison, 2007; Farelly, 2009). The demands of modernisation, for example, paying school fees for the children and health care needs, are individual needs and are often not shared with other clan members because it is regarded as an individual concern rather than a collective concern. Therefore the families or individuals must find opportunities to make money for themselves to meet needs rather than seeking the collective approach of working together. Co-existing with the demands of the modern world are the demands and obligations of the *Vanua*. The two must be constantly filled in order to be an active participant to both, hence often creating the imbalance that adversely affects wellbeing.

The findings reveal that in order for someone to be in a state of happiness, the person would have had to fulfil all their roles and obligations, in both worlds. There is a sense of accomplishment, a sense of fulfilling all that is required of

someone. Therefore the person is actively contributing to the wellbeing of the community and has achieved the ultimate health status. Happiness is “seen at the core of philosophical discussions of the good society and the good life for centuries” (Greve, 2012, p. 1). The participants identified the ideal society, what it would be like in their ‘good society’. At the core of what they identified is a status that if fulfilled and happy, is a complete health status albeit with all the pressures that I have outlined.

5.11.3. Spirituality and Service to God

Spirituality, according to Vudiniabola (2011b), is “perhaps the most significant determinant of health and wellbeing for Fijians and the worship of God is central; to their lives and their existence” (p. 169). Spirituality in terms of Christianity is an integral part of Fijian society, and this form of spirituality is closely intertwined with cultural values (Miyazaki, 2004; Ravuvu, 1983; Ryle, 2010; Vudiniabola, 2011a). There were several ways that health was perceived in relation to spirituality. Overall, participant’s highlighted that health status is reflected outwardly by what is happening internally. The following are examples of how spirituality is linked with the participant’s health status:

Na bula vakayalo a meca ka keta raica a kena i rairai! Ka na sereka sara ga mai ki tuba. (Suli)

You will be able to see one’s spirituality and how it looks, because it will become apparent and clear on the outside. (Suli)

Na vakatau e na rairai ni tamata. Era rairai bulabula vakayalo ka vakayago. (Sera)

It depends on the appearance of a person. If he or she is healthy physically and spiritually. (Sera)

E sega na ka ena sega ni vunitaki ena tukuni ga mai ena kenai rairai. Au sa kaya oti vakavica, nai tavi e qarava, na nona cakacaka ena veisiga, na nona lako madaga, nona vosa, na ka kece iei ena tukuna tiko ni bulabula. Ia ni dua e a cava a tikina, io e kenai vosavosa taki ena rairai gogo beka. E tukuna saraga a rairai ni yagona, nona vosa madaga e, rawa tale ga ni sa veisau dina na kena i rairai. Ke ka sa sega ni vaka a onai tuvaki ni bula, ecava beka? (Bale)

One's state of health cannot be hidden. It will be shown by someone's looks. As I have stated repeatedly, his/her work, his/her everyday activities, even in the way he/she walks, the way he/she speaks. All these aspects indicate one's health status. For example, if one is unhealthy, he is described as weak or lacking energy [gogo]. The looks of his/her body, even the words spoken; his/her looks can also change depending on the status of his/her health. (Bale)

The women's response highlighted that the ability to perform the tasks well is based on their spirituality. The empowerment of the God's spirit within allows them to complete the task in the physical.

Brison (2007) notes in her study how:

Methodism, the most predominant faith amongst Fijians, is similar to that of a *sevusevu*¹⁹. Just as the *sevusevu* called on the spiritual Gods to empower the community, so does 'Methodism church activities assigning people to their proper social roles in order to get God's blessings. (p. 44)

During our stay in the village and in daily prayers and at the church services we attended, asking God to make the 'burdens lighter' was quite common. This is in context to the roles and obligations they have within the community, a point also reiterated by Brison (2007), Miyazaki (2004) and (Ryle, 2010). Prayers and sermons are done asking for empowerment from God in order to

¹⁹ Cultural protocol conducted to acknowledge our entrance into the land.

fulfil their roles, tasks, duties and obligations. Words used in the prayers and sermons and words of encouragement shape the lives of people and remind them to be good and reliable participants in the community, leading to a good society.

5.11.4. Spirituality and Illness and Curses

Health in relation to spirituality here is divided between moral principles of what is good and evil. The basis of a good or evil spirit is dependent on how strong their faith is in God. Ravuvu (1983) states that “the sudden sickness of someone is usually thought of as the work of supernatural beings who are angry at how human beings handled their affairs” (p. 90). Selai, in the next example, explains how serving God frees her from illness and protects her from supernatural beings:

Au sa qai mai qarava ga vakavinaka a kalou ka ei. Kila ni keta dau bacabaca tu vaka mai, keta sa dau veibeitaki. Keta sa kaya tu ni keta vakatevorotaki. Keta sa veibeitaki tu ni keta sa lotu jiko ka keta qai veibeitaki tu ga. Ia na gauna keta sa mai kila kina a vinaka a Kalou kaiei, ena sega a ka e vala jiko mai vei keta sa na tawa mana ni keta sa qarava vinaka sara tu ga mai a Kalou kaiei. Sa na sega bau tale a meca, baleta a meca era vakarorogo kecega kina, a tevoru e kaukauwa sara tu vaka evei era na bale ga. Baleta a Kalou e sega tale ni dua a kaukauwa me rawata. (Selai)

I have served this God well. You know when we get sick, we always blame others within our community. We always say that those worshipping evil have put a curse on us, then we blame each other; even though we are going to church, we are still blaming others. But when we get to know this God well, even when there are curses being done against us, it will not work because we are serving this God well. Because even everything, even the enemy [evil force] listens to God. The devil no matter how strong it maybe, it will fall because no other power is stronger than God. (Selai)

One of the participants relayed the story about how sick she had become. On the third day of her being bedridden, it dawned on her that she had not been serving God to the fullest. Once again the belief is expressed that service to God and following through with rituals of service to God contributes to the person being well. Sickness or illness was discussed occasionally in the focus group discussions. This was one of the rare moments that illness or being sick was being discussed. Sickness in this context was never discussed as having a physiological cause, but rather associated with the lack of service to God. The belief is that 'true service to God' protects one from illness and sicknesses. What the women were highlighting is the fight between good and evil and the ancestral Gods are associated with evil and that of Christianity is the good God.

In the context of health, their belief in God allows them to be able to overcome illness. Illness is recognised as the work of the supernatural but their strong faith in God allows them to overcome the illness or to be protected from the illness. There are levels within their diagnoses of illness in this context. The ability to discern the origins of the illness depends on how strong they are spiritually, which is gained from serving God ritualistically. In the Fijian context, serving God faithfully according to participants was almost like immunity from illness and curses (cf Brison, 2007; Miyazaki, 2004; Ravuvu, 1983; Ryle, 2010).

5.11.5. Spirituality and Tasks

Spirituality is also associated with the inner self and the will to complete tasks as shown in the next example by Suli. Two words that are used interchangeably implying spirit are *yalona* and *lomana*. The word *yalo* literally means spirit; the Fijian dictionary refers to *yalo* as the inner self that cannot be seen, but only visible by the person's behaviour or the way a person thinks (Tabana ni Vosa kei nai i Tovo Vakaviti, 2005). *Yalona* means the embodiment of the spirit, usually used when referring to a person. *Lomana* may be translated as a 'will' to

do something. The person is determined to do what he or she has put her mind to; a strong willed person:

Ni savasava tu na yalomu e na vakasavasava takini iko. Vaka e bulabula kina na yalomu niko na qarava vinaka kina na nomu i tavi. Sega, iko na vakila ga i yalomu, ni na ca tiko na yalomu ko na vakila ga iko vakai iko ko na rairai wamalai. (Suli)

When your spirit is clean, you will be cleansed [spiritually]. It will also influence your will to do your tasks well. You will feel it in your soul, if your will or soul is bad, then you will also feel it and you will appear weak. (Suli)

Suli makes references to the spirit as part of what happens in the soul. Service and commitment to a Christian God was also highlighted as contributing to positive health.

5.12. Health and Service to God

Participants also noted that they did not look or appear healthy in comparison to my mother and aunt who accompanied me to the village for the research. They noted that most of the women in the village were younger but looked much older in comparison to my mother and aunt. Good health in this context was attributed to how well one serves God. This usually means that the person is very spiritual and practices rituals that reinforce their spirituality:

Io ni da raici bui lisa ko koya sa qarava vinaka tiko na kalou keda sa raici koya mada ga i tuba vakacava i loma san a savasava. (Salote)

If you look at Bui Lisa [my mother], she serves God properly. We can see because it shows outwardly; you can imagine what is going on internally. (Salote)

They attributed good health to how well my mother and aunt serve God. That must mean that internally the person is at peace and has a positive attitude and is in general a happy person. Participants implied that because of the two

women's service to God, they appeared 'stress free'. Participants compared their own lives to that of the two women and stated that their lives in the village were burdened with roles and obligations that contribute to highly stressed lives, and resulted in their appearing much older than their real age, unlike the two women.

Even though the women had already discussed physical appearance the responses explained here are attributed to their service to God (Christian God):

Na bula vakayalo sa totoka sara io na bula vakayago sa qai totoka sara sa na serau mai ki tuba na serau ni yalona na kalou keda na qarava tiko. (Soko)

Spirituality looks good, however the physical life can be good or can look good and shine [reflect] outwardly only if one is serving God faithfully. (Soko)

A Kalou e vakavuna jiko a oqu jiko bulabula. Kila, a noda sa qarava vakavinaka ga. (Selai)

God is the source of good health. You know when we serve God well. (Selai)

Io, au dau vakila sara ga, na gauna ga keta tawa qarava vakavinaka kina a Kalou ma i e dau dredre sara a bula. (Kalisi)

Yes, I know when we do not serve God as well; life is hard (Kalisi)

Participants' responses highlighted that 'serving God well' is a factor that contributes to good health. Good health is attributed to serving God properly and fulfilling all that is required within the religious doctrines, that is defined as serving God. The literal translation of the word used (*noda qarava vakavinaka ga na Kalou*) is to serve God 'properly'; which implies serving God faithfully or to the fullest extent involving the Christian discipline of praying, a habitual

church goer, relating to other Christians and contributing to church activities. All these activities are seen as 'serving God properly' and are characteristic of a person that is Godly and righteous. Once a person achieves this, he or she is perceived to be fulfilling a component of being healthy and happy. Ravuvu (1983, p. 97) notes that it is 'virtually non-existent to find a non-believer or someone openly admitting to being an atheist' (p. 97). The participants state further:

Au mada ga na gauna ei ni sa qarava vinaka na kalou na loma ocaoca sa yali sara ga. Kau na yadra ga mai na mataka kau na masumasu ga kau samaka na noqu vale, ka savasava, kau vakariri. Na ka kece, na Kalou sa na kauta kece na lomaleqa. Kila mada ko au na loma ocaoca sa yali sara ga vei au. Au sa qarava ga, na noqu cakacaka sa mamada. (Selai)

At this time I can say that I am serving God well [committed] and my stress has disappeared. I wake up each morning and say my prayers, then clean my house, do the wash and cook. In everything, God will take the heavy burden. I know that stress or feeling burdened have disappeared from my life and [I'm] not as burdened [stressed] by the work I have to do. (Selai)

Io, keirau kila sara ga keirau vakaveiwajini keirau sa kila a Kalou ga sa solia jiko a marau. Ni Kalou keta qarava ga vakavinaka koya na solia tiko a vakacegu. (Koto)

We as a couple know that serving God gives happiness. If we serve this God well he will give us peace. (Koto)

Serving God well is perceived as an attribute a person must have in order to be worry free; the person will appear peaceful and without stress.

5.13. The Tanoa Framework

The *Tanoa* in the example of this picture (Figure 16) has two cowries attached to it. Other sinnett may have cowries plaited alongside, but all sinnett attached to the *Tanoa* will have a cowry shell at the end. Cowry shells in the Fijian context



Figure 16 - Cowry shell depicting health appearance

are said to contain spirits, the *sau* or *mana* (strength or powers of the spirit). At a formal ceremony, the cowry shell at the end of the sinnet will be pointing towards the chief. Folklore explains that the cowry shells were placed on the sinnet as a guide for the person serving the *yaqona* to the chief. *Yaqona* was used in installation ceremonies

which were done in caves, and the cowries acted as reflectors for the server or what he could step on as a guide. The end of the sinnet would have one cowry, indicative of where the chief would be seated in the cave (Lester, 1941).

In the *Tanoa* pictured above, the two cowries can represent the two institutions that are often in conflict effectively within the roles of *Vanua* and that of the State (modern institutions), as illustrated in Figure 15 (Internal and External factors affecting health and wellbeing). The two are threaded through the *sau*²⁰ or spirituality. They are threaded through metaphorically, because participants stated that the pressure exerted from the two, *Vanua* and institutions, determines if they will have a happy spirit or not. Their sense of spirituality is also the stronghold or their source of comfort when stress levels are high.

Spirituality remains significant amongst participants. Miyazaki (2004); Ryle (2010); (Vudiniabola, 2011a) suggest that Christianity and how they carry themselves within the *Vanua* remains a significant part of a Fijian person's life, often dictating their way of being. Participants suggested that if they are secure spiritually that is if they have a strong faith in the Christian God and if they know how to carry themselves in the *Vanua* (so as not to offend the Gods of the *Vanua*), then they are able to thread the sinnet through. How they carry themselves does not necessarily equate to worshipping a God of the *Vanua* but rather the ability to contribute to tasks and fulfil roles of the *Vanua*. In fulfilling

²⁰ A spiritual curse that goes into effect on someone breaking a taboo or being disrespectful.

these tasks and roles they are keeping the *sau* or the spirit of the *Vanua* intact. Spirituality, when followed through in their Christian beliefs and that of their role in the *Vanua*, is like a filter that enables them to be able to weave a healthy life as depicted in the sinnet.

The plaiting of the *magimagi* (sinnet) is quite complex and are woven by highly skilled craftsmen. The *magimagi* for the *Tanoa* is woven in three strands representing the roles within the *Vanua* (social structures), roles within the family, and the roles within the modern institutions such as the church, education and government institutions (illustrated in Figure 15). These are all seen as factors affecting the completion of tasks. The intricately woven sinnet represents what participants' referred to as the intertwining of roles and obligations that it is often hard for them to separate one from the other. Health, according to participants, is constructed by cultural and moral values experienced as being part of the *Vanua* and through the interactions with other people and institutions within modern society.

The interactions and intertwining therefore, determines the condition of the cowry shell attached at the end, in addition to whether the *magimagi* is fully rolled. Participants who can weave the obligations and roles well are those participants referred to as achieving wellbeing through actively participating in all four struts of the *Tanoa*.

People whom participants referred to as healthy are those perceived to be reaching out to others (rolled out *magimagi*), and therefore there is an outward display of a cowry that is polished and shining, meaning the person is internally happy and representing the fullness of health.

5.14. Conclusion

In the Fijian village setting, health was not understood as an individual state, but rather as the ability to participate in tasks and roles set out by the rules and norms within the community. In complying within these rules and norms

participants have contributed to the maintenance of relationships in order to achieve communal wellbeing. Historical experiences of colonisation shaped how health has been perceived as factors relating to keeping the environment clean brought on by the Hygiene missions, practices which still prevail in some villages to this day. Formal social structures existent in the village or appointed by the State and church confer responsibilities on those who are tasked with fulfilling the objectives of each institution.

A lay understanding of health, according to the Fijian participants, is understood as the ability to achieve an optimal health status through fulfilling roles within the Fijian social structure and the modern institutions that exist in the village. Achieving the five elements as shown in the four struts and the bowl of the *Tanoa* (*dau veiqaravi*-to be of service, *taucoko ni qaravi itavi* - completion of tasks, *na veiwekani*-maintaining harmony, *ke nai i rairai*-physical appearance, and *bula vakayalo*-spirituality). Fulfilment of these roles means that they are achieving the qualities depicted by the women in Figure 13 '*vakamarama*' as well as signifying a person who is happy and has achieved a complete health status or *bula taucoko*. Every member of the village has to play his or her role in order to contribute to the 'good society'. The inability to contribute is viewed negatively and is seen as not healthy.

Traditional obligations have become more complex as modern institutions associated with the State and markets are becoming more prevalent within a village community. Still using the same *Vanua* structures, the ability to participate in the market economy has become a necessity in order to survive in the modern world. Surviving comes at a cost of disrupting the structures that sustains social capital within the village communities; as the cash economy displaces the traditional barter system and exchange of good through kinships ties. Slow adaptation of the social system creates structural-conflict which brings about adverse effects on health. Perhaps the biggest change is in the dietary patterns that has affected the changing lifestyles due to availability of

imported foods. Pressures from the outside world, as well as family and communal obligations created a triple burden for women which are discussed in Chapter seven.

Distinctions exist between lay understandings of health from a western context and that arising from a Fijian worldview as explained by participants. Cultural identity, as a Fijian encompassing the five criteria the women suggested. The *Tanoa Health Belief Framework* presents the underlying cultural determinants of health and wellbeing for Fijian participants; these determinants are based on cultural values and beliefs that are linked to identity in the *Vanua*. Demands within modern society complicate their role within the *Vanua* and adds a rather complex set of obligations that have to be intricately woven in order to achieve wellbeing. The changing lifestyle and policies at national level on food has inadvertently affected participants at grassroots level. It is apparent that adapting to the modern world has introduced lifestyles that are not that conducive to health. Discussions in the chapter suggest that looking at health from an Indigenous Fijian lens enables an understanding of some of the struggles they experience in trying to achieve a healthy lifestyle in the modern world.

The *Tanoa Health Belief Framework* represents cultural constructs of health and how they influence choices women have to make on a daily basis for their wellbeing. Would this framework also apply for Fijian women in transnational communities such as Aotearoa? The next chapter explores the lay understandings of health and wellbeing amongst participants in Aotearoa and in addition explores whether the same *Tanoa Health Belief Framework* is applicable to the experiences of transnational Fijian women.

6- - NA BULA TAUCOKO E AOTEAROA: COMPLETE HEALTH STATUS, TRANSNATIONAL HEALTH: THE AOTEAROA CONTEXT

6.1. Introduction

The chapter directly relates to the research question: “How do Fijian women conceptualise health?” Findings in this chapter relate to understandings of health and wellbeing within a locality in Aotearoa where participants are connected by their geographical place of origin, Fiji.

The chapter begins by exploring lay understanding of health; secondly it discusses photos shared by women which in most parts correlate with Fijian constructs of Health and Wellbeing explained in Chapter five. Third, the chapter focuses on other emerging themes from the Aotearoa ‘*talanoa*’ in regards to health services and perceptions on accessing health services. The chapter concludes by discussing key findings in relation to the cultural constructs of health and wellbeing and presents the *Tanoa* as a health belief framework that can be used by health and service providers to enhance health and wellbeing of Fijian communities in Aotearoa and possibly transnationally.

6.2. Fijian Identity and the Transnational Community

Participants from Aotearoa self-identified as Indigenous Fijians not living in Fiji and as part of a constructed community coming together because of their cultural identity as Fijians. In this chapter, I refer to the ‘community’, they now call home as their reconstructed community. I am defining the reconstructed community as a space that they have become a part of, outside of Fiji; and intuitively have set out to participate in this community in order to maintain their cultural identity as Indigenous Fijians. Vertovec (2009) describes the common cultural linkages that bring a group or society together as transnationalism, defined as:

...sustained linkages and on-going exchanges among non-state actors based across national borders–businesses, non-governmental organizations, and individuals sharing the same interest by way of criteria such as religion beliefs, common cultural and geographic origins practices and...these[are] transnational practices...their links functioning across nation-states. (p. 3)

Fijian communities like many Indigenous groups are connected by their sense of belonging to the *Vanua* or the land. The *Vanua* forms part of a reconstructed community because it is a space that recreated with varying forms of the Fijian culture and tradition. These cultural forms are influenced by trans-national forces within a transnational community. These influences can be in the form of information flows through forms of technology, social media and institutions as well as other social forces that can shape and influence worldviews and perspectives. The communal space allows its citizens to maintain their cultural identity as Indigenous Fijians. Cultural identity is based on relationships within the *Vanua*²¹.

Durie (2004b) highlights that:

relationships form the substrate for indigenous knowledge with the three most distinguishable features of indigenous knowledge are that it is a product of a dynamic system, it is an integral part of the physical and social environment of communities and it is a collective good. (p. 1139)

The traditional relationships that exist within the *Vanua* were maintained by participants in Aotearoa. Maintaining the *Vanua* links in the reconstructed community allowed them to demonstrate the Indigenous Fijian knowledge that was part of their physical and social environment in Aotearoa. Linkages to the

²¹ See Chapter 1 and Chapter 3 section on 'Discerning relationships within the village'.

Vanua worked for the collective good of the community by binding people together as Indigenous Fijians.

To set the scene for this chapter, I begin with an acknowledgement by Tima, an elder among the Aotearoa participants. Tima's statement was of solidarity as Indigenous Fijians in a transnational community. Her acknowledgement of the research recognises that this transnational space is defined by merit and profession rather than *Vanua* status and social structures. I felt that as an elder she knew she had to voice this as a sign of acceptance of the two worlds coming together: one a Fijian identity tied to a place and the other a transnational identity that is linked to merit. From a Fijian worldview, she would be the only person within the group of participants with the authority to make such statements and give her blessings:

Dua na ka au via kaya. Au marautaka dina vakalevu na siga ni kua. Au marautaki iko na nomu yaco mai mo mai cakava na cakacaka qo. Sa dua na ka na nomu taura cake mai mo mai wilika na nomu vakamacala ena ka o saga tiko. Au sa masu, au sa vakavinavinaka vua na Kalou, baleta au dau lakova vakalevu na soqo ni Pasifika.

Au raica o kedatou na kai Viti edatou yali sara tuga, sega ni dua e dau tiko kina. Vei kemuni na gone ni tauri cakacaka ni vakai tutu I cake, Samoa ga, na Tonga. Kedatou na kai Viti, au vaka au lai madua tu. I Wellington, soqo ni Pasifika e Wellington, Palmerston North, au lakova sara ga vakalevu, tou yali tu.

Ia niu mai rogoca nomu I talanoa eke, nomu kauta cake na ka o saga tiko oqo, au sa marau au sa masulaka vua na Kalou. O doctor Talemaitoga ga bau laurai tiko na yacana ni se bau vakaitutu. Au kaya va oqo, era tu I vei o ira na noda era tu qo. Au sa vakavinavinaka kina vei iko nomu yaco mai mo mai cakava na cakacaka qo. Noqu masu mena vukei iko na Kalou, ka vakalougatataka na nomu sasaga.[all agreeing]. (Tima)

I would like to say something. I am so happy today that you have come to do this work. What you are doing is good, as you have read

and explained to us. I pray and thank God because I often attend Pasifika functions and I have always noticed that we Fijians are missing [not participating]. For all Fijians who hold such positions, I often wonder where you all are since I always see Samoans and Tongans but no Fijians and I am often embarrassed. Even in Wellington and Palmerston North, I have been to all these function but Fijians are always missing.

But when I heard your story and what you are trying to achieve, I am so happy and will pray about it. Doctor Talemaitoga [at the time was the Pacific Chief Health advisor, Ministry of Health, NZ also one of my supervisors] is seen as one of those leading but I have always wondered what has happened to all our Fijians [Fijian professionals] that are here in NZ. So I am thankful to you for coming and for doing this work you are doing. I pray that God will bless what you are trying to achieve. (Tima)

Tima was giving her blessing and acknowledging the co-existence of both Indigenous Fijian status and the western world driven by meritocratic society (Macpherson, 2001). Her statement also reflected how participants valued that their voices were being heard and more importantly that their stories were shared with someone they trusted because of our shared cultural identity as Indigenous Fijians. Castleden, Garvin, and First Nation (2008), stressed the importance of building trust and rapport when working with Indigenous communities. Because of the shared identity, between the researcher and participants, there was almost a sense of pride in contributing information that can be useful to changing health outcomes for Fijians. A sense of empowerment was achieved in expressing their views as Fijian women in a familiar communal forum that they trusted because it was shared with one of their own. As reiterated by Duffy (2011), the “concept of voice is an important aspect of empowerment...finding their voice and being heard moves them from helplessness into action” (p. 111). Participants felt that this study gave them a

voice as Fijians; rather than as being subsumed within other Pacific ethnicities as is often the case in Aotearoa.

6.3. Transnationalism and the *Vanua*

The Aotearoa participants are not confined to a narrow geographical space as in the Island village, however a key finding was that the attributes of health and wellbeing identified from the village such as *Dau veiqaravi* (to be of service), *Taucoko ni qaravi itavi* (completion and completeness of tasks), *Na veiwekani* (maintaining harmony), *Ke nai i rairai* (physical appearance), and *Bula vakayalo* (spirituality) were visible or also practiced in Aotearoa within Fijian communal gatherings. The first criteria, '*Dau veiqaravi*' or to be of service, was more visible in communal gatherings with members of the Fijian community in the area and in some instances this value extended to other ethnic groups within their local neighbourhood. The second criteria, '*Taucoko ni qaravi itavi*' or completion and completeness of tasks was also visible in their participation in *Vanua* social structures in Aotearoa, Fiji and globally. Engagement with *Vanua* social structures as well as local institutions enabled participants to participate in their community regardless of geographical space. Cultivating relationships within these global communities were seen as contributing to overall wellbeing through maintaining their cultural identity. The third criteria of maintaining harmony, was carried out using modern technology and other forms to maintain the kinships regardless which part of the world they reside. Participants also identified a fourth criteria on physical appearance. In Fiji, participants focused on physical appearance as a source of wellbeing. In Aotearoa the focus incorporates and shifts to an emphasis on physical activity. Being physically active through gardening and going for a walk to visit friends were all seen as forms of exercise. Overall, participants stressed the importance of the fifth criteria, spirituality. The other theme that emerged within the focus group discussions were the perceptions of health services and

the difference in accessing these services in Aotearoa compared to Fiji. These themes are explored in this chapter.

Appadurai (2000) made the observation that the emancipatory politics of globalisation influences the need to migrate, questions gender issues, seeks social redress in which culture is then often dictated or “disciplined by markets, states and powerful interests”(p. 6). However, what is interesting is that collective or communal disagreement and differences occur and then “new designs of collective and [communal] life emerges “(p. 6). The redesigning of communal life in relation to trans-national forces unpacked in this chapter draws upon health and wellbeing as an exemplar. How were the lay understandings of health articulated by participants in Aotearoa?

6.4. Lay Understandings of Health

A key finding from the Aotearoa components of this study is that health was defined according to how one could interact freely with other ethnic groups as well as how they participated in gatherings where Fijians come together. Participants felt that being part of a community and having a role within that reconstructed community was the primary determinant of health. There are however, several criteria that participants discussed as contributing to their wellbeing. What participants identified is similar to that of the Fijian cultural constructs of health and wellbeing. When describing someone who is healthy, Rosi another elderly women around Tima’s age stated the following:

io na tamata e sega ni rairai bulabula talega e vaka e tamata tu taudua ga. Ena raici koya tu ga e vaka e tamata galili, na tamata bulabula e na curuma yani na vei lati. Ena marautaka na nona na lako i veimaleiwai kei ira na veimatatamata, marautaka na nona lakova na soqo e dodonu meda vauci vata kina na iTaukei, e na basika e na vanua kecega. E vakaraitaka tiko oya [pause] ena basika ena veivanua kece e dodonu me basika kina [all agreeing]. (Rosi)

A person who does not appear healthy is like a person that is always by himself, when you see this person he/she is a lonely person. A healthy person is one that crosses all barriers and is able to interact freely with people, is happy to be attending all functions that bring Indigenous Fijians together. The person will show up at all the places, he/she will turn up [implying that the person knows their position in the Fijian *Vanua* status and will turn up to where it is appropriate for him/her to be]. The person will not appear or turn up where he/she is not supposed to be. (Rosi)

Phrases used reflect the values of being part of the *Vanua*, their sense of belonging and their identity; once their sense of belonging is achieved they can be seen as a healthy person or someone that is achieving a sense of wellbeing. The sense of solidarity and the communal nature of a Fijian community is reconstructed in Aotearoa using the same structures that exist in a traditional Fijian social structure²². In both study sites, participants emphasised that to be healthy, a person must know their role not only within the social structures of a Fijian community, the *Vanua*, but also in the institutions that they have become part of in Aotearoa and the global and transnational community. They are seen to be both actively and knowledgeably participating in these institutions and therefore fulfil criteria to be considered healthy.

Rosi stated that a person who is not part of the communal functions is perceived to be unhealthy. The person is seen as lonely and not actively contributing to the wellbeing of the community. The response implies that an unhealthy person has an eroded sense of cultural identity because he/she is not operating as a Fijian by being of service to the community. To be of service, means that the person will know their *Vanua* status and how to navigate that within a Fijian community regardless of geographical space.

²² See for example in Chapter 1 the *Vanua* structure for Nayau

In comparing cultural discourse of Oceania cultures, Norton (1993) stated that for Fijians “identity is routinely affirmed in the cultural practices of intra-group life” (p. 756). Intra-group life mean groups created from the social structures or the hierarchies within the *Vanua*. Regardless of the geographical space and despite the influence of colonisation, Christianity and the inter-ethnic relations, “cultural forms are deeply embedded in social and political relations and [therefore] less open to rivalrous manipulation” (p. 751). The statement reiterates that within Fijian communities, social structures of the *Vanua*, not only at village level but also at provincial level are replicated in geographical spaces populated by Indigenous Fijians. These structures determine how transnational Fijians relate to each other in everyday living. Responses from participants note the importance of maintaining their Fijian cultural identity and ‘to be of service’ within their reconstructed community in Aotearoa.

Participant’s description of someone who is not healthy includes someone who looks frail and weak and a person who is always alone. Rosi in this next statement discusses an unhealthy person as someone who is always by themselves and is lonely:

Io na tamata e sega ni rairai bulabula talega e vaka e tamata tu taudua ga, e na raici koya tu ga e vaka e tamata galili. (Rosi)

Yes a person that is not healthy is like a person who is always alone, when you see this person, he/she is a lonely person [always alone].
(Rosi)

Rosi sees being part of a community or being able to interact with people as a vital construct of health. She sees loneliness as the opposite of being healthy.

