Māopoopo:

A socio-cultural and collective understanding

to improve wellbeing amongst Pacific people

in

Aotearoa/New Zealand

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Abstract

The Aotearoa/New Zealand (NZ) healthcare system, has, like many other colonising 'Western' societies, placed a strong emphasis on biomedical models and the physical aspects of 'disease'. Yet, it is the more encompassing and holistic worldviews of wellbeing that historically and currently resonate most strongly with Indigenous peoples. As a South Pacific country, there are many Pacific peoples who now live in Aotearoa/NZ with multiple generations having migrated from their island homelands over a period of some 80 years. However, there are significant health inequities among Pacific peoples compared with other ethnic groups in Aotearoa that have been ongoing for decades – notably those conditions related to non-communicable disease.

This thesis explores the socio-cultural and historical perspectives of Pacific peoples in order to expand understanding about how they view health and wellbeing, an area about which relatively little is known. These understandings have the potential to lead to improved service delivery models and contribute to better health outcomes for Pacific peoples in Aotearoa/NZ.

The overall objective of the study is to identify and articulate the values and principles that promote and enable Pacific peoples' wellbeing and health in Aotearoa/NZ.

The aims of the study are to:

- draw on Tokelau knowledge of the cultural, historical, and social environment to better understand the influences on Pacific health and wellbeing
- examine strategies of health empowerment and wellbeing among Pacific youth, and
- examine service delivery models that can lead to improved Pacific health outcomes.

The Tokelau worldview of māopoopo was used as an overall principle to inform all phases of this study. Conceptually, māopoopo serves as a cultural connector with people, a motivator of

action, and informs principles that guide behaviour in practice. Māopoopo as a practice in action is to restore peace and wholeness and to inform future thinking (lumanaki), which includes an inseparable relationship with te fenua (land) e laga kita ko te fenua (to be determined to look after the land). Māopoopo as a metaphysical state is described in relation to levels of the individual (te tino), the family (Kāiga), the village (te Nuku).

Semi-structured interviews and focus groups were carried out with a total of 37 participants including Tokelau elders, Tokelau community leaders, Tokelau adults, Pacific youth, and Pacific health and policy workers between July 2016 and January 2017. The data were analysed using thematic analysis and the emergent themes applied in relation to māopoopo.

There were seven key themes identified from this research. The first theme, kāiga (family), was interrelated with the values of loto alofa (kindness), fai kāiga (family orientated), fakaaloalo (respect), loto maualalo (humility), and loto fehoahoani (helping others). The second theme, duty of care (tiute tautua), related to traditional knowledge and the intergenerational transfer of that knowledge, particularly in relation to culture, land, and language. Maintaining family relationships (loto fai kāiga) was the third identified theme and fundamentally underpins and is interrelated with all the first five themes identified. The fourth theme, interconnectedness (fehokotakiga), highlights the breadth of relationships between people and understandings of interdependence as opposed to independence. The fifth theme, spirituality (olaga faka-te-agaga), recognizes the centrality of the church in Pacific communities. Health advocacy was the sixth key theme with the final key theme being the impact of inequities on Pacific wellbeing.

This thesis identifies Māopoopo as being an inclusive research approach that can have benefits for Pacific peoples while also having the potential to be developed within health policies to facilitate focus on collective action through effective cross-government and intersectoral approaches. In this way, it could be utilized to ensure effective approaches to

collaboration between the health care system and the social, housing, employment, and education sectors. This work highlights the value and utility of applying Pacific understandings of wellbeing to support and empower communities through their active inclusion from the design through to the implementation of services. There is a great need for increased reciprocity in the relationships between government agencies and Pacific communities.

There was recognition of the need for the application of cultural practices and concepts into service delivery for Pacific peoples, such as provision of on-site bilingual health workers, and it is therefore imperative that core health delivery services are brought closer into alignment with the realities of Pacific communities, for example, through active engagement with churches.

There are significant gaps in health services for Pacific youth. This population group are an energetic group and, most importantly, the fastest growing population in Aotearoa. This current generation plays a significant role in terms of health advocacy, thus, to ensure relevant and effective impact within communities, they must be central players and key informers in the development of any interventions/strategies focussed on Pacific health and wellbeing. Further studies may well be useful to scope or investigate the healthcare services available for Pacific youth.

Associated with the position and role of youth within Pacific communities, is the largely untapped potential to utilise the unique skills and knowledge available through intergenerational approaches where the grandparents are the educators in terms of the passing on of cultural knowledge and values. Health services can be made aware of this important pathway by which knowledge is transferred and of the critical role grandchildren could have to change their grandparents' attitudes towards health.

Dedication: This doctorate is dedicated in loving memory of my beautiful mum Melitiana Talihavili Tuisano. Heaven sent: 25 April 1937- Heaven bound: 9th September 2021. Thank you for teaching and raising me in the aganuku faka-Tokelau. Rest in Love Mum. To Mum and Dad – Fakafetai Lahi! This is my appreciation to God for gifting me with lovely parents like you both. Jehovah Niseh is the altar that Moses built because he lifted his hands up to God and God fought the battle for Israel. You both lifted your hands to the throne of God through prayer requests and God fought my battle – that this study will be completed. Alolofa lahi atu! To my devoted sisters, Ruth, Sitoga, Mauosamoa, and my brothers-in-law Petone White and Anton Sio Tuia for carrying out family obligations in extended family celebrations and funerals, while I made sense of the study and my thinking. Thank you Lahi. To my eldest brother Falevai and my lovely sister-in-law Epenesa, thank you for my first trip to Tokelau with mum and Kilihitina. To my brother Fala and Virginia and their children Giovani and Melitiana-Jean Tuisano, to Makisua and Kāiga, to my beautiful nieces, Kilihitina and family, to Elihapeta and family. To Teilah, Emily, Melitiana, Hana, Bella, Leyla, and Ziana for putting up with Aunty Hana asking for cups of tea or coffee, to tidy up the house, and cook breakfast for nana and papa, while on school holidays, thank you for your love. To my nephews Manny, Daniel, and Giovani olo ma Iehu.

<u>Grandpa Filipo and Grandma Kilihitina Tuisano kaiga</u>

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Foreword

Te Ulu o Tokelau (2020–2021)

Uhu ki te Afagā ke fakananunanu ai, taliga e fia fakalogo. Ko fakanauga lava ia a o tatou Tupuna ke hatala o tatou tagata kae maihe te tupulaga ke tauivi malohi auā he mafua mo te tinifu kae maihe ia kāiga ma te Nuku pe ko te Atunuku foki e fakatalitali mai ki au hatalaga pe ko au tiutiuga i te Moana o Akoakoga.

Mai he fenua taigole ma te fakatauvā e tau he kitea i te fāfanua o te lalolagi. E hē iei ni ona malae vakalele. Ko nā toe ata o te teka kehe atu ma luga o fenua, ko tagi fekeli ma te tālotālo a mātua i Muliava o Fenua. E lua ia vaega tāua i kinei, ko te lagona o te fakanoanoa i tana tālo fakatofa atu, ma te amanaki atu foki ko koe ke toe liliu mai ma he koulua mafua.

Atonu e tutuha ai o mā talitonuga ma te Tuhitala, ke ola hatala ma tauivi ia fānau e vē lava ko fakanauga a o tatou Tupuna. Ke fakatū ia Tokelau ke tū i he agaga vēnei, ko te matea o Tokelau i te lalolagi e he ko te lahi o tona kelekele, pe ko te maualuluga o ona mauga, kae iloa ko te ola hatala ma te akoakogia o ona tagata.

FAKATŪ IA TOKELAU KE TŪ!

Faipule Esera Fofō Filipo Tuisano

Foreword

Te Ulu o Tokelau (2020–2021)

Arise in the break of dawn and go to Afagā, the ancient place where our forefathers gathered. Take heed to what they say. They are the voices of our forefathers urging the future generation to stand and seek new knowledge that will benefit their family, their village, and their nation.

From a small and humble nation, a nation that is hardly ever noticed on the world map and a nation that has no airstrip. The last treasured memory you carry is the wailing of your parents as they wave and farewell you from the channels on the reefs. There are two important aspects that comes to mind: the overwhelming sadness you feel as your parents wave their good-bye and the hope that you will return with a successful accomplishment.

I believe that the writer and I share the same beliefs: for our generation and the future generation to strive to be successful which was spoken by our forefathers. Tokelau's greatness and recognition is not through the lack of its land mass nor the lack of its mountain ranges, rather it is through the educated achievements and accomplishments of its people. I declare this: that we represent Tokelau internationally, in the spirit of a Nation that has been taught by our forefathers to share our knowledge and wisdom of who we are.

Therefore, represent Tokelau to have a STANCE**!**

Faipule Esera Fofō Filipo Tuisano

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To our Tokelau community Te kāiga Fakaofo, Te kāiga Atafu, Te kāiga Nukunonu

'Tū i vaga, ni tino, ni tino, ni tino. Vahe ake o tā pui manava, e fokotahi kitāua'[1]

I stand, I have relationships with people, with people, with people.
Let's measure our core essence, our inner hearts of who we are,
we are one and united.

[1] Alaga Kupu (Tokelau proverb) from Mr Kelihiano Kalolo (Te Ulu o Tokelau 2021–2022)

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Glossary

Word	Definition
Aiga	Samoan for family, extended family
Ala Mo'ui	A pathway to the essence of life
Aotearoa	New Zealand
Atu	bonito
Cook Island Maori	Language spoken in the Cook Islands
Cook Islands	A Pacific Nation
Ea lelei	(Air) Good or fresh air
Fale Samoa	Samoan House
Fānau	Offspring
Fanau Ola	Family Wellbeing (Tongan)
Fijian	Language or person of Fiji
Fonofale	Meeting house
Hā a koro ma, a kuia ma	Breath of life from forebears
Hauora Māori	Health and wellbeing
Hinengaro	(mind) (mental health) the mind
Houma	Village in Tongatapu
Ia Malu	Samoa – to protect
Kāiga	Family or household
Kaupapa	A set of values, principles (Māori)
Kaupapa Claim (WAI 2575)	Waitangi Tribunal Report
Kingdom of Tonga	Pacific Island nation
Kiribati	Formerly the Gilbert Islands
Kolonga	A village in Tonga
Ma'alahi	It's powerful symbolism and destiny impact
Mana ake	unique identity of individuals and family
Mana Motuhake	A Māori political party in Aotearoa/NZ
Māori	Indigenous people of Aotearoa/NZ
Mauri	life force in people and objects
Mauriora	cultural identity
Nasium near Suva	Fijian town
Nausori	Fijian town 19 kilometres from Suva
Ngā Manukura	community leadership
Niue	A Pacific Nation
Niuean	Language or person of Niue
Nukunuku	A district in Tongatapu
Obese	Overweight
Pā	fishing hook
Pagopago	Capital of American Samoa
PILI 'Ohana and KaHOLO	A Hawaiian
Samoan	Language or person of Samoa
Tagata whenua	People of the land
Taha Hinengaro	Mental health
Taha Tinana	Physical health or physical wellbeing
Taha Wairua	Spiritual dimension or spiritual health
Taha Whanau	Family health
Tautai	Master fisherman
Tauiwi	Non-indigenous

Te Mana Whakahaere	Autonomy
Te Oranga	Participation in society
Te Pae Mahutonga	Southern Cross Star Constellation
Te Tiriti o Waitangi	Treaty of Waitangi
Te Vaka Atafaga Model	A Tokelau Canoe Health Model
Te Wanatanga katoa	Complete governance
Te Whare Tapa Whā Model	A Māori house health model four dimensions of wellbeing
Te Wharenui	Meeting house
Te Wheke Model	The Octopus health Model
The Fonua Model	A health promotion model connecting to land (Tongan)
Tifa	Pearl oyster, mother of pearl, highly valued for making skipjack lures
Tifa ola	Living oyster
Tikanga	Māori customs and traditional values
Tinana	Physical health
Tino rangatiratanga	Absolute sovereignty (Māori)
Toiora	healthy lifestyles
Tokelau	Tokelau Island
Tokelauan	Language or person of Tokelau
Tokelauan kāiga	Tokelau family or household
Tonga	Kingdom of Tonga
Tuvalu	A Pacific Nation
Vakā Malaga	Tokelau canoe for food provision
Waiora	Physical environment
Wairua	Spiritual health
Wairuatanga	Spirituality
Waitangi	A town in the North Island in Aotearoa/NZ
Waitangi Tribunal	A standing commission of inquiry
Whānau	Family
Whānau Ora	Family wellbeing (Māori)
Whanaungatanga	Extended family
Whatumanava	The open health expression of emotion
Whenua	Land

Glossary of Tokelau Words

The meaning of these words were derived from the Tokelau Dictionary, (Office of Tokelau Affairs, 1986)

Word	Definition
A kalaga o he tifa ola	The call of the living tifa
Afagā	A place name in Tokelau
Afiafi	Afternoon or evening
Agaga	Soul or spirit
Ai au mulimuli auā	For me to later because
Alaga kupu	Proverb
Aliki	Chief
Alofa	Love
Āmoga	Load
Atu	Skipjack or bonito
atu fenua	Islands
Auā	‘Cos, because
Auā ko iētahi tino,	As with other people
Āumāga	The group comprising all the able-bodied men of the village
e fakatino loa	Put into action immediately
E hē mafai foki la i kinei	Not able to also do here
E hēai	No
E hēai ni	No for sure.
E hiki e Longie	Longie carries
E ie i te kupu faka-Tokelau	There is the Tokelauan word
E stuck ki tototonu te heat	the heat gets stuck inside
e tū mai la ki tua	way at the back
elefane	Elephant
Fai kāiga	Family orientated
faiga	Method, way, act of making a thing
Faipule	Leader – Elected village official with responsibilities for administration and law enforcement
faitu	Teams
Fakaaloalo	Respect
fakahoa	Distribute and share, Sharing, manner of sharing
Fakalogo	Listen
fakananunanuga	Discussing
Faka-Tokelau	The Tokelau language, culture and way of doing things
fakatotoka	Make something steady, Solidify, calm (Tokelauan)
fakatūlaga	Place in position, put into place
fale	House
falefono	Meeting house
fatele	Tokelau action songs

fatupaepae	Tokelau woman who lives in the family house and who is relied on to share the food that is gathered from the family land, and any fish caught by her brothers
feagaiga	A covenant between siblings and others
Fealofani	Working together and being friendly, love one another
Fehokotakiga	Interconnectedness, communication
felela	Member of the RC Marist order, teaching brother
fenua	Land, homeland
fetufatufaaki	To share, distribution
fofō	Traditional Tokelauan or Samoan massage, cure or remedy, traditional healing
Fono	Assembly, meeting
fonofale	Meeting house
Fulifuli malie	Analysis, reason
Gafa	Genealogy
gagana	Language
gāi	The soft meat inside a green coconut
Hahia	Suburb of Fakaofo Island, Tokelau
hako	Correct, straight
hua	Drinking coconut
i ko i	over in
Inati	Village food distribution
Io	yes
kā	Verbal particle indicating future
Ka koe e	You are
kae na hau au i ki nei	However, I came here
Kāiga	Family household
Kāiga Fakaofo	Fakaofo Family
kaleve	A natural alcoholic drink, tody
Kalopaga	Freight and cargo vessel for Tokelau (small black insect)
ke	To
Ke olatia	Maintain, to keep alive
ki mua	Forward
ki te	To the
kie	Garment worn by men and women, consisting of a two-metre length of cloth worn on the lower part of the body, in wrap-around fashion
Kikila mamao	Visionary, future thinking
kilikiti	Cricket
kini	Thrash, cane
Kita	I, me or mine
Ko koe e fano ki te aoga	You are going to school
Ko koe he tamaiti	You are a child
Ko nā tau o te alofa	The price or cost of love
Ko te alofa	It is love
Ko te fai hapi	To act up towards parents
Ko te kie tēnā	That wrap around
Ko te mea na hau ki fafo	It came out
Komiti ko te tūmamā	Hygiene Committee

Kua	Present perfect tense
Kua mamago toe kau mai ke toe fakaaogā	It is dry and you use it again
Kua tā te fia?	What time is it?
Laga	Determined, get ready
Lea mai	Said to me
lima	Hand
lōmātutua	Old women
loto	Heart
Loto alofa	To show kindness
Loto fai kāiga	Maintaining family relationships
Loto fealofani	United, kind-hearted, being united
Loto fehoahoani	Service to people, helping others
loto fenua	Love of the homeland, patriotic
Loto maualalo	Humble, humility
lotu	Church
Lotu i te afiafi	Evening service
Lumanaki	Future
ma Niu Hila	And New Zealand
Mafana	warm
mafaufau	Mental, mind
mafaufauga	Thoughts, thinking
mai	Direction of the speaker
Mālō ni	Hello
malohi	Strong
māopoopo	Be gathered together, people gathering together, attending, participating, collaborating, debating and sharing. Tokelau Principle that is interrelated and interactive
matagi	Wind
matagia	An experience of great joy
mātua	Female elder
moana	Ocean
muamua	First
nā pepa a aku	My papers
nanunanu	Discuss
nei	Now, current
ni, e ke iloa	You know, don't you?
nuku	People, community, village
nuti hau oe ufi mamago	Hand wash and you come and let it dry
ō mai	come
Olaga faka-te-agaga	Spirituality, spiritual life
olo	Go plural
Pā	General name for traditional fish lures made of shells
palagi	European, white person
papa	Massive rock
Papalagi	White man, Caucasian
pele	Cherished, dear
Pepa o te Maliliega	Informed Consent form
pi tautau	Alphabet chart
popo	Ripe coconut
Pui Kāiga	Extended family

pulumu	Broom
tākele	Bathe, have a bath
Talanoa	To talk, speak, converse
taliga	Ears
tapenapenaga	Coordination, preparation and planning
tau	Particle before a noun. Concerning, regarding
tāulaga	town
taupulega	Village counsel, body of elders who control village affairs
taupulega	Village council, body of elders which controls village affairs.
Tautai	Master fisherman
tautai o te moana	Master fisherman of the sea
Tautua	Service
te	the
Te Fenua o Aliki	The land of the chiefly village
Te Fetū	Inter-Atoll vessel for Tokelau, Star
Te gagana	The language
Te maliliega	Consent
Te Mataliki	Passenger vessel for Tokelau, the constellation of Pleiades
Te moana	The sea
Te Ulu-o-Tokelau	Titular Head of State
Te vā feiloaki	Relationships
Te Vaka Atafaga Model	Concept of food provision canoe
Te Vaka Atua	Spiritual elders
tena la te mea na pa au ki iei	that's what happened to me
Tifa	Mother of pearl shell, highly valued for making skipjack lures
Tifa ola	living tifa
Tino	Person, Individual
Tiute tautua	Duty of care
toeaina	Male elder
toeaina	The old men who comprise the village council of elders or *taupulega*
tokotoko	walking stick
tū	Custom, way of life
tūmamā	hygiene
tupulaga	Generation
Uhu	Rise in the break of dawn, wake up
uluhina	Polite for elders of the village
uluhina	A polite term for the elders of the village (lit. silver-haired)
vaka	Sailing vessel, canoe, craft, boat.
vakā Malaga	Voyaging Canoe/food provision canoe
vē he mea e makinikini i toku tino	it was like something stinging my body

Abbreviations

Abbreviation	Definition
AFN	Assembly of First Nations
ASH's	Ambulatory-Sensitive Hospitalisations
CBPR	Community Based Participatory Research
COFA	Compact of Free Association
CPHR	Centre for Public Health Research
CVD	Cardiovascular Diseases
DHB	District Health Board
FG	Focus Group
FR	France
FSM	Federated States of Micronesia
GP	General Practitioner
HDEC	Health and Disability Ethics Committee
HRC	Health Research Council
LDS	The Church of Jesus Christ of Latter-Day Saints
LMS	London Mission Society
MCNZ	Medical Council of New Zealand
MFAT	Ministry of Foreign Affairs and Trade
MOH	Ministry of Health
MTTNH	The Mafutaga Tupulaga Tokelau Niu Hila
NCD	Non communicable Disease
NCCAH	National Collaborating Centre for Aboriginal Health
NHPI	Native Hawaiian Pacific Islanders
NZ	New Zealand
OCOG	Office of the Council for the Ongoing Government of Tokelau
OECD	Organisation Economic Co-operation and Development
OPIC	Obesity Prevention Communities
P.A.S.I.F.I.K.A.	**P**artners for research; **A**lignment of priorities; **S**cientific credibility; **I**ndigenous **K**nowledge; **F**ono; **I**nspiration; **K**nowledge acquisition; **A**ffirmation.
PhD	Doctor of Philosophy
PHO	Primary Health Organization
PI	Pacific Island
PYEP	Pasifika Youth Empowerment Programme
RN	Registered Nurse
SAOG	Samoan Assembly of God
SPC	South Pacific Community
T2DM	Type 2 Diabetes Meletus
TALO	Tokelau Apia Liaison Office
TPK	Te Puni Kokiri
UK	United Kingdom
UND	United Nations Declaration on the Rights of Indigenous Peoples
UNESCO	United Nations Educational, Scientific and Cultural Organization
US	United Sates
USA	United States of America
WHO	World Health Organisation

1.0 Chapter One Introduction

This thesis seeks to identify and articulate the values and principles that promote and enable Pacific peoples' wellbeing and health in Aotearoa/New Zealand (NZ), based on the collective realities, knowledge, experience and skills of elders, community leaders, adults, youth and those working in health and policy environments.

This work explores the socio-cultural and historical perspectives of Pacific peoples living in Aotearoa/NZ in order to expand understanding about how they view wellbeing and how these understandings may contribute to improved service delivery models and health outcomes. The terms Aotearoa, Aotearoa/NZ, and New Zealand are used interchangeably throughout this work. Aotearoa is the name of New Zealand given by the Indigenous people, Māori, who journeyed here via the Pacific region approximately 1000 years ago (Orange, 2011). Aotearoa is made up of 2 main island land masses: the North and the South Island, and '*Aotearoa*' technically refers only to the North Island (Māori named the South Island 'Te Wai Pounamu') but it is commonly used to refer to both islands, which is the way in which it is being applied throughout this thesis. The first recorded contact between Māori and Europeans occurred in 1769, at the time of James Cook's expedition to New Zealand from Britain (Orange, 2011). The impact of the arrival of the (primarily) British and the subsequent colonization of New Zealand has been well documented (Rochford, 2004; Durie, 1985; Robson and Reid 2006; Ellison-Loschmann and Pearce, 2006; Slater, 2016; Houkamau, 2016; Matheson et al 2018). A more in-depth history of Aotearoa is presented in Chapter Two.

Like many colonising societies, the Aotearoa/NZ healthcare system has placed a significant emphasis on structure and processes that favour a 'westernised' biomedical model, as well as on the physical aspects of 'disease' rather than holistic wellbeing (Rochford, 2004; Aitaoto, 2015; Cammock, 2021).

A holistic view of health encompasses body, mind, and spirituality and recognises the central role and impact social determinants – including political, cultural, environmental and historical factors – have on health outcomes (Graham, 2009; Kawachi, 2002; Whitehead, 1991). The holistic view of health is one that resonates strongly among many Pacific and other Indigenous peoples (Tuitahi, 2009; Pulotu-Endemann,2007; Robinson, 2006; Agnew, 2004). There are significant health inequities among Pasifika compared with other ethnic groups in Aotearoa that have been ongoing for decades – not only those related to non-communicable disease such as diabetes, obesity, high blood pressure, and heart disease (Pack, Minister, Churchward and Fa'asalele Tanuvasa, 2015) but also to infectious diseases such as rheumatic fever (Ryan et al., 2019; Southwick et al., 2012).

This study addresses the significance of the diversity of Pacific peoples and the experiences of the New Zealand-born Pacific generation. Relatively little is known about how Pacific peoples perceive their health and wellbeing in New Zealand (Bathgate, 1994; Manuela and Sibley, 2013). I have used the Tokelau principle of māopoopo as my research approach. Māopoopo draws together a range of aspects specific to Tokelau social life into the entity referred to as "*Nuku*" (Kelihiano Kalolo, pers. comm., 2021).[2] Nuku is a broad term used in relation to people interrelating and interacting with themselves and their physical environments (Kalolo,1995). It is the essence of a thriving community and best reflects the unique cultural values of Tokelau. As a research approach, māopoopo draws on all the information shared by participants – perspectives, thoughts, and insights – to facilitate a collective understanding while at the same time *'making sense of'* the different realities represented by the Tokelau elders, community leaders, and adults as well as youth and health workers from a range of Pacific Island nation groups interviewed for this work.

[2] Te Ulu o Tokelau, Mr Kelihiano Kalolo (2021–2022)

1.1 The study aims are to:

(a) draw on Tokelau knowledge of the cultural, historical and social environment to better understand the influences on Pacific health and wellbeing

(b) examine strategies of health empowerment and wellbeing amongst Pacific youth, and

(c) examine service delivery models that can lead to improved Pacific health outcomes.

The remainder of this chapter outlines my personal journey as a New Zealand-born Pacific Islander of Tokelauan and Samoan ancestry, and how that journey informs my approach to this research topic. I follow with a brief overview of the unique history of Tokelau as a *'protectorate*' of Aotearoa/NZ, and its unique geographical position within the Pacific. I will also briefly describe some of the terms used in this work to provide context to many of the values and beliefs expressed by study participants, particularly the elders and leaders. I conclude this chapter by outlining the scope of the research and describing the organisation of the thesis.

1.2 Who am I?

"Ko au, ko Hana Salome Tuisano. Ko oku mātua ko Melitiana ma Pailate Tuisano.

Ko nā mātua o toku tamana, ko Fala ma Sitoga Tuisano

Ko nā mātua o toku matua, Ko Filipo ma Kilihitina Tuisano

Ko nā matua tauhi o toku mātua, ko Pou ma Tepoki Poasa"

"I am Hana Salome Tuisano. My parents are Melitiana and Pailate Tuisano

My father's parents are Fala and Sitoga Tuisano

My mother's parents are Filipo and Kilihitina[3] Tuisano

My mother's adopted parents are Pou and Tepoki Poasa"

First, I would like to introduce my parents and their Pacific origins. My mother Melitiana, is Tokelauan, born and raised in Fakaofo, Tokelau. Tokelau has been administered by New Zealand since 1925 (Kalolo, 1995; Angelo, 2009) thus, in the late 1940s, when she attended primary school, this was run by the state (Aotearoa/NZ) and Tokelau had their own school-teachers, who were trained in Samoa or in Aotearoa/NZ (Kalolo, 1995 p2). Prior to that they were schooled by the Ministers from the Congregational church, from the London Mission Societies (LMS) or the Catholic priest and nuns (Kalolo, 1995; Huntsman, 1998). When my mother was 11 years old, her parents agreed she should be sent to Samoa for intermediate school. In her college years she attended Atauloma Girls High school in Pago Pago, American Samoa.[4] In the early '60s, after completing her education, she returned to Tokelau.

[3] Grandmother Kilihitina: Fluent speaker in Latin (taught by the nuns in her childhood in Fakaofo)

[4] Atauloma Girl's High School, Afao Village in Pago Pago (Tutuila) American Samoa (1951) run by the London Missionary Society

My mother[5] arrived in Wellington, Aotearoa/NZ[6] under the Tokelau Resettlement Scheme (discussed later in this chapter).[7]

My father, Pailate, is Samoan-Tokelauan. He was born in Fakaofo, Tokelau, and raised in Samoa.[8] His father Fala Tuisano, a Tokelauan, was schooled in Avele College in Samoa (1937). During his senior years at Avele College, he was selected to train[9] as a telegraph operator[10] in preparation for World War II.[11] After the war he was employed by the Samoan Government as a telegraph operator and was posted to several villages in Savai'i[12] and Upolu.[13] His last post before retirement was in Tuasivi, Savai'i (1969).

My father has six[14] siblings, four of the siblings are deceased. His eldest sister died from a postpartum haemorrhage following the birth of her youngest daughter in Samoa (1966), which was just after my father had arrived in New Zealand. To this day he still carries the grief of losing his eldest sister.[15] My father was sent to New Zealand by his parents to find work and to remit some of his wages back to Samoa, a practice which is very common in the Pacific among those with relatives who move to work in more economically wealthy countries (Sin and Ormsby, 2018). In 1983, his second youngest sister committed suicide, and his other sister died of breast cancer in 2005.

[5] My mother and all her cousins established Fakaolatia: Fakaofo women's Committee, 1966, Auckland, to fundraise relief funds to send to Tokelau, when Tokelau was hit by cyclone (1966)
[6] Personal communication with Aogapese Filipo (aunty) and Melitiana Tuisano (mother), both arrived Wellington 1964, my mother travelled to Auckland to live with Kailele and Liu
[7] New Zealand's evolved plan for Tokelau's over population (1960)
[8] Aiga tamā (igoa Matai) Leota, Avao. Aiga tinā (igoa Matai) Suisala, Safa'i – Savai'i Samoa
[9] Trained by Mr Dunwoodie, Tafaigata village (as documented in grandad Fala, diary/log book biography)
[10] Grandfather Fala was a telegraph operator, who used a telegraph key when they received the morse code in order to communicate by land lines or radio. He also worked/trained other young Tokelauans at the time such as Kelihiano Kalolo and Pelenato Manuele Palehau
[11] World War II started on 1 Sept 1939. It ended on 2 Sept 1945
[12] Villages in Savaii – Satupai'tea, Fagamalo, Salailua, Fa'asaleleaga (Tuasivi)

[13] Villages in Upolu – Tafaigata, Aleipata

[14] Aunty Pelenise (late), Uncle Laua (late), Aunty Tolovae (late), Aunty Tauvaka (late), Aunty Epenesa, Aunty Fale
[15] The strong kinship relationship between the brother and sister

In 2017, his brother died of a brain tumour following a late-stage diagnosis. At present, my father and his two sisters are the only surviving siblings. Throughout our lives, we were exposed to these tragic events, yet my father persevered because of his Christian faith.

My father travelled to Aotearoa/NZ in 1966 on the ship *'Matua'*,[16] which sailed from Apia, Samoa, to Suva, Fiji, then on to Auckland, Aotearoa/NZ, where he met my mother. They shifted to Dunedin in 1967, where four of us were born between 1968 and 1974.[17] We later shifted to Invercargill (at the bottom of the South Island), where my two younger siblings were born in 1976 and 1978.[18] My parents dedicated themselves to their ministry[19] as Pastors in the Samoan Assembly of God Church (SAOG), in Invercargill (1975–1986). We were one of only two Tokelauan families living in Invercargill[20] at the time. Most of the Pacific families, who were from the Cook Islands and Samoa, worked at the freezing works in Bluff, others worked at the Tiwai aluminium smelter. For the employees and their families, their houses were provided, as well as transport to work, as this was part of their employment package. The oyster season was another popular source of employment for the Pacific community, where my father and his brother worked as oyster openers. The oysters at the time (late 1970s) were huge compared with the sizes commonly harvested today.

In 2021, our mother passed away on 9th September, she took her last breath in my father's arms. Our families grieved together for our loss, because she was an incredible woman of faith and we believe whole heartedly that she is in a better place in eternity.

[16] *Matua* – Pacific ship that travelled in Fiji, Samoa, American Samoa and Tokelau
[17] Siblings born in Dunedin included (eldest sister) Ruth Kilisitina, Sitoga Mavis (sister), Makisua Fredrick (brother), and me. Eldest brother Falevai was raised in Tokelau by Grandad Filipo and Grandma Kilihi
[18] Siblings born in Invercargill included Fala Valaauina (brother) Mauosamoa Me Vise (youngest sister)
[19] My parents were spiritually mentored by the late Rev Makisua and his wife Mauosamoa Fatialofa through the Samoan Assembly of God in Dunedin (1972–1974).
[20] The only Tokelauan family in Invercargill to participate in Dr Ian Prior's study – (Albert F. Wessen, 1992)

1.3 Tokelau Samoa raised and born in Aotearoa/NZ

I am a Tokelauan-Samoan woman born and raised in Aotearoa/NZ. As children, my sisters and I were taught by our parents to read, write, and speak the Samoan language before we started primary school. We could read the 'pi tautau' (Samoan alphabet chart) and recite it verbatim with pictures of the objects that begins with the letter:

A: Ato (basket), **E:** Elefane (elephant), **I:** Ipu (cup), **O:** Ofu (dress), **U:** Uati (clock), **F:** Fagu (bottle), **G:** Gata (snake), **L:** Logo (bell), **M:** Moa (chicken), **N:** Nofoa (chair), **P:** Pusi (cat), **S:** Solofanua (horse), **T:** Ta'avale (car), **V:** Va'a (boat).

Our father used the Samoan Bible' ('O le Tusi Paia') as a teaching tool to learn the Samoan language. He believed that learning the Samoan language would connect his children with his parents and his people. He also used the scriptures from the Samoan bible as a holistic approach to spiritually ground us in our Christian values. Therefore, our relationship with God helped us to treat people with respect. The scriptures we learnt were orally recited in our family devotions every night. This oral tradition, passed to our parents by their forefathers, which we continued throughout primary school and high school years. My father believed that these values intertwined with our cultural values, which gave us tools to deal with our everyday situations. We became adept in this practice, alongside learning the Roman numerals in the book of Psalms and reciting in chronological order the books in the Old and New Testament. Through the Bible readings our parents taught us the differences between Jewish and Greek culture, Roman law, Persian history, and the geographical maps of Israel. To this day, we can still recite the chronological order of the books in the Bible, more fluently in Samoan than in English.

At the age of 7, I lived with my family in Invercargill in an old, white, colonial-style house with four bedrooms and high ceilings. We used a coal range to cook our meals, which at the time

seemed foreign to us as we were used to cooking our meals on an oven (Dunedin). Our house was heated by an open fireplace in the 'sitting room' during winter. The washhouse and the toilet were situated outside, which were not ideal especially in winter.

Our father often talked about the fale Samoa (Samoa house) and sketched pictures of a fale Samoa. He illustrated the process of how fale Samoa were built. First, a 'pit' was dug, then posts were installed in the outer parameter. Stones from around the land filled in the middle of the pitt, to lay the foundation (fa'avae) of the fale. He further explained the materials used to build the roof and its ability to survive the rain and storms. In doing this, our father painted an image in our minds of a fale Samoa in comparison to the colonial house we lived in. He painted a picture of Samoa that made it seem like it was paradise, and as a young child this image remained as a fantasy in my imagination. We had no idea what a real *'fale Samoa'* looked like and other images of idyllic island life such as swaying coconut palms were exactly that – just images! Invercargill is in the lower South Island of Aotearoa/NZ where the summers are cool, and the winters are short and very cold. [21] We certainly did not have coconut trees planted near our house, and we never knew the different phases of how a coconut tree developed, or even the different phases of a coconut! The first time I saw a coconut or a banana tree or even tasted coconut juice was when we went to a Church conference in Hawai'i in 1991. I was 19 years old at the time (*I lived a sheltered life*). We never had a television in our home, we would always go over to the neighbours to watch their TV.

We had many memories of the language barrier challenges and the clashes of the two worldviews. It was 1975, when my sisters and I started school, and at that time we spoke only fluent Samoan. We spoke Samoan to the palagi schoolteacher[22] and it annoyed her. Our teachers rang our father and demanded that he teach us the English language at home. Our father corrected our schoolteachers and told them that was their job to teach us the English

[21] https://weatherspark.com/y/144786/Average-Weather-in-Invercargill-New-Zealand-Year-Round
[22] Maori Hill Primary school in Dunedin and South School Primary in Invercargill

language, and it was his job to teach his children the Samoan language. My sisters and I were quick learners and we adapted to speaking English because we were surrounded by palagi kids at school. Alongside the language issue, we had to adjust to a foreign world at school. We were digestive learners at home, yet at school there was an expectation to share our thoughts and views with our class and teachers. The teachers often mistook our silence as not understanding the questions that were asked in class. In reality, we were transitioning our minds from one world to another world.

My sisters and I were taught in the fa'a-Samoa values that aligned with our Christian values, which shaped our identity and formed the way we behaved in school – values such as alofa (love), tautua (service), fa'aaloalo (respect), feagaiga (a covenant between siblings and others), and usita'i (obedience/submission) (Fairbairn-Dunlop & Makisi, 2003; Lay, 2000). Submission to authority was a strong value at home, and we observed the same value and behaviour at primary school. The teachers often viewed this behaviour as being too quiet, or too shy, as we struggled to ask questions in class or challenge the schoolteacher like the other students. This was because we viewed the schoolteacher as a person of authority and therefore someone to be treated with respect.

Being a Pacific minority group in our school, we encountered racism and we were often bullied by our peers. Our mother dealt with these situations by immediately going over to the bullies' houses where she would have a heated and colourful discussion with the bullies' mothers. This led, on one occasion to the police being called after she had left one of their houses and a policeman appearing at our doorstep to have a conversation with our mother about the matter. My father had no idea what had happened and apologised to the police for my mother's behaviour and after hearing our parents' explanation, the police left without charging our mother. From then on, my sisters and I grew up defending ourselves in fights at school, we were no longer afraid of bullies. These incidents were not uncommon in New Zealand society

at that time, and in a town where over 95% of the population then were Pakeha (descendants of white, primarily British, settlers), we experienced a lot of racism.

Our practices and behaviour at home were different from those of our palagi friends at school. For example, after school our palagi friends would come over and ask if they could play with us. Our mother would tell them to go home and do their chores because this is what my sisters and I had to do straight after school. Our chores were to prepare the food for dinner and to get our younger siblings ready for the evening church services. During this time our mother was coordinating the evening service with the church members. In our role as daughters of a Pastor we had responsibilities to observe and practice Samoa protocol and etiquettes. Our parents engrained in us the Samoan traditions such as Aiga (family), gagana Samoa (Samoan language), gafa (geneaologies), matai (chiefly system), lotu (church), and fa'alavelave (ceremonial and family obligations) (Anae, 2009, p.4). These were put into practice when we had Ministers and church leaders visiting our home. These were all core values we grew up within the context of Aotearoa/NZ.

We were schooled at Kingswell High, Invercargill (1983–1986) and our principal (Mr Michael Deaker) at the time supported the anti-apartheid movement. The whole school was taught about Nelson Mandela, South Africa and their apartheid system (1980s). When the Springbok rugby tour came to Invercargill, our Principal and the schoolteachers were the first to attend the protest, with no fear! The topics I enjoyed the most were History (Mr Verall), English (Mr Anglem - who introduced me to Witi Ihimaera short stories), and Te Reo Māori (Mrs Namana). I thrived learning Te Reo Māori, because we were schooled in tikanga, kaupapa Māori alongside kapahaka. We were taught the karakia in Te Reo (the Lord's prayer), before starting class we recited this karakia (verbatim). My love for history stemmed from my history teacher Mr Bill Verall who covered topics ranging from the Arab/Israeli Six-Day War to the Civil Rights movement in the US, including introducing us to Martin Luther King and sharing his famous speech **'*I have a dream*'.** We enjoyed our high school years in Invercargill.

1.4 My Faka-Tokelau Upbringing

Through their storytelling, our mother and her sisters[23] created a certain image in our minds that made Tokelau appear larger than life! They shared that our homestead in Tokelau was of abundance and our grandfathers were traditional food gatherers on land and at sea 'tautai o te moana'. They would share stories of our lands, and named the land areas in the atolls and the outer islets that our family owned.[24] We were raised understanding that my grandfathers came from a lineage of Aliki (Vaopuka) in Fakaofo historically known as *Te fenua o Aliki*.[25] Furthermore, my Uncle Foua would teach me[26] *na palega o fenua* (Tokelau's kin groups, social structure).[27] My uncles would lecture us to be loto nuku[28] and not to be fakanuku[29] and we held on to these values. We really did not know how hot the climate was in the islands, or where Tokelau was, but we knew first-hand that Invercargill was freezing in the winter![30] The seed was planted in my mind, and I was determined to visit Tokelau. Our mother's sisters and our parents always sang fātele (Tokelau group action songs). In the diaspora, fātele was one of the most effective tools of Tokelauan learning and expressions of identity. This Tokelau fātele stood out for me as it encompasses the essence of the Tokelau values:

Ko te loto fenua e tū muamua, ki te tupulaga nei ka olo ki mua, ko te māopoopo ko te lima malohi, ki te tau amoga o te atu fenua – Tokelau e pele ki te loto.

[23] My mother's sisters Aunty Henila, Aunty Pala (late), Aunty Moeofo, Aunty Sitoga (Sue), Aunty Mileta
[24] Te tufā: Heketai, Motuloa, Motuakea, Manono. Te Atumotu: Ko te Loto. Ko te Laki: Matagi, Tanau, Teāliā, Matafagalahi
[25] Fenua o Aliki – The land of the chiefly village
[26] Uncle Foua Toloa (late)
[27] Ko Palega o fenua (Tokelau's kin groups, social structure): Tonuia i falefitu – (the seven houses in Atafu), Nonu ma Alo i falefa – (the four houses in Nukunonu), Takoto ia Kava i faleiva (the nine house in Fakaofo) sung by Vaniah Toloa, Jewel Tuitama and Gideon Toloa, written by Tioni Vulu and Lui Kena
[28] Loto Nuku – to maintain my views and opinions for the interest of Tokelau katoa (Nukunonu,Fakaofo,Atafu)
[29] Fakanuku – biased views and opinion for your own village (nuku) to represent Tokelau
[30] Winter in Invercargill can go below 0 degrees and our primary schools would be closed, the school buildings were too cold to be heated by the janitors, even if they started early in the morning to heat the classrooms

The love of the homeland is first and foremost, to the generation now moving forward, māopoopo[31] makes our hands strong in attempt to carry the values of the islands, Tokelau is cherished in the heart.

This fātele message is a metaphor that describes the strengthening of the younger generation. We live for each other by looking after one another. This fātele is an encouragement to the youth of today, to embrace being part of the Tokelau community over individualism. To many Tokelauans, the fatele is a cultural '*norm*', for us to sing and dance together. In a 'fātele', there is a spiritual unison of the rhythm, the lyrics, the actions, and excitement, known as 'matagia'. Steiner (2012) highlights that matagia is derived from the Tokelauan word, matagi – matagia is an experience of great joy, pride, and inspiration during an activity (Ickes, pers. comm., 30 January 2011; Patelesio, pers. comm., 6 February 2012, cited in Steiner 2012). 'Matagia' is contagious, as Thomas explains, and one dancer will 'catch' the state of excitement from another; it may spread through the dancing group and affect the audience who may call out in support of the dancers (Thomas, 1996, p. 42). Often, fātele recount historical events, teach Tokelauan culture, and instruct moral actions through telling stories from the Bible. Fātele resonates with many Tokelauans, both those who were born and raised in Tokelau and those raised outside Tokelau. Hooper and Huntsman (1991) note "matagia carries connotations of messages, news and memories, often of an intense and personal kind. It also connotes (rather like the English "breath of life") vigour, activity, even life itself".

Although I was not born or raised in Tokelau, my parents and their siblings rooted in my siblings and me the faka-Tokelau (Tokelau approach) principle of māopoopo: the commitment to live our lives guided by the principle of māopoopo.[32]

[31] Māopoopo to be gathered together, people gathering together. Being collective and organized (Tokelau dictionary, 1986)

[32] Gatherings are only māopoopo when all the people who should be present are indeed present…. If people have absented themselves [they are] not, and this is lamented by those who are present. Likewise, if there is a The task to be done and everyone is present and hard at work, the work is māopoopo; but if workers have

In essence, this is a commitment to look after one another. By doing this, we became acquainted with a core principle, the importance of the 'collective' (māopoopo), which underlies Tokelauan societal values. This principle has echoed throughout our lives growing up in Aotearoa/New Zealand as Tokelauans. Although we live in Aotearoa/NZ, our homeland is Tokelau, and we carry the values that were passed on to us from generation to generation. Tokelau language was spoken between my parents and mum's siblings. For me, I would converse with my Aunt Senila, my Uncle Telaufue, Uncle Fala, Aunty Moeofo in Tokelauan. In my childhood Uncle Telaufue forbade us to converse in Samoan with him, but Aunty Pehe (wife) would wink at us and encourage us to speak fa'asamoa.

Since we lived in the deep South, our extended families from the North Island (Auckland, Taupo, Rotorua, and Porirua) seldom visited us as the distance in travel was too far and too expensive. So, in the Christmas holidays our father would drive us from Invercargill all the way to Auckland for his church meetings and to visit all our Tokelau relatives. I have many memories of these Christmas holiday trips to the North Island (Porirua, Taupo, Rotorua, and South Auckland). I was fascinated with the multiple, two-storey houses in Porirua built identically and so close together. I had never seen such houses, which I later learnt were Housing New Zealand houses. We stayed with Grandpa Fuli and his Kaiga in Porirua, and we were embraced by our aunties, uncles, and especially by our older cousins, who took good care of us. I remember they would take us to Tokelau kilikiti (cricket), where the Tokelau community would gather and compete against each other at Cannon's Creek Park and Ascot Park.

stayed away and work is desultory, it is not. A definition of māopoopo as 'unity of being and spirit' conveys the essence of this ideal in action… Māopoopo cannot be decreed, it must be cultivated and nurtured. It is felt – a kind of euphoria at its height when all are enthusiastically engaged – or -not – a sense of despair and disengagement. (Huntmans and Kalolo 2007, pp. 41–46)

1.5 Traditional Healing

In the 1980s, our grandfather Fala stayed with us as he practised traditional fōfo for people with illnesses. My father recalls that there were times when my grandfather and grandpa Fuli would exchange oils, and treatments for different types of ailments. Home-made pure coconut oil was used providing therapeutic healing process. This traditional fōfo was passed down through generations to my parents and their siblings to help people who came to our house in their time of need. This sacred gift is used to help restore people's wellbeing. It is our family belief that we do not accept money as a form of payment. My father and grandfather always believed that we will be blessed in other ways.

My grandfather also practised the traditional fōfo in Samoa and Tokelau. In Fakaofo, Tokelau, my grandfather's sister, Nana Tepoki, practised the Traditional fōfo (1950s–1980s), which was passed on to my late Aunty Taulima (1980–2018). In traditional Samoan society, health has a broad holistic framework, and so any health intervention or treatment must be holistic (Fa'asalele Tanuvasa, 1999). Soifua maloloina is holistic and has nine dimensions of fa'asamoa beliefs: mafaufau (mental), le tino (physical), ma'i aitu (spiritual sickness), agaga (soul), fa'afiafiaga (social), aganu'u fa'asamoa (Samoan culture), aiga (family), Le Atua (God), fanua (land) and tuā ua maliliu (deceased relatives and ancestors) (Fa'asalele Tanuvasa, 1999). These are the holistic beliefs and views my grandparents practised alongside my father and his siblings.

My father and his brother were instructed to get certain plants either at sunset or sunrise when the plants were effective for the remedy of the illness. My grandfather was also a medium, and could discern when a family was travelling to our homestead with their patient. He would instruct my grandmother to prepare the herbal remedies (vaila'au), and sure enough, the families would appear on our grandparents' doorstep.

In one particular incident, a family brought a family member who was tormented spiritually (ma'i aitu). My grandfather would assess the patient's situation first by asking questions of the family member's background and their activities leading up to the beginning of their illness. Once his questions are answered, my grandfather would start the deliverance practice to heal the patient. To this day, traditional fōfō is still practised in my family.

1.6 Living in different Worlds – My Journey in Health

I value both Samoa and Tokelau worldviews as I can see the similar values in both cultures. Although I was born and raised in Aotearoa/NZ, these two different unique cultures are embedded in me, so I treasure and value them as though I was born in Samoa or in Tokelau. With what our parents instilled in us, my siblings and I 'understood' our Tokelauan and Samoan worldview in our homes. We also learnt to understand the worldview of the 'palagi', which was an added advantage for us in our everyday life. This has given us insights of the three worldviews – the fa'a-Samoa, faka-Tokelau and the fa'a-palagi.

I am also part of the reality experienced by many Pacific people's living in Aotearoa/NZ with regard to health inequities. All my family and extended families have been impacted by this, with many family members dying prematurely from a range of conditions that disproportionately impact Pacific peoples, such as diabetes and heart disease (Tobias and Yeh, 2009; Southwick et al., 2012). From an early age we were exposed to the dying and the death of our 'loved family members'. We shared memories while singing and sleeping with them in the lounge, after their passing, which was a common practice. Life after death – that the deceased family member will go to heaven – is a strong belief in Christianity. In 2011, we experienced a tragic suicide in our family. The healing process for our family is ongoing with the support of our church families and social services. My parents were empathetic and provided pastoral care for families who have experienced similar tragic events like suicide.

My passion in Pacific people's health started when I enrolled in the undergraduate nursing programme at Whitireia Community Polytechnic, Porirua (1990–1995). It has continued to grow. At the time, my Pacific nursing lecturers were Dr Ausaga Tanuvasa Fa'asalele (Samoa), Dr Margaret Southwick (Tuvalu), and Dr Tua Taueetia-Su'a (Samoa).

Through my nursing practice, I have been exposed to the disproportionate impacts that health disparities and socio-economic factors have had on the health status of Pacific peoples

(Ministry of Pacific Island Affairs, 1999). I was employed as a Public Health Nurse for several years and witnessed many situations where access to health resources and services for Pacific peoples was limited (Ministry of Health, 1997).

Over the course of 25 years of nursing practice in the hospital, I was exposed to a system that focusses specifically on a biomedical model to treat illness, which has been described as individualistic, reductionist, physical, and secular (Rochford, 2004; Jones, 1999; Jones, 2000). Unsurprisingly, this was a hospital system with which Pacific people 'struggled' and where other models of care were not acknowledged – the potential contribution other frameworks, such as cultural safety (Ramsden, 2002) could make to improving health outcomes, was virtually non-existent. It is imperative to recognise spiritual and cultural identity as fundamental to health.

1.7 Work Experiences in Tokelau

While having all this exposure to the Aotearoa/NZ healthcare system, I developed an interest in working in Tokelau while there on a family holiday in 2001 (more background context about Tokelau is presented later in this chapter). In 2002, I returned, and was employed as a nursing clinical educator, by the Tokelau Health Department, Casimilo Perez (Director of Health). My original role was to work alongside and to upskill nurse-aides across all the hospitals but because of staff shortages I remained stationed in one hospital and worked as a registered nurse (RN).

I was fortunate to be able to return to Tokelau again to take up the role as Nurse Advisor and cervical screening co-ordinator for their pilot programme in 2006–2007. On this occasion I worked alongside the nursing staff in Atafu, the late Malaupapa Malaki, Makerita Sili and Fita Sinapati as well as staff in Fakaofo - Fenuafala Faafoi and in Nukunonu - Malae Fepuleai-Etuale. I was also fortunate to work with Dr Silivia Tavite (Dental Advisor) who later became the Director of Health,[33] Alapati Tavite (Public and environmental Health Advisor), the late Dr Tekei Iosefa[34] (Clinical Chief advisor) based in Nukunonu, and with Ms Liza Lister-Kele (TALO[35] Tokelau Health Manager) and Ms Tala Sinafoa (TALO Health Administrator) were based in Apia, Samoa.

Both working periods in Tokelau were thought-provoking personal and professional experiences for a kiwi-born Pacific woman and nurse. On a cultural level, I learnt to live the village life and abide by Tokelauan cultural protocols and expectations. On a clinical level, it was about being creative and working with limited resources to achieve a successful health outcome for the patients and the village community. I have many memories of working with Timaima Teao (Charge Nurse) and Neta Tinielu (RN/Midwife), whose expertise and service to Tokelau nursing and midwifery was of great value. I was also mentored by the late Dr Tekie

[33] Dr Silivia Tavite – Director of Tokelau Health 2004–2020
[34] The late Dr Tekie Iosefa – Clinical Chief Advisor 2004–2011
[35] TALO: Tokelau Apia Liaison Office based in Samoa

Iosefa, who broadened my knowledge regarding my nursing clinical experiences *'on island'* and who taught me to work with what was available. He also taught me to work alongside my nuku and build a rapport with them. As a kiwi-born Tokelauan, I thought I was only there to train and upskill the nurses (*the trained professional with all the knowledge?!*). However, I quickly learnt from the staff that balance and adaptation combining cultural institutions/knowledge and clinical experience were more likely to result in a successful outcome with the staff and the nuku! Essentially, it was all about building relationships with everyone.

On returning to Aotearoa/NZ from Tokelau my curiosity was heightened even more while completing a post-graduate degree in nursing. During this time, I realized significant health inequities were evident for Pacific peoples, which held many parallels with those of the indigenous Māori population, which had been well documented over a number of decades (Pomare, 1950; Durie,1985; Ministry of Health, 1997; Jones,1999; Jones, 2000; Durie, 2000; Ministry of Health, 2004; Robson B, 2000–2005; Reid, 2006; Ellison-Loschmann and Pearce, 2006; Ministry of Health, 2008; Tiatia, 2008; Tukuitonga, 2008; Robson et al., 2010; McLeod et al., 2010; Statistics New Zealand, 2011; Southwick, 2012; Ministry of Health, 2014; Simpson, 2016; Matheson, 2017; Taueetia-Su'a, 2017; Health Quality & Safety Comission, 2021).

1.8 Pacific Peoples in Aotearoa/NZ

Less has been written about Pacific health status, although the research and literature in this area have increased substantially in the last 10–20 years due, primarily, to better reporting and availability of Pacific data. More generally, there is now increased awareness by health professionals of the significant health challenges within Pacific communities here where, for example, the rates of type 2 diabetes are the highest in New Zealand (Health Quality & Safety Commission, 2021) and among the highest in the world (Garfield et al., 2003 cited in Firestone et al, 2018).

The Pacific population comprises 8.1% of Aotearoa/NZ's total population of nearly 5 million people and is a 'young' population with almost half (46%) of Pacific peoples being under 20 years of age (in 2013) compared with 27% for the total New Zealand population. Therefore, it's important to acknowledge that there is a critical issue for Pacific peoples with regard to increasing the workforce and focus on Pacific research and academic literature for the future up-and-coming young Pacific population, especially for those who will make a huge contribution to improving the health and wellbeing of Pacific peoples here in Aotearoa/NZ (Health Quality and Safety Commission, 2021).

The term 'Pacific peoples' is a collective term describing a diverse population made up of more than 16 distinct ethnic groups, languages and cultures. The sixth largest groups are Samoan (49%), Cook Island Māori (21%), Tongan (20%), Niuean (8%), Fijian (5%), and Tokelauan (2%) (Pasifika Futures, 2017). Because of the significant difference in terms of population numbers, more information was available earlier about the health status of some of the larger Pacific groups, such as Samoan (Fonofale model, 1984) Cook Island (Tivaevae research model, 2000), Tokelau (Te Vaka Atafaga Model, 2009) and Tongan (Popao Model, 2009), which has provided an important background to understanding some of the factors relating to health and wellbeing for these cultures.

Although there are certain cultural features that resonate with a number of Pacific peoples, for example, the central role of elders and leaders for ensuring healthy families and communities, there is much less known more generally about the meaning of wellbeing and socio-cultural aspects of health amongst smaller Pacific ethnic groups here in Aotearoa. The Tokelau population is one of the fastest growing Aotearoa/NZ-born populations of any of the Pacific ethnic groups, with nearly 75% being New Zealand born (Statistics, 2018). This is a reflection of the fact that, as noted previously, Tokelau is a non-self-governing territory of New Zealand, and its people are New Zealand citizens. Thus, this rapidly growing Pacific population can make potentially significant contributions to both health and wellbeing outcomes. The way in which health care services are delivered in Aotearoa/NZ will also make an important contribution to the cultural and economic wealth of Tokelau at some point in the future.

While the focus of this thesis has not been drawn exclusively from the lives, knowledge, and experiences of Tokelauan people, I see this research as an exciting opportunity to highlight and celebrate the knowledge and intricacy of a Tokelauan worldview, in ways that have not been widely documented here in Aotearoa, and that may potentially contribute to further understanding and improving health outcomes for all Pacific peoples. Thus, to provide some context to the thesis, the following section briefly presents an overview of Tokelau's history including demographics and its physical geography, the influence of Christianity in Tokelau, and an outline of Tokelau's political status as a territory of Aotearoa/NZ.

1.9 Tokelau – A Brief Overview

Demography

Tokelau is geographically as it consists of four atolls – Olohega, Atafu, Nukunonu, and Fakaofo. In the mid-19th century, British and American interests gained control of different parts of Tokelau after the cumulative effort of foreign diseases, slave raids, resource exploitation, land alienation, and a new religion weakened the rule of Fakaofo ('Te fenua o Aliki'), the land of the chiefly village.