The next response from Seini a mother of four teenagers, discuss being free from illness and watching ones diet in order to stay healthy. At the time of the interview she had just recovered from a major illness. Her description of being unhealthy is an example from her own health experience:

I think with my health is whether I am sick or not sick but I am just sick lately for a long time to me it's a long time and [pause] I was so good to everything [meaning that she was functioning in all other roles required of her]. I am not looking after myself properly...I think I was not really careful with what I eat. I was not quite concerned with the food I was eating. The food that I was not supposed to eat and the food that I was supposed to be eating which is good to me, but when I was sick and that I was seem[seemed] to go to that area and I am supposed to be eating this is good to me and this is bad for me, but I am still eating what's bad for me [laughing]. I do not exercise [laughing]...I do not have time to do that. I seem to be [pause] all my time I put it to my family and I think that's what happen to me. (Seini)

Seini discusses several things that contribute to her being unhealthy and resulting in her illness. She confessed that she was not careful with her diet, even though she knows that she needed to watch what she eats, she still did not make a positive change in her diet. She added that she did not exercise because most of her time was spent taking care of the family. Once again her remark reiterates the constructs of 'being of service' identified by participants in this study that, they can be consumed with meeting roles and obligations that they do not have time for themselves. Participants in Fiji expressed the same that they were often overwhelmed with tasks with very little time to themselves.

Throughout this chapter, I make links to the cultural constructs of health and wellbeing as outlined in Table 1, (Chapter five and Figure 11 (p.107): Fijian constructs of health and wellbeing, to show how these components are similar or different from that of the village participants. Table 2 explains the cultural constructs and interpretations of health and wellbeing for Fiji and Aotearoa participants.

Table 2: Lay understanding of health and wellbeing in the village and in Aotearoa

Fijian lay understandings in the village	Fijian lay understandings in Aotearoa
<ul style="list-style-type: none"> • <i>Dau veiqaravi/To be of service</i> <ul style="list-style-type: none"> ○ Service through social structures ○ Defined by gender ○ Knowing their status within the village structure 	<ul style="list-style-type: none"> • <i>Dau veiqaravi/To be of service</i> <ul style="list-style-type: none"> ○ In gardening, preparing food for families (everyday activities) ○ No clear gender role deliniation ○ Knowing their status in any setting of the <i>Vanua</i> and modern society
<ul style="list-style-type: none"> • <i>Taucoko ni qaravi Itavi/Completion and completeness of tasks</i> <ul style="list-style-type: none"> ○ Includes roles within the family ○ Roles within modern society institutions ○ Roles within the <i>Vanua</i> 	<ul style="list-style-type: none"> • <i>Taucoko ni qaravi Itavi/Completion and completeness of tasks</i> <ul style="list-style-type: none"> ○ Interplay with modern society, roles and demands and those that they feel affiliated to in civil society as well as the <i>Vanua</i> ○ Roles extend to larger reconstructed communities or transnational communities within the region and country ○ Roles extend to greater transnational kin (if Fijian and married to a Fijian extended roles to both kin)
<ul style="list-style-type: none"> • <i>Na veiwekani/Maintaining harmony within relationships and family</i> <ul style="list-style-type: none"> ○ Harmony maintained in the village first by contributing and meeting what is expected within the <i>Vanua</i> structure and well as modern 	<ul style="list-style-type: none"> • <i>Na veiwekani/Maintaining harmony within relationships and family</i> <ul style="list-style-type: none"> ○ In a newly constructed Fijian community within the region and country ○ Transnational family links within extended family and

<p>institutions and family (for example <i>itabetabe</i>²³, <i>solesolevaki</i>²⁴)</p> <ul style="list-style-type: none"> ○ Social capital is maintained through village interactions ○ Social capital is maintained by contributing goods and services to those outside the village and other family links and <i>Vanua</i> connections by making mats, tapa and other materials that are needed outside the village. Exchange, majority of the time is monetary from those outside the village. 	<p><i>Vanua</i> connection</p> <ul style="list-style-type: none"> ○ Forms of maintaining relationships have changed to monetary donations using virtual technology, the sharing of food for example is done through online transactions and delivering groceries to global destinations ○ Social capital forms of exchange and reciprocity is virtual with modern technology used to facilitate and maintain relationships.
<ul style="list-style-type: none"> ● <i>Kena I rairai/Physical appearance</i> <ul style="list-style-type: none"> ○ Associated with what is occurring internally or spiritually ○ Outward display reflects spirituality. 	<ul style="list-style-type: none"> ● <i>Kena I rairai/Physical appearance</i> <ul style="list-style-type: none"> ○ Associated with what is occurring internally or spiritually. ○ Outward display reflects spirituality.
<ul style="list-style-type: none"> ● <i>Physical activity</i> <ul style="list-style-type: none"> ○ Not highlighted by participants but daily tasks are strenuous and require a lot of physicality which largely contributes to their physical activity ○ Examples include fishing, fetching firewood, doing laundry by the springs, fetching coconuts and yams for meals, weaving mats and gathering pandanus and other raw materials for what is required of women in the village. 	<ul style="list-style-type: none"> ● <i>Physical activity:</i> <ul style="list-style-type: none"> ○ Associated with gardening ○ Associated with maintaining relationships ○ Have to make time for it as physical activity is not necessarily achieved from their daily tasks ○ Difficult to achieve due to obligations and time constraints associated with all other demands of modern society and the <i>Vanua</i> ○ Associated with part of the lived culture in the newly constructed community or a social norm in the constructed community

²³ Food prepared for guests or taken to be shared at another person's home to acknowledge and honour relationships, usually their best food or if a delicacy is being made it will be shared.

²⁴ Communal work or a group of men or women working together to achieve a communal goal e.g weaving mat.

<ul style="list-style-type: none"> • <i>Bula vakayalo/Spirituality and outward reflection of happiness</i> <ul style="list-style-type: none"> ○ Spirituality is associated with a relationship with a Christian God rather than ancestral God ○ Spirituality as outwardly expressed through happiness. ○ Contributing and meeting <i>Vanua</i> obligations ensures that norms within the <i>Vanua</i> are being respected and therefore there are no repercussions or taboos breached implying a curse from the ancestral Gods 	<ul style="list-style-type: none"> • <i>Bula vakayalo/Spirituality and outward reflection of happiness</i> <ul style="list-style-type: none"> ○ Similar to village beliefs, spirituality associated with relationship with Christian God rather than ancestral God ○ Similar to the village being able to contribute to obligations associated with the <i>Vanua</i> voids any repercussions that may occur
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A key finding is that despite the participants' geographical location away from Fiji, their lay understanding of health and wellbeing were similar to lay understanding of health among the women in the village. Participants in Aotearoa prioritised values that contributed to communal wellbeing or their constructed 'good society', similar to that of the village wellbeing. In the following sections, lay understandings from Table 1 are explored further and presented in Table 2 in relation to women's lay understanding in Aotearoa. These are based on cultural interpretations of health and wellbeing as outlined in Figure 11: Fijian constructs of health and wellbeing, presented in metaphorically in the use of the *Tanoa* as a health belief model in the previous chapter. The first section explains participant's interpretations of the concept, 'to be of service'.

6.5. *Dau veiqaravi*: To Serve or to be of Service

The values discussed by participants are directly linked to those identified by women in the village who contributed to this study and identified the first strut in the *Tanoa Health Belief Framework*. To serve or being of service identified in both settings can be said to be a culturally constructed value. As stated by Vertovec (2009, p. 64) "these culturally constructed concepts can operate in

diverse settings or in transnational communities” (p. 64). Being of service outside the village context means that even though participants are living outside of Fiji what they identified as a determinant of health is someone who is able to contribute and manage being part of the Fijian community both home and abroad.

According to Itzigsohn and Giorguli-Saucedo (2005), men and women function differently within transnational spaces. Men tend to be committed to maintaining institutionalised ties to the country of origin whereas women tend to be more committed to life in the migrant country. This was true to a certain extent for some of the participants. Men were seen as institutionalising the *Vanua* system in Aotearoa and women followed along but could choose when they wanted to be part of these structures. For example, some of the participants expressed how they were relieved to be in Aotearoa where they are no longer required to fit the highly delineated gender roles that exist within the Fijian social structure. Some of the gendered roles from Fiji referred to by participants are part of the discourse that is Fiji’s colonial history and explained further in the next chapter.

6.5.1. Happiness and Serving

The participants’ sense of wellbeing can be derived from primarily what makes them happy. Happiness according to both the village and Aotearoa participants is seen as the product or outcome of one that is complete spiritually. To be complete spiritually means they worship the Christian God and know their place in the *Vanua*²⁵. As explained in Chapter five, research literature indicates a strong correlation between health and happiness (Graham, 2009; Greve, 2012). A study by Kroll (2008) indicated that life satisfaction rather than happiness should be used to measure the quality of life. Others argue that happiness is just an emotional state or mood and that life satisfaction allows a cognitive response

²⁵ Context of spirituality explained in Chapter 5 ‘spirituality section’.

to their overall quality of life to be measured using a range of indicators. In summary, happiness is viewed as the pathway to a healthy life. What then makes the participants happy? The photos presented by women indicate that maintaining cultural identity is a pertinent determinant of health among the participants. Being happy, for these participants means that they are able participate or to be of service within the structures of the *Vanua* in their reconstructed community and their global or transnational Fijian community.

6.5.2. To Serve through Gardening

Gardening was identified as something the women felt was part of their role to feed the family or look out for the welfare of the family. In doing so, they were



Figure 17 - Discussing knowledge holders in Aotearoa. Image courtesy of Bua.

fulfilling their role as a nurturer or completing their task as a mother.

Bua, a mother of five children, saw gardening as beneficial to the family's livelihood. She also felt that growing the vegetables are part of teaching her children how to eat healthy and be healthy children. Bua (Fig. 17)

highlighted that she did not take gardening seriously until she came to Aotearoa and asked around within the communities she associated with. Knowledge holders for gardening, to her surprise, were women who were farmer's wives belonging to her church community.

Qai noqu cakacaka o au na vakatataro, dua na ka au dau taleitaka na maliwai ira talega na dui kaikai. Maliwai ira ena veiqaravi vaka lotu, kei na mata masumasu ena vei mata lotu. Ia era tu I kea o ira e tu na nodra dui veisolisoli. Kau raica ni levu vei ira era radini dauteitei, qo

na farms lelevu ena vei yasai Waqanui, kei na young farm workers vata kei na landscaping, au dau vakataroga tu na cava e rawa ni caka ena noqu compound Lailai, vata I muri e dau tu g a kina e tarseal tu. Au kurabui mada ga ni rawa ni tei, baleta au kila ga ni rawa ni cukicuki ga qai tei sa ra qai solia vei au nai vakasala, sa ra qai vukei au na noqu na cakava na noqu I teitei (Bua).

I used to just ask around, I like associating with other ethnicities. I have associated with those at church, with prayer groups from different denominations. Within these groups they have gifts. I see that a lot of these gifted women are farmer's wives that have huge farms within the Whanganui region. This includes young farm workers as well as those doing landscaping. I asked them, what I can do with my little compound; I was surprised that I can even plant in my backyard that is tar sealed because I know that I can dig it up but they have given me advice on how to do my gardening (Bua)

She made this remarks about women helping with gardening as subsistence farming knowledge holders in Fiji would generally be men rather than women (Ravuvu, 1983). The importance of gardening was brought up in Bua's church as part of strategies to prepare for the recession. Church members were told that they need to prepare for hard times as the economy took a downwards turn. The farmer's wives not only passed on the knowledge about gardening but also helped her with the garden. She therefore, valued her church congregation and interaction with others in the community as it provided knowledge that she did not have. In turn the ability to grow food contributed to the wellbeing of her family. Bua's photo of her garden illustrated her role of 'being of service'. That is, having a healthy garden with a lot of vegetables that can be consumed daily by her family contributes to the family's healthy eating habits and their overall health. Being able to feed the family or to provide for the family was seen as a form of being of service for Bua.

Gardening was seen as part of most of the participants' life when growing up in Fiji. Participants in general were happy about seeing their gardens come into

fruition. Regardless of whether it was a vegetable garden or one with flowers participants felt that planting something and nurturing the plants was part of what makes them happy and created a sense of wellbeing.



Figure 18 - Gardening represents life. Image courtesy of Rosi

Rosi attributed gardening to happiness and being reminded of life and living things. She sees the garden as a work of her hands, growing life and to see the plants come to fruition offers her a sense of accomplishment that she attributes to being of service (Fig 18).

Oya na noqu dau tiko ena I teitei ena noqu loma ni bai,o koya gona oya e tei tu kina e so na kakana draudrau ka vaka kina eso na senikau kara veimaliwai tu, io oya e dua na ka e tiki ni noqu bula kau dau marautaka meu raica tiko na ka bula saraga ka sega ni artificial tu ga. E dua na ka oya e dau marau kina vakalevu na yaloqu meu dau raica niu yadra mai ena dua na siga ena noqu. (Rosi)

That's a picture (Fig 18) of my garden and amongst the green leafy vegetables are flowers. That is a part of my life that makes me happy to see the how the plants are growing and are alive and not artificial. It makes my spirit happy to wake up each morning and to see that this [growing of plants or how healthy plants are] is happening in my backyard. (Rosi)



Figure 19 Gardens contribute to their happiness: Image courtesy of Tima

Other participants took pictures of their flower gardens (Fig. 19) and associated gardening with what contributes to their happiness. This maybe because, it is a time that they can be alone. One of the participants commented that she would

love to have more time gardening but because of all the obligations and work that has to be done at home she had very little time in her garden.

Gardening is seen by participants as an escape from the obligations. Gardening is an activity that contributes to life in general and was not as stressful as balancing various other obligations.



Figure 20 Moca food source. Image courtesy of Mili.

Mili, a factory worker with no children, shared a photo (Fig. 20) of *moca* (green leafy vegetables) which grows at her house uncontrollably, she does not plant it and is very grateful for the fact that it

grows wild, here in Aotearoa. She identifies it as a food source but it is considered a weed in Aotearoa. *Moca* is a type of spinach that is high in iron and a part of the Fijian diet. Mili is happy about this discovery as it means a food source is in her backyard.

Gardening and being able to prepare food for the family were two roles participants linked to 'serving'. These two roles were associated with their reconstructed community. Fulfilling the range of roles that they are associated with in Aotearoa is influenced by a number of factors characteristic of transnational communities. Appadurai (2000) stated that the range of roles in the Aotearoa context will influence and may provide the freedom for modern citizens to participate in their transnational community. For example, in the village most of the gardening was done by men to provide food for the family.

Gardening for participants in Aotearoa has taken a different form. Gardening by most participants was done for the beautification of their surroundings rather than as a food source as food is readily available from the supermarket. Other participants prioritised gardening as part of the family diet and a good way of complementing what can be bought. In these transnational communities,

participants have become part of modern cities and have access to amenities not found in the villages. Therefore they have the freedom to choose to prioritise gardening as a means for a food source as they would in the village.

6.5.3. To Serve through Food Access and Food Sharing



Figure 21 Ability to feed family is identified as part of serving. Image courtesy of Seini.

Another way in which participants illustrated serving or 'to be of service' is through the accessibility of food in their homes. Seini in this picture (Fig. 21) wanted to illustrate the inability to fulfil her role of 'serving' when there is not enough food in the pantry to prepare a meal for the family.

Seini suggests that when the pantry is not full it means that she cannot feed her children and therefore this makes her unhappy:

Yes, this was an unhappy one [picture]. My cupboard is empty; I can't feed my children if my cupboard is empty. (Seini)

In the picture (Figure 21) there is a two litre bottle of oil, custard powder on the right, some jam and tea bags. The bottom shelf has a bag of potatoes with maybe only a few potatoes left and next to it a flour bag that is almost empty. On the top shelf there is more jam, a box of tissues and a can of condensed milk. The participant has four children and a grandchild, she was particularly unhappy about her inability to be able to serve a full meal for her family. Seini sees her ability to serve food as an essential component for keeping her family together. She was therefore quite unhappy at the time about her situation which also included a broken stove which made her unable to function in her kitchen. She felt that her role as a mother was incomplete because she was unable to adequately provide for her children. In relation to *Tanoa Health Belief*

Framework, Seini is referring to the inability to complete her tasks; therefore she could not fully be of service to her family affecting her and her family's wellbeing.



Figure 22 Unaisi's fully stocked pantry:
Image courtesy of Unaisi

On the contrary, Unaisi with a child and has a blue collar job, shared this photo (Figure 22) which she identifies as a fully stocked pantry as she feels it is her responsibility to ensure that there is enough food. Both Seini and Unaisi identify having enough food to serve to their family as 'to be of service' and actually serve it would mean that they are completing their tasks:

Taba e tiko I ra na neitou pantry. Raica toka oya ni levu tiko na junk food e tiko I loma. Dua na ka bibi vei au me tiko na kakana e na neitou vale. Baleta ni [pause]oya nai balebale ni pantry, Au dau leqataka me tiko na kakana,baleta o au ga au na leqataka tiko na kakana. Neitou Ta, na sega ni leqataka soti ni tiko na kakana se sega. O koya na lako mai na taroga na vakayakavi. Koya na sega ni raica na pantry, ka taroga io me voli mai na...baleta ya na ka keda dau leqataka tu na Marama. Na ka me laukana, io ena dua talega na yasa ni pantry oya, o raica ni so na fast food, kei na so na keke, e tiko I loma oya. O keda mai Viti, na cordial kei na so tale naka e tu I loma oya, kei na sweet sa levu. Koya beka tale ga na sega ni noda dau tiko bulabula. Sa levu na ka dau vakania [all agreeing]. (Unaisi)

This is a photo of our pantry (Fig. 22); if you look you will see that there is a lot of junk food inside. It is important for me to ensure that there is food at home [pause] that is the meaning of a pantry [what the pantry is for]. I am always worried about ensuring that there is enough food, because I am the only one that will worry about having

enough food. Our dad [referring to her husband] does not really worry about ensuring whether or not we have enough food. He will come and ask what's for dinner without even seeing what is in the pantry, he will say, you need to buy [food item]...because that is what we worry about as women, what is there to eat. On another side of the photo of the pantry, you will see that there is some fast food [referring to junk food] and some cake inside [referring to container on the far left on the 2nd to the top shelf]. In Fiji, we have cordial and some other things [comparing Fiji/Aotearoa stock] but there is so much sweets, that is another reason why we cannot have a healthy lifestyle, there is just so much food that you can eat [referring to junk food choices] [all agreeing]. (Unaisi)

Unaisi first identifies keeping the pantry stocked (Figure 22), as a woman's role and similar to other participants highlighted the nurturing role of women in regards to food or gardening to ensure that there is food. Both scenarios were about ensuring that there was always enough food to eat. The two participants, Seini and Unaisi, were the only two that took photos of their pantry but they both highlighted the stress associated with ensuring that there was enough food to eat.

Even though Unaisi's pantry unlike Seini's pantry was well stocked, Unaisi drew attention to the amount of junk food in her pantry. In doing so she made a comparison to how food was stocked in Fiji. That in Fiji, food items may be limited to what was essential and therefore not fully stocked. In addition, that there was almost a limitless choice of junk food in Aotearoa in comparison to Fiji. Unaisi remarked that as a result of the accessibility and the array of junk food choices, it was difficult to live a healthy lifestyle.

In reference to the *Tanoa Health Belief Framework*, Unaisi saw that having enough food to feed her family as being of service and in addition, completing her task of what was required within her worldview for women. Her community is

limited to her nuclear family and her contribution was seen as fulfilling a criterion for the family's health and wellbeing.

6.6. Maintaining Harmony in Relationships

The importance of food as part of the Fijian communal culture was explained in Chapter five. One participant highlighted the difference in lifestyle associated with food. Unaisi highlighted how before eating she would always ask her European colleagues if they would like some of her food. She was surprised that colleagues asked her why she does that. She stated that it is part of the common practice in Fiji, part of cultural values to always think of others before oneself and this is mostly shown when eating by asking someone to join them to share the food as explained in the previous chapter:

Ko na values gona ya au se still use kina ka kilai tani tu kina na Kaiviti. Dua na ka ira dau qoroya ko ira mai vale ni cakacaka na patience kei na nomu understanding tiko ena vanua ni cakacaka. Era dau tarogi au se cava au vaka tu kina oya? Ena veigauna au dau kana kina au dau taroga, "Ko cei via kana ?" Kila, oya meu wasea na kequ. I have to do that every time I eat my food [all laughing]. Ya na noda I tovo. Da veikacivi ni da vakarau kana [all agreeing]. O ira ra lako ga yani, ra tara na kedra ra kana. Sega na kaci. Oya gona na bula keda bula taka mai. Dau kaya o ira ke o keimami qori keimami sa na oca ga na taro. Ni da sa taro ena veigauna kecega ni kana, io nida sa bulataka mai. (Unaisi)

These are some of the values that I still use here [Aotearoa]. That is what makes us stand out as Fijians. One of the things that they [European colleagues] are amazed with at work is my patience and being so understanding. They often ask me why am I that way? Whenever I eat I ask "who wants to eat?" You know to share my food, I have to do that everytime I eat my food [all laughing]. That is our custom. We always ask people before we eat. They [European colleagues] would just come, get their food. Not ask us [to share food as customary in Fijian culture]. That is how we live our lives [as Fijians]. When we eat, we call people to join us. They [referring to

her European colleagues] always say if that was us we would be so tired of asking. Because we ask every time we eat. Well that is the life we have lived [referring to Fijian cultural values]. (Unaisi)

Here, Unaisi discussed customs and values of humility that could be seen as a value of serving and to be that of '*vakamarama*'. According to Mafile'o (2004), humility means "lowering of oneself and showing deference in relationships with those with whom you work" (p. 358). In the context of what Unaisi was discussing, it was about putting others needs first before her own as shown in the way she offers to share her food. Unaisi's narrative provides an example of when migrants may have to choose to assimilate into the new culture or as expressed by Unaisi stand by their cultural values and to willingly keep on practicing customs their new environment despite the resistance. In abiding by her values Unaisi believes she is maintaining harmonious relationships with her European colleagues.

6.7. Reciprocity in a Transnational Fijian Community

Reciprocity within a transnational Fijian community becomes more complex as the ability to ensure that '*taucoko ni qaravi itavi*/completion and completeness of tasks' is achieved incorporates global networks. Reciprocity becomes global, with the availability of internet and media networks, maintaining completion of tasks and a sense of completeness. For example, whenever there is a funeral or wedding in my extended clan, an email is sent by my uncle in Fiji to let us know of the event and that money is to be sent to the family to help with costs. As a family we all feel indebted to give as one day we will also have a wedding and a funeral in our immediate family. There is a reciprocal process and understanding to the giving. Contributing and participating in such tasks is an essential part of being an Indigenous Fijian and embraces respect and maintains social standing within the extended family (Brison, 2001, 2007; Gibson, 2012; Miyazaki, 2004; Willksen-Bakker, 2002).

The forms also in which reciprocity is conducted have also changed in transnational communities. Spoonley (2001) when talking about transnational communities in Aotearoa commented that there is often exchange of both cultural and social capital. Ericksen (2007) discusses that there can be tensions and conflicts created when reciprocity is not practiced as the reciprocity creates a sense of trust between the giver and the receiver, not complying or reciprocating can create tension. The following example describes a different form of reciprocal practice using modern technology, the point of which is to maintain the relationship in order to avoid the tension that can be created from not giving. For example, I had a distant relative who had a sick parent with her. Another relative and I were talking and felt that we should do something to help through the act of *veikauwaitaki*. Because we all lived in different parts of Aotearoa, we shared costs for buying groceries online and the groceries were delivered to our distant relative's house in Auckland. In the village context or if we lived within the same geographical space, we were expected to visit the relative with food for the visitation. Because we could not be there in person, the visitation took place virtually through the transporting of the groceries to the distant relative's home. Not to do anything, would mean that we are not fulfilling our tasks as a relative and relates to having a sense of cultural identity as Fijians.

It is quite easy to see this reciprocity process happening globally and with the help of the internet and multimedia the numbers of obligations are limitless to the point that one has to choose which situation to involve themselves with. It is usually the extended family or community that the individual has decided to be a part of that requires contribution to all the community functions and obligations regardless of whether they are related.

'*Na veiwekani*' or maintaining harmony within relationships and family is done through the reciprocity process locally, nationally and globally. '*Bula vakayalo*' or spirituality and outward reflection of faith and happiness as stated in the

previous chapter include foremost Christian faith. In addition maintaining relationships and completing and contributing to tasks are seen as an acknowledgement of the *Vanua*. Solidarity is maintained within the global context when participants are able to contribute and reciprocate regardless of where they are geographically.

6.8. Kena I Rairai: Physical Appearance

Participants' descriptions of someone who is healthy included someone who is always aware of their appearance, being clean, well groomed, their appearance is always neat and tidy. Their appearance correlates to "Kenai i rairai" in the *Tanoa Health Belief Framework*. Rosi relates physical appearance of someone healthy as follows:

E dua e bulabula, ena dau marau matai ni ka, tamata dau marau, savasava vinaka tu ga na kenai rairai ena veigauna. Koti vinaka tu, na tamata me koti ga, qarauna na kenai rairai, ya da kila ni bulabula vinaka tu se cava? O au noqu rai oya, tamata savasava. Ni sega ni bulabula sa da na raica sara tu ga yani na kenai rairai sara mada ga, sa malai tu! [all laughing and talking]. (Rosi)

A healthy person is first of all perceived to be someone that is happy, person appears clean at all times. Hair is nicely cut and well groomed, the person is also concerned or cares about how he/she looks, that is how we know that someone is healthy, what do you think? That is what I think, that would be a clean person. A person who is not healthy, when you look at the person, they look very frail and weak [all laughing and talking]. (Rosi)

Au rawa ni vakatauvatana kei keirau kei tau qo. Keirau sa qase keirau se via bena tiko ga. Au raica vata kei na nodra bula na gone ra lako mai era ulu vulavula. Au sa kaya, mate sa voleka qo [all laughing]. Sa voleka ga qo I nai bulubulu, keirau sa na bena tiko ga me yacova ni sa Iesu mai ko Jisu. (Tima)

We are older women [considered elderly and referring to herself and Rosi] but we still want to dye our hair. I look at those young people now that have grey hair and say, death is near[all laughing], the grave is near, we will keep on dying our hair until Jesus returns.
(Tima)

Participants discuss the importance of maintaining a well groomed look. Even though Rosi and Tima were the two oldest participants, they were making a statement about being well groomed to the younger women, despite their old age they considered being well groomed is an essential part of their lives. Tima's response varied from what the women in the village stated about staying well groomed. Most women in the village stated that because there were so many tasks and obligations they sometimes did not have enough time to groom themselves on a daily basis but only did so for special occasions.

6.8.1. Physical Activity, Gardening and Wellbeing

Participants associated several things in their daily lives with physical activity. Themes associated with exercise include gardening; physical activity is done as



Figure 23 Gardening as a form of physical activity. Image courtesy of Seini

a way of maintaining relationships within their community, lack of physical activity due to the amount of obligations and finally physical activity as being part of the lived culture. This section explores each of these themes in the context of health and makes links to Figure 11: Fijian constructs of health and wellbeing (p.113), relating to criteria identified as contributing to health.

As highlighted by participants, exercise in the village context in Fiji, is achieved through tasks that contribute to their daily living. The purpose is towards achieving communal values rather than exercise for individual gain. In the

following interview extract, Tima makes a comparison between Fiji and what exercise is like here in Aotearoa, that it is done in a contained environment with the purpose of maintaining health:

Kei nai teitei, au dau vakaukauwa yago talega enai teitei, au dau qarauna na noqu loma ni bai me savasava tiko. Au dau vakaukauwa yago, dua na group keitou dau lewena tiko, au dau lako tiko i vakaukauwa yago baleta au au a sa tauvimate ka curu sara i valenibula au suka mai, na group ni vakaukauwa yago o ya au sa qai dau lakova tiko, sa dau vukei au sara ga vakalevu, na veitiki ni yagoqu kece ka dau tatao tu sa tataseresere sara ga mai niu sa dau lako tiko i exercise, o ya au sa marautaka tiko kina oya...o sa qai mai caka ga i ke. Mai Viti au dau taubale wale sara tu ga, dreke buka, cola taga niu, [all laughing]. (Tima)

Gardening, I exercise [literal meaning stated strengthen body] by gardening, I am always careful about ensuring that my environment [referred to here as compound or area inside the fence] is clean. I exercise with a group because I have been admitted to the hospital a number of times, so when I get discharged I always join the group because it really helps me. All the parts of my body loosen up [literal meaning is that the body is in knots and becomes unknotted or undone] when I go to the exercises and I am happy about that....I have just done it [exercising] here. In Fiji, I just walk and collect and carry [usually carried on ones back similar to a backpack] firewood, carry sacks or bags of coconut [all laughing].

Tima links her need to exercise with the fact that she has been admitted several times to the hospital and discusses the gains associated with having to participate in physical activity.

Similarly, Rosi attributed gardening to exercising. She felt strongly about maintaining a certain standard in her garden. Upholding the standard of maintaining the garden requires labour and for her she felt that this was the form of exercise that she needed. The sense of wellbeing in the context of

gardening was seen as a means of providing for the family and allowing them to have a healthy lifestyle in terms of food choices but also in maintaining some type of physical activity.