Hereafter, the history of the Tokelauan people diverged, separated by physical and artificial, albeit informally imposed, political borders that would later direct flow paths of migration (Ickes, 2009). Since 1925, the four islands have been artificially divided along political boundaries, with Atafu, Nukunonu, and Fakaofo tied to New Zealand, and Olohega tied to American Samoa, a US territory (Ickes 2009, cited in Steiner 2012).

Olohega is located 200 km north of Samoa, with a land mass of 2 km^2 it 'lies' just South of Tokelau[36] (Ickes, 2009). Atafu, Nukunonu and Fakaofo are located 500 km north of Samoa in the Pacific Ocean and are isolated from each other. The total land area is approximately 12 km^2; the height above sea level is between 3 and 5 metres; the maximum width is 200 meters (Kele-Faiva, 2010).[37] Tokelau is therefore particularly vulnerable to natural disasters and the impacts of climate change, such as sea-level rise.[38]

[36] Ickes. S.B., (2009) *Expanding the Tokelauan Archipelego: Tokelau's Decolonization and Olohega's Penu Tafea in the Hawai'I Diaspora*. PhD dissertation

[37] Kele-Faiva.P., (2010) The Voices of Tokelau Youth in New Zealand *Na mafialeo onā Tupulaga Tokelau i Niu Hila.* Victoria University, Wellington, Aotearoa/NZ

[38] Personal communication with Paula Faiva Kele (Director of Climate Change), for Tokelau Government: 23 November 2020

Transport, climate conditions, and communications are major factors that have an impact on Tokelau's geographic position in the Pacific. Tokelauans are renowned for being seafarers of 'te moana'. Their only form of transport to the outside world is by vaka (sailing vessel). Travelling from Samoa to Fakaofo (the nearest atoll) takes up to more than 20 hours of travel on sea with inter-atoll travelling taking 3–5 hours, connecting all three atolls.[39] Samoa is Tokelau's closest neighbour, and access to Tokelau is by sailing vessels only, through the port of Apia, Samoa. For Tokelauans to travel internationally, (Faleolo) Samoa's airport, is their port of exit. There are currently no airstrips in Tokelau for plane services.

Two sailing vessels travel to Tokelau fortnightly, the *Kalopaga* (Freight & Cargo Vessel), and *Te Mataliki* (passenger vessel). Additionally, there is now an inter-atoll vessel, *'Te Fetu'*, that transports patients to the central hospital in Nukunonu, and also takes passengers to visit their families or attend meetings, from Atafu and Fakaofo.

The cyclone season is October to January, and the rainy season is between March and April. Decisions about the safety of vaka travel are determined by the weather, due to the high waves[40] during cyclone season. The tides are considered e hē matuā lelei (not too good), which causes delays. The hē matuā lelei conditions of the tide fall between tai galu (rough seas) and fatiulugahu (very rough), and a visiting researcher must be prepared for sudden changes in boat scheduling (Kalolo, 1995).

[39] Tavite. S. (2009) Recruitment and Retention of Medical Officers in Tokelau. Unpublished MA, Flinders University, Adelaide, South Australia

[40] Kalolo. K. (1995) Changes in Tokelau Schools: Intentions and Outcomes. Unpublished MA, Auckland University, Auckland, Aotearoa/NZ

In Tokelau, communication lines are often affected by weather conditions. In the cyclone and the rainy seasons there are often delays, which can impact on travellers heading to Aotearoa/NZ or other international countries.

The phone lines and internet can often be disconnected for up to a week and each nuku (village) would alert Apia (Samoa) or NZ that their lines are down, via satellite phones. In situations of medical evacuations when the lines are down, the satellite phones are used to co-ordinate the vaka from Samoa to return to Tokelau to transfer the patient back to Samoa. Today (2020) there is work in progress installing an underwater cable for high-speed internet.[41]

[41] Office of the ongoing Council of Government of Tokelau (OCOG) 2020: Paper Discussion

1.10 The Influence of Christianity

Tokelau was not immune to the extensive missionary activity that focussed on converting as many people as possible to Christianity throughout the Pacific (Kalolo, 1995; Huntsman, 1998). The Pacific region was one of the first areas of operation for the London Missionary Society, and both Protestant and Catholic missionaries have been active in the region since the early 19th century (Herda, 2005). The spread of Christianity throughout the Pacific also coincided with the establishment of trade routes and European colonisation of the region (Huntsman, 1998). Religious institutions continue to play a role in the provision of education and medical services on the Pacific Islands, and around 90% of Pacific Islanders actively practice a faith. On Fakaofo, the Catholic and Congregational Church are equally seen as the main religious groups, on Atafu it is primarily the Congregational Church, and on Nukunonu, the Catholic church. Between 1925 and 1945, from the first establishment of the mission in Tokelau, formal education was the responsibility of the pastor or minister (Kalolo, 1995; Huntsman, 1998). No other teachers were regularly employed and no assistance was given to local teaching from colonial budgets (Huntsman,1998). Education was carried out at the minister's house and consisted of arithmetic, English and general knowledge (Kalolo, 1995).

In the 1950s (my mother's generation) students[42] were taken from Tokelau to schools in Samoa and Pago Pago (American Samoa). One of the schools in Pago Pago was Atauloma Girls School, in Afao Village, run by the London Missionary Society. The learning philosophy for these schools was to train the schoolgirls to become minister's wives. From an early stage, the churches also encouraged and sponsored further schooling in Samoa.

[42] Personal communication 1990s with the late Talita Hope (Fakaofo), and the late Totasi Taupe (Atafu), and my mother Melitiana Filipo (Fakaofo)

Some Tokelauans became pastors and ministers, and many served in Samoa, Papua New Guinea, and other parts of the Pacific. Others married and remained in Samoa, creating the nucleus of a Tokelauan ethnic minority group that grew substantially from the 1930s to the 1950s (Hooper and Huntsman, 1973; Kalolo, 1995; Hooper, 1996).

Between the 1960s and 1980s, children from the age of 12 years, sat scholarship exams to attend school in Samoa or New Zealand. In the early 1990s, the Tokelau Education curriculum reached Fifth Form, and students sat exams for scholarship (known as the Overseas Development Aid) to further their studies in either Samoa, Niue, Tonga or New Zealand. Today, Tokelauan students have graduated from Suva, Fiji, Vanuatu, Samoa, Tonga, Niue, Australia, and New Zealand. Some have returned to contribute to Tokelau and others have chosen to travel either across the Tasman to Australia or to remain in Aotearoa/NZ.

1.11 Tokelau Political Status

As a non-self-governing territory of New Zealand Tokelau's political status is often mis-understood as similar to that of the Cook Islands and Niue. The Cook Islands (1969) and Niue (1975) hold free association and are self-determined territories – both countries may undertake bilateral and multilateral treaties with other countries, including New Zealand (Townsend, 2007, p.147 cited in Kele Faiva), and they, like Tokelauans, are New Zealand citizens. The Tokelauan population of 1,499 (2016 census) is spread approximately equally among the three atolls Atafu (*n*=541): Fakaofo (*n*=506) and Nukunonu (*n*=452) (Tokelau National Statistic Office and Statistics New Zealand, 2016). While a traditional lifestyle was sustainable, Tokelau has now moved to a cash economy with the only natural resource of any current economic significance being fishing, which is part of Tokelau's exclusive economic zone covering approximately 518,000 km^2 (Tokelau National Statistic Office and Statistics New Zealand, 2016).

Since 1993, most of the powers of the administrator relating to the day-to-day government of Tokelau (including administrative and legislative powers) are formally delegated to the Tokelau institutions; the three taupulega (village council of elders) of Tokelau and the traditional village leadership (Kalolo, 1995; Kele-Faiva, 2010; Angelo, 2009). Tokelau is governed by a system of government, known as the Office of the Council for the Ongoing Government (OCOG) of Tokelau (Te malo fakaauau o Tokelau), which forms the tie between the traditional village governing structure and the national government (Angelo, 2009). Each of the three atolls – Fakaofo, Nukunonu, and Atafu – work together as the single unified nation that is Tokelau. The position of Te Ulu-o-Tokelau, the Titular Head of State, is rotated annually among the leader (Faipule) of each atoll (Kalolo, 1995, Angelo, 2009). The General Fono (national assembly) meets two or three times a year and is made up of elected representatives from each atoll.

Executive authority rests with the Council for the Ongoing Government of Tokelau, which is a unique governance feature among Pacific countries (Kalolo, 1995; Angelo, 2009). In 2003, New Zealand developed a Joint Statement on the Principles of Partnership between the two entities. The document is of a political rather than legal nature and addresses the responsibilities of each party in managing their close partnership. This includes maintenance of language and culture, New Zealand citizenship, economic and administrative assistance, and the Tokelauan community in New Zealand. In November 2005, New Zealand and Tokelau approved the text of a draft Treaty of Free Association that formed the basis of a formal act of self-determination by Tokelau in February 2006 (Angelo, 2009). The referendum rules are set by the General Fono, and required a two-thirds majority of valid votes for a change of status to self-government in free association with New Zealand. There have been two referenda, in 2006 and 2007, and neither gained the required two-thirds majority for the "self-government in free association" option (Angelo, 2009). Tokelau is the last remaining territory of New Zealand.

1.12 Tokelau Migration Schemes to New Zealand

In 1964 Tokelau rejected their amalgamation with Samoa or the Cook Islands and asked for continuance in their direct association with New Zealand.[43] During the late 1950s discussions regarding the over population of Tokelau took place between the government of New Zealand and Tokelau as to what the future held for Tokelau. For instance, one atoll had a population of 800 people living on 5 acres of land and the population was increasing.

Tokelau, in consultation with New Zealand, continued these discussions, and many Tokelauans favoured a progressive shift of the population from Tokelau to New Zealand. In further consultation and agreement with Tokelau, New Zealand evolved a plan for their resettlement[44] through three assisted schemes which begun in the 1960s: The Assisted/Bonded Migration scheme; the Education Scholarship scheme; and the Resettlement scheme. The fourth scheme was the Tokelau Patient Referral scheme, which came later in the 1980s. A brief outline of each of the schemes is provided below.

(1) Assisted/Bonded Migration Scheme

As part of New Zealand's post-war migration programme the first group left Tokelau in 1963 (*of which my mother was a part*) as part of the Assisted/Bonded Migration scheme. These were mainly single women who went to work in hospitals as domestics (Green, 1998, p.126; Sallen, 1983, p.33, cited in Faiva-Kele, 2010). A total of 30 single Tokelauans migrated under this scheme from 1963 to 1965 and all were provided with accommodation and employment.

[43] Atoll people, Tokelau. Archives New Zealand.
New Zealand national film unit: https://www.youtube.com/watch?v=ldwLZnQtaEQ
[44] Atoll people, Tokelau. Archives New Zealand.
New Zealand national film unit: https://www.youtube.com/watch?v=ldwLZnQtaEQ

However, shared accounts from my mother and my aunt,[45] suggest there were misunderstandings about the purpose of the scheme. In their cohort to Aotearoa/NZ, they had to look for their own accommodation, for which they heavily relied on their families in New Zealand. For employment they had to find their own jobs, without the support of the NZ government.[46]

(2) The New Zealand /Tokelau Scholarship Scheme

This scheme was also introduced in 1963. One hundred and eighty-six awards were granted over a 20-year period under this scheme (Sallen, 1983, cited in Faiva-Kele, 2010). Accounts suggest there were deep misunderstandings about the purpose of the scheme. Of the 120 scholarship students, 85 remained in New Zealand, while some migrated to Australia (Faiva-Kele, 2010).

(3) The Tokelau Resettlement scheme

The third migration initiative was aimed at bringing young family groups to New Zealand. Many of the Tokelau elders and community leaders interviewed for this research came to Aotearoa as part of this scheme. They share their migration story and how this impacted on their lives and those of their families.

(4) The Tokelau Patient Referral Scheme (TPRS)

[45] Personal communications with Aoga Pehe Filipo (nee Neemia) – member of the first cohort of the resettlement scheme (1964)
[46] Personal communications with Melitiana Tuisano

This scheme, which came into effect in the early 1980s, referred patients requiring tertiary healthcare services from Tokelau to New Zealand. In Tokelau,[47] each of the three villages has a small hospital that provides primary and secondary healthcare services.

These hospitals also have local doctors in Atafu and Fakaofo; meaning, Tokelau no longer relies on locum doctors. There is one referral hospital in Nukunonu (St Joseph's Hospital) where patients are referred to from Atafu and Fakaofo, for coordinated clinical management. For the most part, people can be managed on the island; however, if they are critically ill with multiple risk factors, they are referred to either Samoa or New Zealand.

When the patients (tauale) and their caregivers (tauhi), are referred to Aotearoa/New Zealand, the Tokelau Department of Health provides return airfares to New Zealand and a modest living allowance for the time they are there for treatment. While in New Zealand, patients generally stay with family members who are residents in New Zealand until they return to Tokelau or decide to remain in New Zealand.

[47] Dr Silivia Tavite (2004–2020) Director of Health, Tokelau Health Department

1.13 Scope of research

The focus of this study is to bring together the perspectives of Tokelauans across generations, including elders and adults, as well as exploring the range of experiences of Pacific youth and Pacific health and policy workers in order to highlight the role and importance of historical, cultural, and social factors on the wellbeing of Pacific people. This study addresses the significance of the diversity of Pasifika peoples and the experience of the New Zealand-born Pacific generation. As relatively little is known about how Pacific people perceive their health and wellbeing in New Zealand (Bathgate, 1994; Manuela and Sibley, 2013) , a key feature of this work is to highlight and further understand this area, which, in turn, can have important implications for health outcomes, policy, and ways in which services are delivered to Pacific communities in Aotearoa/NZ.

From a Tokelauan worldview, an intergenerational approach was important because it underscores the central place of relationships in Tokelau culture. These relationships exist within the cultural context of kāiga (family) and pui kāiga (extended family). In faka-Tokelau, it is recognised that families are the basis for both village and national decision making, where the strength of the nuku (village) comes from. Cultural values fundamental to the ways in which kāiga, pui kāiga and nuku function include loto alofa, (the act of showing kindness), fakaaloalo (the act of respecting people), fealofani (working together and being friendly), loto fehoahoani (the act of helping others in need), and loto māulalo (humility).

Kāiga interconnectedness relates to the relationships between people – this relationship is known as ‘Gafa’ (geneology). Knowing your ‘Gafa’ positions you – where you are, who you are, and where you come from in your kāiga. In this study I have taken this Tokelau worldview and applied it to the context of Aotearoa/NZ where the majority of Tokelauan are now first, second, and third-generation Aotearoa/NZ born.

The gagana Tokelau is listed as an endangered language by the United Nations Educational, Scientific Cultural Organisations (UNESCO) Atlas World as Languages in Danger (Moseley, 2012) which meant it was even more important for me to ensure the use of Tokelau language wherever this was appropriate throughout this thesis. The English translation of the Tokelauan words is shown in brackets immediately following its use in the first instance and thereafter, only the Tokelauan word/term is used – it is also listed in the glossary. In order to closely reflect the Tokelau participants' perspectives, and insights in the data, the English version of the information sheets, consent forms and interview questions were translated into the Tokelau language (for the elders and community leaders); both versions of all documents are attached in the Appendices.

In addition, all the transcripts for the elders and community leaders' interviews were transcribed in Tokelauan and then translated into English. I am a fluent speaker of both fa'asamoa and faka-Tokelau. As noted earlier in this chapter, the significantly larger population of Samoa compared with Tokelau in terms of the numbers living in Aotearoa/NZ means more information and more research have generally been undertaken about Samoan health. Thus, even though the fa'asamoa is my dominant culture I have chosen to privilege a Tokelauan worldview because I would like to share my faka-Tokelau in the study and believe that there remains so much still to be learnt about many of the smaller Pacific Island nations. Additionally, making available all the study documentation, together with the translation of the interviews, was deliberate in the hope that current and future generations of Aotearoa/NZ-born Tokelauan researchers will be encouraged to maintain their Tokelau language *'ke olatia te gagana Tokelau'.*

1.14 Thesis Organisation

Chapter One introduces the study and provides the general background and rationale for the study. The aim and objectives are described, and the scope of this study is outlined.

Chapter Two provides the setting for the study, which begins with a brief overview of the three different Pacific groups – Melanesia, Polynesia, and Micronesia. This is followed by a brief history of colonisation in Aotearoa/NZ and a description of health inequities between Māori and non-Māori. An overview is presented of the health of Pacific peoples in Aotearoa/NZ, including the significant impact socioeconomic factors have on Pacific health outcomes. The chapter concludes by examining Pacific health policies and research in Aotearoa.

Chapter Three describes the methodology and methods of the study. In the first section of this chapter, the significance of insider-outsider perspectives elaborates on understandings about indigenous and Pacific worldviews. I then present Pacific health frameworks developed in Aotearoa/NZ and the Pacific. Finally, the positioning of the study is underpinned by a Tokelau worldview based on Māopoopo. In the second section I describe the methods used for this study, which consisted of semi-structured interviews and focus groups. A description of the analysis framework is then presented. The chapter concludes with a section discussing the ethical considerations for this study.

Chapter Four presents findings from the Tokelau elders who shared insights of their childhood in Tokelau. They empahsised a range of faka-Tokelau values, including the connection at family and community levels, their spiritual beliefs, and the honouring of ancestral relationships and how these were impacted by leaving Tokelau to settle in Aotearoa/NZ.

Chapter Five presents findings from the Tokelau community leaders who are from various Christian faith-based denominations within the Wellington region. They shared insights and experiences of serving the Tokelau communities in their pastoral care capacity and some of the challenges associated with that role.

Chapter Six presents findings from the Tokelau Adult Focus Group, most of whom are the first generation of New Zealand-born Tokelauans. They provide insights about the experience of living with parents and grandparents who are Tokelau born and how that impacted their upbringing. They shared their values and beliefs about the island social structures that they lived with at home and how this impacted on their life growing up in Aotearoa/NZ.

Chapter Seven presents the findings from the Pacific Youth Focus Group, which focused on the role in their lives of language, culture, and identity. They also shared their involvement with church communities and activities, which provided an important focus for them and their families on health and wellbeing.

Chapter Eight presents the findings from health and policy workers examining health service delivery approaches. They also highlighted the importance of building relationships with church communities and shared their knowledge of Pacific health frameworks and the relevance of these to Pacific communities.

Chapter Nine discusses the key themes identified in the research: kaiga (family) which was identified as the core value; duty of care (tiute tautua) regarding traditional knowledge and intergenerational transfer of knowledge in relation to culture, land and language; loto fai kāiga

relating to the importance of maintaining family relationships; interconnectedness (fehokotakiga) highlighted the role of relationships between people and the importance of interdependence and; spirituality (olaga faka-te-agaga) recognizes the centrality of the church in Pacific communities. Health advocacy was identified as a further key theme specific to the youth and health workers/ stakeholders interviews. Health workers also identified an additional key theme - the impact of inequities on Pacific wellbeing, as being a critical area to address in order to improve health outcomes. The chapter concludes with a discussion of the strength and limitations of this research and the recommendations from this study.

2.0 Chapter Two Literature Review

2.1 Introduction

To provide a setting for the study, the chapter begins with a brief description and overview of the Pacific realm countries, highlighting the three main island groupings of Melanesia, Micronesia and Polynesia. This is followed by a brief outline of the history of colonisation in Aotearoa and a description of health inequities between Māori and non-Māori. This is followed by an overview of the health of Pacific peoples in Aotearoa/NZ including the significant impact that socio economic factors have on Pacific health outcomes. The chapter then focuses on the importance of Indigenous worldviews and holistic approaches to health care and how these could potentially contribute to furthering understanding about Pacific wellbeing including discussion on the development and utilisation of Pacific health models and frameworks. The chapter concludes by examining Pacific health policies and research in Aotearoa.

2.2 Overview of the Pacific Realm

The Pacific realm is a region made up of thousands of islands throughout the North, Central and South Pacific Ocean. While it covers only 300,000 square miles (800,000 square km) of landmass, the region comprises millions of square miles of ocean. The Pacific realm is divided into three main groupings based on physical geography, local inhabitants, and location: Melanesia, Micronesia, and Polynesia (Fig. 1).

Figure 1: *The Pacific Realm: Micronesia, Polynesia and Melanesia (Encyclopedia Britanica, accessed (01/02/20).*[48]

[48] https://www.britannica.com/place/Pacific-Islands (map figure1)

Table 1 presents the three main Pacific realm groupings and their political status. The independent countries of Melanesia are Fiji, Papua New Guinea, Solomon Islands, and Vanuatu. The “micro” portion of the name Micronesia refers to the fact that the islands are small in size – often only one square mile or so in landmass area (Schimit, 2012). Guam is the largest island in Micronesia but is not an independent country as it is still under US jurisdiction (Schmitz, 2012).

Table 1: *The Three Main Pacific Realm Groupings by Political Status*

POLYNESIA	MELANESIA	MICRONESIA
Independent States	**Independent Countries**	**Independent States**
Kiribati (eastern) Tonga Samoa Tuvalu Aotearoa/New Zealand	Fiji Papua New Guinea Solomons Islands Vanuatu	Federated States of Micronesia Kiribati (Western) Marshall Islands Naurua Palau
Jurisdiction states/countries	**Jurisdiction Countries**	**Jurisdiction States**
Hawaii (US) Pagopago (US) Tokelau [Olohega], Swains Islands (US) Cook Islands (NZ) Niue (NZ) Tokelau [Fakaofo, Nukunonu, Atafu] (NZ) Pitcairn Islands (UK) French Polynesia (FR) Austral Islands (FR) The Marquesas (FR) Society Island (FR) Tahiti (FR) Tuamotu (FR)	New Caledonia (FR)	Guam (US) Gilbert Islands (Kiribati) Northern Mariana Islands (US) Wake (US)

The independent Federated States of Micronesia (FSM) consists of four states: Yap, Chuuk, Pohnei, and Kosrae (Meller, 1980). The Republic of the Marshall Islands is a sovereign nation that gained independence from the US in 1986 (Bureau of East Asian and Pacific Affairs, 2018). Nauru, the smallest island of the Pacific group, gained its independence in 1968, and became a member of the South Pacific Community (SPC) in 1969 (Carter, 2011). Palau voted against joining the FSM in 1979, and gained full sovereignty in 1994 under a Compact Free Association with the United States (Gowdy, 1999). Kiribati (Western), a country made up of 33 low-lying coral atoll islands that straddle the equator in the central Pacific, is an independent republic within the Commonwealth of Nations (Schutz, 2019). The jurisdiction states in Micronesia are Guam (US), Gilbert Islands (Kiribati), Northern Mariana Islands (US), and Wake Island (US).

The independent countries of Polynesia are Kiribati (eastern), Samoa, Tonga, Tuvalu, and Aotearoa/New Zealand. The jurisdiction states/countries include American Samoa (US), the Pitcairn Islands (UK), and Hawai'i (US), which is situated towards the tip of the boundary of Polynesia in the North Pacific Ocean. The five main islands of French Polynesia include Tahiti in the Society Islands, the Tuamotu Islands (archipelago), The Gambier, The Marquesas, and the Austral Islands (Charting the Pacific, 2005). French Polynesia is governed by the President of French Polynesia and its political status is as a French overseas territory with a large degree of self-government (BBC News, 2018).

Tokelau, Niue, and the Cook Islands are all under the jurisdiction of New Zealand and all these islands are New Zealand citizens. Niue's political status is free association and self-determining (1975), along with the Cook Islands (1969). Tokelau's remains a non-self-governing territory of New Zealand (Kalolo, 2007; Angelo, 2009; Schmitz, 2012). New Zealand is an island country situated in the southwestern Pacific Ocean. It consists of two main landmasses – the North Island and the South Island – and more than 700 smaller islands, covering a total area of 268,021 square kilometres (Sinclair et al, 2021).

While many South Pacific nations have maintained their indigenous cultural heritage, the Western cultural influence has had deep and noticeable effects on people of Pacific nations. As well as the larger influence reflected in many western countries that dominate globally, many of these island nations, such as America Samoa (Pago Pago), Hawaii, Marshall Islands, and Palau (Schmitz, 2012), have and continue to be impacted by western countries due to their status as Pacific colony states.

Other Pacific nations such as Samoa and Tonga, which are independent Pacific countries, have significant population numbers in the US (Census Population Utah, 2019), especially in Utah (Salt Lake City). Utah is known as the '*capital city of Mormonism*' and the world headquarters of The Church of Jesus Christ of Latter-day Saints (LDS). About 55% of Utahans are members of the church (Census Population Utah, 2019). Samoan and Tongan people first migrated to Utah as a result of mission trips undertaken to their respective countries by the Mormon churches beginning in the latter part of the 1800s (Hernandez, 2016). Not only do Samoans and Tongans make up the largest Pacific Island populations in the US but they also have the oldest multi-generational population (Census Population Utah, 2019). Pacific Islanders have lived continuously in Utah since 1870 (Hernandez, 2016).

Māori, The Indigenous People of Aotearoa/New Zealand

Māori are the indigenous people of Aotearoa who travelled across the Pacific approximately 1,000 years ago (Orange, 2013). Māori comprise almost 16% of the 4.5 million total population of Aotearoa/NZ. The other major ethnic groupings are: Pacific peoples (8%), of whom, as noted in the previous chapter, the main ethnic groups are Samoan, Cook Island Māori, and Tongan; Asian peoples, primarily Chinese, Indian, and Korean (12%); Middle Eastern, Latin American; and African peoples (1%); and New Zealand European, mainly comprised of

descendants of those who colonised Aotearoa (from Britain, Scotland, Ireland, and Wales) and make up 75% of the population (Statistics New Zealand, 2015).

Te Tiriti o Waitangi (the Treaty of Waitangi) was signed between the British Crown and some Māori chiefs in 1840. Two versions exist – the English version, and the Māori text, with the majority of Māori signing the Māori version, which stated that Māori would retain their tino rangatiratanga (self-determination/autonomy) and iwi authority (Orange, 2013). The two versions created different interpretations, understanding, and experiences, paving the way for the colonisation of Aotearoa and a huge increase in British settlers, which inevitably had serious consequences for Māori. The British settlers brought new diseases, firearms, and the removal of land, which had devasting consequences for the Māori people: with no immunity to foreign diseases there was significant loss of Maori lives and a decline of Maori populations from 100,000 before 1840 to 45,549 by 1900 (Buck, 1949;[49] Pool, 1991; [50] Durie, 2001; Orange, 2013).

From the time of the signing of Te Tiriti, further extensive legislative processes followed to facilitate mass settlement and land confiscation by the British (Durie, 1994). The loss of an economic base resulted in Māori being dispossessed and marginalized in their own homeland (Awatere, 1984; Bellich, 1986; Crosby, 1986; Rochford, 2004). The links between colonisation and its wide-ranging effects on Māori economic, health, education, social, and cultural wellbeing have been extensively documented (Durie, 1998; Hill, 2004; Orange, 2013; Walker, 1996; Durie, 1985; Ellison-Loschmann, 2006; Kidd et al., 2019; Slater, 2016; Reid, 2006; Rochford, 2004; Houkamau, 2016; Te Morenga, 2018).

[49] https://www.royalsociety.org.nz/150th-anniversary/tetakarangi/putea-whakairo-maori-and-the-written-wordbradford-haami-2/
[50] https://aucklanduniversitypress.co.nz/te-iwi-maori-a-new-zealand-population-past-present-and-projected/

2.3 Health Inequities between Māori and Non-Māori

As a consequence of colonisation, health is a social justice and human rights issue, and indigenous people's rights to health have been clearly stated and recognised (Braveman and Gruskin, 2003; Braveman, 2006; United Nations, 2007). Māori indigenous rights, including the right to health, are embodied in the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007), and reinforced by the Treaty of Waitangi (Committee on the Elimination of Racial Discrimination, 2007). Reid and Robson (2006) argue that there are consistent, comprehensive, and compelling disparities in health outcomes between Māori and non-Māori, including exposure to the determinants of ill-health, a lack of health system responsiveness, and under-representation of Māori in the health workforce (Reid & Robson, 2006).

Recent reviews have identified widespread failings in the New Zealand health system, as evidenced by ongoing health inequities experienced by Māori, to be a breach of Te Tiriti o Waitangi, with calls for extensive changes to key health legislation, including the creation of an independent Māori Health Authority (Waitangi Tribunal, 2018; Kidd et al., 2019; Ministry of Health, 2008; New Zealand Health and Disability, 2020). Failure by the health system to meet the rights of Māori has been named as institutional racism (Came, 2014). Racism is a modifiable determinant of health (Paradies et al., 2015), which has been shown in overseas studies to impact on physical health (Krieger et al., 1993) and here in New Zealand to lead to poorer health outcomes for Māori (Cormack et al., 2005; Harris et al., 2006; Harris et al., 2012; Harris, Cormack and Stanley, 2013). Institutional racism is described by Jones (2000) as a systemic pathway to inequity through "differential access to the goods, services, and opportunities of society by race," which Came (2012) further notes advantages one sector of the population while disadvantaging another (Jones, 2000; Came, 2012). Such racism encompasses both action and inaction and can present as systemic mono-cultural perspectives.

Matheson et al. (2018) argues that institutional racism has been clearly evidenced for indigenous populations: colonisation has shaped the policies, structures, governance, and practices of public institutions, including hospitals, responding poorly to the needs and rights of indigenous people. The authors also maintain that institutional racism contributes to systemic societal exclusion and compounds the already devasting effects of poverty (Matheson et al, 2018).

Inequities in health outcomes between Māori and non-Māori are documented in relation to life expectancy and mortality as well as significant morbidity differences for both infectious and chronic disease (Pōmare,1981; Pōmare and de Boer, 1988; Pōmare et al.,1995; Ministry of Health and University of Otago, 2006; Ministry of Health, 2010). Jones (2001) identifies three key contributors to ethnic inequities in health: (a) differential access to the determinants of health or exposures leading to differences in disease incidence; (b) differential access to health care; and (c) differences in the quality of care received (Jones, 2000). Māori are exposed to very different education, employment, income and housing opportunities compared with non-Māori (Howden-Chapman and Tobias, 2000; Ministry of Social Development, 2006; Ministry of Health, 2015) resulting in over half of Māori living in the most deprived areas in New Zealand.

Socioeconomic position also increases exposure to risks like tobacco use, poor nutrition, and overcrowded and substandard housing, all of which differentially impact Māori health status and have implications not only for current wellbeing but also for that of future generations. There is extensive evidence of the impact on Māori of differential access to health care at all levels of service provision, including primary care and prevention services, lack of co-ordination and streamlined care, and the cost, location, and scheduling configuration of services that do not prioritise those with fewer access to resources.

Evidence of inequity in the receipt of timely, quality of care for Māori is stark, for example, lower rates of appropriate interventions including screening and treatment for heart disease, depression, cancer, and diabetes screening and management (Pack, Minister, Churchward and Fa'asalele Tanuvasa, 2013).

As a way of moving forward, in March 2020, a health and disability systems review was released. One of its recommendations is to establish a Māori Health Authority as an independent departmental agency, reporting directly to the Minister of Health. This review proposes to deliver a system that embeds Te Tiriti principles, where Māori have real authority to develop and implement policies that address their needs in ways that respects te Ao Māori (Health and Disability, 2020).

Many of the patterns of inequity that disproportionately impact Māori with regard to chronic and infectious disease, as well as the pathways by which these inequities arise, have also been reported for Pacific peoples living in New Zealand. These are presented in the following section.

Health and Equity between Pacific People and Non-Pacific People

The six largest populations of Pacific peoples in Aotearoa/NZ are Samoan (49%), Cook Island Māori (21%), Tongan (20%), Niuean (8%), Fijian (5%), and Tokelauan (2%) (Pacific Futures, 2017). Additionally, nearly two thirds of the Pacific population are born in New Zealand. The proportion of Pacific people born here has steadily increased from 58.2% in 2001 to 62.3% in 2013 (Statistics New Zealand, 2014). The five Pacific ethnicities with the highest proportions of those born in New Zealand are Niuean (78.9%), Cook Island Māori (77.4%), Tokelauan (73.9%), Samoan (62.7%), and Tongan (59.8%) (Statistics New Zealand, 2013).

The Pacific people population has continued to increase, with the most recent figure for 2018 being 380,000 (8%) who identify with at least one Pacific ethnic group; and population projection estimates an increase to approximately 10.9% by 2038 (Census New Zealand, 2018). The Contemporary Pacific Status reports that a key factor influencing this growth rate is the youthful Pacific population structure. In 2013 the median age of the Pacific population was 22.1 years, compared with the median age of 38 years in the total population (Tagata Pasifika, 2021). These are important considerations when thinking about future health policy directions for Pacific populations in Aotearoa/NZ. Forecasts estimate that by 2026 Pacific peoples will make up a significant proportion of the New Zealand labour force and potentially 30% of the Auckland working population (Health Quality & Safety Commission, 2021). Disparities in health and service outcomes for Pacific compared with non-Māori non-Pacific people in New Zealand have persisted and been reported for more than two decades. In 2012–2014, life expectancy at birth was 78.7 years for Pacific females and 74.5 years for Pacific males compared with 84.1 years for European/Other females and 80.5 years for European/Other males (Ministry of Social Development: The Social Report, 2006).

Avoidable causes of death are large contributors to the life expectancy differentials in Pacific and Māori populations (Blakely et al., 2007). Avoidable mortality refers to causes of death occurring under the age of 75 years that are potentially preventable, or treatable, given current understandings of causation and available health care technologies (Blakely et al., 2007). Avoidable mortality also includes deaths from causes that could have been prevented by addressing determinants external to the health care system such as socioeconomic status (Tupu Ola Moui: Pacific Health Chart Book, 2004). Amenable mortality is a subset of avoidable mortality, reflecting *only* those deaths that should not have occurred given the availability of health care technologies – including health prevention. Amenable mortality, therefore, is an indicator to focus on the effectiveness of care for Pacific and Māori populations (Tobias and Yeh, 2009).

A study examining amenable mortality rates to estimate the proportion of Pacific all-cause mortality due to health care found that amenable mortality made a substantial contribution to the disparities in all-cause mortality between Pacific and NZ Europeans (26% and 34% of the gap for males and females respectively) (Tobias and Yeh, 2009). A recent study of the contribution of avoidable causes of death to the life expectancy differentials in Pacific (and Māori) compared with non-Māori/non-Pacific ethnic groups in New Zealand, found nearly half of all deaths in Pacific population (47.3%) were attributable to potentially avoidable causes of death, compared with less than one quarter (23.2%) in the non-Māori/ non-Pacific population. Coronary disease, diabetes, and cerebrovascular disease were the largest contributors to the differential in both Pacific males and females (Walsh and Grey, 2019).

2.4 Pacific Peoples Health Status

Research and reviews regarding Pacific people's health status in New Zealand continue to increase. The chronic disease burden is high, with higher prevalence of ischaemic heart disease, stroke, diabetes, and chronic obstructive pulmonary disease (Ministry of Health and Ministry of Pacific Island Affairs 2004; Ministry of Health 2008; Health Quality & Safety Commission, 2021). The prevalence of diabetes among Pacific peoples is also high. Approximately 6% of age-adjusted prevalence of diagnosed diabetes were reported by Pacific men and women. This was three times the prevalence of diagnosed diabetes reported by men and women in the total population (Ministry of Health, 2008). Cardiovascular disease mortality rates are significantly high, particularly among Pacific men, whose rates are about twice as high in middle age as those of the total population and are higher than Pacific female rates for all age groups (Ministry of Health, 2007). In an Auckland regional study, Pacific stroke event rates were shown to have increased about 66% between 1981 and 2003, during which time there were corresponding declines in stroke rates among the NZ European population (Feigin et al., 2006). It should be noted, however, that there were wide errors associated with this estimate (i.e. the stroke rates increased by between 11% and 225%) due to the methods of data collection (Blakely et al., 2004; Pack et al., 2013).

2.5 The Impact of Social Determinants of Health on Pacific Peoples

The social determinants of health are conditions in the social environment in which people are born, live, learn, work, and play that affect a wide range of health and quality-of-life outcomes and risks (Singh et al., 2017).

The socio-determinants of health for Pacific people in Aotearoa/NZ are strongly linked to their socio-economic status (Baker, 2012). The factors that have been shown to have the greatest influence on health for Pacific peoples are socio-cultural and economic, and include education, employment status, occupation, income, and housing (Ministry of Health and Ministry of Pacific Island Affairs, 2004; 2005; Ministry of Health, 1998, 1999, 2008, 2020; Su'a, 2017). Pacific peoples experience significant inequities in the distribution of the socioeconomic determinants of health, including being more likely to live in neighbourhoods of 'high deprivation', have the lowest median household incomes, have higher unemployment rates, have the lowest rates of home ownership, and have the highest rates of household crowding (Ministry of Health, 2001, 2002, 2003, 2008, 2020; Hefford, Crampton and Foley, 2005; Ministry of Health and Ministry of Pacific Island Affairs, 2010;).

A review of evidence about health equity for Pacific peoples in New Zealand, found that 24% of Pacific peoples compared with 8.5% of New Zealand Europeans or others reported not having enough money to meet their everyday needs; 40%, compared with 18% of New Zealand Europeans live in homes that are always cold, and 10% of Pacific peoples (5% of New Zealand Europeans) have problems with damp and mould (Ryan, Grey, Mischewski, 2019; Taumoepeau, 2020). Additionally, it is important to note how social determinants impact the trajectory of many non-communicable diseases (NCDs), with poor health manifesting as a result of the devastating effects of poverty. For example, Te Morenga et al. (2018) state that the determinants of obesity are complex and are affected by socioeconomic and dietary

factors that predispose to obesity and obesity-related illnesses such as diabetes, hypertension, and cardiovascular disease, all conditions that disproportionately affect Pacific peoples (and many indigenous populations worldwide) (Te Morenga et al., 2018).

In June 2020, a Pacific Health and Wellbeing Action Plan 2020–2025 *Ola Manuia* was released. As the most recent in a series of Pacific health strategies (Ministry of Health, 2020) (discussed further in the next section of this chapter), Ola Manuia focuses on a collective cross-government and intersectoral approach requiring more effective collaboration within the health and disability system and between the health system and the social, housing, employment, and education sectors (Ministry of Health New Zealand, 2020). Ola Manuia highlights that Pacific communities have laid down a challenge to the whole health system to raise and broaden their sights (Ministry of Health New Zealand, 2020). Pacific communities stated that the fundamental causes of inequities (i.e. socio-determinants) in health outcomes must be addressed, with the community involved in the design of services and programmes to ensure innovative solutions are appropriate, effective, and meaningful. There are opportunities for effective methods and strategies to address the gaps and create changes to improve Pacific health inequities. These can be managed through evaluation and monitoring at a policy level and the management of policy transition into action working with Pacific communities to enable more effective healthcare delivery services (Pack et al., 2013).

Ongoing work is essential for community-based programmes in partnership with health services in providing solutions to better health and wellbeing outcomes (Firestone et al., 2009). Examples of these community-based programmes are Ngati and Healthy (Tipene-Leach et al., 2004) and community church-based initiatives such as the Lotu Moui Health programme, 2006–2010 (Counties Manukau District Health Board, 2010). To ensure the health programmes have long-term sustainability and momentum, it is essential to recognise that the community is an important and active stakeholder for health services (Coppell et al. 2009).

As part of that, health workers, university academic staff and government public servants must ensure that the inherent cultural values of the Pacific communities are met.

While a number of health initiatives have been generally positive in terms proactive partnership with Pacific communities, there have also been some instances where recognition and attention to appropriate processes in working with Pacific peoples was needed. For example, in 2018, a Tokeau Health review was conducted by a team of academic researchers from Massey University as part of a Memorandum of Understanding between the Tokelau Health Department and Capital and Coast Health District Health Board. Questions were raised with regard to the cultural appropriateness of the review, which took a western methodological approach. When consulting with the Tokelau community (in Wellington, NZ) the reviewers did not adequately take into account the fundamental position of kāiga interconnectedness as being core to relationships between Tokelau people. Insufficient acknowledgment was given to the value of the voices of those toeaina and the fatupaepae from Tokelau who were on the Tokelau Patient Referral scheme in New Zealand. These two roles are imperative in the faka-Tokelau.

Furthermore, the Tokelau Health Public servant and Tokelau Government Official (both NZ-based) who support and care for the patients throughout their journey in the scheme were isolated from attending the community consultation. As the reviewers also did not take into consideration the faka-Tokelau values to Tokelauan wellbeing or recognise other core understandings with regard to the practice of te vā fealoaki (safeguarding relationships), for example, fealofani (working together), especially loto māulalo (humility), and fakaaloalo (respect). The reviewers, with the support of Ministry of Foreign Affairs (MFAT) representatives for the Tokelau Health review, continued with their consultation with the Tokelau community regardless of safeguarding these relationships. To date, the Tokelalu Health review has still not been discussed by the General Fono in Tokelau. As a result, the recommendations regarding the health service delivery have not yet been endorsed.

The only recommendation that has so far been implemented by MFAT is the recruitment of a Health Advisor, which the Office of the Council for the Ongoing Government of Tokelau (OCOG) has supported.

It is imperative to recognize and understand the fundamental inherent cultural values to which Pacific people communities adhere. Cultural relevance is a central part of a more holistic view of healthcare that recognises the importance of indigenous worldviews. This can potentially make a valuable contribution to improving health outcomes and the wellbeing of Pacific peoples. The holistic understandings of health are explored in the next section.

2.6 Holistic Health Approaches

The term ‘’holistic health ‘’ is widely used in health and social science literature with a variety of different connotations. One definition identifies holistic health as being about caring for the whole wellbeing of a person, such as their mental health wellbeing, emotional wellbeing, physical wellbeing and spiritual wellbeing – it’s about healing the person in order to bring them into their whole wellbeing (Michaelson et al., 2019).

Hippocrates, known as the father of medicine, promoted holistic health and the treatment of the whole patient, and not just the symptoms of their disease (Ventegodt et al, 2007; Wollumbin, 2012). He was also a great believer in the importance of preventive measures based on balanced diet and exercise and environment to maintain wellbeing. A shift to a more biomedical approach came with the change of focus onto “medicine’’ and the diagnosis and treatment of disease rather than Hippocrates’ more holistic approach (Ventegodt et al., 2007; Wollumbin, 2012). Holistic understandings of health have been central in traditional approaches to health (Wollumbin, 2012), and in other cultures and languages. For example, in Hebrew, the word *shalom* is used to reflect the fullness or wholeness of what health can be. Specifically, in Judaism, *shalom* is associated with ‘completeness, soundness, well-being, wholeness, peace and health’ (Strong, 2005; Botterweck et al., 2006); it includes the person, their place in the world, and the matrix of relationships that shape their life (Michaelson et al, 2019).

A number of indigenous cultures have and continue to maintain a holistic approach to wellbeing. Drost (2019) writes that Indigenous people in Canada have unique health needs that require culturally appropriate holistic care that addresses physical, mental, emotional, and spiritual health. She further comments that ‘relying solely on biomedical principles when

addressing Indigenous health is not necessarily effective, as it ignores the essential dimension of ‘spirituality in Indigenous health’.

Access to both traditional Indigenous healing practices and Western medicine are thus needed in order to ensure a holistic and balanced approach to health and wellbeing (Drost, 2019, p. 70). One of the foundational symbols of the world view of First Nations’ is The Medicine Wheel, (Svenson and Lafontaine,1999), which emphasizes the physical, mental, emotional, and spiritual dimensions of being and reflects an understanding of health as an inter-connected phenomenon (Graham and Leeseberg-Stamler, 2010; National Collaborating Centre for Aboriginal Health (NCCAH), 2013). Holistic health worldviews have been described in many cultures, including the African Sangoma culture, the Samic Shamans of northern Europe, healers of the Australian Aboriginals, ayurvedic doctors of India, acupuncturists of China, and the herbal doctors of Tibet (Antonella, 2004; Blättner, 2004; Endler, 2004; Kratky, 2004; Pass, 2004; Spranger, 2004; as cited in Ventegodt et al, 2007). These global worldviews of holistic health identify the significant health needs that require culturally appropriate care to address physical, mental, emotional, and spiritual health, all of which contribute to health and wellbeing.

Holistic approaches in Policy

A holistic approach was advocated in the 1986 Ottawa Charter for Health Promotion that recognizes caring, holism, and ecology as ‘essential issues in developing strategies for health promotion (World Health Organization, 1986, p. 3). In 1997 the Jakarta Declaration affirmed that the Ottawa Charter’s effectiveness of holism can be applied to the notion of comprehensive or integrated approaches to health promotion over single-track strategies (Michaelson, 2018). In both the Ottawa and Jakarta statements, as well as in other WHO documents, an emphasis on the interdependent and interconnected issues of social justice, human rights, ecology, global sustainability, technology, and health is acknowledged (World

Health Organization, 1986, 2009). Concrete and practical examples of the many ways that holistic thinking is currently considered in health promotion, and influencing real-world practice, can be found in the WHO's Healthy Settings initiative, which stems directly from the Otawa Charter (Michaelson, 2018).

They involve a holistic and multi-disciplinary method that integrates action across risk factors. The goal is to maximize disease prevention via *'whole system approach'* where the system is conceptualized as the setting where people actively shape, use and live in the environments and within this setting, create or solve health related problems (World Health Organization 1986b; Michaelson, 2018). Holistic and inter-sectoral approaches to healthcare and policy are being increasingly promoted around the world. For example, the First Nations Holistic Policy and Planning Model (The Assembly of First Nations (AFN), 2007) emphasizes that cultural understanding can be used to effectively develop holistic health models. Aitaoto (2009) explains in her study with the Chuukese community with type 2 diabetes who have migrated to Hawaii, that although there are nutrition interventions in Hawai'i, success is limited due to the lack of tailoring for the Pacific context. She further explains that the Pacific context is inclusive of environment, political and economic situation; historical (pre-contact, colonial and post-colonial) background; cultural practices; and spiritual orientation. In this study the participants expressed the need for interventions that are tailored to the local culture and context and a holistic view of health with a focus on motivation (spiritual and emotional support) (Aitaoto, 2009). Such approaches interweave essential and interacting components contributing to positive health and wellbeing, including justice, economic development, housing, and the environment (Michaelson, 2018; Reading, 2007).

Māori Holistic Worldviews

Māori worldviews form an important body of knowledge that underpins Māori understandings of wellbeing. Marsten (1992) states that *'if people see the world in a certain way, this will determine what they value in the world and how you value it through one's behaviour'*. He further explains that this statement gives rise to the well-known trio – worldview, values, behaviour – which in Māori are known as aronga, kaupapa, and tikanga (Royal Te Ahukaramu, 2002). Furthermore, in Māoridom there are ethical, normative behaviours that are practised in being a Māori, which are referred to as Tikanga Māori. Most important is kaupapa Māori – known as values and first principles (Rawlings, 2011). Nepe (1991) describes kaupapa Māori as a body of knowledge that has distinct epistemological and metaphysical foundations that are intertwined in Māori language and culture, as their Māori identity. It has been defined as "the philosophy and practice of being Māori" (Nepe, 1991 as cited in Smith, 1992, p.1). Over the past decade, kaupapa Māori theory-based approaches have grown rapidly as a research methodology among Māori scholars across a range of disciplines. Its popularity lies perhaps in its ability to both acknowledge and accommodate Māori ways of being while incorporating an approach that is accountable to the people/communities for whom the research process is being carried out as well as having a strong academic base, consistent with Māori determined definitions of rigour (Irwin, 1994).

One of the first Māori health and wellbeing models was the Whare Tapa Wha, developed from a hui of Māori health workers in 1982 as described by Professor Mason Durie (Durie,1994). Māori believe that most health services follow a biomedical model based on a reductionist worldview that does not recognize things that cannot be measured (Rochford, 2014). As a result, the service is able only to respond to the physical (or tinana) needs of Māori. The Whare Tapa Wha is used by many Māori health organisations as a holistic model, based on four key cornerstones of health: social wellbeing (taha whanau), emotional wellbeing (taha hinengaro), spiritual wellbeing (taha wairua), and physical wellbeing (taha tinana) (Rochford, 2014).

Te Wheke (The Octopus) is another model of Māori health. The overall concept of Te Wheke provides a foundation for defining health not from an individual but from a family perspective (Ministry of Health, 2017). The head of the octopus represents the family while the eyes of the octopus signify waiora, a concept broadly referring to the external world and the connection between family and the environment. Each of the eight wheke tentacles represent a specific dimension of health, including familial, total wellbeing, spirituality, the mind, physical body, our uniqueness, the life force, and extended family (communities) (Ministry of Health, 2017). Te Wheke was developed by Rose Pere and is seen as a model that can be applied across a range of contexts and as being a holistic and comprehensive model of health and wellbeing that has become a central part of many training and education programmes in this country particularly in the mental health, education, and social services training (Love, 2004).

Notably, in both Te Whare Tapa Wha and Te Wheke models, the role of the land is seen as a critical determinant of wellbeing. The fundamental indivisibility of the health of people from the integrity of the land is critical to how Maori understand health, which is consistent with the relationship between land and people expressed by many indigenous peoples globally who have long understood this connection as fundamental to all human life (Moewaka Barnes & McCreanor, 2019). The dominant ideology that people and land can be treated as separate is challenged through Indigenous knowledge frameworks that demonstrate the interwoven nature of human wellbeing with the health of our lands, waters and environment (Durie, 2003a; Reid et al., 2014; Tuitahi, 2009; Waldegrave et al., 2009; Mashford-Pringle & Stewart, 2019).

Many other Māori health and wellbeing models have been developed over the last 2 decades, all of which have a focus on broader and more encompassing definitions of ‘’health’’ than that which is currently in place with the health system in New Zealand (Rochford, 2004).

As noted previously, calls for more inclusive models that may have more relevance for addressing health inequities are gaining strong momentum, with policy and legislative reviews acknowledging the many ways in which the health system needs to change in order to effect real change in health outcomes for Māori as guaranteed under Te Tiriti o Waitangi (Wai 275, 2019; Health and Disability Review, 2019; Came, 2012).

2.7 Pacific Models of Health and Wellbeing

A whole systems healthcare approach combining holistic and inter-sectoral collaboration is similar to that which has been highlighted in the Pacific Health and Wellbeing Action Plan 2020–2025, Ola Manuia (Ministry of Health, 2020). As noted earlier, this report highlights the range of factors that impact on the Pacific people's health – primarily education, housing, income, employment, and culture.

Since the 1990s in Aotearoa/NZ (Lima, 2009), several indigenous Pacific health models have been developed by Pacific researchers, academics, health managers, and registered nurses based on Pacific peoples' concepts, values and practices, with regard to wellbeing. These models were created primarily to reflect the reality of Pacific worldviews in ways that were relevant for them and could be utilised as tools for action, that were culturally appropriate and effective for Pacific peoples in progressing towards optimum health and wellbeing (Tuitahi, 2009).

A holistic view of wellbeing is central to many Pacific cultural practices and belief systems (Cammock et al, 2021; Pulotu-Endermann et al, 2007; Robinson et al, 2006; Agnew et al, 2004). All these Pacific models interweave this holistic view with notions of wellbeing of the whole person, encompassing the physical, emotional, mental and spiritual. A number of the models also share the same principles, including working collectively, interconnectedness, and maintaining relationships between the person, their family, and community. Robinson et al. (2006) state that the "*Pacific way"* means working with the whole person and whatever they bring to the table and helping them with the confidence to deal with it (Robinson et al., 2006). It is also important to remember that although much of the literature points to commonalities shared by Pacific peoples in terms of values and belief, the distinctiveness of Pacific peoples cannot be overlooked, with each population group having their own social, political, and

cultural histories (Seiuli, 2015; Cammock et al., 2021). It has been noted that there is a challenge for Pacific people, and many other indigenous cultures, when the worldviews of diverse ethnic groups are potentially *reduced* to a single Pan-Pacific worldview (Cammock et al., 2021). This has also been raised as an issue for other cultures in the literature (Mashford-Pringle & Stewart, 2019). A number of the model's authors, presented in the following section, draw on their own ethnic specific group. For instance, several of the models arise from Samoan philosophies and worldviews (Pulotu-Endemann, 1984; Macpherson and La'avasa, 1990; Lui, 2001; Taala-Tapu, 2011), which is unsurprising given the higher numbers of Samoan people living in Aotearoa/NZ. There are also models developed from a Tokelauan worldview (Kupa, 2009) and a Tongan worldview (Tuitahi, 2009, 2011; Fotu and Tafa, 2009). All these models recognise the diversity of the Pacific experience through the representation of the author's particular worldview, be that Samoan, Tokelauan or Tongan; the exception is Endeman's (Pulotu-Endemann, 1984) holistic model, which was developed to be applied in a more *Pan-Pacific* way.

Pacific Health Models

Several of the Pacific health models (presented in Table 2) that have been developed have a mental health care focus. In reports on mental health service delivery, Pacific academics, nursing scholars, and researchers have all indicated that the genesis of many of these mental health models grew from recognition of the impacts of migration and of adjusting to life in New Zealand on Pacific people's mental health and wellbeing (Esera, 2001; Loan, 2014; Mila-Schaff, 2009).

Esera (2001), for example, noted a steady increase in the number of Pacific people in mental health institutions throughout New Zealand with the Mental Health Commission (2001), identifying that "…. Pacific people are increasingly at risk of mental illness" and that there is a need for improved living standards, better education, better access to appropriate

medicines/treatment, and a more comprehensive and inclusive vision for the health system in New Zealand (Esera, 2001). The first published Pacific health model was in 1984, using the concept of a Samoan house, called 'The Fonofale' (Pulotu-Endemann,1984). Karl Pulotu-Endemann developed this model while teaching in nursing and health studies at a polytechnic in New Zealand. A key reason behind the development of the model was to provide a culturally tailored approach that could empower Pacific peoples who had been emotionally and mentally impacted by a period referred to in NZ history as the '*Dawn Raids*' of the mid-1970s (Pulotu - Endemann, 1984; Esera, 2001).

The Dawn Raids began in 1974 when the then Labour Government were faced with an economic downturn and targeted people who allegedly were overstaying their working visas. These raids were carried out by Police or other law-enforcement officers, entering people's homes in the early morning or late at night, using the element of surprise in an attempt to arrest 'suspects' (Ministry for Culture and Heritage, 2021). The election of a National Government at the end of 1975 was followed by a fresh wave of raids focussed on Pacific communities, who were targeted and racially profiled (Ministry for Culture and Heritage, 2021). Yet, 40% of British and American overstayers, who made up a greater proportion of overstayers than Pacific peoples, were never targeted in these raids. Pacific Islanders comprised one third of overstayers but accounted for 86% of those arrested and prosecuted (Ministry for Culture and Heritage, 2021). The Dawn Raids ended in 1976, when a group of young, brave Pacific Islanders, the Polynesian Panthers Party, formed a revolutionary social justice movement to target racial inequalities carried out against indigenous Māori and Pacific Islanders and protested against the New Zealand Government to end police brutality. They also highlighted the racist policies which were hindering equitable access to quality education, health, housing, and a variety of other social conditions (Ministry for Culture and Heritage, 2021).

At that time *'islanders'* became political scapegoats, who were blamed for rising unemployment levels during a period of recession in the NZ economy (Esera, 2001). The Dawn Raids may now be confined to New Zealand history, but they remain in the hearts of many Pacific Island families as a time of 'darkness'. They impacted on the emotional, mental, and socio-economic wellbeing of many Pacific families in Aotearoa/NZ and in their homelands, creating layers of intergenerational shame, guilt, and trauma.

However, on a positive note, a Dawn Raid apology[51] event was organized by the Labour Government in 2021, where the Prime Minister of New Zealand, Honourable Jacinda Ardern apologized and conveyed to the future generations of Aotearoa/NZ that the past actions of the Labour and National Governments and the treatment of the Pacific peoples' ancestors were wilfully wrong. There is an intention of providing education scholarships for each Pacific nation that was impacted by the raids (Anae, 2021).

As the era of the dawn raid was slowly disappearing, Pulotu-Endemann developed the Fonofale model to encourage Pacific communities to focus on their health and wellbeing. Encorporating family values, cultural beliefs, and spirituality, this was a model to which many Samoans, Cook Islanders, Tongans, Niueans, Tokelauans and Fijians could relate (Pulotu-Endemann, 1984). The concept of the model is a Samoan fale (house). The foundation of the Fonofale representing the family, also recognised as foundational to all Pacific Island cultures (Pulotu-Endemann,1984). The roof represents cultural values and beliefs that provide shelter for the family in life. The four posts represent spiritual, physical, mental, and other (sexuality, age, gender, socioeconomic status, which connect the roof (culture) and the foundation represents the family. Not only are these posts connection points bridging culture and family, they also interact with each other. The Fonofale is encapsulated in a cocoon or circle that contains dimensions that have direct or indirect influence on one another.