6.8.2. Physical Activity and Maintaining Relationship

The next example shows that exercising has the added feature of maintaining relationships within the community. Even though the aim is to exercise, Rosi was also visiting someone as a way of maintaining relationships within her new community:

E dua na ka au dau taletaka meu taubale se lako i veisiko [pause] e na dua na siga me vakadua ena loma ni macawa. Au dau lako i veisiko ena mataka au dau taura tiko e 30 miniti keu taubale vakalekaleka ka so na gauna dau 1hrs 30 mins niu taubale sara vakabalavu. Io noqu dau tubale tiko ya au dau lako sara i veisiko vua e dua na buinigone e yabaki 87 e tiko ga ena dua na yasa ni gaunisala au dau taubale tiko kina, meu lako sara i sikova na buinigone oya baleta o ya e dua na ka au dau taleitaka, kei na noqu dau raica vata tiko baleta oya e dua na ka au dau cakava tale ga mai viti, io e vaka e mai tiki tale tu ga ni noqu bula niu lako mai ke [e Aotearoa]. (Rosi)

I enjoy walking or going to visit someone. One day of every week I will go for my visit in the morning. It will take me about 30 minutes for a short walk and 1hr 30mins for the long walk. When I walk, I visit an 87 year old woman who happens to live along the street that I usually go on for my walk. I go to visit her because those are the things I like doing in Fiji and it is also become part of my life here [in Aotearoa]. (Rosi)

For the visitations, Rosi would either cook a meal or bake something to take with her. Rosi identifies visiting an elderly member of her community as a cultural value imported from Fiji that she practises here in Aotearoa. In the context of the *Tanoa Health Belief Framework*, the visitation fits into three criteria. First, that she is being of service or *dau vei qaravi*, she ensures that she is serving

other members of her community regardless of ethnicity. The second is completing her tasks in her new environment similar to what one would do in Fiji. Rosi prepared something to take with her for the visitation. In doing so, she felt she was fulfilling her role in her reconstructed community. The third criteria, is through her visitation, she was maintaining relationships within the community. The woman that Rosi mentioned is not Fijian but her relationship with the woman is important as it enables her to practice her cultural values as a Fijian in her new community. She commented that the ability to help someone or to do something for someone made her happy and also made her feel good about herself hence contributed to her own sense of wellbeing as a participant in her community.

6.8.3. Physical Activity and Obligations

Mili who does not have any children, was able to go for walks as a form of exercise every day. She is grateful for this as it is something she can do in Aotearoa and attributed not being able to exercise in Fiji to the many cultural obligations which occupied her time while living in Fiji. Seini discusses her lack of physical activity because she spends all her time managing day to day tasks for her family leaving her with very little time to maintain some form of exercise:

I do not exercise [laughing], I do not have time to do that. I seems to be [pause] all my time I put it to my family and I think that's what happen to me.....unhealthy again I think it's my diet and how I look after myself, with the experience I've gone through my sickness I think it's the food you eat. I think I was not really careful with what I eat; I was not quite concerned with the food I was eating. The food that I was not supposed to eat and the food that I was supposed to be eating, which is good to [for] me. But when I was sick and that I was seem to go to that area and I am supposed to be eating this is good to me and this is bad for me, but I am still eating what's bad for me.
(Seini)

Seini noted how she became ill as a result of not looking after herself. She was concerned that she was spending so much time looking after her family leaving very little time for herself. As a result, she was not mindful of the food choices that she was making. She did not become conscious of exercising and what she was eating until her sudden illness yet she was still eating unhealthy food. Seini attributed not maintaining a healthy lifestyle to the time that she spends looking after her family. However, since her illness she felt a sense of responsibility to pass the Fijian traditional values and culture on to her kids as she states as follows:

Yes, naka qo e vakayadrata sara ga na noqu vakasama. Na ka au tovolea qo meu cakava and I will pass that knowledge to my children; I want to prove that now. I want to do that. (Seini)

Yes, this thing [her illness] woke me up and has made me determined to pass on the knowledge to my children; I want to prove that now. I want to do that. (Seini)

Seini's illness has made her more aware and conscious that she is responsible for passing on cultural knowledge to her children. She feels that it is part of fulfilling her role within the newly constructed community.

According, to the *Tanoa Health Belief Framework*, Seini is fulfilling her role as a mother and a knowledge keeper transmitting cultural knowledge to her children. She feels a deep sense of responsibility to pass on the cultural knowledge that allows her children to maintain a strong sense of cultural identity. Being able to pass such knowledge on cultural identity to the children, she feels will contribute to their family's wellbeing. Literature confirms that having a secure cultural identity improves achievement at schools, health outcomes, resilience, impacting upon health and wellbeing (Bennett, 2002; Durie, 2011; Mila-Schaaf, 2010; Mila-Schaaf & Robinson, 2010).

6.8.4. Physical Activity in the New Culture



Figure 24 Physical activity in the new culture. Image courtesy of Unaisi

Unaisi's photo (Figure 24) of a pram and a pair of shoes illustrated new learning for her joining a community that is to exercise by walking while pushing a pram. She enjoyed this and talked about her walk with her family every afternoon. She was happy that they were able to do this as a family and was grateful for their time together. Unaisi saw exercise as a way of losing weight and noted that she was much smaller before the baby. Exercise was not seen primarily as a means of maintaining a healthy lifestyle but was

done in this instance as a means of losing weight and to enabling her child to have fresh air, as well as a means of losing weight. She also stressed that she was keen to walk and exercise because it was often done with other community members and was a collective activity rather than as an individual task.

The physical activity examples provided by participants suggest that exercise is done alongside activities that contribute to communal wellbeing such as visiting or the gardening. Exercising is not seen as a lifestyle practice but is done to achieve a goal such as losing weight or as a result of a directive from the doctor. In addition, the exercise identified by participants was done communally as a group for Tima, who attended the group exercise and with family members for the Unaisi, who was trying to lose weight. Undeniably Fijian cultural values of being together and fulfilling roles within the new community are apparent. Another factor highlighted by participants and is a major component of the *Tanoa Health Belief Framework* is *bula vakayalo* or spirituality.

6.9. Bula Vakayalo: Spirituality



Figure 25: Bible as a source of strength. Image courtesy of Unaisi.

Spirituality was also a major aspect of achieving health and wellbeing for participants both in Aotearoa and Fiji. Unaisi took a photo of her bible (Figure 25), to explain that it is her companion and a source of strength. In addition, spirituality or religious functions allowed her to be together with other women within the community. She was implying that their faith is what brought them together. Unaisi made the point that this then becomes one's community. She refers to the faith

community as her community. Values of the *Vanua* are displaced and she prefers that of her faith community.



Figure 26: Faith community. Image courtesy of Rosi.

In general however, participants had a strong faith in the Christian God. But similar to the women in the village, spirituality is also seen as respecting the protocol and roles and tasks of the *Vanua* and as not necessarily the acknowledgement of spiritual Gods or ancestral Gods. Participants felt that in contributing to the communal wellbeing by participating in cultural activities and events in

their reconstructed community, to the village and globally, that they are in fact respecting the values of the *Vanua* and therefore avoiding spiritual repercussions for non-participation.

In summary, both sites Aotearoa and Fiji highlighted spirituality as the factor that they draw from for spiritual strength. As highlighted in the previous chapter, spirituality is seen a major determinant of health and wellbeing. According to Miyazaki (2004), Ravuvu (1983), Ryle (2010) and Vudiniabola

(2011a) spirituality is often intertwined with cultural determinants of health. The context of how these customs are practiced varies but the values remain the same suggesting that the *Tanoa Health Belief Framework* is also applicable for the Aotearoa participants.

6.9.1. Lay Understanding and the Tanoa Health Belief Framework

Findings presented in this chapter suggest that the *Tanoa Health Belief Framework* is also applicable to the transnational Fijian community explained in this chapter. Western lay understanding of health as explained in the previous chapter focuses upon individualised criteria including the absence of disease and functional fitness that is appropriate to age (Blaxter, 1990; Stainton Rogers, 1991). The cultural constructs of health for both research sites documented in this thesis relate to active participation in the Fijian community as well as how each construct is managed.

Physical activity is perhaps more clearly outlined by the Aotearoa participants rather than the Fiji participants. However, it is interesting that when physical activity was discussed amongst Aotearoa participants, it was to be done in the context of maintaining relationships. Exercise was not seen as a way of keeping fit to tone the body as in western lay understanding but rather as an initiative that was accomplished well if done communally. One of the participants had remarked that she joined an aerobics group because exercising collectively kept her accountable. When not attending class she feels that she is not participating in the collective wellbeing of the group even though it is an individual decision to not attend.

In the context of the *Tanoa Health Belief Framework*, the same five criteria apply; participants feel that in order to be healthy they needed to be *Dau veiqaravi* (To be of service) by fulfilling the roles within the constructed community. The *Tanoa Health Belief Framework* unpacks these dimensions and contextualises

factors that participants attributed to their health and wellbeing. There is an assumption in the western world that non-western cultures should embrace western frameworks in order to achieve positive health. Often they are health outcomes with little critical analysis of how lay understandings of health are constructed within these cultures (Airhihenbuwa, 1995; Durie, 2001, 2004b). The *Tanoa Health Belief Framework* allows a health or community worker to unpack and analyse the cultural determinants of health from a Fijian worldview. Durie (2004b, p. 1139) stated that “health standards of Indigenous peoples needs to take into account the broader perspective of a worldview that has been seriously fractured” (p. 1139) by external forces. These pressures may include colonial discourses, cultural imperialism and the emancipatory politics of globalisation that often influences forces at work in a transnational community (Airhihenbuwa, 2010; Appadurai, 2000; Durie, 2004b; Georges, 1990; Tomlinson, 2001). In the next section, these concepts relating to globalisation and transnational forces will be explored and contextualised to understand how health and wellbeing is constructed within a transnational Indigenous Fijian community.

TANOA HEALTH BELIEF FRAMEWORK

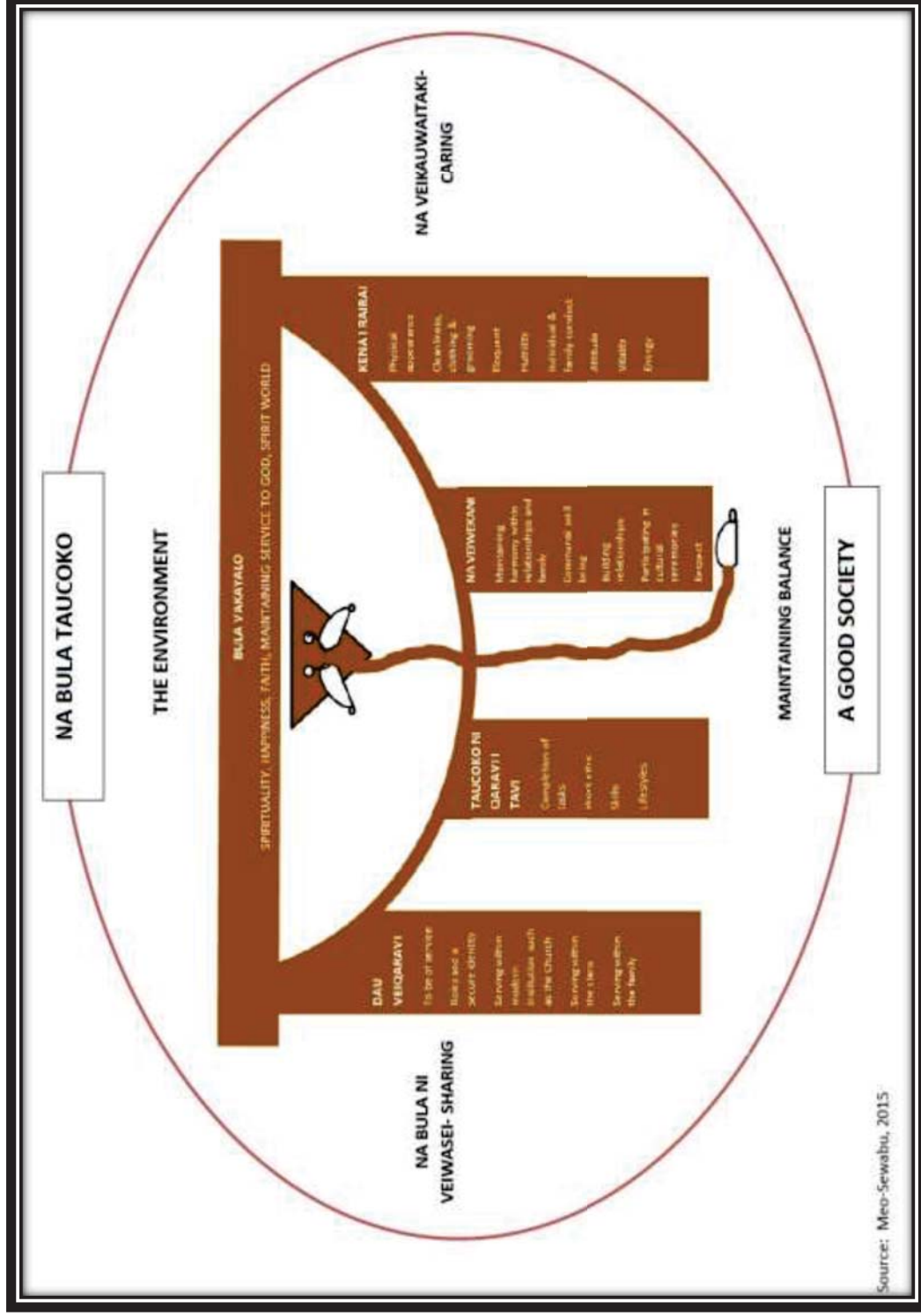


Figure 27 Tanoa Health Belief Framework

The study shows how the health beliefs illustrated in the *Tanoa* Health Belief Framework is the same for transnational participants. The exception is that their community as well as obligations become more complex depending on which *Vanua* relationship they will honour and which modern institutions they will choose to actively participate in. Perhaps the most revealing finding in this part of the research is how being healthy was described as someone who is able to cross all barriers. I interpret this statement to mean that a healthy person knows how to function not only in spaces where their cultural identity as a Fijian is recognised but also in the western communities that they have embraced²⁶.

From the study, participants in both sites identified the importance in the ability to carry out roles. Both chapters have identified what the roles are from the *Vanua* social structure, the institutions within the village and in the transnational communities as well as family obligations all of which are outlined in Tables 1 and 2.

The framework is presented here as a tool that can be used to analyse cultural factors occurring within a family or a village that either enhances or hinders their wellbeing. For example, both sites identified that the inability to be of service and to complete tasks well, as shown in the first two struts of the *Tanoa*; leads to a lot of stress resulting from the inability to meet all the demands and within Fijian community structures.

6.10. Steps on Working with a Fijian Person using the Framework

When working with a Fijian person, the struts of the *Tanoa* can be explored as follows to assist with determining if the person is achieving health and wellbeing.

²⁶ See Rosi's statement pg. 163.

6.10.1. Setting the Scene for the Talanoa

It is important that health and community workers make the person feel at ease by first welcoming them into the setting. This can include offering a cup of tea or something to eat or drink. Once the person is at ease the appointment needs to be conducted in a form of an informal *talanoa*. The effectiveness of this *talanoa* sessions depends mostly on how welcoming the community or health worker is. This means personalising oneself, being genuine in the approach and asking how the person would like to be addressed. It often helps to initially discuss something that is entirely off topic from what is to be discussed in the appointment (cf Mafile'o, 2004; Tiatia, 2008 when working with Paific peoples). There are four struts to the *Tanoa*, the order in which the conversation takes place will not necessarily progress in the order on the *Tanoa*. As long as there is an understanding of the four struts: *Dau veiqaravi* (to be of service), *Taucoko ni qaravi itavi* (completion and completeness of tasks), *Na veiwekani* (maintaining harmony), *Ke na i rairai* (physical appearance), the health and community worker should be able to start the conversation on any one of the struts.

Spirituality is the rim or bowl on which all the struts are connected to. It is also the pathway into understanding the struts to be discussed. Spirituality in this context can either be a Christian form (a prayer or bible verse) or in any other form (metaphor or words of encouragement) that allows the health and community worker to connect to the client. It would be wrong to assume that every Fijian client will be a Christian or has a spiritual connection so one should be prepared to go with whatever may suit.

I will explain the struts first from the client perspective and then from the health or community worker perspective. I anticipate that understanding these aspects allows the health and community worker to work holistically with the client.

6.10.1.1. Strut 1: *Dau vei qaravi or To be of Service*

Getting to know the client, where he or she discusses their family, their work, and their church allows an understanding of what is expected of the client within all the areas of his or her life. It may be good to list these areas because these are the factors that determine if he or she is able to complete tasks that are expected of him or her and which areas maybe a source of stress. Perhaps create a mind map or a web of all the different hats that he/she encounters as this determines what he/she is coping with (cf Munford & Walsh-Tapiata, 2001 for examples of tools to use).

6.10.1.2. *How to be of service:*

When working one on one, to be of service means being cordial, serving some refreshments and just acknowledging the client. When working within a community or service, 'being of service' means actively doing things within that community. It is more about building relationships within the community. Once relationships are established, you will be able to contribute. This is not an overnight process and be prepared to spend hours being involved in activities within the community.

6.10.2. Strut 2: Completion and completeness of tasks or *Taucoko ni qaravi itavi*

Being able to identify what is required of them not only culturally but also at work and at home and other institutions in the person's life allows one to get a glimpse of their ability to meet their needs. As identified by the participants in this study, the inability to complete tasks led to a lot of hardships that they experienced.

Your task as the health or community worker is to assist in any way you can to help eliminate clutter in the client's life. For example, ask the client what their vision is and explore what hinders the chances of them getting to that goal. Identify things in the person's life that can be referred to other services for example, day care, Working and Income, New Zealand (WINZ) services,

budgeting services, immigration, time management, etc. and anything else that may allow the person to be able to have a sense of completion on some of the tasks he/she has would like to be able to complete. This point of working intersectorally was first highlighted in an article by Finau and Tukitonga (1999) and now in the *Ala Mou'I: Pathways to Pacific health and wellbeing* (Ministry of Health, 2014). Completion of tasks as a community or health work is also important because if a community worker does not complete tasks, for example following up on a course of action, it will put that relationship with the client at risk.

6.10.3. Strut 3: Na veiwekani

Find out how relationships are strengthened and can be maintained by the client. What does he/she need to do in order to feel that they are maintaining relationships? This might mean attending certain functions, making phone calls, contributing money or goods. Prioritising what needs to occur in order that relationships are maintained and wellbeing enhanced. At times it may require assistance with identifying what is affordable and being able to manage time more effectively. Budgeting services may be required.

Health and community workers or service providers should be advised that it is important to build a relationship with the client. This relationship should be genuine; which can be achieved through discussing things that really matter to the person for example, ask about their children or parents or if there is a situation occurring, follow up on this and listen and respond to what they are sharing. Make the client the centre of the discussion or focus on the issues they are discussing and respond sympathetically to what they are saying. Building relationships happens slowly and may mean visiting the person and the family over time or making them a cup of tea every time they come to visit the service.

6.10.4. Strut 4: Physical Appearance

Maintaining a tidy appearance as identified in this study is important for a Fijian family. They may appear happy but there can be a lot more happening within their lives that they can only reveal once trust is established. The key is to build the trust so that the person is able to talk candidly about their situation.

6.10.4.1. Weaving of Components

Once the health and community worker is able to establish what the issues are with the person and the family, they are then able to counsel, refer, assist, and provide things that are necessary in order provide support. This final component requires that health and community workers take each strand identified by the person as contributing to his or her wellbeing and weaves it together to create a strong durable, sustainable *magimagi*. The *magimagi* represents the strands that link to the shining cowry at the end of the *magimagi*. The cowry shell represents the client, who is the focus of attention, while the *magimagi* represents the relationship between the clients and health worker who are tied together in an ongoing cycle of benefit and obligation. I believe addressing these things leads to the holistic wellbeing of a person.

6.11. Factors Affecting Health and Wellbeing in Transnational Fijians

In the previous chapter, demands are generally localised to the village context and occasionally involve national and transnational locales. In this chapter, participants identified that cultural demands are often extended to the Aotearoa region in which they reside as well as back to the village and other institutions that are part of the village that they are from. It is important to highlight that these obligations are a means of maintaining relationships and from the Fijian worldview this is part of maintaining wellbeing. Not to contribute would mean 'fracturing that worldview' that is necessary for Indigenous wellbeing or which is identified as the main disruption of wellbeing (Durie, 2001, 2004a).

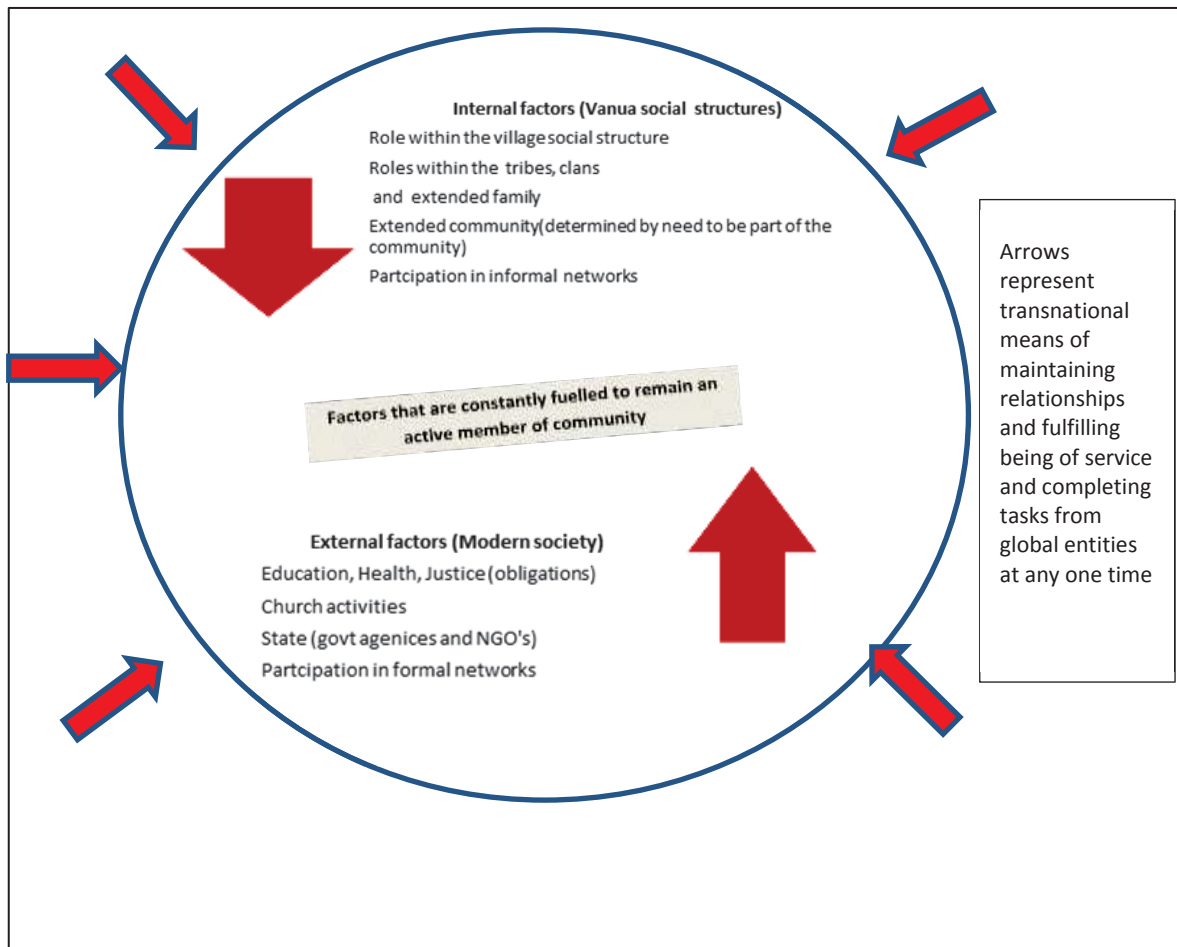


Figure 28 - Transnational roles and obligations

The diagram above (Figure 28) shows that in addition to communities in Aotearoa, factors that have to be maintained are more complex depending on what the individual feels that they have to contribute to in order to maintain relationships. Doing so often means that being of service and completing tasks occur from global entities at any one time including their links to the *Vanua* in Fiji.

Even though the participants do not physically live in Fiji, the cultural values identified resembled factors that were of what was identified in the Fiji study. Women took images of things that made them happy and unhappy reflecting three main criteria, that of *Dau vei qaravi* (To be of service); *Taucoko ni qaravi itavi*

(Completion and completeness of tasks); and *Na veiwekani* (Maintenance of harmony within relationships and family). These three criteria reflect the change in forms of culture in their transnational community. As highlighted by Norton (1993), the social structures of the *Vanua* determines how Fijians relate to one another regardless of geographical location. It is a structure that leaves very little room for manipulation. Throughout the participants' discussion they discussed how they are of service. The importance of serving and completing tasks and maintaining harmony is still perceived as the essence of the sense of wellbeing. However, what Latour (2005) refers to as the 'agency' in which these practices take place transforms the distribution of the culture in the reconstructed community.

In relation to achieving health and wellbeing, participants' inability to contribute fully made them unhappy and stressed affecting how they participated in their reconstructed community. Tasks or *itavi* are not limited to daily chores but includes what participants identified as culturally appropriate activities within the Aotearoa community with which they were associated. These tasks included gardening, serving food or ensuring that there is food for the family. Physical activity which Fiji participants stated was associated with daily chores was done in the reconstructed communities in conjunction with maintaining relationships. Exercising involved visiting community members or was accomplished as a collectively rather than as an individual actively seeking to maintain a healthy lifestyle. The other two criteria in the *Tanoa Health belief framework* included physical appearance and spirituality. Physical appearance was similar to that expressed in the village with ill health being linked to frailty and weakness. Spirituality differed for participants with some clearly explaining how their lives revolve around the work of the church community. Others referred to spirituality as a relationship with a Spiritual being reflected in how they carried out their tasks in everyday life. Happiness, unlike the Fiji participants, was not seen as directly reflective of their spiritual wellbeing.

6.12. Conclusion

This chapter highlighted the lay meaning of health and wellbeing through the use of photos taken by Fijian women in a transnational Fijian community. The chapter also presented the *Tanoa* as a framework that can be used by health and community service workers and providers to identify cultural factors that influence the health and wellbeing of clients in both settings, Aotearoa and in Fiji.

In defining the health of Indigenous peoples, the United Nations Permanent Forum on Indigenous Issues (2009) stated that concept of health “is shaped by Indigenous peoples”(p. 157) historical experiences and worldviews, and is expressed in the rules and norms that are applied in the community and practised by its members. It was obvious from the findings that Aotearoa participants’ cultural identity as Indigenous Fijians remained an integral part of their lives and determined how they perceived themselves in the reconstructed community. The next two chapters explore the themes that emerged out of the secondary analysis of the data. Chapter seven highlights the gender roles of the *Marama iTaukei* and their daily realities and sense of agency. Chapter eight explores health services and policy development in the context of indigeneity, health and wellbeing.

7- NAI MARAMA ITAUKEI KEI NA VANUA: CULTURALLY EMBEDDED AGENCY OF INDIGENOUS FIJIAN WOMEN - OPPORTUNITIES AND CONSTRAINTS

7.1. Introduction

The limited role of women's active agency seriously afflicts the lives of all people - men as well as women, children as well as adults. While there is every reason to not to slacken the concern about women's wellbeing and ill-being, and to continue to pay attention to the sufferings and deprivations of women, there is also an urgent and basic necessity, particularly at this time, to take an agent-oriented approach to women's agenda. (Sen, 2001, p. 191)

The previous two chapters discussed findings related to the cultural interpretations of health and wellbeing of Fijian women in Fiji and Aotearoa. Findings identified that there are forms of culturally embedded agency that empower women such as the process of *solesolevaki* in which tasks are shared contributing to overall wellbeing. Dolan et al. (2012, p. 38) states that at the core of empowerment is agency, citing Malhotra (2012, p. 9), and defining agency as the ability to "formulate strategic choices, and to control resources and decisions that affect important life outcomes specifically in areas that have marginalized women" (in Dolan et al., 2012, p. 38). For Dolan et al. (2012, p. 38), agency means:

a shift from instrumental notions of empowerment as something a women does or does not have and instead focuses on the processes by which women come to perceive themselves as able to act, and the condition under which they do so within the contexts of particular social and cultural systems. (p. 38)

In this chapter I focus on some of the cultural systems practices and processes associated with women's wellbeing, I have referred to these practices as forms of culturally embedded agency as they are processes within the culture that contribute to overall wellbeing. I will also discuss the limitations, tensions and opportunities within this agency in relation to gender and the impact on health and wellbeing. This chapter considers culturally embedded agency using Rowlands' (1997) four concepts of power as "*power over, power to, power with and power within*" (p. 13). Here power relations, how power is being exerted and how empowerment is realised, are discussed. Power over and power being exerted has been interpreted as power that women gain at the expense of men.

Gaining this power can be seen as inherently threatening for men; therefore men's fear of losing control then becomes an obstacle for women's empowerment. "*Power to*", according to Rowlands (1997, p. 13), "creates new possibilities and actions without domination" (p. 13). "*Power with*", requires working as a collective to deal with the issues, and "*power from within*" is about spirituality, the power and strength participants in this study referred to that allowed them to cope with their daily realities. Forms of power within were referred to as their commitment to a spiritual being and or their God through daily prayer or reliance on a spiritual being.

Chapter two explored the 'triple burden' of women as expressed by Moser (1989), as well as the need to see women as active agents of change rather than as passive victims or beneficiaries of development. This chapter explores the layers of complexities that are also referred to as women's triple burden as associated with, the reproductive, productive and community links. Complexities exist in that women's reproductive work (procreation, nurturing, social reproduction, domestic sphere work) is often not seen as 'productive work' (involves work for money, e.g., work in which goods are produced even though they may not be sold). Therefore development projects that enter the village often expect input from women at the cost to their reproductive work.

The disadvantage to these forms of work is that very little attention is given to meeting strategic needs that can lead to the empowerment of women. First, to define practical and gender needs Moser (1989, p. 1803) explains that strategic gender needs are:

...those needs formulated from the analysis of women's subordination to men and deriving out of this the strategic gender interest for alternative, more equal and satisfactory organisation of society than that which exists at present, in terms of both the structure and nature of relationships between men and women...[and]

...practical gender needs are those formulated from the concrete conditions of women's experience, in their engendered position within the sexual division of labour, and deriving out of this their practical gender interests for human survival. (p. 1803)

Within both research settings women were clearly embedded in gendered roles that remained unchallenged leading to women addressing their practical needs rather than their strategic needs such as the division of labour within the culture that kept them in subordination. Within the culture itself there were 'subtle strategies' exercised by women that allowed them to 'talk back' and hence challenge systems that oppressed them. The chapter argues that in order to achieve wellbeing, culturally embedded agency as identified by the participants must be examined and seen as tools for encouraging forms of active agency that empower women. To explore how culturally embedded agency can produce active agency and explore how empowerment for women and wellbeing maybe achieved, I begin first of all by exploring the key theoretical concepts.

7.2. Theoretical Framework

The previous two chapters highlighted that women in both of the research settings considered that their identities are engendered through a sense of service to the *Vanua*, people and institutions within their environment. When

this sense of identity was secure, wellbeing was achieved. A study by Yabaki (2006) on Fijian women in the Sigatoka highlands highlighted the same sense of identity resulting in what she refers to as the 'good life'. Good life, wellbeing, a good society are all terms used arising from constructs that contribute to a sense of wellbeing which was also a key finding in this thesis.

Gender norms and roles are often portrayed as belonging to either males or females with inclusion in one category being predicated on exclusion from the other (R. W. Connell, 1987; Phibbs, 2001; Sweetman, 2013). Socially constructed distinctions between males and females have been ingrained in social structures, and expressed in regulations and laws as part of women's daily realities.

Moghadam (1992, p. 8) states that gender:

refers to the structural relationship between the sexes which is linked to the state, the economy, and to other macro and micro-processes and institutions. This relationship is asymmetrical; it is inscribed in law and finds expression in political processes and in economic structures. (p. 8)

Gendered structural processes are also ingrained within the Fijian culture perpetuated by complex intersections between various discourses and practices associated with colonisation, religion, modernity, cultural imperialism and social policies. Such discourses impact on how women have been defined in Fijian society and are strongly connected to the achievement of wellbeing. More importantly agency and the empowerment of women, some of which existed in traditional settings and some emerging as a result of modernisation, have rarely been acknowledged and embraced as vehicles for transformation. Below I explore ideas about agency within post-colonial subaltern theory. As Fiji once was part of the British colonial empire, it was important that I also explore post-colonial theories such as the concept of the subaltern.

7.3. Post-colonial Subaltern and Agency

The term subaltern was first used by Gramsci when looking into the political history of Italy. Green (2002) considered that Gramsci used the term in reference to social class:

Gramsci's analysis, attempts to capture the totality of subaltern existence. He is interested in the integral relationship between their economic, political, and social positions; the stages of their development in history; their significance in cultural forms; how they are represented in literature; and so forth. Gramsci's study of the subaltern reveals not only the difficulties involved in subaltern analysis but also the many factors that contribute to group marginalization and the elements which prevent groups from overcoming their marginalization...subaltern are subject to the dominant groups initiatives and policies. (p. 21)

Gramsci's conceptions of the subaltern are transformative as they draw attention to the wider structural processes through which different forms of oppression and marginalisation occur. Gramsci's point is that a range of factors limit both individual and collective agency contributing to marginalisation of certain groups such as women and ethnic minorities. Factors that constrain agency include colonial influences, aspect of the culture itself as well as the structures within the *Vanua* and the institutions that women are part of.

Another useful definition of the subaltern is from Spivak (1988, 1999) who defines the subaltern as unorganised, without a voice as a result of colonial forces and political discourses that keep a group of people in a state of oppression or marginalisation. Spivak stresses that when the subaltern has a voice they are no longer a subaltern and they then become an altern. Maggio (2007, p. 419) states that Spivak's (1992) article "Can the subaltern speak?" argued that "European intellectuals have assumed that they know the 'Other' and can place it in the narrative of the oppressed" (p. 419).

The colonial forces that keep the subaltern oppressed are defined in the work of European and French intellectuals (such as Derrida (2004) who refer to Europe as the place of enlightenment. A critique by Naas (2008) as well as Goswami (2014) on Derrida's work states that Derrida refers to Europe as the political and economic entity that all the 'Other' world should look to as historically it (Europe) defines hope. Descriptions of the subaltern suggest that the altern is by implication organised, vocal, dominant, male, and associated with the political and colonial elite. In subaltern theory, the altern has an absence presence that is rarely interrogated or defined. The altern has the power to define the subaltern as everything that it is not. Subaltern theory is complicated by intersections between geography, gender, ethnicity and language²⁷.

Subaltern often refers to a class that is secondary to the main. For example, in chapter two,²⁸ I discussed the portrayal of Fijian women ranging from the inability to make economic decisions to the exotic other; all defined by the rhetoric of the dominant, male, colonial and political elite. In contrast, within the Indigenous Fijian context, the essence or values of a woman can be captured in a metaphor of the kitchen. Within Indigenous Fijian circles when a young man is around, a question asked by women and aunties are "*E sa dua na nona valeni kuro?*" The literally translation is 'Does he have a kitchen?' however, metaphorically they are asking if the young man is married. The kitchen metaphor means responsibility rather than the physical space itself or a woman's domestic role. It teaches a young man how to become a responsible adult; he can no longer be taken care of by his mother and sisters but rather by his wife. It does not matter how old the man is, if he is not married the mother,

²⁷ Intersections such as in the sports arena, the introduction of cricket into Asia brought on by the dominant colonial power, the altern remains undefined (Mills, 2005).

²⁸ Chapter 2 refers to literature such as O'Brien and Tiffany (1984) who refer to the negative portrayal of Melanesian women; S. Jones (2009); Dolan, Johnstone-Louis, & Scott (2012); Knapman, (1986); T. Williams, (1858) is often seen or written as silent, the 'exotic other', or the savage women, limited to domesticity and as passive victims of patriarchy.

sisters and female relatives will still look after the unmarried male. When a man marries, he has to look after his new family's livelihood. Maintaining a livelihood means having a sense of purpose, requiring discipline, time management and a level of economic wellbeing, all that is associated with providing for a family. Therefore having a kitchen is associated with becoming a responsible man and having sense of completeness so to speak.

Clearly, in this example, the value of women is used as a standard of measurement for men's identity, role and sense of responsibility. Not having a kitchen implies irresponsibility, lacking purpose, or discipline, being disorganised and unable to contribute the sense of communal wellbeing that is necessary for a 'good society'. The metaphor of the kitchen illustrates how sets of understandings about male and female, masculinity and femininity are dependent upon each other for meaning. However, the voice and place of women in positioning men within the *Vanua* is often silenced when defined by others as described in the section on 'Gender and Language' in Chapter two. The kitchen metaphor clearly shows that Fijian women are powerful actors in relation to how Fijian men are defined and valued.

Spivak (1988, 1992, 1999) has argued that colonial and historical discourses perpetuated the cycle of marginalisation with little hope of transformation. The kitchen metaphor suggests that such universalising theories about marginalisation, which fail to take into account the subtleties of local context, have had a significant impact on the development of social policies and in turn a considerable impact on the cultural wellbeing of Indigenous Fijians especially women. A report by Prasad and Kausimae (2012) states that social policies in most Pacific Island countries have often focused on education and health and not enough policies are put in place to cater for and protect the most vulnerable²⁹, who are mostly women and children.

²⁹ The next chapter discusses the importance of social protection policies that protect the most vulnerable in a community.

The metaphor of the kitchen is an allegory for the way that participants in this study may not have a voice politically but are able to affect transformation at the grassroots level through being active agents of change. Transformations at the grassroots level for example, in the village, occurred as a result of the women's weekly planning meetings that took place every Monday morning. This is the same women's committee that I presented to and who made decisions on how the study would be carried out within the village as explained in Chapter four.

The purpose of these meetings was to have discussions about their roles and responsibilities within the village and they also served as a forum in which women could raise issues, build a sense of solidarity amongst the group and make plans to improve their livelihood and wellbeing within the village. It was through these meetings that the group made decisions to send women to access training in the main city in Suva that related to projects that could improve their economic wellbeing. From the conversations, training and knowledge they attained they then were able to make gains within their environment and the village as a whole. There were however, also constraints to such initiatives associated with their reproductive role as often these economic initiatives became additional work at the cost of women's wellbeing³⁰. How engagement in the market economy impacts on individual wellbeing will be discussed in the economic wellbeing section of this chapter.

Within culturally embedded forms of agency there are also constraints associated with women's wellbeing. Using the concept of triple burden by Moser (1989) as well as arguments about strategic and practical gender interests by Molyneux (1985) and further developed by Moser (1989) to understand

³⁰ Reproductive role relates to procreation, nurturing and domestic roles, explained in the literature chapter as part of the triple burden of women, an example of the added burden affecting women's wellbeing is explained in the economic wellbeing section of this chapter.

gender needs rather than interests³¹, I explore examples of culturally embedded agency in both research settings and interpret how this agency can both constrain and empower Fijian women thus influencing their wellbeing. Findings identify that when participants lack agency and feel burdened their wellbeing is impacted negatively, conversely when they feel in control and have pride in their achievements then this positively impacts on wellbeing. To illustrate these forms of culturally embedded agency, I have devised Figure 30 to outline the process of how gender needs can be addressed to empower women.

³¹ Gender needs explore structures that keep women in subordination, rather than what their interests are relating to wants that can contribute to overall wellbeing.

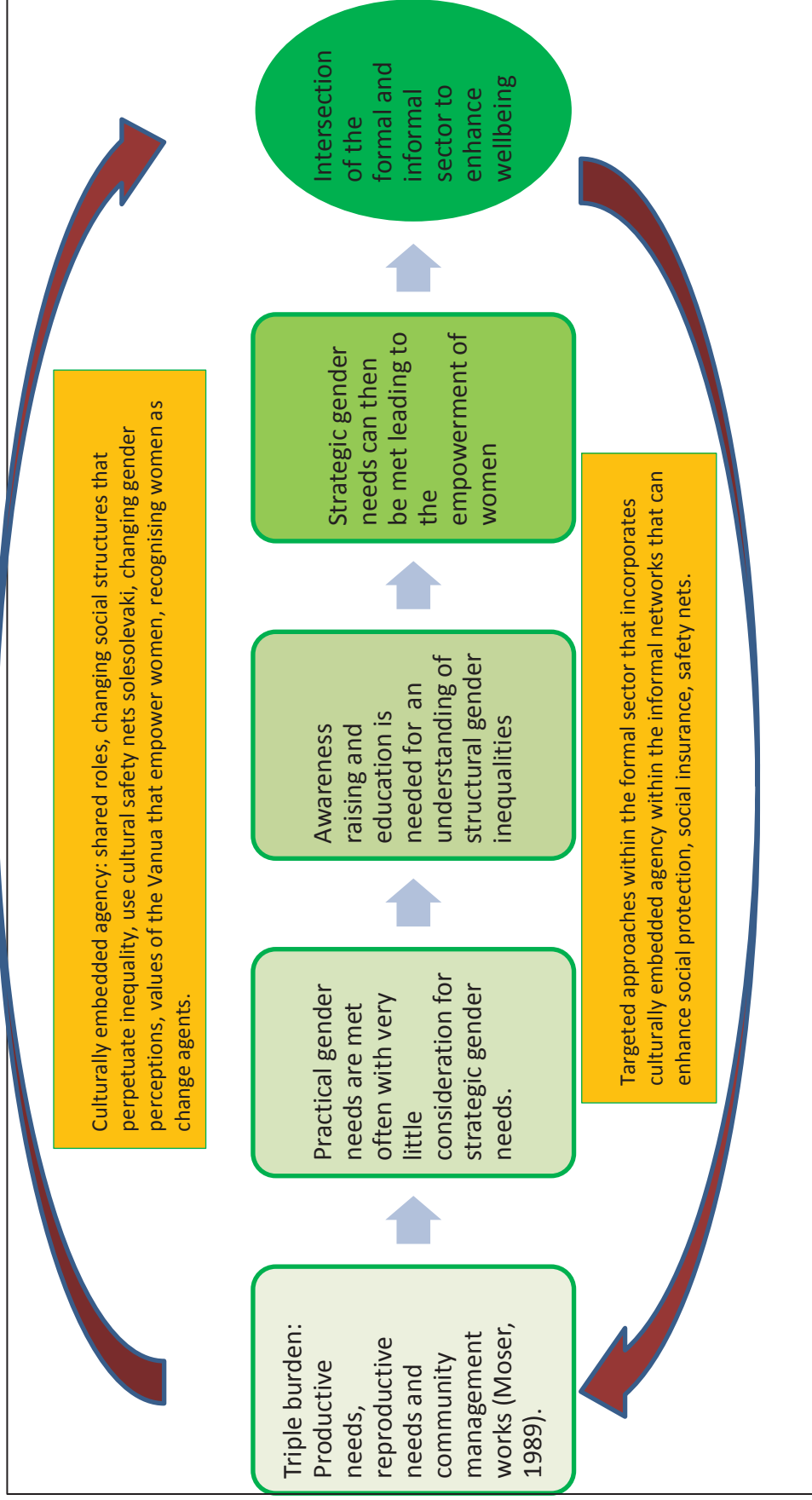


Figure 29 - Culturally embedded agency and gender needs

As shown in this illustration, the triple burden of women, reproductive, productive and community management work was recognised in both research settings as part of the participants' daily realities. Women dealt with these external needs on a daily basis leaving very little time for personal needs as well as being unable to address strategic gender needs or examine structures that overwhelmed and oppressed them. In order to address the oppressive structures, there is a need for education, advocacy and gender based programmes that allow both men and women to critically examine these oppressive structures and develop strategies for change. The illustration shows that positive transformation is a cyclical process which must be incorporated from a global and national level ensuring that strategies for change trickle down to village and community settings and vice versa through consciousness-raising programmes.

The form of culturally embedded agency indicated by participants included the importance of changing perceptions on reproductive roles and the need for shared gendered roles; the importance of passing on of cultural knowledge, the values of the *Vanua* and cultural safety nets such as the *solesolevaki* process to enhance economic and general wellbeing; and the importance of recognising that women are change agents within society. However, within this culturally embedded agency there are also constraints that need to be addressed. Constraints include the effects of *yaqona* abuse on family wellbeing and gendered roles within the culture and in turn contribute to the triple burden of women as well as economic and social pressures arising from the influence of the modern world in village life. The cyclical process illustrated in Figure 30 indicates that there is a need to constantly monitor and evaluate strategies to ensure that both practical and strategic gender needs of women are addressed. Constant monitoring is needed to also inform policy and by-laws that empower women. Culturally embedded forms of agency can be used as a vehicle that can intersect with the formal and informal sector to improve wellbeing. First,

reproductive gender roles and the importance of changing perceptions towards shared roles will be discussed.

7.4. Reproductive Gender Roles and 'Power Over'

Moser (1989) defines reproductive gender roles as those that include procreation and nurturing or the mothering role, and the care and maintenance of one's family associated with the domestic sphere. The following section provides examples of some of the reproductive roles that women in both settings identified. In these contexts women are seen as recipients of change rather than active agents of change; however culturally embedded perceptions may be shifted to focus upon active agency through consciousness raising activities that identify how the women are being oppressed and create strategies to change these structures therefore transforming perceptions and ways of being within the community.

Within the village setting gendered roles within the family were identified by participants as tasks that were associated with running a household. These tasks included gardening, collecting firewood, preparing food, looking after the children, cleaning, doing laundry, and other chores that are generally referred to as 'housework'. Participants felt that fulfilling tasks and obligations associated with the gendered role were essential. In fulfilling these tasks they were achieving one of the five components identified in the *Tanoa Health Belief Framework* as *Taucoko ni qaravi itavi* or the ability to complete tasks which was important for maintaining the social structures within the *Vanua*.

The research findings presented in Chapter five identified five components contributing to the *bula taucoko* or *bula sautu* and wellbeing. Components include 'Dau veiqaravi' or to be of service, 'Taucoko ni qaravi itavi' or completion of tasks, *Na veiwekani* or relationships and practices that maintain harmony within their communities, *Na kena i rairai*, or physical appearance; and *Bula*

vakayalo, or spirituality as an outward reflection of happiness. The achievement of the five components contributes to the wellbeing of the individual. In the context of this chapter women identified culturally practices and processes that enhanced and hindered the achievement of these five components of wellbeing. These practices are culturally embedded but the shift to transform action into agency can only occur once the women themselves realise how the practice oppresses them. When the shift occurs active agency is then operationalised leading to the empowerment of women. Participants identified some of the constraints to agency one of which is explained here by Seini.

In the following example Seini expresses how she felt overwhelmed at times with what was expected of her as a Fijian woman in Aotearoa. Seini felt that her sense of wellbeing was negatively impacted because she was preoccupied with housework and therefore she was unable to do other things that she loved such as gardening:



Figure 30 Housework as a gendered role (Courtesy of Seini)

I take that picture [Fig. 30] to show how the women [pause] does the work in the house, that's why I took this picture ... it looks like it's a sad picture to me that I think that most of the work at home in the house the women are....or may be is it a guilty conscious or [pause] but to

me I just do it, sometimes I do it quietly and sometimes I do it loudly too with my mouth complaining [laughing]. (Seini)

Seini saw the task of cleaning the house as primarily resting on her role as a mother which required her to take care of her family. She felt that within Fijian culture housework was clearly defined as a women's role and therefore Seini accepted that it was her job to clean. Even though she saw this task as a

gendered role, her complaining was part of a subtle strategy that she was exercising to get her family members to realise that if the workload was shared, she would not be so overwhelmed. In relation to Moser's analysis (1989), Seini's housework role was reflected by most of the women in this study that their reproductive role of completing daily chores was often not seen as real work and was often taken for granted.

To draw on Rowlands (1997) analysis, Seini's housework example relates to 'power over' where domination and control is associated with culturally embedded practices and beliefs that have become an ingrained part of women's reality regardless of geographical location. Seini's subtle resistance is about gaining control as she realises that in order to gain 'power within' she has to "challenge the existing power relation, and... [gain] control over the sources of power" (Batliwala (1994, p. 130). This form of power according to Batliwala (1994) and Rowlands (1997) is defined as empowerment when one is able to realise the structures that have been oppressing them and gain control over the source of power which in this instance is Seini's family.

Power over also relates to the women in the village who felt they had to actively participate in household and community chores as they all lived within a contained space in which gendered roles were more visible. Not participating in the gendered roles, tasks, and responsibilities, would be visible to the villagers. Many of the participants commented on the very little help they received from their husbands. There were a few exceptions where women had partners who would help them with household chores. Kalisi in the following example discusses how they get very little help from their husbands so they seek the power within to get them through tasks:

*io e yaliyali bau sara ni ra dau veivuke ko ira na wati keimami keda
sa loma vinaka ga ka sa tu vei keta na goneturaga ko Jisu karisito,ka
ra tawa ni dau veivuke na turaga,ke ko cala tu mai ko na toso ga.
(Kalisi)*

Our husbands never help [referring to household chores]. We just have to have a good heart because Christ Jesus is in us. Even if they do not help us, we have God, even if we are sinners, we will keep moving. (Kalisi)

In both geographical settings women expressed concern about how they were overwhelmed with tasks in addition to their roles at home. Most expressed that their role was to keep their husbands happy by doing everything to the best of their ability. In addition, many asked for spiritual help in order that they may remain humble and accept that they were there to serve³². Kalisi's remarks assured her that she was not alone and that her burdens could be lifted by asking for spiritual help. Kalisi's comments were shared by participants from both geographical locations. Rowland (1997) refers to this as '*power from within*', the ability to draw on their inner strength to achieve the task at hand. This form of power is generative and allows them to stay motivated to achieve tasks and meet their daily practical needs. Still in Kalisi's example, the roles are part of the cultural practice that continues to oppress them unless they see it otherwise. In both geographical locations, gender roles associated with domestic work consumed too much of the participants' time leaving very little time to address their strategic needs associated with planning beyond their daily needs. To look at strategic needs means that women will have to critically think about the structures within their culture that oppress them and strategise how change can be created as illustrated in the next example from Koto.

Koto provides an example of a shift from culturally engendered practices to culturally embedded agency. In this instance there is a change in '*power over*' to '*power to*' whereby roles are shared and actions occur without domination. In the village context, Koto shared a story of a subtle strategy of transforming a burdensome cultural practice into a positive outcome. Koto suggested that within a marriage couples must help each other and this positively impacts on

³² The ability to serve or to be of service was one of the components of the Tanoa health framework identified by women as leading to their wellbeing.

the wellbeing of the family as a whole. Koto talked about a couple in the village who shared household responsibilities, going against the traditional engendered roles and thus creating new possibilities for both the couple and the community:

*Sega ni kainaki me marama ga me cakacaka jiko, ai tavi tale ga ni tagane. E dua a veiwatini au dau vakaraica toka, o luvei Na Lesu ko Sikeli[*names changed for anonnonimity*]. Keta raici koya ni dau rekireki...e vaka era madua era sega ni via valata a cakacaka ni lewa. (Koto)*

It does not mean that women are to do chores all the time, it is also the mens role. I often admire Aunty Lesu's son, Sikeli [*name changed for anonimity*]. He is always raking their yard. It will be a challenge to have some of our men to even touch a rake...it seems that they are embarrassed to do what is considered a women's job. (Koto)

Gendered barriers prevented men from helping because they would be seen publicly as participating in tasks that were traditionally constructed as women's work. Sikeli's challenge to the cultural system opens up new possibilities for women in the village who come to perceive themselves as able to act. Cultural norms take time to change but slowly women are making incremental changes to the status quo, leading to the empowerment of women or '*power with*' (Rowlands, 1997). '*Power with*' includes women's enhanced ability to negotiate decisions in the family and marriage as well as collective empowerment. In Koto's example, the strategic gender needs of women are being addressed and this transforms the structures that have kept women marginalised within their culture. In the example discussed, subtle forms of negotiation and compromise make a stand against oppressive structures adding to the burden of women's reproductive work. Changing the perception of gendered roles associated with housework is a clear illustration of a culturally embedded practice that is shifting to become culturally embedded active agency potentially leading to

the empowerment of women and addressing the strategic needs of women that positively impact on wellbeing.

Moser (1989, p. 1800) argues that the:

sexual division of labour is seen to reflect the “natural” order, and is ideologically reinforced through such means as the legal and education system, the media, and family planning programs, without recognition that within it the women’s position is subordinate to that of man’s. (p. 1800)

Even though household work is just one example of the roles associated with women in most societies, additional roles for women often directly impact on their wellbeing. In both research settings, women discussed how they were overwhelmed by tasks that were in addition to their household chores and frequently prioritised family wellbeing over their own needs. These examples of the sexual division of labour in both settings clearly indicate how segregated roles within the household have become burdensome for the women who participated in this research. The women in the examples presented draw upon cultural discourses about the collective good and about what contributes to a good society in order to effect change. The collective good is secured when burdens are shared rather than carried by one person. In this context requesting that stereotypical views about role delineation are broken therefore becomes a means of achieving wellbeing of the family and society.

In the following interview extracts Koto from the village setting suggests that the family’s wellbeing is ensured through serving them well every day. Koto’s identity is invested in her ability to serve as she feels it contributes to the overall wellbeing of the family. In this example male roles are conferred and defined through the actions of women and in relation to female identity as illustrated in the kitchen metaphor “*E sa dua na nona valeni kuro?*” used earlier in this chapter. Refusing to serve in spite of what she identifies as her husband’s negative behaviour, would create disharmony and disrupt the wellness of the family as a

whole. Koto feels that she is accountable to a higher power. Koto chooses to respond in an acceptable way that reflects her faith and she chose to ignore negativity because it is more important for her to maintain being a good mother and to look after the wellbeing of the family at the cost of her own health and wellbeing:

Ko keta ga a marama a noda I vukivuki ga ena vukei ira a watida mera yadrava kina a nodra I tavi. Na noqu rai a cava keta rawa ni valata me bula kina a ota matavuvale? Meda qaravi ira vakavinaka e na veisiga, a kedra kakana, ko au mada era kila toka I e sega vaka dua ni dua a siga meu na tawa valata vaka vinaka a kena kakana. E dina e dau valata tu ai tova vaka mai ia e sega vaka dua ni dua na siga meu na tawa valata a kena kakana. Au sa vakamalumulumutakini au ga, a meca ka kowa me sa kua, kua...o keta na valata vaka ma i e na sega vaka dua a lomaca. Keta na mamarau tu ga ni da toka vata da veitalanoa ena ota vuvale, baleta ni sa bula jiko vei keta o Jisu. (Koto)

For women, the way we are, how we carry ourselves will help our husbands become fully aware of their role. My view is what can we do so that our families achieve wellbeing? We should serve them well everyday, their food, as for me, these ladies all know that I have never ever missed preparing a meal or serving his [her husband's] food. Even though he does those kind of things [referring to her husband's negative behaviour] I just have to humble myself, and not have that attitude [not to be arrogant or self-serving] ...when we do that [serve them well], there will be no animosity towards us as women. We will always be happy and we will be able to sit together and talk or converse as a family, because Jesus is part of our lives. (Koto)

Koto feels that the happiness of her husband and her family is dependent on her. It is this sense of responsibility that urges her to draw upon her spiritual strength in order to persevere with the marriage. Koto also states that if all women serve to the best of their ability then their husbands will not be upset and harmony will be maintained and wellbeing gained which can also be seen as a source of status within the community in the completion of the tasks.

Women who take good care of their husbands can be seen as exemplifying the concept of '*vakamarama*' (Ravuvu, 1983) through willingly carrying out culturally accepted roles within the family and obligations within the community. Participants discussed achieving wellbeing as a part of their responsibility within the *Vanua*. In relation to gender, Leckie (2009) and the World Bank (2011) highlight that not enough is being done to address gender inequalities. Cultural aspects of gender values and how they perpetuate inequalities are often not addressed thoroughly or in depth. To use Moser's analysis (1989):

that women and men have different roles has important implications for policy makers. Because the triple role of women is not recognized, the fact that women, unlike men, are severely constrained by the burden of simultaneously balancing these roles of reproductive, productive and community managing work is ignored. In addition, by virtue of its exchange value, only productive work is recognized as work. Reproductive and community managing work, because they are both seen as "natural" and non-productive, are not valued. (p.1801)

Moser (1989) argues that the consequences are serious for women as the majority of their work is not valued or is made invisible and often development programmes add to their triple burden leaving them overwhelmed and at risk of their own health and wellbeing. Conversely, the majority of men's work is recognised through status and payments made in exchange for labour.

7.4.1. Triple burden and obligations

The next example from my field notes is of a woman who felt powerless by the dominating forces that kept her marginalised. The findings in this research are similar to that of Varani-Norton (2009), who discusses the difficulties Fijian women in rural areas experience as they try to fulfil their obligations to the

state, the Vanua and the church. This participant at the time of this research had five children all under the age of six years; she was also three months pregnant with her sixth child. Despite her reproductive role and childcare responsibilities, she was also expected to do all the chores within the home as well as meet village and community obligations:

I went over to Tupou's house to give her children some books, she said she had just returned from Salia which is about a 45 minute walk on the beach, because they had to go to clean the school which her 3 older children attended. She took her two little ones, with packed lunches. She felt it would be inappropriate for her not to attend. She also mentioned that the next day, she would be cooking yams for the Village Council meeting as her clan has been appointed to serve the food for the gathering. This meant that she would have to go to gather the yams and cook these early in the morning before getting her children ready for school. (Field notes)

This is an example of what Moser (1989) refers to as the triple burden of women, as exemplified by Tupou who participated in all three roles that is reproductive, productive and community management roles. As a child-bearing mother Tupou ensured that the children had food to eat and were prepared for the 45 minute to an hour walk over to the school. She carried the youngest for the walk as he was barely a year old. Her community management roles meant that she had to cook yams as a contribution to the Village Council meeting and to help clean the school. As Tupou had to leave quite early to go the school, she had to consider all the daily chores she would have to do beforehand. She also figured that she would be coming back late in the afternoon which meant that she also had to think about the meal she would have to prepare for dinner. Usually, she would prepare a meal that did not involve much time.

Tupou's reproductive obligations become almost invisible and are not seen as work as it is an expected gendered role. The 'triple burden', according to Moser (1989) means that Tupou's work within the community, (cleaning the school

and cooking for the village council meeting) was seen as productive work with little consideration given to all her reproductive roles, including looking after her five children, preparing their meals and the family dinner, helping with homework and doing the household chores. Tupou managed these various layers of obligations on her own, despite the fact that she was in her first trimester of pregnancy. These culturally embedded practices keep women like Tupou marginalised as she is occupied with addressing everyday needs with very little time to focus on strategic needs that could empower her.

Tupou's agency is constrained as she is expected to fulfil these roles and not enough is done to assist Tupou in her reproductive role, not only by her husband but the also the community as a whole. Schuler (1986) suggests that consciousness-raising is important for both men and women in order that social change is created. Consciousness-raising for women should aim to:

Deepen...their understanding of the legal, cultural, political, economic underpinnings of their subordination and [help them to] gain ...the skills needed to utilize the system (where possible) or challenge and even subvert it (where necessary) to assert their rights, redress injustices and access economic and political resources. (p.1)

Consciousness-raising allows the community as a whole to critically examine the structures that oppress women and address their strategic gender needs. The aim of consciousness-raising for men is to allow men to become aware of the injustices women face in society allowing men to gain support for women.

7.4.2. Sharing engendered roles

One of the ways burdens are being shared has been through the implementation of policies at the village level. Recently, there have been changes in some provinces in Fiji where villagers have been advised by their provincial officers and government officials to use their discretion on goods that are given to officials as part of their official welcome and *sevusevu*. These goods

which often include, mats, *masi*³³ and *salusalu*³⁴ in addition to the refreshments and preparation work for the visit are usually done by women. As preparing for traditional welcome ceremonies have been a real burden for villagers the government of Fiji has informed all villagers that there is no expectation on them to conduct full *sevusevu* ceremonies and exchange gifts during an official government visit. In addition government officials have been urged not to take back goods prepared for them as was done traditionally.