[51] Dawn Raid Apology event, 1 August, 2021 in Auckland

Table 2: *Pacific Health Models/Frameworks*

	Name of Author	Idea	Title	Focus	Origins of Frameworks	Date	Discipline
1	Karl Pulotu Endemann,	Fale Samoa (House)	Fonofale	Holistic View of Health	Samoan	1984	Mental Health
2	Cluny and La'avasa Macpherson	Fōfō – Samoa term for traditional healing	The traditional healing treatment	Traditional healing	Samoa	1990	Traditional healing
3	Pulotu Endemann, et al	Pandanus Mat	The Strands or Pandanus Mat Model	A Pasifika approach used in a mental health service provider	Samoa, Fiji, Tonga, Tokelau, Niue, Cook Islands	2007	Service Delivery Mental health
4	Pulotu Endemann, Tamasailau,et al.	Sei (flower) tapu (sacred)	The Seitapu framework	cultural and clinical competencies Framework	Samoa, Fiji, Tonga, Tokelau, Niue, Cook Islands, Tuvalu	2007	Service delivery Mental Health
5	David Lui	The Wellness Model	Soifua Maloloina Model	Wellness and Wellbeing	Samoa	2001	Wellness and wellbeing
6	Kupa Kupa	Tokelau Vaka (Canoe)	Te Vaka Atafaga	A Tokelau Assessment Model	Tokelau	2009	Mental Health
7	Sione Tuitahi	maintaining harmony in life in sustaining health and wellbeing	Fonua Land	Model for Health Promotion	Tonga	2009	Health promotion and population health
8	Manu Fotu Taitoko Tafa	Popao/Outrigger	The Popao Model	A Pacific Recovery and Strength Concept in Mental Health	Tonga	2009	Mental Health
9	Northern DHB Support Agency Ltd	A Pacific Model of Care	Mental Health and addictions Service framework	Pacific Mental health service delivery	Samoa, Fiji, Tonga, Tokelau, Niue, Cook Islands, Tuvalu	2010	Mental Health Service delivery
10	Sera Taala-Tapu	Samoan diabetic patients	Ia Malu	A pathway to participants experiencing their transition to insulin therapy.	Samoa	2011	Clinical Medicine Master's in nursing thesis
11	Sione Tuitahi	A Pasifika perspective of Whānau Ora	**Fanau OLA**	Health Promotion	Pacific people in New Zealand	2011	Health promotion, service dev

These dimensions are: environment, which addresses the relationships and uniqueness of Pacific peoples to their physical environment; and time, which relates to the where/how/what, the meaning for that person or people in that context (Pulotu-Endemann, 1984). The first published appearance of the Fonofale Model was in March 1995 when the Ministry of Pacific Island Affairs contracted the author and colleagues to consult with Pacific communities throughout NZ and report their findings. This led to the development of a report on Strategic Directions for Mental Health Services (Pulotu-Endemann, 1984).

Since then, several other Pacific mental health models have been developed to bring understanding to the health professionals when caring for Pacific peoples within mental health services, including The Seitapu Framework (2007) and The Strands of Pandanus Mat Model (Pulotu-Endemann et al., 2007). Other work supporting the importance of mental health services for Pacific peoples includes a study exploring *Pacific perspectives of Pacific models of mental health service delivery in New Zealand* a study conducted by Agnew and colleagues in 2004. The aim of the study was to provide in-depth qualitative data that explored Pacific perceptions and experience of the theory, practice, and utilisation of Pacific mental health services in New Zealand. The findings showed that having appropriate family and community support networks (psycho-social and community), appropriate living environments, and meaningful work for consumers, as well as access to culturally competent mental health staff, were beneficial for Pacific patients and families and contributed to recovery (Agnew et al., 2004).

A few frameworks have been developed to incorporate the social determinants of health, for example, The Fonua Model (Tuitahi, 2009), and the Fanua Ola framework, (Tuitahi, 2011). The Fanau Ola framework was derived from the Whānau Ora framework (detailed in section 2.8) and focuses on health service delivery approaches that are multisectoral and family (rather than individually) orientated.

None of the models have a specific focus on Pacific youth, although some of the scenarios explored in the models use examples of family approaches that include youth such as Te Vaka Atafaga Model, (Kupa, 2009). With regard to the inclusion of young people, the Northern District Health Board '*A Pacific Model of Care'* Report notes the distinction between young people and services for families (Northern District Health Board Support Agency, 2010). They suggest it would be beneficial if there were guiding principles on cultural responsiveness in youth services and also highlight the importance of linking with families, which implies the inclusion of Pacific youth (Northern District Health Board Support Agency, 2010). Pacific youth have not previously had a dedicated voice in a health framework – but they are an important population that will be highly influential in determining the health status of future generations.

Other models of health consider the role of traditional healing approaches (Macpherson, 1990) for Pacific peoples. Traditional medicine places an emphasis on spiritual healing, a component that is well-recognised as an important Pacific cultural aspect for health and wellbeing, which can be viewed as complimentary to Western modes of treatment. As an example, knowledge transfer and knowledge synthesis is fundamental for diabetic patients to understand the role of insulin therapy in ensuring a good outcome for those requiring long-term treatment (Tapu-Ta'ala, 2011).

While a number of these models/frameworks have looked at health approaches more generally, apart from the Ia Malu (Tapu-Ta'ala, 2011) (a model primarily addressing transition to use of insulin therapy), none have focussed on addressing the challenge of a specific health condition in a multi-level or multifaceted way. While all the models incorporate many of the philosophies and values that are important to Pacific people, the majority of the models developed to date have focussed on mental health, with few taking a more general health and lifestyle approach. It is critical to focus on Pacific peoples' wellbeing and that includes policy for health services targeting how Pacific view their wellbeing, including strategies that apply to all age groups, such as youth, as noted earlier.

While a more comprehensive understanding of philosophies and values is critical for improving Pacific health outcomes there is also an urgent need for approaches that are both active and interactive.

For instance, there is yet to be a Pacific model of health developed that effectively takes into account the complex and multifaceted factors that often intersect with low socioeconomic status to differentially impact Pacific peoples' health, such as education, housing, income, employment, and culture. The recently released Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 identifies a systems approach that emphasises the necessity of an inter-collaborative approach, highlighting that in order to make a difference to Pacific peoples' outcomes, it is essential to target policies and processes that relate to socioeconomic determinants of health.

2.8 Aotearoa/NZ Pacific Health Policy and Research

Literature on Pacific health status for those living in NZ began to be more comprehensive in the early 1980s (Bathgate, 1994). In 1994 *The Health of Pacific Islands People in New Zealand* report was released by the Public Health Commission (Rangapu Hauora Tumatanui), highlighting that Pacific populations warranted specific consideration in terms of reporting on their health status for two reasons: first, because it was one of the fastest growing (as mentioned earlier in this chapter) ethnic minority communities in New Zealand; and second, because of how little was known about Pacific peoples' perceptions of their health and wellbeing in New Zealand (Bathgate, 1994; Manuela and Sibley, 2013). Both these considerations are key features informing the overall objective of this study, recognising the important contribution socio-cultural and historical factors make to the wellbeing of Pacific peoples living in Aotearoa/NZ and how these understandings may contribute to improved service delivery models and health outcomes.

Two further policy documents with a focus on Pacific peoples were published by the NZ Ministry of Health in the late 1990s, *Making a Pacific Difference and Strategic Initiatives for the Health of Pacific Peoples* (Ministry of Health, 1997) and *Making a Pacific Difference in Health Policy* (Ministry of Health, 1998) which provided a broad context for development of a *Pacific Health Disability Action* plan that was published in 2003 (Ministry of Health, 2003). This action plan focussed on strategic direction and actions to improve health outcomes and reduce inequalities for Pacific peoples (Ministry of Health, 2003).

As a result, the Ministry of Health identified the need for quality services for Pacific peoples and produced a paper for the Pacific Health and Disability Action Plan Review: *Improving Quality Care for Pacific Peoples* (Ministry of Health, 2008), in support of the document launched by the Minister of Health in 2003, *Improving Quality: A systems approach for the*

New Zealand health and disability sector (Ministry of Health, 2003 cited in Su'a, 2017). The review highlighted that the NZ health system was not meeting the needs of Pacific peoples, and that the quality of services had to improve in order to effect a positive change in Pacific peoples' health outcomes (Ministry of Health, 2008).

Access to services

Access to healthcare is crucial for improving health outcomes. Health inequities persist in relation to access and use of primary care as well as hospital services, with inequities magnified as people move through the system (Matheson et al., 2012; Pack et al., 2013). Often Pacific people face many challenges trying to access healthcare, including access to screenings and delays to referral for treatment (Ryan et al., 2019; Southwick et al., 2012; Pack et al., 2013; Ministry of Health, 1998, 2003, 2008, 2020).

International studies have shown that difficult accessibility to primary care services is not only related to the geographical aspect, but also to the lack of services that take into account organizational, economic, social, cultural, religious, epidemiological, and communication aspects with the team (Figuera, Pereira da Silva,Silva 2017).

Talemaitoga (2011) addressed continuing patterns of poor health status for Pacific peoples in NZ and urged commitment from all health providers to help improve Pacific people's health, through the *Ala Mo'ui: Pathways to Pacifc Health and Wellbeing 2010–2014Sstrategy* Ministry of Health, 2010). The main purpose of the *Ala Mo'ui* strategy was to set out priority outcomes and actions "that will contribute to achieving the government's overarching goal that all New Zealanders, including Pacific peoples, lead longer, healthier and more independent lives" (Ministry of Health and Ministry of Pacific Island Affairs, 2010, p. 2).

Ala Mo'ui was followed by the Pacific Health and Wellbeing Action Plan 2020–2025 *Ola Manuia* (Ministry of Health, 2020). Both these strategies emphasize the importance of addressing access to care issues within the healthcare system for Pacific peoples.

As previously mentioned, this most recent action plan advocates for a more intersectoral collaborative approach to be taken within the health and disability system, and that to achieve equitable health outcomes for Pacific peoples, it is essential to target policies and processes that relate to socioeconomic determinants of health (Ministry of Health New Zealand, 2020).

Cultural Safety education

Su'a (2017) notes that despite various efforts for over a decade, Pacific peoples continue to experience poor health, are more exposed to health risk factors, and that their health needs are not being met by the current health system (Medical Council of New Zealand (MCNZ), 2010; Ministry of Health, 2008, 2014, as cited in Taueetia-Su'a, 2017). Experiences such as racism and discrimination as identified in the Ministry of Health community talanoa, are serious issues that act as barriers to Pacific people going to see the doctor (Ministry of Health, 2020).

Furthermore, the Health and Disability System Review found that self-reported experiences of racism, including from health professionals, is higher for Māori, Pacific peoples, and Asian people compared with European/Other people (Health and Disability System review, 2019). The review defined racism as a social system based on historical and political inequalities that result in systematic privileging of some groups over others (Health and Disability System review, 2019).

Cultural Safety is a critical education approach developed explicitly to articulate the causal links between colonisation, institutional racism, power, and social justice as fundamental to

understanding and, importantly, taking action to address health inequity (Papps and Ramsden, 1996; Ramsden, 2002). Cultural Safety was introduced in 1992 as a component of all education programmes responsible for the training of student nurses and midwives in Aotearoa New Zealand. Cultural Safety is one of the core competencies that must be passed in order to obtain registration as a nurse or midwife. It was developed by Irihapeti Ramsden (Ngāi Tahu, Rangitane), a nurse, theorist, and educator concerned about health inequities between Māori and non-Māori (Ramsden, 2002).

The right to health and the role of Te Tiriti o Waitangi in Cultural Safety education was addressed in terms of its relationship to nursing politics, the education of nurses and current practice. Cultural Safety recognises that understanding and confronting power imbalances and racism across the health system, within organisations, and among the individuals who work in them is essential. By doing this, the responsibility is rightly shifted back onto those systems, institutions, and health workers to address the poor performance of services in meeting the health realities of Māori and all peoples experiencing inequitable health outcomes (Ellison-Loschmann and Pearce, 2006).

Whānau Ora

National policies that can support the diverse realities of Pacific peoples are important given systems of government in Aotearoa/NZ are built on structures of a colonising state (Chant, 2011). According to Smith et al. (2019), Whānau Ora (which can be translated as 'family wellbeing') is an innovative approach to Indigenous health and social services policy in Aotearoa New Zealand. The initiative empowers *whānau* (family) as a whole and devolves to whānau members self-determining processes to improve their cultural, social and economic wellbeing (Smith et al., 2019).

Whānau Ora is a national policy that focuses on a collective cross-government and intersectoral approach, requiring more effective collaboration within the system and between

the health system and the social, housing, employment and education sectors (Chant, 2011). Other health delivery services are Māori health organizations to inform service delivery of whānau ora, through the use of Māori models of health (Chant, 2011). Whānau Ora (family health and wellbeing) is about whānau being empowered to develop and plan for their future, and to trust their whānau solutions. It uses a collective approach and incorporates an indigenous worldview. Their model of approach is a whānau-centric model of service integration using a Māori Kaupapa[52] to improve all outcomes for those who use their services. Primary care practitioners will, over time, have such centres in their neighbourhoods and communities that function across geographic areas to provide services that may have been traditionally provided under and by mainstream services or providers. Whānau Ora is possibly the first time the Government has been able to measure value for money against a cultural construct. This approach is about transformation – celebrating the power and potential of a whānau-centred approach that will enable people to flourish (Smith et al., 2019).

New Zealand Health Reform

In 2021 the Minister of Health announced the New Zealand Health Reform and its new developing structures, to build a stronger health and disability system that delivers for all New Zealanders. The vision is to build a system that achieves pae ora | healthy futures for all New Zealanders, a system that achieves pae ora and must focus on delivering 5 principles (outlined below).

Equity is necessary in tackling the gap in access and outcomes between New Zealanders, particularly Māori, Pacific peoples, disabled people, and vulnerable groups.
Partnership with Māori in how healthcare is designed and delivered and empowers everyone to help design systems that work for them. **Sustainability,** preventing and reducing health need instead of just addressing illness, and promoting efficient, high-quality

[52] Kaupapa – Māori principles and ideas that act as foundation for action.

care. **Person and whānau-centred care** that empowers everyone to manage their own health and wellbeing, giving people, their carers, and whānau meaningful control. **Excellence,** ensuring consistent, high-quality care everywhere, supported by clinical leadership, innovation, and new technologies to continuously improve services.

While the New Zealand health reform, its vision, and it principles, have been announced, it may take another decade to develop and create these structural changes in Aotearoa/NZ.

2.9 Summary

The youthful population of Pacific peoples together with the New Zealand-born Pacific generation make it one of the fastest growing population groups in the next few decades, with the Pacific population expected to double by 2051. This is an important reason to address the significant health inequities evident for Pacific peoples particularly with regard to non-communicable diseases where the impacts of some conditions, including some of the world's highest rates of diabetes and heart disease, are having devasting effects on Pacific peoples' health and wellbeing.

The literature highlights that Pacific people are over-represented in indicators of socio-economic deprivation, which is strongly related to poorer health outcomes. A succession of Pacific health strategies has highlighted over some years that in order to achieve equitable health outcomes, it is essential to target policies and processes that address the socioeconomic determinants of health.

A number of indigenous frameworks and Pacific health models identify the need for health and service delivery approaches to be culturally relevant and culturally adaptive, including focussing more focus on family and communities rather than being centred on individuals. Even though there is an identified gap in terms of the need to understand how Pacific people view health differently from that of the dominant culture (Bathgate, 1994; Manuela and Sibley, 2013), there has still been relatively little work done to date to address this gap.

This thesis provides an opportunity to contribute knowledge in this area through exploring the socio-cultural and historical perspectives of Pacific peoples living in Aotearoa/NZ in order to expand understanding about how they view wellbeing and how these understandings may contribute to improved service delivery models and health outcomes.

3.0 Chapter Three Methodology and Methods

3.1 Introduction

I begin this Methodology chapter by discussing the nature of an insider researcher. I highlight the work of various scholars and their insider/outsider researcher experiences to illustrate the framing of indigenous worldviews, and to provide context for the setting of this work in Aotearoa/NZ.

An overview of Pacific peoples' worldviews and methodology frameworks are then presented with more details, provided on the three Pacific frameworks that guide the work of this study: The Pacific Health Research Guideline framework (Health Research Council, 2014), The Markers for P.A.S.I.F.I.K.A translational research model (Durie, 2014), and the Kakala Model (Thalman,1992). I then discuss the theoretical framework I have chosen to reflect the cultural values and meaning of faka-Tokelau (Tokelau culture). This theoretical framework supports the research issues raised by Pacific people and provides a lens through which we can best understand their realities. For this research study I used the Tokelau principle of māopoopo. The māopoopo approach is the practice of being a Tokelauan; it is a distinctive way of providing support and help for others and by drawing perspectives, thoughts, and insights of all those involved together. It helps elucidate a collective understanding while 'making sense' of the different realities of the participants.

The last section of this chapter details the methods used for this study, involving semi-structured interviews with Tokelau elders, Tokelau community leaders, and Pacific health and policy workers. Focus groups were also conducted to gather information from Tokelau adults and Pacific youth. The methods section also outlines the process of my data collection, including the recruitment strategy for the study and concludes with a description of the thematic analysis process used in this work.

3.2 Insider-outsider researcher

Insider/Outsider is a common experience among Pacific researchers that relates to defining their personal identity of being an insider or an outsider (Tavila, 2010). Smith (1998), a Māori scholar and researcher, notes that it is pivotal for the insider researcher to be flexible and able to respond and move between the role of the researcher and being a member of the community under study (Smith 1998). Alongside Smith's argument, Anae (2010), a Samoan researcher, contends it is crucial for the researcher who has the dual roles of being an outsider and insider to build rapport and trust in a sensitive manner when conducting research with Pacific peoples (Anae, 2010). An understanding of Pacific Peoples worldviews is fundamental to successfully conducting a Pacific people-focused study, as it informs the why, how, and for whom the research is being undertaken. Fa'avae (2018) states that when research is framed using indigenous concepts and research frameworks, it is grounded in practice because its centre is from within Indigenous peoples' knowledge and lived realities, thus capturing the essence and strengths of the people and local communities (Fa'avae 2018). For insider researchers, the goal is to position themselves to be able to interpret the flow of the study from their personal, cultural, and historical experiences. Wolfgramm-Foliaki (2016) highlights the position of indigenous academics; for example, Indigenous academics who work and research inside their communities occupy a space that is filled with many tensions, as they themselves assume multiple identities. There is a sense of obligation to one's own community and the need to uphold local protocol, while at the same time being required to meet institutional requirements (Wolfgramm-Foliaki, 2016). It is imperative to understand what constitutes the whole being of an indigenous academic – they encompass their holistic themes, spirituality, family values, identity, emotions, and ethics.

As an insider-researcher, you embrace your knowledge source and the worldview of that knowledge, because it describes your reality and how you view your past, your present, and

your future. Wolfgramm-Foliaki (2016) emphasizes the benefits of maintaining this knowledge source and practising it while conducting research in your Pacific communities. Being an insider-outsider adds value to her work and identity and has enabled her to bring a wider interpretive lens to what is observed/encountered, which is relevant and valuable for working in both contexts. More importantly, her experiences inform her practice as a member of the academy and as a Pacific Islander, and at the same time, the engagement with her participants can be said to be authentic (Wolfgramm-Foliaki, 2016).

Narayan (1993) further supports this by stating that researchers draw on their own sense of identity as insiders as well as outsiders in order to construct themselves and the researched. As a result, all researchers bring to the field their own experiences and acquired knowledge, both of which shape the researcher/researched relationship (Narayan,1993 cited in Wolfgramm-Foliaki, 2018). Costly et al. (2010) found that as an insider, you are in a unique position to study an issue in depth and with a special knowledge about that issue. In addition, insider-researchers generally have more ready access to people and information that can further enhance that knowledge (Costly et al., 2010).

Challenges can also arise from the unique position of insider-researchers, for example, conflicts of interest between workers and between communities and organizations or academies (Costly, 2010). First, it is important to recognize the challenges researchers are experiencing. For instance, often in Pacific communities there are expectations that insider-researchers can provide information on any range of topics, therefore it is important to indicate to your communities what your parameters and boundaries are in terms of accessing the information they require. Other aspects of ethical safety for the insider-researcher and their communities include the recognition that in small Pacific communities there is an increased likelihood that participants will be more easily identifiable. It is therefore important to raise this

with the research team and find a solution that is consistent with what the study project wants to do and also satisfies the participants/communities as well as wider ethics requirements.

One of the key factors, is the establishment and maintenance of community relationships between the insider/outsider researcher. These relationships must be authentic and based on trust, which generally requires a long-lasting and intimate commitment. Thus, it is imperative for the team to ensure, where possible, regular and ongoing follow-ups and contact with the Pacific communities with which the researcher has been involved.

In order to understand the journey of a Pacific academic as an insider researcher, I would like to share a poem by Konai Helu Thaman (2008, p. 461), a Tongan poet and scholar, that describes the relationships between the insider-researcher, their community, and the academy or institution for which they are conducting the research project:

Your way objective analytic
Always doubting the truth
Until proof comes
Slowly quietly
And it hurts

My way subjective gut-feeling
Like always sure of the truth
The proof is there
Waiting
And it hurts

3.3 Worldviews

Guba (1990, p. 17) defines a worldview as *"a basic set of beliefs that guide action".* Other researchers and academics have called them '*paradigms'* (Lincoln & Cuba, 2000; Mertens, 1998); *epistemologies* and *ontologies* (Crotty, 1998), or broadly conceived research methodologies (Neuman, 2000).

Naji (2017) states that a worldview is the outlook one has about life. It is a paradigm by which the individual or the group interprets reality and acts upon life. Worldviews can be a personal-subjective endeavour or a communal-collective enterprise, depending on the social context and particular subculture – whether it is predominantly individualistic or collective. Naji (2017) further comments that a worldview represents our pragmatic framework on existence and shapes our beliefs, attitudes, actions, and philosophies. Basically, the term worldview is used in a broad sense to encompass a collection of impressions, perceptions, and phenomena, and has roots in anthropology, psychology, sociology, morality, spirituality, mortality, and cosmology (Naji, 2017). Schlitz et al. (2011) also believes worldviews operate at both the individual and the collective levels. Therefore, while each person or group has their own life-story, this can evolve and change over time (Schlitz et al., 2011).

Worldviews provide people with a distinctive set of values, an identity, a feeling of rootedness, of belonging to a time and a place, and a sense of continuity with a tradition that transcends the experience of a single lifetime, a tradition that may be said to transcend even time (Royal, 2002). Royal (2002) further highlights that there have been several studies on indigenous worldviews documented by anthropologists, ethnologists, sociologists, and other scientists over several centuries, often referring to these worldviews collectively as *native*, *indigenous*, *primitive*, *aboriginal*, as well as other, more explicitly racist terms, such as *savage* and *barbarian* (Royal, 2002).

These terms are often created by dominant cultures based on their own paradigms and words like ‘native’ and ‘indigenous’ are English terms, one of the key tools of the English colonising power. So, through these (generally) Western forms of knowledge production, Indigenous worldviews are viewed as inferior (Royal, 2002).

Many international worldviews are represented within Indigenous cultures throughout the world. The Yupiag culture is one of several Alaska Native cultures known more commonly to Westerners as ‘;Eskimos’. Oscar Kawagley (Kawagley, 1995), a Yupiaq Indigenous educator who teaches at the University of Alaska, describes Indigenous worldview as the following:

> An Indigenous worldview consists of the principles we acquire to make sense of the world around us. Young people learn these principles, including values, traditions, and customs, from myths, legends, stories, family, community, and examples set by community leaders. The worldview, or cognitive map, is a summation of coping devices that have worked in the past and may or may not be effective in the present. Once a worldview has been formed, the people are then able to identify themselves as a unique people. Thus, the worldview enables its possessors to make sense of the world around them, make artefacts to fit their world, generate behaviour, and interpret their experiences. (Kawagley, 1995, pp. 7,8)

Another definition of an indigenous worldview is offered by Māori Marsden (1992) who describes *‘indigenous culture’* as follows:

> Indigenous culture has a universal set of principles held in common. Small scale in size ranging from basic family unit through extended family, to tribal confederations. Their mythology and spiritual beliefs credit them with divine origins and descent through cultural heroes.

> Rule was exercised by the chiefs, elders, and priests; but the power that they held was tempered by kinship bonds and the need to validate leadership by generous and wise rule. Consensus decision-making was the method of operation for the achievement of social and political goals. (Marsden, 1992, p. 26 cited in Royal, 2002)

In highlighting these different worldviews, I found that as an insider researcher I could relate to what is expressed by indigenous cultures such as Yupiag, and that other researchers, including Kawagley (1995), Marsden and Henare (1992), and Royal Te Ahukarama (2002), offer a framework within which an Indigenous worldview of Pacific peoples can be examined and articulated.

3.4 Pacific Worldviews

With regard to health services in Aotearoa/NZ, Pacific people in healthcare systems continue to seek to have their voices heard and to articulate their realities and experiences. The researcher must understand that these realities and experiences are based on Pacific worldviews that exist and function within a dominant non-Pacific worldview paradigm. This understanding is also relevant to the ways in which research is approached and conducted within Pacific people's communities.

In Aotearoa/NZ, there is a wide range of possible ethnic-specific epistemologies that relate to Pacific peoples, with at least nine large Pacific ethnic groups living in the country. In considering epistemology, which deals with the origins of knowledge, the nature of knowing, and the constructing of knowledge (Maykut, 1994), it is vital to convey the genesis of the Pacific knowledge that informs this work as this is central to my study as a Pacific researcher who is choosing to privilege her Tokelau cultural values. Tamasese, Peteru and Waldegrave (2005) state that the theoretical frameworks researchers use must be faithful to the surrounding conditions of the participants that reflect those cultural values and meanings that are relevant to the targeted communityWaldegrave. Pacific researchers' theoretical frameworks must be aligned to these worldviews. As Karlo Mila-Schaaf (2009) explains "each Pacific society has a framework of knowledge that is systematically gathered and formulated within a paradigm of general truths and principles" (2009). In reference to a Pacific knowledge paradigm, Huffer and Qalo (2004) state that "Two elements stand out, first is the awareness among growing numbers of Pacific academics of the need for a genuine and far-reaching contextualization – acknowledging the relevance and applicability of indigenous cultural values in contemporary settings" (2004). Second is the success of communities whose initiative have followed the ways they know and understand, reaping many rewards for them as a community (Huffer and Qalo, 2004; Tamasese et al., 2005). Su'a (2017) supports this

notion for Pacific researchers, reiterating the need to utilize Pacific research frameworks when conducting research with Pacific people, including the use of metaphors to describe the interrelated thinkings of their Pacific worldview and to formulate a framework for research design. Su'a (2017) refers to Anae (2010), who argued that there must be an emphasis on having a "…comprehensive conceptual framework for research with Pacific communities which offers holistic, theoretical foundations to improve and enhance the quality and quantity of evidence" (Anae 2010, p. 2 cited in Su'a, 2017).

3.5 Pacific Research Methodology Frameworks

The importance of having Pacific conceptual frameworks is fundamental to enhancing the quality and quantity of evidence. A range of Pacific conceptual frameworks for research with and for Pacific communities, as well as educational theoretical frameworks, have been developed over the past two decades (Anae et al., 2010; Tamasese et al., 2005; Helu-Thaman, 2008; Hodges, 2000; Vaioleti, 2006; Durie, 2014; Health Research Council (HRC) of New Zealand, 2014).

Table 3: *Pacific Research Methodology Frameworks*

Name of Author	Title	Date	Discipline
Anae et al.	Teu le Va	2010	Research methods
Tamasese, Peteru, Waldegrave & Bush	Fa'afaletui Model	2005	Research methodology
Helu-Thaman	Kakala Model	1992	Research methodology
Hodges	Tivaevae	2000	Research process
Vaioleti	Talanoa	2006	Research methodology
Durie	Markers for P.A.S.I.F.I.K.A Health Research in the 21st Century	2015	Research methodology
Health Research Council of NZ	Pacific Health Research guideline	2014	Research methodology

These frameworks were developed by Pacific educators, researchers, and academics based on their worldviews to enhance understanding of the depth and breadth of Pacific knowledge for those non-Pacific and Pacific peoples living in Aotearoa/NZ, as well as Pacific peoples in their homelands. Asiasiga (2007) states that in Aotearoa/NZ, there is a trend in Pacific communities to create models to explain health beliefs, research methods, Pacific processes, and education beliefs (Asiasiga, 2007).

For the purpose of this research, I will focus on three Pacific research methodology frameworks: The Pacific Health Research guideline (Health Research Council (HRC) of New Zealand, 2014), The Markers for P.A.S.I.F.I.K.A translational health research in the 21st Century (Durie, 2014), and the Kakala model by (Helu-Thaman, 2008), each of which are described below.

The Pacific Health Research Council Guidelines

In 2014, the Health Research Council (HRC) developed the Pacific Health Research Guidelines (Health Research Council of New Zealand, 2014) that recommended Pacific peoples' cultural values, specifically, relationships, reciprocity, respect, and holism, be addressed at all times during the research process (shown in Fig. 2).

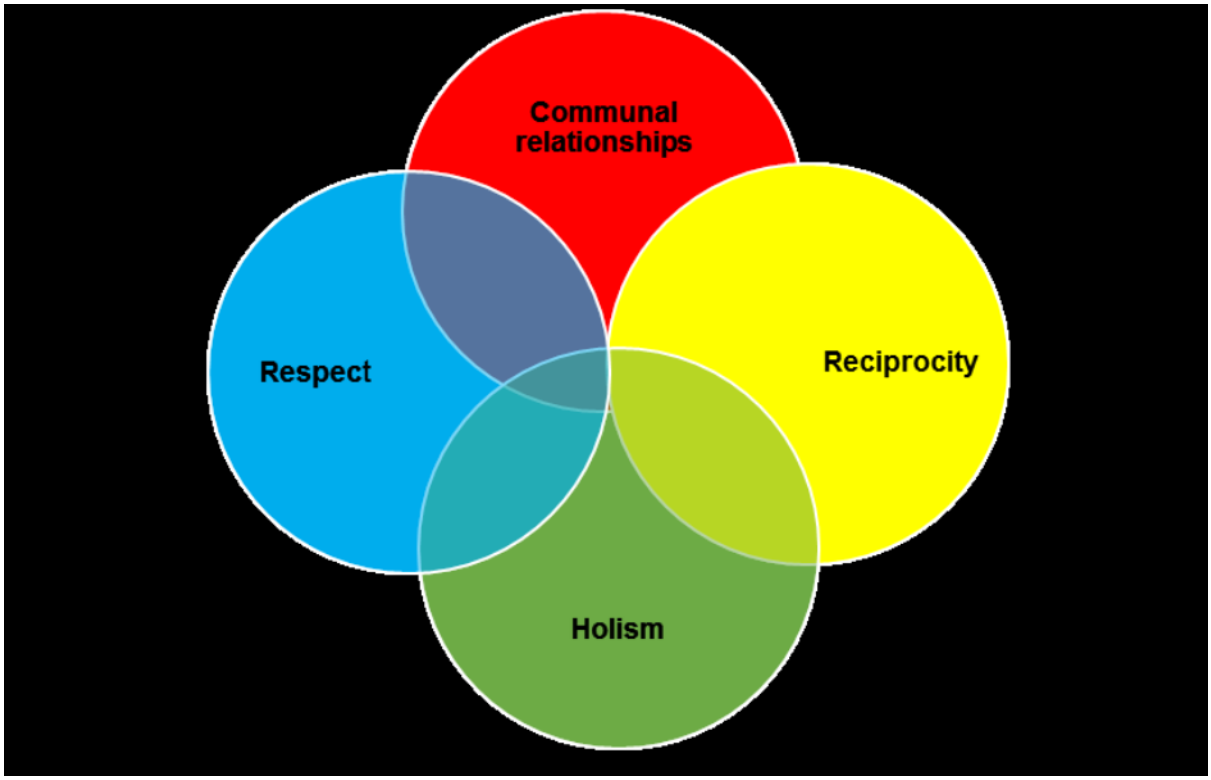


Figure 2: *The Pacific Health Guideline Health Research Council, 2014.*

Communal relationships, as well as environmental factors, link the person, family, community, health workers, service providers, and researchers. Environmental factors include social interconnectedness, spiritual beliefs, the earth, oceans, and cosmos.

Reciprocity provides unity among the people involved and often requires gifting, the giving and receiving of services, trust, loyalty, and social goodwill. It is described as a two-way process: when information is gathered from Pacific people, there also has to be some benefit for them.

Holism is the collaboration of relationships that validate Pacific culture and the Pacific worldview. It also highlights the balance in social life, the physical and spiritual being, between the individual and the community.

Respect binds the relationships between the researcher and the communities throughout the research. Showing respect is acknowledging participants' status within the community, their genealogy, age, gender and achievements, all of which contribute to building the trust between the researcher and participants. The HRC (2014) stated that, "For researchers, respecting the local cultures and worldviews represents affirmation and validation as a Pacific health researcher, and a way of being accepted into the community" (p. 8).

These Pacific paradigms, highlighted as guidelines for Pacific Health Research, are more than linkages, they interact with each other. These are important because they help the researchers walk alongside the 'realities' of Pacific people when they are researching in Pacific peoples' communities. In Pacific community-based settings, as a researcher you must utilize and understand that these Pacific paradigms help you connect and build relationships with your community. Furthermore, the research topic should make sense to the research partners (the community), as the communities' priorities may often not be the same as the researcher's priorities.

The Markers for P.A.S.I.F.I.K.A. Health Research

Sir Mason Durie (Rāngitane, Ngāti Raukawa, Ngāti Kauwhata), a psychiatrist and one of Aotearoa/NZ's most respected academics, was knighted in 2010 for services to public and Māori health. In 2014, he presented at a Pacific Health conference in Auckland, New Zealand (Durie, 2014) on the three phases of translational research, that highlight the Markers of P.A.S.I.F.I.K.A. health research: engagement (whakapiri), enlightenment (whakamarama), and empowerment (whakamana).

Engagement | Whakapiri

Durie (2014) highlights the two markers for whakapiri/engagement: partners in research and alignment of priorities with the Pacific communities. The research question should make sense to all the research partners, particularly given that community priorities may not be the same as research priorities. For engagement – they are in agreement about the ways in which the research will be conducted and the outcomes that might follow, for communities as well as for researchers, taking into account joint responsibilities with regard to shared benefits and shared decision-making, and recognition of community realities and priorities. Durie (2014) further describes the importance of valuing the partners. Engagement requires respect for the culture of community partners, including language, protocols, time management, and faith leadership (Durie, 2014).

Enlightenment | Whakamarama

In terms of whakamārama/enlightenment, the research process should provide Pacific communities and researchers with new models for learning as well as objective approaches to problem solving. The research findings should increase understanding and knowledge, create a basis for addressing goals and aspirations, and be capable of translation into action.

At least two styles of research reporting are desirable: those for academic publication and those suitable for community consideration. The three markers for enlightenment are: scientific credibility – enlightenment comes from empirical research; Indigenous knowledge – enlightenment comes from the application of methodologies derived from indigenous knowledge; and the *fono* principle – enlightenment comes from group discussion about research processes and findings. The desired outcome for enlightenment is that the participant communities and researchers will be wiser, have greater collective understanding of their communities, and have a greater appreciation of science as well as indigenous knowledge. And, as a result of the research, all involved will be more aware of future possibilities.

Empowerment | Whakamana

Whakamana, empowerment through translational research, offers research partners the prospects of benefits aligned with their own aspirations. The benefits may be personal, family, or community centred and aspirations can encompass economic, social, cultural or environmental domains. Research can also offer researchers the prospect of increased academic credibility and career advancement. There are three markers of empowerment. The first leads to inspiration – when research inspires communities the will to succeed will be stronger. The second results in knowledge acquisition – when research findings are owned by communities, the new knowledge will enable progress to be made with greater insight. The third empowerment marker is affirmation – effective research upholds and strengthens identity, culture, aspirations, and leadership within Pacific communities. Thus, the desired outcome for empowerment is that, as a result of the research, communities will have increased motivation to address their futures, be well informed (knowledge is power), and be stronger in themselves as Pacific peoples in Aotearoa/NZ.

As part of the translational research phase, markers for enlightenment identifies scientific credibility – where enlightenment comes from empirical research and indigenous knowledge

– where enlightenment comes from the application of methodologies derived from indigenous knowledge. Under the fono principle, enlightenment comes from group discussion around research processes and findings. The desired outcome for enlightenment is that the participant communities and researchers: will be wiser, will have greater collective understanding of their communities, and will have greater appreciation of both science and indigenous insights. They will be more aware of possibilities for the future. These are the desired outcomes to create for the community, and to which the community will contribute with their indigenous insights.

The partnership between the researcher and the community is an excellent model for considering potential healthcare service delivery for Pacific peoples. The P.A.S.I.F.I.K.A markers are:

P artners for research

A lignment of priorities

S cientific credibility

I ndigenous Knowledge

F ono

I nspiration

K knowledge acquisition

A ffirmation

In Durie's descriptions of translational research, he states "the research process should provide communities and researchers with new models for learning as well as objective approaches to problem solving" (Durie, 2014). He further notes that research findings should increase understanding and knowledge, create a basis for addressing goals and aspirations, and be capable of translation into action. The community themselves will be empowered with knowledge and have shared benefits and shared decision making, and recognition of their

realities and priorities. What is even more beneficial is that the application of the methodologies is derived from indigenous knowledge.

The Kakala Framework

Konai Helu-Thaman is a Tongan poet and currently Professor of Education and Culture at the University of the South Pacific in Fiji. The Kakala model is a “personal philosophy and framework for teaching and research that is sourced from Pacific cutures and values in general and Tongan in particular” (Helu-Thaman, 2003 as cited in Asiasiga, 2007).

In 1992, Konai Helu-Thaman presented the ‘Kakala model’, a metaphor from a Tongan perspective, to describe the research process where the making of a *kakala* (wreath or garland) involves: *toil* (gathering), *tui* (weaving), and *luva* (gifting). In Tonga, kakala means fragrant flowers, fruits and leaves, which have mythical origins, “strung or woven together into garlands and worn at special events or presented to honourable and distinguished people as a sign of love and respect” (p. 2) (Chu et al., 2013). An extension of this framework by Taufe’ulungaki, Johansson-Fua, Manu and Takapauloto (2007), added more research phases to include teu, malie, and mafana. Chu et al. (2013) further realigned these phases, beginning with teu, followed by toli, tui, luva, malie and finally mafana.

Teu is referred to as the planning phase where decisions are made on the purpose of the activity, who the intended recipient is, and the selections of types of flowers and fruits for the kakala. Teu is the preparation and planning phase of a study where, “it looks at the perceptions, beliefs and philosophies surrounding the research” (Chu et al., 2013, p. 6).

Toli is the gathering of leaves and flowers for the kakala. The people who gather the items for kakala are experts in their particular area, for example, choosing flowers of the appropriate colour, stage of maturity, and fragrance.

This phase depicts methods used for data collection and information gathering. Chu et al. (2013) explained that toli refers to how the research is conducted, who and what is involved, and the timeline for the research (Chu et al., 2013).

Tui involves the weaving of the leaves and flowers together. Creativity is involved in the formation and presentation of the particular kakala. Certain features of the weavers (kau tui kakala)[53] and the weaving process are regarded as important to ensure quality, presentation and art in the arrangement and completion of the kakala garland, including time, knowledge, skill, and practice. The tui phase represents data analysis as Chu et al. (2013) describe: "It reflects on words, action, metaphors, meanings, insights and discoveries elicited from the analytical questions posed" (p. 6).

Luva is the act of giving the kakala away to the intended recipient if the recipient wishes to pass the kakala on, which represents sharing and relationships among people. Luva is the stage of reporting the findings (Johansson-Fua, 2009) of a study back to thosee communities and participants from which the knowledge was obtained (Chu et al., 2013).

Malie is consideration for those who were involved in the making of the kakala, the intended recipient, and the admirers of the kakala (Chu et al., 2013). Malie represents the relevance and the value of the research. Johansson-Fua (2009) further elaborates on the worthiness of the research by raising questions such as "Was the work worthwhile? Was it useful? For whom was it useful? Did it serve the needs of the communities? Was the process meaningful for those who participated?" (p. 204).

Mafana is seen as an extension of gifting by the re-gifting of the kakala to others as a way of celebration. As Johansson- Fua (2009) explained, "The usage of Kakala by no means belongs only to those who strung the garland together – it belongs to all Tongans to use it" (p. 202).

[53] Kau tui kakala – (Thaman, 2002) cited in Asiasiga PhD, 2007

Mafana is the phase that represents the application, transformation, and sustainability of the research results (Chu et al., 2013; Johansson-Fua, 2009)

The Kakala model is a cogent metaphoric description for a research framework and displays the beauty of creating a kakala that resonates with Pacific people. As an insider Indigenous researcher, I firmly believe the application of methodologies derived from Indigenous knowledge gives ownership to Indigenous people and their 'realities'.

A summary of the three Pacific research methodology frameworks discussed is the: Pacific Health Research guidelines, Markers of P.A.S.I.F.I.K.A health research in 21st Century and The Kakala Model, is shown below in Table 4.

Table 4: *Pacific Health Research Frameworks*

Authors	Date	Concept/Purpose	Discipline	Focus
Pacific Health Research Council	2014	Research Guidelines	Pacific Health	Communal Relationships, Reciprocity, Holism, and respect in Pacific Health Research.
Professor Mason Durie	2014	Markers P.A.S.I.F.I.K.A. Health Research in 21st Century	Health Research	P.A.S.I.F.I.K.A. Markers for Health Research created by Professor Mason Durie who emphasised the guidelines on Pacific health research, informing and empowering Pacific peoples about health research within their communities, is an appropriate and effective manner to provide a shared vision on Pacific Health research for the various Pacific Health research stakeholders, including the HRC, researchers, research participants, and Pacific communities
Konai Helu Thaman	1997	The Kakala Model	Tongan Research Framework	The Kakala research framework is both culturally meaningful and inclusive for it provides a sense of ownership in the process and development of Pacific Education.

While this study seeks to effect improvements to health delivery for all Pacific peoples in Aotearoa/NZ, its primary beneficiaries are the people of Tokelau in Aotearoa/NZ and at home. The indigenous knowledge of the Tokelau ancestors run as deep as the moana they call home; it is what informs and sustains thriving communities in atoll environments where most outsiders would perish. I will now introduce a theoretical framework that reflects the values of the people of Tokelau referred to as *faka-Tokelau* of Tokelau culture.

3.6 Māopoopo: A Tokelau Theoretical Framework

After examining and analysing multiple worldviews from the perspective of a Pacific Health researcher and as an insider conducting research in the Tokelau community, I developed a theoretical framework about the Tokelau concept and practice of māopoopo. Māopoopo is a binding value that draws the different aspects of Tokelau social life into the entity we call the Nuku, the people, interrelated to and interacting with themselves and their physical environments. It is the essence of a thriving community and best reflects the unique cultural values of Tokelau. For this reason, māopoopo is essential to conducting research in a Tokelau community. This is not to negate Western or other methodologies but rather to respond to research issues raised by Tokelau people and to provide a lens to best understand their realities.

In process, māopoopo is transparent and healthy as it is inclusive and fair; it is also healthy for social relationships and psychologically endows participants with a sense of belonging. A successful outcome means that everyone has had their say, the crisis is averted, and peace is maintained. The alternative is family feuds (Betty Ickes, pers. comm., 20 Dec 2020). The faka-Tokelau concept of māopoopo is described by Kalolo (1995) as involving attending, participating, collaborating, debating, and sharing, as reflected in the Tokelau alaga kupu (proverb) “Uhu ki Afagā, nanunanu ai, taliga fakalogo mai.” (Rise early and proceed to Afagā discussions with attentive ears) (Kalolo, 1995).

Afagā is an ancient site in Fakaofo, Tokelau, where people gathered to discuss, debate, and share their views on social issues. Outcomes from these fakananunanuga (discussions) are new interpretations of the participants’ shared values, origin stories, religion, cosmology, arts, literature, and fishing lore.

Lemisio (2003) further describes it as meetings and communal discussions, with cooperation. Kele-Faiva (2010) refers to māopoopo as unity and societal wellbeing, drawing on understandings of consensus, united with a collective orientation. Furthermore, māopoopo requires individuals to actively participate and work in unison with members of the collective to reach a conclusion that is agreeable to all participants (Ministry of Social Development, 2012). Māopoopo is described by Huntsman and Hooper, (1996) as a delicate essence that is cultivated and nurtured through mutual consideration and peace. Balancing mutual consideration is also a delicate process. Non-attendance by village members at the fono (meeting) is a sign that “e he māopoopo te nuku” (the village is not united). This is often referred to as takape. Tākapekape, is when village members have become disconnected from their communal relationships. Their actions are, therefore, seen as individualistic. Takapekape is the opposite of māopoopo. Thus, when tākapekape occurs, it is observed by the elders[54] as the absence of loto maulalo (humility) and a sign of immaturity. When this happens, at some point a toeaina will spend time and talanoa with the wayward individuals as to why they decided to takape and leave the fono (meeting). Contribution at the gathering is an indication of commitment and a show of unity for its purpose; it is an indication of success (support) and participation.

The observation of māopoopo in the conducting of village affairs, means that it can take more than a day of meetings to reach a consensus. The observation of māopoopo in village deliberations takes time and careful thought through the communal discussion process. Often, it can be frustrating to await a decision from the elders, who may allow discussions to be continued for another day or two, if needed. However, once the elders and the nuku (village) have reached a consensus, māopoopo is a powerful process to observe. The meaning of societal unity unfolds, as the nuku work together for the greater good.

[54] Personal communication with Aliki Faipule o Atafu: Mr Kelihiano Kalolo 2021–2022

The māopoopo framework is the practice of being Tokelauan – it is the distinctive way of lending support and help to others. The mechanisms of māopoopo include the ability to anchor your thoughts ('fakatotoka nā mafaufauga'). It solidifies 'thinking' in a calm and collected way that is demonstrated in a clear oral delivery, and in the smooth facilitation of meetings and communal discussions according to protocol.

These qualities are referred to as (fakatūlaga hako, te faiga o te fono). In a successful communal discussion, the facilitator must also be skilled in the art of fakahoa nā mafaufauga (equitable allocation of opportunities for sharing information), while safeguarding te vā fealoaki (relationships) of the participants. Te vā fealoaki (relationships) span the spectrum from te feagaiga (sacred covenant between brother and sister) to genealogies to neighbours with generational border feuds. The successful facilitator must, therefore, have an exceptional, insider, knowledge of te nuku (an extended understanding of the village inclusive of its members, institutions, and values).

Te vā fealoaki (relationships) are based on the cultural emphasis on families (kāiga) and extended families (pui kāiga). In faka-Tokelau, families are the basis of national and village decision making and the strength of the nuku (village) comes from the people (Kele-Faiva, 2010). Te vā fealoaki (relationships) are built around cultural values such as loto alofa (act of kindness), fakaaloalo (respect), loto fehoahoani (helping others), loto maulalo (humility), loto fealofani (united) tapenapenaga the value of co-ordinating and preparation of kāiga (family), and nuku (village) affairs (Te Kaiga Fakaofo, 2019).

Kāiga interconnectedness are the relationships between Tokelauan people – this relationship is ordered in gafa (geneaology). Knowing one's gafa (geneaology) positions[55] a Tokelauan to

[55] Tulaga – your position as a Tokelauan, in a Tokelau setting/context

know where and who they are, and where they come from in their kāiga and pui kāiga. As described by Ickes (2009), kāiga relations and maopoopo are integral to the Tokelauan worldview and fundamentally and constantly inform behaviour (Ickes, 2009). In Aotearoa/NZ there has been a diaspora of Tokelauans to Auckland, Rotorua, Taupo, Manawatu, Porirua, Hutt Valley, Christchurch, Dunedin, and Invercargill. Since the 1950s, the Māopoopo principle continues to be practised in the affiliations of these Tokelau communities in diaspora. A concept such as māopoopo, can be seen as a necessity in atoll communities where resources are closely managed and shared equally. Inati (institutionalized sharing) can be seen as a companion value that seeks a similar goal.[56]

The Māopoopo Approach

The nuances of māopoopo makes it an appropriate theoretical framework for this study. I have identified māopoopo as a conception of value, māopoopo as a practice in action, and māopoopo as a metaphysical state in different levels, as described below:

Māopoopo as a conception of value

- serves as a cultural connector with people
- a motivator of action
- informs principles that guide behaviour, practice.

Māopoopo as a practice, in action

- Goal:
    - to restore peace and wholeness
    - contribute to future thinking (lumanaki)
    - to look after the land (e laga kita ko te fenua).

[56] Personal communication: Associate-Professor Betty Ickes (2020)

Māopoopo as a metaphysical state:

- Levels:
    - Tino (Individual)
    - Kāiga (family)
    - Nuku (Village)

A pictorial presentation of the Māopoopo Approach is presented in Figure 3 below.

Figure 3: *The Māopoopo Approach*

3.7 The Research Phases of Māopoopo

1. Tapenapenaga: Preparation and Planning

Preparation is a highly regarded value in Tokelau. I observed this first-hand while working in Tokelau. Tokelau alagā kupu (proverbs) testify to that. The proverb, “E hē haumatea nā faiva e tāpuakia” (A fishing expedition that is well-prepared and supported will not be in vain) extolls good planning as one that is inclusive of all voices. Elders further explain the proverb’s meaning: “It is right that good planning must have everyone’s collective agreement. Thus, when acted upon, it will be supported by all, and reach a successful conclusion”.

Preparation,[57] therefore, is integral to successfully conducting research. It is important that the researcher has prepared their homework, planned forward, anticipated any roadblocks, and is prepared to overcome them. When they conduct a meeting, they must prepare by doing their due diligence. Furthermore, the researcher must be anchored in calmness, by acknowledging and anticipating all aspects of an “issue” or “problem” that needs resolution. All this requires the practice of fakatotōka, (calm and collected): The researcher must fakatotoka, be grounded in their purpose and well informed before approaching their informants and the various participating communities. This preparation is well-suited to an insider researcher who is familiar with the culture, protocol, nuances of speech, and other subtle communications. In sum, the prepared researcher will:

- understand the problem that needs resolution
- understand the elements or history of a case
- anticipate the participants, their relationships, and their opinions/biases/ standpoints
- anticipate challenges and be prepared with alternative plans to overcome them.

[57] Tokelau Wellington Leadership Group. Alagākupu Tokelau. Wellington: Vai-Creative Publishers (2011)

2. **Fakahoa: Sharing and Gathering information**

In practice, māopoopo also involves fakahoa, when the taupulega (elders) gather the shared information from the participants. Fakahoa requires the purposeful creation of opportunities for each participant to share information. In the process, the taupulega (elders) are observant and respectful of relationships, te vā fealoaki, of the participants. Similarly, the researcher must be just and fair in the distribution of opportunities for the participants to speak their minds and offer information and counsel to inform the outcome. During the process of fakahoa, the researcher also observes and safeguards relationships, te vā fealoaki, of their informants. To do this, the successful researcher must have a deep, contextual awareness of the participant, their communities, and their shared values and protocols.

3. Fulifuli Mālie: Analysis process

Fulifuli mālie is the phase in māopoopo, where the taupulega (elders) study the gathered information carefully and slowly to ensure every aspect of the topic has been turned over and considered. Further deliberation, collaboration, debating, and sharing are also involved in this process and can often require additional days, if deemed necessary by the council of elders (taupulega). When the council of elders arrives at a decision that maintains māopoopo, the process of fulifuli mālie ends. Fulifuli mālie is the same process the researcher employs during the analysis of their data and information – the data can be overwhelming to organize, analyze, and interpret, it may take weeks and months. The researcher can apply the practices of fulifuli malie and fakatotoka to similarly arrive at conclusions.

4. Fetufatufaaki: Knowledge Distribution

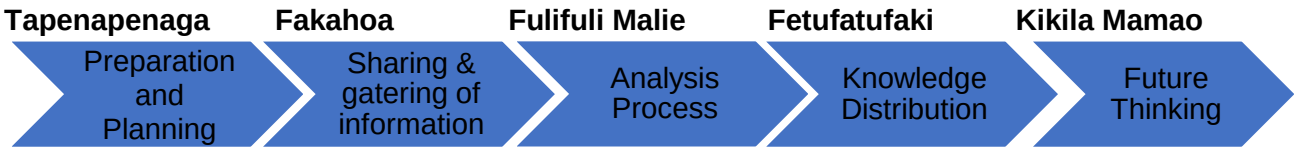
Once a conclusion (kua mautonu) is reached through fulifuli mālie, the taupulega will move to the next phase in the practice of māopoopo, which is fetufatufaaki. Tufa (tufatufaga

abbrev.), are the decisions shared with the representatives or heads of the families, who will then share with their kāiga and pui kāiga. Eventually the village will be apprised of the taupulega's decision. Fetufatufaaki is the same process the researcher uses when they are ready to share and disseminate the results of their study. The researcher will first share the results of the study with the individual participants and communities. The individuals and communities will be empowered by knowing their voices contributed to the search and creation of new knowledge to help bring about a collective understanding of their peoples' wellbeing. Furthermore, the new knowledge was gained through a process that recognized and accepted their realities and priorities (Durie, 2017).

5. Kikila mamao: visionary, future (lumanaki) thinking

Another crucial phase in the Māopoopo process, is kikila mamao (to look ahead in the future). Kikila mamao is the reflective phase, which considers the overall experience and the lessons within the experience that can benefit the village. These reflections and discussions are carried out with a focus toward nurturing te lumanaki, the future generations, and maintaining Māopoopo in the nuku. Likewise, in this phase, the researcher will be making sound and culturally appropriate recommendations based on comprehensive analyses and interpretations of their study. In knowledge acquisition, when the findings are owned by the communities, the new knowledge will enable progress toward greater insight. Effective research upholds and strengthens identity, culture, aspirations, and leadership within Pacific communities (Durie, 2017). The Māopoopo Research Phases are shown below in Figure 4.

Figure 4: *Māopoopo Research Phases*



3.8 Research Design

Research Aims

(a) Draw on Tokelau knowledge of the cultural, historical and social environment to better understand the influences on Pacific health and wellbeing

(b) Examine strategies of health empowerment and wellbeing amongst Pacific youth, and

(c) Examine service delivery models that can lead to improved Pacific health outcomes.

The platform for this study design is aligned to the Māopoopo research phases, that I employed as a Tokelau insider researcher. Throughout the methods section I will highlight the research process interweaving the different Māopoopo phases. For example, in my fieldwork I had to ensure that the cultural, ethical, and professional aspects were upheld between the researcher and the participants, (te vā fealoaki) was applied working across the groups from the elders, leaders, adults, youth and to the Pacific health and policy workers, to ensure safeguarding of relationships. During data collection the fakahoa process (sharing and gathering information) was utilized within the Tokelau Adults Focus groups and the Pacific Youth focus groups where they shared and dialogued their insights.

I employed the fulifuli malie (analysis process) as I analysed my data and verified that with my supervisors throughout the data collection and analysis phases the research. The process of Fetufatufaaki (knowledge distribution) is described and elaborated further in the discussion chapter, along with the strength and weaknesses of the study. Kikila mamao (to look into the future) incorporates the final part of the research process, where I discuss the recommendations of my research at the conclusion of the discussion chapter.

The initial fieldwork began with Tapenapenaga (planning and preparing) and Fakahoa (sharing and gathering) which are further explained in the following section.

Tapenapenaga: Preparation and planning

As an insider-researcher it was important for me to start the Tokelau community consultation phase with Te Vaka Atua (Spiritual leaders) to revive the blessings for the study and to seek spiritual protection while engaged on the journey of the study. Equally important was the approval from the elders in the Tokelau community.

After I had received my ethics approval in May 2016, I started planning and preparing for the community consultation phase in June 2016. Through this process I had to contact and coordinate all my community groups and their leaders to discuss and share what my study is about and what I intend to do in this process (fakatalanoa te matakupu). Fortunately, I knew my community and this consultation phase and recruitment phase took one month and I was well supported by the community who gave me their blessings. I started the recruiting process followed by the data collection phase in July 2016.