The new practice means that women can store the same non-perishable goods for all official visits. This practice lessens the burdens for villages. A family member stated that the advice was welcomed by women in the village as it has certainly relieved them from the stress of preparing for official visits. She felt that the consensus amongst the women is that the practice has taken off the burden (M. Radilevukana, personal communication, April 2nd, 2013). This example shows the triple burden effect discussed earlier in this chapter as often associated with the additional requirements of modern society that do not take into account how busy women are. This change to production of goods for the *sevusevu* ceremony is an example of how the triple burden has been taken into consideration so that women are not overburdened. Hence consciousness raising amongst the villagers, and acknowledged from the government, led to minimising injustices associated with the gendered roles of women within the culture. Another example of culturally embedded agency is in the passing on of cultural knowledge and the transmission of social structures through generations.

7.5. Cultural Knowledge as Agency, Intelligence and Wisdom

The key ideas in this section focus on Moser's (1989) arguments about social reproduction. Passing on cultural knowledge is an aspect of social reproduction

³³ Also known as *tapa*, traditional Fijian clothing.

³⁴ Garland prepared using fresh fragrant flowers.

that is also a form of culturally embedded agency. Women within the Fijian community are seen as knowledge holders, who ensure that cultural heritage, traditional systems, genealogical connections and relationship networks are maintained.

The two examples in this section highlight how the social reproduction of cultural knowledge is constrained by dominant forces within a transnational community. Cultural knowledge reinforces cultural identity, gaining a sense of belonging allows individuals to fully participate within their society and therefore attain self-determination and *bula taucoko* or *sautu* (wellbeing) as explained in previous chapters. This sense of belonging is attributed first to the *Vanua* (land), and one's genealogical status within the village structure. Status comes with roles and responsibilities, the ability to speak the language and dialect fluently, a good understanding of the nuances associated with respect, humility, generosity and most importantly, valuing extended family members and the connections that bring them together.

However, findings indicate that there are constraints to this form of agency impacting on women's cultural identity and the achievement of wellbeing. The form of agency is restricted in the transnational community as Fijian women in this context become subalterns in relation to the prevailing culture and subjected to "the dominant groups initiatives and policies" (Green, 2002, p. 21) rather than their own. The transnational community becomes the neo-colonial force that perpetuates 'Europe [the western culture] as hope and the place of enlightenment' (Derrida, 2004; Goswami, 2014; Maggio, 2007; Naas, 2005, 2008; Spivak, 1992, 1999).

The two examples by Aotearoa participants Rosi and Tima show how cultural knowledge is at risk as traditional practices are not valued. Their concern was that cultural values of respect and knowing how to behave were no longer seen as an integral part of the knowledge passed on by a mother. The two were concerned that the inability to value this culturally embedded agency and the

inability to pass it on was detrimental to the wellbeing of Fijian identity highlighted as follows by Rosi:

...na ka au sega ni dau taleitaka se marautaka ni ra sureti mai eso ena so ena noda soqo, ka sega ni dau vakamatataka vei ira na gone. Ni sa dau tukuni ga mai ni sa vakarau tu na kakana era sa dau cici sara ga na gone. Ia na ka beka oya na ka au dau sega ni taleitaka, me vaka e caka e dua na neitou soqo. Ia oya au raica ni sega ni nodra leqa na gone. E noda leqa na tina ni da sega ni vakamatataka. (Rosi)

One of the things I do not like or am unhappy about is when we invite people for a function and no one explains things to children. When we are told that the food is ready, the children will all run up. That is what I do not like, I see that it is not the children's fault or problem it is the mothers that do not explain such things clearly to their children. (Rosi)

In the above example and the following interview extracts both Rosi and Tima are concerned that women's roles in passing on traditional and cultural knowledge were not perceived as a form of active agency associated with social change. The dominant culture within this transnational community is readily embraced by the younger generation therefore constraining the social reproduction of cultural knowledge. Women's inability to pass on cultural knowledge is associated with the subaltern as women have yet to be organised to have a voice within the dominant culture they have become a part of. The passing on of cultural knowledge when it comes to children's behaviour during a function is no longer seen as a valued gender role and is therefore being displaced within the transnational community.

In the second example cultural knowledge, in the attainment of intelligence and wisdom, is also associated with social reproduction and the transference of the mother's knowledge about the ways of being within the Fijian culture. Tima discussed the difference between wisdom and intelligence or education (*yalomatua kei Na vuku*). She felt that the only way to gain wisdom was to learn

about it from the village in Fiji. Wisdom, according to Tima, was defined as knowing one's cultural values, in terms of wellbeing from a Fijian perspective, cultural values are attributed to knowing one's place within the social structures of the *Vanua*:

O ira mai Viti e ra lako mai I ke mera mai vaqara vuku,ia o au na kauta na makobuqu I viti me lai yalomatua mai. Na yalo matua e tu mai Viti kei na kila na Kalou. Era sa sega sara ga ni via lako vata kei au I lotu. Io kila, na ka qo e mosita tu na yaloqu,e dua na ka e rarawataka sara tu ga na yaloqu. (Tima)

In Fiji, they come here [to Aotearoa] seeking intelligence. But for me I will take my grandchildren to Fiji so that they can gain wisdom. Wisdom can be gained in Fiji as well as knowing God. They do not like to go with me to church. You know that is one thing that really hurts me. (Tima)

Wisdom is to have attributes of '*vakaturaga or vakamarama*' and these are values associated with contributing and completing tasks associated with the *Vanua* as discussed in previous chapters. Hence, to have wisdom, one is contributing to the collective resources of a community. Intelligence on the other hand as expressed by Tima was gained from a western education. Tima lamented that intelligent people had no real wisdom, as knowledge derived from books displaced Fijian cultural values as well as service to God which can only be learnt appropriately when living in Fiji. She felt that unless her grandchildren experienced life in Fiji they would remain book smart and never gain real wisdom.

In the context of wellbeing women discussed how fulfilling their role as knowledge holders and passing it on to the next generation in the transnational community was essential. However in the two examples above, it is clear that within the transnational community women are subjected to a dominant culture that is not conducive to the wellbeing of their own Indigenous Fijian culture. Young people are more likely to adapt to the dominant culture as it is

the prevailing force within the transnational community that they live in. When the dominant culture is more valued, the passing on of cultural knowledge becomes difficult, limiting Fijian women's ability for social reproduction and transference of cultural knowledge and skills. Active agency is constrained as Fijian cultural values are being kept silent, displaced by the transnational community that they have become a part of.

In this context Tima is the subaltern dominated by the forces that her grandchildren have adopted within their lifestyle in Aotearoa. Within this transnational community, western knowledge has subjugated Indigenous knowledge as there was no forum within the transnational community that allows elders like Rosi and Tima to pass on this cultural knowledge. Shifting the thinking to make the passing of cultural knowledge a culturally embedded form of active agency requires the community to consciously make an effort to organise events that encourage social reproduction and the transference of cultural knowledge and skills.

The passing on of culture to the children and grandchildren implied that their voices and roles as mothers and as traditional knowledge holders were being actioned. The reproductive role of passing on knowledge is a form of culturally embedded agency that needs to be embraced as it allows for the reinforcement of Fijian identity that positively impacts on the wellbeing of the whole family. The next section explores how power is exerted within their productive roles beginning with a discussion on education.

7.6. Gender Inequality and Education

'Power to' as defined by Rowland (1997) refers to "generative or productive power (sometimes incorporating or manifesting as forms of resistance or manipulation) which creates new possibilities and actions without domination" (p. 13). This form of resistance was referred to earlier as a 'subtle strategy'. In a

study of women in Fiji, Chatter (2013) stated that the restrictive gendered cultural norms perpetuate gender inequality despite the gains in education and access to work. These ideas about how gendered cultural norms perpetuate gender inequalities are expressed in the following extract:

...na gauna au se qai lako mai kina ki nakoro, au sa vakacegu mai na noqu qasenivuli. Kila e levu a ka au sega sara ga ni rawa ni valata, a savasava, niu lako mada ga vakalailai ga sa vaka e...kila. (Kalisi)

I came to the village as a retired school teacher. There are a lot of things that I could not do, the laundry, I would just do a little and it's like...you know [expression of exhaustion]. (Kalisi)

Kalisi expressed that her academic qualification and work as a teacher remained invisible in the village. Instead she was required to learn most of the roles expected of women within the village. Her educational qualifications had limited value in the village and were not realised as a form of agency. In an earlier section of this chapter, Tima stated that real wisdom can only be gained from the village. As a new arrival in the village setting Kalisi has intelligence gained from a Western education but lacks social status arising from the wisdom that is attributed to the '*na kila vakavanua*' or knowledge of the things in the *Vanua*.

Kalisi expressed that her status in the western society as a teacher, a knowledge holder, is not valued as much as her role as a mother. Clearly, Kalisi has been part of an environment where both her reproductive and productive roles have been visible. Kalisi's western education is a potential form of active agency that has not been recognised because she is a woman but also as she was perceived as someone that lacks the cultural capital that can be attained or accumulated from the '*kila vakavanua*'. I note that this was true in this context but may not be true for other villages in Fiji.

Similarly for Aotearoa participants, even though some were highly educated; their role within Fijian society is not based on educational merit but rather on

their status within the social structure. In a study of Pacific migrants in Aotearoa, Macpherson (2001) made the observation that many migrants eventually realise that the opposite is true in Aotearoa that merits mattered more than their social status from the Pacific.

Findings from this study identified that traditional (re)productive roles as well as the status of women who have completed tertiary qualifications need to be acknowledged as a form of active agency that can lead to personal and social transformation. A lack of acknowledgement of the way in which traditional culture and modern society shape women's daily realities may be experienced as disempowering. Kalisi, for example 'talks back' to the societal structures in the village by asking that her status as a teacher is also valued as contributing to the wellbeing of the village. Clearly, Kalisi has a lot to contribute but her qualification is not valued as a knowledge source that can positively impact upon wellbeing in the village. Such is an example of strategies adopted by many organisations working with women who are considered marginalised. According to Alexander (2009), the:

focus on women adopted by most agencies working in international development and human security seek to find solutions in increasing the numbers of women involved rather than focusing on changing the structures that adversely affect women. (p. 118)

Participants in this study stressed how they often have no choice but to do what was required of them as this was experienced as a form of constraint. Cultural norms perpetuated the acceptance of roles and obligations as part of their gendered roles. In both research settings women voiced their concerns about not being heard or not having a voice within the Fijian societal structures. Education gained, however, was not always adopted as a form of active agency because within the cultural structures women remained subordinates.

An excellent example of how 'education agency' is being used in the village context can be seen in a village called *Lutu* in Fiji. A retired judge and school

teacher used his skills to set up a cooperative in the village. The villagers have been able to use their social structures to bring about social change and enhance wellbeing within the village. They have increased education amongst their young people and improved their wellbeing by fusing traditional knowledge and modern technological knowledge to grow their agricultural sector. There is no apparent distinction with gender roles when they work in the farms; there is a marked improvement in living conditions, education and economic wellbeing that improves communal wellbeing.

The educated male in this example used his knowledge and skills to overcome the gendered barriers therefore creating a positive effect enhancing wellbeing for the whole community. Educated women's contribution should also be valued in the same context but women as highlighted by participants have remained the subaltern within the village. Forms of gender inequality are experienced by women globally. At the 59th UN Commission on the Status of Women: Post 2015, the Women's Coalition made up of women advocates around the world launched a vision statement demanding a new development agenda to strengthen gender equality for all. The need for gender equality was raised 20 years after the Beijing platform for action which led to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in which many commitments were made regarding women's human rights, and have yet to be fulfilled (Post 2015 Women's Coalition, 2015)³⁵.

A statement by Priti Darooka, the Executive Director of the Programme on Women's Economic Social and Cultural Rights (PWESCR) in India suggested that:

All women work. Recognize women as workers, producers and as individual right holders. Recognize, reduce and redistribute women's

³⁵ The next chapter discusses social policy and gender issues at a global and national context taking into account global agendas on inequality and gender.

unpaid work, including domestic work, direct care work, and subsistence forms of livelihoods.

Her statement is reflective of what participants in this study highlighted, that their reproductive work should be recognised as work and that they have the right to have their education and work acknowledged as pertinent contributors to the wellbeing of the community. Findings emerging from this research also identified that initiatives to improve women's economic wellbeing often added more burden to the women as their reproductive and gender roles are often not taken into consideration as explained in the next section.

7.7. Economic Wellbeing of Women

This section looks at women's relationship to the market and how culturally embedded agency was not considered in developing some of the projects highlighted by the women in the village. Dolan et al. (2012) states that "examining women's agency is thus key to identifying which aspects of market engagement maybe empowering and why" (p. 38).

Economic wellbeing is often seen as the key to improving women's wellbeing. Cornwall and Edwards (2014, p. 5) argue that providing loans and business opportunities for women does bring about some positive changes in their livelihood:

but to really see substantial changes, the kind that can transform the root causes of poverty and begin to address the deep structural basis of gender inequality, conditions need to be fostered for shifts in consciousness so that women begin to understand their situation and come together to act to bring about change that can benefit not only them but also other women. (p. 5)

Similarly, Kabeer (2005) states that microfinance projects are often seen as the '*magic bullet*' that will improve women's economic situation. But often opportunities do not eventuate.

An example of a failed micro-finance project that was shared by the women from the village at their weekly meeting involved a representative from the village who was chosen for training in the city to learn how to make virgin coconut oil. It was envisaged that upon her return she would teach other women how to make the oil and then together they would create a business where women could gain an income. However, no system was put in place to ensure that skills learnt led to economic wellbeing therefore the programme never gained any momentum or economic gain for the village.

Economic approaches often fail according to Batliwala (1993, 1994), Cornwall and Edwards (2014) and Rowlands (1995, 1997) as there also needs to be a change in mind-set through awareness building and organising women within the environment that the programme is being implemented. Participants discussed how it was hard to make a profit as relatives would buy oil on credit and they often would be reluctant to collect money after months of waiting to be paid. Economic decisions and wellbeing for participants focused on meeting familial obligations and contributing to their extended family. Similarly within transnational communities meeting familial needs were considered a priority within Pacific communities. A study in Aotearoa found that Pacific women defined “economic wellbeing as having enough resources to meet the needs of their families” (Koloto & Sharma, 2005, p. 79).

Similarly, participants in both research settings focused on ensuring needs were being met and that communal wellbeing was maintained. A study on food and gender in the same study site in Nayau (S. Jones, 2009, pp. 141-142), identified that generating income for women was not a priority, rather:

female labor is most valuable in terms of providing for the family by fishing, food preparation and other domestic activities that form the basis of a successful functioning household. (pp. 141-142)

Entrepreneurial skills to improve economic wellbeing already exist in the Fijian village but working collectively and exercising communal agency organised

through the '*solesolevaki*' structure ensures shared workloads. Along with using this culturally embedded form of agency, there needs to be a shift in thinking and organising within their environment through awareness raising. The shift in agency occurs when using a familiar existing structure to contribute to wellbeing through creating an environment in which women can make decisions themselves and have control over the factors that once marginalised them. Central to this is making entrepreneurial ventures sustainable. Approaches need to be more targeted for example, finding a viable non-local market where these products can be sold either to hotels or abroad makes the endeavour part of an agentic process leading to wellbeing of women and the community as a whole. Shifting the focus from culturally embedded agency to active agency allows both the practical and strategic gender needs of women to be realised.

The freedom to be an active decision maker allows women to be able to plan their future looking after both practical gender needs and strategic gender needs. This means that targeted approaches need to ensure that the women will not only have access to but also control of the money that they make from economic ventures. The economic benefits for the women will allow them to meet their practical needs and improve the wellbeing of their families.

Batliwala (1993) as cited by Cornwall & Edwards (2005,p.5) defines the freedom to control as a form of power stating that:

power has two controls aspects—control over resources (physical, human, intellectual, financial, and self) and control over ideology (beliefs, values and attitudes). (p. 5)

Control over financial and self is expressed by Mili as '*bula galala*' in the following statement.

Na bula vakawati qo au marautaka, dua na bula galala. E kauta mai vei au na veisau. Baleta beka niu sa tiko tani mai qai turaga vinaka

au mai sotava[all agreeing]...Na kakana talega au kania, sa vaka eso na kakana eda via kania. Sa tu vata ga kei na kana I sau[all laughing]. Au sa qai mai bula marau. (Mili)

I am happy with this marriage [former widow]. It is a life of freedom. It has brought about change. Maybe because I am abroad and the man I have met is a good man [all agreeing]...It's also that the food I eat, I want to eat. Goes with its cost [all laughing](Mili)

This is Mili's second marriage. Her first marriage in Fiji was within a controlled environment where she had very little control over finances and resources. Mili refers to her life now as 'bula galala' or a life of freedom. This means that she is now able to do what she wants to do with the support of her new husband. Mili now has the freedom to manage her own resources and finances being able to afford what she wants to eat. This new found freedom and control can also be referred to as active agency what she refers to as 'bula galala' or freedom. 'Bula galala' in this instance occurred with the support of her husband a contrast to what she experienced in her first marriage. The World Bank (2011) report highlighted that when women have control over their resources and have the freedom to make their own economic decisions wellbeing is improved not only for themselves but for the whole family. Leckie (2009) and Chatter (2012) discuss that women experience economic freedom when they have access to work. However, because of policies and gender bias in most workplaces, women in Fiji still experience inequalities in these areas (Chatter, 2012, 2013; Longwe, 1995). The same is true in the Aotearoa context, according to NZ Statistics (Kirkwood & Wigbout, 1999; Statistics New Zealand, 2014) there continues to be a pay gap for Māori and Pacific peoples compared to Pākehā and for Māori and Pacific women the wage gaps are much higher. The structures and the environments that women are in have not fully addressed the shift that needs to occur to liberate women from economic marginalisation.

The market engagement is an example of ‘*power to*’ as well as ‘*power with*’ and ‘*power within*’ as material wellbeing allows women to take control of their situation collectively working together to maximise the benefits for the village in improving wellbeing.

7.8. Culturally Embedded Agency of Solesolevaki

The concept of *solesolevaki* was explored in Chapters five and six. This is a form of social capital and communal cohesiveness that leads to collective wellbeing. The preceding discussion showed that the concept of *solesolevaki* has been disrupted by modern society which values striving for independence rather than working collectively. In this section, I highlight the need to retain and use *solesolevaki* as a form of active agency for transforming communities. Not enough is being done to use culturally embedded agency to bring about social change, as noted by Meo-Sewabu and Walsh-Tapiata (2012):

Women interviewed expressed that there have been shifts in gender roles that were clear cut in the last decade and are not as clear now that children have moved away for education, and school fees have meant that both parents are now actively seeking sources of money. In this particular village, generating income involved gathering *beche-de-mers*³⁶ and dried copra to sell to outside traders from the urban areas. The women felt that they were now working individually towards educational access for their children and have lost the collectivity of working together as a clan to achieve a purpose, often referred to as *solesolevaki*. (p. 314) (excerpts from field notes)

Prices of the *be`che-de-mer* depended on its size. The number of hours spent diving or cutting copra depended on how much money they needed to get for the school fees and other modern day expenses.

³⁶ Bech-der-mer are sea cucumbers sold to middle men traders within the village. A good source of income for the villagers but unsafe diving practices make it a dangerous trade.

Participants noted that instead of working communally or as a clan, as they would traditionally through the culturally embedded agency of the *solesolevaki*, each family was driven by their individual needs. During the research, when I was with each clan performing the assigned tasks, some of the women commented that it had been a while since they had come together to work as clan members. One of the participants commented that *'it is like a thief in the night'*; here she was referring to modern obligations such as getting money to pay for their children's school fees, participating in the council meetings and functions organised by government agencies thus robbing them of their ability to work communally as traditionally practised. At the end of the first week of research one of the women in the village stated the following:

au vakavinavinaka ga vei kemudrau a nomudrau lako mai ,ra mai kila tale kina a marama ni dodonu me keimami bula veimaliwai. Me keimami cakacaka vata, rawa ni keimami wasea kina a dredre kei na drakai ka tiki tu ni weimami dui vuvale. Keimami mai wasea vata toka ena dua a siga, se dua a macawa, rawa ni keimami vuli tale kina. Au vakavinavinaka ina omudrau lako mai, na nomudou lako mai e dua a gauna vinaka, keta mai vakabulai tale kina vakayalo.
(Selai)

I am grateful to you all for coming, women have come to know once again the importance of interacting with one another. As well as working together, that has allowed us to share the hardships and burdens we experience in our families. We have been able to share this in a day, or in a week and we have also learned from it. I am therefore thankful that you all have come, as it is a good time for us, as we are also awakened spiritually. (Selai)

Selai's response emulates the agency women were referring to as *solesolevaki*; the ability to work together for the common good, to share burdens and responsibilities hence disrupt the introduced discourses and individualised practices that have hindered their wellbeing. Because the villagers were so caught up with meeting practical needs and have a source of income to provide

for their family, they had failed to address how the practice of *solesolevaki* could be used as a collective approach to improving wellbeing.

It is clear to see that this form of culturally embedded collective agency associated with *solesolevaki* had been disrupted by their individual needs and the need to survive in a cash economy. The burdens were shared amongst the women and there was a lot of laughter making tasks enjoyable, faster and easier to accomplish. Findings from this study identified that as Fiji moves towards a cash economy, women are shifting away from using the traditional *solesolevaki* to meet obligations; tasks are still shared but not to the extent where everyone looked out for each other as a collective. Most obligations and demands from institutions associated with modern society such as paying for school fees and paying for health care are met on an individual basis when the same philosophy of the *solesolevaki* can easily be used to improve and positively impact on wellbeing for the whole community.

The social order in the village is moving towards western individualism, leaving women with more responsibilities. Findings identify that the inability to complete tasks has become a major cause of stress that negatively impacts on participants' wellbeing; not meeting obligations means possible alienation from the extended family and marginalisation within their communities. *Solesolevaki* can also be seen as a culturally embedded form of social protection within the Fijian culture but "is often overlooked in mainstream development discourses" (Ratuva, 2010, p. 40). In the following extract, Ratuva refers to two forms of social protection - formal and informal:

Formal social protection [is]... often linked to policies (relating to insurance, compensation, poverty alleviation and so on) and emanates from the state, aid agencies or even civil society organisations and often deals with protecting people in the formal sector. Informal social protection systems are usually community

and family based and can be based on cultural systems of exchange, social networking, and social safety nets. (2010, p. 43)

The analysis provided by Ratuva (2010) permits an examination of how cultural processes can become forms of culturally embedded agency. Ratuva states that allowing the formal and the informal systems to intersect ensures that the development of projects within collective communities has a better chance of success and sustainability. The International Labour Organisation (ILO) (2006 as cited by Ratuva, 2010) explores how an informal system was used to create a savings club contributing to income for families in Vanuatu. The concept worked because it:

recognized that within rural communities a culture of savings already existed. People would save traditional wealth such as mat[s] and pigs for special occasions and there was always continuous supply as a result of this. (p. 50)

Fiji has similar practices within the informal systems as women save material goods in order to prepare for cultural processes in the village social structures. The culture of saving is discussed in the following example as Selai prepares mats for her son's wedding. I was surprised as she was already preparing the mats for her son yet he was yet to be engaged or to have a girlfriend. Despite this, Selai had already prepared an elaborate spread of mats and tapa she had been working on ever since her son left the village about three years ago.

The practice of saving was common for the women in the village and some of the women in Aotearoa who had accumulated and built a reserve of cultural capital or cultural goods in preparation for weddings, funerals, birthdays and cultural events. Whenever, a traditional event occurred the women were well prepared to work alongside the men and mobilise activities making the occasion successful. The goods that they prepared were not limited to mats and tapa; it also included storing oil, and associated goods for cultural protocols that assisted the men in any cultural event that would occur within the village

or the extended transnational family. Both men and women came together to make the events a success hence contribute to the good society and enhance cultural capital and wellbeing.

The culture of saving is linked to the concept of *solesolevaki* and is part of the informal systems within the existing social structures that already thrive through forms of networking and social capital within Fijian communities. However, these systems need to intersect with the formal systems such as the state, civil organisations, and non-governmental organisations to make them successful and to contribute to the overall wellbeing and '*sautu*' of the village in modern Fiji and in transnational communities (Meo-Sewabu & Walsh-Tapiata, 2012).

Women activate agency through cultural events and through '*solesolevaki*' which mobilises communities to work together to collect goods that they have saved and assign tasks and roles that ensure that events are a success. *Solesolevaki* is an example of '*power with*' that builds on working collectively for a greater impact. Despite some of the changes, there are still major constraints as highlighted by the women that limits women's agency such as the abuses associated with cultural gatherings and for instance, the excessive consumption of *yaqona*.

7.9. Constraints on Family Wellbeing

As explained by Dolan et al. (2012) earlier in this chapter, agency focuses on the process in which women can see themselves as able to act. One of the factors women in both geographical locations were concerned about when it came to their roles within the family, was the influence of *yaqona* (excessive use and abuse) and how it took away from the quality time needed for the family. As a result, participants highlighted that helping with the children's homework and running the household in the evening added to their triple burden requiring

more of the women's time rather than the men. When developing an understanding of agency, the structures that oppress and marginalise women need to be taken into account (Alexander, 2009; Chatter, 2012; Leckie, 2009; Longwe, 1995).

The practice of *yaqona* consumption, as explained in the methodology chapter, was a way of bringing families together and of fostering dialogue and maintaining relationships. It is the over-consumption and the abuse of this practice that has also negatively impacted family wellbeing. Transforming cultural beliefs and practices to bring about positive change, needs to come from the community themselves.

Tupou shared her experience in the village of how she treasures their family time especially for evening prayers. The *yaqona* is consumed by men in the evening and her husband attends the *yaqona* drinking session instead of helping participating in the evening meal and having time with family:

Keitou sa dau jikini neitou bula a lotu vakavuvale. Ni so a gauna e dau lutu eso na i tuvatuva ni vuvale e vaka e dau tarai au saraga na bula gogo... (Tupou)

Part of our family life is our family devotion [most families in the village conducted their devotion in the evening after dinner]. When this [referring to what happens after dinner] does not happen it makes me very unwell. (Tupou)

Tupou cherished this time as it was also a time where the father as the head of the family was able to teach the children moral principles and family values. She was very emotional when she said this, and said it really frustrated her, as it seems that she had to be the one doing everything for the family. In this example, the addition to the triple burden is the expectation that Tupou will also be doing every other task associated with the children at risk to her own health.

Within the Aotearoa context, Unaisi commented on her picture of the *Tanoa* or *kava* bowl, which illustrated how agency is once again constrained by meeting cultural norms:

Au sega ni dau taleitaka na yaqona baleta ya sega ni noqu bula. Au sega ni rawata na bula kei na tamata dau gunu yaqona, baleta niu susu ma na lotu kavitu. O Tamaqu, e lotu katolika. Io koya au sega kina ni dau gunu yaqona. Na yaqona talega vei neitou Ta, takes him away from his family. E levu na gauna koya dau gunu yaqona, koya sa sega ni kila na main a family time, baleta ni au sega ni susu vatakaya mai. (Unaisi)

I do not like the drinking of yaqona because it is not part of my life. I do not like living with a person that drinks yaqona because I was raised in a Seventh Day Adventist family. My father is Catholic. That is why I do not drink. Yaqona takes...my husband...away from family time. He drinks a lot of yaqona and is unaware of the main family time, because I was not raised that way. (Unaisi)

Unaisi does not like the practice but her husband actively participates in this male dominated cultural ritual. In Fiji, some of these cultural practices of *yaqona* consumption having been acknowledged as disrupting family wellbeing and measures to assist with the problem have been introduced.

The following changes are examples of active agency that have been adopted at the village level and have dramatically changed the societal structures that marginalise women. In both geographical settings women noted that the *yaqona* drinking has taken away from quality time with the family and women were keen to see changes put into place. Both extracts highlight the way in which men's role is critical and vital in achieving family holistic health and wellbeing. Traditionally, the church pastor and men in the village, immediately after the morning church service, would take part in a *yaqona* drinking sessions referred to as the '*luva ni neke tai*', literally translated as 'taking the necktie off' meaning to relax after the morning church service. These *yaqona* drinking sessions would

start around midday and often last until very late at night or the early hours of the morning. Women often have to wait up for the men to finish drinking *yaqona* so that they can prepare their food.

Since the research began in 2010, the Methodist church in Fiji has placed a ban on *yaqona* consumption (Bolatika, 2013). The *yaqona* ban has been overwhelmingly welcomed especially by women within the Methodist church. A relative stated that throughout the villages and in urban centres in Fiji men are now able to enjoy Sunday lunch with their families (S. Drasuna, personal communication, April 9th, 2013).

Women in general have indicated how happy they are that their husbands can enjoy a Sunday meal with the family which rarely occurred before the ban (Vakacautadra, E., personal communication, January 2014). At the time of the study the ban had not been imposed, but changes were apparent in the villages and communities where the ban has occurred. This is an example of how '*power over*' has been transformed to '*power with*'; here the church as an institution exerts its power on its constituents by changing the cultural norm and as a result has changed a practice that has oppressed women within the villages for decades.

7.10. Conclusion

At the beginning of the chapter I used a quote by Sen to illustrate the importance of having an agent oriented approach to women's agendas. This chapter has looked at how some institutionalised cultural practices that have oppressed women need to be re-examined to raise consciousness and increase women's agency. The diagram titled '*Culturally embedded agency and gender needs*' (see Figure 30) provided an illustration of how strategic gender needs are to be realised through gender consciousness raising. This awareness supports women to realise how they are being oppressed and marginalised and

it also enables men to recognise the injustices experienced by women as a result of gendered inequalities. The illustration also emphasises the importance of incorporating culturally embedded agency such as sharing roles, changing social structures that perpetuate inequality, the use of cultural safety nets such as *solesolevaki*, changing gender perceptions through raising awareness, identifying values of the Vanua that empower women and most importantly recognising women as change agents. These forms of agency can be used as vehicles that can intersect the formal and informal sector to enhance wellbeing. Approaches need to be targeted within the formal sector and culturally embedded agency used within the informal networks to enhance social protection, social insurance and safety nets. The process must be constantly monitored and strategies for change reviewed to ensure that goals of wellbeing are being met.