Insider approach to recruiting participants

As part of my Tokelau community, I am fully aware of the cultural, political, and personal issues that can present certain challenges. Therefore, I approached community representatives to help me recruit potential participants, my rationale being that I did not want to be seen as coercing people to participate in the study. This is not an uncommon practice, and some institutions require researchers to approach potential participants via a third party, to avoid putting undue pressure on potential participants (Wolfgram-Foliaki, 2016). The Tokelau community representatives who assisted me with the study recruitment of the Tokelau elders and leader were dedicated and well-known women from our Tokelau community.

Tufaina Taupe-Faraimo, an Assistant Principal from Te Kāiga Atafu,[58] Vaioleti Lui from Te Kāiga Nukunonu,[59] a senior public servant in the government sector, and the late Helen Kisona, from Te Kāiga Fakaofo,[60] who was the Tokelau community Liaison officer for the Whitireia Community Polytechnic in Porirua. I wish to register a special tribute to Helen for her involvement during the time I was completing this doctorate. Last but not least, for the recruitment of the participants for the Tokelau Adults Focus Group, I liaised with Rev. Teleo Hope, who kindly assisted me.

Fakahoa: Sharing and Gathering Information

In practice, the Māopoopo approach involves the Fakahoa process of sharing and gathering of information. Therefore, in this recruitment process I explained to each community representative the purpose of my study and gave them information sheets (English and Tokelau versions). I also explained the information to be shared with the potential participants. If they agreed, I would meet and explain the study face-to-face with potential participants and discuss (te pepa o te maliliega) the consent form process with them. In faka-Tokelau, face-to-face value is the epitome of gaining informed consent.[61] We discussed who would be potential participants for the study and the recruiters approached up to 20 people. To my delight, all the potential participants who were approached were happy to participate.

Who are the study Participants?

(i) Tokelau elders

[58] Atafu Tokelau Community Group (Matauala Hall)
[59] Nukunonu Tokelau Wellington Society (Te Umiumiga Hall)
[60] Te Kaiga o Fakaofo (Kaiga Fakaofo Hall)
[61] Appendix 1: Tokelau Elders Information Sheet,
Appendix 2: Tokelau Elders Consent Form,
Appendix 3: Tokelau Elders Pepa Fakamatala mo na hui auai
Appendix 4: Tokelau Elders Pepa o te Maliliega

There were [6] elders selected for this study from their respective communities, Kāiga Fakaofo, [62] Kāiga Atafu[63] and Kāiga Nukunonu,[64] representing each of the three atolls of Tokelau. In faka-Tokelau[65], the toeaina (male elder) is often referred to as Te Uluhina, (Silver hair) based on recognition of their wealth of knowledge drawn from life experiences. The mātua (female elder) is held in high esteem in the community, again, as a respected source of knowledge and expertise in particular domains. The input of both the toeaina (male elder) and lomatutua (female elder) is essential to ensuring the cultural validity of the study. I chose to interview them individually, so they could comfortably share their insights. A more in-depth description of the Tokelau elders is provided in Chapter Four.

(ii) Tokelau community leaders

There were [5] Tokelau community leaders that were selected for this group, male and female. They are known as Te Vaka Atua in the Tokelau community. Culturally, Te Vaka Atua, are both the protectors and the servants for the people and God, providing spiritual guidance in their Tokelau communities. They have been selected from the two main religious groups, the Congregational church and the Catholic church from the Porirua and Lower Hutt communities in Wellington. I chose to interview them individually to gain their perspectives and insights of growing up in the three different atolls (nuku) in Tokelau. A further description of this group is explained in Chapter Five.

[62] Te Kaiga Fakaofo
[63] Atafu Tokelau Community Group

[64] Nukunonu Tokelau Wellington Society
[65] Tokelau Culture

(iii)Tokelau adults

There were [10] Tokelau adult participants for the Focus group, selected from first and second generation NZ-born Tokelauans. They are the children of those Tokelauan migrants who came to Aotearoa/NZ in the 1960s and bring together a group of adults who are from similar Tokelau social and cultural backgrounds. A more detailed description of the Tokelau Adult group is provided at the start of their findings which are presented in Chapter Six.

(iv) Pacific Youth focus group

There were 10 Pacific youth participants in this group, with ages ranging from 18 to 24 years old. They were recruited from the Youth Empowerment Programme (YEP), a Health Research Council (HRC) funded project led by Dr Riz Firestone (Oct 2015 – Oct 2017). A facilitated focus group discussion was undertaken in February 2016. These participants were recruited from the Wellington region. A further description of this group is explained in Chapter Seven.

The interview guide for the youth focus group is covered in the Dr Ridvan (Riz) Firestone study (HDEC ref: 15/CEN/137).

(v) Pacific health and policy workers

This group of [6] participant informants were drawn from NZ health and/or policy environment primary health providers, Pacific General Practitioners (GP) practices, Pacific Health Managers in District Health Boards, Pacific Nurse Specialists, and policymakers from the Ministries of Health, Pacific People, and Social Development, all within the Wellington Region in New Zealand.

Data Collection

The data collection started in September 2016 and was completed in January 2017. Throughout this time there were several funerals[66] in my Tokelau community, which meant 'pausing' my interview schedule for a period. This also impacted on the participants' attendance in the Tokelau Adult focus group. In faka-Tokelau, when a member of the Tokelau community passes away, everyone stops everything and attends, supports, or contributes to helping the grieving family. As a community we deliberate over the affects the deceased had on our lives and we celebrate their life, by gathering to mourn them and share memories of them in our lives.

We then celebrate after the burial with festive meals, sharing hilarious stories/memories about them and singing fatele (Tokelau group dancing) together to release our grief. Tokelauan funerals are sometimes remarked on by non-Tokelauans as mis-guided priorities – but we have to 'pause' to look after one another, as a form of societal wellbeing. My study therefore 'paused' when we had funerals in my Tokelau community.

Outlined in table 5 below, is an overview of the study participant numbers in each interviewee group, type of interview, and the date, place, and length of the interview.

[66] Of note, in the month of July 2021 in Porirua and Lower Hutt regions our Tokelau community had 8 funerals.

Table 5: *Participants Recruited for The Study*

Participants	Groups	Date	Time	Interviews	Place
N=6	Tokelau Elders	Sept 2016 Feb 2017	1.5 hours	Individual semi-structured interviews	Own homes
N=5	Tokelau Church Leaders	Nov 2016	1.5 hours	Individual semi-structured interviews	Own homes or Church office
N=10	Tokelau Adults	Nov 2016	2.0 hours	FG discussion	Hired venue
N=12	Pacific Youth	Feb 2015	2.0 hours	FG discussion	Massey University
N=6	Pacific Health Workers	Oct–Nov 2016	1.5 hours	Individual semi-structured interviews	Work office

3.9 Methods

Semi-Structured Interviews

Tokelau Elders and Community Leaders

I used semi-structured interviews to enable the participants (Tokelau elders and community leaders) to comfortably discuss and elaborate on their insights and understandings of faka-Tokelau concepts and cultural practices. As mentioned earlier in the Māopoopo Approach, in the Fakahoa phase (Sharing and gathering) the researcher must be fair and just in the distribution of opportunities for the participants to speak their minds and offer information. Semi-structured interviews, therefore, allow open-ended questions to facilitate the sharing of lengthy and descriptive answers from the participants rather than close-ended questions. This also enabled flexibility for the participants to share their stories or experiences when answering the questions (Holloway and Wheeler 2010).

The use of semi-structured interviewing is one of the most powerful tools for gaining an understanding of human beings and exploring topics in depth (Gill et al., 2008). The flexibility of this approach compared with structured interviews, also allows for the discovery or elaboration of information that is important but may not have previously been thought of as relevant to me as the researcher. More important, I used interviews as one of my methods to hear the insights, the stories, views, experiences, beliefs, and or motivations of each participant on particular matters. For example, in relation to the elders and the leaders, it was their personal stories and experiences of growing up in Tokelau during their childhood in the 1940s (factors of influences). This qualitative method provides a ‘deeper’ understanding of social phenomena, or the realities and lived experiences of participants. Interviews are known to be most appropriate where little is known about the study phenomenon or where detailed insights are required from individual participants, which was the case for the elders and the community leaders’ groups.

When I designed the interview schedule it was imperative for me to ask questions that were more likely to gain as much socio-cultural information from my participants as possible, given the aims of this study.

It was also important for me to capture the realities of the elders and the leaders of growing up in Tokelau, as a way of providing some historical context for the study of what was happening in Tokelau during the 1940s (elders) and 1950s (leaders). What were major influences for these participants at that time? For the elders and leaders, I designed the first few questions so that they would easily answer, to ease them into the interviewing process. I then presented questions that would require time for them to process their thinking before they responded. This made it comfortable for them to share their stories, to generate rich and insightful data. I prepared the interview guideline and had sub-questions to lead the participants to explain or describe their views of the importance of kaiga (family). Further questions were designed about the process of coming to Aotearoa/New Zealand and what it was like adjusting to life here. These interview guidelines and questions were also reviewed by my supervisors.

The interview guidelines for the Tokelau Elders are provided in Appendix (16); Appendix (17) provides the Tokelau version. The interview guidelines for the Tokelau leaders' group are shown in Appendix (18); and Appendix (19) provides the Tokelau version.

Pacific health and policy workers group

Rather than close-ended questions, I used semi-structured interviews, with an open-ended question style to collect lengthy and descriptive answers, which also allowed flexibility for the participants to share their stories or experiences when answering the questions. During the interview, if the participants were fluent Tokelauan speakers or Samoan speakers, I would use Samoan or Tokelauan concepts of health, for example 'ola mālōlō' (Samoan for wellbeing) to

discuss the questions with them. It was important for me to listen and capture their insights and expertise in their fields. Therefore, being a health professional (registered nurse) and a researcher was helpful for me to understand the medical jargon or the health language that practitioners would refer to when they responded to the question. Furthermore, I was able to understand the socio-political events/situations, barriers, and challenges that might have happened 10 years ago that had impacted on their experiences in their field of practice with regard to Pacific healthcare system changes.

For this group of participants, I designed questions that would draw out their perspectives of using Pacific health frameworks or models in their service delivery to Pacific peoples and whether these had been effective for them. Further questions were asked about their experiences of working in the Pacific community context using a particular/significant Pacific Health framework? What were they useful for? Did it meet the needs of the Pacific community? What were the successes and what were the challenges? Are there gaps? Is there a need for a different framework? Are they still current? There was also an opportunity to elaborate further on any models that are currently being used among youth in general and/or Pacific youth in particular? What are their 'hopes and dreams' for the young generation of Pasifika people in NZ, in relation to healthier living?

The Pacific health and Policy workers group, interview guideline is shown in Appendix (20)

Tokelau Adult Focus group

For the Tokelau adult focus group,[67] there was a mix of male and female participants because interaction is key to a successful focus group. It was useful to know the social profession of the participants, to ease the participants in the discussion. A commonality amongst New

[67] Appendix 9: Tokelau Adults Focus Groups Information Sheet
Appendix 10: Tokelau Aults Focus Group Consent Form
Appendix 11: Tokelau Focus Group Pepa fakamatala mo na hui auai
Appendix 12: Tokelau Adults Focus Group Pepa o te Maliliega

Zealand-born Tokelauans is our great sense of humour, the enjoyment of getting together to share hilarious stories, and often humorous learning experiences, insights, or exaggerated mishaps are expressed through story telling. Through this process of sharing stories, the Tokelau Adults focus groups drew on group dynamics and it helped them, as research participants, to share their perspectives and understanding of health and wellbeing and how this could help their community go forward.

The focus group discussion drew on their beliefs about the meanings of health and wellbeing and how this may or may not be influenced and shaped by being born in NZ while also living with the cultural expectations of their parents. Further discussions revolved around their own health practices and what strategies they believed would be helpful in strengthening health and wellbeing in their families and their communities. The discussion also focussed on what the adults believe are the practical things that can be done to facilitate health and wellbeing amongst the Tokelauan community going forward. Most of us were familiar with one another, which put us all at ease to share our personal experiences and to enjoy the familiarity that facilitates discussion and even enabled us to challenge each other comfortably.

This was a dynamic group in the sense they were well grounded in cultural values and were raised faka-Tokelau and could understand faka-Tokelau. It was important for me to capture as much information as I could because this group are the first generation of Tokelau born in New Zealand and experienced the lived reality of adjusting to the faka-Tokelau and the Western paradigms in education. I included pre-Christianity questions in the facilitated group discussions, for example, what happened before Christianity arrived – existing world views about health and wellbeing for the individual, the family, and the community in their island homes. Questions were also asked about after the arrival of Christianity as they related to perspectives of health and wellbeing. Participants were asked to share their stories of growing up in New Zealand and living a Tokelau lifestyle at home, what were their hopes and dreams growing up in NZ as a Tokelauan? What are the practical things that can be done to improve

health and wellbeing in our community? What would a healthy Tokelauan community look like to you? The discussions were facilitated by an experienced researcher who was external to the study. Their role was to keep things focused on the topic, which allowed me to observe the discussions and take notes during critical points. The facilitator also kept it balanced by preventing the discussion from being dominated by one member and ensuring everyone had the opportunity to contribute. The interview guideline for the adult focus group is shown in Appendix (21)

Pacific youth focus group

The Pacific youth focus group was facilitated by 3 facilitators. The group discussion revolved around values and principles regarding health and wellbeing – as part of the Pacific Youth Empowerment programme. The participants also had links with each other through church youth groups, various sports teams and for some, through university study, all of which helped in terms of their bonding as a group and their willingness to share ideas and information. They also shared their thoughts on potential ways of moving forward to influence their families and community in terms of health and wellbeing. The focus group's initial questions focussed first on an individual perspective such as, what is important to you? What inspires you? What are your passions? What are your strengths? What are your fears? What are your insecurities? In the second section, the questions centred around individual transformation with regard to how the programme changed you; how important has this programme been for developing values and principles at an individual level; and has that influenced a change in you or how is that going to influence you? The Pacific youth were a vibrant group to facilitate and their shared insights provided critical points of discussion regarding what they had learnt in the empowerment programme.

3.10 Analysis Process

Fulifuli malie is the phase in the Māopoopo research where the taupulega (elders) study the gathered information carefully and slowly and ensure every aspect of the topic has been turned over and considered. This fulifuli malie is the same process I employed as a researcher during the analysis process of my gathered data and information.

For instance, five sets of information for analysis were generated: elders (semi-structured interview); community leaders (semi-structured interview); adults (focus group); youth (focus group); and Health and policy workers (semi-structured interview). The transcripts were sent back to the participants for checking. Once returned, adjustments were made to the transcripts as requested by participants. I analyzed each of the sets of interviews for each participant group separately, using thematic analysis. This involved reading through the interviews and carrying out an initial coding of all the transcripts and then verifying those with my supervisors.

I was familiar with the thematic analysis through previous research projects on Pacific people's health issues and I have found it useful to identify what is common in the way a topic is talked or written about and making sense of those commonalities. Also identified by Ritchie and Spencer (1994) and Srivastava and Thomson (2009) the thematic analysis is an accessible, flexible, and increasingly popular method of qualitative data analysis (Srivastava and Thomson, 2009 p. 72). As the thematic analysis is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set (Braun and Clarke, 2012), I chose this method to identify insights into patterns of meaning and interpretations of the (themes) in each of the five data sets.

Nvivo

Although I was trained to use Nvivo software, I did not use it as there were specific nuances that could not be captured using the software. For all interviews and focus group data, I read the transcribed data at least three times to find themes and sub-themes. The initial data analysis for this in all the participant groups was discussed with the primary and secondary supervisors. I then further reviewed the data and manually coded and grouped them according to the major and minor themes identified.

Tokelau Elders data analysis

After each interview with an Elder was transcribed, I returned the transcript to the person so they could check if everything they had discussed was accurately documented. This also ensured coherency and that I had used the appropriate terms and concepts. What was equally important is that the appropriate written protocol and Tokelau customs were used. All six participants were satisfied with their transcripts and requested a copy for themselves.

I used thematic analysis, a method of identifying patterns based on the frequency of occurrence of a particular idea or theme within a data set (Braun and Clarke, 2006, p. 82). However, when it came to reading the elders' transcripts, I had to re-orientate my process of thinking. As I had to think faka-Tokelau to identify the subject areas that consistently reoccurred, I grouped them into common subcategories. For example, I grouped together each nuku (atoll) where there were different cultural dynamics such as one atoll being Catholic church (Lotu Katoliko)[68] orientated and the another being Congregational church (EFKT)[69] , while the other had two religions on one atoll. The experience of the participant's upbringing could therefore be more clearly delineated according to these differences on each nuku.

[69] Ekalesia Fakalapotopotoga Kerisiano Tokelau

I colour coded them into their respective nuku colour themes and manually categorized the information from the interviews into themes and sub-themes.

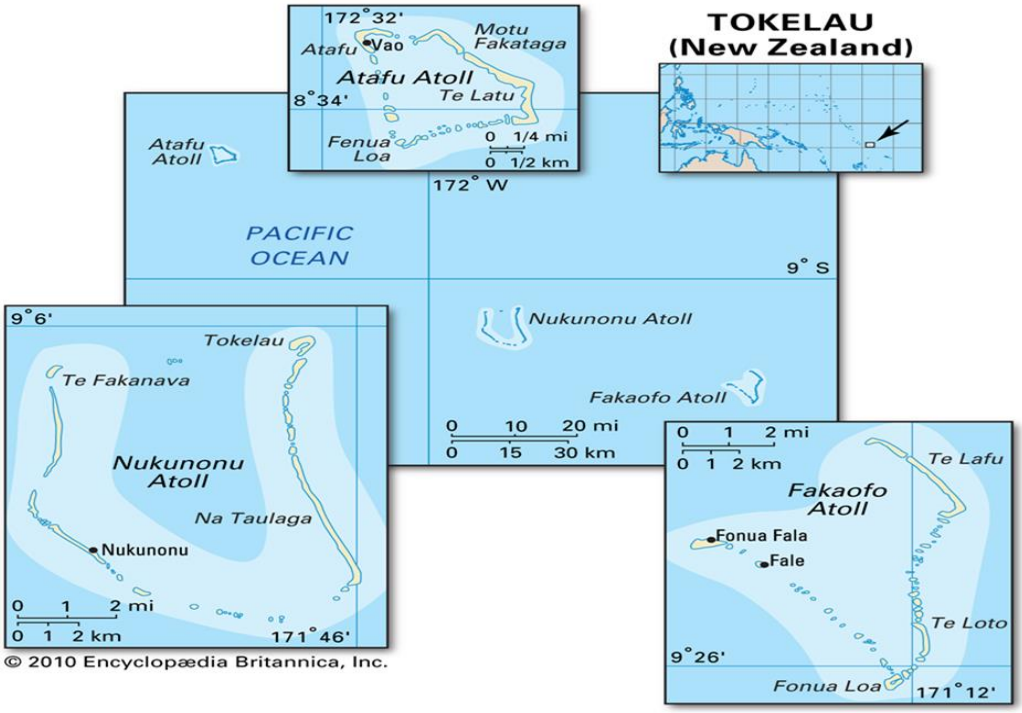
All hard copies of the transcripts for the elders and all the participants were locked in a cabinet in my Massey University office.

Tokelau community leaders data analysis

As most of the community spoke in Tokelau, I transcribed all their interviews, and the data were translated. Again, the language used included much metaphoric expression, similar to that of the Elders Group. I read through each interview 4 times, selected the key points/issues, and identified recurring themes and sub-themes, including Tokelau concepts, terms, and phrases that the participants would explain to me as a researcher. I wrote them manually on large, poster-like sheets then sorted through them again and grouped them into common themes and colour coding them into their respective nuku colours.[70] I also returned the transcripts to all the participants for them to read and confirm that what was transcribed was accurate and correct. All five participants were satisfied with their transcript and also requested a copy for themselves.

[70] Fakaofo (Red), Nukunonu (Green), Atafu (blue) determined by the (late) Senior Mika Perez, Tokelau Public Servant, Office of Tokelau Affairs (1970s)

Figure 5*: The Three Atolls of Tokelau*



Tokelau adult focus group data analysis

Transcribing the focus group discussions was a different experience for me as an insider researcher as my process of thinking was different from that used for the Elders and the community leaders. I didn't have as much of an emphasis on thinking in faka-Tokelau, because I was processing my thinking as a NZ-born Tokelau and could identify and relate to their journey. Initially, this was one of the biggest interviewee groups and I was anxious and 'dragging my feet' because I felt as though I was heading into a tidal wave with the sheer amount of information generated from the group. As the concepts and ideas began to emerge, it felt more like swimming in a translucent lagoon with everything slowly becoming clearer! As Spencer, Ritchie and O'Conor (2003) point out, the process of analysis is not linear, there is a great deal of movement backwards and forwards between categories, explanations and the

original data to check assumptions and ensure explanations fit the context and do not head off on a tangent (Spencer et al., 2003).

I would re-read the transcript and find a theme or idea I had not noticed before, which meant creating a new category and working with what felt like a very dynamic dataset.

Health and policy workers data analysis

Once the transcripts were finalized for this group, I read through each transcript 4 times before started to code them into themes and sub-themes. This was also done manually because there were Pacific concepts used by the participants that required explanation. My thought process in this phase was more aligned to being a Registered Nurse in order to comprehend some of the health terminology used by the interviewees and also some of the terms for health systems and health structures to which they referred. Common themes that arose from the transcripts were grouped into themes and a thematic process was used in the analysis phase.

Pacific youth focus group data analysis

The Pacific youth focus group discussion was recorded with the participants consent and I transcribed both group discussions. The discussions were summarized, and these summaries returned to the youth group for checking. For this group some of the summary was presented back orally to each respective participant group, allowing them the opportunity to comment and suggest changes if they wished. I manually coded and categorized the information from the focus groups into themes and sub-themes. As noted earlier, the initial data analysis for this group was discussed with the primary and secondary supervisors. I then further reviewed the data and grouped them according to the major and minor themes identified.

Comparative analysis

After identifying the themes from within each of the five participant groups I then looked at what the consistent themes were across all the participant groups. This refining process represents what I did in terms of the comparative analysis phase of the research, bringing together the information from each interview and focus group. All five sets of transcripts were then collectively revisited and examined together to develop a 'united' as well as a cross-sectional picture of the information. This process involved the fulifuli malie phase of the Māopoopo research phase. Some of the questions I was asking in this phase were, how does the information provided by the focus groups and interviews 'work' in relation to Pacific peoples' values and principles in health and wellbeing? How close/far/different/similar is this collective body of information to the identified literature relating to health/and wellbeing of Pacific peoples' values and principles? What is the new information and insights arising from this comparative analysis? Every potential theme was constantly turned over and discussed. Throughout this process I would verify my findings with my supervisors. To refine this process took me at least six months – it certainly was a fulifuli maliē process, maliē as in take your time, and take it easy. I took my time over this process because I did not want to miss the rich and deep insights from the participants.

All hard copies of the transcripts for all the participants were kept in a locked cabinet in my Massey University office.

3.11 Ethics

In 2014 I was awarded a scholarship by the Health Research Council of New Zealand (HRC) to undertake a PhD in Public Health through the Centre for Public Health Research (CPHR),[71] at Massey University. Dr Lis Ellison-Loschmann, a senior research fellow at Massey University who has extensive research knowledge in addressing and understanding social determinants of health in relation to Māori and Pacific health was my primary supervisor. My two co-supervisors were Dr Anna Matheson, a senior lecturer at Victoria University of Wellington, who has specific expertise in the social determinants of health and the application of theories of complex systems to improve the outcomes of health and social policy intervention; and Dr Ridvan Tupai'ilevaililigi Firestone, a senior Pacific researcher at Massey, with expertise in social-health inequalities and Pacific public health obesity intervention research. My HRC fellowship was part of Pasifika Youth Empowerment Programme led by Dr Firestone which had been awarded funding from the HRC in 2014.

In March 2016 I submitted my ethics application to the Health and Disability Ethics Committees (HDEC). On 8 April 2016, I received a letter stating that my application was provisionally approved through the HDEC-Expedited Review pathway pending clarification on some minor point raised by the committee which, following those points being addressed then granted full approval for the study (ref:16/CEN/44) on 13 May 2016. The ethics approval letter is shown in (Appendix 15).

Informed Consent – (Pepa o te Maliliega)

The Tokelau information sheet and the consent forms for this study were translated with the help of Mrs Vae Lopa (Tokelau retired educationalist). Throughout this process I went through a revision of being taught to read, write, and think faka-Tokelau. It was enlightening for me to

[71] Centre for Public Health Research name change (2021): Hauora Health Research Centre (HHRC)

see English research concepts being translated in Tokelauan. More importantly, my participants will be fully consented to take part in Tokelauan. The first participant in my study was Reverend Elder Tui Sopoaga. Before interviewing him, he encouraged me to read the information sheet out loud in Tokelauan to encourage the New Zealand-born generation to speak '*te gagana Tokelau'* [72] (Tokelau language) – that way I would be confident to read in front of the toeaina (elders). I took the opportunity to read the information sheet out loud, in Tokelauan. During this process, I knew then that the informed consent would resonate with my Tokelau elders and leaders, to empower them to share their stories for this study. For each study participant I obtained informed consent in written Tokelauan and English.

Confidentiality and Anonymity

I had to be mindful of other ethical considerations while conducting research in a small Pacific community. For instance, in my Tokelau community, everyone is identifiable, and it is at times difficult to maintain anonymity. I also have a responsibility as a researcher to fully inform the participant about confidentiality and anonymity. Therefore, it is imperative to note that some participants were asked if they could be named in the study. For example, there is only one Tokelau Catholic priest, and only one Tokelau Reverend Elder. Both these community leaders recognised this and consented to be named.

Accuracy of The Tokelau Language

In terms of the accuracy of the Tokelau language in this study, participants were welcome to speak in Tokelauan or English. All the interviews were conducted in both English and Tokelau. I transcribed 19 transcripts in English (transcript of a single interview runs to over 20 pages) and transcribed 11 transcripts in Tokelau. The Tokelau transcripts were then translated into English (additional 20 pages). In the final stages of my doctorate, a qualified Tokelauan

[72] Tokelau language is listed as an endangered language – UNESCO world atlas

linguistic translator proof-read the faka-Tokelau language and we developed the Tokelau glossary in this study using the only Tokelau Dictionary (Office of Tokelau Affairs, 1986).

Digital Recorder

It was also important to recognise and ask the participants for their consent to be recorded with a digital recorder. Placing a digital recorder in front of Tokelauans is not a normal way of doing things faka-Tokelau because you are viewed as an outsider – 'te fia papalagi' (a wannabe foreigner). Although all my participants understand social media (Facebook), this was different because their personal stories were going to be shared. However, as they wanted me to do well in my study, 'ke manuia na taumafaiga', all of them agreed that their interviews could be recorded. Once I completed an interview or a focus group discussion, I would download them into my main computer. I would then transcribe the interviews and focus groups discussions, word for word.

3.12 Summary

This chapter has described and presented the methodology and methods being utilised in this study. Pacific worldviews and frameworks inform this research (Health Research Council, 2014; Durie, 2015; Thalman,1992) and provide a lens that reflects a holistic approach to elucidating and exploring sociocultural factors associated with Pacific peoples' experiences of health and wellbeing. The application of the Tokelau principle of māopoopo is a useful approach to draw together the different realities, knowledge, and perceptions of the participants. The application of māopoopo across all phases of the study, from development and processes of recruitment, through the use of interviews and focus groups to informing the thematic analysis component of the study will strengthen the interpretation of the findings and ensure contextual relevance for Pacific peoples in Aotearoa/NZ.

4.0 Chapter Four Tokelau Elders Results

4.1 Introduction

The participants in this group are Tokelau elders[73] born and raised in Tokelau in the late 1930s – 1940s who migrated to New Zealand in the 1960s. The participants live in two areas of the Wellington region of Aotearoa/NZ, Porirua and Hutt Valley, where the highest population of Tokelauans resides. The 3 toeaina (male elders) and 3 matua (female elders) were selected from Te Kāiga Fakaofo, Te Kāiga Nukunonu, and Te Kāiga Atafu.[74] The participants are identified in the text by the suffix 'E' (Elder) and the letter representing their nuku ('F', 'N' or 'A') and by a number 1-6 (being the total number of participants in this group).

A number of the interviews were carried out in Tokelauan and then translated into English as described in Chapter 3. Some of the quotes included in this chapter have been retained in Tokelauan (alongside their English translation) to remain *truer* (my emphasis) to the essence of meaning shared by the elders.

All six participants hold significant leadership roles in their communities. First, the toeaina (male elders) are known as Te Uluhina (the silver-hair) once they reach the age of 65. They are held in high esteem for their wisdom and wealth of knowledge. The female elders (mātua) are held in equally high esteem in the community for their respected knowledge and insights. Because I am of Fakofo descent, I have used the definition of the role and status of 'Elders' according to the Constitution of Te Kāiga Fakaofo: *(a) The traditional leadership role of Elders,*

[73] Historically, elders in pre-Christianity were known as a superior social group, the council of elders, who were the decision makers of the village (nuku) in Fakaofo. This is different from that of the Vaka Atua, the chief Priests in pre-Christianity who served Te Tui Tokelau, with the gifts from Atafu and Nukunonu canoes (Tokelau Ethnology, McGregor 1937: 163)

[74] Kaiga Fakaofo (Kaiga Fakaofo, Wellington), Kaiga Nukunonu (Nukunonu Tokelau Wellington Society), and Kaiga Atafu (Atafu Tokelau Community Group) are Wellington, New Zealand, Tokelau communities based on their nuku in Tokelau

Toeaina and Lomātutua are acknowledged as the head of Te Kāiga Fakaofo and they shall provide leadership and stewardship in all of Te Kāiga Fakaofo activities and meetings (Te Kaiga Fakaofo, Constitution 2019, Tulafono Fakavae).

During the interviews the participants shared their insights of their childhood in Tokelau. They emphasised a range of faka-Tokelau values, including the connection at family and community levels and the honouring of ancestral relationships enacted by sharing through food provision and distribution while growing up in Tokelau during the late 1930s. Equally important were their spiritual beliefs and how their education was influenced by the western world through the teachings of Christianity. The participants also highlighted their journey of leaving Tokelau for various reasons, some for educational opportunities and because some were part of the resettlement scheme in the 1960s. Throughout the interviews they described their challenges and their resilience, expressing thoughts about wanting to succeed while maintaining their Tokelau values and identity as they adjusted to new environments in Aotearoa/NZ.

Te Kaigā

> "…we were taught by our parents, and grandparents who they were, our ancestors, our genealogy…"
>
> "e ako mai e na mātua ma tātou mātua i na ahō …ko to gafa…" (Participant EF1)

The kaiga relationships are significant in the Tokelau culture. These relationships are based on the interconnectedness between kāiga (family), pui kāiga (extended family), and gafa (genealogy). Knowing your gafa clarifies who you are and who your kāiga and pui kāiga are. One participant explained the importance of a sense of belonging through your kāiga. Another participant explained that a successful life is having a close relationship with your kāiga and living in the village life where everything is done together:

"…it's ah...it's a great life, everybody knows everybody and everybody is a kāiga is related, is a community we all do the same church we all do the same events you know the events a te nuku e fai fakatahi uma lele… village events are done together" (Participant EA2)

One aspect of Tokelau values and beliefs is the importance of the relationship between a brother and sister. It is believed that the special bond between siblings strengthens the family foundation. Described by Kalolo (1995), the brother-sister relationship is believed to be the ideal foundation of Tokelau life (Kalolo, 1995). This particular relationship is sacred, where a brother provides and protects his sisters and the sisters respect their brothers. From this relationship, a person knows where s/he is placed within kinships networks (Kalolo, 1995; Hoëm, 2015). For instance, when a brother (married) goes fishing, his catch (utuga) is taken to his sister's homestead to be distributed to the extended family, rather than to his wife to distribute. The wife understands and accept this traditional practice of the faka-Tokelau and will not dispute it. To this day this tradition is still practised in Tokelau.

As stated by one participant:

"it is a Tokelau tradition, it's the culture…"

"ko he tū faka-Tokelau, he aga..." (Participant EN3)

"…unless he goes fishing on the other side you know, he would leave it at home (the participant refers to her father fishing near their homestead and takes his catch home)… where they lived it's at the back of the island – every time he goes out fishing out that way.. um – he never brings his catch of fish home but it's always left for his sister" (the participant refers to her father fishing near his sister's house, he would then take his catch to his sister's home). (Participant EN3)

> “e hē iloga lava ke fano fāgota i tetahi.. e fatoā tuku ai i te fale, oi kave ai he mea ika ma tona tuafafine… ah e nonoho i tua… kae ka fano ai e fagota e hē iei lele ni ika e kaumai ki te fale– e tuku lava ki ona tuafafine…” (Participant EN3)

In Tokelau, it is expected that the role of the parents and grandparents is to impart these relationship values to their children during childhood. The participants acknowledged that while living in Aotearoa/NZ, it was only their generation who practised the brother and sister tradition. The children born and raised in Aotearoa/NZ seldom practise this value between the siblings. This relationship was articulated by the elders as:

> “…yes, ko te base ia thats the base of the Tokelauan family it is the foundation – it is the relationship between the brother and the sister…” (Participant EA4)

Deeply rooted in the Tokelau customs (aga), there is a strong obligation that all family members are to care and provide for each other:

> “…I mean that’s our culture, you know, I think people expect to know the obligations without any explanation” (Participant EF5)

Huntsman and Hooper (1996) states that “Kin relationships are known and understood rather than pronounced” (1996, p. 109). The vow of looking after each other was not limited to monetary value or food provision, but it also extended to taking care of the family (fenua) (Waldegrave et al., 2010). The participants also discussed another important symbol/aspect of the bond between families, the Kahoa:

> “The kahoa (pendant) is a symbol, a bond between families…” (Participant EF5)

The kahoa is shaped as a fishing hook is called a pā,[75]; a pendant made from the mother of pearl. Traditionally, the kahoa is given to a newly wed bride and symbolises the bringing together of both families. It also signifies the kinship bond between the brother and sister in which the brother blesses life (ola) to his sister's journey into a new family, as outlined below:

> "…yes, because ko na tau o te alofa, you know, if you give the pā in a traditional way – you are giving away to the newly wed and this is to establish their family, it was like assets, it was like a house or something symbolically, like something to start their family with – you know because they are going to fish, and they are going to be able to provide, to provide for the family – um, so in that sense, yea, ko na tau o te alofa – yes that…" (Participant EF5)

Another explanation was given by one other participant where he explained the significance of the tifā. The tifā is the mother-of-pearl, where the tautai (master fishermen) of the kaiga, cuts the tifā into a pā, a fishing hook. The colours of the pā attract the atu (skipjack); the effects of the colours of the pā cannot be seen in daylight or moonlight – it is only effective in the depth of the moana. He made it clear that this knowledge was passed to him from his father and forefathers. He described the careful process of how the brother prepares the kahoa for his sister. This duty is not given to anyone else but the brother who was assigned to give the kahoa to his sister.

One other participant described the powerful chanting of 'o he tifa ola' as the brothers and the male family members gift the kahoa to the bride (their sister). These words convey that the tifa provides life (Ola) – a reference to a prosperous life:

.

[75] The Art of the pā: https://www.youtube.com/watch?v=tYf6Ody7I1s

> "…and I – you know, when there was that expression of tifā Ola, I think that's very significant …tifā ola it literally means there is a tifā that is still alive – do you understand that connotation? it literally means it provides life… makes sense…" (Participant EF5)

All participants share the same view that the kahoa is highly valued. They also believed that the kahoa represents the importance of the Kāiga relationships, bridging the kinship between families.

Tokelau Values

The wellbeing and success of the kaiga and nuku are built around the aga-nuku (values) Tokelau. Caring and sharing is at the heart of the aganuku Tokelau, and an example is shown through the distribution of food and resources for the kaiga:

> "…as for my dad, he goes with his extended family in their canoe, and they go out to the deep ocean to catch more fish for distribution. Once the fish is distributed and we receive our share, we cook the fish…" (Participant EA4)
>
> « …Ka ko toku tamana foki la.. i te latou vaka ma te latou kaiga.. e olo ai ki moana, ma olo hihi mai la na ika, e felau ni, uma te felau ko te matou vaega la tena e tunu… » (Participant EA4)

The distributors ensure all the kaiga receive their share of food and no kaiga is overlooked. One of the participants, reflecting on a childhood memory, explained that whenever food was cooked in their homestead it was also shared with other members of the kaiga living elsewhere:

"Yes indeed, we are very lovely and united, you know who your relatives are… so when the food is cooked, you give food for so and so, food is taken here and food is taken there…we share…" (Participant EF1)

"Io..e fai kāiga…e feālofani e kē iloa lele to kaiga..kafāi foki e tunu na meakai..e kave te meakai ki ko.. e kave te meakai ki ko…ni e share…» (Participant EF1)

Another participant stated that the most valuable aspect of being a Tokelauan is being family orientated – the sharing and caring for each other:

"…but the most valuable thing about Tokelau culture for me is being family orientated, ko te it's the sharing and caring for each other…" (Participant EF1)
"kae ko te mea te kua hili ona taua ki te au ia Tokelau ko te fai kaiga…" (Participant EF1)

Te Nuku

As previously identified by the participants kaiga plays a significant role in faka-Tokelau. One of the participants described the kaiga, pui kaiga, the nuku (village):

"…there is a Tokelau word that describes the families' role in the nuku…it's tokaga the pillars. The families are the pillars of the village..." (Participant EN6)
"…ko te role a te kāiga, e iei te kupu fakatokelau tōkaga, ko na kāiga ni tōkaga e o te nuku…" (Participant EN6)

"…yes, yes aye it is important…the families… because the families make up te nuku ni village... all the families – e…e… they are the family, that builds up the village" (Participant EA2)

One participant described the kāiga as the pillar of the village, and on any occasion that takes place in the nuku, it is imperative that the kāiga attend these occasions:

> "with any events taking place in the nuku the families must attend" (Participant EN6)
>
> "…i hō he mea lava e fai mo te nuku….ko kāiga e tatau ona iei…" (Participant EN6)

As Tokelau people pride themselves on the role of māopoopo, it is frowned on when kaiga do not attend the nuku events without a reasonable excuse. Their absenteeism may result in a kaiga having to pay a fine as it is important that the nuku is able to complete its work.

In the past, the nuku responsibilities were a service and an obligation to fulfil. Tradition from the forefathers taught that the strength of the nuku comes from the people. Nowadays, people are paid to attend village meeting and fulfil village responsibilities. They would only attend if they were paid. As one elder explained:

> "the people are now being paid and, in the past, they were never paid and it was a service that they provided and it's an obligation… and that's what it was. I don't know now things may change now, I wouldn't be surprised if things haven't changed…" (Participant EF5)

One of the processes integral to the nuku system that has survived colonisation is the inati system, which is the village food distribution. A participant described it as follows:

> "The inati system still exists in Tokelau to this day …well I, I think we have a like in Tokelau, like a socialism; some people here don't like socialism, because it's like communism, socialism is part of the way that we live, um, and the idea of caring for each other, you know, the whole village as a family –no one is left behind, you know, and everybody just looks after one another..." (Participant EF5)

The Inati food distribution task is carried out by a generation of specific pui kaiga known for their trustworthiness (varies in each atoll). It is important that they are impartial as they fulfil their duty of ensuring that no one misses out.[76]. The participants explained that once the men return from the village fishing expedition their catch is brought and placed on a distinct laulau,[77] which is for the inati. The fish are counted in a traditional Tokelau way and are allocated to all the kaiga in the nuku. The kaiga brings their kete (basket) and collect their fish once their names are called out. No Kaiga misses out on their share from the inati. In everyday life, the inati system ensures the wellbeing of the nuku.

Cultural approaches to wellbeing

The role of the fatupaepae was highlighted by all the participants. They held similar views that the fatupaepae roles are held by women who are trustworthy and highly esteemed in the kaiga. The literal meaning of fatupaepae is the white cornerstone, an outer foundation of a traditional Tokelau house. Metaphorically, the fatupaepae is referred to as the woman in the kāiga who has been entrusted to distribute (felau) food and resources. All food that has been gathered from the family land or fish caught by her brothers are given to her to distribute within the kāiga. It is the role of the fatupaepae to ensure there is equal distribution of a family resource. As well as the distributor, she is the peacemaker who ensures harmony within the family. One participant fondly remembered when her mother was chosen by the influential women in their kāiga to be their fatupaepae:

> "…so they appointed my mum to the fatupaepae, to carry out the work and perform that role (tēia ke) which is to look after (e ia te) the family, because they have their own children that got married, so when mum got married (kia) to my father… (ko lāua la te

[76] Alofa ki te tamā manu concept: Taking care of the vulnerable families, i.e. the widow and her children are well looked after

[77] Te Laulau – a specific space for the inati distribution – in Fakaofo it is in ' te pa o tamaiti'

ko) it was them that… (ko tenā la ko taku tala ko te) so that is my story regarding the work that she does (a ia e fai) …" (Participant EN3)

Another kāiga tradition discussed by the participants and that was taught and continued throughout generations was the process of felau (distribution) of food or resources. One elder described the importance of knowing who the significant members of the kāiga and the pui kāiga are as it is part of the faka-Tokelau in looking after the kaiga. While the felau process varies for each kāiga and pui kāiga, the tradition remains the same. In some kāiga, the food is distributed to your own siblings, your father's siblings, and your mother's siblings. This tradition is taught to children from an early age to ensure the physical wellbeing of the kaiga is met. One of the elders described her responsibilities in distributing the food as a child:

"my nana distributes it and I deliver them to the family" (Participant EA2)
"e felau e toku nana, kae fano au e laku" (Participant EA2)

"…It is then distributed to the sibling and I go and deliver them to the family – to the siblings and my father's brothers and his sisters because this is my father's side of the family, so I have to take the food...ni because it is divided there are only four sides – there are three male siblings including my father plus our lot which makes it five, because I lived with my grandparents, so if I was to go where his sisters are because it's up to his sister's what they want…" (Participant EA2)
"…e felau ni ki nā fanau ki nā uho ma nā uho o toku tamana ma ona tuafafine auā auā e fai vaega e fa lava ia vaega e toka tolu ia tamaiti tane ma te matou vaega e lima ki ei, kāfai la au e fano ki te mea a te tuafafine auā e faitalia lava te mea a te tuafafine.." (Participant EA2)

Several participants shared similar views that in faka-Tokelau men also have a vital role in providing food for the kāiga and the nuku, especially with fishing. The food provision by the

men is referred to as vakāmalaga. Vakāmalaga are the huge outrigger canoes carrying the men from the outer islets as they return from food gathering. At this point a participant described the role of the men in food provision in the kaiga and nuku and the role of her mother in distributing the food for the kāiga:

> **"…** o yea, you know, when they go to the outer islands, he is the one who brings back canoe food supplies (vakāmalaga) he is the male (sibling) with the cousins na boys, then there is a pile of uto (germinating coconuts) outside the house, because they are brought directly there, and then our mum she goes to find out how many of them, then she distributes" (Participant EN3)
>
> "…kāfai e olo ki uta ko ia la te e fano kau mai te vakāmalaga, ko ia te tamatāne ni ma nā tei o ia, ka tū he pae uto i fafo o te fale, auā e kaumai, e kaumai lava ki kinā, ko toku mum e fano e find out e pe e fia oi felau ai" (Participant EN3)

Distributing and sharing of food and resources plays a vital part in the wellbeing of kāiga and nuku. Ensuring the kāiga are well looked after provides security and a sense of belonging.

'Te aumaga – the able-bodied men'

In village life te aumaga play a key role. Te aumaga is made up of able-bodied men whose duty is to gather food for the nuku, go out fishing in the moana, and complete the work around the land. A participant reflects on childhood memories when the village council of elders calls for a meeting with the aumaga to organise a fishing expedition (te faiva a te nuku). The announcement (te vakai) is delivered by a person assigned by the elders in the nuku to call for the fono (meeting). It is a similar role to that of a town crier who walks through the village and directs (kalaga) all the aumaga to gather in the falefono (meeting house). It is compulsory for all men to attend the fono.

According to the participant, the falefono was full when all the men attended. However, nowadays it's not so full because some men don't bother to attend as they don't value it as much now:

"… in the old days I recall the council of elders, call a meeting, (te vakai) and the men will go, everybody will go… they would plan a fishing expedition or village galuega…and the meeting house is full of able-bodied men… to find out what it is… it isn't like that now" (Participant EF1)
"I na aho e ko manatua ko te aumāga – kāfai e fano he faiva ni pe he galuega e fai te kalaga a …e kō manatua i na aho, kāfai e olo… e tumu lele te falefono i na taulelea everybody will go pe heā… ake nei.. ka kua hē vē…" (Participant EF1)

The participants commented on the level of physical fitness among the men in their childhood. They described them as lean, with not an ounce of fat on their body and very strong:

> "I never remember seeing anyone with a... with a fat stomach then.... yes, they were real lean, muscly, even the people who are old" (Participant EF5)

> "... and the men were very strong" (Participant EF1)
> Ma nā tamāloa e mākeke lele" (Participant EF1)

Much of their physique were attributable to the type of food they ate and the type of physical work they did. They lifted and shifted cargos from ships without the help of machinery. Before the arrival of outboard motors, huge outriggers canoes were used by the men for gathering food from the outer islets. One of the participants compared the use of outboard motors to outrigger canoes and argues it has impacted on the health of the people in Tokelau:

> "there were no outboard motors in those days – outboard motors have made a huge difference to the health of people…." (Participant EF5)

"yea, because they don't paddle or sail or you know... and, um… today … even the young people they look sooo unhealthy (Participant EF5)

Talitonuga (Spiritual Beliefs)

All the elders described their spiritual beliefs and how the church played a significant role in their daily routine in Tokelau. They highlighted that the Tokelau people are deeply spiritual and religious. Family devotions are held twice a day: early morning and in the evening before going to sleep. It was an expectation that all family members would be home for the family devotion:

"As for the evening prayers – it didn't matter where I was, but I could sense that I am expected to be home…" (Participant EN3)

"Ko na evening prayers – e fai na lotu ... e tuha lava pe ko kita ei fea kae kua hāfia lava…" (Participant EN3)

The arrival of the missionaries[78] brought different denominations to each nuku. The influence of the Congregational church is evident in Atafu, while the influence of the Catholic church is evident in Nukunonu. However, in Fakaofo there is the influence of both the Congregational church and Catholic church. The authority of the church, whether it is Congregational or Catholic, influences the kaiga and nuku affairs. The participants from Atafu and Fakaofo explained that every Sunday afternoon compulsory Bible lessons for children were held at the minister's house:

"…All day Sunday the whole day is all about the Bible, the pastor's lessons is where we learnt numeracy, stories of heaven weren't written/recorded because I was young - "ko na aoga o te faifeau e fai ai na numela na tala i te lagi…" (Participant EA2)

[78] Missionaries: Ickes, Huntsman and Hooper, Kalolo

The participants from Nukunonu shared a different experience of being taught by the Catholic nuns. Part of their lessons was for them to listen to the Samoan radio station in order to learn the current events of the outside world:

> "…no, no TV at all, the radio our class always listen to the news announced on the radio from Samoa, as well as information from other subjects…" (Participant EN3)
> "ko te leitiō ko te mātou e fakalogologo lava ki te polokalame e hau mai luga o te letiō mai Samoa ma nā fakamatalaga mai iētahi matakupu" (Participant EN3)

One participant learnt how to read English by using Catholic books that contained stories of the saints"

> **"…** it's a Catholic newspaper, a book that looked thick like that. like the Bible, the Saints and the holy ones, you know, the Saints – or the names of the Saints and the story it was those books that we were taught with…" (Participant EN3)
> "… he tuhi e vē e e vēia – vē ko te Tuhi Paia – e te kau Hagata– ma te kau Hagato ko na igoa o nā Hagata ma nā tala– e ko nā tuhi ie nā, nā fakaāko ai ki mātou…" (Participant EN3)

Although the participants were from different denominations in each nuku. it is their belief that religion and their faith in God anchors their spiritual and physical wellbeing. They also believed that there is no separation of the spiritual and physical world, which strengthened them daily.

One of the participants described Tokelauans as having a sense of discernment in their spiritual world, especially when there is a death in the village. For instance, when a family is out in the outer islands, the family on the homestead will send out signals (fetutu te afi) that

there is a death in the village so they must return to the homestead to support the grieving family and prepare for their burial ceremony. As one participant described:

> "Yes, that's right… yes, because, you know, aua – it's how…for example if it was an elder… you can feel it… there is something happening...even if people go to the outer island and there is an emergency, they will light their torches (fire) because there is no telephone" (Participant EF1)
>
> "Io e hako… io.. kafai la e ve he toeaina ...you can feel it..there is something happen…kafai foki e ve ni tino e olo ki uta pe tauale..pe e iei he mea tutupu…e fetutu mai te afi…ni..aua la e heai ni telefoni" (Participant EF1)

Often in the village, at any hour including at night-time, the village bell will ring to announce to the people in the village there is a death in the village. The participant remembered that in her childhood, it was very scary, because people can sense the spirits of their ancestors in the atmosphere. The people in the village will take their lit torches (fire) or coconut like candles, on their way to the house of the deceased:

> "kafai la e ta he logo (so when the bell rings)... he po kae (at night)…you feel scared.. e ta loa la te logo(when it rings).. e ke iloa la ko he tino kua oti …(you know then that they person has passed away) then you can see ko na tino kua eva ma na moli..(the people will be walking around with their lit torches) ke..i ni…so that you will know where…te fale e mumu ai te moli (the house that has all the lights on)…ko te fale tena (that's the house) kua olo na matua oi tapena (the people have gone to prepare it)…even at the midnight, everyone will go and help clean te fale ni…" (Participant EF1)

The participants explained that if there is a house that is lit up with lights, that would be the house where the deceased family member lies. The whole village will go and support the family to clean and prepare the house for the following morning:

> "ke hauni ki te oti..(to prepare the decease body) io i te day…everybody will help..and the other thing is aua e oti lava ite po (they pass away during the night) …oi (yes) bury lava ite ao…"(they bury them in the morning) (Participant EF1)

The whole village participates in the funeral preparation because the church service will be in the morning and the village people will have to pay their respects and prepare the food and the burial grounds. There were no mortuaries at that time, so the deceased family member was buried the following day. The family members did not wait for other members from the other atolls, because there are no inter-atoll sailing vessels at the time. The participant further described the villagers' responsibility in the following morning:

> "everybody is not allowed to go anywhere… pe olo fishing, and if you were plan to go ki he mea, no one is allowed to go…unless kua tanu te maliu (unless the deceased is buried)…then you are allowed to go…ke fai ho fekau (not even allowed to do you daily chores)…ma fai ni galuega.." (or even allowed to go to work)" (Participant EF1)

As described by this participant, Tokelauans are sensitive to their spiritual world. By demonstrating respect to their ancestors kua takokoto atu (laid to rest), everyone in the nuku pays their respect by resting, and no work on the village would begin until their deceased family member has passed away.

Challenges and changes – from the old environment

‘our people are clever’ - ‘te popoto foki o nā tino’ (Participant EF1)

In the 1930s, travelling to Tokelau from Apia (Samoa) by boat would take more than 48 hours. Furthermore, the travelling between each atoll would take 6–7 hours. This highlighted the geographical challenges for Tokelau. Interestingly, the participants did not see this as a challenge as they accepted long-distance travel as a Tokelauan way of life. The participants described the contextual themes of the traditional houses, vaka transportation, and communication with the outside world as these were important for the nuku during this time. They recollected that each nuku did not have electricity, tap water, septic tanks, taps for running water, telephones, or computers. It was not perceived as a challenge during their childhood as they believed the land and sea around them provided what they needed. In their views, ‘*they had a good life*’ in their childhood:

> “…I don’t think we ever or any one of us considered us poor, there was no measure and we couldn’t compare ourselves to anybody else, we were happy...” (Participant EF5)

The geographical position of Tokelau had an impact on the food imported to Tokelau people during 1930s and 1940s. The vaka would travel to Tokelau at least three to four times a year bringing in Western foods such as flour, sugar, and rice. One participant described how often the vaka would come to Tokelau:

> **“…**very seldom, because at that time it was only twice or three times that the ship would come and sell those types of foods.” (Participant EA4)
>
> “auā la ko te vai taimi tenā nae taki lua,pe taki tolu māhina e fanatu te vaka, oi sell nā products ia” (Participant EA4)

Another participant described visits from the Administration of New Zealand or the Governor General were either six-monthly or yearly visits. This highlighted the sporadic contact visits from the official delegates due to the geographical isolation of Tokelau:

> "There was no contact from outside people – other than occasional visits by a boat" (Participant EF5)

The elders shared humorous yet similar recollections of the sacredness of the communal radios on each nuku. There was one radio per nuku and under no circumstances were children allowed to play near or touch the radio. Certain people were responsible looking after the radio, which was considered an important duty. As the radio was their only source of communication with the outside world, any damage to the radio would cause an uproar:

> "ahaha… ah, we had our own world, we had a communal radio, as children we weren't allowed to go near it" (Participant EF5)

Once it was news time, nuku activities ceased and everyone would crowd around the radio to listen the current events around the world:

> "there was only one communal radio and no electricity I remember there was a…radio and of course it had to be battery operated because there was no power… There's no power at all, we had no lights" (Participant EF5)

One participant described the type of lights used in the evening as there was no electricity in Tokelau:

> "We used to have those, ah – you know, those coconut, ah, you those, tugai – inside the popo? and they used, um – they made a wick and put it in the middle and put some coconut oil in it and then they burn it and that's our light. And you can imagine that when it is usually windy, and the wind blows around it and you can just imagine the flickering light…" (Participant EF5)

This participant went on to describe the excitement of having a lantern for the first time in Tokelau:

> "We put up with it until eventually we, um, progressed from there. I remember the first lantern or the first light, the, um, kerosine lamp, ah, it was quite an improvement ahahahaha, at least you could see just a little bit more, at least you could see was just a little and of course the other one was the gas one, now that really made a big difference, big, it can show light through quite a big area, it used to light up the falefono (meeting house) when they had the communal dancing it was huge, in those days..." (Participant EF5)

The participants had similar memories of collecting rainwater during their childhood. As there was no running water their parents taught them how to collect fresh water when it rained:

> "There was no fresh water, no taps and no flushing latrines, in those days we had to wait for the rain, to collect fresh water"
> "('i nā aho..ni vai ua lava')" (Participant EF1)

One participant described the technique of collecting the rainwater from the hollows of the coconut tree trunks known as tugu. They looked for coconut trees with hollowed trunks and would dig the trunks deeper so it would fill with more rainwater. The rainwater was used for bathing – fresh water. This involved a technique that illustrated how Tokelau people used the natural resources for their daily living"

> "Io e iei nā fenua i uta e iei nā vai ni tama vai keli e iei nā e kē iloa na mea e taku ni tugu...ni niu …kae ko te popoto foki o nā tino ni niu e keli la te pu hove lava e iloa e matea lava e nā tino kāfai la e ua ko te vai e tafe ifo ki loto i te pū te ia e tumu foki nā vai..." (Participant EF1)

Tokelau people in their ingenuity built their latrines over the lagoons in which the human waste would be swept out by the currents of the lagoon to the moana. Septic tanks and flushed latrines were not required as nature took care of itself. In those days, the environment was clean as there were no clutter of plastic, tins or glass.

Participants described a traditional Tokelau fale (house) from their childhood. Inside white pebbles were used as flooring, which were covered by floor mats (takapau) during the day. In preparation for bedtime, the sleeping mats (moega) were brought out. According to the participants, it was their chore (fekau) as children to put away the floor mats (takapau) and roll out the sleeping mats (moega). This was part of the process of communal daily living, compared making your own bed in Aotearoa/New Zealand:

> "…Yes, because the (mats) were spread on top on the stones white pebbles in the houses were floor mats used during the day but night-time is when sleeping mats are open – so that's our job to bring down and open the sleeping mats to prepare for the night. In the morning same thing…" (Participant EF1)
>
> "io auā nae fola i luga ni nā fatu papae ko te fale ko nā takapau, te e fola ai i te ao' (Participant EF1)

Three of the participants explained that the health and wellbeing committee is a village model adopted from Samoa; their role was to look after the health and wellbeing of the people in the village"

> "…so the committee they look after the peoples health and wellbeing, the cleanliness of the environment and also ensuring the hygiene of the children is well maintained…"(Participant EA2)

"…ko te komiti lā ko te kikilaga o te hoifua malōlōina te tumamā te fakamamāga o te kakai, ma te kikilaga o nā fānau…" (Participant EA2)

The committee were highly organized women in the nuku and were known as a komiti a fafine. Their role was to ensure that the maintenance of homes inside was tidy and neat, and outside was clear of rubbish and weed etc, including assessing children's personal hygiene:

"… I remember, ah, the um, the women's committee – the health committee were very active…because kids… where children by 3 o'clock or by 4 o'clock, children will have to be sitting in front of their house all line up all clean and bathed and dressed up ..." (Participant EF1)

"…It is about being clean and tidy, this is what the committee is about, and this is what they were pushing for to be clean and tidy…" (Participant EA2)
"ko te tumamā, this is the komiti ko te tumamā, and this is what they were pushing ke tumamā…" (Participant EA2)

Another participant giggled when describing the whistle used by the women's committee. They could hear the whistle throughout the nuku to let the kaiga know that they were coming:

"…there was a whistle that used to sound…after children have their baths... hehehehehe… inspection would then come, that some women… and some of the old women…" (Participant EF1)

"…e ko manatua i nā āho lele nae tamaiti au i nā afiafi e tagi loa te ulili nae iei te ulili nae tagi ka kua uma ona tākekele o tamaiti e hau la te ahiahiga, a na matua ma na lomatutua… ahaha (Participant EF1)

In preparation for the health and wellbeing visits from the komiti tumamā, children would swim in the lagoon to bathe. As there was no fresh water, the alternative was to swim in the lagoon. Coconut oil was used as a substitute for soap:

> **"…**so that is the time for children to go to the lagoon... we can't ..ah, we can't afford having a shower on land (referring to no fresh water) we have to go swimming in the lagoon then come out no soaps, but we had coconut oil being dried in the sun to put on our bodies…it's a...it's a great life, everybody knows everybody and everybody is a kaiga and related…" (Participant EA2)

> "…so… ko te taimi …la tēnā ko tamaiti ke olo ki te tai - e hē mafai ni.. e shower i ga uta, ō mai e hēai ni mea moli ni, kae e iei na lolo popo kua fakalā e uku ai…" (Participant EA2)

One of the participants emphasized that her childhood in the islands has been a great life, whilst other participants would reflect back and yearned if only Tokelau would maintain this lifestyle of working together and looking after each other.

Challenges and changes – to the new environment

The participants shared their memories of when they first arrived in New Zealand through the resettlement scheme. One participant was informed before arriving in Aotearoa/NZ that they would be doing apprentice work to complete a trade. On arrival in Wellington, they were told that they would start work at the railways but that this was not as an apprentice:

> "…you know the resettlement scheme, they said there were jobs provided for us, and you know the first thing they show us, is the broom to clean at the Wellington railways, hahahaha" (Participant EN6)

"…you know the scheme – two boys from each village, and two girls they said when we arrive, there were jobs provided for us, but we were not provided jobs or to go and learn... go and learn this to know to learn, as a mechanic, as an electrician…as a builder…something useful…" (Participant EN6)

"ko te hikimi teia – two boys from each village, and two girls ni, ōmamai ki mātou kua iei nā galuega kua tuku mai ni ko tāua kua talanoa ni, e heki tuku mai ni galuega, e vē …ni, ke iloa ke āogā" (Participant EN6)

Participants shared many stories about their experiences on arrival in Aotearoa, which did not fit with the promises that had been made to them by the New Zealand government:

"…we were told in Tokelau, by the palagi that each person can stay with family, and they will provide all of us jobs, but each family had to seek jobs themselves... see how they tell a different story, it was different being told over there and different story being told here, when we arrived it was totally different and um we found jobs, yes a factory job… you know the accessories that are built into the cars, you know, the mirrors, yea…" (Participant EN3)

"…E lea mai, na papālagi, ka nofo lava te tino i tona kāiga, kae e hakili lava nā galuega e ki latou mo te kāiga, e kehe na tala nā fai i kō (Tokelau), e kehe foki na tala, na fai i kinei (Aotearoa/NZ) ka kua pa mai la, kua hakili lava e ki matou o matou lava galuega, kua maua a mātou galuega i nā mea e fai i loto o nā tāvale na, na, i na factory…" (Participant EN3)

Another participant described how the Priest in Nukunonu invited them for dinner and taught them the etiquette of table manners, and how to use a knife and fork. This was done to prepare them for the life in New Zealand. She explained that she had no idea what her new environment was going to be like:

> "…um, I remember we were taught by the priest how to have a cup of tea, how to have a biscuit, on the table at the priest's home, and it wasn't sink to me, hē big thing that I was leaving, I don't know it didn't hit me, but we were laughing, laughing, because we did not know how to hold a fork, with a knife" (Participant EN3)

> "…ko mātou na fakaako e Pātele ki te fale lava a Pātele ko au ka fano kehe ka ko mātou e faikakata, faikakata auā e hē iloa e taofi te tui i te naifi" (Participant EN3)

On arrival to New Zealand this participant experienced the shock of having to adjust to New Zealand climate and lifestyle. She became homesick and cried every night, wanting to return home. She had not realized that the decision of leaving her parents and family would have such a huge impact on her.

During this time the host kāiga showed kindness and provided warm hospitality, for which she was extremely grateful. This contributed to her eventual adaptation to her new environment.

Church community support

The church community in Aotearoa/NZ played a huge part in providing pastoral care and advocacy support for new arrival families. One of the participants described how the priests and nuns provided practical support, which also included how to budget and save for a house, and enrolling them in English language night classes, to learn how to speak English:

> "…I had no experience ki te about budgeting ni, um as the week go by – you know e lucky foki ko te…parish there is a nun and a priest, really help us to manage, um you know to save, um how to look at the um a different idea, how to save up for a house, the priest always come and see us…" (Participant EN3)

This same participant also reflected on the times they had to host Tokelau scholarship students who were on the education scheme. The New Zealand government provided a minimal allowance for the host families and the student, which was not sufficient to cover their living costs.

> "…then we start coming, you know, the scholarship children, I don't know how I – a, a, ah you know how we survived, I remember some Sunday, I didn't realize that I was stressed and I was thinking o what's for lunch? oh no what's for lunch? where the money – you know you pay that, you pay that, you know, how I feed those 8 people include my 2 children and ah my husband ni, you know and myself, I don't know how I did it…" (Participant EN3)

The participants explained that although it was a difficult time for them, they all managed to cope and push through these challenges.

Continuing service to the Tokelau Community

The participants shared their passion and determination to maintain their values while living in New Zealand. For example, when the Tokelaun people gathered on occasions in Aotearoa/NZ, there was a sense of belonging (mafuta), a value they brought from Tokelau:

> "…It's the communal living and the communal obligations I brought it with me here and I look back my life, my whole life is really serving the community and it's probably from those early days looking and seeing what my mum and my dad were doing, particularly my dad because of fishing, you know…" (Participant EF5)

Another participant described his experiences of contributing to his Tokelau community by running an afterschool homework centre for the Tokelau students in Porirua. The primary school were very supportive of this initiative:

> "…io yes because my whole life is my community, it was when I returned – and that's when I came back to organize – you know, organize I just went to the teachers – fakamolemole, please can you give me a room to run my classes, and they said yes and I got the room and the staff room and also the beverages to make the tea ahahahaha…" (Participant EA4)

> "…I have a culture, who could be such a person I am me, if I go up to Matauala I can position myself…" (Participant EA4)
> "ko au i te au lava, kā fai e fano au ki matauala, if I go up to Matauala e mafai ona ko nofo" (Participant EA4)

The importance of maintaining their Tokelauan identity and practices, no matter what environment or country they were in, was also important to these elders. They illustrated this by teaching their children and grandchildren cultural knowledge through fatele (cultural action song) and attending family reunions. One participant adamantly asserted that they should practice their culture due to his own experience of being taken out of Tokelau. He maintains his identity as a Tokelauan within Tokelau community functions or gatherings and accordingly is able to position himself as to who he is and where he comes from:

"… you should still do it you should still practice it – it's not like Im going here and there, and then changes come I am a living human being it is my custom I have a culture who could be such a person I am me, if I go up to Matauala I can position myself…" (Participant EA4)

"…e tatau ona fai– e tatau lava ona fai e hē vē lele ko au kua fano ki kō, oi hui ai te mea te ko au he tagata ola– e iei oku tū, e iei oku aganuku, ko ai ko he tino vē? ko au i te au lava, kāfai e fano au ki Matauala, if I go up to Matauala e mafai ona ko nofo…" (Participant EA4)

"to gather together the family continue on discussing the matter"

"ko te fakamāopoopo o te kāiga, fakatalanoa te matākupu" (Participant EN6)

The participants recognised the importance of gathering your kāiga together and reminding the future generations of who their family is, otherwise that connection will be lost. Parents were seen as the conduits for ensuring their children learn who they are and feel confident in themselves wherever they go:

"…. to gather together the family … and to remind them because if not reminded it will be forgotten who you are related to and who your family is and it will never to be remembered…always discuss the topic about the family and parents to continue on discussing the matter…" (Participant EN6)

"ko te fakamāopoopo o te kāiga ni ma fakamanatu auā kāfai e hē fakamanatua e puli kua hē toe manatua mai na kāiga ma na mātua ni….fakatalanoa te matākupu…"(Participant EN6)

4.2 Summary

Tokelau people are strongly relational, and this is illustrated throughout these elder participants' interviews when they speak of Te kāiga. Interconnectedness within the kaiga is one of the vital aspects for a thriving kāiga and nuku. Participants described kāiga relationship traditions as being deeply embedded in several core values, including alofa, showing kindness in the kāiga and the nuku; fakaaloalo, respecting one another; vā fealoaki, building relationships; fealofani, working together as a united and friendly village; and loto fehoahoani, helping others. Many of these values highlight the fundamental essence of what sharing and looking after one another means for Tokelauans. Without them, the wellbeing of the kāiga and nuku will be impacted and relationships will become dysfunctional.

The participants were taught these values by their parents and grandparents in their upbringing in Tokelau. They were charged with this responsibility as an integral part of ensuring their continuation to look after each other. They acknowledged the influence of religion as a pathway to westernized education and opportunities, but which also meant they had to leave Tokelau. Carrying these values of communal living and communal obligations to their new environments was challenging but they (more than) persevered and made Aotearoa/NZ their home. For some, there were broken promises when they arrived in Aotearoa/NZ as part of the resettlement scheme. Yet, they were resilient and maintained their sense of belonging within their kaiga through family reunions and community gatherings in Aotearoa/NZ. Today, the generation of the resettlement scheme and their children, grandchildren, and great grandchildren are significant contributors to Aotearoa/NZ society.

They have continued their traditions and values through their kāiga, church, kāiga gatherings, and sports and culture tournaments. It is also probably true to say that while they have settled and made the very best of their circumstances in Aotearoa/NZ, their hearts are still in Tokelau.

5.0 Chapter Five Tokelau Community Leaders Results

5.1 Introduction

The roles of the Church leaders are important to the Tokelau people. In the faka-Tokelau they are known as Te vaka Atua, meaning God's offering to be servants of God.[79] The origins of Te vaka Atua[80] goes back to the pre-Christian era where they were the High Priest receiving gifts for their gods. With the introduction of Christianity, the role has slightly changed to where they have become now the spiritual protector for the people and God.

The Church leaders in this group are from various Christian faith-based denominations within the Wellington region. They shared similar insights and experiences of serving the Tokelau communities in their spiritual pastoral care capacity. They provided insight on what constitute the wellbeing of a person, their family, and their community as Tokelauan in Aotearoa/NZ. For the Tokelau Community Leaders group, there were 5 interviewees. The participants are identified in the text by the suffix 'C' (Community) and numbered 1-5 (being the total number of participants in this group).

In this chapter, I will be highlighting the topics the participants shared of their spiritual life with church responsibilities. As there is an overlap of topics from the elders' chapter and the

[79] Offerings to be servants of God - Ko na taulaga o te Atua

[80] Origins of Vaka Atua – Historically pre-Christianity Nukunonu and Atafu would arrive at Fakaofo in fleets of canoes (vaka) with gifts and offering for the Tui Tokelau in Fakaofo 'Te fenua o Aliki' (the chiefly village). "The priests at Fakaofo were the chief priests of Tui-Tokelau, receiving the foods, gifts and offerings to the Tui Tokelau. Often the remains of the food and offerings were distributed to Atafu and Nukunonu in the Inati System. (*Ethnology of Tokelau, McGregor 1937, pp. 163–165)*

leaders' interviews of their experiences growing up in Tokelau, topics such as Tokelau values, and the importance of kāiga and nuku responsibilities will not be repeated in this chapter.

The Spiritual life – Te Olaga faka-te-agaga

> "…My grandmother would say her rosary every morning, before the roosters crow, she knows by the crow of the roosters, she knows the time, when the mass is about to start…there were no clocks then... she wakes us up and we have to go to church …" (Participant C4)

The participants believes that spirituality is part of Tokelau culture. They are faith orientated and strong believers in God, as this helps with their wellbeing. Attending church is a requirement, and the ringing of the bell on Sunday morning tells people to get ready and make their way to church. To this day, the bell still rings every Sunday morning in Tokelau:

> "…io, kei iloa ko te olaga a tatou aye, ko part of the aganuku, ko te… ko te talitonu.. ko te faith… foki ki te Atua aye, e kei iloa it was part of the culture, kei iloa and it was a good thing nae hēai he resistance foki teia it was a natural lifestyle, it was a part of our lives… ah 6 o'clock in the morning tā te logo ni" (Participant C5)

Another reflection from a participant:

> "We, then embrace God with the future with enthusiasm, but remember we cannot change the past, but we can always foster the…future e iloa foki e koe (you also know), ki pāga mai o te tatou the partnership with our christian background..it's the family that prays together that stays together, draw near together stays together..and they will keep that dignity the community that comes together will share and it will remain the same" (Participant C3)

Another participant described the enjoyment of going to the Minister's house for Bible studies during her childhood. These sessions were also used to train them of the work they had to do in the Minister's house:

> "Yea. I loved the Sunday school...and there were Bible studies during the week, and I would never miss it... so that was every Sunday and that was a routine we were to help out at the Minister's house. To do little chores, and I think that's how I started building my spiritual life ...as a young teenager" (Participant C2)

Four of the participants highlighted the significance of the kāiga within the nuku. As one participant described it:

> **"…**everything starts with the kāiga and if you dont have a good kāiga then you won't have a good nuku, that's what I saw mum being involved in the nuku (village)...and the lotu (church)...and the work at home" (Participant C2)

> "..Yeah ka lelei te kāiga e lelei foki te nuku, ka hē lelei te kāiga e hē lelei te nuku, e hēai lele he mea e kehe ai te kāiga ni ka lelei te kāiga – e lelei foki te church kāfai e kino te kāiga e hē māopoopo te church" (Participant C2)

The participants described their childhood upbringing in Tokelau as a stress-free life, a life of happiness with little use for money"

> "…I saw the state of the land and my people that lived there, it was a 'stress-free life"
> "…Na ko kitea te tulaga o te fenua ma nā tino e iei nae ola i he olaga e faigofie..." (Participant C3)

There were no cars, trucks or motorbikes as people walked everywhere in the village. There was seldom machinery such as bulldozers, lifting cranes as all the labour was carried out by manpower, i.e. carrying the cargo from the ship. The electricity was run by a village diesel generator, and power was limited from 08.00am to 3.00pm and from 6.00pm to 11.00pm only. The people were physically healthy as there was no influence of palagi foods, and no shops existed in Tokelau. Tokelauans lived on natural foods from the land and ocean, and they were coordinated in gathering their foods together. That was their way of life:

> "...I observed that my people were well co-ordinated, and their wellbeing was so healthy..." (Participant C1)
>
> "Na ko kitea te fenua te faifai mea fakatahi, io kae māihe ai ko te ola malōlō o tagata…" (Participant C1)

Local foods

> "…There was breadfruit, there was coconuts, the coconut was also used as a coleslaw in those days and fish was the main food…" (Participant C1)

> "…I remember my mum was telling my sisters...stop being…kaifuhū (selfish) you know you got to be relation. You got to communicate with people and see if they need, when they need, you share – because our family in those days, we only got – it's only 7 of us, it's the kids as well as the elders, but we've got seven breadfruit trees – you know 7 and normally we last with the whole year with that, and it's an abundant of that…" (Participant C4)

Two other participants described the food they would have for breakfast and lunch at school. The first participant described that his breakfast is usually uto (germinating coconut) and fried

fish or panikeke (small round balls of pancakes). This participant described that his hot tea was made with laumoli (leaves from the lemon trees with hot water) he laughs about it now and comments that at the time they never complained about their breakfast:

> " …ko nā breakfast ko te uto lava ahahaha uto (germinating coconut), mea ika falai (fried fish), e kei iloa (you know), mea ika falai, ko te pagi keke (pancakes), io ma nā pepetu (flat pancakes) a… um ko te tī foki la a ki tatou, i na aho ko te laumoli – you know nā lemon leaves, e fai vēnā i ie tahi taimi ka hēai (if there is none), e inu lava te hua ni (you just drink the coconut juice) – io na mea vēnā and we were not complaining" (Participant C5)

The second participant described how his mum would pack his lunch in a small basket:

> **"…** yes, e manatua e au ka koi tamaiti au, ko taku lunch e hāūni e toku mātua, (yes I remember when I was a kid, my lunch that my mum would pack, would be ko he uto ma he katiga (germinating coconut and coconut, in a small basket) e fano ma au ki te āoga and that's all we had, nae e hēai ni iētahi mea, packed in a small basket and I would take it to school and that's all we had, there was nothing else" (Participant C1)

Kaleve

In Tokelau, kaleve is a natural drink for children before they go to school. It is made from a sweet sap extracted from the bud of a coconut palm, which others would refer to it as 'toddy'.

> "…yes, the kaleve, we drank the kaleve, we ate the kaleve, after it's been cooked and turned into syrup..." (Participant C2)

Kaleve is made by slicing the coconut bud and strain the fresh sap every morning and evening. The sap drips into the container until it's full and then used as a drink for everyone. Interestingly, the kaleve has its own natural sweetener.

The participant described that nowadays people are using it as home brew, which is not its original use. When kaleve is left for a while the natural fermented process starts in the Kaleve which people enjoy as *'home brew'*:

> "…but nowadays, they are abusing it...using it as home brew..." (Participant C2)

Fekei

The fekei in faka-Tokelau is a fine food dish used in special occasions. Its ingredients are fresh grated pulaka and sweetened cooked coconut cream, kaleve as the sweetner. This dish is mainly cooked by the men in the kāiga for special events (Fakaofo tradition). The process of making the fekei is very lengthy, requiring strength to gather the pulaka, and then peeling, cutting, and grinding for the fekei. The process of cultivating the pulaka will be further explained in this chapter:

> "as we still do it and so I remember in festive celebrations we would have fekei as the main food" (Participant C1)

Cultivating Pulaka

Pulaka, a plant-based root vegetable grown underground, similar to taro. It is only cultivated in the outer islets in Tokelau. The participant described the complexity of planting and growing pulaka in Fakaofo as this requires a lot of work and strength from the men.

To plant the pulaka, a hole is dug until it reaches the swamp water (vai pulaka). Once you've reached the swamp water the pulaka is then planted in the swamp water. It is then cultivated with kaiao (*compost consists of breadfruit leaves and even dried coconut leaves*). When planting the pulaka, it is important to get the texture of the soil right as it only takes up to 4–5 months to grow. Once the pulaka is ready, it is uprooted and taken back to the family for cooking. He further described that if you are strong enough for your family then you are strong enough to dig the vai pulaka. This knowledge is passed down to the young Fakaofo men as they watch their forefathers, fathers and uncles dig the pits for the vai pulaka. The men have the responsibility of being the custodians of their land, to cultivate and look after te vai pulaka.

One participant explained how food preparation for weddings was a 'big thing'. The two families would prepare together and share their foods together. There was never a competition of who brings the most foods, nor did they have discussions of who should bring what. The only discussion they had was where to cook the food together. Food preparation takes a while and if there were fine foods, it would be pork because there is no other type of meat available:

> "…yes the weddings were a big thing in those days – preparation foods, if there is fine foods, it would be pork" (Participant C1)

In Tokelau when a family member passes away, they were buried the following day because there were no morgues to preserve the body. Funerals were held quickly for this reason in Fakaofo and could not wait for family members from Nukunonu, Atafu or outside Tokelau. During this period there were no inter-atoll vessels to bring families to Fakaofo. The same participant also described the difference of organising funerals in Tokelau during childhood. Families did not have to wait or even to coordinate a plan to wait for the vaka from outside of Tokelau to bring any imported foods or fine foods. The food that was available was sufficient to use for the funerals"

> "...but funerals were different because we didn't have to wait for anyone coming on the boat, so mainly so whatever was available, that's the stable food that we would have in those days" (Participant C1)

One participant explained that selling copra (popo fakala) became the main source of income in Tokelau. Copra was sold to Nelsons (Nelesoni), a Samoa company that would travel to Tokelau to trade with the Tokelauans and buy the copra for £120 pounds, equivalent to $233.00. The participant described that while growing up in Tokelau, one of their family tasks was gathering copra from the outer islets and laying them out to dry in the centre of the village. Sometimes if there was no bread, children use to sneak and eat the dried copra when they were hungry:

> "…in those days they used to dry the copra out on to the centre of the village. They put out to dry and that's how we survived ni, there were no imported foods, ah – if there was any bread, that's like gold" (Participant C1)

Another participant described that the beginning of life in Tokelau is where you learn to understand and know your people, their behaviour, their character, and their nuances:

> "…tenā ke ola tuputupu ake i Tokelau he olaga na ola fiafia ola haoloto oi he ola foki e kē iloa ai ia tagata ko te kimataga ia a te olaga faka-Tokelau…" (Participant C3)

Foods from outside Tokelau (1960s – 1970s)

> "..it was a blessing in disguise that we are not getting the imported food, that is not good for our health" (Participant C1)

The meakai mai fafo, is often referred to imported foods. The types of food that were imported then were rice, flour, and sugar, which arrived on the vaka.

In those days the vaka would only come every 3 months.One participant highlighted that it was a blessing that there were seldom imported foods and therefore the main diet was fish, coconut, and breadfruit. Another participant added that there were no shops then and no palagi foods, therefore everyone lived off the land, planting and cultivating local foods.

Tokelau oven pit – Te galafu

> "Yea, a lot of people in Tokelau prefer cooking in te galafu than the..gas ovens…so you can put 6–7 large pots on it…" (Participant C2)

Te galafu is the oven pit placed outside the house where all the food is cooked in the homestead. At that time there was no electricity for microwaves, and gas cylinders were unavailable to operate gas ovens or stoves. Each kāiga had their own method of creating te galafu. This participant described how her mother would build te galafu by using the kilikili (white pebbles) collected from the edge of the lagoons. These white pebbles were used as they are the cleanest pebbles and smooth to cook food on, i.e. fish. Its texture is useful and convenient as it retains the heat in the galafu for the whole day. The Gagie wood (a tree that grows on coral rocks), coconut shells, and husks were collected and used mainly used for firewood. Gagie wood lasts longer in the fire.

The kāiga and village traditional way of living

> "in weaving (lalaga) …in those days no young mothers would start off the mat...it's only the old ladies because they were the experts…" (Participant C2)

The knowledge of weaving mats is designated specifically to the women in the family. Kalolo (1995) states that when a girl is old enough, she joins the fale lalaga (the weaver's house) where figo (expert weavers) teach her various weaving techniques (Kalolo, 1995).

The process of weaving starts from going out to the outer islets and gather the pandanus leaves, which are then stripped and dried. Once dried, the leaves are then singed one-by-one over the fire and laid out to dry in the sun. Once dried, the lengthy process of straightening the pandanus leaves starts. They are then rolled into bundles, and the weaving of the mats begins (fatuga). Nukunonu is the only village that has the pandus plant growing in the centre of its village. Often woven mats are for special occasions such as for newlyweds:

> "…You gather the pandanas leaves...yea, it's a long process for this.. yea, they...they... Strip it... it's a lot of work and then they dry it...they put it on the fire just to singe it...and dry them out in the sun...they roll them into bundles…then straighten them out...it's a long process...and then they start weaving" (Participant C2)

The same participant describes when there was a call for the galuega fakamua (village work by the senior woman of the village), all the women would gather their bundle and give them to her mum to start weaving the mat. The skill to start weaving the mat is reserved for the older women; however, they recognised that the participant's mother had the skills to start weaving the mat, so they allowed her to start (fatuga):

> "…whenever there was a galuega fakamua of the village..um all the mothers would bring, their bundle to my mum to start, because in those days no young mothers would start off the mat, it's only the old ladies because they were the experts…but my mum was on the mats at a young age because she had skills...and they were so proud of my mum" (Participant C2)

Te Tifa – The Mother-of-pearl

> "…the tifa is a national treasure (koa) for us as Tokelauans, it was sacred and valued historically…" (Participant C3)

A participant described the significance of The Tifa (mother-of-pearl): the Tifa is mainly used by the master fisherman as a fishing lure known as a pā. The master fisherman's fishing expeditions are always successful when he uses the pā. Several participants describe that there are different types of pā,[81], due to the different colours. So, they named them ko te fakanuanua (rainbow colours), ko te pāhina (pure white lure), ko te laumilo (goldish tip colours), and ko te hikuuli (black tailed colour) (Participant C3).

According to Kalolo (1995) fishing lore has it that there is a special nanu (colour or hue given off by pearl-shell lure) for each mafua (seasonal smaller fish or squid that attract larger fish), the time of day, and type of laga (behaviour, variable movements of tuna and skipjack on the kill). Fishermen modify the nanu of their lures by gently grinding them against rough surfaces to produce desired changes in shapes and hues. Other types of nanu include nanu hehega (yellowish), kukula (reddish), nanu fakapugapuga (dull white), and fululupe (pigeon-feather or greyish brown). These features can be made permanent or changed depending on the lure being (kaina or ohofia) attractive to fish and productive, and on the many sentiments accorded to this valuable artifact by individuals or families (Kalolo,1995). The pā becomes a kahoa known as a pendant and is used in traditional a Tokelau wedding where a nominated family member gives the pā away to the bride. It is a gift from the brother to the sister. The participant sadly describes that now it's randomly given away and people are wearing it like a piece of jewellery.

[81] Mr Tutu Peato Perez (1987) book other different types of pā, nanu fakapugapuga, nanu a Malau, fulu fakalupe.

A participant described the traditional process of presenting the tifa in Nukunonu. A traditional chant known as the tūāla is used for the procession of the newly-weds and the families while they walk around the village (e tamilo). The chant is to let people know that they are officially becoming husband and wife. When the newlyweds arrive at their family homestead, the uncle chants a traditional chant. So, in the uncle's chant, he is identifying on which family land the tifa will reside. The tifa used in this chant refers to the bride as described by the participant:

> "…They would call...O he tifa, he tifa mai te fakanamo, you know what it says – ko te the tifa is from the land of your family..." (Participant C3)

> "…it's very emotional and it's symbolic of the past and to the now and for the future..the generations to come" (Participant C3)

The council of elders – the village decision makers (Taupulega)

The Taupulega is the council of elders in the village decision-making, and each nuku has their own structure of the taupulega; the taupulega structure in Fakaofo, for example, is different from that of the other two nuku.[82] When an elder is 65+ they will be invited into the council of elders. Fakaofo taupulega comprises male elders, and non-Tokelauans are permitted to join. Unlike the other nuku, Fakaofo has a separate taupulega fono. In Nukunonu and Atafu each family are represented by a matai (leader) in the village council regardless of their age or gender. All 3 nuku are led by the pulenuku (mayor) and the faipule (equivalent of the cabinet ministers). As described by the participant each kāiga has their own land and it is part of the whole make-up of the village.

[82] Kele-Faiva (2010)

> "…you say a council of elders, we call it the taupulega (the village decision makers) and the matai has represented his or her family into the decision-making body of the council of elders leading by a mayor (pulenuku) and the faipule..." (Participant C4)

He highlighted that the council of elders is similar to that of members of parliament in that the faipule is the representative of the external link of the village to the government of Tokelau, NZ, Samoa, and other countries. They are representatives that make decisions of behalf of the Tokelau Government. He further explained that, this is the governing structure of Tokelau.

''Nuku Sports'' is a common competition played between Fakaofo, Atafu and Nukunonu. Nuku sports involves everyone, from the ones playing the sport, the referees, right to the youngest supporters. One of the fiercely competitive sports played is kilikiti (Tokelau cricket), a sport that has impacted relationships within the kāiga. As described by one participant, it was so competitive that it caused a rift between his parents because they were on opposite teams. Eventually his father joined his mother's team to keep the peace. The teams are known as faitu; each team's members are selected from kāiga generation to generation. In Atafu, the kilikiti faitu (sides) are Puamelo and Egelani, in Nukunonu the faitu (sides) are Amelika and Egelani, and in Fakaofo the faitu (sides) are Niu Hila (New Zealand) and Samoa:

> "…Kilikiti is probably the main sport in Tokelau. At the time there was no rugby, no netball, when I was a kid because at the time in Fakaofo – I'm like speaking of Fakaofo because I was raised in Fakaofo so in Fakaofo it would be split in two teams, and it would be Samoa and Niu Hila, cricket is hilarious in those days. Everyone competed against the other and everyone is eager to win, once it is finished, so whoever loses the match, the routine would be to take the players onto the cricket field and paint them…" (Participant C1)

" …Kilikiti probably ko te main sport ia a Tokelau nae iei kae e vē lava ko te kilikiti, ko au nae ola ake i Fakaofo, ka ko i tamaiti au…kafāi la, auā la ko Fakaofo, auā ko au na ola ake i Fakaofo ni… ahh e vaelua Hamoa ma Niu Hila ka ko te mālie ko nā kilikiti i na aho ienā, e compete tetāhi ki tetāhi, kae e mālie foki kāfai e uma na kilikiti e nau malō na kau, kae pe ko ai te kau e tō ki lalō e mahāni oi kave na tino ki luga o te malae oi vali ni…" (Participant C1)

Today in Tokelau they still have kilikiti competitions and the diaspora of Tokelauans in Aoteraoa/NZ also continue the kilikiti with their faitu (sides).

Education in Tokelau

"…because back home in the days…the school then was only in primer one…to primer four...and then standard one, two and three...and then form one and two and that's it… I think it was 1968" (Participant C1)

This participant explained that the New Zealand education scholarship system was introduced 1960s to Tokelau. The classes only went up to form three and to continue your education meant you had to leave Tokelau. This participant was only 13 years old when her family decided she should move to New Zealand to continue her education. She also added they had to sit exams in Tokelau to win a scholarship. Two students from each nuku were selected and the successful students would be taken to New Zealand to continue further studies.

"… in those days, I think going back in '68, '67 they used to have exams, to find a student to win a scholarship" (Participant C1)

"…ko nā aho iēnā nae māhani fai nā hukega e hakili ai nā tamaiti e ōmai fakahikolahipi ni" (Participant C1)

Fakamavaega – leaving Tokelau

> "o man, you should see it at the Falepa[83] ni – you hear the wailing and you see the tears…it's like someone has…it's like a funeral, aye, it was really hard to see that happening" (Participant C1)

When leaving Tokelau, every nuku has a small port or meeting house for everyone to meet and say good-bye before boarding the barge and heading on to the vaka. One participant described it as a sad and emotional moment for the people when their children were leaving for New Zealand. He compared it to a funeral – as if someone had passed away. One of the significant memories shared was the sense of loss when some of their family members left Tokelau for New Zealand to pursue their education. He described that in their household it was evident because everyone sleeps in an open home environment and when they wake up they would note that there is nobody there anymore. Their absence from the family changed the dynamics of the homestead:

> "…you know, 6 o'clock in the morning you wake up and they are not there – seeing two bodies missing they are not there anymore – they have gone..." (Participant C5)

The same participant indicated that the majority of people leaving in his time were the scholarship students, of which he was one. The Overseas Development Scheme was introduced by the New Zealand government as part of the resettlement scheme for the students. He described the struggles that his father had when he left Tokelau. His father couldn't come out to the meeting house to say good-bye to him, it was a very difficult time for the both of them:

[83] Falepa: Nukunonu's meeting house or farewell port

> "…it was hard for my dad he didn't even come out, he couldn't come out, to the falepa, no he stayed at home, it was hard for him…" (Participant C5)

One participant talked of the apprehension, of not knowing what it would be like when leaving family, her siblings, and her church. She herself was only 14 years old when she had left Tokelau:

> "…yea, being with family...and church and it was so scary...and especially not knowing where you were going to and leaving your parents...and my siblings... I was 13 years old going on to 14, I was 14 years old...when I left Tokelau" (Participant C2)

Another participant described how tough it was for him and his parents because he was the only child in the family; however, he was thankful that his parents released him to go because they could foresee the benefits of the future for him:

> "…Yes, it was tough for my parents, auā, I'm the only child in the family, I'm so thankful for my parents – ah, instead of holding me back home they were looking at my future" (Participant C5)

Fakataliga – (welcoming)[84]

The fakataliga is similar to that of a powhiri welcoming visitors (manuhiri) on to the marae. In faka-Tokelau, fakataliga is the welcoming of people coming to Tokelau, celebrating their safe arrival. In this context, the participant shared memories of their first time in Aotearoa/NZ, when he and the scholarship students from Fakaofo, Atafu and Nukunonu arrived at the Sacred Heart Secondary Boarding school in Auckland.

[84] Fakataliga – a cultural Tokelau welcoming to visitors (malaga) – Tokelau Dictionary, (1986)

I te fakataliga they were welcomed by those first Tokelauans who had arrived in Aotearoa/New Zealand in the 1950s. The participant said they were proudly awaiting the students at the hostel, they treated them with pride and joy because they were viewed as the future leaders/scholars of Tokelau. The participant himself felt valued on arrival because the three men were the most respected people in the NZ Tokelau community:

> "…when we came, we had those that went before us, they were already here ia Loimata Iupati, Faiva Fala, 'cos it was Auckland, yea, I remember ia Kolouei O'Brien, you know they were all at the hostel waiting for us ni, yea te fakataliga, io! te manaia aye – it was lovely, aye" (Participant C5)

The same participant described the whole culture shock they faced in the classroom, especially the behaviour of their peers towards the teacher. Their peers would challenge the schoolteacher and answer back. This shocked him and the other Tokelauan students and they would often reminisce about their time back home in Tokelau. They would submit to authority and just did the work because they were aware of the consequences (corporal punishment):

> "We were shocked foki teia how they answered the teacher back – and you know we would look at each other and think aue! We would be going back to the hostel, talking and laughing, ah back home – yea, we just submitted to authority and just did the school work" (Participant C5)

Aotearoa/NZ Context

One of the Tokelau participants described his journey to New Zealand. He was only 13years old at the time and on arrival he was taken to the education office where they were still deciding on where to send him for schooling. He remembered the names of the officers.

When they finally made a decision, he was taken down to Marlborough Boys College, Nelson. He had no family connection in Nelson as all his family were in Wellington and Auckland:

> "…my first day there I was taken to their office so they could actually decide where they were going to school me and I end up going to Malborough Boys College, in Blenhim i lalo o te South Island." (Participant C1)
>
> Ko au lā na kaumai i te ofiha ki Ueligitone, e vē ko na tino iēnei na kau mai au i kinei. Ko au na kave e ki lāua ki te ofiha ke kikila pe ko au e fano ki fea… (Participant C1)

He commented that telephone communication to Tokelau at the time was very difficult as the telephone cables were unstable:

> "when I came to NZ my favourite Grandma, she passed away I couldn't have any contact with my parents or my extended family – I was so sad I was still at school" (Participant C1)

He went on to describe how limited his English was, and how he was sent to have lunch on his own. Coming from a culture where everyone has a meal together and constantly surrounded by family, this experience was very daunting for the participant. The participant felt terrified of not knowing where to go to for lunch, the shops were huge to him, so he sat at the bottom of the stairs for a while then went back upstairs. When they asked him what he had for lunch, he responded back in Tokelauan, "oh yea I ate falaoa" (bread). He reflected and laughed as his own limited English at the time.

Home sickness

Another participant admitted that home sickness was the worst experience. He was constantly on the phone to his parents and begging his father to allow him to come back home. He struggled sleeping on his own in the dormitory as in Tokelau he grew up in an open home that had no walls and everyone slept together. Many of the young Tokelau scholarship students (male) struggled at night missing their families:

> "Some of us guys struggled at night times missing family because in our hostels we had our own rooms and that was another adjustment, was having to have your own room – because at home it was an open home and we had no walls, and that was interesting…" (Participant C5)

> "It was, ah, painful and homesickness... I was (long pause) so...so...lonely, but I was determined to come because I foresaw it, I was looking into my future..."
> (Participant C1)
> "Kae e hōvē foki lava e hē iloa atu lava nā galuega a te Atua te kalaga a te Atua i o tatou tagata ka ko au na hau lava auā na ko kitea te i te ogohia ko au na kikila ki te lumanaki" (Participant C1)

> "…we needed to hold ourselves, you know, like the environment kind of forces us to behave, you know, to bring up inside of us to taofi (anchor)" (Participant C5)

Other participants said that they really had to toughen up in the New Zealand environment. They had to really anchor themselves as to who they are as Tokelauans in an environment that forces them to behave in a way contrary to their values. He further reflects that the school they attended was a predominately an all-white boy's school. So, to maintain their values and

traditions, they formed a Polynesian group and performed Tokelau dances, which helped anchor their identity as Tokelauans:

> "Sacred Heart College in Auckland, it was all white boys that go to this College But we formed a Poly club…" (Participant C5)

One participant described that he was a loner at school and struggled to make friends because of the language barrier. He eventually, made friends with his peers at school through team sports, which helped him adjust to the New Zealand lifestyle:

> "… but I gradually started to adjust to the NZ lifestyle, made so many friends, however, you know that's what I used to…I got involved in so many sports rugby mainly rugby, I played cricket, I played softball, I played tennis, i na inter-school games" (Participant C1)

Another participant noticed the changed within himself after living in New Zealand for a year. He returned to Tokelau and noticed the difference between the routine in Tokelau and that of New Zealand. He claimed that it was due to the environment they had adjusted to in New Zealand and then going back to Tokelau where they were raised, this was a challenging moment. The coping mechanism for them was alcohol, as they couldn't cope with the changes in the environment, lifestyle and routine, for example, transitioning from having their own space in a dormitory in New Zealand to open home living in Tokelau:

> **"…** it was a challenge and for me at the time I didn't know how to handle it, I didn't know how to deal with that change, I mean alcohol was one of the outlet, you know for us – yea I could name heaps of us guys who actually connected on that alcohol part and it was a big part of us because it was our way of letting it out…so when we went

back home immediately we noticed the change, it wasn't just change foki teia i Tokelau, it was changed ko ki matou we had changed" (Participant C5)

Food adjustments in New Zealand

"but I also think that there needs to be Policies to look at for the government ah, regarding the cost of foods" (Participant C3)

One participant described that coming to NZ he was appreciative of the variety of foods and described that there were different variety of foods to eat; even though he was unfamiliar with the food it was plentiful. However, he admitted that there is too much eating of palagi food and now seems to want to turn back and just eat a piece of coconut and a piece of fish, in case the doctor diagnosis that you are going to get diabetes:

" when arrived here appreciated it, the foods... plenty of foods.. boundless properties, there were boundaries – there are no limits, food wise, you could have lamb, the beef, the potatoes, ai the foods that was unfamiliar with, but there's plenty– there are plenty foods, that is it there was plenty of fish, a been eating too much of the papālagi foods" (Participant C3)

The same participant described the cheap, fatty lamb flaps sold in the supermarket and suggests there need to be policies in place for the government regarding the cost of food:

"…but it's also like the economic backgrounds, I looked at it and I said…to myself hāloa ah ah what a pity I also saw the lamb flaps they were also cheap, ia especially the pieces that had the most fat, so ko te cycle – mentally, as much as we talk about health" (Participant C3)

Another participant described that she struggled to adjust to the foods in New Zealand and found them quite tasteless:

> "ahaha good question ….fruit wise I had to taste bit by bits...the apple...'cause I have only seen the apple in the picture books...and when I actually had my first apple…I don't think I ate a quarter of it...even the oranges I found it sour...but the egg when I saw... our first breakfast and I saw these plates of fried eggs and I said...WOW..am I gonna eat all that...because we could hardly get one egg at home" (Participant C2)

> "…but the foods were different, they were tasteless to me, I think the only foods I could eat was the bread, 'cos the bread back home was sweet… even the meat...because in Tokelau you are lucky you could eat a piece of chicken… it's only on special occasion, you kill a chicken, even a pig for pork.....was the fish....yea ahahaha – yes it was always ika – the food was not nice for me" (Participant C2)

Pastoral care in the Tokelau Community

Service to the education community

> "…every year I table our results with the school board of trustees, there is always a improvement, but the last year of my children at the school the pass rate was 56%" (Participant C4)

One of the participants described his journey empowering the Tokelau parents to support their children with their homework. His children were at college during this time, and he wanted to be actively involved with the school community to help their children to succeed. The school had a pass rate of 11% for school certificate and as a parent he wanted to make a difference. So, the parents, working closely with the school Principal, were required to provide a strategy for a study programme to help improve their children's pass rate.

The parents decided to cover the following five communities: Wainuiomata, Naenae, Stokes Valley, Petone, and Taita. Two parents were assigned to go to the school each day to talk to the kids at lunch and remind them to attend the study group. After 5 years, the pass rate for their students was 56%, just above the national average, a fraction of a percent better than the national average.

Building relationships in the community

> **"…** well it comes down to 2, 3, 4, generations…and of course that is our generation, which is really and almost ah it comes to the end of our generation and my children would be the next one to run it from here and my grandchildren will be running it in the next, you know, in the next century or something" (Participant C5)

> "yea of course – this is the way for them to reach out, and really have trust in us…after all, so many years…we're not looking for...you know, um,...we want them to know that it's all about God's work…our life has been a ministry, you know...I mean all our lives" (Participant C3)

The participant comments that communities will be empowered when community leaders are united. This will influence the communities to continuously move forward and create innovative strategies with their health and wellbeing. It will empower the communities to understand that their work and contribution to the community will have an impact on the next generation.
The advocacy and the challenges of leading in the community were described by one of the participants. He was concerned about Pacific families who overspend on funeral expenses: they provide the best food for the people, resulting in expensive outlay and are burdened with financial responsibilities at the end of the funeral:

> "We get influenced, we want to be competitive but not for real care or love...but basically to show off... it's a real show when it comes to us... but right underneath…there is more sadness by the family not only because of their loved one had died but they have been over-burdened with finance..." (Participant C3)

The same participant admits he has a strategy to support Pacific families to ensure other spiritual leaders will influence the families to choose wisely:

> I have made steps forward I can see that e pa kia that includes the other Tokelau leaders, I can see that a change has started – they are influencing people to choose wisely…" (Participant C3)

The participants acknowledge that as spiritual leaders of the community, they have a responsibility to protect and advocate for their communities; they have to be honest and to look at these issues and say, 'let's not hide behind culture'

> "…I think having the time...to honestly look at these things…and say to them let's not hide behind culture, kila ko te hē manuia ko te ola mālōlō o tagata Tokelau, look it isn't great the wellbeing of the Tokelau people, ahh ko tātou e holo uma..e vave feoti we will be all heading to...early death, which is true. I mean we are all going to die somehow, kae e tatau ona latou iloa but they ought to know that..e mafai ona fakaōpoōpo ni tauhaga e lahi they can add more years..ke ola mataloa to live longer..kāfai e lelei te ola mālōlō if they have improved on health and wellbeing..." (Participant C3)

This participant also believes it is imperative that the community also has a responsibility to speak up and address issues such as suicide. The situation is more towards what is happening to the community that has caused these tragic events in the families:

> "…look at our young people dying young...look at our young people committing suicide, look at the Tokelauan community....they are meant to be committed but no one will speak up..." (Participant C3)

The same participant commented on the alcohol and drug abuse in the Tokelau community. The leaders have a responsibility to counsel and work with families who have been impacted by alcohol abuse:

> "…yea, it's them getting into drugs...if you go to any of the dances out in the....and look at the number of drunken people out there...they walk in and there is so much alcohol" (Participant C3)

The participant is concerned with the sexual abuse and family violence that has impacted community wellbeing among Tokelau people. Mediation within families and counselling them has been an instrumental role for the spiritual leaders in the Tokelau community. Families contact them – often late at night - to help with their family crisis:

> "….and they are also becoming violent. The other area...that I am so concerned about is the abuse...of our young women…it's ok to fall in love and you tell them you love her or you love him, (long pause) but it's the abuse, and I think it's combined with the wellbeing of our people." (Participant C3)

The participant offers a solution and believes it is important that as Tokelauans they create pathways to resolve these social issues:

> "but as for you and I all for us to make sure...that we are creating pathways for us to remain healthy...spiritually and physically and emotionally..." (Participant C3)

He emphasizes that:

> “it will take...it’s not just the kāiga...but our leaders to stand, not just our community leaders but also our spiritual leaders, to be united with our wellbeing…”(Participant C3)

5.2 Summary

Spirituality is significant among all the Tokelauan leaders. The adaptation to a new lifestyle had a huge impact on the leaders when they first arrived in New Zealand. This has led them to work for their community and continued advocacy roles and provide pastoral care. Since their arrival they have maintained their cultural values and genuinely assisted their Tokelau community to access healthcare resource and social services throughout their time of need. The spiritual leaders shared their concerns about issues within their community and believe that it is important to address these issues through policy.

Underpinning these narratives was a strong vision among these Tokelau Leaders to unite with other Tokelau leaders, young and old, to empower and influence the Tokelau community for healthy lifestyle changes. they see is as imperative to keep encouraging and believing that the Tokelau community are a community capable of being healthy, both physically and emotionally. The leaders emphasized that they are able to manage their stresses through their spiritual health and wellbeing through their faith in God.

6.0 Chapter Six Tokelau Adult Focus Group Results

6.1 Introduction

The participants in this focus group were selected through Tokelau communities throughout Wellington. The age range was from 35 to 50 year old, the first generation of New Zealand born Tokelauans. Most of the participants in this group were born and raised in Porirua and Hutt Valley, while the rest were born and raised in Christchurch, Dunedin, and Invercargill and migrated to the North Island in the late ’90s. The Tokelau population in Wellington is 7,550 which ranks as the highest population of Tokelauans in one city in the world.

Some of the elders interviewed for this study (Chapter Four) are the parents of the adults included in this focus group. Therefore, some of those parents were migrants in the Resettlement Scheme, while others came independently to New Zealand in the 1950s, bringing family members and supporting them during their period of settlement into a new country. Overall, the participants explained that their parents were sent to New Zealand for ‘a better life’. The adult participant group are identified in the text by the suffix ‘A’ (Adult) and numbered 1-10 (being the total number of participants in this group).

The discussions started with pre-Christianity in Tokelau, revolving around the historical worshiping of Tui Tokelau, Tagaloa, being the demi-god in the Tokelauan myths and legends. Participants believed the concepts of Fatupaepae (noteworthy woman), Inati system (village food distribution), vakāmalaga (food provision), fagotaga (successful fishing expedition), and tautai (Master fisherman) existed before the arrival of Christianity, which is what they had learnt through their grandparents ‘ancient stories’ ko nā tala anamua.

The faka-Tokelau values in caring and sharing and looking after families existed before the advent of Christianity. The socio-cultural practices of looking after their wellbeing existed before the missionaries arrived. The Tokelauan people were very much connected to their land and environment.

Christianity

The participants believed that Christianity was a form of colonisation, that colonisation is forcing beliefs and practice onto people and changing their culture. For example, Tokelauans were being forced into other beliefs and practices, after the papalagi missionaries arrived on Tokelau. This perspective was shared, according to their parents' accounts, during their time growing up in Tokelau, in Nukunonu and Fakaofo. For example, Father's Day was celebrated as the priests' day and Mother's Day was celebrated as the nuns' day, rather than celebrating their fathers in the kāiga with Father's Day and the mothers in the kāiga with Mother's Day:

> "…you know that's colonisation, and that is a true form of forcing something on to you, aye...Christianity just getting thrown at you..." (Participant A1)

> "…colonisation would be a takeover, um, bring your own beliefs and practices on to someone else, whether it be by force, or, yea, through force..." (Participant A2)

Inati

There were significant roles in the village that have survived from before Christianity until today, such as the inati, as mentioned by the Elders group and the leaders group:

> **"…**yup, so I am thinking like, um, the **'inati'**...um, system and also all of the men bringing all the food in…" (Participant A2)

Fatupaepae

The fatupaepae (white cornerstone), the woman in the family becomes the key food distributor to the family and she is only selected by the senior woman of the family:

> "…ah, the fatupaepae and that's a big one..." (Participant A1)

Some of the participants' families were the result of mixed marriages, for example, their mother was Tokelauan, and their father was European, which highlighted the differences in the participants' worldviews. Often their mother would the fatupaepae and would be responsible for food distribution and her brothers would often drop off the foods to her house for the family distribution – which left their father perplexed about the situation, which could lead to chaos, as one of the participants described:

> **"…**it was difficult because my dad didn't know his role and it's not like you can get a framework and show him – for someone to learn the culture and say – this is what you do…" (Participant A2)

Participants discussed the role of the toeaina, highlighting that the toeaina was held in high esteem in the kāiga. Even in the Tokelau community it was their wealth of experience and knowledge that would gain the respect of the community – their resilience in given situations is observed by the community; often they would be the peacemakers helping to resolve conflicts in community meetings:

> **"…** a toeaina, unlike lots of societies role bestowed upon you, it's not necessarily the oldest man but you are the uluhina, you've got the wisdom over the years, you've, um earnt your family's kudos, you know, and the ability to care for and speak on behalf

and make decisions, um, that impacts your kāiga, yea, the extended not your immediate one…" (Participant A5)

Post-Christianity discussion revolved around the loss of the Tokelau language when the Tuvaluan, the Samoans, and the European missionaries arrived and used their own languages, not quite capturing or learning the authentic Tokelauan language. The missionaries also encouraged the wearing of white clothing to church, because it signified being pure before God:

"…Purity vs Natural – these words are coming post-Christian notion, now wear white clothing to church, because it signifies purity, cleansing or cleaning yourself**.** White clothing where woman wear white clothing because it signifies purity, this has definitely been handwritten by the hand of man, into the book but not something that was passed down from God that you have to wear white, and it's from God or, ah, that's how I feel..." (Participant A4)

Loss of language

Kalolo (1995) emphasizes the overt marginalisation of the Tokelau language and culture: people were forbidden to speak in their own community languages during school time, and the time allocated for Tokelau Culture and Language programmes was relatively minimal compared with other subjects. At school, children were expected to work hard in English or Samoan to advance in education and get good jobs, without any consideration of the importance of their own cultural knowledge (Kalolo, 1995). The focus group discussions revolved around the loss of language in Tokelau – one participant highlighted that in post-Christianity times, there were Samoan church ministers who would come over to Tokelau, and all the sermons were conducted in Samoan because at the time there was no Tokelauan Bible and they dominantly used the Samoan Bible to conduct the church services. Likewise, with

the Tuvaluan Church ministers, they would be posted in Tokelau and also conduct their church sermons speaking in Tuvalu and reading from the Samoan Bible:

> **"…**and yea and language, a language that you needed to be able to read your Bible so and it was Samoan because the missionaries that came to Tokelau, except for the Catholic, um, priests who came..." (Participant A5)

Through these different languages spoken in Tokelau church services, the Tuvalu and Samoa languages started to dominate the Tokelau language – because most of the Bible teachings originated from the Samoan language and Samoan bible. For example, in faka-Tokelau the ***'s'*** is pronounced as ***'h'*****,** which was one of the influences of the Samoan language on the Tokelau language, which meant losing the true essence of the Tokelauan language.

The participants also commented that it was so important to encourage the youth of today to be proud of being Tokelau. They highlighted:

> "…it's ok to stand out, especially in the sports arena, for youth. I see 'fear amongst the youth', it's important to encourage the youth to know who they are, it's ok to stand-out' but they are always following the flock…" (Participant A1)

> "…I guess it is a reserved culture surviving in this construct, worst thing is to fail, but empower youth to go forward…" (Participant A2)

> "…Our parents' generation is different, information is knowledge, sense of belonging, they were mentored by the whole community, there is a level of respect, to build relationship, there is a conscious decision to keep the relationships alive, self-awareness…" (Participant A5)

"…Tokelauan high achievers stay away from their community, conscious decision to complete certain things, thriving to succeed in different levels of education…" (Participant A4)

Living arrangements in Tokelau families

In the mid-1960s there was an increase in Pacific people's migration into the country and the migration of Maori people from rural to urban settings, which resulted in a massive expansion of the Porirua population (Southwick, 2001, p. 43). As described by Keith (1990; Southwick, 2001, p. 43) Porirua was not only dominated by Pacific Islands and Māori – it was also populated by many who were unemployed or underemployed with low-income to meet the Government income test to qualify for a state house. Most Tokelau families were part of the Pacific migration in Porirua. Participants shared their childhood stories regarding their Tokelau kāiga structure, living in a New Zealand state house. First, their parents, then their parents' siblings, and then their parents' cousins. For other participants their kaiga structure would be their grandparents, and their parents, and their parents' siblings The participants described sleeping arrangements with so many people:

"…our bedroom was me, my brother, and grandad, and my cousin, but at the same time we had, dad's brother and his family, living with us and then I would think, ah, where did mum and dad sleep? Ahahahaha (Participant A1)

Everything was shared and the kaiga always gathered together. The participants further described living in Porirua state houses with only three bedrooms and several members of their extended families living with them. As Tokelauans they were used to the concept of communal living, to them it was common – sleeping arrangements in their childhood with

everyone sleeping together in the lounge. One participant remembered they had 13 people living in their house with only three bedrooms, and this was common for them:

> "…we grew up in a open home too...it was common then…" (Participant A4)

The participants understood that in Tokelau the houses had no walls, it was open houses, and communal living was the Tokelau way of living. However, in New Zealand the houses are structured with walls and bedrooms, they were enclosed and sectioned off, to suit the New Zealand environment, and the family structures in New Zealand, which were the parents and two children, and everyone had their own rooms and space:

> "…yea in New Zealand in the built environment in New Zealand with the type of weather and they've constructed houses around European requirements, which appears to be enclosed and they are sectioned off…" (Participant A2)

This description illustrates that the New Zealand housing environment had not been conducive to the Tokelau culture and people. Another participant further describes the housing structure in NZ:

> "…but New Zealand houses aren't set up for that, for that structure which is part of our lives, in Tokelau or in Samoa, if there is not enough space then they will quickly put another space in there, or you know they would just put a mat or construct something and then there is room for anyone and everyone…" (Participant A2)

The European requirements are enclosed with walls and rooms built to suite individualism, the palagi way of thinking, instead of sharing and caring for one another:

> "…But to gather and not to share every part of their lives and that's what's caused overcrowding, it's the built environment that caused it... it's not – it's not a negative thing that they (Government) paint it to be…" (Participant A2)

The kaiga had to share the only space they had with the accommodation that was given them by the New Zealand Government. Two further participants share their experiences of sharing their bedrooms with other family members:

> **"…**so we had one room with 8 Tokelauan cousins (male) and then the other room there was my dad's sisters, and whoever was female that would fit in there would come in…" (Participant A4)

This was a notable feature/theme among the participants because as part of their childhood values were Tokelauan they gathered together and shared every part of their lives together. Their parents and grandparents maintained their value of caring and sharing for their kaiga.

The impacts of health due to environment

The participants continued to share their childhood stories of living in Porirua state houses when their parents first arrived in New Zealand. One of the participants shared their story of when they bought one of the Porirua state houses that they lived in since childhood. During that time there were nine siblings with their parents, and their parents' cousins were also living with them. Recently, they renovated the house for their mother and discovered that the materials were good quality but there were holes in the walls, which explained why in the winter, in their childhood, it was so difficult to keep the house warm because the winter cold that kept coming though the holes in the walls:

> "…yea state housing and then we went and bought that house and we went and gutted it for my mother and we opened up the rooms but we could also see what a shoddy

job that they did, and why the house was cold constantly and it was because they never filled up all the holes that was in the flippin' walls – just the amount of gaps in the walls, it was just shocking…" (Participant A5)

This participant further described the respiratory diseases they experienced in their childhood, the effects of which her family experienced throughout their lives, caused by their living conditions in this state house:

> **"…** and we lived in a good house but it was cold and damp and so we had every other disease that came with that which was skin and respiratory diseases, so the youngest three who were born in New Zealand were exposed to these diseases…" (Participant A5)

She described that at the time, the state houses were built in urgency to cater for the factory workers who were coming into the area.[85] In support of this account, the participant concluded that nobody really monitored the housing conditions, and it appeared it was a rushed job just so the Government could cater for the influx of people moving into the area to work in the factories:

> "…that is an issue for the housing area like Porirua which was put up really quickly to ah take care of the factory workers that was coming into the area…" (Participant A5)

This is one of the notable findings of the impacts of health and wellbeing in a poverty-stricken environment, where the Tokelauan families arrived and were placed in Porirua[86].