Examples of how power is exerted were provided to illustrate ‘*power over*’, which was about control and domination over women. ‘*Power to*’ and ‘*power with*’ allowed for transformation of cultural practices, structures, and processes that can be shifted to make them agent oriented, which in turn leads to women’s empowerment. This often means that women need to have a sense of conscientisation in which they begin to realise how existing structures oppress them. They can utilise the cultural tradition of *solesolevaki* as a collective force that enables them to organise themselves to gain control over the factors that oppress them. Implementing and organising change can then be supported nationally allowing women to have power to address issues at a political level.

In order to achieve wellbeing, culturally embedded agency such as the process of *solesolevaki* can also be used to share responsibilities and used as a means for improving economic wellbeing. The ability to constantly maintain what women expressed and outlined in the *Tanoa Health Belief Framework* as being of service, completing tasks, building relationships and engaging in practices that maintains harmony as well as ensuring that their spirituality reflects a sense of

happiness and physical appearance, is often a constant struggle that impacts on health and wellbeing. The chapter argues that in order to achieve wellbeing, culturally embedded agency cannot be addressed just by women.

Traditionally, men and women carried out their roles and responsibilities for the collective good; however, urbanisation and modernity have disrupted traditional views and what constitutes the collective good. Men's consciousness-raising also needs to be addressed so that they are aware of the injustices and offer support for what can be done for the collective good. Consciousness-raising for both men and women also brings about political awareness as well as positive change that then impact on health and wellbeing. In addition to raising awareness, policies can be enacted that are conducive to women's protection and wellbeing. The next chapter analyses some of these policies for Indigenous peoples in Aotearoa, Fiji and globally and is also the final findings chapter of this study.

8- NA I VAKATULEWA KEI NA BULA TAUCOKO NI MARAMAI ITAUKEI: SOCIAL POLICY AND CULTURAL IMPLICATIONS FOR WOMEN'S HEALTH AND WELLBEING

8.1. Introduction

The findings from this research identified the importance of understanding the cultural constructs of health and wellbeing through an Indigenous Fijian lens. In this study the *Tanoa Health Belief Framework* was presented as a model that embodied this holistic approach to health. Regardless of the geographical setting, cultural identity remains an important element in the achievement of wellbeing. Culturally embedded agency, leading to the empowerment of women as explained in the previous chapter, can positively impact upon health and wellbeing. The aims of this research included finding out about the lay understanding of health and wellbeing.

In light of the findings of this study with regard to health beliefs, this chapter explores social policies and policy implications for the health and wellbeing of women. This chapter draws on international policy frameworks relating to women, Indigenous peoples, and human rights in order to argue that cultural values, cultural worldviews and collective approaches to health and wellbeing need to be incorporated into policies to improve outcomes for collective population groups.

At the national policy level, health and wellbeing cannot be achieved in both research settings, by looking at health alone. There is a need to work across sectors and understand the cultural determinants of health and wellbeing. The

chapter presents a tool that allows for some understanding of how social policy for Indigenous women may be addressed. This tool can assist policy makers in understanding how gender approaches to equality, indigeneity, social protection and human rights may be addressed to empower women and enhance wellbeing.

8.2. Social Policy and Wellbeing

There are varying definitions of social policy in Aotearoa/New Zealand (Cheyne, O'Brien, & Belgrave, 2005, 2008; Ruwhiu, 1999) and globally (Blakemore & Warwick-Booth, 2013; Lavalette & Pratt, 2005; Spicker, 2008, 2014), although in general all definitions highlight a course of action taken to bring about positive outcomes. This chapter draws upon the key social policy goals as outlined by Cheyne et al. (2008, p. 3) as those “actions that affect the wellbeing of members of a society through shaping the distribution of and access to goods and resources in that society” (p. 3). The authors acknowledge that there is an inherent tension within policy analysis as social policies have uneven impacts on different groups within a population making it highly unlikely that all people in a society will benefit from any particular policy initiative.

The concern for most Indigenous populations, however is that social policies often utilise western paradigms without due consideration of their effectiveness in addressing issues facing Indigenous peoples who are often the targets of social policies. There is an increasing recognition primarily from within Indigenous communities that Indigenous voices should be heard within social policy, which means that traditional meanings, words and ways of knowing, all need to be reflected within the social policies of their countries (Durie, 2005b; Hokowhitu, 2010).

In the literature chapter wellbeing was defined from a Fijian perspective and the various contexts, in which contemporary understandings of wellbeing are embedded, were explored. Nabobo-Baba (2006) refers to wellbeing as '*sautu*' or the good quality of life that enables the Vanua or people to be healthy and wealthy (p. 155). *Sautu* or *bula taucoko* in relation to social policy can also be achieved by examining policies that protect those who are most vulnerable within the *Vanua*; these policies are referred to as social protection policies. Social protection, according to Rotuivaqali (2012, p. 4) has been used interchangeably in the Pacific with terms such as:

social security, social insurance, social pensions and social safety nets...social protection is what a society collectively does to protect its weakest member in order to meet the social needs of all. (p. 4)

The definition of social protection I have used throughout this thesis, defined by Ratuva (2010) explores cultural systems that can be used in the informal systems as safety nets to protect the most vulnerable within the community. Globally, literature tells us that female headed households remain the most vulnerable economically compared to male headed households (UN Women, 2015). Similarly, in Fiji literature indicates that women headed households remain economically disadvantaged (Narsey, 2012; Pabon, Umapathi, & Waqavonovono, 2012; Walsh, 2006), yet policies are silent about specifying gender realities of women in Fiji, some of which I have discussed in Chapter 7.

The vulnerability of women in the village was associated with their triple burden roles as well as overwhelming cultural expectations that were placed on individuals. A discussion paper by Chattier (2014b, p. 4) suggests that "when poverty is measured primarily in income or consumption terms, it is impossible for gendered inequalities to come into view" (p. 4). She suggests measuring poverty in a way that takes into account the lived experiences and the nuanced experiences of women and men.

Issues associated with economic disadvantage may be applied to Indigenous Maori and Pacific women in Aotearoa, who are classified as most vulnerable according to the universal global standard. However, global measures of poverty, vulnerability, wellbeing and determinants of health often fail to gauge the cultural realities of women. The previous chapter has discussed some of those nuanced experiences in relation to women's roles, their cultural strengths, daily realities as well as factors that are associated with vulnerability. Yet universal measures of poverty that focus on economic wellbeing are used to inform social policy hence the importance of cultural capital as well as strategies to address gender inequalities are not fully realised.

The findings from this study as well as a review of the literature has led to the development of a tool, presented in this chapter, that can be used to assess the cultural realities of women and inform policy. This tool can be used to gain an understanding of women's daily reality rather than then referring to the checklist of what they own, referred to as the 'material deprivation list'. In addition, social policy needs to be understood from a cultural context of the population groups they are designed for. In this study the population group being studied are Indigenous Fijians who are also referred to as Pacific peoples in the Aotearoa context.

8.3. Fiji, Pacific and the Indigenous Context

Madraiwiwi (2008) believes that Fijians are increasingly becoming dependent on the State which is a direct result of the neo-liberal policies that are permeating Fiji. He describes a 'new poor' population that is being created across Fiji. Indigenous scholars have criticised the use of western or imported approaches and more recent attempts to introduce health and social policy based on Indigenous models, frameworks and solutions to the social issues faced by Indigenous population groups have emerged (Baba et al., 2013; Durie, 1998; Helu-Thaman, 2009; Hokowhitu, 2010; Kupa, 2009; Nabobo-Baba, 2008;

Pulotu-Endemann, 2001). When it comes to health, education, justice, housing and welfare, Maori in Aotearoa and Indigenous migrant population groups such as Pacific peoples are at the brunt of social policies which have not necessarily benefitted or helped to address the social problems within their communities (Hokowhitu, 2010; Madraiwiwi, 2008; Meo-Sewabu & Walsh-Tapiata, 2012; Rewi, 2010).

Furthermore, countries subjected to Western colonisation often emphasise individual freedom as the foundation of modern society, while the collective nature of family villages and tribes explained in this thesis (see Chapter 1 for an explanation of the village social structure) is rarely acknowledged. Social policies have therefore often been based on western philosophies and values with the expectation that Indigenous communities will change or conform to them. In addition, social policies within most developing countries continues to be driven by the Northern hemisphere governments and experts who often do not understand the cultural structures nor the daily realities of Indigenous communities (R. Connell, 2007) .

Part of the juxtaposition between the western and non-western paradigms as expressed by Airhihenbuwa (1995) is:

...the colonial mentality of expecting non-Western cultures to embrace Western paradigms without critically analysing them creates a lose/lose situation. To suggest that non-Western cultures should play a catch-up game with the West is to suggest that their cultural values and production could never equate with “progress”.
(p. 15)

The colonial mentality which emphasises individual progress is infiltrating the societal structures within the Fijian village. “Progress” calls for acquiring economic gain through individualised means without using the structures that traditionally contributed to societal gains and wellbeing.

Social policy frameworks mostly address issues relating to material deprivation, and yet Indigenous groups often have different indicators which reflect their wellbeing. Wellbeing, for example, is referred to in this thesis as '*bula taucoko* and *bula sautu*'. Findings relating to *bula sautu* identify that a sense of belonging; valuing relationships; completion of tasks and roles; are all intangible Indigenous values that are often not incorporated into social policy goals that are based in Western conceptual frameworks.

Indigeneity and inter-relationships with the natural environment and its people are also central to a discussion of Indigenous wellbeing in the context of social policy (Durie, 1999, 2005b). This thesis draws upon the United Nations Permanent Forum on Indigenous Issues (UNFPII)(2006) which states that Indigenous peoples:

... are descendants according to a common definition of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived. The new arrival later became dominant through conquest, occupation, settlement or other means. (p. 1)

Definitions problematically settle on paper that which is not settled in reality (Latour, 1999). The definition of indigeneity outlined in the UNFPII fact sheet focuses upon colonisation, conquest, and minority group status. The UN definition may not entirely reflect the Fiji experience. This UN fact sheet definition was utilised in a paper I presented with a colleague in Fiji (Meo-Sewabu & Walsh-Tapiata, 2012), and the local newspaper highlighted that given this definition, Fijians could be excluded from being considered as Indigenous (The Fiji Times, 2010). The subsequent controversy created by the article stemmed from the political situation in Fiji at the time when Indigenous issues were being increasingly politicised. The article was claimed to be against Indigeneity missing the whole point of the paper. One of the issues we as Indigenous researchers were highlighting in this article was the need for

Indigenous populations to move away from colonisation as the primary focus, but rather to focus on what empowers us as Indigenous people.

The impact of contemporary western ideas, practices and commodities on Indigenous cultures is bracketed out by understandings of colonisation that are dominated by historical forms of conquest and settlement. The United Nations definition of indigeneity for Fijians and for other Pacific peoples is sufficiently problematic for Indigenous peoples that have not been colonised that in this chapter I will draw upon Durie's (2005a, 2005b, 2011) work that focuses upon Indigenous realities and aligns with the findings from this study.

8.4. An Alternative Framework for Achieving Wellbeing

There is an urgency to develop and use frameworks that are inclusive of Indigenous world views, and that consider localised solutions that affirm traditional social structures and cultural practices, in the development of social policies. Social policies that allow collective structures to work together as suggested by Durie (2005b) focus on three broad based policies derived from the principles of:

- full participation in society, education and economy (the participatory goal);
- certainty of access to Indigenous culture, networks and resources by Indigenous peoples (the indigeneity goal); and
- fairness between members of society (the equality goal).

Durie (2005b, 2011) suggests that unity with the natural environment, or *Vanua* (land), is the primary defining characteristic of Indigenous peoples, along with secondary characteristics that include celebrating custom and group interaction. This then gives rise to a system of knowledge, facilitating sustainable economic growth and contributing to a unique language. These aspects of Indigeneity

reflect peoples of Oceania and in addition show a bond between them. Rather than colonisation or population being the point of connection, it is in fact our Indigeneity, our identity; the things in common as well as the points of difference that shape Indigenous realities (Durie, 2004b, 2005b; Jahnke, 2002; Tuhiwai-Smith, 1999). From a development point of view, Sen's work in developing countries, most of which are Indigenous communities, discusses the importance of removing unfreedom from the lives of those that are oppressed. As Sen (2001) states, "development requires the removal of unfreedom: poverty alleviation, poor economic opportunities, neglect of public facilities as well as social deprivation and repressive states" (p. 3).

Findings from this study identify that 'unfreedom' is related to the women's inability to share roles and the burdens experienced from their obligations in the various institutions as well as the structures that continue to oppress them (see Chapters five, six and seven³⁷). For example in their gendered roles, the triple burdens of women are often not considered when development projects are introduced. The expectation from institutions of modern society is that projects will be readily adopted by women as discussed in Chapter seven, without any real understanding of existing tasks and roles within the Fiji social structure creating burdens that impact on their health and wellbeing.

To illustrate how social policy in terms of the findings from this study might be analysed, I have devised *Figure 31: Social policy implications for I Marama iTaukei* (see below). The figure demonstrates that in order to achieve wellbeing, strategic and practical gender needs have to be addressed together as indicated by the plus sign. In terms of policies, they need to be gender inclusive at all sectors taking into consideration the goals of equality both in the formal sector and in the informal sector. Examples of what may occur in the formal sector

³⁷ Institutions that women feel obligated to include their role in the church, in schools, in community meetings organised from the government. For women in Whaganui, it is the same yet multiplied as they feel obligated to contribute not only to institutions and relatives in Fiji but also to extended families in Aotearoa and abroad.

include decreasing the gender pay gap as well as women's participation in certain professions like engineering or politics. Within the informal sectors, women in this study identified some of the forms of culturally embedded agency that have been constrained as a result of the lack of awareness of gender rights, policies and village by-laws that improve wellbeing.

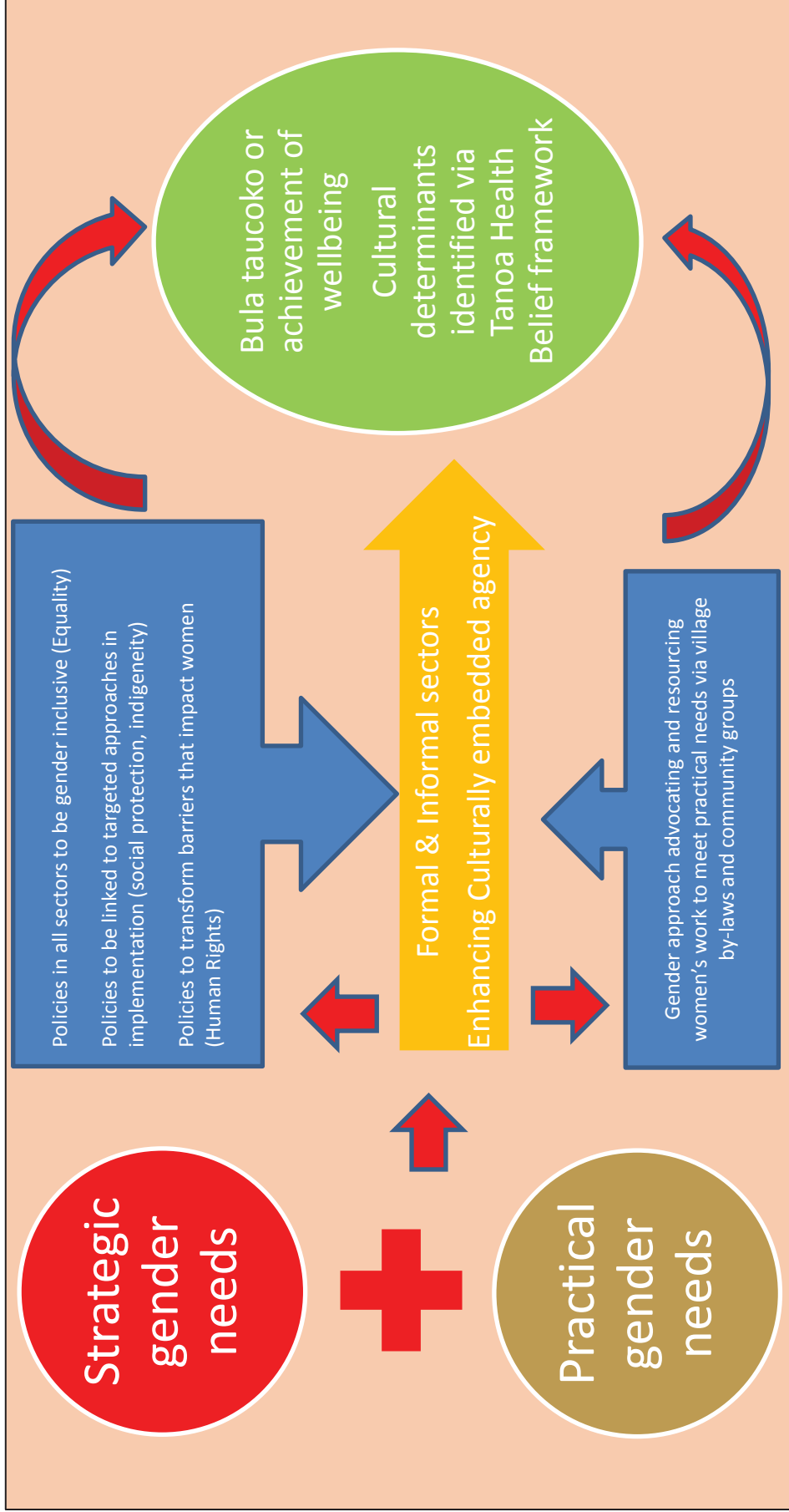


Figure 31: Social policy implications for I Marama iTaukei

Another area in social policy that needs to be addressed is in relation to the need to link social protection policies to targeted implementation. Globally, there has been a steady increase in attention to the women's agenda as expressed through international policy documents such as the 1979 Convention on the Elimination of Discrimination against Women (CEDAW)³⁸ and the Beijing Declaration and Platform for Action 1998³⁹. At a New York meeting held twenty years after the initiation of CEDAW, the Commissions on the Status of Women (CSW59, 2015) represented by the UN Women's Executive Director, Phumzile Mlambo-Ngcuka, stated that the Ministers present have agreed to take further action to fully implement the Beijing Declaration for the next 15 years. Fiji and Aotearoa were both signatories who agreed to implement the following:

1. strengthened implementation of laws, policies, strategies
2. strengthened and increased support for institutional mechanisms for gender equality
3. transformation of discriminatory norms and gender stereotypes
4. significantly increased investment for gender equality to close resource gaps
5. strengthened accountability for the implementation of existing commitments;
and
6. enhanced capacity building, data collection, monitoring and evaluation
(Mlambo-Ngcuka, 2015; UN Women, 2015).

³⁸ For more on CEDAW and countries that have signed the convention and country status and reports refer to <http://www.un.org/womenwatch/daw/cedaw/>

³⁹ Declaration became the platform in which regional and national legislation and laws were introduced <http://www.un.org/womenwatch/daw/beijing/platform/>

These action areas will set the platform on how the women's agenda will be addressed in both countries. At the meeting in New York, it was clear that even though there has been a lot of legislation and laws introduced in countries globally, the actual implementation of these laws, policies and strategies are still in their infancy therefore the linking of policies to targeted approaches in implementation is crucial (Mlambo-Ngcuka, 2015) .

The findings in this study centre on the concept of wellbeing or '*sautu*' or *bula taucoko* and suggest that social policies often do not include the informal systems that protect cultural wellbeing or contribute to *sautu* or *bula taucoko* (wellbeing). Figure 31: Social policy implications for *Marama iTaukei*, encompasses the recommendations for action from a global context as well as addressing both formal and informal sectors when addressing the barriers that prevent women from achieving wellbeing. These links through policies and by-laws in formal and informal sectors need to be culturally relevant and need to take into account the culturally embedded agency within the culture. Culturally embedded agency can become active agency by sharing roles through *solesolevaki*, changing gender perceptions through raising awareness and strengthening values of the *Vanua* that empower women and recognise women as change agents. Doing so ensures that there is full participation in the economy and education and promotes an Indigenous network and resource within the culture and ensures equality within the social structure.

Cultural determinants of health and wellbeing can be examined through the use of the *Tanoa Health Belief Framework* explained in Chapter six as *Dau veiqaravi* (to be of service), *Taucoko ni qaravi itavi* (completion and completeness of tasks), *Na veiwekani* (maintaining harmony), *Ke na i rairai* (physical appearance), and *Bula vakayalo* (spirituality). These cultural determinants needs to be fed back to the formal and informal sectors and addressed through gender approaches and more importantly policies can be developed that promote equality, social protection and indigeneity as well as the human rights of women. This is a

cyclic process and continuous monitoring and evaluation has to take place to achieve and sustain wellbeing for women.

The colours and symbols within the figure have meaning. The red circle signifies the danger that strategic gender needs are often not addressed as women are often overwhelmed with the routine practical gender needs. Yet when addressing gender inequalities, policy makers include analysis of structures that continue to oppress women. Realising how the structures are oppressing women or suppressing their sense of agency as well as addressing women's practical gender needs can significantly contribute to improving gender approaches to enhancing health and wellbeing.

The brown colour for practical gender needs signifies the earthy nature of the practical component, including the need for reconnection to the land and gender roles associated with the *Vanua*. The red plus sign indicates that the two areas need to be addressed together. The red arrows indicate that continuous monitoring and evaluation needs to be conducted in order to achieve and maintain wellbeing. Amber indicates that caution should be taken to ensure that policies and laws are utilising culturally relevant frameworks as well as culturally embedded agency.

Blue indicates that there needs to be a systematic way to find structure and formulate policies that will enhance the wellbeing of women. Green implies sustainability with all the elements within the figure taken into consideration progress can be made in terms of achieving and maintaining wellbeing. With a general idea of how social policies may impact women's wellbeing, as illustrated in Figure 31, there is also a need to outline policies that may impact the triple burden of women so that women's strategic and practical needs may be addressed accordingly.

8.5. Strategic and Practical Gender Needs

The triple burden of women includes the practical needs of women, the day to day running of households, their mother role and domestic chores which dominate their day. These responsibilities leave very little time to reflect on the strategic gender needs through which women begin to realise that they may take a collective action against structures that limit their sense of agency. There were some examples in the previous chapter of subtle strategies that women used to change perceptions of gender roles. However, in order to achieve wellbeing both women's practical gender needs and strategic gender needs have to be addressed.

Addressing these needs can come in the form of consciousness raising, whereby women can begin to see beyond their day to day practical needs. A key to empowering women will be to assist them to improve their financial collective wellbeing. In the previous chapter, I discussed the micro-finance business brought to the village. The project promoted financial literacy however, culturally appropriate methods and culturally embedded forms of agency were not utilised to assist the women. Therefore policies promoting poverty alleviation need to be targeted, and to be responsive, to the cultural needs and collective nature of that society.

In terms of the development of social policies that affect Indigenous communities, Durie (2005b) proposes that it is important to recognise that collectivity is fundamental to traditional societies. While social policies are designed to achieve wellbeing, these are often imposed on those at a grassroots community level, goals of Indigeneity and the cultural and social rights of women are often not always protected. For example, policies that target poverty alleviation through micro-finance should consider that women may have access to the micro-finance funding but do not control the income from the project hence very little benefit for the women and the family as a whole is achieved (Batliwala, 1993, 1994; Dolan et al., 2012). Therefore, policies promoting health

and wellbeing for women need to have links to targeted approaches in implementation safeguarding those who are most vulnerable. This also means that culturally embedded agency in terms of micro-finance initiatives would include collective approaches rather than individual approaches to improving well-being. Protecting the most vulnerable is often addressed through social protection policies and identifying safety nets.

8.6. Social Protection and Safety Nets

The last chapter discussed various layers of inequality for Fijian women both in Fiji and in Aotearoa. Globally the UN has a Social Protection Floor advisory group⁴⁰ led by the International Labour Organisation (ILO) and WHO to assist developing countries to set up welfare schemes.

Social protection floors are nationally defined sets of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level. (International Labour Organization, 2012)

Even though these schemes have been set up in Fiji to target Education, Health, Women, Children and Disability programmes through cash transfers and Family Assistance Programs (FAP); schemes are often not aligned with the needs of communities and generally target formal systems when most of the population groups are outside of these formal sectors (Asian Development Bank, 2010; Bryant-Tokalau, 2012; Vakaoti, 2009, 2014). Furthermore, Rotuivaqali (2012 cited a report by World Bank, 2006) stated that “there are social protection mechanisms with high leakage rates, perverse targeting to the rich, benefits inducing further dependence, resulting in unsustainably large

⁴⁰ Fact sheet on advisory group can be accessed on <http://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang-en/index.htm>

fiscal burdens” (p.42). Similarly, in the context of Aotearoa, social policies for the vulnerable and for Indigenous communities often do not address their needs.

8.7. Social Policy and Equality and Human Rights

A major tension for policy making and the wellbeing of Indigenous communities has been the creation of policy and who has the power to determine what worldviews inform this policy. For example, the impacts of colonisation in both Aotearoa and in Fiji continue to influence the development of social policy, at times with questionable results. There is an urgency to develop and use frameworks that are inclusive of Indigenous worldviews, and that consider localised solutions that affirm traditional social structures and cultural practices in the development of social policies.

Other Indigenous cultures within Aotearoa, are often frustrated at how social policies are not inclusive of their priorities. Maori politician Matiu Rata (in Hokowhitu, 2010) summed up the situation in Aotearoa/New Zealand, when he had this to say about the level of frustration for Maori in the area of social policy:

We have, as a people, never felt more let down, more insecure and more economically and socially deprived....we will no longer tolerate polices which take no account of our language, customs and lifestyles, nor will we accept being governed and administered by anyone who does not understand the way we think. (p. 207)

Speaking in the late 1970s, Rata, along with Durie and many other Maori leaders, challenged social policies within Aotearoa/New Zealand, that did not reflect the reality of those communities that are most affected by these policies. Durie’s (2005b) framework for social policy alongside of Nabobo-Baba’s (2006, 2015) and Baba et al. (2013) examination of wellbeing and the *Vanua* as well as Ratuva’s (2010) explanation of social protection, offers opportunities for two

Indigenous cultures from Oceania to weave together their stories and to consider how social policies can and should preserve cultural heritage and wellbeing. Madraiwiwi (2008) sums up the importance of a collective approach in the case of Fiji, stating that, “unless we collectively commit ourselves to reconstructing or re-fashioning our own epistemologies, the risk is that others will define us” (p. 4). However, in Aotearoa, there has been progress as in the case of the Maori Party providing a critical Indigenous voice to political debates.

Collectively committing to refashioning our own epistemology means, for example, that the women’s micro-finance project as well as diving for bech-de-mers can be done collectively within the village through the use of culturally embedded agency such as the *solesolevaki* to sustain economic and overall wellbeing of villagers. The Lutu taro project explained in Chapter seven shows an example of a collective approach where the community has reconstructed and refashioned what works in the village using informal systems to bring about economic wellbeing that enhance the overall wellbeing of the village.

Social policy frameworks mostly address issues relating to material deprivation, and yet Indigenous groups often have different indicators which reflect their wellbeing. For example these include a sense of belonging, and a valuing of relationships which connect them to a certain territory; all intangible values that are often not incorporated in social policies as shown in the literature (Durie, 2005b, 2011) and by this study. A sense of belonging and identity in the Indigenous Fijian context allows one to fully participate and therefore attain self-determination and *sautu* (wellbeing). Full participation within the informal systems in the villages, such as the *solesolevaki*, are often not considered nor utilised in formal projects therefore creating more burden on the communities hindering the achievement of *bula taucoko* and *bula sautu*. Developments initially thought to create more freedom for the villages, in fact made them more dependent on outside resources as the following examples illustrate.

The first example focuses upon a development project that took place in the village. Villagers identified that this project had created a loss of cultural heritage for members of certain clans within the village.

In 1975 a hurricane wiped out the village's physical structures. As a result the village had to be relocated and the building of the new village was taken over by the State. New hurricane proof houses were built and each tokatoka (family units) were assigned houses by the State. One of the village elders stated that it is great that they all have hurricane proof houses but it had literally taken away the village social structure of *matai* (builders) or carpenters in the village. The last elder passed away several years ago but did not pass on this knowledge because there was no need for it. The village elder then said there is not one young male in the village that knows how to make vines and collect materials to build a traditional Fijian bure (house). It is a skill that will once again have to be taught to the villagers. (Meo-Sewabu & Walsh-Tapiata, 2012, p. 311)

Development in this case is a well-meaning disaster risk reduction initiative that resulted in a loss of identity, bodies of knowledge and skills that could have been harnessed if social policies had promoted maximum community participation and reflected Indigenous goals of wellbeing. In this particular case, the community's cultural heritage and wellbeing were compromised because of the building project. Full participation was lost because the development project did not look beyond what it would cost the villagers in terms of de-culturation and deskilling of both men and women.

The second example focuses upon the role of the clan of canoe builders (*dautawaqa, mataisau*) a skill which has been lost within the village social structure as people have become dependent on outboard motors which are not economically viable for the villagers. Canoes do not need fuel and are cost effective, fuel for outboard motor costs much more than the average income in the village. Reliance on fuel resulted in a form of economic dependence that

created what Madraiwiwi (2008) referred to as the 'new poor' population within a village context.

More importantly, a lot of cultural imperatives and intangibles are lost such as the interaction that takes place during the building process or through inter-island travel. The story telling, the jokes and fun of working together, the mentoring, the transfer of knowledge through the use of metaphors and skills and the strengthening of community bonding are weakened when traditional practices are lost.

Elders and village members expressed how they used to have so many Island interactions using their canoes. These island interactions included exchanging materials, trading and making connections throughout their group of Islands. During my visit to the village there was only one remaining canoe hardly used by the villagers. It was not in use because no one could repair it. Interestingly in both examples the village elder was the only one who identified the loss in traditional roles. (Meo-Sewabu & Walsh-Tapiata, 2012, p. 311)

In this case the development of motorised inter-island transportation, while a progressive initiative, failed to consider the loss of cultural heritage as well as disruption to the social structures within the village and between communities. The resultant loss of identity, as well as a way for the canoe building clan to contribute to village life, means that the safety nets that were based in forms of exchange once operationalised by the informal systems existent within the village social structure, no longer protect wellbeing; hence people in villages become reliant on the formal systems of the state.

Social policies aimed at achieving wellbeing at village level will need to promote maximum community participation and reflect Indigenous goals of wellbeing. These roles relate to the deskilling of men in the village, which have significant impacts on women and families as not only do they lose part of their traditional roles they also have to find means of surviving in a globalised

economy. Loss of male cultural identity through clan roles that enabled men to contribute to the informal economy through building houses or crafting canoes, gives rise to many other social issues such as unemployment, the abuse of kava, alcohol and domestic abuse.

Colonisation, modernisation and other factors, have seen village social structures or these informal systems re-invented, re-negotiated or re-contextualised in order to achieve wellbeing. However, there appears to be limited initiatives where the trickle-down to village level of social policies ensures that these informal systems are included as a part of modern developments within the village context and hence contribute to their wellbeing. An example of this as explained in Chapter seven is the micro-finance project with oil making for the women. First the introduction of the project did not take into account the triple burden of women as well as the non-monetary forms of exchange and within the village setting resulting in the failure of the project.

8.8. Cultural Wellbeing and Health Policies and Frameworks

In Fiji there has been an increasing awareness over the last few years of the need to preserve cultural heritage. For example, the Ministry of *Itaukei* in Fiji has developed mechanisms that provide Indigenous resistance to cultural displacement. Their work has included cultural mapping, the development of an Indigenous research ethics framework, intellectual property rights, and community development, all of which aim to assist reclaiming what has and can potentially be lost. There are also regional developments in cultural mapping being conducted by the Secretariat of the Pacific Community (SPC). The implementation of social policies (even those with a strong cultural base), have often failed because clear directions have not been given in regards to how these social policies should be implemented and sustained. Lack of guidance by the State is equally relevant to both societies in Aotearoa and Fiji. Therefore, it is

important for service delivery and social service agency workers to be able to comprehend health belief models so that health belief frameworks can be effectively implemented.

The findings present a *Tanoa* Health Belief Model explained in Chapter five and a Health Framework for service delivery as explained in Chapter six. Differentiating between the two is important; the Health Belief Model in this thesis explains cultural understandings of health and wellbeing. The *Tanoa Health Belief Framework* operationalises how to work with the beliefs identified. The Framework is a practical guide for health providers and social service agency workers on how issues can be addressed to enhance the wellbeing of a person. Agnew et al. (2004), in the context of Pacific models of mental health, argued that it is important to recognise the difference between a health belief model and a health service delivery model. Suaalii-Sauni et al. (2009), also discussed the way in which service delivery models incorporated health beliefs and values as well as how these values and beliefs were implemented in the provision or setting of the service. The authors further argue that a service delivery model will need to include the cultural competency of the service as well as ensuring that performance criteria are defined or assessed.

A key argument in this thesis is that understandings of health beliefs within a culture are pertinent and need to be incorporated into service delivery models. Understanding the cultural factors that influence wellness beliefs can help health providers and social service agency workers to meet the needs of cultural groups and deliver a service that is culturally appropriate⁴¹. Only then can the root causes of what enhances and hinders health and wellbeing be understood and issues addressed accordingly.

⁴¹ Details of culturally relevant ways of delivering service based on the Tanoa health belief framework is explained in Chapter 6.

8.9. National Health Strategies and Policies in Aotearoa

Findings from this study identify the importance of understanding the cultural determinants of health and wellbeing. Without this understanding, decisions may be made at a policy level that fail to address the collective approach to health and wellbeing and cultural implications for women. In Aotearoa, at national level strategies to improve health amongst Pacific populations has been evident in many Ministry of Health documents (Ministry of Health, 2004, 2007, 2008, 2014). The *'Making a Pacific Difference in Health Policy'* (Ministry of Health, 1998) refers to the key documents that explore pathways to improving health outcomes for Pacific peoples in Aotearoa yet cultural beliefs and values were not identified as pertinent.

Almost 20 years later, understandings of cultural determinants of health, ethnic specific approaches as well as pan-Pacific frameworks have all been highlighted as key to improving health outcomes (Ministry of Health, 2002, 2004, 2007, 2008). This study highlights a key feature within the Ministry of Health document, *Ala Mo'ui: Pathways to Pacific Health and Wellbeing* (2014–2018) (Ministry of Health, 2014, p. 24) relating to the fourth priority outcome entitled: "Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāмили experience improved broader determinants of health". The main aim of this priority area is to address the negative influences on health determinants.

This study has also identified that there are layers of complexity in what hinders the health and wellbeing of women. Women have identified how their roles and obligations have directly impacted on their sense of wellbeing. I have referred to these roles and obligations as the triple burden of women, including reproductive, productive and community links, in which their reproductive roles almost always remain invisible and much more is expected of them through their productive and community links. The triple burden of women as explained in Chapter seven has multiple layers of complexities that are

explained in Chapters five and six. Women are often so overburdened within these roles; making it almost impossible to identify the active agency or the strategic gender needs within these multiple layers of complexity. However, women themselves have to be able to identify these oppressive structures enabling them to organise themselves and act making them agents of change. Improving health and wellbeing is directly linked to how well women can identify the oppressive structures as explained in Figure 30: Culturally embedded agency and gender needs, in Chapter seven, this comes from raising awareness.

The *Tanoa Health Belief Framework* allows those working in service delivery to understand the cultural determinants of health that directly affect health and wellbeing. The national strategy includes the need to advocate for more intersectoral activity that enforces effective interconnected actions to improve not only health but also social and economic outcomes at all levels. This would mean that approaches to health and wellbeing are collective approaches that address the health of communities. In Aotearoa, the Ministry of Health has recently put out a project called 'Pasifika futures' for community groups to look at innovative ways of improving health and wellbeing (Pasifika Futures, 2015).

The aim to improve health outcomes is extended to the Pacific Island region in which the Ministry of Health would like to “contribute to initiatives that seek to foster economic development, eliminate poverty and improve educational outcomes for Pacific peoples” (Ministry of Health, 2014, p. 24). The research findings have identified that the implementation of the *Tanoa Health Belief Framework* will work effectively if other sectors apart from Health, are involved in working holistically to enhance the health and wellbeing of women. The layers of complexity associated with their gender, familial and cultural roles, identified by women in this study, involved managing what they face daily to meet their practical needs. Addressing these daily realities that hinder health

and wellbeing needs a concerted effort across a whole range of sectors. Most importantly is that women's health and wellbeing cannot just be addressed by women alone, a gender approach ensures that men understand women's realities and work together to achieve good health and wellbeing.

8.10. Fiji Context and Health Policies

Health policies in Fiji have failed to account for collective ways of addressing health inequalities. The influence of colonisation, the drive for more curative rather than preventative services and the shift from traditional medicine have been some of the influences on increasing health inequalities. Fiji along with many Pacific nations share the experience of colonisation and imported 'British laws' that have very little cultural relevance to addressing lifestyle diseases⁴² and health services in the Pacific (Howse, 2009, 2012). Laws that influence health policies in the Pacific as explained by Howse, often are 'introduced by the colonial powers and often poorly understood and accepted by Indigenous people who have very different approaches to social organisation' (p. 237). Furthermore, policies are reflective of British public health laws of the 19th Century that addressed communicable diseases and environmental factors affecting public health (Reynold, 2011).

Women in this study identified that village by-laws have remained the same for generations reflecting an old public health focus that includes inspecting homes, drains and toilets rather than providing an emphasis on modern health promotion strategies for non-communicable diseases that incorporate attention to the social determinants of health or the root causes of lifestyle diseases. The Fiji's Ministry of Health Strategy for 2011-2015 (Ministry of Health, 2011), as well as the Health service delivery plans (World Health Organisation & Ministry of Health, 2012) both highlight that Fiji's health system is suffering

⁴² Chapter 5 discusses the changes in lifestyle and food transition that has led to lifestyle diseases or non-communicable diseases.

from a triple burden of communicable diseases, non-communicable diseases as well as injuries. Their goal is to strengthen the health system's delivery mechanisms which include the establishment of a health policy unit to review strategies that affect health and wellbeing in Fiji.

The health promotion strategies within the Ministry of health in Fiji began in 1995 through a tri-lateral health promotion project funded by AUSAID and JICA, of which I was a health promotion officer under the AUSAID arm of the project. The findings from this research illustrate that twenty years later health care is still focused upon curative rather than preventative care. Health promotion strategies were not apparent in the village, and the use of traditional medicine was not viewed favourably by the medical attendant in the village. Curative rather than preventative medicine was the preferred method of treatment.

During one of the focus group sessions, the village health worker handed out bags of paracetamol provided by the nurse. When I asked the women what illness they had, some stated diabetes, high blood pressure and just severe headaches. No prevention measure was being taught to the women or health promotion strategies to prevent the onset of illness. In addition the use of traditional medicine was discouraged by the village nurse and women discussed how many of them had been told off by the nurse for taking traditional medicine as the first course of treatment rather than visiting the health centre.

The Ministry of iTaukei Affairs Board, has now compiled a publication documenting medicinal plants and herbs (World Health Organisation & Ministry of Health, 2012). The Fiji government in 2000 instructed the then Ministry of Health to develop a national policy on traditional medicine (World Health Organisation, 2001). It is apparent that plans have been made and mandated, however, there needs to be a decolonisation process at the local level that encourages the use of traditional medicine. The National health plans in Fiji

reflect values that promote human dignity such as “equity, responsiveness and respect and upholds the universal coverage and equal access to health services” (World Health Organisation & Ministry of Health, 2012, p. 7), however, there is no specific evidence that culturally relevant measures or improving cultural competencies of practitioners and trainees within the medical and nursing institutions exists. Vudinibola’s (2011a) thesis supports the need for the decolonisation of nursing through the delivery of nursing education in Fiji and the incorporation of Indigenous knowledge into the curriculum. However, the nursing institute in Fiji still adopts the training brought to Fiji in the colonial era in which hierarchal health professionals and client relationships exist.

Rosi, for example, talks about how her experience with health services in Fiji created a barrier to accessing health services in Aotearoa:

io baleta beka ga na ka e da sa dau rogoa tu mai. Nai vakarau ni vosa mai na vanua eda lako mai kina sa vaka eda mai rere tu kina, ni dua na ka e yaco va oqo eda nanuma tiko na aka oya (Rosi).

Yes perhaps it is because of all that we have always heard. The way words are spoken [implying the harsh tone of health workers] in our land. So when we come to Aotearoa we are scared to access services because of our experience, when something happens [illness] we often think about that. (Rosi)

Rosi’s story suggests that new migrants often have a stereotypical image of what health professionals are like based on their experience from Fiji. Because of these lived experiences there is often hesitation in accessing health services in Aotearoa. The importance of being able to connect as a key area for improving access to health services was also identified in research by Southwick, Kenealy, and Ryan (2012) in which participants stated that rushed consultations did not allow for any connection to take place. Unaisi’s experience on having a connection at a health service provider (see below) is pertinent to increasing access of health services of Fijians and Pacific peoples. Having a connection allows the patient to feel at ease allowing her to be more open to the provider.

Making a connection is explained in detail in Chapter six when discussing the Tanoa health framework.

Due to the high prevalence of lifestyle diseases and the escalating costs of curative and specialised services, the Ministry of Health in Fiji has become interested in improving preventative services including policies on health promotion and preventative care (Ministry of Health, 2011; World Health Organisation & Ministry of Health, 2012). Even though health promotion is being introduced, the drive is still based on individualised health education rather than advocacy for health policies that improve collective wellbeing. The introduction of the *Tanoa Health Belief Framework* allows for the exploration of root determinants of health and wellbeing identified as *Dau veiqaravi* (to be of service), *Taucoko ni qaravi itavi* (completion and completeness of tasks), *Na veiwekani* (maintaining harmony), *Ke na i rairai* (physical appearance), and *Bula vakayalo* (spirituality), that can be addressed to prevent the onset of risk factors that may contribute to lifestyle diseases.

The triple burden of illness referred to by the Ministry of Health can be explored using the model explained in Chapter six but addressing needs has to be done collaboratively with other sectors to improve health and wellbeing. Findings also indicate the need for culturally relevant ways of delivering health services. Women in this study from Aotearoa shared their views on health service delivery.

8.11. Health Beliefs and Accessing Health Services

Accessing health services in Aotearoa amongst Pacific peoples has been noted as poor based on costs to participants and their families. Other factors are also important; a study by Luduke et al. (2012) identified five non-financial themes that prevented Pacific peoples from accessing health services. The reasons were “language and communication, rushed consultations, appointment availability,

reception and Pacific presence” (Luduke et al., 2012, p. 125). Similarly, participants in this study discussed non-financial reasons for not accessing health services. In terms of policies that inform service delivery, the use of Pacific languages and appropriate settings are essential in increasing health access of Fijian and Pacific peoples.

8.11.1. Health Service Delivery and Language

In this study Seini shared that being able to access health services is based on the patient’s ability to speak proper English and that women may be fearful that they may not be coherent when speaking English and be able to make their needs known:

...it’s like they are really shy or ashamed because they are not educated and are just too embarrassed to talk to them [health professionals], they are too embarrassed to face them. A big lesson I have learnt since working as a health rep, it was really hard for me to get the Pacific Island people to go and see the doctor, and they break all the rules. (Seini)

Seini, in her reflections noted that it was often hard for Pacific families to access health services in Aotearoa not only because of the stereotypical image they bring with⁴³ them from the Islands but also the inability to speak proper English. They fear being ridiculed and are ashamed of not being able to speak in a way that is understandable and that is deemed appropriate in the new society. They are also anxious about understanding what the doctor and health professional has to say and often will nod in agreement without asking a question fearing that disharmony may be created if they say something. It is often easier to go with the flow of the conversation in agreement with what is being said. These are the same findings that were explained by Basset and Holt (2002), Luduke et al. (2012) and Southwick et al. (2012) stating that often to

⁴³ Explained in the example below in the use of injections as a scare tactic

avoid any embarrassment, clients are more likely to agree to things without really understanding what is being asked of them.

8.11.2. Effects of Colonisation on Health Service Delivery

According to Vudiniabola (2011a), hospitals and health services in Fiji are based on hierarchal systems that are primarily based on the colonial structures that founded the services. Values and modes of practice from those colonial days are still being practiced only this time they are not by European nurses, they are by Fijians. The oppressive treatment experienced within the nursing services in Fiji has contributed to the stereotypical views of health service delivery even in Aotearoa. Unaisi discusses how her view has changed and attributes the behaviour to good Christian values:

Matai mada na nodra vakarau na nasi vei keda na tauvimate e kaukauwa na nodrai vosavosa,ia da raici ira na kai valagi ,o ira e ra sega ni lotu. (Unaisi)

First of all it is the way nurses treat us when we are sick, their tone and the way they speak to us is quite harsh. When we see the nurse here [kaivalagi meaning pakeha], they are not church goers [Christians]. (Unaisi)

Unaisi explains that nurses in Fiji are not as caring as the nurses in Aotearoa. She attributes their non-caring to their religious status. It is very rare to see an Indigenous Fijian without a religious affiliation. Her comment about being a church-goer meant that a person would have Christian-like values, that of kindness, compassion, loving and understanding. These are values she would expect from Fijian nurses rather than European nurses, because the majority of Fijians are Christians. It became apparent to her, that religion was not widely practiced in Aotearoa and therefore made the comment that she would have expected the harsh treatment more from a non-Christian rather than a Christian.

Other participants discussed their experience with childbirth and the difference in how they were treated by nurses in Fiji and Aotearoa. Tully and Mortlock (2005) describes the scenario in which patients are disempowered as “old professionalism which supports the hierarchal relations that deny the knowledge and experience of the client or service user” (p. 134). In this instance, the nurse does not acknowledge the client but rather dictates the course of treatment that is oppressive. Policies to improve health and wellbeing must incorporate new professionalism that acknowledges the knowledge and experience of the client and enhances self-determination approaches to wellbeing through services that are client focused (Tully & Mortlock, 2005).

8.11.3. Changing Perceptions of Health Services

The negative perceptions of using health services in Fiji as discussed by participants have remained however some have changed their perception as a result of a good experience at a health service in Aotearoa. Seini, for instance, now sees no problem at all in accessing health services in Aotearoa. She mentioned that even if her general practitioner is fully booked, she is comfortable going to another service, not only for herself but also for members of her family:

What change it for me is [pause] I really wanted to know. When you know something you are comfortable...I want to meet the doctor, what the doctor will tell me if I tell him about my problem. What he *gonna* [going to] do to me; Want to know that, I think that really change the scene. In Fiji I don't want to see the doctor, oh I am *gonna* [going to] get the *cula* [injection]. No, no, *dau kai ga* [they often say, referring to someone using the scare tactic] doctor death [laughing]. (Seini)

The ill treatment she refers to mostly occurs in the public hospitals and clinics in Fiji. Health policy initiatives in the Pacific are not contextually relevant to

Pacific populations as these policies originated from the British and have remained without much change to this day (Howse, 2009, 2012; Negin, Roberts, & Lingam, 2010; Vudiniabola, 2011b). In the Fiji context the effects of colonisation remain a hindrance to achieving health and wellbeing for the women studied. While developing appropriate policy is central to this there is also a need culturally to connect with patients within health service delivery.

8.11.4. Consultation and Health Services

In terms of social policy, women based their perception of health service delivery on lived experiences from Fiji that have instilled fear in accessing health services in Aotearoa. It is important to note that the study highlighted the voices of women breaking the silence on some of the cultural and psychological barriers that determined how they accessed health services in Aotearoa. Talking about these cultural differences raised awareness in education and in promoting awareness for both health workers and service users for the effective use of services in both countries. At the New York meeting held of the Commissions on the Status of Women, the UN Executive director made this statement at the end of her talk:

Change is coming, change has to come...the gaps and the issues are both structural and psychological. There can be no real progress in changing the world for women unless we change both. We have to change all of society: men, women, rural or urban communities, traditional communities, young people and children. When we change the laws and the customary practices, as well as the attitudes and beliefs that shape behaviours, we will have a world in which to thrive. Our hard work will pay off. (Mlambo-Ngcuka, 2015)

Mlambo-Ngcuka's statement echoes the need to work collectively, to examine the indicators within our own communities and the barriers that continue to oppress women. Goals of equality, indigeneity and social protection in both formal and informal structures as explained in Figure 31, address equality and

human rights for women. Social policy needs to consider cultural interpretations of wellbeing. Social policy also needs to advocate for policies that foster structures that are self-determining and empowering to women. The findings from this study have identified the cultural determinants of health and as explained in the *Tanoa* Health belief model. A comprehensive understanding of these health beliefs provides service providers a framework to enhance health and wellbeing. Implementing these strategies comes from working across all sectors and focusing on targeted approaches that are inclusive of culturally embedded agency. Change also has to occur at the policy levels that enhance collective goals of wellbeing that embrace Indigeneity which in turn enable self-determined goals to be realised.

8.12. Conclusion

This chapter has highlighted that effective social policies need to incorporate frameworks that are conducive to collective human rights and that are designed to achieve Indigenous wellbeing. Social protection offers an opportunity to acknowledge how the informal systems within traditional settings have effectively maintained a sense of collectivity and wellbeing. In light of that, these same informal systems need to be considered and explored in terms of how they can be used alongside formal systems and national social policies in order to contribute to and achieve Indigenous wellbeing.

National health strategies for Pacific peoples are now coming to terms with the need to work across sectors and create innovative ways of addressing health and wellbeing. This thesis has explored the cultural dimensions of health that are much wider than a bio-medical understanding of health. Pacific health models are a first step to understanding health beliefs but in terms of achieving positive health outcomes these health beliefs and values must be incorporated into service delivery frameworks. These service delivery frameworks include

the reorientation of health care. The decolonising of service delivery within health professions in Fiji has to be a priority in terms of achieving better health outcomes. Policy and goals of wellbeing need to incorporate communal values and consider cultural dimensions of health and wellbeing that can improve health. Within service delivery, both countries need to be developing policies and practices that are inclusive of cultural values.

Finally, health for Indigenous Fijian women and Pacific peoples is now a global issue; understanding the cultural dimensions of health and addressing them within policy has to be addressed regionally and globally as transnational Pacific communities are vastly increasing. Regional mechanisms for health care and improving the quality of life must be considered as a way forward to improving health outcomes. Gender approaches to health care need to be included in policy. Alongside of this education is also important as the empowerment of women can only come through educating both genders about the oppressive structures that hinder their wellbeing. As highlighted in this chapter some of these oppressive structures arise from their colonial history, others are part of the cultural beliefs and worldviews that have been instilled into people's consciousness. Social policies can address some of these issues but to be effective they must incorporate meaningful cultural values and worldviews.

9- SA MAI CAVA TOKA E KE: CONCLUSION

9.1. Introduction

This chapter draws together the results from the study. It discusses the implications of the study and provides reflections on the research processes and the findings. It identifies some recommendations for policy and practice. Central to this discussion is a focus on identifying the factors that enhance the wellbeing of Indigenous Fijian women. These factors may also be relevant for Pacific women and Indigenous women globally. The chapter also considers limitations to the study and possibilities for future research. Arguments in this thesis state that because of colonisation, globalisation, the predominance of western philosophies in understanding health and wellbeing, Indigenous population groups continue to experience health inequalities.

In this study I set out to explore how Fijian women conceptualised health and wellbeing. My intent was to explore Fijian women's cultural understanding of health and wellbeing as a possibility for agency and change. I also wanted to consider how cultural understandings of health and illness evolved following migration to Aotearoa and finally to document the research process and develop a possible research methodology for conducting research with Indigenous Fijian women that may be used in research with other Indigenous people. These aims were achieved and most importantly the study was able to explore an alternative methodology that emerged from the research referred to in this thesis as the *Tali Magimagi* framework which was used to bring the threads of the thesis together. The research process generated insights into ethical research practice and how cultural frameworks inform research processes. In this thesis, the ethics mechanism was referred to as *cultural discernment* which occupied the negotiated space between cultural ethics and

the ethical requirements of the Academy. In the process of carrying out the research and in analysing the findings three concepts emerged. First the *Tanoa Health Belief Model* identified the cultural beliefs of health and wellbeing of Indigenous Fijian women. Secondly, further analysis of these cultural beliefs led to the creation of the *Tanoa Health Belief Framework*, a tool that can assist health and community workers to identify cultural understanding of health and wellbeing which in turn contributes to the development of culturally appropriate programmes. The third concept that emerged in this study was an understanding of how culturally embedded forms of agency within a culture can be used to enhance health and wellbeing. These forms of culturally embedded agency were often constrained based on a number of factors but consciousness raising has the potential to create change that empowers women and improves health and wellbeing.

9.2. Cultural Understanding of Health and Wellbeing

Five elements emerged from the participants' lay understanding of health and wellbeing. These five elements formed the basis of the *Tanoa Health Belief Framework*, a key finding emerging from this study. Elements identified include *dau veiqaravi* or the importance of servitude which includes being of service, *taucoko ni qaravi itavi*, the completion and completeness of tasks in serving, *na veiwekani* or the importance of maintaining harmony, *ke nai i rairai* or physical appearance, and finally *bula vakayalo* or being spiritually connected. The spiritual dimensions of wellbeing referred not only to the Christian God but also being aware of connections to the *Vanua* and its values in everyday life. Fulfilling all these criteria, according to the participants defines being healthy and leads to *bula taucoko* or wellbeing. These values were culturally ingrained and far removed from the definitions of health from a western perspective.

I drew primarily on the work of Blaxter, Calnan and Stainton-Rodgers to outline lay understandings of health. Participants' interpretations of health and wellbeing were captured in the *Tanoa Health Belief Framework*. This is a tool that

can be used by health and community workers that takes an agent-oriented approach to women's health and wellbeing. The *Tanoa Health Belief Framework* is a multi-sectorial approach that is inclusive of women in the informal sector. The framework highlights the use of cultural safety nets such as the practice of *solesolevaki* that allows roles to be shared and triple burdens to be alleviated, hence protecting women who do not benefit from services within the formal sector.

Despite the fact that participants were located in two geographical settings, their lay understanding of what contributes to health and wellbeing highlighted the importance of being of service and maintaining harmony. As the *Marama iTaukei* become part of global society, means of practicing cultural values have changed such as the exchange of gifts and money. These activities can be achieved using modern technology (online grocery delivery, money exchange networks), to allow for relationships to be maintained and to be of service. Cultural identity remains a major factor in achieving wellbeing regardless of geographical setting.

Participants in Aotearoa identified that they are benefiting from the services within the formal sector; this is based on the friendliness of the services offered, which treated them with respect and dignity and acknowledged them as a person. Some of these positive values can be incorporated into services both in Aotearoa and Fiji to allow for a more meaningful engagement within the formal sector.

9.3. Culturally Embedded Agency

As this study is with women, analysis has focused on gender inequalities within the culture. I drew on the work of Moser specifically looking at the triple burden of women and practical and strategic gender needs which was adapted from the work of Moleyeux on gender interests. Understanding the nature of how power is exerted within gender, I drew on the work of Rowlands and on

post-colonial theory of the subaltern by Spivak. Instead of lamenting over the colonial history and discourses, *culturally embedded agency* emerged as a key concept in the findings. The forms of women's agency were explored and revealed how women come to perceive themselves as able to act within their cultural systems.

I have referred to these forms of the empowerment processes as *culturally embedded agency*. Forms of agency within collective and communal cultures have yet to be fully embraced by western society as a vehicle for transformation. One of the arguments within this thesis is that in order to enhance wellbeing for Indigenous populations, policies must incorporate collective cultural safety nets that already exist within informal systems. In addition, culturally embedded agency within *Marama iTaukei* and Indigenous population groups identified in this thesis must be considered when formulating policies within collective cultures to achieve wellbeing.

9.4. Cultural Discernment: Methodology and Ethics

The methodology used in this thesis, in particular the ethical framework of "*cultural discernment*", is an original contribution emerging from the ethical dilemmas I experienced in the research process. This concept has been presented and published widely (Meo-Sewabu, 2012, 2014a, 2014b, 2014c; Stewart-Withers et al., 2014). The concept provides a framework for considering how the ethical requirements of University Ethics committees can incorporate culturally relevant guidelines. The process of *cultural discernment* allows a researcher to consider elements of the research, ensuring that there is a mechanism that warrants culturally ethical issues within the research setting. In this study, the *cultural discernment* process was warranted by a group of relatives that ensured that the research process was culturally ethical.

Another tool emerging from this research is the *Tali Magimagi Framework* as a metaphor to explain the interweaving of the insider/outsider role, the ethical

dilemmas experienced in the research process and the weaving of the strands within this thesis. The inclusion of strands within the culture, the Academy, and being a researcher, was a complex process and the use of the *Tali Magimagi Framework* provided a platform to weave together what has become the thesis. Ethical reflections from this study have led to several publications questioning University Ethics processes. Even though there are already publications on Pacific research guidelines and protocols (Health Research Council, 2005, 2014; University of Otago, 2011) none actually fully explored the ethical challenges from a cultural perspective. Being able to publish and present the concept of *cultural discernment* suggests that there is no universal ethics process and that there needs to be some critical thinking on how cultural protocols and *cultural discernment* processes can be incorporated into the ethics requirements within the Academy.

9.5. Challenges in this Study and Possibilities for Future Research

One of the challenges experienced in this study included the time and effort spent to ensure that the research was culturally appropriate as an Indigenous researcher. There was often an assumption that because I come from the *Vanua* it would not be difficult to conduct the study within the *Vanua*. This was far from the truth as there were numerous consultations with relatives, the Academy, government bodies, churches, community groups and village leaders, just to ensure that cultural protocols and processes of the *Vanua* were adhered to. These consultations required gifts, finances and resources that were much more than what I had originally anticipated but it was an essential part of the whole research process.

Another challenge I experienced was in researching wellbeing from a cultural and gender perspective in a way that incorporated indigeneity. Analysing gendered cultural values was a challenge in itself as I had to take a bird's eye view of the culture, mentally critiquing my own culture and examining the social structures that oppress women. Even though there are references in the

literature to agency and culture, I was unable to locate literature that provided an insider perspective on exploring agency within a culture. Secondary analysis of the data led to the concept of '*culturally embedded agency*'. What is unique about the forms of culturally embedded agency identified in the thesis is that it can only be realised from understanding the intricacies and subtleties as well as the nuances within a culture as understood by an insider. I have referred to these forms of agency as cultural systems, practices and processes, associated with women's wellbeing. Practices such as shared roles, advocating to change social structures that perpetuate inequality; using cultural safety nets such as the *solesolevaki* to encourage sustainability as well as the sharing of roles and social and economic wellbeing; changing gender perceptions through conscious raising; and fostering values of the *Vanua* that empower women and that recognise women as change agents can positively enhance health and wellbeing for Indigenous Fijian women. Within the culture itself gendered practices are often not realised as forms of agency; the tools presented in Figure 30 (Chapter seven) on culturally embedded agency and gender needs allows community workers to explore the elements within a culture that can be identified as empowering women within a cultural setting.

Further analysis of these cultural processes led to the development of social policy implications for the *Marama iTaukei* (see Figure 31, Chapter eight). This tool allows a community worker or a policy advisor to explore how cultural process within the informal network of a culture can be intersected with those within the formal system to address gender inequalities and improve wellbeing. There is a need to have a study that focuses on gender analysis, to find out "the different roles and responsibilities of women and men, their access to and control of resource and their different but equally significant experiences, priorities and capacities" (Trocaire, 2010, p. 9). Such a study will allow for a nuanced understanding of gender inequalities that exist in communities.

As Indigenous communities and collective cultures continue to be challenged by globalisation and individualism, there is a need for development projects to understand gender from within a culture to ensure that resources and development programmes are sustainable for such communities. For example, discussion in Chapter seven focused upon the business venture to sell virgin coconut oil within the village, not understanding the various roles women play within that community and how an initiative with good intentions can often become more of a burden rather than something that will enhance their livelihood. However, project planners can be aware of the constraints and then work alongside the community to help them identify these issues to ensure that informed decisions are made about what may be a sustainable initiative within that community.