[85] As stated by Keith (*1990)*:'Paid employment for many Pacific families living in the area at this time was limited to three principal options. Night cleaning for the women, work for both men and women as hospital assistants at the Psychiatric hospital, or work primarily for men at the local car assembly plant (Todd Motors).' (Keith,1990, p. 54 cited in Southwick, 2001)

[86] In addition Keith states 'that the various factors that have been part of the history of development of the area have resulted in a community that has felt itself to be stigmatised and marginalised. Initially this sense of marginality related to the geographical distance between Wellington and Porirua'.

Sense of loss and disconnection in Tokelauan social structure

Intergenerational relationships were strongly highlighted by the participants. In their family social structure, the grandparents' home was the homestead of most families, and the participants shared their memories of death and grief in their families. There was a huge disconnection in their kāiga social structure, because the intergenerational relationship was built by the grandparents who passed on the indigenous Tokelau knowledge to their grandchildren – the value of traditional Tokelau fishing, tautai, the value of traditional food provision te vakāmalaga (food gathering canoe), Inati system (village food distribution) – to maintain their cultural identity as Tokelauans:

> "…it is bigger than that, so it's about what's happening within our community spiritually and mentally and emotionally all of that and I think that if you are in a community that is, um, damaged and is dense, that they have lost connection with the core values and belief systems in who they are and their identity, then they are going to struggle to get the vision that will put them into the first place ni of….what brought us here…" (Participant A5)

One of the participants remembered their homestead, when their grandfather was alive: the family structure was very strong, it was a place to gather together and even the neighbours and the homeless were welcomed into their homestead by her grandparents – they were amazed at the aloha the grandparents gave to people:

> "***…***it has been a huge learning by osmosis from Nana and Papa because that's all they do, it was for everyone else and not for themselves and even if any of my cousins would be walking down the streets and they would them call out and gift them money…" (Participant A2)

On reflection, this participant states that this sense of value in her grandparents was strong and embracing. Once her grandparents passed on, she believes that now the value of sharing and caring is seldomly sough; the loss of family structure impacted on everyone in the kāiga:

> **"…**and you didn't know anything different, you didn't know that it was – you didn't know but that family was stressed, because my dad was, um, in hospital for all those years until he passed away…" (Participant A5)

The changing factors in the environment that impact on the holistic wellbeing

Health and wellbeing in fakaTokelau refer to te tino katoa **(**holistic being) as discussed by the participants. One participant describes it as:

> **"…**it's about the whole thing... the holistic view you see you have to connect to what is you and that is who you are within your faith...." (Participant A5)

The same participant further explains that our wellbeing is not just about the physical aspect, it is also the spiritual, the emotional, and the mental health wellbeing, and includes the ability to actually live in a healthy environment:

> **"…**um, 'te vaka atafaga' Kupa Kupa what I like is that it acknowledges the fact that our health and wellbeing is not related to just your physical and, um, so for me I think that it involves, um, that health and wellbeing, like for example, communities that are, um, that have the classic of every disease going on within their kāiga..." (Participant A5)

This participant raises her concerns about the communities that have been impacted by classic diseases, which has been caused by living in an unhealthy environment:

“...but they’ve (NZ Government) put all into one community people with limited means and, um, unfortunately for Tokelau because Porirua is the capital of Tokelau in New Zealand, and this is where our population is living and there is heaps of needy Tokelau people in the creek living there, who are fringed dwellers and they are not connected to their, ah, communities and they participate in the unsavoury parts of our communities life… “ (Participant A5)

She further describes what she observes every morning – when her children left home for school, they would pass the dairies that sell everything for a dollar, which influences them to buy the foods, because it is cheap:

“…you know and, ah, if you live in the creek that’s the issue of poverty and your children are leaving home and going to school and they are passing everything that they see that everything is a dollar – and that’s what they (NZ Government) are taking from us and so the environment is there that supports their families and ability to really make ends meet at the moment…” (Participant A5)

She highlights that by placing dairies in Cannon’s Creek (Porirua), where they sell cheap foods, and families are struggling to earn their living, it takes away their choice of becoming healthy. However, she also observes that the supermarkets are built in the middle-class environments in Porirua (Aotea Square) where privileged people get access to a variety of food choices:

“…but at the moment like Aotea, just down here, they are gonna build up there a new Countdown all right to take care of those rich people who live in the Aotea Block, I mean those people have got money, they are the people who can drive to the supermarket and get their food/shopping...” (Participant A5)

She explains that as a family they are trying to make ends meet and trying to sort out their children and they just have to make do with what is already there in their environment. This impacts on their health and wellbeing – healthy foods are not readily available for them and choosing a healthy option is taken away from them, because of the environment they live in.

Tokelau community resilience

In discussion, the participants often described that they came from large families of 13 children plus their parents. Their parents would carry[87] two jobs, to buy their own houses so others would arrive to NZ with a place to live in. One of the participants stated that sleep deprivation would be a stress trigger for their parents.

The participants commented that when they were growing up, their parents would stress easily if the chores were incomplete and some of the participants cooked and looked after their younger siblings from a very early age, while their parents went to work. Most of the time their parents would be tending to family funerals and weddings. There would often be domestic violence in which they had to intervene and help resolve with their extended families. Other families would only have one income earner, and the parents would have to be creative with what to have for dinner, and going out to get kai moana would be a reasonable meal to have:

> **"…**so my mother, for example, having to work and leaving us to be raised by our siblings, our older siblings, meant that, we only ate processed foods and we were poor and so poverty was a big issue..." (Participant A5)

[87] According to Keith, Porirua was a 'dormitory' suburb and most people who wanted paid employment would daily leave the area in their thousands. Keith writes of these decades:
A notable feature of the employment scene then was the train from Porirua to Wellington at 2 o'clock every weekday morning, packed with Pacific Island women. For years these women cleaned offices and buildings in the effort to establish their families in their new lives, returning at dawn to begin another day in unpaid work running their households (Keith, 1990, p54).
This evocative picture provides a memory that is held strongly by the children of these women.

On reflection, the participants were amazed at their parent's resilience having two jobs, looking after them as children, but also looking after their extended families, and their own siblings and their children. They maintained their kāiga values of looking after one another:

> **"…**you could just see, and I think now as a mum…sleep deprivation and she was doing shift work and then we would come home from school, right when she was needing to be asleep, and I just don't know how she done it…" (Participant A2)

Participants described their parent's commitment in attending their community meetings and gatherings in the 1970s, and added that they are still involved in community gatherings. Their parents loved getting together and sharing knowledge, storytelling, sharing what they had with others, it was their way of reconnecting with their homeland. The community meetings revolved around their parent's commitment to start building a community hall so their families and other community members would have a cultural community centre or a homestead where they could continue with their own cultural gatherings (Māopoopoga). In 1980 the Atafu Community Group purchased 5 hectares of land on the east hills of Porirua and laid the foundation stone for their community Hall. In 1987, they celebrated the opening of the Matauala Hall. A participant described her childhood days when she had to go along with her parents to these gatherings:

> **"…**ah, after school we were playing with the kids or with the cousins when they were building the hall, where we see the, the women in the kitchen doing their cooking, the men will be out there tryin to, flatten the ground and planting trees and um things like that – I remember that..." (Participant A6)

> **"…**yea, it's like all day, and sometimes we would stay and sleep there and this is before the building was the foundation to be done..." (Participant A6)

This was ongoing for the participant and her siblings – their parents had a vision, as did the rest of the community. Their understanding of their cultural identity was learnt through fatele practices (Tokelau cultural dancing). This is known as the Tokelauan teaching methodology: you watch the demonstration, you learn it, then you demonstrate it back.

The Mafutaga Tupulaga Tokelau Niu Hila (MTTNH), one of the largest Tokelau Youth Associations in New Zealand, has been operating since 1970s. A National inter-sports tournament competition is held bi-annually during Easter, and involves Tokelau communities from Auckland, Rotorua, Taupo, Manawatu, Porirua, and the Hutt Valley. The participants who grew up in the Hutt Valley remembered the days when they were young and were taught how to dance in a fatele (Tokelau cultural group dancing). As described by Kele-Faiva (2010), Tokelauan songs were the traditional methods used by the Tokelau people to store their knowledge. The combination of fatele (action songs), with old and new songs interwoven is an extremely effective way for youth to communicate their concerns. Drama and oratory and song have been the traditional ways of reciting and reaffirming kinship ties (genealogies) as well as connections with other Pacific Island groups (see Thomas, 1986; Thomas et al., 1990 cited in Kele-Faiva, 2010).

The cultural dance practices were common in the Tokelau community. Participants reflected on their dance practices in Te Umiumiga, a Tokelau centre based in Naenae, in Wellington. In 1989, Te Umiumiga a Tokelau Hutt Valley incorporated society was formed by Tokelauans from Fakaofo, Nukunonu and Atafu groups. Their main goal was to become an umbrella organization for the Tokelau community in the Hutt Valley and bring the local Tokelau community together. The participants described the sense of discipline in dancing but also that this was where they, born in New Zealand, learnt faka-Tokelau concepts. One participant described his experiences of attending the fatele practices of the Tokelau teaching methodology:

> **"…**we had one of the toeaina, he used to walk... and get the boys in the front row when we go through a song, and then the toeaina would walk around with the stick and he would tap you on the shoulders with his stick and he would say "lalo" you go lower, and tell you to stay there, and ah i think that we all learnt that as well as…respect…" (Participant A3)

The participants would attend their fātele practices (Tokelau Group culture dancing), everyone knew their positions and where their row was, unless they were instructed to shift to another row by the elders. For male dancers their stance in a tuku is similar to that of the 'haka' in Aotearoa/NZ. Young Tokelau men are taught by the elders to *'koli'* properly in a fatele, to be in sync with each other. All the participants understood that fātele dancing was about togetherness not about dancing on your own. It was learning together and understanding together in movement and motion. Everyone understood that time was sacrificed in commitment to fātele, because of the long hours of practice (4–5 hours):

> **"…** mum talks about a term when the fatele is happening and that's when everyone is on the same energy, I think it starts with 'M', ah, Matagia, ah she talks about it more that it's not around the Christian times it comes from, um, the need for people to dance together and raise their spirits…" (Participant A2)

It was also a way to encourage and establish Tokelau values; learning the meaning of the lyrics of a fatele that signifies ancestral accounts/messages and important accounts of Tokelau history and identity. While they participated and learnt how to dance, they would often try to understand the meaning of the lyrics – it was not just about the modern song it was about the events that linked to village life, to fishing in the deep moana, and to stories about events. Parents would try to explain such happenings to their children, but these were difficult for their New Zealand born children to understand because they had never lived or experienced growing up in the context of Tokelau.

Participants described their determination to learn the lyrics and sing, while continuing to ask their parents to help them understand what the lyrics meant.

Another participant described the Tokelau teaching methodology: one of the aunties would stand in the front and sing the fatele, line after line, with everyone else repeating it after them:

> **"…**I just remembered, um, Aunty 'Face the front!' Kikila mai, she's saying look at me 'io, io, (yes, yes) ata mai (everyone smiling) and then she says ok – ah, Joanne 'e kikila mai koe' (Joanne look at me) and then she would pinch Joanne for not looking at her...ahahaha…" (Participant A6)

At the same time all the participants would be laughing but they too could identify with this Tokelau teaching methodology in their childhood. The participants remembered parents often found it difficult to explain to their children in English when they would ask why they had to do that in a specific way. The participants explained that their parents were so used to dancing without having to be told how or what to do – they've never had to explain things fakapāpalagi (the pālagi way). One participant described her college years of understanding faka-Tokelau (Tokelau way):

> "…in my college years I was getting more conscious in my Tokelau side, my mum she kinda would say a few things here and there...'cos I think they are not used to explaining it, and I am asking her from a palagi worldview and like there is not a dialogue there to explain it to…so, um, so I'm here to learn to understand it like herself… not aware of the process to look into themselves and say why do I do that? Why do I let that happen? and um it was hard for her, because I am always asking..." (Participant A2)

This participant realized that it was difficult for her mum to explain it to her because it was common practice, second nature, and there was no need for a fakapapālagi way of explaining it. However, because of her inquisitiveness she was determined to keep asking her mum regardless.

Understanding intergenerational relationships

Significant topics raised by the participants focussed on intergenerational relationships between themselves and their grandparents. The participants remembered spending valuable time with their grandparents; although they were in New Zealand, their grandparents would pass on knowledge to them through telling storied to their parents, aunties, and uncles.[88] The grandparents would intentionally share the stories, knowing their grandchildren would hear the history and beliefs of Tokelau.

Some of the participants shared the beliefs that existed before Christianity arrived, some of which included stories of the demi-gods, like Maui,[89] who also existed in Tokelau legends:

> **"…** yea, because our people have oral traditions ni pre-Christianity and post-Christianity it became written – so a lot of our history I believe was passed on from generation to generation our traditions are passed through to the next generation…" (Participant A8)

[88] Kele-Faiva (2010, p. 53) ...The elders in the play (Tagi) shared their experiences of the earlier Tokelauan settlers in New Zealand (often referring to them as the good old days), where they congregated by living together in overcrowding situations (see also Pene, Peita & Howden-Chapmen, 2009).

[89] Kele-Faiva (2010, p. 17)…The Tokelau creation stories are similar to other Pacific stories of the deeds of Maui and the gods and legends from the pre-contact era paint a picture of regular warfare as chiefly lineages vied for ascendancy (Fox, 1995, as cited in Hoëm, 2004).

> **"…** Ah you know – Tokelau's being fished up.. for me, knowing that at a young age that Maui wasn't just a Māori demi-god and finding out that... Maui is all over the Pacific...but that didn't come from mum or dad, it's just more from Grandad or the Uncles sitting around and telling stories… (Participant A1)

One participant recalled the stories his grandfather and his uncles would discuss were about the Tui – Tokelau (a statue in Fakaofo) one of the villages in Tokelau, historically known as 'Te Fenua o Aliki' (The village of the chiefly kings):

> "…I am familiar with Fakaofo being the Chiefs – ah, the land of chiefs and that's where the statue or the rock of Tui Tokelau is...and based and everything was geared to serve Fakaofo…" (Participant A1)

Another participant described being told by their grandfather that the [90]rock is still in Fakaofo, and Fakaofo was the centre of Tokelau, because that was where they would take gifts and contribution because that was where their health and wellbeing was going to come from, from their worship and from their contributions to Tui-Tokelau; he would be the provider of everything. The participants also discussed that there was an awareness of the spiritual realm before the arrival of Christianity:

> **"…** ah, it's the spiritual realm because you know in pre-Christianity I think that they would've known who they are, and their link to the spiritual realm, the land and their roles in the village and that's pre-Christianity..." (participant A7)

[90] MacGregor (1937, p. 163) The Fakafotu's importance was once very great is evident in the special marae and coral slab devoted to him or her, an honour accorded no other god, except Tui Tokelau and his sons.

For some participants their knowledge and discovery of pre-Christianity of Tokelau beliefs came was through a theatrical[91] play by the Tokelauan local playwrights who highlighted the Tui-Tokelau, the nature of navigational knowledge, and the synchronisation of the lunar cycle, the ocean, and the different types of catch (fish):

> **"…**it was actually being able to watch that theatrical process that helped me saying and knowing what the language is saying and the body language on stage and stuff, so I found that really empowering too – because we were something before all that church thing came along – we were our own people… (participant A2)

Participants stressed that it was through their ancestors that they had preserved their own cultural concepts and protocols from before Christianity arrived.

The changing factors in the environments

Several participants emphasised that Tokelauans had always been healthy people until the influences of western and colonial practices. One participant highlighted that although they are aware that they come from an environment where food was natural and living on an atoll, there was no chemicals or preservatives in the foods. Sugar never existed in Tokelau until it was introduced when the vaka arrived:

> "…I put it down to the foods that they were eating because they were eating pure foods with no chemicals and no preservatives...or hardly any sugar stuff...they were literally eating fresh fish and coconut, it's physical…plus their foods, but I don't know what they

[91] Paula-Kele Faiva (2010, p. 53) Tagi (weeping) the first play, depicted the history of Tokelau – from inter-atoll warfare in the pre-contact years, through the slave traders, to the missionary contact and Tokelau's immigration to Samoa and New Zealand. This play drew on the published accounts of Tokelau history from the Matagi Tokelau and from Tokelauan songs which were the traditional methods used by the Tokelau people to share their knowledge (see Thomas, 1986; Thomas et al., 1990).

thought about their bodies, the women themselves were trim themselves…" (Participant A2)

Another participant described that Tokelauans were not obese until they were impacted by this new environment:

"…we are not obese because we eat too much or we do this, or we do that, we are obese because our bodies have....and, yes, we've got lifestyle issues that are related to our colonial background…" (Participant A5)

She argued that Tokelauans are still addressing this issue and added that one of its causes was the introduction, first in Samoa, and then in Tokelau, of pisupo (corned beef) and other processed foods and the culture that came with them. They brought a different structure for work, *'you, know with becoming a part of New Zealand'*:

"…yea, I understand that because now we are a money requiring economy, so it's changing so we have to grow with that but I still would like to see the issues that affirms us that these diseases that these illnesses we have it's not because we created those and because we are over indulging in rubbish and it's because of the history of where we have come from and the fact that our bodies unlike the Chinese and Europe 'cos we haven't had the many hundreds of years to develop and ability to ah – well, that's what I think…" (Participant A5)

The value of traditional food provision

The value of food provision by the Tokelau men was a responsibility that was taken seriously by the Elders, and they wanted their mokopuna to capture the essence of food provision for the kāiga. As discussed, the participants understood the need for traditional food provision. In

terms of pre-Christianity it was living off the land: the participants knew that the men would be using their bodies as tools to hunt and gather; there was no machinery to help with the heavy workload, for example, to build houses.

Food gathering was climbing the coconut trees, vaka malaga (Elders and Leaders findings). The men were skilled at gathering the food – they knew how to cultivate – planting and gathering once the food is ripe –hua,[92] uto,[93] fui fala[94], ugauga,[95] manu gogo,[96] and paikea.[97]

For example, there were even certain protocols for catching the turtle when the taulelea went fishing. Turtles are dangerous to catch, and it is a skill to capture them. Men have to be completely naked, using all their strength to lie on the back of the turtle and, with the help of the other men, flip it over on its shell, which leaves the turtle paralyzed and unable to fend for itself. If the turtle caught hold of the person's clothes it would dive deep into the moana to kill the person:

> **"…**it's funny though when you look back at the old photos, our grandparents when they were young aye, I look back and I look at the men they were muscly and they were skinny and I guess a lot of that comes with the way that they were brought up they work on the land and they've got to go fishing and then climb the coconut trees and build houses I think that's what they are.. and I don't think there is any vanity in it...it was just natural, like really natural, it was just the way that they are…" (Participant A3)

[92] Large coconut with the juice
[93] Germinating coconuts
[94] pandanus
[95] Coconut crabs
[96] Pigeons
[97] Large sea crabs

The value of traditional Tokelau fishing

Fishing in Tokelau is a traditional Tokelau institution, tautai is the expertise of the elders involving the traditional knowledge of navigation, sensing the wind direction, and predicting the high tides of the moana. The lunar cycle (*tauga mahina*) and night skies was equally important to predict the different types of fish for the season. Participants described the stern discipline from the elders if the fishing wasn't done properly. One participant would describe how his grandfathers would scold him and his cousins, if they haven't completed their fishing tasks properly:

> **"…**o, it's just a blank stare with the eyebrows raised – he didn't have to say anything but we just know *"o shit"* I better turn around or I better get outta here before something starts flying..., my grandad never touched us though…" (Participant A3)

One participant remembered that his grandfather would go out fishing, and on return he would drop the fish off at his sister's house rather than bringing it home, which would confuse him because in his New Zealand world the food was given to the wife and they would cook and feed the children, rather than share and distribute the food or fish. The participant's mum had to explain to him the significance of the relationship of the brother and sister in the Tokelau culture:

> "… um, it's the relationship between the brother and the sister" (participant A4)

Tautai

The title of tautai is not given out randomly, they were given to gifted men who were talented with navigational knowledge of the moana, fearless yet humble with their gifts. They work tirelessly, teaching and navigating to provide for the village and their kāiga. In Tokelau, a

ceremony is held for the graduated fisherman to be in the *'kaukumete'* where the approval of the tautai and elders are given for them to go fishing to moana. One participant remembered grandfather in his role as a tautai:

> **"…** there is one thing that sticks out in my mind and that is the tautai role, and that's my grandad's role in the community, and learning later on that he was very knowledgeable around the fishing and even, um, with the construction of the vaka at his house..." (Participant A2)

> "…from what I understood from the title of the Tautai it wasn't just given to anybody, there were specific men ni, ah, that were gifted with the title and then acknowledged from the rest of the island, he and a group of men and they were the ones that was chosen to go out to the moana and there were particular men that would go with them…" (Participant A4)

Other participants described their fishing experiences with their grandfather. His grandfather would chant a prayer (fakanau) before they would go out fishing and has passed this tradition to his grandchildren. When their grandfather passed away the prayer chants were chanted by their uncles and if their uncles were not with them then they themselves would do the prayer chant. The chant is often praying to the wairua of the moana (spirit of the ocean), to please provide a good catch for their kāiga and requesting permission for them to come out to the moana to fish.

In addition, participants shared how their grandfather taught them a Tokelau fishing technique that brought in an abundant catch of fish. Rather than a pālagi rod, the Tokelau version of a fishing rod is a long bamboo stick with a line, a technique they were taught by their grandfather, that would catch 4 or 5 fish as the same time.

He reflects on when he watches the palagi (European) boats comes along and the men would be using their rods with reels and catch one fish – which took five minutes to wind up. With the kohe it would take 5 minutes to catch 4–5 fish at the same time:

> **"…** it's a Tokelauan version of a fishing rod (long bamboo stick with a line) ...I remember ah just seeing the European boats that the pālagis, they would wind up their rods and it would take them...ah, um, 5 mins to wind up and get one fish in – whereas the kohe, you would probably get 4 or 5 at the same time... (Participant A3)

Other participants discussed the different forms of discipline between the girls and the boys from their grandfather: he would be stern and harsh with his discipline with the boys, but when it came to the girls, they were often getting away without being disciplined at all, this was known as being fakapelepele:

> **"…** my papa was so hard on the boys and we would just not be able to do anything wrong and we wouldn't receive any of that direct from him – and not understanding my own culture and in my eyes feeling that, because I don't understand and that's why the girls are getting off scot free and the boys are getting punished…" (Participant A2)

Impacts of the Western culture on wellbeing

Some participants were saddened that their culture was dominated by the Western world and driven by economy and trade and globalization. They literally believe obesity is an outcome of that. One participant commented that we can't go back to pre-Christianity – but it is crucial that as Tokelauan they involve their own customs or practices to enable them to reclaim their bodies and to live healthily and engage in regular physical activity:

"… you know I don't think I will see it ever again, it is just so sad but it's about our cultures and the dominantly western world driven by economy and trade and, globalization and obesity is an outcome for that and we won't be going backwards to pre-Christian era, so we need to involve our customs or our practices to enable us to take these pre-Christian, ah, pre modern bodies and be able to live healthy and for my family 'cos I'm really engaged in sport and fitness we just work it into everything we do and in a way physical activity…" (Participant A2)

6.2 Summary

The findings in this chapter highlighted the socio-economic situation this group had experienced. It reveals the impacts of the Aotearoa/NZ government's decision making; the dominant culture not recognising the reality of Tokelauans/ Pacific people. They, however, have identified the impacts on their health and wellbeing are caused by colonisation.

This first generation of Tokelauans, which has built resilience to this environment, articulated their realities while maintaining their Tokelau identity and cultural values. Furthermore, they were passing on their Tokelau knowledge system to their children. Although they are aware of the loss of language, they still understand the Tokelau language when it is spoken to them.

Overall, the emphasis in this group is on the stereotyping they have experienced and the stigma placed on them. Yet they are still involved and continuously contribute to their kāiga, nuku, and Aotearoa society while maintaining their identity as Tokelauans born in New Zealand.

7.0 Chapter Seven Pacific Youth Focus Group Results

7.1 Introduction

The participants in this focus group were recruited for the Pasifika Youth Empowerment Programme (PYEP), an intervention study led by Dr Ridvan Firestone. The aims of this programme are to raise an awareness on the current obesity epidemic and inspire young people to take action on this issue to create positive change. The initial phase involved working with 15 youth aged between 18 and 24 years old, training them in leadership and facilitation skills over an 8-month period. At the end of this period, focus group discussions were conducted to identify their perspectives of Pasifika values and principles in terms of wellbeing, as part of YEP to help inform this study.

The participants are identified in the text by the suffix 'PY' (Pacific Youth) and numbered 1-10 (being the total number of participants in this group) (Table 5). The youth come from a range of Pacific Island groups including Samoa, Niue, Cook Island, Tonga, and Tokelau. A number of the participants identified with more than one Pacific ethnicity (multi-ethnic).

Table 6*:* Pacific Youth Focus Group

Participants	Roles and responsibilities
Pacific Youth 1	**Pre-school teacher trainee**
Pacfic Youth 2	**Gym trainer**
Pacific Youth 3	**Gym trainer**
Pacific Youth 4	**University Student**
Pacific Youth 5	**University Student**
Pacific Youth 6	**Public sector worker**
Pacific Youth 7	**University Student**
Pacific Youth 8	**Gym administrator**
Pacific Youth 9	**University Student**
Pacific Youth 10	**University Student**

Health and wellbeing perceptions

Most of the participants in this study have been exposed to family members being chronically ill at a young age, with diabetes, cardiovascular disease, and cancer. One of the participants shares her concerns of Pacific people dying young:

> "… I just wanted to say this thing about the stroke thing, I meant, like, it's amazing, like, the number or, like, the age of some of the people that have passed away now, like, they are so much younger…" (Participant PY6)

One of the participants talked of his perceptions of Pacific health and wellbeing impacted by obesity. The participant's concern is that Pacific Islanders were never like this. Historically in the 17th and 18th centuries, island nations were described by pālagi (European) as "strong and muscular, and mostly in good health" (Huges, 2003). There has been a drastic change over the course of 200 years in the Pacific Islands. Pacific nations were once documented as having healthy and robust populations, but their current health status has been negatively impacted by centuries of colonisation and exploitation by foreign powers. The participant is concerned that it will be a trend in his generation:

> **"…** oh we can pin-point it to obesity, like, you can now find markers that leads to this, and it's gonna be, like, a trend that's gonna affects our generation… (Participant PY7)

While two of the participants highlighted the importance of looking after their health, one participant states that until 2 years ago she never really cared about her health, but now she realizes that if they didn't do anything to look after themselves, then they would not have been able to do anything at all. She believes this may have contributed to economic factors that are outside of their control:

"… Nah, one of the things that stood out for me, like, I didn't realize until I looked and took a step back and read over it, it's, like, my health, the surroundings, which is really weird 'cos I didn't really care about my health until probably like 2 years ago…" (Participant PY3)

"… That's crazy, 'cos I didn't even think of health, but if I don't look after my health, without that I wouldn't be able to do anything that I wanted to do that in life…" (Participant PY4)

Another participant described their fear of not maintaining their body weight and understanding that it takes words and action to look after themselves. In stating this, the participant believes that it's critical to be mindful of the words that are used of themselves, to speak positive words. Other participants discuss their passion for dancing to embrace the sense of creativity within themselves to become healthy, and believe that it is a power of expression:

"… it's not to say that, like, you are better than anyone else but it's just knowing that oh ok I work this way and they work that way and it doesn't mean that we are right and that they are wrong, um, but just now finding a compromise might as well just finding a way to work through that and that can be applied to what we are working towards you know it's just, like, what you said about our health instincts…" (Participant PY5)

Another participant described when her father passed away and her mother went into depression when they lost their home, she described it as homelessness, she uses the model of '*whare tapa wha'* to describe that when the pillars are not there – her health and wellbeing became homeless and she would never want to go through that situation again. Another participant said that after attending the programme she has started to eat healthy foods and

started healthy living, which she has found to be the most important thing in her life, because previously she never considered it to something important.

Another participant further stated that there is a difference with Pacific families and there need to be more programmes that are catered to islanders to say – hey I know it's expensive but there's a healthy way you can eat. The participant recognises that the NZ healthy programmes cater specifically for individuals – and emphasises that Pacific people are different. As they have six or seven people in a family, programmes would need to be specifically targeting more than the individual – rather a family of seven or more. Furthermore, food bags are set up for couples or a small family:

> **"…** yea, but then, like, when you think about it you know the government are so good at pin-pointing and saying that obesity, obesity, are more from the Pacific islanders, but that I mean is it our fault we are fat?! Is it our fault, I mean, like, you know, like they say eat clean but that's so expensive, like, who can go out there and buy premium mince and you know the good stuff for a family of five, and you saw that when we did the supermarket, the budgeting, like, who can afford that, like, you know…" (Participant PY8)

> **"…** but I just recognise it's just, like, a huge difference between different types of families and with islanders we just don't have enough, sometimes you just need direction, like, it's not, like, your, like, your dumb or anything like that, sometimes you just don't know what to do…" (Participant PY7)

Other perceptions raised by the participants were that the choices made today will impact on the next generation, and it's about being proactive now, given a younger generation are having heart attacks:

"… I just wanted to say this thing about the stroke thing I meant, like, it's amazing, like, the number or, like, the age of some of the people that have passed away now, like they are so much younger, then for me to answer that question there, it's like a whole mix of things, maybe ignorance…" (Participant PY7)

"… yea, cos when I lost all the weight everyone was, like, you look sick, like, you know I've come such a long way and all I got was you look sick and I gotta twin sister and she's a bit bigger than me, they would say she looks healthy but you look sick, it was not even like o good work, it was just like I look sick and I was like o my gosh I felt stink and I was just, like, you know come so far and then, like, for someone to put you down and I was, like, o gosh..." (Participant PY8)

Another participant described the body perception of islanders as big-boned. A Pacific perception of body images compared with the outside world perception, this is socially acceptable compared with the western world.

Pacific people's principles and values

Families play an important role in the wellbeing of Pacific peoples. Pacific peoples in Aotearoa/NZ are more likely than the national population to live in extended family households, and Pacific children are more likely to be part of a large family (Asiasiga, 2007). The participants emphasised that their principles and values revolved around looking after their families, they described their intergenerational relationships with their parents and grandparents, as well as the basic, fundamental needs such as social wellbeing, emotional wellbeing. Other values they identified revolved around empathy and passion for guidance of behavioural changes towards self-respect:

"… I grew up my parents worked hard like everyone else's parents, like for me I was lucky I had my grandparents like my parents had a helping hand…" (Participant PY8)

"… I think, um ,like talking about parents it's just that, um, in this generation what we are exposed to is always different, like my great-grandparents were, like their experiences, were, like, what they have, is what they have and it can be just breadfruit and then this one chicken for everyone and then you know the next generation they have a bit more you know and that they have a bit more stuff…" (Participant PY4)

"… that's the kinda principle that's driving behind that, the self-respect, um you know, have a respect for your body and your health, which you can then bring it out to the community and stuff…" (Participant PY2)

"…If I would live longer you know if you wanna enjoy life, whatever, like, love myself, like, you know – love your body, you know, and everything, you know, if you love your parents, then you don't want your parents to bury you 'cos that really hit me, today was just, like, I don't want my parent to bury me, you know that's really sad and that's the truth, like, so for me trying to, like, find that principle and put the values, you know love, was like that for me…" (Participant PY3)

"… I guess, ah, just listening in I think the principle is for myself in terms of guidance is in, like, having more little, like, more events, if you record them you record them for obesity or healthy living I guess that that would be a really good guidance to the, you never know it might help out for anyone that attends that would be all goods, no matter how many numbers you get at least you are making progress…" (Participant PY10)

> "… I think, like, just understanding that I am the way I am but because of what's happened, like what I've gone through, and what values are and what I value and things like that, that make me an individual and a unique individual and celebrating that uniqueness is important to me…" (Participant PY5)

The participants described that they found working collectively rewarding because they could collaborate and be engaged with others to make changes. This was strengthened by being involved in community projects. They believed that the Pacific principle is helping each other and guiding one another to become healthier and to have a better life. Other participants believed that involving kaiga and the Elders to empower the whole flock, would help endorse some church community healthy lifestyle projects and activities:

> **" …** you said, like, you had more compassion 'cos we are all at different stages of our lives, yea, yea, eh, different backgrounds also, um, to have compassion for other cultures as well 'cos everyone, we are all different cultures but, um, we share the same family values, um ah, compassion in a sense, like, , I don't know, like, you're Maori, you're Samoan, you're Cook Island, and you're Niuean, and just know that we come together, and purpose, I know what I'm trying to say and I think that respect and compassion kind go hand in hand…" (Participant PY5)

Other participants highlighted that one of the key values is *alofa*, although Pacific people have a tendency to put others first, ideally they should be looking after themselves:

> "… Like when we were talking about principles I know about, like I was trying to figure out what, like, our, like, there was a blurred line, which are principles and values are for me and, like, the one word that came out for me was love, like my mum, like, she's always telling us, like, um – everyday she's, like, alofa – a-l-o-f-a my mum would, like, spell it out, like, alofa and the way my mum just did it…" (Participant PY3)

They also emphasized that Pacific health, self-awareness, and self-respect are also important values:

> "… but not just aware in, Pacific Health and how that is affecting our community but also, like, self-awareness and, like being aware….oh, I can actually see that some people can, like, 'cos it's like there are certain, like, you can't see it but it is behind closed doors and at different people and it's not for us to say, like, that they are right or wrong…" (Participant PY5)

> "…would a principle be appreciation…" (Participant PY3)

> "… like being a part of this programme to, like, taking a look at my own family, like, appreciate what they have done, like you know, provide for me… you know, like, money to go into shopping and all of that stuff has made me appreciate all of that and the time that goes into preparing, like, yea…" (Participant PY3)

What was even more important for them was cooking together, which they had recognised as a Pacific value that provided support for each other during their struggles with weight loss. This emphasized the importance of family and culture, the Pacific value – family is their strength.

New Zealand-born Pacific Identity[98]

A majority of the participants identified themselves as New Zealand-born Pacific and it was important for them to maintain their identity. For instance, Pacific youth in the process of shaping of their identity, can be a challenging task for them. Living in a Eurocentric society and maintaining ethnic cultural beliefs and values, often meant having to confront several negative stereotypes associated with their ethnic groups. They also identified that their family and their ancestors are important to them:

> "… Understanding my culture and ethnicity, um yea, everyone has had pretty much the same, as everyone else…" (Participant PY7)

> "… What is important to me, so, like, family culture, like, a family, not just saying that I'm Samoan, but actually learning about the culture, try and, like, trying to strengthen that part of me, ah, apart from being proactive is, like also learning how to do those things like working out what resources you need…"(Participant PY7)

> "…As NZ born it's important that we know who we are and having the tenacity to maintain our identity…" (Participant PY2)

Other participants stressed that their inspiration comes from seeing themselves progress and others around them progressing:

[98] Aotearoa New Zealand-born Pacific peoples – There has been a tendency amongst Pacific communities, especially within the Samoan community, to see Pacific-born and Aotearoa New Zealand-born Pacific people as being in opposition to one another. This comes about through a lack of understanding or accepting of one another's perspectives. For example, Samoa-born people tend to see themselves as 'true' or 'genuine' Samoans and often view Aotearoa New Zealand-born as deficient because they lack competency in the Samoan language or do not practice or understand Samoan cultural protocol or custom Asiasiga, 2007).

> "… I think that inspires me.. when I see myself progressing and other people around me progressing and that inspires me, to progress further…" (Participant PY2)

Pacific youth also believe that understanding their own culture and ethnicity is important, as is able to live their ancestors and parents dreams through them, in their wairua (spirit):

> "… now I think all Māori and Pacific have had their ancestors migrate to NZ or in Australia at some point or greener pastures, so I think just living their dreams so they can live seriously through us, in spirit is important, so, yea, culture is important to me. Understanding my culture and ethnicity.." (Participant PY5)

Participants felt it was important in terms of shaping their identity to understand both their culture and ethnicity. They also identified that it was important to walk in both cultural realities. Integration in the acculturation tool is seen as an important factor by this group of Pacific youth – they are have strong affiliations to Pacific peoples culture and mainstream culture.

Leadership

Discovering their leadership skills, each participant was empowered to be able to lead in the own community settings. Identifying that they had different qualities of leadership such as willingness to change, compassion, change in motivation, inspirational, passionate about sports, being proactive, others described that it was important not to allow fear to take over; not being afraid of what people say about you. These skills were recognised by the participants as agents of change in healthy living and promoting healthy lifestyles:

> "…yea, that's right, um I kinda had a thought, like, if you are willing to make a change and have compassion, like, can prove that you're in it for like a good reason, like, if you

don't have compassion you… I guess your motivation to change won't be there as much…" (Participant PY2)

Throughout the workshop they learnt about other qualities of leadership, such as being able to understand that there is value in what people say in their critique, but which others might perceive as negative. What was equally important is that they have the theory and idea of 'healthy living' and believe they must have a direction to head towards:

"… now there is a change, now there's like an urgency almost, like…and that's what I mean, like, being proactive now – that's what I mean, like, we've got all the tools at our finger-tips to make it change…" (Participant PY7)

One perspective they believed was that solutions come from Pacific people themselves – 'For pacific by pacific'. They believe that leadership support and direction are needed when people are struggling to change lifestyle habits, education approach:

"… the values for this programme 'cos I know that it was leadership and, um like, is that I think that's for me, like, I've never done so much leadership things in my life but it's just developing it more, you know, like...knowing what are your strengths are and what your knowledge is, like... ah, just like, that activity the comfort zone, the fear zone and the panic zone, it just makes me think of that quote… um, what was that quote? *"deeds not words"*… (participant PY6)

…like for me it's just putting things into action...is always, like... yea, let's talk about it… yea for me, it's like… ah, learning to, like. the cooking thing, yea we were doing it as an activity and I never realized that we actually putting it to action and putting it together and trying to budget and, like, saving your money and stuff..."(participant PY4)

> " … Um, yea, ah, I find this quite hard because, I think that, I came into this, ah, programme already with that mind set, like I'm the kind of person that always tries to see other people point of views 'cos I am already open minded I think I got that from you P4 'cos P4 was talking about weaknesses actually realize that I, in leadership I am not that assertive and I hate, like, confrontation so much and I've, I've, ah, I think that's kind of my value that I worked on...I don't think that is part of it…" (participant PY1)

While each participant was aware that they already had leadership skills prior to entering the programme, other participants were still exploring their leadership capacity and accepting whether they are leaders of not. However, throughout the course of the programme each participant had discovered the uniqueness of their leadership capacity and were able to take the reins in identifying the changes they needed to contribute to their families and communities in regards to healthy living.

Fear vs lifestyle changes

One of the topics that was discussed in the focus group was the participants' fear within themselves, and then recognizing what lifestyle changes can occur for them and their family and their community for healthy living. Each participant had their own ways of expressing this:

> "… Um, for my fears, it's kinda more physical fears, the fear of heights, and of deep waters, and, like the others, what is more important for me is family…"(participant PY2)

> "…You know how we think real differently, 'cos, like, of course my fear is to lose my family, I don't put that down in fears, 'cos I don't think about that, I just think about not being fat...haha…" (Participant PY3)

> "…I think I was really just sort of just looking at my words and actions, and the building and the power people have with words and actions, I think that a lot of us don't understand that we can change a lot of people through our words and our actions, and I thinks it's like some people take it for granted…" (Participant PY4)

The participants recognised that in their own church community the elders have adjusted to what the youth are into and often participate in these activities as a means of reconnecting and building relationships with their youthful community. The youth also aim to build relationships with their elders. One of the participants highlights an example of a dance routine involving the elders in their church and the youth to perform at a Polynesian High School festival. These practices were more of exercise movements for the elders to adjust to the current youth dance crave. Here's how one of the participants describes it:

> "… like, at our church the old people do Zumba and that's kinda cool and the other week they will be performing at poly fest and they end up doing the whip and then it's the ney ney and it's quite cool, like they're young again, like that was the first time I ever seen our elders kinda mix it up with the young ones, it's, like, because being a islander the elders is someone you respect and listen to so you kinda never give them direction…" (Participant PY7)

This participant added that as an islander the elders are perceived as someone you respect and listen to and as a youth, you're never going to give them directions. This participant expressed that building relationships with their elders has achieved a way forward for them as there was mutual respect between the elders and the youth and they were able to interact a lot more and to be open with each other:

> "… but all of a sudden you have, like, these too young ones, like, whipping and doing the ney, ney, with the adults and then all of a sudden you just notice at our church is

like a bit tighter, like, everyone, like, the way they interact, like, more opened, it's like finding that mutual respect, but at least they've taken the way…" (Participant PY7)

A further highlight from this participant' description is, that as a youth they have had to put up with the way the elders are constantly telling them how to live; however, it was all about making everyone aware of the their pathways in life, that the decisions they make are to better themselves in the future:

"… we've put up with the way that they want us to live, and, like, they've also learnt something from us, so they are willing to adjust and it's about kinda just making everyone aware but at least they had something to work off…" (Participant PY7)

Another participant described Pacific people's fear as their shyness, but what was equally important was to put away that shyness by making the changes within yourself:

"… E mā, like they are too shy to ask, but at the meantime Pacific people like you know... but then again it will be, like, a stereotype thing and then you are just gonna stay in that box to wanting to get out of it, hmm yea sure, but it's just that if you wanna make a change, in you yourself, then make the change but at the same time stop taking your time…" (Participant PY3)

One of the participants described his experiences during the rugby season: he would be training with everyone, to their level of fitness, but because of the culture of the after match, everyone would be drinking beer to celebrate their win or drowning their sorrows if they had lost. He highlights that this was the downfall of Pacific Island (PI) males when it came to the rugby season, the distraction of alcohol caused weight gain:

"… it's so cheesy to say that 'cos that's what it was like, I will be honest, like, for drinking that's what it was like for me, like it was, like, all the men in my football club man I used to look up to and it will be, like, straight after a game the first thing to do is to go to the pub and celebrate our game, yea at the start…" (Participant PY7)

Others described school yard bullying, when people make others feel uncomfortable about their weight issues:

"…ok , it's that classic school yard bullying, bullying someone else just to make yourself feel better, so I think that's where that comes from, making you more better…" (Participant PY2)

Another participant said that the programme has helped him a lot. By learning that healthy living could make you live longer he was able to explain this to his parents:

"… um, healthy living that we are all trying to aim for, so yea this programme has helped me quite a bit, quite a lot actually, and, not just for the sake of me but also my parents and how we have that theory or idea that healthy living can make you live longer in a sense, but you know…" (Participant PY10)

This participant described the lifestyle changes his parents are having to make, which he was concerned about; however, the more he shares with his parents of what he has learnt in the programme, the closer they get to healthy lifestyle habits:

"… all goods when you wanna walk that's fine, you keep active but yea, it's just trying get – my mum is all good, she is still fit for, um, a 55 year old and she's all goods, but it's just my dad he is just a 48 year old (whispers) he's useless I'm trying to get, to get up there with my mum but, that's my goal at the moment – whatever I can gather from

here is just take it back home and share it with my parents even though it aiming more at youth but I'm always sharing it with my old man and thank you for the opportunity…" (Participant PY10)

The fear and lifestyle changes in this section, has not only impacted the participants but it has impacted their relationships with their parents to becoming more and more aware of the importance of making a life-style change rather that allowing fear to rule over their lives.

Political awareness

Most of the participants were politically aware of the situation regarding Pacific health, and especially with obesity, for instance, the obesogenic environment and the limited funding for Pacific people's community to fund their own healthy living projects. As one participant put it, the policy makers are the older generation (Govt people), and to be surrounded by those who have lived through these experiences is a positive, but it is another thing for her and her peers to really understand the problem:

"…it's one thing for, like, policy makers like older generation, you guys, (referring to the facilitators) to understand the problems but it's another thing for peers to understand the problems like our age 18–24 years old, so that's really cool to see to be surround by people your age, yea who have lived through experiences…" (Participant PY6)

She also explained that in her work environment she is one of the few Pacific employees. When it came to Pacific health issues, she felt that she would be the only one who was genuinely concerned about them. However, she felt more supported being around her peers, as they make her feel included and more inclined to want to change alongside others:

> "… I work in a firm where I am the only one, like when it comes to Pacific health, like I am the only one that cares, where as if I come here I am surrounded by my peers that are my age that understand and that care about it too, so not only does it make you feel included but it also so it makes me more inclined to want to change with others…" (Participant PY6)

One of the participants observed that obesity is more than just about health – it's about political and social factors and the problems that arise from them. Another participant added that the government is so good at saying that obesity is more about Pacific islanders – is it our fault that we are fat? Yet they (government) also say, eat clean but that's so expensive – like who can go out there and buy premium mince and all that good stuff for a family of five!

> "…..like, obesity has been seen as an issue in NZ – like, we knew that islanders were big but it was never, like a oh we can pin point it to obesity, like you can now find markers that leads to this and it's gonna be like a trend that gonna affects our generation and we are, like, the most obese countries in the world, and you know islanders are naturally big boned now we're now below that line where it say we are obese or naturally big boned…" (Participant PY7)

Another participant stated that while the Government is good at pointing at Pacific people, they have not yet come up with a solution to the issue of healthy living being so expensive for a Pacific Island family. The same participant said that there are certain measures, or certain things, that Pacific people have to qualify for, yet whatever is taught to one ethnic group is never going to be the same for another ethnic group.

One participant was concerned that the government is trying to force things like values that they see as being for Pacific people that reflect Pacific people; however, the issue is that they should just allow Pacific people to find a traditional way to teach within this society:

"… I guess like, well like, we are people coming to a world that is a westernized society so we are tryna like – ah what's the word – we are kinda like trying to adapt to this society, meaning that they are trying force the way, not with their…but the government is trying to force things like values that they see as being, you know, like they want us to reflect, and that's the trouble because, um like what we were saying, like, about the kindergarten, like obviously in Samoa, like there is no qualification and yet there is a lot of emphasis on qualification and the education, but, like that, that they are taking about what's educational like, um, a classroom education – but like education isn't limited within a classroom, like, it's, like education is everything, even outside of the class to, um, and I think that, ah, it's just how people see it now it's just now finding a way to allow, um, traditional ways of teaching within this western society…" (Participant PY5)

"… Yea that's just like in a position of higher power, I guess, like having more influence…" (Participant PY6)

A participant stressed the importance of accessing information online. Ten years ago this information was never exposed but now learning about it has given them the science and knowledge of what is happening with the situation of obesity to make a change:

"… like, the amount of information that we had 10 years ago and like computers and we didn't know the science behind it and all that stuff, and now there is a change, now there's like an urgency almost, and that's what I mean, like being proactive now – that's what I mean, like we've got all the tools at our fingertips to make it change..." (Participant PY7)

The participants in this study are politically aware and are keen to see action or have even been proactive to bring about change in themselves and within their families. After being exposed to so many deaths of family members, they've realized that the odds are against them; however, they are focused on just making the right decisions.

Poverty and budgeting

The participants would often discuss their financial situation and having to save money so they could travel back to the islands and visit family. As one of the participants said:

> "…so, like when people see me and my sister we are, like, yea we are close, but we've just gotten really closer... so, like after work, oh too much effort going into cooking you know we are thinking, like um, it would save a lot of money, like if you want to go to Samoa so, like, in Easter let's save money, I think we've been allowed so that's our goal, we are doing very well 'cos we are saving money for Samoa we have saved money for Samoa…" (Participant PY4)

Another participant described her experiences of budgeting and how expensive vegetables are when they are trying to be healthy:

> "… the budgeting, like who can afford that, like you know, like, instead of putting on weight they can do something about that, like, veges are so expensive, like, for a little broccoli it's like $2.50 and it can go up to $3.00 at New World, sometimes. You know, like, instead of addressing it why don't you do something about this, you know, it's when it's like this, so that you can find solutions around it…" (Participant PY8)

She described the impacts of their decisions of food choices – that they would go for the special deals in the supermarkets or select different types of food brands, for example, if they

shop in Pak'n'Save, the cheapest brand is *'Budget'*, if they shop in Countdown the cheapest food brand is *'Homebrand*:

> "… at the end of the day, the way I see it, is that Government is just good at pin-pointing it but yet they don't come up with it, you know, better solutions that's healthy eating but that is so expensive for a Pacific Island family will do and like, yea, its cheaper to go and buy a packet of sausages; 'cos a 20-pack of sausages can feed a family of five, than it is to go and buy, like 3 chicken breasts, that it's still probably expensive, more expensive than sausages…" (Participant PY8)

In this section more than one of them raised the issue of the government apportioning blame without producing solutions to the problems they identify. The participants stated that leadership for them is like development; knowing what your strengths are and your level of knowledge, for instance, knowing your leadership qualities and the ability to provide problem-solving solutions.

Food choices

One of the participants described that every so often they would go grocery shopping and decide if they would buy a box of chicken for $25.00, but because it's too expensive, they wouldn't buy it. However, when they go to McDonald's – they would find themselves spending up to $25.00, money that could have been spent on the box of chicken. When they recognized this, they decided that they had to make the right choice when buying their food. Another choice was shopping at the Saturday morning markets where fruits and vegetables were cheaper:

> "… shall we buy this or packet of chicken which is $25.00 a box, and we are, like, nah, nah, nah, it;s too expensive, but if we were to MacDonalds we are spending more than

$25.00 and that would be more expensive... so when it comes to point of eating we just don't talk about it wasting money on this food, man, we've just spent more than $20.00 we should have bought that chicken, so, yea, we are like, yea, we just love, um Saturday or Sunday morning markets, yea, so we just get up early on Saturday, yea, so that's us now..." (participant PY4)

"…just don't see enough programmes catered enough to islanders to say, hey look I know it is expensive but here's a healthy way you can eat, you've probably got like 5 or 6 in your family but if you have 10 then you so have, ah 'cos there is only the two of us there doesn't seem to be enough, like, direction for islanders like we need this sort of information but it's like ah what do we actually do with it?" (participant PY7)

Other participants commented there was always huge stress on families to provide food when it came to festive celebrations. There was a family expectation to provide huge feasts for weddings, and participants commented that a lot of people complained if there was not enough food at the wedding:

"… anywhere you go is food, um, you go to a wedding, like I said before, you go to a wedding, if there is not enough food, like, everyone says oh that's shit – it doesn't matter how cool your decorations, are it's just you know – no matter how nice it looked or how pretty it was, if it was just sandwiches and tea, then everyone would go away and be like, yea, and that's all took and that's all they talk about in there weddings…" (Participant PY8)

"… I know people that are stressed out about their wedding is the food and that's all they are stressed about is the food, because it's such a big part…" (Participant PY9)

A participant described her experience of being overweight and that when she made the decision to lose weight, she had her whole family supporting her. What really impacted her was that her father had had a stroke, but in recovery he continued to support her by taking her to the gym and swimming at the pools. From that she realized that her food choices made a huge impact on her:

> "… like it's kinda up to you, like, which reminds me it's like the number of people that we see like die of heart attacks in the last few years or even, like, gets strokes, like it's a reminder every day, plus younger ones they're, like sometimes you're lucky or sometimes you're not, but you have the chance to make the odds in your favour and that's simply by just making the right decisions, you know in the small things like eating foods, but you don't really realize how big of an impact it really is…" (Participant PY7)

One participant stated that when they became parents, they realized that they were following their parents' footsteps, and they while they feel stuck they knowhave to change their eating habits because of the knowledge that they have gained from the workshop. Another participant stressed it was important to still maintain the routine dinner time to sit at the table, and to break the habits of just eating whenever they can.

Community-based approaches

In general the participants in this workshop became proactive afterwards and one participant commented that it was all about teaching themselves how to become pro-active with food choices:

> "… the number of people that we see like die of heart attacks in the last few years or even, like, gets strokes, like, it's a reminder every day, plus younger ones they're, like, sometimes you're lucky or sometimes you're not but you have the chance to make the

odds in your favour and that's simply by just making the right decisions, you know in the small things like eating foods, but you don't really realize how big of an impact it really is…" (Participant PY3)

He further commented that his generation had been exposed to significantly different experiences with food provision compared with his parents' generation and even his grandfather's generation – they would get by on just having breadfruit and chicken for a day, whereas now there is more access and variety of foods and more choices, for instance fast food, which has endangered their health through food choices. They could see their potential future as scary; however. on a positive note, it's about having that knowledge and knowing where to access it and trying to figure out the things that will help. Some participants suggested more informal fitness incentives, for instance church-based boot camps:

"… It's just like having a stamp that just delivers on something, like what about one of the boys, like XXXX, like he runs this thing like every Saturday and he's not a qualified P.T. or anything like that, he just loves fitness and he just loves doing it and heaps of people go and the photos from the start 'til now the weight loss has been amazing, like everyone's grown, like out of their shells, everyone's kind of achieving the kinda goal that's what they want, and it could even be the small things like, that just like having a little mini boot camps like little church boot camps cool and like wanting to get into it like if to avoid all like red tape and stuff, it's just like making the small things…" (Participant PY7)

"… like going to, um, getting it to the right face at the right place, to go out and reach out to people and say, ah hey, I'm on this thing and I'm not afraid to share it with you, I can't guarantee this will help but you will lose some weight…" (Participant PY7)

Another community activity the participants enjoyed and could relate to were the inter-church competitions with overseas church communities:

> "… yea, the tea thing, like um, so I went over with a group of boys to Australia and we went to, ah, like, ah, gym and it was literally just, like, families from a church, and what happened was it started off with a few boys trying to lose weight and the girls joined in and it was like a youth thing for them and then slowly they started, like, they bought out like a little shack thing and turned it into a gym kind of thing and they kinda just keep reaching out through their church, to the community just to kinda do it like, 'cos herbal like is kinda expensive so, like, to but the powders and stuff like even the starter pack it's like $500.00 bucks. It's crazy but obviously not everyone can afford it, but what these guys did was, like, they kinda just took supplements like, ah, that islanders are used to, like mangoes, the mangoes in Australia, bananas, and they just used what they had with them cheap as and taught them how to mix them into drinks, they will do their mixing together, though they all have their shake together and they all go and do their training together… " (Participant PY7)

Another participant commented that it would be tough to break this habit of food choices, asking how to educate Themselves:

> "… Yea, no, I reckon, like with this whole obesity thing, like us as a culture as well, like when I was growing up it was, like eat, eat, eat, eat, like, you carry that on when you are older, like that's all you know and we can't just sit there and we judge people who are big and black and, blah, blah, blah, but that's all they know and that's probably their norm, whereas to a palagi – like, I've got afa kasi cousins in my family, you know, when we want something to eat and we would go over, like, to my cousins' house and it was you open their pantry and then there would be like half bags of chips in the pantry you

know with the pegs and me and my brother and sisters would laugh, like you know, if it was our house we would have eaten it all – like, you know stuff like that, you know… (Participant PY8)

How can Pacific people change their foods in a healthy way using alternative ingredients that are healthier? This is where Pacific youth are in a unique position where this information (referring to workshop information) is the key for everyone:

"… Can we check into stepping stones, like, overall this is, like, the community kind of project so everyone, like, it's like, the communal goal is to decrease obesity and to, like, encourage healthy living, like, the stepping stones to the community reaching really comes down to the individuals about having the individual, yea, like, kinda, the individual kinda struggles and it's like the weakest link – but everyone make it together and it's like everyone will have to the same goal or if everyone has the same stepping stones…" (Participant PY7)

Another participant discussed community strategies to bring lifestyle changes into the community, for example, a personal trainer runs boot camp training every morning and the results have been very successful. Seeing people losing weight, and seeing the people grow and develop confidences within themselves – he believed it would be good to see church communities start with having mini-boot camps and then develop and grown within themselves:

"…agree with like, um like, just, like having that endorsement from, like, a minister or something because, like yea, it's great we've got young people who are really eager to do this like a lot of us young people, a lot of us who stay at home in our 20s, and in our 30s but we are still living with our parents, so I just think it's so important to get their support, but I just like for me I just always like believe it, your churches like

everyone congregates together and if you can get a minister to endorse something like this – you know that's gonna get parents going ok, um, and being able to you know support, you know our young people that way…" (Participant PY7)

"… It's just so interesting to those things happening in your community (Samoan), like in our community (Tongan) have you heard of the HEHA programme, yeah, um, so my dad was a part of that, and we were hard out into it like we had comps within our congregation, like, which is planting our own gardens and everyone comes over to your house and checks it out, and stuff like that and that went real well, 'cos it was like Tongans are so competitive and they would, like, and that was a real good way to get it going…" (Participant PY3)

Importance of role models in the church community

The participants emphasized the importance of role modelling in their church communities, where they saw real life experiences of the challenges relating to healthy lifestyles including, for example, obesity:

"… yeah exactly, like it gives them (church) a goal, like, to look forward to and it just gives them a sense of reward, after, like, doing all that stuff and, like, also with the minister thing we've had, like XXX, he used to be this obese guy in our church and, like, he preaches at our church, 'cos all the stuff he preaches on he brings it back to health, like one week it was on, like, your body is a temple and he was, like, yea so stop buying white bread and blah, blah, blah, – it was, like, that was an eye opener for a lot of people, because a lot of the stuff that gets preached at our church is just, like, straight from the Bible, but he brings it out…" (Participant PY3)

"…Makes it relevant to our lives and stuff like that and I think it just leads on to, um, maybe we could look at programmes that educate, be more educational for our people 'cos they don't – I don't believe that they see there is any wrong with what they are doing and, like, yea…" (Participant PY3)

After further discussion, they suggested that finding the right role model was important. For the Pacific youth, role models such as sport stars were ideal:

"… even like from a rugby star a Polynesian – like it could be like Sonny-Bill Willams or someone like that who can endorse like eating cool or XXX – but you know someone like that, that young people can, that young people can also relate to, to make it cool if that's what you are saying XXXX – if all around you know – how make eating healthy cool – like it just finding the right people or getting the right connections…" (Participant PY9)

"… Like the key thing is, like, finding the right figure or that right person who can be, that can be that image, because, like, how XXX said, because, like, how what happened to her dad, you were kinda, like, forced, not forced – are you sure that you needed to change your diet and you said 'before if he can do it, then anyone can do it – so if a minister can do it I can do, if I can. This person I know is a local leader can do it, then I can do it, you know, maybe that's the key it's finding the right people…" (Participant PY1)

"… it's like a real family vibe, like, it's kinda creating that and it's, like they have no big names to say to come and do the training with, but it's just started with a group of people, like, having the same belief, they created a programme that is fun, that suits their community, like we are so diverse as islanders, that we are all on different fitness levels, so we are all gonna have to and maybe that's where we can all go and start it,

it just starts with all trying to create a programme and give it out and if people wanna tweak it, they tweak it to their likings, but as long as they've got a direction, rather than just a 'you can do it…" (participant PY7)

Some of the participants were students at Victoria University who enjoyed activities related to talks and seminars where successful Pacific leaders in their fields presented:

"…yea and just going on from that at Vic, ah, we, ah, like, we always do what we always do and that's, like, inspiration nights and that's why we did that was just, ah, and the people we get was obviously, um, so basically there has to be graduates so that students can be motivated to finish their exams, you know, pass their papers and, like, we got people, like, we got Tofiga and I just came in but I just wanna finish my story and that really – I don't know if that really if it changed everyone, like inspire them, like, just to, you know, yea, like, to get to it and, like, finish their and 'cos it, like, we did it before, um, like the weeks before exams, just preparing and inspiring them before they do their exams, it just, like, um, people, like you know, um, because that's the thing you know, um, because at the end of the day it's also like these days, it's also, like looking up to someone, o my gosh my idol can do this, and I'm inspired to do this, so, like I just feel, like, you know – but that's the thing, like you know, um, like, for me I've always done that, all this, um, talks and stuff, um, like, they're amazing, everything we do, like, it's amazing, but, like, where to from there…" (Participant PY4)

7.2 Summary

The Pacific youth in this results chapter have a wealth of understanding regarding the impacts of the environment to their health and wellbeing. The participants emphasised the need for maintenance of their cultural beliefs and values because these sustain their wellbeing and connection to their families. At times, they admitted, sustainability was a struggle for them due to poverty issues, given the low socio-economic status of Pacific people.

One of their key recommendations is that they continue with health promotion and health education to empower their family and communities. Some expressed their future hope of being agents of change to influence their community to sustain healthy lifestyles and wellbeing.

8.0 Chapter Eight Health and Policy Workers Results

8.1 Introduction

In this chapter, six stakeholders from the Wellington health and policy sector were recruited and interviewed, most being Pacific health professionals from different Pacific ethnic groups, such as Niue, Tokelau, Samoa, and Tonga. Some of the participants in the stakeholder's group are the first generation of the Pacific people migration population. They are identified in the text by the suffix 'S' (Stakeholder) and numbered 1-6 (being the total number of participants in this group). Table 6 shows the participants' roles and responsibilities in their area of work and to Pacific community**.**

Table 7: *Health and Policy Workers/Stakeholders*

Participants	Roles and responsibilities
Stakeholder 1:	Policy advisor Government sector
Stakeholder 2:	Diabetic Clinical Nurse specialist
Stakeholder 3:	General Practitioner
Stakeholder 4:	Clinical nurse specialist/Policy advisor
Stakeholder 5:	Pacific Health Directorate/Policy Advisor
Stakeholder 6:	General Practitioner

The future Pacific generation

The stakeholder participants view Pacific youth as being a large and important population in 50 years' time. The implications of racism need finally to be taken into consideration by the government as major contributors to health inequities:

> "… um, that there are a whole host of opportunities, you know, it's almost a little bit racist…how government initiatives target Māori and Pacific and it is important because for the longest time it was the other way and we were excluded, and so this over inclusion is high time and I get the impression, that's not yet meeting and reached its potential but that could just take time and I think that young Pacific people are going to be formidable in another 50 years (Participant S6)

Participants identified that young people's hopes and dreams are centred on their realities. A big challenge for future generations will be the consideration of being multi-ethnic and having to deal with identity language and culture from potentially very different worldviews, at the same time as having to find the confidence in their heritage and identity:

> "I guess my vision and hope for Pasifika generation is that people are centred on their realities and we are now Pasifika, New Zealand community …a large proportion of our Pacific community and population are made up of NZ born, Pasifika and are now parents and in some cases grandparents" [99] (Participant S1)

The stakeholders saw that the younger generation's relationships with their parents and grandparents could be challenging, given the overwhelming levels of access to information such as the internet and knowledge economy, which was incredibly different for this generation.

[99] Asiasiga (2007) p. 175 – Those Pacific migrants who came to Aotearoa NZ in the 1950s and 1960s, now have children in their 40s and 50s, and grandchildren in their 20s and 30s.

Loss of identity

The implication is the struggles of the youth of today with the potential loss of cultural identity and language can impact on[100] health outcomes. Some participants highlighted the importance of promoting the role of mental health and wellbeing alongside making better choices for physical health. One participant said that to strengthen youth is to:

> "…be a positive influencer in your life, it's not just the physical and health aspect to look out for, it is also the mental health wellbeing (loneliness & depression), creating a youth get together, to look after these issues…" (Participant S3)

Loss of identify was a notable feature as Pasifika NZ born face three situations: to assimilate into mainstream society; to navigate both the Pacific culture and the NZ culture; or to have a sense of not belonging to either the Pacific or the New Zealand culture:

> "…NZ born? Have we integrated into NZ society? Three types of experiences, those who completely assimilate with mainstream it's their choice, they have no connection to their ethnic heritage – um, then you have those who are able to navigate through both very confidently, and you have those who probably sit in limbo, might've integrated fully into their island, but don't quite sit comfortably anywhere so it's almost a no man's land" (Participant S1)

As this participant defined the situation, , it is also important to note that while these cultural protocols are practised in the community – it also supports the Pasifika NZ-born to recognize these cultural practices. As highlighted by some of the participants there is a loss of values

[100] Cited in Pacific Youth FG chapter findings, Campos, (2007) states that it is important to recognise and acknowledge that being different culturally itself (or cultural differences) does impact on health outcomes (Campos, 2007).

due to the migration of Pasifika into the country. For instance, one participant commented that these values need to be revived into the current way of thinking in our worldview:

> "…to reignite an ethos and worldview which has always been there because of the migration to NZ some of those values are lost and needs to be revive and strengthen into the current way of operating or think about the world…" (Participant S1)

Applying these practices revives the cultural values and beliefs that are lost and will strengthen the current way of those Pasfika-born in NZ operate and think to gain confidence in their own culture.

Holistic developments for young people in the system

One of the participants emphasised that from a holistic aspect is not just one area that needs attention, there are other issues that the work and income and unemployment systems need to consider:

> "…the holistic aspect of development and success – it's not only in one area... issues of unemployment and work and income/systems are not recognising that young people some are shy and they seek in pursiut of what they want, but their nature prevented them from doing that..." (Participant S1)

Participants also felt young people needed to be knowledgeable about health issues:

> "…for young people to be knowledgeable about their health – what has bought them to the doctors..." (Participant S2)

Other participants talked about the need to build up young people's confidence and encourage them to maintain Pacific values as a means of ensuring healthier futures:

> "…Yes…youth to make healthier choices and good role models…healthy behaviours…like exercising regularly role model habits and interactions between parents critically important for children, it's maintaining their Pacific values, really…" (Participant S6)

Honouring your parents

Another participant highlighted the significance of boundary lines for youth and their families, especially their relationship with their parents, given that honouring your parents is a major Pacific value:

> "There is a difference island born vs NZ born... however, it's maintaining Pasifika values, honouring your parents, relationships with parents in families are key" (Participant S4)

> "…yea, and when you've got that strong foundation spirituality – strong Christian background and bought up in a religious environment it's good to have rules and boundary lines" (Participant S3)

One participant believed that the secret to young people's success is the intergenerational solution in the current community organization. The participant observed that the grandparents' involvement in the community provides wisdom, guidance, and cultural advice to the young people in order for them to succeed:

"…the secret to young people success is the intergenerational solution – faced with current community organizations..." (Participant S1)

Another participant believed it was important to encourage the youth to preach in their churches to build their confidence in public speaking. Oratory is a cultural value in different Pacific settings, and young people are often groomed in these roles, (lauga fa'asamoa). Church leaders often give the youth an opportunity to preach to develop their leadership skills:

"…encouraging the young to preach – building their confidence in public speaking, yea the young people...and, and giving them leadership...and keep allowing them to actually grow..." (Participant S4)

"…but as a Pacific person we are grounded first then God, you know, and if you get that right everything else will fall into place" (Participant S3)

Obligations of leaving home

Other participants highlighted the obligations of leaving home and their parents for a better life. Arrival here in NZ, is the toughest phase of their journey. Homesickness is the most challenging emotion they have ever encountered – disconnection from their day-to-day relationships with their family, disconnection from their culture, and disconnection from speaking their language were challenges for their adaptation to NZ lifestyles, highlighting that there is no cure for homesickness, unless you return to the islands. However, their personal resilience and their obligations to their family helped strengthen their determination to remain in NZ:

"…my obligations of leaving home (islands) and parents for better education, was difficult for me but I kept hanging in there…" (Participant S5)

One participant commented that the aim of the leadership in the community is to connect to the NZ-born generation that is unable to speak their Pacific language, to determine how to unlock the needs of this generation and their children:

> "…I don't know how in touch or responsive they would be to the needs to the young person like us, or New Zealand born who may not speak your gagana or connected to your community or they would be in a good position or in the right position to be able to determine how to unlock the needs of this generation and their children…" (Participant S1)

Bringing cultural values into healthcare services

The participants believed that culture is a source of strength when operating in their roles within the health sector. Therefore, when they go out to the Pacific communities, they utilize their cultural insights as a Pasifika person to help them distinguish the cultural relationships within the different Pasifika communities. The most important aspect for them as pacific professional health workers, is recognizing the different ethnic leadership styles in these communities. In a Samoan community, for example, it is recognizing the fa'amatai system, for the Tonga community it is recognising how to apply anga faka-tonga, in a Tokelau community it is valuing the elders (toeaina and mātua):

> "Yes, it's trust – yea, you know… so that's what's in for any successful story, for those of us, who are in these kind of roles…you have to build the relationships maintain the

relationships and actually stay there...with the community. yea...so it's interesting" (Participant S5)

"…you know, so I…see many styles of leadership now and because you are grounded and, yes, I am grounded of who I am...:" (Participant S5)

They added that it was important to allow the community to inform them of their 'realities' and for the community to express what they enjoy doing. This gives the community the opportunity to work in partnership with the health sectors to enhance Pasifika service deliveries:

"…you know, you come with things... and sometimes they (community) will bring new things… and when I say 'things' it's actually sharing the knowledge…you know and then they guide you, you know, to what they really think is going to work…"
(Participant S5)

The participants explained that acknowledging the cultural value of building relationships, recognizing community cultural dynamics and cultural leadership structures within each Pasifika community will influence and create a successful service delivery programme, because the community will come and support and culturally guide the programmes. It is about building trust, which is instrumental in working in partnership with your community, using cultural appropriateness when approaching Pasifika communities to deliver health education:

"…so you can't just walk in and start an education session – because that's not how they roll…" (Participant S2)

"… I think,.because we do…do…Pacific education and we provide education for Pacific people in the community at Pacific health so. Um. it's really important that you value, the. Um. culture of the Pacific people in front of you" (Participant S2)

One participant describes her experiences, when she was a member in a research project team. She had recognised that where the reports addressed Pacific values – the issue of being relational and being engaged in your community – it was from a palagi perspective:

> "…but the thing about it is, when we do these reports and, we present things, it's very much from the palagi world, so I worked on this because I was only a pacific research assistant at the time…" (Participant S4)

As a Pasifika researcher/practitioner she recognized the need to use a Pasifika framework to bring clarity and understanding to the Pasifika people, because it would resonate with them:

> **"…** key theme of case-study – Pacific stream the key was relational the key issue of the whole engagement of the people in the services – presented the reports then we put it together as one – using the Kakala model education framework…"
> (Participant S4)

She further states that she introduced the kakala model (education framework), and when they put it together with the report it was seen as a quality report, and nobody ever questioned it:

> "…and this is when you present your report… yup, and it has to be quality and it has to be, no one has to even question the quality and that was how, um, we presented that time" (Participant S4)

As described by the participant, it was so important to recognise the Pasifika value of being relational and for her team to understand how to engage with the Pasifika community by using a Pasifika framework, especially because their report highlights the theme of being engaged

with your community. This was a valuable contribution both for the Pasifika community and for their project team. Another participant added that from her experiences, the success of a Pasifika framework or model is the participation of the whole community – where everyone participates:

> "…Success of the Pasifika Model…it's actually the participation of everyone in the community – including everyone..." (Participant S5)

While different Pasifka models and frameworks highlight themes, pathways, and aspects, another participant stated:

> "…key feature in a framework to consider in a person's health – various dimensions – holistic approach including economic fit..." (Participant S6)

Even though the holistic approach to a person is important to the Pasifika person, the environment and economy also need to be included:

> "…I think there needs to be a model that is socially acceptable and, um, financially sound and affordable because the major constraints of our community…"
> (Participant S6)

As a practitioner, this participant acknowledged the need of a model that is socially accepted and financially sound. From his experiences while working in Pasifika communities, he has observed the major financial constraints of Pasifika communities. For example, if the Ministry of Health is putting up messages about eating healthy vegetables and a good intake of natural fruits, the Pasifika community are going to stand back and say, 'Um, how can we afford that?' He believed that health messages need to be socially accepted and that there was a need to create places or environments – like a gym – in which people feel comfortable:

> **"…**the plan needs to be first and foremost affordable, so it needs to be sound, um, it needs to be socially acceptable as well, um, so we need to create places or environment where our people feel comfortable in being in…" (Participant S6)

He added that sometimes Pasifika people don't want to expose themselves because many in the community were big boned people, therefore they would prefer to exercise in groups:

> **"…** because we don't like the environment we are in, but we are all going to reach the destination to get to and that is producing um good health outcomes, and you know what it's about the quality in health, aye…" (Participant S6)

The views of the participants were shared in their capacity as stakeholders within the health sectors in which they work. Identifying some of the key features in the Pasifika health model for service delivery is significant and useful. While some participants identified the importance of working within the health sector to advise/suggest the significance of using Pasifika Health frameworks rather than a Palagi lens – because such a view won't resonate with Pasifika who have a totally different perspective of health – other participants believed there should be a health framework that includes social, economic, and financial elements that will support Pasifika people's health outcomes.

Church community approach

One of the major and most obvious themes is the Pasifika cultural value of building relationships within the Pasifika communities and working together. As identified by the participants, these were the most successful ways/pathways of delivering health promotion programmes/messages to schools, churches, non-profit organizations, and sports organizations:

"…it's about engaging with your Pasifika community" (Participant stakeholder 5)

"you have 24 churches sitting there and their leaders saying, well, so ok we will give you a heads up, so as they are planning for the year, please allow us, you know, to help with the campaign…" (Participant S5)

Another type of a healthcare model was the church clinics to support the Pacific people in the community. Two of the participants considered running healthcare clinics in the church community:

"… church clinics – a type of clinic that would affirm the notion of everyone being family – kinda, describing Pacific Model to do things together…confidentiality or privacy was not an issue when you are sick – when the clinic was at church…" (Participant S3)

"...it really depends on how you develop your own community...it should be more focussed on, um, churches…and I think there are some changes that are actually doing quite well…" (Participant S4)

Access to healthcare

One participant believed that the current GP healthcare model might not fit the Pacific people living in New Zealand due to lack of transport to attend the clinic, lack of finance to pay the costs, and because patients in consultation would often ask for a scrip for their parents or their grandparents, because they were too ill to attend an appointment:

"…we follow the model if you come to the doctor behind closed doors its one-on-one, I'm not sure that that fully fits the idea of the now of Pasifika and Pasifika people living in New Zealand…" (Participant S3)

One participant had experienced working in healthcare clinics both in areas that were well-established, middleclass working environments, and in low socio-economic environments. He described how he felt healthcare frameworks should be, especially for the Pacific peoples' communities:

> "…I think the framework should have all those dimensions that should be inclusive, and, um, caters for our people – the behaviours can be developed to maintain and to sustain, because I am all about outcomes and making sure that we can all get on the bus together…" (Participant S6)

Challenges of service delivery

It is equally important to consider the challenges of using the Pasifika framework, as one participant acknowledged:

> "…not enough human resources to support these types of roles in the community – especially considering it is a need…" (Participant S2)

> "…limited manpower and resource was the biggest challenge – leading project team changing overtime, completely voluntary – other opportunities creating solutions of their own…" (Participant S2)

The same participant also stated that working with the community and having to apply for funding is challenging.

> "…challenges of accessing the thousands of dollars…government agencies and the funders…description of challenges Government agency talk about urgency…

however, when you look into the reality of it they are expecting the communities..." (Participant S1)

"…complex Pacific situations of visit to the clinics – absolutely and you think it's just the one, aye yea and you say, ah hello o that's awesome, no worries, grandma can get her script too, …yea, no worries, huh, your brother-in-law sweet as – yea bring it – fantastic, can you come next time and make an appointment and would you say it, no, o hell no – but that's how it is…" (Participant S3)

"…to apply and then after that there are 2 forms and then you have to justify what your measures are…you know we've got to be really good on that, because however it is taxing on time…" (Participant S1)

In addition, the participant indicated, there is a need for a multi-year funding service that would help over the long term:

"…a need for multi-year funding services that are available and really genuinely commit to a community who are in it for the long haul - community has to unlock their own resources for themselves…" (Participant S1)

Other participants highlighted the need for more support services for the community:

"…requires more support in the services to the community…"
(Participant S2)

One of the participant described how her boss would often depend on her to provide the answers of how she should be delivering care, and she feels unsupported; however, on reflection in her studies she believed that her line of work involves creating a vision and a

framework, and that a clinical framework and a better systems approach could be provided that would support her:

> **"…**GP model of service delivery – we are a new clinic and, you know, we have the struggles of trying to maintain a service, with that kind of financial constraints and, um, other constraints, participant indicating huge gaps and describing how to be relevant to Pacific people…struggles of maintaining a new clinic…" (Participant S2)

A community wellbeing situation

From a community perspective, one participant described her perception of a Pasifika Health Model as a community-led framework that would be able to address the sadness that leads to suicide. Tokelau, out of all the Pasifika ethnic groups, has the highest suicide rate in the world and it is prevalent in the community.

This impacted on the majority of their families, and participants shared stories of their heartache and of trying to reconcile and restore broken relationships due to the deaths in the family. The participant believed the time had come for these tragedies/problems to be addressed both in the Tokelau community in NZ and in Tokelau, given suicide has been prevalent in the Tokelau community for some time[101]. There were unhealthy relationships within some families, and the Tokelau elders tried their best to run workshops for Tokelau families to talk about their experiences of dealing with suicide in their families. They acknowledged that it has often taken families decades to become reconciled with these events.

The Tokelau community in the Hutt Valley took the lead and decided to discuss what they could do to support the young people. They hosted a workshop with young people to ask them directly what their needs were and their proposed solutions. A youth engagement forum took

[101] THE VOICES OF TOKELAU YOUTH IN NEW ZEALAND Na Mafialeo onā Tupulaga Tokelau I Niu Hila by Paula Kele-Faiva, (p. 2) 2010

place, where young people, parents, grandparents, and a number of community leaders attended and supported the forum discussions. From these forum discussions four central themes emerged: a need for education, employment, health and wellbeing, culture and identity, and creative arts. Given these themes were identified as significant and important to the youth, the community worked together towards a solution for which they would would develop a strategy.[102] This was a fine example of a Tokelau community framework, it is a community response to support and enable the young people to thrive, it is a community driven and solution orientated framework based on the village concept where the young people are supported by their parents and grandparents, and where the wider family and the community are involved. It is a mainstream belief that only the youth can speak for themselves. In a Tokelau cultural context the success of youth must be leveraged within the established relationships with parents, grandparents, and the wider community so that village custodianship and care are maintained. When properly resourced and supported, communities are often the best able to develop and sustain solutions for themselves, drawing together all relevant people and resources to ensure a more comprehensive strategy and associated goals.

[102] Ko na nanu o te Tifa Strategy (KNOTT) Tokelau Hutt Valley Youth Development Strategy 2008–2013 (Te Umiumiga a Tokelau and Tokelau Hutt Valley Sports and Culture)

8.1 Summary

The Pacific Participant stakeholders are the key informants for the healthcare service delivery and are often used for their cultural expertise in these healthcare systems. What is equally important for them is that the health care services are accessible for Pacific people.

As highlighted in the interviews, they experience barriers and challenges due to the lack of resources and services provided for Pacific people. It is also important for them to maintain their relationship with the Pacific church communities to support the healthcare service deliveries to maintain their outreach campaigns.

Overall, the Pacific stakeholders continually strive for the betterment of Pacific peoples' health and wellbeing, with a heightened awareness of the socio-cultural, socio-political, and socio-economic status of Pacific people.

9.0 Chapter Nine Discussion

9.1 Introduction

This thesis seeks to identify and articulate the values and principles that promote and enable Pacific peoples' wellbeing and health in Aotearoa/NZ, based on the collective realities, knowledge, experience, and skills of Pacific elders, community leaders, adults, youth, and those working in health and policy environments. This work explores the socio-cultural and historical perspectives of Pacific peoples living in Aotearoa/NZ to improve understanding about how they view wellbeing and how these understandings may contribute to improved service delivery models and health outcomes.

The aims of this study are to:

(a) draw on Tokelau knowledge of the cultural, historical and social environment to better understand the influences on Pacific health and wellbeing;

(b) examine strategies of health empowerment and wellbeing amongst Pacific youth and;

(c) examine service delivery models that can lead to improved Pacific health outcomes.

This chapter begins with a brief overview of māopoopo as it relates to the core foundation and Tokelauan worldview approach taken throughout the entire process of this research. I also highlight the relevance of Pacific health research models which have provided a useful holistic

lens for this work. This is followed by discussion of each of the seven key themes identified from this work (Table 8).

The first theme was kāiga (family) as the core value interrelated with the values of loto alofa (kindness), fai kāiga (family orientated), fakaaloalo (respect), loto maualalo (humility), and loto fehoahoani (helping others). The second theme, duty of care (tiute tautua), related to the traditional knowledge and the intergenerational transfer of that knowledge, particularly in relation to culture, land, and language. Maintaining family relationships (loto fai kāiga) was the third identified theme and fundamentally underpins and is interrelated with all the first five themes identified. The fourth theme, interconnectedness (fehokotakiga), highlights the breadth of relationships between people and understandings of interdependence as opposed to independence. The fifth theme, spirituality (olaga faka-te-agaga), recognizes the centrality of the church in Pacific communities. Each of these first five themes, although common to all the interviewees, was expressed in different ways and had varying implications for each of the study participant groups. This will be discussed further in this chapter.

Health advocacy was the sixth key theme which arose for both the youth and health worker/stakeholder groups. The seventh and final key theme was the impact of inequities on Pacific wellbeing, identified by the health worker/stakeholder participants who saw this as a critical area if improved health outcomes for Pacific peoples was to become a reality.

The chapter concludes with a discussion of the strength and limitations of this research and recommendations arising from this work.

Table 8: *Study Themes*

Seven Key Study Themes							
	Kaiga Values	**Duty of Care (Tiute Tautua)**	**Maintaining Family Relationships (Loto fai Kaiga)**	**Inter-connectedness (Fehokotakiga)**	**Spirituality (Olaga faka-te-agaga**	**Health Advocacy**	**Impacts of Inequity**
Tokelau Elders	✓	✓	✓	✓	✓		
Tokelau Community Leaders	✓	✓	✓	✓	✓		
Tokelau Adults	✓	✓	✓	✓	✓		
Pacific Youth	✓	✓	✓	✓	✓	✓	
Pacific Health & Policy Workers	✓	✓	✓	✓	✓	✓	✓

Māopoopo

Māopoopo was the guiding principle used throughout this thesis. Kele-Faiva (2010) refers to māopoopo as unity and societal wellbeing, drawing on understandings of consensus and collective orientation (Kele-Faiva, 2010). The faka-Tokelau concept of māopoopo is the practice of being a Tokelauan, and it is a distinctive way of providing support and help for others (Kele-Faiva, 2010).

In practice, māopoopo is often described as a process that is socially and psychologically healthy in terms of fostering and maintaining relationships and enabling a sense of belonging (Betty Ickes, pers. comm., 2019[103]). Because it attempts to involve through gathering information from all concerned, māopoopo is also perceived as being built on a model of

[103] Associate Professor of History, Leeward Community College, Hawaii

inclusivity and fairness (Kelihiano Kalolo,pers. comm., 2019[104]). The application of māopoopo to the analysis and this discussion chapter draws on the practice of te vā fealoaki, the safeguarding of relationships based on the cultural emphasis on kāiga and pui kāiga, which are built around kāiga values.

More broadly, I also acknowledge the three Pacific research methodology frameworks (described previously in Chapter 3) which have provided a useful holistic lens for this work. The Pacific Health Research guidelines uses the core components of communal relationships and reciprocity as key principles for guiding the work of Pacific and non-Pacific health researchers to ensure a robust foundation between themselves and the Pacific communities in which the research is taking place (Health Research Council, 2014). The Kakala model, where the cultural aspect of gifting and sharing new knowledge is prioritised (Thalman,1992), and the P.A.S.I.F.I.K.A markers for research, which identify that the translational phases of engagement, empowerment, and enlightenment as core and essential markers for undertaking effective Pacific health research (Durie, 2014).

Theme One: Kāiga (family) values

Kāiga values (as detailed in Chapter 3) encompass: loto alofa (to show kindness), fai kāiga (family orientated), fakaaloalo (respect), loto maualalo (humility), and loto fehoahoani (helping others) (Te Kāiga Fakaofo, 2019). Underpinning all these values is loto alofa, which is a fundamental principle to the collective and community orientation of faka-Tokelau. Loto alofa incorporates caring and sharing,[105] and a central component to the collective orientation expressed by research participants from kāiga, pui kāiga and nuku who were raised in Tokelau.

[104] Faipule of Atafu, currently Te Ulu o Tokelau (2021-2022)

[105] Inati System – Village food distribution – Huntsman and Hooper

The leaders group described the collective approach as being core to kāiga groups, whether through village-wide endeavours or through activities of the 'sides' (faitu), as part of their sport and cultural fatelē competitions.

Elders and leaders also described the provision of food as an essential and active expression of alofa mo te kāiga and pui kāiga. A fundamental element to the existence and endurance of Tokelau values lies in its strength as a collective orientation, which has been passed down from generation to generation and has informed their identity as Tokelauans. Furthermore, as stressed by the elders, their identity was shaped through their knowledge of values systems as taught to them by their forefathers and ancestors in Tokelau.

Pacific Islanders' concepts of self go beyond western notions of the unbound, autonomous individual to incorporate extended family, community, society, and the environment (Aitaoto, 2015). Tokelauans have been described as more likely to act as members of a collective group than as individuals (Thomas, 1986, p.1 64 as cited in Kele-Faiva, 2010). A strong cultural emphasis is placed on the importance of unity and cooperation, and societal wellbeing tends to be equated with principles of consensus, and a collectively orientated society (Thomas, 1986, p164). Loto alofa in faka-Tokelau is a no—strings-attached approach when giving away resources, with the central belief being giver will be blessed (fakamanuiaga).[106] The concept of reciprocity was not a feature of the value of alofa with the Tokelauan elders, leaders and adults. In other cultures, such as the fa'asamoa, the concept of reciprocity is a strong feature, and collective orientation is also practised. The reciprocal feature of fa'asamoa cultural rituals in relation to death are vital because these rituals are seen as the final opportunity to showcase family members' alofa for their departed family member;[107] it is the underpinning value of reciprocity in fa'asamoa.

[106] Tokelau dictionary: Blessing. Ko te fakamanuiaga a te Atua: The blessing of God.
[107] Auē le oti: Samoan death rituals in a New Zealand context. Address for correspondence: Byron Seiuli, University of Waikato, School of Psychology, Hamilton, Email: byron.seiuli@waikato.ac.nz

These acts of kindness to their families and wider communities cement the value of alofa passed on from previous generations, through to the present, while also providing a sense of familial continuity which extends into the future.

Among the Tokelau adults focus group, however, loto alofa was also described in terms of being based on collective orientation. While this was passed onto them by their Island-born parents and grandparents, their understanding of loto alofa was filtered through a lens of having grown up in Aotearoa/NZ. Although the value of fai kāiga was maintained in Aotearoa, there were distinct differences. For instance, there were obvious and significant changes in environment, living conditions, and food types experienced by the elders compared with the experiences of the NZ-born adult generation. There were also other social implications, in the ways in which communities came together for special occasions and events such as birthdays, centennial celebrations, anniversary celebrations, weddings, funerals, and headstone unveiling ceremony. The Pacific youth participants expressed a strong belief in valuing their families through fakaaloalo (respect) and loto alofa (acts of kindness). They believed in loto fehoahoani (helping others) and the need to guide one another to become healthier and to live a better life. This was viewed as a form of 'kinship' alofa that contributed to supporting the wellbeing of their families and communities in a wider sense.

These findings are consistent with other research highlighting collective orientation as a strength in many cultures and indigenous populations, including Māori and first nations in Canada, as well as those of the Pacific (Agnew et al., 2004; Aitaoto, 2015; Arlidge et al, 2009; Firestone et al., 2016; Kaholokula et al., 2018; Pulotu-Endermann et al., 2007; Seiuli, 2012). Aitaoto (2015) notes that, in contrast to broader indigenous definitions of health, which emphasize holistic and spiritual as well as physical dimensions, they are core components linked to collective cultural identity and wellbeing (Aitaoto, 2015). Taking a collective approach is also viewed as being both highly pragmatic and more likely to result in positive health outcomes where ''buy in'' from the communities involved results in ownership of the

programmes and a higher likelihood of continued benefits and long-term sustainability within communities (Firestone et al, 2020; Aitaoto, 2015; Coppell et al, 2009). Other research has found that supporting ways of strengthening collectivism, including through maintenance of culture and values that enhance health and wellbeing and promote community empowerment and self-determination, results in better outcomes including in the areas of public health and health promotion (Hilgendorf et al., 2019; Murdoch-Flowers et al 2017; Firestone et al, 2018).

The health and policy interviewees saw collective identity as having important implications when considering the Aotearoa/NZ health system, which, has, until very recently, prioritised health care predominantly from an individualistic and biomedical model point of view (Rochford, 2004; Southwick et al, 2012; Cammock et al, 2021). From a Pacific perspective, individualism can be viewed as a form of social isolation, that has been observed to lead to loneliness and depression (Kupa, 2009; Tavite & Tavite, 2009). In Pacific culture an individual does not exist alone, but rather in relation to other people, both living and deceased (Tamasese et al., 2005)

Consequently, having a healthcare system that recognizes the collective orientation of Pacific people would make a significant difference to improving their health outcomes. The health and policy workers identified that the success of using Pacific Health frameworks includes those Pacific health values that will enhance the participation of the whole Pacific community. This fundamentally supports a holistic health approach, alongside an economic fit that is socially acceptable and financially sound and affordable, given the major constraints within the Pacific community. As described by Sopoaga (2011), the health of Pacific peoples (Pacific Health) is the balance of different factors/dimensions, including spiritual and cultural, as well as environmental factors (Sopoaga, 2011).

Another illustration of a collective approach where Indigenous concepts lie at the centre of health and wellbeing, is Whānau Ora (family wellbeing). This was introduced in Aotearoa/NZ in 2010 as a national policy approach and health and social services delivery model. The initiative empowers whānau (family) as a whole and devolves to whānau members self-determining processes to improve their cultural, social, and economic wellbeing (Smith et al., 2019). Whānau Ora advocates the use of collective approaches to improving health outcomes, meaning collaboration across all health and social sectors, such as education, justice, housing, and health, alongside a broadening of the parameters of what constitutes 'health' and wellbeing through incorporation of an indigenous Māori worldview with a focus on whānau (family) rather than the individual (Smith et al., 2019). This is similar to the Pacific concept of wellbeing, where health refers not just to individuals but also to communities, the environment in which they live, and the relationship that binds them together (Taufe'ulungaki, 2004 as cited in Tu'itahi, 2007). Pacific people are more orientated within their communities, which supports their health and wellbeing.

Theme two: Tiute tautua | Duty of care

Duty of care was identified as a key theme for all participant groups. Traditional institutions were described by elders and spiritual leaders as the means by which care was observed and practiced, such as family food gathering canoes (vakāmalaga), village food distribution (inati), planting and cultivating (vai pulaka), knowledge of methods of fishing (fai faiva), Master fisherman (tautai), Fatupaepae (note-worthy women in the family who manage and distribute food and resources), and knowledge processes of how to felau (distribute) in the family. These institutions also included women's communal work (gaulega fakamua) producing domestic crafts, and the gathering and processing of raw materials (fala, launiu) for the weaving of mats and producing domestic handcrafts, church hats (pulou), and hand-held fans (ili).

The expression of Tiute Tautua was articulated primarily through the transfer and sharing of knowledge relating to culture, land, and language. A further core component of Tiute Tautua was that of the need for balancing of relationships between family and community commitments in order to maintain and enhance health and wellbeing.

Culture

Duty of care extends to the Tokelau diaspora in Aotearoa/NZ, as seen in the elders' efforts to impart traditional knowledge and cultural practices to their children and succeeding generations, regardless of whether or not they lived in the islands. Likewise, adult focus group participants recalled the elders and leaders in their communities teaching them language and culture through music (pehe) and dance (fātele). The cultural dancing performances were seen as an important platform for each of the Tokelau communities[108] throughout New Zealand to compete and express their cultural identity.

Cultural identity was also evident through participation in sports, as identified by the Spiritual leaders' group, with kilikiti (cricket) being a nuku event, as well as other inter-atoll sports competitions, many of which have been continued in the diaspora of Tokelauans to Aotearoa/NZ. Song and dance performance has also been noted to be a significant identity marker for Tokelauans living in Hawai'i (Ickes, 2009), while the importance of the passing of traditional cultural values to successive generations to maintain Pacific identity has been widely recognised (Mila-Schaff 2010).

Oral traditions enable knowledge and ways of being to remain 'alive', thus ensuring that cultural traditions, including the use of songs, dances and stories, continue to be passed on, which is critical for maintaining and strengthening intergenerational traditional knowledge pathways (McIvor et al, 2009).

[108] Hutt Valley, Porirua, Palmerston North, Rotorua, Taupo, and Auckland Tokelau communities

The Tokelau adult group believed that relationships with their grandparents created stronger bonds and strengthened intergenerational relationships through the passing on of traditional institutional knowledge. They shared their fishing experiences and how their grandparents passed on 'tautai'[109] knowledge, including the cultural practice of (fakapuku), the providing of food after fishing expeditions for the fishermen and tautai, and inati, food distributions for their families and extended families within the context of Aotearoa/NZ. In relation to health and wellbeing, such cultural practices have been described as an integral part of the Tokelau social order (Kalolo 1995; Huntsman, 1998; Hoëm, 2015). A disruption, or a move from traditional lifestyles and values has the potential to cause relationship disturbances, for example, when a person does not adhere to his or her social obligations to the family and culture (Fa'asalele, 1995; Laing and Mitaera, 1994 as cited in Fa'asalele Tanuvasa, 1999). The stress of such disturbances has been recorded as affecting family members in various physical ways.

The health and policy study participants spoke of the high rate of suicide within the Tokelau community. Unfortunately, there has been no direct comparative study of suicide in Tokelau people who have migrated to New Zealand (Loan, 2014). However, Tavite and Tavite (2009) identify the reasons given by participants of their study (1980 and 2004) for attempting suicide included: problems with relationships with parents and children; relationship difficulties within the marriages, including one of the couples having an affair and breakdown of the relationship; problems between boyfriend and girlfriend, including lack of parental approval and the breakdown of the relationship; grief and bereavement; the effects of gossip and public humiliation (Tavite and Tavite, 2009). Such tension could be associated with extreme unhappiness and with suicidal intentions and even violence (Loan, 2014). Culturally appropriate approaches to enable families to reconcile and restore harmony in these circumstances have been described in the literature, including through 'family talks' (Loan, 2014) or discussion (talanoaga) and prayer (talosaga) (Fa'asalele Taunuvasa, 1999; Asiasiga,

[109] Tautai – Master Fisherman

2007; Tavite, and Tavite 2009). These approaches restore harmony within the families, as well as their health and wellbeing.

The Pacific youth participants valued their culture and had a grounded understanding of their obligations to look after their family, especially their grandparents, while living in Aotearoa/NZ. Among several aspects of the cultural responsibilities and obligation highlighted by the participants, there was particular emphasis on the ability to adapt to cultural changes as a result of living in a different environment. Nonetheless, it is also their tenacity to maintain a strong sense of their identity, which contributes to their health and wellbeing.

Land

Duty of care with regard to looking after land and kin was also highlighted by participants. The kāiga values of fai kāiga, loto fehoahoani, loto fealofani relate to custodianship of land and kin. The elders' responsibility to kinship and land relates to its generational span, those that have large land holdings tend to have both generational depth and larger memberships (Huntsman & Hooper, 1996; Loan, 2014). The land area of each atoll is divided into named islets or parts of islets and further subdivided into marked sections which are the property of specific kāiga (Huntsman & Hooper, 1996).

The lands are taken care of by those who live in Tokelau; however, once the kāiga and pui kāiga shift away from Tokelau and their land is no longer occupied, the council of elders (Taupulega) will occupy the lands. The elders interviewed in this study observed the tradition of custodianship their forefathers had passed on to them and their children. Even though they now lived in New Zealand, these land responsibilities continue to be deeply valued by the elders, and many families work to earn and send resources back to Tokelau to protect and keep these land connections vibrant and strong.

Tu'itahi (2005) observes that the custodianship of care and rites of passage with land back home have significant bloodline connections (Tu'itahi, 2005). The connection of people to the land and the environment is an integral and well-documented relationship held by many indigenous peoples (Mashford-Pringle & Stewart, 2019; Greenwood & Lindsay, 2019; Durie 1985; Ratima et al., 2019). In many respects, indigenous peoples are well ahead in approaches to ensure broader environmental changes to support the continuation, and in some cases, rebuilding of a healthy planet at the government and policy levels (Ratima et al., 2019; Mead, 1997), including in the education of organisations such as the World Health Organization to include the environment as a fundamental component necessary for living a healthy life (Mashford-Pringle & Stewart, 2019; Mead, 1997).

Language

Historically, there are linguistic, cultural, and genealogical connections between Tokelau and Samoa as a result of the history of migration between the two countries, and there are also linguistic links with Tuvalu, (McGregor, 1937; Pawley, 1967; Sharples,1976; Huntsman et al, 1992). The Tokelauan language is a key aspect of cultural identity and heritage relating to duty of care and fulfils an important role in terms of the formation and maintenance of a strong Tokelau identity. Alarmingly, te gagana Tokelau is enlisted as an endangered language by the United Nations Educational organizations in the UNESCO Atlas World Languages in Danger.[110] It is an oral language and culture, with limited written literature accessible regarding its indigenous and linguistic history (OCOG[111] of Tokelau, Paper Discussion, 2021).

The elders shared their childhood experiences of having to read from the Samoan Bible, because they had no Tokelau Bible at the time, which was a source of concern in terms of losing the authenticity of the Tokelau language.

[110] UNESCO: United Nations Educational, Scientific and Cultural Organization
[111] Office of the Council for the Ongoing Government of Tokelau (OCOG)

Kalolo (1995) provides the example of the overt marginalisation of the Tokelau language and culture: people were forbidden to speak in their own community languages during school time, and the time allocated for Tokelau Culture and Language programmes was relatively minimal compared with other subjects. At school, children were expected to work hard in English or Samoan in order to advance their education and acquire good jobs without any consideration for the importance of their own cultural knowledge (Kalolo, 1995).

The first generation of Tokelau migrants – those who were born in the atolls and who came to New Zealand as adults in the 1960s – were charged with the responsibility of maintaining fluency in their language. This year, 2021, marks the 25th year since the start of the Tokelauan Bible Translation project. It is an interconfessional and community-based project involving the Tokelauan people through churches and communities, in partnership with the Bible Society of Aotearoa/NZ. The proposed plan is to print the first ever Tokelauan Bible at the end of 2021 (Ioane Teao, pers. comm., 28 January 2021). Other avenues for strengthening and maintaining the Tokelau language have also been promoted through the establishment of Tokelau pre-school language nests in Aotearoa (Ofaga o te Gagana Tokelau i Niu Hila, 1980s), community radio programmes (Tokelau Tugaki and Tifa ola programmes, NiuFM), and Ko nanu o te Tifa: Tokelau Hutt Valley Youth Development project for young people and their families. Muakiga! An introduction to Gagana Tokelau (Ministry of Education, 2011), and The Tokelau Dictionary Project 2K21 also contribute to the revitalization of the Tokelau Language.

These avenues of strengthening and maintaining te Gagana Tokelau are crucial and still require enhancement. Globally, in Aotearoa/NZ, Australia, Olohega, Hawai'I, Fiji, and United States of America, the Tokelau language is being used less and less in families. Second to fifth generation Tokelauans require urgent access and support in learning and maintaining their mother tongue (OCOG of Tokelau, Paper Discussion, 2021).

Although Ministry of Pacific people has a (Draft) revitalisation of Pacific language strategy[112] in place (Ministry of Pacific People, 2021). The impact of losing te gagana Tokelau will affect the cultural knowledge, reflecting the loss of culture – without a language, there will be no cultural autonomy and intellectual sovereignty. This loss not only heavily impacts on the health and wellbeing of Tokelauans but also has economic and social costs. There is a need for Aotearoa/NZ Government provision of financial resources to support communities to develop their own language dictionaries online and hard copy, which would be sustainable for language revitalization. Revitalization and enhancements such as the teaching of te gagana Tokelau in high schools and universities will build strong cultural identity developing resilience.

Balancing family/community responsibilities

Many traditional practices are bound with a strong sense of responsibility and obligation that may also impact on Pacific peoples' health and wellbeing. Adult interviewees in this research shared stories of their parents' significant commitment to church responsibilities, to supporting (often) large families, and to saving money to be able to bring their family members from Tokelau to Aotearoa/NZ. While this was seen as a 'normal' part of their lives, it also had flow-on effects leading to stress, including complex family dynamics particularly, but not exclusively, related to financial obligations and the burden of not being able to provide adequately for families. Their parents' wellbeing and health checks were not a priority as they were busy looking after the needs of their extended families. Consequently, when they fell ill, they were often at a stage of requiring hospital-level care.

These findings are consistent with other literature recording that for many Pasifika peoples communal obligations and responsibilities are often prioritised over personal health and wellbeing (Asiasiga, 2007; TamaseseWaldegrave et al., 2010; Urale et al., 2015; Anae, 1997).

[112] https://www.mpp.govt.nz/programmes/pacific-languages-strategy/

The Pacific Elders' Wellbeing project (as cited in Asiasiga, 2007) found that elders, some with significant medical conditions, continued to define their main concerns as those related to fulfilling their family, church, or community obligations and responsibilities, rather than their own health needs (Southwick et al., 2012; Pacific Perspectives 2015).

The New Zealand-born generation are often unaware of family obligations to send remittances back home, which, as well as being a financial challenge, can also be a cause of disruption to family relationships and an added source of stress within families, particularly where the impact of poverty is exacerbated (Ahlburg and Dennis 1991, 1995, 1996; Loan, 2014). Esera (2001) points out that some New Zealand-born Pasifika people are mystified by the notion of sending the bulk of their hard-earned wages to feed relatives in Samoa whom they have never met (Esera, 2001). Furthermore, Esera, (2001) states that some New Zealand-born youth grew up resentful of the fact that they had to go without many 'nice things' in order that their parents could send money to Samoa or help with 'fa'alavelave' (family commitments) in New Zealand. Such resentments can result in the total separation of New Zealand-born youth from kinship connections.

While some had succeeded to live entirely divorced from their Samoan families, many had come up against difficulties in completely moulding themselves as New Zealanders (Tanuvasa Fa'asalele, 1999; Esera, 2001; Taueetia-Su'a, 2017). Other literature identifies different experiences by New Zealand-born Pacific peoples, for example, Tokelauans returning to Tokelau came to understand why their grandparents and parents felt compelled to observe remittance obligations (Lemihio, 2003).

In relation to health and wellbeing, when relationships are disturbed or when disruption of the social order occurs, this can have impacts on the family (Fa'asalele Tanuvasa, 1999). Such relationship disturbances have been described as a cause of illnesses or ill-health resulting

from from feeling unable to fulfil social obligations to the family and culture (Laing and Mitaera, 1994 as cited in Fa'asalele Tanuvasa, 1999).

The Fonua Model (Tu'itahi, 2011) is a Pacific health promotion tool that uses Pacific perspectives of health, including notions of collective and ecological wellbeing. Fonua means people and the land, and the concept of fonua (Taufe'ulungaki, 2004; Tu'itahi, 2007) refers to the wellbeing of individuals being connected to the wellbeing of the collective; that humankind is interconnected and interdependent with the rest of the ecology. The Fonua model, based on natural and social realities, encompasses the Mamani (Global), Fonua (National), Kolo (local), Kainga (family), and Taautaha (individual). The six dimensions of Fonua Ola – Laumalie (spiritual), Atamani (mental), Sino (physical), Loloa (economic), Anga fakafonua (cultural), and Ataki (ecological) – embody the core essence of Fonua Ola, which is healthy people, healthy environment (Tu'itahi, 2017).

As healthy relationships are the core of health and wellbeing for Pacific people and their environment, it is imperative that there is a sense of stability in their surroundings, including their socio-economic status, employment, education, and income (Southwick, 2012). This sense of stability and safety extends to the provision of health services where quality and access to care are critical. Pacific families have reported feeling they lacked information from healthcare providers, leading to difficulties negotiating processes within the hospital system, such as knowing the support services available, their eligibility for these services, and what to expect at various stages of care (Agnew et al., 2004; Asiasiga, 2007; Northern District Health Board Support Agency, 2010; Ryan et al., 2019; Southwick et al., 2012, Ryan et al 2019). The implications of duty of care to families in relation to health care services requires access to appropriate socio-cultural health and wellbeing services and the incorporation of Pacific health frameworks such as Fonua Ola (Tuitahi, 2019) Fonofale (Pulotu-Endermann 1984), and Te Vaka Atafaga (Kupa, 2015), which could have a positive impact on Pacific peoples' health and wellbeing.

Theme Three: Loto fai kāiga | Maintaining family relationships

Maintaining strong kinship connections was a key theme identified in this study. The values of loto alofa (to show kindness) and loto fehoahoani (helping people) are interrelated as underlying components of this theme. An important challenge to maintaining connections was identified through the process of acculturation which participants saw as having a potentially important effect on families abilities to keep and sustain kinship relationships.

The elders group remembered their struggles of hosting their families arriving from Tokelau, which created much financial stress. Often, there was only one income earner to look after households of 12–13 people. Esera (2001) explains that the decision to undertake such responsibility is seldom a matter of personal choice but rather a cultural responsibility, a traditional duty and/or a customary obligation. Most of all, however, it is the shared love of kin (Esera, 2001), a value that has been recognised as a long-term commitment to ensuring that migrant families would be successful in establishing themselves and their own families in New Zealand, regardless of the time that that might take (Waldegrave et al., 2002).

The elders shared their stories of arriving in New Zealand and finding no jobs, despite promises made by the NZ government. Pacific workers were seen as a source of cheap labour to meet the needs of the country's industrial growth (Southwick, 2001). Prevailing diseased included high rates of non-communicable as well as infectious diseases (Ministry of Health and Ministry of Pacific Island Affairs 2004; Ministry of Health 2008b; Jaine et al., 2011), largely reflecting the socioeconomic conditions under which Pacific people lived, with overcrowding and poverty major contributors (Tukuitonga, 2013). Multiple determinants of health such as housing, education, and income, as well as less 'visible' factors including social connectedness, community participation, government policy processes, and corporate actions, compounded inequity for the same groups disadvantaged through health systems.

Not surprisingly, illness in individuals also compounds over time, often resulting in multimorbidity (Matheson et al., 2018). For instance, the chronic disease burden is particularly high among Pacific peoples, with higher prevalence of ischaemic heart disease, stroke, diabetes, and chronic obstructive pulmonary disease (Ministry of Health and Ministry of Pacific Island Affairs 2004; Ministry of Health 2008b), which has implications for people living with multimorbidity, who often have a poorer quality of life and are more likely to experience adverse health outcomes (Smith et al., 2012).

Acculturation

The Tokelau adults focus group identified that their family values were taught them by their parents and grandparents both at home and through community gatherings. Although this group are born and raised in NZ and schooled in the NZ education systems, they learnt at a young age to understand and operate through the lens of two worldviews. They practised their Tokelauan protocol and values, within their family circles, while being 'acculturated' through the values of the dominant culture at school. As described by Blakely & Dew (2004), acculturation is referred to as "the change in one culture in response to another" (Blakely & Dew, 2004).

The literature on acculturation is wide and its implications for the health and wellbeing of Pacific and indigenous cultures are not easily categorised. NZ-born Tokelauans have described this as the ''pālagi'' way of knowing, as opposed to the Tokelau way of knowing (Kele-Faiva, 2010; Lemihio, 2003). Tapu-Ta'ala (2011) states that Pacific people migrating to NZ become more prone to acculturation by losing traditional behaviours, while acquiring values of the dominant culture (Tapu-Ta'ala, 2011). Esera (2001) supports this by highlighting that most New Zealand-born Samoans are taught at school, the workplace, by friends and acquaintances, and through various social affiliations of a value system that in order to succeed in New Zealand, one must look out for oneself as an individual.

This is of course, a very different philosophy from what was taught by their forefathers (Esera, 2001). Yet other New Zealand-born Samoans, as recognized by Tiatia (1998) and Tupuola (1998), have conflicting views over which culture and identity they belong to (as cited in Taueetia-Su'a, 2017). Southwick (2001) states that some NZ-born are sufficiently confident to navigate through both fa'a-Samoa and the western culture (Southwick, 2001). While Churchward (2011) points out that it is difficult at times to differentiate between the cultures (Churchward, 2011). Work by Kaholokula (2007) in Hawaií found that 95% of Kānaka Maoli (Hawaiian) strongly identify with their traditional heritage, while only 5% did not, suggesting that the vast majority of Kānaka Maoli still value and want to maintain their unique Hawaiian heritage despite attempts by US colonialism to "assimilate" them. Kaholokula observes that the effects of this cultural discord on Kānaka Maoli wellbeing, given they live in an American-influenced society, have been significant with Kānaka Maoli (37.4%) being more likely to perceive themselves as having a poorer mental health status compared with Caucasians (33%), Japanese (26.8%), Filipinos (20.2%), and other ethnic groups (30.8%) in Hawai'i (State of Hawai'i BRFSS, 2003) (Kaholokula, 2007).

These are the similar to the effects of cultural discord for Tokelauans and their health and wellbeing, where they have tried to maintain their strong cultural links of heritage. The Tokelau Adults groups identified that although they were born in Aotearoa/NZ, their intergenerational relationships with their grandparents have kept them anchored with an understanding of the faka-Tokelau values and their Tokelau cultural practices. This may not be the case for all, however, as others are still struggling with their identity and navigating multiple cultural identities. The majority have certainly struggled navigating themselves throughout the New Zealand health system, which has a strong focus on the biomedical model. Kupa (2009) identifies that having Pacific health belief model suggests there are ethnic specific considerations that contribute to wellbeing (Kupa, 2009). He emphasises that using a cultural metaphor can empower families to help explore possibilities and options that are in line with

their values and philosophy and contribute to health and wellbeing (Kupa, 2009). Using Tokelau health models within the New Zealand health system, therefore, enhances not only their cultural identity, values, and beliefs but, most of all, their health and wellbeing (Blakely and Dew, 2004; Kupa, 2009).

Theme Four: Fehokotakiga | Interconnectedness

Interconnectedness was another key theme identified by all the participant groups, particularly as it related to family and extended family relationships. This finding is consistent with other work highlighting the importance of connection and wellbeing (Thomsen, 2018; Tavite and Tavite, 2009; Kele-Faiva, 2010; Durie 1994, 2014). Thomsen (2018) found that the value of collective wellbeing is considered more important than individual gain in Pacific cultures, given they are generally more family-orientated. Tavite and Tavite (2009) argue that the term 'connecting' describes the safety nets that family, friends and colleagues provide. These safety nets provide opportunities for emotional release and for enhancing feelings of connection with others and creating a sense of connectedness prevents feelings of isolation and low self-esteem (Tavite & Tavite, 2009).

Participants described the 'action' of māopoopoga as looking after one another. It did not matter, which atoll you were from, they were united as Tokelauans. Embedded in the term, māopoopoga, is recognition that there are multiple relationships and bonds between people and groups – whether these are related by blood or not (Kele-Faiva, 2010). Tavite & Tavite (2009) and Kele-Faiva (2010) both elaborated on the meaning of connectedness where the bond between people also enhances relationships between them: the bond between people in their family and in their communities harnesses the strength of interdependence over independence. Interdependence has also been described by Durie (1994), who notes that for many families the pursuit of individual success and looking after oneself, instead of the collective, is seen as a sign of 'immaturity' (Durie,1994).

A key aspect of healthcare service delivery is to consider and understand the importance of enhancing these interconnected relationships as a mechanism for supporting health and wellbeing. Recognising interconnected relationships can assist at all levels of health care delivery by facilitating more effective communication with patients and their families about medical care, support, information dissemination, and health promotion, as well by helping navigate through what are often very complex healthcare systems. There is substantial literature on barriers to health care access experienced by Pacific peoples (Pack et al., 2015; Matheson et al., 2018; Ryan et al., 2019; Southwick et al., 2012; Tobias and Yeh, 2009). For example, the recent success of a prediabetes intervention programme in Pacific youth was based on ease of accessibility and the programme's approach using 'collective action', as key motivating factors to participate in this community-based activity (Firestone et al., 2021). Partnership models that are community-centred and involve communities throughout the whole process from development to implementation and evaluation of health programmes have been shown be more successful with indigenous populations where local knowledge of the community, context, and culture are all integral components 'built into' the programme (Sinclair et al., 2013; Harwood et al., 2018).