9.5.1. Possibilities for Future Research

Limitations of the study include the lack of generalisability as the sample size was small. Women's experiences in this particular part of Fiji and in Aotearoa may not be the same as in other parts of Fiji or across Aotearoa. Another limitation of the sample size was that I could not make direct comparisons about health and wellbeing between women in Fiji and in Aotearoa. In addition, Indigenous Fijian men were not interviewed in this study and this can be a possibility for further research.

Nevertheless, the findings in this research maybe relevant for those working within the health service professions such as health promotion, social work, counselling and community workers in that the tools such as the *Tanoa Health Belief Framework* allows the worker to examine elements within a person's life that are hindering their sense of wellbeing. This tool has potential to be a pan-Pacific model that allows workers to find out about the cultural determinants of health and wellbeing of an individual in relation to their own cultural context; this means that the approaches taken are able to deal with the underlying issues that hinder their ability to achieve *bula taucoko* or wellbeing.

For Indigenous researchers or any other researcher working within another cultural group the '*cultural discernment*' process is a useful mechanism to consider ensuring that the research is conducted in a culturally ethical way within the culture in which it is being carried out.

9.6. Implications and Recommendations

The elements identified in the *Tanoa Health Belief Framework* can assist health and community workers to have targeted approaches in addressing the cultural determinants of health by focusing on prevention rather than treatment and cure. In presentations on findings from this research, questions have been asked why this study does not explore health from a bio-medical model. My response is that, for decades we have been addressing health issues from a bio-medical and western paradigm with still increasing health inequalities. The implication of this study is that it explores the cultural understanding of health and wellbeing within a culture. The study allows one to look at health and wellbeing from a cultural lens and that includes the perspectives of women.

9.6.1. Implications on Gender and Culturally Embedded Agency

The study has also indicated the importance of understanding the cultural implications of gender inequality. This thesis has facilitated an understanding of how traditional values ingrained within a culture can be changed to enhance wellbeing. The policy on the distribution and return of cultural goods, introduced by the Fiji government has decreased the triple burden effect for women in some villages. In addition, the introduction of by-laws by church leaders on the consumption of *yaqona* has also enhanced family wellbeing in most villages.

The study suggests that there needs to be more critical awareness of the structural basis of gender inequalities within a culture such as the division of labour, access to land and credit and other social structures that continue to oppress women. More awareness raising needs to occur with both men and

women in order to facilitate an understanding of a gender-agency oriented approach to inequality. For example, both men and women can have a better understanding of the triple burden of women by identifying the practical gender needs of women (what they have to do to survive each day) and strategic gender needs (structures that oppress them) they experience on a daily basis. Having this understanding allows them to work together to put strategies for change into place that can enhance wellbeing.

9.6.2. Implications on Social Policy for Indigenous Women

In this study, I found that those most vulnerable in the community were the women who do not work in the formal sector or do not receive any form of benefit from the government in the case of Fiji and in Aotearoa these may include new migrants, who are just starting their lives in Aotearoa. These are women who find sources of income and welfare through the informal systems, and who can only benefit from the safety nets of family remittances, church and community groups and other cultural safety nets that provide just enough to help them get by. This is what I suggest needs to be understood more by government agencies so that Indigenous women are able to achieve health and wellbeing.

Women in this study identified some forms of culturally embedded agency that can be used within the formal systems to enhance the health and wellbeing of women. Social policies need to incorporate ways of intersecting with informal systems to enhance wellbeing. For this reason, I drew upon the three broad-based principles outlined by Durie (2004b, 2005b) emphasising that policies for Indigenous communities need to incorporate participatory goals, Indigeneity goals and equality goals. These principles have guided the interpretation of policy needs explained in this thesis.

This thesis has identified how social policies could incorporate a gender perspective. I have looked in particular at how social policies have been

informed, many use western measures that marginalise women and do not incorporate the intangible values identified in this thesis through the *Tanoan Health Belief Model*. In addition, social policies that specifically target social protection need to include culturally embedded agency in order to protect the most vulnerable - those that are in the villages and are not part of the formal system. These women made up the majority of those that were part of this study which identified that not enough is being done to understand or address inequalities within their lives. Introducing social policies that protect women ensures that there is fairness in society.

- It is recommended that the *Tanoa Health Belief Framework* becomes part of the assessment tools used by health and community workers in both Fiji and Aotearoa to understand the cultural realities of women and how these impact on their health and wellbeing. Goals and timelines can then be made and referrals and help sought that are culturally relevant and holistic in their approach.
- At the community level in Aotearoa, health initiatives should include services that focus on collectivity of communities and population groups. Health services made accessible through mobile services as currently being done in some areas of Aotearoa are good examples of these collective services.
- However, a general trend is that chronic diseases and lifestyle diseases are being addressed yet there is very little done in addressing the cultural determinants of health and wellbeing. There is a need to examine how culture enhances or hinders wellbeing and to put into place strategies to enhance wellbeing. The *Tanoa Health Belief Framework* is a tool that can be used to explore the cultural determinants of health and include preventative measures for wellbeing rather than just curative interventions.

- It is recommended that within the Academy, ethics committees are open to alternative ethical requirements within cultures. My experience indicated that in order for research to be culturally appropriate, there is a need to develop an inclusive process and to be open to ideas within cultures. Academies must make provisions for different ethical requirements to ensure that research is being conducted in a culturally ethical environment. A wider range of ethnic groups need to be represented within the ethics committee. If this cannot happen then a '*cultural discernment*' group could be appointed as a sub-committee that looks at research conducted in other cultures. People could be brought in according to their expertise and what may be required within the application process. In addition, training may need to be conducted within the ethics committee so that they have an understanding of some of the dilemmas that Pacific researchers face as well as the cultural obligations that may occur within research.
- There needs to be an agent-oriented approach to women's agendas. Findings from this study indicate the need to have targeted approaches to programmes that can improve health and wellbeing, incorporating culturally relevant tools. It is recommended that health programmes and community work address health and social issues from a gender basis and be inclusive of men when working with Indigenous communities. Most of the programmes introduced in the village to enhance economic wellbeing only focused on the women. If men do not understand the daily realities of women then there will continue to be structures within the culture that will continue to marginalise women in the village and in Aotearoa.
- Women cannot achieve wellbeing without the help of men within a culture that is patriarchal. Educating women on what can be done but with due respect to the culture is achievable. Examples in the gender chapter highlighted how the Methodist church in some of the villages

had stopped the consumption of yaqona on Sunday, allowing for more quality time with families. Changing the manner in which gifts for government officials visiting the villages are exchanged can lessen the pressure and burden on women to serve.

- In terms of social policy, it is recommended that social policies need to incorporate how a population group can fully participate in society, how their indigeneity goals can be met and how fairness and social justice can be achieved. In this study I have used Durie's three principles related to participatory goals, indigeneity goals and equality goals to analyse social policies within Indigenous or collective cultures.

9.7. Possibilities for Further Research

Further research on the use of the words meaning health and wellbeing in the Fijian language is needed. In conducting this research, I realised that the word used for health '*tiko bulabula*' emerged from the colonial era during the 'Hygiene mission' relating to better environmental conditions. The research may need to look at the context in which the word '*bula*' is used in the Fijian language in the various dialects to find out what original words for wellness, wellbeing and health are.

In the course of this research, I also became fascinated by the politics of gender and women's agency. I also struggled to find literature on gender and Indigeneity and believe that there needs to be more research in this. Further research may need to look at the role of women's agency within Indigenous Fijian culture and how this impacts on wellbeing. Such a study, I believe, will impact on how development projects occur within villages and Fijian communities globally.

There is also a need for a comprehensive study of policies on social protection within both countries. For Fiji in particular, it will be interesting to review

policies and decrees that emerged from the coup era that relate to social protection. This study looked at some of those policies but further research is needed on how these policies have hindered or enhanced wellbeing.

A parallel study is needed that explores cultural understanding of health and wellbeing for Indigenous Fijian men. That particular study may need to incorporate gender analysis to compare the views of men and women on health and wellbeing. In addition, there is a need to explore understandings of health for other Pacific ethnicities in Aotearoa in order to see if the tools used in this research can become part of a pan-Pacific framework to enhance health and wellbeing.

The presentation of a number of tools emerging from this study has provoked my curiosity to see if the tools developed are of relevance to health professionals and to policy makers as well as those working in gender and development. A study exploring any aspects of these is also recommended.

9.8. Concluding Remarks

The title of this thesis is "*Tu ga na I nima luvu ni waqa*", meaning that the bail was in the boat the whole time yet the boat sank because the bail was not used. Findings from this study have provided a 'bail' so to speak, providing a cultural lens that may assist health and community workers to support women to understand and challenge health inequalities. To date research and development practice have focused on western paradigms and bio-medical models of understanding health and wellbeing that are far from our own cultural understandings. It is my hope that findings from this study can contribute to the beginning of a new approach to health and wellbeing not only for the '*Marama iTaukei*' but also for Pacific and Indigenous women globally.

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APPENDICES

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Appendix 1: Ethics approval letter



MASSEY UNIVERSITY

7 May 2010

Mrs Litea Meo-Sewabu
School of Health & Social Services
PN371

Dear Litea

Re: HEC: Southern B Application – 10/17
How do Fijian women conceptualise health: An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand ('Tu ga nai nima ka luvu na waqa')

Thank you for your letter dated 7 May 2010.

On behalf of the Massey University Human Ethics Committee: Southern B I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Karl Pajo, Chair
Massey University Human Ethics Committee: Southern B
(signed on behalf by Professor John G O'Neill)

cc Prof Robyn Munford & Dr Suzanne Phibbs
School of Health & Social Services
PN371

Prof Steve La Grow, HoS
School of Health & Social Services
PN371

A/Prof Jeannie Wright
School of Arts, Development &
Health Education
PN900

Mrs Kama Weir, HoS
School of Arts, Development &
Health Education
PN900

Massey University Human Ethics Committee
Accredited by the Health Research Council

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E humanethics@massey.ac.nz animalethics@massey.ac.nz gto@massey.ac.nz
www.massey.ac.nz

Te Kōwhiri
ki Pākehura



**How Do Fijian Women Conceptualise Health? An Exploration of the Cultural
Constructs of Health and Wellbeing from the Perspectives of Indigenous Fijian
Women in Fiji and in New Zealand
'TU GA NAI NIMA KA LUVU NA WAQA' (Fijian Metaphor)**

INFORMATION SHEET

O Yau Saka: Sa Malo A Bula. Ko yau ko Litea Meo-Sewabu, yalewa ni Naboutini, Saqani, Cakaudrove, yau vasu ki Narocivo, Nayau, Lau. Ko rau a qoui tubutubu ko Talatala Ilesia Jovili Meo kei Radini Talatala Ilesapeci Makiti Meo. A qou Na a luvedrau ko Seru Makiti kei Pasimaca Qaravi. Ko yau vakawati ki na koro turaga ko Navuso, mai Naitasiri, eratou lewe va a luvei keirau. Keirau vakaijikojiko mai Niusiladi. Au veivakatavuluci jiko e Massey University, Palmerston North, ka'u sa tomana tale jikoga a qou vuli torocake ena tabana ni vakadidike na doketa ni vuku (Doctor of Philosophy).

Ka i, sa qai matai ni vakadidike vakaiei me valata edua ai taukei, ka'u sa kerea jiko kina a omunu veiciqomi kei na omunu veitokoni ena vakadidike iei. Kevaka eso a qoui vosavosa sei tovo e sakasaka, au sa kerea kina a omunu veivosoti.

Sa malo vakalevu a omunu veitokoni e na vakadidike iei.

Nai Nakinaki Ni Vakadidike Kei Na Veisureti Raraba Vei Kemuni Na Marama.

Yau gadreva jiko me'u dekiva a veivakasama ka yavutaki tu ena weta jiko bulabula. Yau vakayagata jiko e dua ai vosavosa vakaviti, 'Tu ga nai nima, ka luvu na waqa' me ulutaga jiko ni vakadidike iei.

Yau vakabauta ni wali ni weta rawata a jiko bulabula, se na taucoko ni weta bula esa tu jikivi keta tu ga. Ia, e vuqa a gauna, e tawa dau okaji tu a weta rai ai itaukei ena kena bucini eso a lewa me vukea a weta jiko bulabula. Dina ga ni so ai tuvatuva esa okaji kina eso a ulutaga vakaitaukei, ia e sega jikoga ni vukea a kena vakatorocaketaki a weta jiko bulabula. Ka i sara ga a vuna ka'u vinakata kina me'u valata a vakadidike kaiei.

Ka i talega a vuna ka vinaka kina me'u mai jiko maliwai kemunu a marama. Me'u na vakamuri kemunu, ka'u valata kece sara talega a cakacaka konu dau valata ena veisiga, ka'u na vakadikeva jiko vakamalua a meca kece konu dau valata ka dauvukea jiko a omunu jiko bulabula.

A vakadidike iei ena la'ki vukea vakalevu a kena maroroi a weta kila ai itaukei, ka vukei talega a kena bucini eso a lewa mai Niusiladi me baleji keimami ai itaukei keimami sa vakajikojiko kina.

Kevaka nu sa vakadonua monu vakaitavi ena vakadidike iei, au sa kerea monu qai kaya yani vei turaga ni koro ni sa bera ni keirau yaco yani. Ena uasivi sara me ra vakaitavi ko ira jiko na yabaki ni nodra bula mai na 35 ka lako cake. Au na gadreva tiko ga me ratou lewe 15 a vakaitavi ena vakadidike oqo. Ko kemunu ka tawa vakaitavi monu na qai okati ena porokaramu tale eso ka na valata tiko ko qou Na.

Yau kila ni konu kila vinaka a qou Na ko Lisa, [Ilisapeci Meo], ena mai veituberi jiko ena rua a macawa keirau na mai jiko kina i Narocivo. Ena veivuke jiko a qou Na ena veituberi vakayalo, ka na qarava tale jikoga na veiulutaga eso konu na vinakata me keta na goleva vata. E na qai tuvani vakavinaka ai tuvatuva ni meca kece eta na qarava [porokaramu] e nai matai ni siga keirau na jiko yani kina i Narocivo.

Nai Tuvatuva Ni Vakadidike

Kevaka ko sa vakadonuya mo vakaitavi ena vakadidike iei, au kerea mo qai vakalewena a draunipepa ka sa na veisoliyaki yani, [a fomū] ka vola kina a yacamu [sainitakina]. E rawa talega mo na qai kaya ga vei au ni qo sa vakadonua me ko vakaitavi ena vakadidike oqo. Ka iei me vakadinadinataki kina ni ko sa vakadonuya me'u vakadikeva a omu vakarau ni tiko bulabula. Na gaunisala au na rawa ni dikeva kina iei, me'u jiko maliwai kemunu, ka'u vakaitavi vata kei kemunu ena veika kece konu dau valata ena veisiga. Ena gauna ni vakadidike oqo au na vola kece tiko na veika kece sara e yaco tiko ena gauna ni vakadidike.

Sa na oji, keta sa na qai sota kece vata ko ratou a lewe 15 , meta veitalanoatakina a meca kece keta valata ena loma ni siga taucoko. Ena soli tu vei kemudou yadudua a galala me ketaru na veitalanoa taudua ga, kevaka eso a meca ko via kaya ka ko vuta ni vakaraitakina ena matanalevu.

Yau via vakaraitaka tale jikoga yani ni na vala jiko a katokatonu ena weta veitalanoa. Ena so talega a gauna au na veitaba jiko kina Kevaka ko tawa via okaji ena veitaba iei mo na qai kaya ga vei au. Au na solia tale jikoga vei kemunu yadudua na vakaitavi ena vakadidike iei e dua na draunipepa [fomu] mo vola kina a yacamu [sainitaka] me solia vei au a dodonu me'u katokatonu kina. E rawa talega ni ko ni kaya ga vei au ni ko sa vakadonuya me katonu a weta veitalanoa.

Na katokatonu kece iei ena maroroi tu ena qou vanua ni cakacaka ka na maroroi vinaka [lokataki] tu. E sega tale ni dua e rawa ni wilika se rogoa na katokatonu kei na veika kece e volai tu me baleta na vakadidike iei. Kevaka au mani na vakayagata

kina e dua ai taba ena dua tale na vanua au na kerea rawa jiko kina a omunu veivakadonui ni sa bera na kena vakayagataki.

Na Nomu Dodonu:

Ena gauna ni vakadidike, e soli tu vei iko na galala mo:

- Kua ni saumi taro
- Mo taro kevaka e tawa matata vei iko ai vakamacala ni vakadidike
- Wilika nai tukutuku kece e volai me baleta na vakadidike

Na Veidinadinati Me Baleta Na Vakadidike

Na vakadidike iei sa vakadonui mai vei iratou na korniti ni vakadidike e Massey University. Ke mani dua a omunu vakatataro tale eso ena qai kerei mo ni vei tarataro kei iratou na qasenivuli nei Litea Meo-Sewabu. Ka e rawa talega ni oni veitarataro kei Martin Laisenia ena vale ni volavola ni Yasana ko Lau.

Martin Laisenia
Lau Provincial Office Yatu Lau Arcade
Suva
Tel & Fax: 679 331-9073

Dau Vakadidike: Litea Meo-Sewabu –Doctor of Philosophy candidate

Tikotiko

3 Moginie Rd, Halls Community Group (PN 522),
Massey University, Palmerston North
Tel: 06 350 5799 ext. 7940; (cell) 021-0655-700
Email: l.meo-sewabu@massey.ac.nz or teadi10@yahoo.com

Matai ni Qasenivuli:

Professor Robyn Munford
School of Health and Social Services
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Ph: 06 350 5799 ext. 2825 Fax: 06 350 5752
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Karua ni Qasenivuli:

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Counselling
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Palmerston North
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Katolu ni Qasenivuli

Dr. Suzzane Phibbs
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Daunivakasala

Dr. Api Talemaitoga
Pacific Health Chief Advisor
Ministry of Health, NZ
PO Box 5013
Wellington 6011
Ph: (04) 495-4367
Fax: (04) 496 2340
Email : Api.Talemaitoga@moh.govt.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application _10_/17___. If you have any concerns about the conduct of this research, please contact Dr Karl Pajo, Chair, Massey University Human Ethics Committee: Southern B, telephone 04 801 5799 x 6929, email humanethicsouthb@massey.ac.nz

Appendix 3: Individual and focus group consent form

Individual Consent

[Print on Massey University departmental letterhead]
[Logo, name and address of Department/School/Institute/Section]

How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives an indigenous Fijian women in Fiji and in New Zealand: 'Tu ga nai nima luvu na waqa' (Fijian metaphor)

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree/do not agree to the interview being sound recorded.
- If I choose to have the individual interview, I agree/do not agree to the interview discussion being image recorded.
- I agree/do not agree to have my pictures taken during the course of the research
- I agree/do not agree to being recorded on DVD/video during the course of the research
- I wish/do not wish to have my photos returned to me.
- I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name - printed _____

[Print on Massey University departmental letterhead]
[Logo, name and address of Department/School/Institute/Section]

How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives an indigenous Fijian women in Fiji and in New Zealand:
'Tu ga nai nima luvu na waqa' (Fijian metaphor)

FOCUS GROUP TALANOA: PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree not to disclose anything discussed in the Focus Group.

I agree/do not agree to the focus group being sound recorded.

I agree/do not agree to have my photos taken during the course of the focus group.

I agree/do not agree to being recorded on video/DVD during the focus group discussion.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name - printed _____

Appendix 4: Approval letter from Ministry (Fiji)



**MINISTRY OF INDIGENOUS AFFAIRS, PROVINCIAL DEVELOPMENT
& MULTI-ETHNIC AFFAIRS**



DEPARTMENT OF INDIGENOUS AFFAIRS
FIJIAN TRUST FUND COMPLEX
87 QUEEN ELIZABETH DRIVE, SUVA
P.O. BOX 2100, GOVERNMENT BUILDING, SUVA, FIJI.

TELEPHONE: (679) 3100 909

FAX: (679) 3317 077

03 February, 2010

File ref: IFLC 4/3

To whom it may concern

Re: **Approval for Litea. D. Sewabu to conduct research in Fiji**

Mrs Litea Diloki Meo Sewabu, who is currently a PhD student at Massey University in New Zealand, intends to conduct a research on "Cultural Constructs of Health, Wellbeing from Indigenous Fijian Women Perspective," in Fiji.

The Institute of iTaukei Language and Culture endorses and supports her conducting her research in local Fijian villages because her research can add to the body of knowledge on the iTaukei traditional knowledge.

It is hoped that she will be given the support and attention to enable her to collect the necessary information for her research.

Vinaka vakalevu.

Misiwaini Qereqeretabua

For, Permanent Secretary Indigenous Affairs

Translation for Fijian Participants

Information Sheet

**Exploring the Cultural Constructs of Health and Wellbeing from the Perspectives
of Indigenous Fijian Women
'TU GA NAI NIMA KA LUVU NA WAQA' (Fijian Metaphor)**

Researcher Introduction

Greetings, my name is Litea Meo-Sewabu. I am from Naboutini, Saqani, Cakaudrove, and my maternal village is Narocivo, Nayau, Lau. My parents are Rev. Ileisa Jovili Meo and Mrs. Ilisapeci Makiti Meo. My grandparents from Narocivo are Seru Makiti and Pasimaca Qaravi Makiti. I am married to the chiefly village of Navuso, Naitasiri and we have four children. We reside in New Zealand. I am currently employed as an Assistant Lecturer at Massey University's School of Health & Social Services and I am also studying towards a Doctor of Philosophy in Social Policy. I am conducting this research in fulfillment of the Doctor of Philosophy. My research is titled 'How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand.

Project Description and Invitation

The study aims to identify how health and wellbeing is constructed within a Fijian worldview. In this research, I would like to have a *talanoa* or focus group discussion to discuss your experiences and understanding of health and wellbeing. In this project, I will be part of your village community. This will allow me to be part of your everyday activities in order to gather information on decision making processes in regards to your health and wellbeing. We will also have *talanoa* discussions to reflect on some of our beliefs and understandings of health & wellbeing.

Part of this project also allows my mother and I, to work alongside the women in the village by facilitating programmes that may assist in your family lives. We will have the opportunity to discuss some of these topics when we meet. Information gathered from Nayau will be used as a reference for the research that I will conduct with Fijian women in New Zealand.

It is hoped that by exploring Fijian women's cultural understandings of health and wellbeing a body of knowledge will be created not only to build the *itaukei* knowledge in Fiji but that this knowledge may be drawn upon to improve the implementation and delivery of Pacific health services for Fijian women living in Aotearoa.

With that in mind, this research aims to explore an insider perspective of the construction of health and wellbeing.

I therefore, would like to extend this invitation to you to be a participant in this study. If you agree, then please let the village elder know and we will meet when we get to the village.

I am looking for participants with the following criteria:

- Indigenous Fijian ethnicity by birth
- 35 years old and above
- Live in Narocivo, Nayau, Lau

The research will collect data through the use of *talanoa* or focus group discussion. The focus group interviews will take a maximum of two hours. Prior to the focus group discussions, I will spend time with you and participate in your everyday activities for 2 weeks. If you feel that you want to have an individual discussion rather than with the group *talanoa* then please let me know and we will arrange to meet at a time convenient to you.

Data Management

The focus group discussions will be audio taped and all transcribing of data will be done by the student researcher only. There may be times that I will be taking pictures using a camera and a video camera to capture the research process.

The focus group recordings and hard copies of transcriptions will be locked in a filing cabinet and will only be accessed by the student researcher. Electronic copies of transcriptions will be stored in a computer with an electronically, protected password and will only be accessible to the student researcher and the supervisors. All pictures taken will be used solely for the purpose of the research and will not be reproduced in any way or form without the permission of the participant.

A consent form is attached for the focus group discussions. The interview and focus group recordings and transcripts will be destroyed by the researcher once the research project has been marked. All pictures taken through the camera and DVD recorder will be used solely for the purpose of the research and will not be reproduced in any way or form without the permission of the participant.

Participants will receive a summary of the findings from the research and will be given the opportunity to have a copy of the final research report.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study as soon as you wish to;
- ask any questions about the study at any time during participation;

- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- ask for the audio tape to be turned off at any time during the interview.

Project Contacts

This project has been approved by a Massey University Human Ethics Panel. If you have any concerns about the conduct of this research, please contact:

Researcher: Litea Meo-Sewabu -Doctor of Philosophy candidate
 3 Moginie Rd, Halls Community Group(PN 522),
 Massey University, Palmerston North
 Tel: 06 350 5799 ext. 7940; (cell)021-0655-700
 Email: l.meo-sewabu@massey.ac.nz or teadi10@yahoo.com

1st Supervisor:
 Professor Robyn Munford
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 Massey University
 Palmerston North.
 Ph: 06 350 5799 ext. 2825 Fax: 06 350 5752
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2nd Supervisor:
 Associate Professor Jeannie Wright, PhD
 Counselling
 School of Arts, Development and Health Education
 Massey University College of Education
 Te Kupenga o Te Matauranga
 P O Box 11-222
 Palmerston North
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3rd Supervisor
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 Ph: 06 350 5799 ext. 2319 Fax: 06 350 5752
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Cultural Supervisor
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 Pacific Health Chief Advisor
 Ministry of Health, NZ
 PO Box 5013
 Wellington 6011
 Ph: (04) 495-4367
 Fax: (04) 496 2340
 Email : Api_Talemaitoga@moh.govt.nz
 Website: www.moh.govt.nz

Appendix 6: Photo Consent

Photo consent

[Print on Massey University departmental letterhead]
[Logo, name and address of Department/School/Institute/Section]

How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand: 'Tu ga nai nima luvu na waqa' (Fijian metaphor)

PARTICIPANT CONSENT FORM – INDIVIDUAL PHOTOVOICE

Greetings, my name is Litea Meo-Sewabu. I am currently employed as an Assistant Lecturer at Massey University's School of Health & Social Services and I am also studying towards a Doctor of Philosophy in Social Policy. I am conducting this research in fulfillment of the Doctor of Philosophy. My research is titled 'How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand.

The bearer of this form is a participant in this research. Participants have been given a camera and asked to take pictures of images or objects that capture their timeline story. They then have a choice of discussing what the images represent with me at a focus group discussion or at an individual interview.

All pictures taken will be used solely for the purpose of the research and will not be reproduced in any way or form without the permission of the participant. Please also note that the negative for all pictures taken ultimately belongs to the participant.

I have read the information provided and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to have my pictures taken

I understand that images taken will not be reproduced without my permission

I agree to participate in this study under the conditions provided.

Signature: _____ Date: _____

Full Name - printed _____

Appendix 7: Participant consent for Photovoice

[Print on Massey University departmental letterhead]
[Logo, name and address of Department/School/Institute/Section]

How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand: 'Tu ga nai nima luvu na waqa' (Fijian metaphor)

PARTICIPANT CONSENT FORM – INDIVIDUAL PHOTOVOICE

Greetings, my name is Litea Meo-Sewabu. I am currently employed as an Assistant Lecturer at Massey University's School of Health & Social Services and I am also studying towards a Doctor of Philosophy in Social Policy. I am conducting this research in fulfillment of the Doctor of Philosophy. My research is titled 'How do Fijian women conceptualise health? An exploration of the cultural constructs of health and wellbeing from the perspectives of indigenous Fijian women in Fiji and in New Zealand.'

The bearer of this form is a participant in this research. Participants have been given a camera and asked to take pictures of images or objects that capture their timeline story. They then have a choice of discussing what the images represent with me at a focus group discussion or at an individual interview.

All pictures taken will be used solely for the purpose of the research and will not be reproduced in any way or form without the permission of the participant. Please also note that the negative for all pictures taken ultimately belongs to the participant.

I have read the information provided and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to have my pictures taken

I understand that images taken will not be reproduced without my permission

I agree to participate in this study under the conditions provided.

Signature: _____ **Date:** _____

Full Name - printed _____

Appendix 8: Photo Release consent

How Do Fijian Women Conceptualise Health? An Exploration Of The Cultural Constructs Of Health And Wellbeing From The Perspectives Of Indigenous Fijian Women In Fiji And In New Zealand.
'Tu Ga Nai Nima Ka Luvu Na Waqa' (Fijian Metaphor).

Litea Meo-Sewabu: Researcher

AUTHORITY FOR THE RELEASE OF PHOTOGRAPHS

I confirm that I have had the opportunity to view the photos and have discussed with the researcher what the image represents.

I agree that researcher Litea Meo-Sewabu is able to use my photographs in reports and publications arising from the research.

I provide permission with the understanding that photographs used will not identify me as a participant in this study.

Signature: _____ Date: _____

Full Name - printed _____

Appendix 9: Interview Schedule

Interview Schedule

Exploring the Cultural Constructs of Health and Wellbeing from the Perspectives of Indigenous Fijian Women: TU GA NAI NIMA KA LUVU NA WAQA' (Fijian Metaphor)

Part I: Defining Health & Wellbeing

1. When thinking about health, what do you think about?
2. Without naming the person, think of someone that you know who you would describe as healthy.
 - What kind of things do they do that makes you think this person is healthy and or maintains a sense of wellbeing?
 - Is there any circumstances that you think enables this person to stay well(such as income/relationship)
3. Without naming the person, think of someone that you know who you would describe as not healthy or does not maintain their wellbeing.
 - What kind of things do they do that makes you associate ill health or lack of wellbeing with this person?
 - Do you know of any circumstances (such as loss of a spouse, stress at work) that could explain why this person is unhealthy, not maintaining a sense of wellbeing.
4. Do you see yourself as healthy and maintaining wellbeing?
 - a. What helps you maintain it
 - b. What hinders your health or sense of wellbeing
 - c. How do you define health & wellbeing?

Part II: Cultural practices

Ask for information on:

- Health promotion practices past and current
- Indigenous knowledge on health and what it constitutes
- Actual cultural practice when one is sick (in village) and in family NZ
- Uses of traditional medicine/how is this done by NZ group
- What are their food choices (breakfast/lunch/dinner)
- Do they perform any kind of physical activity (do they consider what they do as being physically active)

Part III: Prioritising Health

Ask for information on:

- Understanding how health is prioritised
- Decision making process
- Basic health remedy and prevention knowledge
- How is their own health prioritised?