These examples show clearly that engaging and working with communities at the localised levels appear to be more successful than other, more common 'top-down' public health approaches and can also act as enablers of access to other health care services through building trust and reciprocity between services and communities. Additionally, high levels of involvement and engagement with communities by health services is an opportunity to build capacity, knowledge, and skills among community providers (Firestone et al., 2021).

Theme Five: Olaga faka-te-agaga | Spirituality

Spirituality, another integral component threaded throughout the study themes such as interconnectedness, duty of care, communal gathering, and sharing, is linked to the values of loto fehoahoani (helping people), and loto fealofani (being united).

The role of the church, kaiga, and the nuku in relation to spiritual life is central in Tokelau, as highlighted in the interviews with community leaders. The church is also a major focus for the communal gatherings of elders and leaders with their church communities in Aotearoa/NZ. Unfortunately, a major reason for many of these gatherings was family funerals, which, according to one of the leaders, were often the result of death from chronic illness. The community leaders recognised that they had an important role in terms of providing advocacy and counselling support for their church communities, which included doing their best to facilitate access to healthcare services.

The power of the church and its influences on the health and wellbeing of Pacific communities has been well documented. Pacific church communities have been markedly instrumental in the provision of pastoral care as well as community networking to ensure access to health and social services, housing, and work and income support, for their populations (Asiasiga, 2007; Frey, 2013; Ryan et al., 2019; Taueetia-Su'a, 2017; Thomsen et al., 2018; Waldegrave et al., 2010).

Community leaders also described their involvement with many complex issues requiring special skills, such as those related to counselling on family violence, alcohol abuse, sexual abuse, and families struggling with debt. All these issues have been recognised as areas of high need for Pacific communities in NZ (Ministry of Social Development, 2012; Alcohol

Advisory Council of New Zealand, 2009; Robinson et al., 2006; Percival, 2010; Thomsen et al., 2018; Problem Gambling Foundation of New Zealand, 2012). While the church organisations provided social, cultural, and spiritual strength, it is recognised that having access to information on the healthcare delivery services in the community was also vital (Ministry of Health, 2014, 2020a; Ryan et al., 2019; Southwick et al., 2012).

The adults focus group identified that they were raised in church communities, which not only kept them active and involved in church activities, but also, consistent with findings in the literature, that churches are a place where social connections and networks are fostered and maintained, cultural practices and language are encouraged and reinforced, and community cohesion and identity created, reinforced. and sustained (Thomsen et al., 2018; Asiasiga, 2007). Spirituality is a strong, grounded value in Pacific families (Asiasiga, 2007; Fa'asalele Tanuvasa, 1999; Esera, 2001; Taueetia-Su'a, 2017; Thomsen et al., 2018; Tiatia, 2008; Pulotu-Endermann, 2001). Taueetia-Su'a (2017), in her framework, E leai se tu fa'amauga: No Man is an Island Conceptual Framework, describes the worldview of an individual and community as a whole that includes people's spirituality, values, health beliefs, practices, and culture (Taueetia-Su'a, 2017).

Pulotu-Endermann (2001) also highlights the significance of their spirituality for Pacific people. He argues that Pacific peoples' health worldviews, and Samoans' worldview in particular, consist of physical, spiritual, and mental wellbeing, and that there is an inter-relational connection between individuals, family culture, spirituality, and social status situated in the broader context of the environment that endures over time. Similar beliefs are expressed by many indigenous cultures worldwide (Svenson and Lafontaine, 1999; Graham and Leeseberg-Stamler, 2010; National Collaborating Centre for Aboriginal Health, 2013).

Spirituality and the church have an interrelated connection to the holistic wellbeing component of Pacific people (Pulotu Enderman, 2001; Taueetia-Su'a, 2017; Asiasiga, 2007; Thomsen et

al., 2018; Tiatia, 2008; Waldegrave et al., 2010; Fa'asalele, 1997). Interconnectedness was an important means of communicating the range of healthcare delivery services available and how to access them. In terms of effective communication, Pacific radio programmes are established to keep Pacific listeners well informed, while also provide a forum for the Pacific community to raise questions and promote understanding about how to access healthcare services (Taueetia-Su'a, 2017). Participants stressed that Pacific church community values revolve around maintaining relationships, and that the relationships between the stakeholders and the Pacific communities must be long term, authentic, and transparent. They further stressed it is crucial that health services recognize and understand the role and the influence of the Pacific churches and how, as part of broader, holistic healthcare approaches, they can be used effectively to enhance wellbeing within Pacific communities.

Theme Six: Health advocacy

The Pacific youth group in this study strongly identified with wanting to be agents and advocates for change and empowerment within their Pacific families and communities. As well as a number of them being youth leaders in their church communities, they were also keen to be role models for their families and communities through being involved and active participants in the development of healthy living initiatives and exercise activity competitions. This is evidenced in studies by Firestone et al. (2016, 2017, 2020) that focussed on working with youth to build knowledge and understanding of significant health issues, including social, cultural, and political factors as key determinants tthat impact on health outcomes for Pasifika peoples. Consistent with the health worker study participants, the youth identified with the importance of health promotion and healthcare services being accessible and approachable, and that this could be facilitated through working closely with church communities. The authors of the 'Youth Empowerment Programme' work have contributed new insights and depth of understanding about how Pacific youth can be mobilised to act as agents for social change

within their communities, including developing leadership skills that can be utilised for the current and future generations (Firestone et al 2016, 2017, 2020).

The youth participants also identified that engagement with other church communities, including one situated overseas, strengthened young people not only with regard to sports competitions, but also, more broadly, contributed to expanding their knowledge and understanding of health and wellbeing and increased their abilities in socialising and interacting; all of which contributed to their capacity building. As noted in the previous section, the church acts as a strong structure and connector between Pacific people and their cultures, promoting communal gatherings, reciprocal exchange of goods, ceremonial occasions, and transference of stories and values to the younger generation (Firestone et al., 2016).

Another feature of health advocacy identified by the Pacific youth was the importance of maintaining their identity through knowing their language. Mila-Schaaf, (2010) notes that in terms of Pacific youth, the relationship between cultural identity and their westernized upbringing is very important and that there are significant challenges for second-generation Pacific youth in maintaining and/or strengthening their self-identity as Pacific individuals, including being proactive and learning how to identify the resources they need (Mila-Schaaf, 2010). Pacific youth generally see family as a strength and a key source of support and motivation for them to do well, despite the identified obstacles relating to family and culture that include negotiating the complexities of multi-ethnic identities, a feature that is increasingly common among Pacific youth (Tukuitonga et al., 2008; Leafe, 2017; Mila-Schaff, 2010; Macpherson, 2001; Tiatia, 2001).

Callister et al. (2005) point out that it is projected that intermarriage among Pacific populations will increase, providing a potential further challenge for the youth of today and future generations (Callister et al., 2005; Leafe, 2017). Health and policy workers interviewed for this study also reinforced comments from the Pacific youth regarding the complex world they must

navigate in terms of being born in NZ while, at the same time, wanting to feel culturally confident in their heritage and identity. Leafe (2017) asserts that for children of mixed Pacific ethnicities, the notion of shifting reflects the reality and challenges of the boundaries in which they live, learn, and grow (Leafe, 2017). Other work has identified the relationship between health and wellbeing and cultural identity as important for Pacific youth in terms of how they relate to each other, as well as how they see themselves. A strong sense of cultural identity in Pacific youth has been linked with positive outcomes in areas such as health and education (Ministry of Social Development, 2016; Anae, 2001; Mila-Schaaf, 2010; Tiatia, 1998; Tupulola, 2004). There are identified gaps in the provision of healthcare services for youth. The 'Pacific Model of Care report (2010) recommends cultural responsiveness should be a key element in the provision of youth services and that any Pacific healthcare services for families should include Pacific youth (Northern District Health Board Support Agency, 2010).

Theme Seven: Impacts of inequity on Pacific people

"Inequity is built into health systems…" (Starfield, 2011) and equity is achieved only by good policy and managing the policy (Sheridan, 2011). Such management is only possible with good data (Southwick et al., 2012).

The stakeholder's group identified numerous gaps within Pacific Health providers services and primary healthcare organizations (PHO), many resulting from well-documented and long-standing inequities between Pacific, non-Māori, and non-Pacific peoples in NZ (Ajwani et al., 2003; Ministry of Health, 2012; Ministry of Health and Ministry of Pacific Island Affairs, 2004; Walsh & Grey, 2019; Ryan et al., 2019).

Importantly, as identified by the health and policy worker interviewees, the onus cannot be placed on Pacific providers to improve Pacific health outcomes, particularly given the

imbalance in health care resources given to Pacific provider organisations and the much lower workforce capacity among Pacific peoples. An evaluation report from the Primary Health Care Strategy: The Experiences of Pacific PHOs and Pacific Populations, notes that the relationships between the Primary Health Organization (PHO) and District Health Boards (DHB) and Ministry of Health (MOH) are all key and instrumental players in the improvement of Pacific health (Pack et al., 2013). There are many innovative and effective services already being provided for Pacific peoples, but they are largely unfunded and not built into the health system contract, which makes them vulnerable and largely dependent on the energy and goodwill of individuals (Southwick et al., 2012). Additionally, such approaches are not sustainable, and even if effective tend not to be sufficiently widespread (Southwick et al., 2012). The factors highlight obvious inequities in the health care system and make it almost impossible to forward plan and build capacity and capability, which has serious implications for effective healthcare services for Pacific peoples.

There are Pacific Health Units located within a few hospitals (District Health Boards) in NZ that are, in theory, more closely aligned to providers of Pacific health services and Pacific communities. One of the functions of Pacific Health Units has been the provision of cultural support services, such as interpreting skills; however, the people working in these units (where they exist) are often overworked, under-staffed, and under-resourced (Ryan et al., 2019). .

One NZ study by Southwick and colleagues (2012) identifies the need for a larger number of formally qualified translators, and that some translators, although qualified, had an inadequate knowledge of health terms and issues. Pacific people at every level of the system were being asked to observe and articulate an understanding of both the realities of the healthcare services and the reality of living as a Pacific person; however, there was a strong sense of providers not recognising – and perhaps not wanting to recognise – the extent of the problem in terms of the need for the service and skills required to actually undertake this kind of work.

Further policy development, management process development, and educational approaches in this area needed to be prioritized (Southwick et al, 2012).

The significance of working with churches as important gateways to Pacific communities was recognised by health workers and in the wider literature. An important aspect of improving healthcare service delivery involves discussing with church communities the 'how' and 'what' in order to promote and sustain health messages being shared with church communities. This promotes community ownership of the 'health message', which has a higher likelihood of generating new knowledge with more successful outcomes among Pacific communities as well as having the potential to strengthen relationships with allied health services (Pack et al., 2013; Firestone et al., 2021; Yeary et al., 2017).

The impact of multimorbidity on Pacific health is substantial, and the complex needs of many Pacific peoples were highlighted by the nurses interviewed in this study. Ryan et al. (2017) note that by the age of 65 more than half of all Pacific peoples are living with diabetes, and that rates of multimorbidity associated with diabetes are highest amongst Pacific peoples compared with all other ethnic groups (Ryan et al., 2017). Polypharmacy and co-morbidity incur high costs for patients, as well as other healthcare services; however, the ability to access adequate funding and resources remains a challenge.

Southwick et al. (2012) acknowledge that the use of capitation funding at the primary care practice level is inconsistent, and in many instances, a fee for service is passed on to the patient. Southwick et al. (2012) also emphasise that improved services for Pacific populations require a population health approach that includes concern for equity of outcomes and access, community participation, team collaboration, and attention to the determinants of health (Neuwelt et al., 2009 as cited in Southwick et al., 2012).

In addressing the concern for equity in capitation funding, it is imperative to note that monitoring functions should ensure that contractual expectations meet a required standard of ensuring measurable health improvements for Pacific populations. Additionally, health care resources need to be orientated and prioritised for Pacific communities. The Ala Mou'i framework (Ministry of Health, 2018) identifies pathways that can help Pacific health workers reach their populations. For example, with diabetic services, Clinical Nurse specialists who have prescribing rights do not charge their patients when they come in for a review. Thus, promoting their work widely and increasing training and workforce capacity in chronic illness care can help reduce cost and access barriers for patients using these services.

Health workers shared that they would utilise their culturally responsive insights to support clients to attend their health education and health promotion sessions. Literature has identified that some Pacific people find it difficult to discuss their personal and health problems with a health provider from a different ethnic group thus, integrating cultural practices and concepts into service delivery is recognized as an important tool for addressing the cultural barriers to accessing care experienced by some Pacific people (Ministry of Health, 2008e; Tukuitonga, 1999; Ministry of Health, 2008b).

Improved access to care for Pacific populations has been extensively documented (Ryan et al., 2019; Southwick et al., 2012; Pack et al., 2013; Ministry of Health, 1998, 2003, 2008b, 2020; Matheson et al., 2012). Health inequities, however, persist in relation to access and use of primary care as well as hospital services, with inequities magnified as people move through the health system (Matheson et al., 2012; Pack et al., 2013). Access to healthcare is crucial for improving health outcomes and Pacific people often face many challenges trying to access services, including access to screenings and delays in referral to treatment (Ryan et al., 2019; Southwick et al., 2012; Pack et al., 2013; Ministry of Health, 1998, 2003, 2008b, 2020). International studies highlight accessibility to primary care services as being related not only to geographical location but also to services that fail to take into account

organizational, economic, social, cultural, religious, epidemiological, and communication aspects that are fundamental to ensuring access and quality of services (Figuera et al., 2017).

Inequity has its roots in the dominant culture's racist thinking involving policy developments (Jones, 2000; Talamaivao et al., 2019), as was highlighted by health and policy workers, and participants. As evidenced by many scholars and academics in NZ, racism and inequality have existed for many decades (Robson, 2015; Durie, 2000; Ellison-Loschmann & Pearce, 2006; Kidd et al., 2019; Matheson et al., 2018; Robson & Harris, 2000, 2005; Ryan et al., 2019; Slater, 2016; Southwick et al., 2012; Taueetia-Su'a, 2017). Matheson et al. (2018) argue that institutional racism has been clearly evidenced for indigenous populations, while Ryan et al. (2019) point out that stigma and discrimination exist in our healthcare system (Matheson et al., 2018; Ryan et al., 2019). There is evidence of Pacific people feeling unwelcome and uncomfortable in the traditional primary care setting, and this acts as a powerful barrier to accessing services (CBG Health Research 2005; Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025). These uncomfortable feelings of being unwelcome cause negative impacts on Māori and Pacific people who become chronic stressors, due to these experiences of unfair treatment categorized as institutional racism.

Camara Jones in the US (Jones, 2000) and Talamaivao et al. (2019) acknowledge that racism operates at multiple levels in various pathways to health. The first level was at the internalised racism (or interpersonal) level, involving attitudes, beliefs or ideology. This is often founded on understandings of supposedly innate superiority and inferiority that may be held by members of dominant social groups and/or those oppressed. The second level involves interpersonal racism (personally mediated), which refers to racism between people, with varying degrees of frequency and intensity, including manifestations from racially motivated assault to verbal abuse, ostracism, and exclusion. The third level was systemic, structural or institutional racism, which involves the production, control and access to material, information,

and symbolic resources in societal institutions, laws, policies, and practices (Talamaivao et al., 2019).

Racism in relation to health and wellbeing shows a consistent link between the experience of racism and a range of negative health measure (such as mental and physical health, and individual-level factors, such as smoking) that may impact on racial/ethnic health inequities and negatively impact on access to healthcare and experiences of healthcare interactions (Talamaivao et al., 2019). Cultural safety education, which identifies the power imbalances and racism within the health services and the individuals who make decisions regarding people health, is a powerful tool in institutions in terms of ensuring that such institutions take responsibility for their poor performances in service delivery to Pacific peoples accessing health cares (Ellison-Loschmann & Pearce, 2006; Slater, 2017).

These barriers regarding the impacts of racism on access to healthcare and experiences of healthcare interactions need to be address through policy. Furthermore, the inequity of distributing resources for Māori and Pacific people healthcare service delivery requires monitoring functions and systems that evaluate the outcomes of the resources utilized for the healthcare of Pacific people (Ryan et al., 2019; Southwick et al., 2012; Pack et al., 2013). In highlighting this, it is equally important to understand where these health policies are situated.

9.2 Study Limitations and Strengths

Limitations

This section discusses the strengths and limitation of the study, starting with the limitations. Working within my Tokelau community in Aotearoa/NZ as an insider researcher meant that there were several key aspects to consider. My Tokelau community are the people that raised me and taught me the values and understandings of being Tokelauan. Therefore, it was important for me to stay true to my community and our faka-Tokelau protocols, while conducting this study.

During the recruitment phase of the study, it was necessary to be mindful of boundaries. Because we are an interrelated community and I am known to everyone, it was important to safeguard the rights of potential participants as well as to maintain relationships (te vā fealoaki) with my community and the study. For this reason, it was ethical to have community recruiters assist me in the study.

Another limitation is that the size of the study is small and there is the potential for participants in the study to be identifiable. For example, there is only one practicing Tokelau priest and one Tokelau reverend elder in New Zealand, therefore, I had to request their permission to name them in the study, which they kindly agreed to.

While not a limitation, it is important to note that, as a young female researcher I needed to consider certain aspects of faka-Tokelau. These included ensuring respectful approaches to the community leaders and elders at all times, given our age differences. The use of appropriate language and acknowledgement of their wealth of wisdom were also very instrumental for this study.

Strengths

In terms of te gagana Tokelau used in this study, it was imperative that the consent forms and information sheets were translated into Tokelauan to ensure participants were fully informed. The intention is to revitalize and empower New Zealand born Tokelauans with te gagana Tokelau. This study provides an opportunity to understand the Tokelau research concepts, including māopoopo as a research approach, that will develop capability and capacity to research within the Tokelau community to empower, enlighten, and share knowledge.

This study is one of the first pieces of research to be undertaken in Aotearoa/NZ on the role of socio-cultural and historical factors and how these contribute to Pacific people's understandings of wellbeing in Aotearoa. Thus, the findings from this research can provide a useful guide in terms of developing more inclusive and culturally relevant practices and policies based on this information in order to potentially improve Pacific peoples' health outcomes.

Additionally, the Pacific research approaches highlighted in this study, can be used as an educational course outline in Pacific health courses, in university institutions introducing Pacific health research concepts and Pacific health framework to Pacific and non-Pacific students.

This study identified the importance of the collective orientation of Pacific people and their kinship ties within Pacific families that are relevant to their health and wellbeing across generations.

The voice of Pacific youth had a strong and dedicated presence in the study. As important advocates for their communities, both now and in the future, it is important that policies in health system structures have sound information based on the development of health programmes and health interventions for this key Pacific population.

Another strength of the study was the use of two methods, in-depth interviews and focus groups, to gather qualitative data for the different groups of the participants. This was an opportunity for the participants to have a voice within the study. Although the Tokelau community involved is small, the study captured a wide range of views and rich insightful data.

9.3 Conclusion

This study set out to explore the socio-cultural and historical perspectives of Pacific peoples in order to understand in more detail how they view wellbeing. The Tokelauan worldview of māopoopo makes a valuable and unique contribution to the application of its principles and values as they relate to a collective orientation. It has the potential to enhance Pacific peoples' socio-cultural health and wellbeing, which in turn has the potential to contribute to improved health outcomes.

This study offers unique knowledge to better understand how Pacific peoples view their wellbeing, an area that has previously had little research devoted to it in Aotearoa/NZ. The study highlights the importance of a holistic approach to Pacific health that can encompass ***all*** elements that contribute to wellbeing, including the central role and relationship between Pacific peoples and their land, language, and culture. The socio-cultural relationships Pacific peoples have in their kaiga and pui-kaiga relationships are based on cultural values passed on from generation to generation. Additionally, the central role of church communities to ensuring Pacific peoples wellbeing was evident across all generations interviewed in this study. Socioeconomic factors have and continue to have a significant impact on Pacific peoples' wellbeing, and the findings from this study, as identified by the health and policy workers, underscore the importance of this area and the need for urgent solutions.

There are also a number of Pacific health strategies and action plans that have been developed in the past decades that contain many useful and relevant approaches which could make a difference. Furthermore, perceptions from the study may lead to improved service delivery models and contribute to better health outcomes for Pacific peoples in Aotearoa.

9.4 Recommendations

This thesis has examined the use of Māopoopo as a research approach that can encompass the socio-cultural realities of Pacific peoples in a comprehensive and integrated way that upholds the relevance and importance of a collective orientation. Māopoopo is therefore valuable, not only as an inclusive research approach that can have benefits for Pacific peoples, it also has potential to be developed within health policies to facilitate focus on collective action through effective cross-government and intersectoral approaches. In this way, it could be utilized to ensure effective approaches to collaboration between the health care system and the social, housing, employment, and education sectors. A number of recommendations have emerged from the analysis presented in this thesis that could inform policy decisions and implementation strategies relevant to improving Pacific peoples' health and wellbeing. A consideration of a scoping exercise to examine the social determinant of Pacific health intersectoral strengthening, would be beneficial for the health and wellbeing of Pacific people.

As a result of examining the service delivery models that could lead to improved Pacific health outcomes, the voices of Pacific communities should be included throughout the design and implementation of healthcare services and healthcare systems to assess their inherent cultural principles. In Pacific community contexts, the lived realities of discrimination experienced by Pacific peoples must inform the development of government policies in order to benefit both Pacific families and communities as well as to inform healthcare advancement at the population level. Therefore, to ensure innovative solutions are appropriate, effective, and meaningful, government agencies need to proactively elicit and listen to the communities about what will work. There is a great need for increased reciprocity in the relationships between government agencies and Pacific communities.

There are huge gaps in the health services for Pacific youth, and there is a need for more urgent policy attention. This population group are an energetic group and, most importantly, the fastest growing population in Aotearoa. This current generation plays a significant role in terms of health advocacy, thus, to ensure relevant and effective impact within communities they must be central players and key informers in the development of any interventions/strategies focussed on Pacific health and wellbeing. Further studies may well be useful to scope or investigate the healthcare services available for Pacific youth.

Associated with the position and role of youth within Pacific communities, is the largely untapped potential to utilise the unique skills and knowledge available through intergenerational approaches where the grandparents are the educators in terms of the passing on of cultural knowledge and values. Health services can be made aware of this important pathway by which knowledge is transferred and of the critical role grandchildren could have to change their grandparents' attitudes towards health.

There has been some recognition of the need for the application of cultural practices and concepts into service delivery for Pacific peoples, such as provision of on-site bilingual health workers, and it is therefore imperative that core health and delivering services are brought closer into alignment with the realities of Pacific communities, for example, through active engagement with churches.

There are several potential areas in terms of further research that could be undertaken arising directly from this thesis. There has been much research literature documenting the inequity of resources throughout the healthcare system for Māori and Pacific people in Aotearoa/NZ. Further investigations are necessary to identify why institutional racism in Aotearoa/NZ health system, health structures and hospital systems still exists in the 21st century.

Further study should also be carried out into the causes of amenable deaths of Māori and Pacific people (Tobias and Yeh, 2009) and further questions asked as to what are driving these increases in Pacific mortality rates and what are the most effective actions/strategies needed to address them.

Previous research has identified that Tokelau has the highest suicide rate not only among the Pacific ethnic groups but in the world, and that it is prevalent in the Tokelau community both in Aotearoa/NZ and in Tokelau (Tavite and Tavite, 2009). While Tokelau communities have developed a community-led framework discussion that addressed the underlying sadness as a key contributor leading to suicide. The framework discussion led to strategic plans from which four central themes emerged: a need for improvements in education, employment, health and wellbeing, culture and identity and creative Arts (KNOTTS[113] strategic plan). As a way of moving forward, further studies are recommended to investigate and identify the underlying causes of increased suicide among Tokelau youth.

The four migration schemes discussed in this thesis brings a broader context to New Zealand's plan to minimize Tokelau's over-population on the island and migration to Aotearoa/NZ. This work identified the underlying core challenge that the social determinants of health have had and continue to have on the Tokelau diaspora. Further studies are needed on the historical population health impacts on Tokelau people, and how these contribute to the current day health and wellbeing of the Tokelau diaspora in Aotearoa/NZ.

The potential impacts of loss of Tokelau language has also been highlighted in this research and is evident in the diaspora to Hawai'i, Australia, Fiji, US, and Aotearoa/NZ. As a result of revitalizing te gagana Tokelau, a Tokelau Dictionary Project 2K21 is in progress to enhance the 1986 Tokelau Dictionary (only version).

[113] Ko na nanu o te Tifa - Strategy

A research exercise to update the dictionary, and the scoping of a Tokelau medical dictionary to support the health and wellbeing of Tokelau diaspora on a global digital platform would be both useful and commendable.

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Appendix 1: Tokelau Elders Information Sheet

Participant Information Form

Study title:

Locality:	Wellington	**Ethics committee ref**:16/CEN/44
Lead investigator:	Ms Hana S Tuisano	**Contact phone number:** 04 9793105
Supervisor:	Dr Ridvan Tupa'ilevaililigi Firestone	
Co-Supervisors:	Dr Lis Ellison-Loschmann Dr Anna Matheson	

This Participant Information Sheet will help you decide if you'd like to take part in this study. It sets out why I am doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. Before you decide you may want to talk about the study with other people, such as your kaiga, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This project is the subject of my PhD in public health which is being undertaken through Massey University. You are invited to take part in this study which is focused on culturally relevant principles and values that will improve Pacific people wellbeing.

What is the purpose of the study?

The purpose of this study is to draw on Tokelau knowledge of the cultural, historical, and social environment which contribute to Pacific health and wellbeing. This study is unique, because you as a Tokelau elder in the community will take an active part in developing a culturally relevant way to enable and improve wellbeing for Pacific people in Aotearoa/NZ.

What will my participation in the study involve?

I'd like to hear your stories about your own experiences of living in Aotearoa/NZ and practicing the Tokelau cultural way. During the interview you are given an opportunity to share your own health beliefs and practices and talk about what means in terms of wellbeing for you.

The interview will be and hour-and-a-half, with a break for refreshments, the interviews will be recorded with a digital voice recorder.

Who pays for the study?

This study is funded by the Health Research Council of New Zealand, and you will not incur any study-related costs.

What if something goes wrong?

If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

What are my rights?

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask any questions about the study at any time
- provide information on the understanding that you name will not be used unless you give permission to the researcher
- to be given access to a summary of the project findings when it is concluded
- ask for the digital recorder to be turned off at any time during the focus group discussions.

What happens after the study or if I change my mind?

The information you give us will be treated with confidence. All information obtained will be stored in a locked, secure environment at the CPHR, Massey University, for a period of 10 years before it is destroyed and will only be viewed by the named researchers. No individual names will be published.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Ms Hana S Tuisano
Telephone: 04 979105
Email: h.s.tuisano@massey.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone:	0800 555 050
Fax:	0800 2 SUPPORT (0800 2787 7678)
Email:	advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone:	0800 4 ETHICS
Email:	hdecs@moh.govt.nz

Appendix 2: Tokelau Elders Consent Form

Consent Form

Please tick to indicate you consent to the following

I have read and I understand the Participant Information Sheet.	Yes ☐	No ☐
I have been given sufficient time to consider whether or not to participate in this study.	Yes ☐	No ☐
I have had the opportunity to use my kaiga support to help me ask questions and understand the study.	Yes ☐	No ☐
I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.	Yes ☐	No ☐
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time.	Yes ☐	No ☐
I consent to the research staff collecting and processing my information, including information about my health.	Yes ☐	No ☐
If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.	Yes ☐	No ☐
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	Yes ☐	No ☐
I understand the compensation provisions in case of injury during the study.	Yes ☐	No ☐
I know who to contact if I have any questions about the study in general.	Yes ☐	No ☐
I understand my responsibilities as a study participant	Yes ☐	No ☐
I wish to receive a summary of the results from the study.	Yes ☐	No ☐

Declaration by participant:

I hereby consent to take part in this study.

Participant's name: _____

Signature: _____ Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____ Date: _____

Appendix 3: Tokelau Elders Pepa fakamatala mo nā hui auai

Ko te Pepa Fakamatala mo nā Hui Auai

Ko te igoa o te hukehukega:		
Koga:	Ueligitone	**Ethics committee ref**:16/CEN/44
Ko te Taki:	Ms Hana Salome Tuisano	**Contact phone number:** 04 9793105
Ko te takiala fehoahoani:	Dr Lis Ellison-Loshmann Dr Anna Matheson	
Ko nā hoa :	Dr Ridvan Tupa'iilevaililigi Firestone	

Ko te Pepa o nā Fakamatalaga tēnei: Ka fehoahoani atu ki a te koe, ke fai ai hau filifiliga pe fofou koe ke kavea koe ma vaega o te hakilikiliga tēnei. Ka fakailoa atu te kautū e ko faia ai te hakilikiliga tēnei, he ā foki hō hao, pe ni ā foki ni leleiga ma ni afainaga ki a te koe, kae he ā foki te ka tutupu kāfai kua uma te hakilikiliga.

E mafai koe ke talanoa ki he tahi tino, vē

- ko he kāiga,
- ko tō fomai
- ko he tino mahani i te hakilikiliga tēnei

Ka ko heki faia hau filifiliga.

Kāfai ko koe e malie ke fai hō hao ki te hakilikiliga tēnei, fakamolemole ke haini te Pepa o te Maliliega ei te toe pahiga/itulau o te Pepa tēnei. E foki atu au kopi o nā pepa iēnei.

Ko te galuega, pe ko te hakilikiliga tēnei e fakapitoa ki te Ola Mālōlō o te Kaifenua, ko te faitotoka foki ia e mafai ke maua ai e au te fakailoga e taku ko te Fomai o te Potohalalau (PhD) e taukave nei e au i te Massey University Wellington. E kalaga atu ma te loto maualalo, pe iei hō hao i te hakilikiliga tēnei, ona e fakatāua lahi ai nā tū ma nā taki fakaatunuku e talafeagai ma nā fakatauaga a te ola mālōlō, e mafai ai ke maua te ola malōlōgia o tagata Pahefika.

He ā te fakamoemoega/moemitiga o te hakilikiliga tēnei?

Ko te tau atiakega o he ata fakatakitaki o te ola mālōlō o tagata Pahefika.
E kehe lava te hakilikiliga tēnei auā ko koe he tino matua e o te fakalāpotopotoga o Tokelau, kāfai hō hao taua i te atiakega fakateatunuku e talafeagai i te fakamalohiga o te takiga o te ola mālōlōina o te ola o tagata Pahefika.

He ā toku hao i loto o te hakilikiliga tēnei?

Vaega muamua: Te fia fakalogo ki ni au tala i te ola mālōlō na ola ake ai koe i Tokelau ma te olaga kua ola ai koe i Niu Hila nei.

Ko te tatou galuega hōvē he itulā ma he afa, ka fakaogā te mahini puke leo mo nā talanoaga, kae e mafai ke tapē kāfai koe e fofou ki ei.

Ko te taimi lā tēnei e fai ai he tatou fakamalohi tino. ē

E totogi e ai te hakilikiliga tēnei?

Ko te hakilikiliga tēnei e fakatupe mai e te Pulega o Hakilikiliga o te Ola Mālōlō i Niu Hila.

e vehea kāfai e i ei he pahala?

Kāfai ko koe e pakivalea i te hakilikilga tēnei, talohia e hēai. Ka maua e koe te taui mai ACC e vē lava kāfai koe na pakivalea i he fakalavelave i te galuega pe ko kāiga.

Kāfai e iai hau life insurance, e mafai ke fakafehokotaki e koe tau life insurance e hē afaina ki latou, i te pakivaleaga tēnei.

Ni oku hakoga?

E ia te koe te hakoga e:

- e hē fakatahi mai
- e hē ke talia ni fehili e he fofou koe ke tali e koe
- fano kehe mai te hakilikiliga tēnei
- e mafai ke fakafehiligia e koe te hakilikiliga tēnei i hō he taimi
- ko ou fakamatalaga e hē tuhia tō igoa i te hakilikiliga tēnei, vaganā kua foki e koe te fakatagaga ki te tino hakilikili
- E i ei tō hakoga e foki atu ki a te koe nā fakamaumauga o te galuega hakilikili kāfai kua totoka

He ā te tutupu kāfai e uma te hakilikiliga pe kua hui toku mafaufau?

Ko nā fakamatalaga kua tuku mai ki a te ki tatou, kāfai ma te fakaetete. Ko nā fakamatalaga uma lele kua maua, ka teu i he loka puipuia i te Centre of Public Health Research, i te Massey University mo he hefulu tauhaga, ka ko heki fakatinoa, ma e fakataga oi oti ke kikila ki ei nā tino hakilikili kua fakatagagia. E hē fakamatea nā igoa o nā tino takitahi e a latou nā fakamatalaga.

Ko ai te hokotaga au ki ei mo ni e tahi fakamatalaga, pe he mea e mafaufau popole au ki ei?

Kāfai e i ei ni au fehili, ni popolega pe ni faitioga ki hō vaega o te hakilikiliga, e mafai koe ke hokotaga ki a:

Ms Hana S Tuisano
Telephone: 04 9793105
Email: h.s.tuisano@massey.ac.nz

Kāfai koe e fofou ko koe e talanoa i he tahi tino nae hē auai ki te hakilikiliga tēnei, e mafai ke hokotaga koe ki he tino e fafo o te Ola Mālōlō ma Fehoahoaniga Fakapitoa :

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

E mafai foki koe ke hokotaga ki te komiti fakapitoa o te Ola Mālōlō ma Fehoahoaniga Fakapitoa, ko ki latou te na fakamaonia te hakiliga tēnei.

Phone: 0800 4 ETHICS
Email: hdecs@moh.govt.nz

Appendix 4: Tokelau Elders Pepa o te Maliliega

Pepa o te Malilieaga

Fakamolemole fakahako ke fakailoa ai ko koe kua malie ki nā vaega ei lalo

Kua uma toku faitau ma malamala ki te Pepa mo nā Hui Auai	Io ☐	Hēai ☐
Na lava he taimi nae mafaufau ai au pe auai, pe hēai ki te hakilikiliga tēnei.	Io ☐	Hēai ☐
Na maua e au he avanoa ke fakaaogā te hapoti ma te fehoahoani o toku kāiga ke fehili, ma kae ke malamalama ai au.	Io ☐	Hēai ☐
Kua fakamaliegia au i nā tali na foki mai e uiga ki te hakilikiliga tēnei, ma kua ia te au te Pepa fakataga ma te Pepa o nā fakamatalaga	Io ☐	Hēai ☐
Ko au na malie ke auai ki te hakilikiliga tēnei ma toku iloa, e mafai ia au ke fano kehe i hō he taimi.	Io ☐	Hēai ☐
Kua fakataga e au te taki o te hakilikiliga tēnei ke fakamāoopoopo ma fakaogā aku fakamatalaga, e fakatahi ai ma nā fakamatalaga o toku ola mālōlō.	Io ☐	Hēai ☐
Kāfai ia au kua fofou ke fano kehe mai te hakilikiliga tēnei ko au e malie, ko aku fakamatalaga na fakamaopoopo mai te kāmataga ki te taimi nei kua fano kehe ai au, e mafai ke fakaogā pea.	Io ☐	Hēai ☐
Ko au e malamala ko toku auai ki te hakilikiliga tēnei e puipuia ma e hēai he fakamatalaga e fakamatea ai toku tagata, e fakaaogā i hō he lipoti o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina ia te au te taui e maua i he pakivaleaga e mafua i te hakilikiliga tēnei.	Io ☐	Hēai ☐
E ko iloa pe ko ai te hokotaga e fehiligia e au, e uiga ki hō he vaega o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina oku tiute taukave, ko he fai fakamatalaga.	Io ☐	Hēai ☐
Ko au e fakamoemoe ka maua haku pepa o te tuku fakatahiga o te ata o te hakilikiliga tēnei.	Io ☐	Hēai ☐

Ko te folafolaga mai te hui auai:

Ko au kua malie ke auai ki te hakilikiliga tēnei.

Igoa o te hui auai: _____

Haini: _____ Aho: _____

Ko te folafolaga o te taki o na hakilikiliga:

Kua uma ona fakamatala e au te hakilikiliga tēnei ki te hui auai, ma kua tali foki nā fehili nae fia iloa e te hui auai.

Kua talitonu foki e au kua malamalama foki te hui auai, kua malie foki ke auai ki nā hakilikiliga.

Igoa o te Taki o nā hakilikiliga: _____

Haini: _____ Aho: _____

Appendix 5: Tokelau Leaders Information Sheet

Participant Information Form

Study title:

Locality:	Wellington	**Ethics committee ref**:16/CEN/44
Lead investigator:	Ms Hana S Tuisano	**Contact phone number:** 04 9793105
Supervisor:	Dr Riz Tupa'ilevaililigi Firestone	
Co-Supervisors:	Dr Lis Ellison-Loschmann Dr Anna Matheson	

This Participant Information Sheet will help you decide if you'd like to take part in this study. It sets out why I am doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. Before you decide you may want to talk about the study with other people, such as your kaiga, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This project is the subject of my PhD in public health which is being undertaken through Massey University. You are invited to take part in this study which is focused on culturally relevant principles and values that will improve Pacific people wellbeing.

What is the purpose of the study?

The purpose of this study is to explore the socio-cultural, historical views of Pacific people to understand how Pacific People view their wellbeing. This study is unique, because you as a Tokelau Leader in the community will take an active part in developing a culturally relevant way of enable and improve wellbeing for Pacific people in Aotearoa/NZ.

What will my participation in the study involve?

I'd like to hear your views about your own experiences of growing up living a healthy lifestyle in Tokelau and then living in New Zealand and adjusting to the lifestyle. During the interview you are given an opportunity to share your own health beliefs and practices and share about what wellbeing means for you.

The interview will be and hour-and-a-half, with a break for refreshments, the interviews will be recorded with a digital voice recorder.

Who pays for the study?

This study is funded by the Health Research Council of New Zealand, and you will not incur any study-related costs.

What if something goes wrong?

If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

What are my rights?

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask any questions about the study at any time
- provide information on the understanding that you name will not be used unless you give permission to the researcher
- to be given access to a summary of the project findings when it is concluded
- ask for the digital recorder to be turned off at any time during the interview.

What happens after the study or if I change my mind?

The information you give us will be treated with confidence. All information obtained will be stored in a locked, secure environment at the CPHR, Massey University, for a period of 10 years before it is destroyed, and will only be viewed by the named researchers. No individual names will be published.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Ms Hana S Tuisano
Telephone: 04 979105
Email: h.s.tuisano@massey.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone:	0800 555 050
Fax:	0800 2 SUPPORT (0800 2787 7678)
Email:	advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone:	0800 4 ETHICS
Email:	hdecs@moh.govt.nz

Appendix 6: Tokelau Leaders Consent Form

Consent Form

Please tick to indicate you consent to the following

I have read and I understand the Participant Information Sheet.	Yes ☐	No ☐
I have been given sufficient time to consider whether or not to participate in this study.	Yes ☐	No ☐
I have had the opportunity to use my kaiga support to help me ask questions and understand the study.	Yes ☐	No ☐
I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.	Yes ☐	No ☐
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time.	Yes ☐	No ☐
I consent to the research staff collecting and processing my information, including information about my health.	Yes ☐	No ☐
If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.	Yes ☐	No ☐
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	Yes ☐	No ☐
I understand the compensation provisions in case of injury during the study.	Yes ☐	No ☐
I know who to contact if I have any questions about the study in general.	Yes ☐	No ☐
I understand my responsibilities as a study participant	Yes ☐	No ☐
I wish to receive a summary of the results from the study.	Yes ☐	No ☐

Declaration by participant:

I hereby consent to take part in this study.

Participant's name: _____

Signature: _____ Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____ Date: _____

Appendix 7: Pepa fakamatala mo nā hui auai, mo na Takitaki o Tokelau

Ko te Pepa Fakamatala mo nā Hui Auai

Ko te igoa o te hukehukega:		
Koga:	Ueligitone	**Ethics committee ref**:16/CEN/44
Ko te Taki:	Ms Hana Salome Tuisano	**Contact phone number:** 04 9793105
Ko te takiala fehoahoani:	Dr Lis Ellison-Loshmann Dr Anna Matheson	
Ko nā hoa :	Dr Ridvan Tupa'iilevaililigi Firestone	

Ko te Pepa o nā Fakamatalaga tēnei: Ka fehoahoani atu ki a te koe, ke fai ai hau filifiliga pe fofou koe ke kavea koe ma vaega o te hakilikiliga tēnei. Ka fakailoa atu te kautū e ko faia ai te hakilikiliga tēnei, he ā foki hō hao, pe ni ā foki ni leleiga ma ni afainaga ki a te koe, kae he ā foki te ka tutupu kāfai kua uma te hakilikiliga.

E mafai koe ke talanoa ki he tahi tino, vē

- ko he kāiga,
- ko tō fomai
- ko he tino mahani i te hakilikiliga tēnei

Ka ko heki faia hau filifiliga.

Kāfai ko koe e malie ke fai hō hao ki te hakilikiliga tēnei, fakamolemole ke haini te Pepa o te Maliliega ei te toe pahiga/itulau o te Pepa tēnei. E foki atu au kopi o nā pepa iēnei.

Ko te galuega, pe ko te hakilikiliga tēnei e fakapitoa ki te Ola Mālōlō o te Kaifenua, ko te faitotoka foki ia e mafai ke maua ai e au te fakailoga e taku ko te Fomai o te Potohalalau (PhD) e taukave nei e au i te Massey University Wellington. E kalaga atu ma te loto maualalo, pe iei hō hao i te hakilikiliga tēnei, ona e fakatāua lahi ai nā tū ma nā taki fakaatunuku e talafeagai ma nā fakatauaga a te ola mālōlō, e mafai ai ke maua te ola malōlōgia o tagata Pahefika.

He ā te fakamoemoega/moemitiga o te hakilikiliga tēnei?

Ko te tau atiakega o he ata fakatakitaki o te ola mālōlō o tagata Pahefika.
E kehe lava te hakilikiliga tēnei auā ko koe he tino matua e o te fakalāpotopotoga o Tokelau, kāfai hō hao taua i te atiakega fakateatunuku e talafeagai i te fakamalohiga o te takiga o te ola mālōlōina o te ola o tagata Pahefika.

He ā toku hao i loto o te hakilikiliga tēnei?

Vaega muamua: Te fia fakalogo ki ni au tala i te ola mālōlō na ola ake ai koe i Tokelau ma te olaga kua ola ai koe i Niu Hila nei.

Ko te tatou galuega hōvē he itulā ma he afa, ka fakaogā te mahini puke leo mo nā talanoaga, kae e mafai ke tapē kāfai koe e fofou ki ei.

Ko te taimi lā tēnei e fai ai he tatou fakamalohi tino.

E totogi e ai te hakilikiliga tēnei?

Ko te hakilikiliga tēnei e fakatupe mai e te Pulega o Hakilikiliga o te Ola Mālōlō i Niu Hila.

e vehea kāfai e i ei he pahala?

Kāfai ko koe e pakivalea i te hakilikilga tēnei, talohia e hēai. Ka maua e koe te taui mai ACC e vē lava kāfai koe na pakivalea i he fakalavelave i te galuega pe ko kāiga.

Kāfai e iai hau life insurance, e mafai ke fakafehokotaki e koe tau life insurance e hē afaina ki latou, i te pakivaleaga tēnei.

Ni oku hakoga?

E ia te koe te hakoga e:

- e hē fakatahi mai
- e hē ke talia ni fehili e he fofou koe ke tali e koe
- fano kehe mai te hakilikiliga tēnei
- e mafai ke fakafehiligia e koe te hakilikiliga tēnei i hō he taimi
- ko ou fakamatalaga e hē tuhia tō igoa i te hakilikiliga tēnei, vaganā kua foki e koe te fakatagaga ki te tino hakilikili
- E i ei tō hakoga e foki atu ki a te koe nā fakamaumauga o te galuega hakilikili kāfai kua totoka

He ā te tutupu kāfai e uma te hakilikiliga pe kua hui toku mafaufau?

Ko nā fakamatalaga kua tuku mai ki a te ki tatou, kāfai ma te fakaetete. Ko nā fakamatalaga uma lele kua maua, ka teu i he loka puipuia i te Centre of Public Health Research, i te Massey University mo he hefulu tauhaga, ka ko heki fakatinoa, ma e fakataga oi oti ke kikila ki ei nā tino hakilikili kua fakatagagia. E hē fakamatea nā igoa o nā tino takitahi e a latou nā fakamatalaga.

Ko ai te hokotaga au ki ei mo ni e tahi fakamatalaga, pe he mea e mafaufau popole au ki ei?

Kāfai e i ei ni au fehili, ni popolega pe ni faitioga ki hō vaega o te hakilikiliga, e mafai koe ke hokotaga ki a:

Ms Hana S Tuisano
Telephone: 04 9793105
Email: h.s.tuisano@massey.ac.nz

Kāfai koe e fofou ko koe e talanoa i he tahi tino nae hē auai ki te hakilikiliga tēnei, e mafai ke hokotaga koe ki he tino e fafo o te Ola Mālōlō ma Fehoahoaniga Fakapitoa :

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

E mafai foki koe ke hokotaga ki te komiti fakapitoa o te Ola Mālōlō ma Fehoahoaniga Fakapitoa, ko ki latou te na fakamaonia te hakiliga tēnei.

Phone: 0800 4 ETHICS
Email: hdecs@moh.govt.nz

Appendix 8: Pepa o te Maliliega, mo na Takitaki o Tokelau

Pepa o te Malilieaga

Fakamolemole fakahako ke fakailoa ai ko koe kua malie ki nā vaega ei lalo

Kua uma toku faitau ma malamala ki te Pepa mo nā Hui Auai	Io ☐	Hēai ☐
Na lava he taimi nae mafaufau ai au pe auai, pe hēai ki te hakilikiliga tēnei.	Io ☐	Hēai ☐
Na maua e au he avanoa ke fakaaogā te hapoti ma te fehoahoani o toku kāiga ke fehili, ma kae ke malamalama ai au.	Io ☐	Hēai ☐
Kua fakamaliegia au i nā tali na foki mai e uiga ki te hakilikiliga tēnei, ma kua ia te au te Pepa fakataga ma te Pepa o nā fakamatalaga	Io ☐	Hēai ☐
Ko au na malie ke auai ki te hakilikiliga tēnei ma toku iloa, e mafai ia au ke fano kehe i hō he taimi.	Io ☐	Hēai ☐
Kua fakataga e au te taki o te hakilikiliga tēnei ke fakamāoopoopo ma fakaogā aku fakamatalaga, e fakatahi ai ma nā fakamatalaga o toku ola mālōlō.	Io ☐	Hēai ☐
Kāfai ia au kua fofou ke fano kehe mai te hakilikiliga tēnei ko au e malie, ko aku fakamatalaga na fakamaopoopo mai te kāmataga ki te taimi nei kua fano kehe ai au, e mafai ke fakaogā pea.	Io ☐	Hēai ☐
Ko au e malamala ko toku auai ki te hakilikiliga tēnei e puipuia ma e hēai he fakamatalaga e fakamatea ai toku tagata, e fakaaogā i hō he lipoti o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina ia te au te taui e maua i he pakivaleaga e mafua i te hakilikiliga tēnei.	Io ☐	Hēai ☐
E ko iloa pe ko ai te hokotaga e fehiligia e au, e uiga ki hō he vaega o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina oku tiute taukave, ko he fai fakamatalaga.	Io ☐	Hēai ☐
Ko au e fakamoemoe ka maua haku pepa o te tuku fakatahiga o te ata o te hakilikiliga tēnei.	Io ☐	Hēai ☐

Ko te folafolaga mai te hui auai:

Ko au kua malie ke auai ki te hakilikiliga tēnei.

Igoa o te hui auai: _____

Haini: _____ Aho: _____

Ko te folafolaga o te taki o na hakilikiliga:

Kua uma ona fakamatala e au te hakilikiliga tēnei ki te hui auai, ma kua tali foki nā fehili nae fia iloa e te hui auai.

Kua talitonu foki e au kua malamalama foki te hui auai, kua malie foki ke auai ki nā hakilikiliga.

Igoa o te Taki o nā hakilikiliga: _____

Haini: _____ Aho: _____

Appendix 9: Tokelau Adults Focus Group Information Sheet

Participant Information Sheet

Study title:

Locality:	Wellington	**Ethics committee ref**:16/CEN/44
Lead investigator:	Ms Hana S Tuisano	**Contact phone number**: 04 9793105
Supervisor:	Dr Ridvan Tupa'iilevaililigi Firestone	
Co-Supervisors:	Dr Lis Ellison-Loschmann Dr Anna Matheson	

This Participant Information Sheet will help you decide if you'd like to take part in this study. It sets out why am I doing the study, what your participation will involve, what the benefits and risks to you might be, and what happens to the information after the study ends. Before you decide you may want to talk about the study with other people, such as your kaiga, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent form to keep.

This project is the subject of my PhD in Public health which is being undertaken through Massey University. You are invited to take part in this study which is focused on culturally relevant principles and values that promote wellbeing for Pacific people in Aotearoa/NZ.

What is the purpose of the study?

The purpose of this study is to explore the socio-cultural, historical views of Pacific people in order to understand how Pacific people view their wellbeing. This study is unique, because you will take an active role in a Tokelauan Adult Focus Group in developing a culturally relevant way to enable and improve wellbeing for Pacific people in Aotearoa/NZ

What will my participation in the study involve?

I'd like to hear about your stories and views of growing up in New Zealand, and practicing Tokelau cultural way of living at home. During the discussion you are given an opportunity to share your own health beliefs and practices and talk about what that means in terms of wellbeing for you.

The Focus Group discussions will be an hour-and-a half, with a break for refreshments. The discussions will be facilitated and recorded with a digital voice recorder.

Who pays for the study?

This study is funded by the Health Research Council of New Zealand, and you will not incur any study-related costs.

What if something goes wrong?

If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

What are my rights?

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask any questions about the study at any time
- provide information on the understanding that you name will not be used unless you give permission to the researcher
- to be given access to a summary of the project findings when it is concluded
- Ask for the digital recorder to be turned off at any time during the focus group discussions.

What happens after the study or if I change my mind?

The information you give us will be treated with confidence. All information obtained will be stored in a locked, secure environment at the CPHR, Massey University, for a period of 10 years before it is destroyed, and will only be viewed by the named researchers. No individual names will be published.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Ms Hana S Tuisano
Telephone: 04 979105
Email: h.s.tuisano@massey.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone:	0800 555 050
Fax:	0800 2 SUPPORT (0800 2787 7678)
Email:	advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone:	0800 4 ETHICS
Email:	hdecs@moh.govt.nz

Appendix 10: Tokelau Adult Focus Group Consent Form

Consent Forms

Please tick to indicate you consent to the following

I have read and I understand the Participant Information Sheet.	Yes ☐	No ☐
I have been given sufficient time to consider whether or not to participate in this study.	Yes ☐	No ☐
I have had the opportunity to use my kaiga support to help me ask questions and understand the study.	Yes ☐	No ☐
I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.	Yes ☐	No ☐
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time.	Yes ☐	No ☐
I consent to the research staff collecting and processing my information, including information about my health.	Yes ☐	No ☐
If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.	Yes ☐	No ☐
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	Yes ☐	No ☐
I understand the compensation provisions in case of injury during the study.	Yes ☐	No ☐
I know who to contact if I have any questions about the study in general.	Yes ☐	No ☐
I understand my responsibilities as a study participant	Yes ☐	No ☐
I wish to receive a summary of the results from the study.	Yes ☐	No ☐

Declaration by participant:

I hereby consent to take part in this study.

Participant's name: _____

Signature: _____ Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____ Date: _____

Appendix 11: Pepa fakamatala mo nā hui auai Tokelau Adults Focus Group

Ko te Pepa Fakamatala mo nā Hui Auai

Ko te igoa o te hukehukega:		
		Ethics committee
Koga:	Ueligitone	**ref**:16/CEN/44
Ko te Taki:	Ms Hana Salome Tuisano	**Contact phone number:** 04 9793105
Ko te takiala fehoahoani:	Dr Lis Ellison-Loshmann Dr Anna Matheson	
Ko nā hoa :	Dr Ridvan Tupa'iilevaililigi Firestone	

Ko te Pepa o nā Fakamatalaga tēnei: Ka fehoahoani atu ki a te koe, ke fai ai hau filifiliga pe fofou koe ke kavea koe ma vaega o te hakilikiliga tēnei. Ka fakailoa atu te kautū e ko faia ai te hakilikiliga tēnei, he ā foki hō hao, pe ni ā foki ni leleiga ma ni afainaga ki a te koe, kae he ā foki te ka tutupu kāfai kua uma te hakilikiliga.

E mafai koe ke talanoa ki he tahi tino, vē

- ko he kāiga,
- ko tō fomai
- ko he tino mahani i te hakilikiliga tēnei

Ka ko heki faia hau filifiliga.

Kāfai ko koe e malie ke fai hō hao ki te hakilikiliga tēnei, fakamolemole ke haini te Pepa o te Maliliega ei te toe pahiga/itulau o te Pepa tēnei. E foki atu au kopi o nā pepa iēnei.

Ko te galuega, pe ko te hakilikiliga tēnei e fakapitoa ki te Ola Mālōlō o te Kaifenua, ko te faitotoka foki ia e mafai ke maua ai e au te fakailoga e taku ko te Fomai o te Potohalalau (PhD) e taukave nei e au i te Massey University Wellington. E kalaga atu ma te loto maualalo, pe iei hō hao i te hakilikiliga tēnei, ona e fakatāua lahi ai nā tū ma nā taki fakaatunuku e talafeagai ma nā fakatauaga a te ola mālōlō, e mafai ai ke maua te ola malōlōgia o tagata Pahefika.

He ā te fakamoemoega/moemitiga o te hakilikiliga tēnei?

Ko te tau atiakega o he ata fakatakitaki o te ola mālōlō o tagata Pahefika.
E kehe lava te hakilikiliga tēnei auā ko koe he tino matua e o te fakalāpotopotoga o Tokelau, kāfai hō hao taua i te atiakega fakateatunuku e talafeagai i te fakamalohiga o te takiga o te ola mālōlōina o te ola o tagata Pahefika.

He ā toku hao i loto o te hakilikiliga tēnei?

Vaega muamua: Te fia fakalogo ki ni au tala i te ola mālōlō na ola ake ai koe i Tokelau ma te olaga kua ola ai koe i Niu Hila nei.

Ko te tatou galuega hōvē he itulā ma he afa, ka fakaogā te mahini puke leo mo nā talanoaga, kae e mafai ke tapē kāfai koe e fofou ki ei.

Ko te taimi lā tēnei e fai ai he tatou fakamalohi tino. ē

E totogi e ai te hakilikiliga tēnei?

Ko te hakilikiliga tēnei e fakatupe mai e te Pulega o Hakilikiliga o te Ola Mālōlō i Niu Hila.

e vehea kāfai e i ei he pahala?

Kāfai ko koe e pakivalea i te hakilikilga tēnei, talohia e hēai. Ka maua e koe te taui mai ACC e vē lava kāfai koe na pakivalea i he fakalavelave i te galuega pe ko kāiga.

Kāfai e iai hau life insurance, e mafai ke fakafehokotaki e koe tau life insurance e hē afaina ki latou, i te pakivaleaga tēnei.

Ni oku hakoga?

E ia te koe te hakoga e:

- e hē fakatahi mai
- e hē ke talia ni fehili e he fofou koe ke tali e koe
- fano kehe mai te hakilikiliga tēnei
- e mafai ke fakafehiligia e koe te hakilikiliga tēnei i hō he taimi
- ko ou fakamatalaga e hē tuhia tō igoa i te hakilikiliga tēnei, vaganā kua foki e koe te fakatagaga ki te tino hakilikili
- E i ei tō hakoga e foki atu ki a te koe nā fakamaumauga o te galuega hakilikili kāfai kua totoka

He ā te tutupu kāfai e uma te hakilikiliga pe kua hui toku mafaufau?

Ko nā fakamatalaga kua tuku mai ki a te ki tatou, kāfai ma te fakaetete. Ko nā fakamatalaga uma lele kua maua, ka teu i he loka puipuia i te Centre of Public Health Research, i te Massey University mo he hefulu tauhaga, ka ko heki fakatinoa, ma e fakataga oi oti ke kikila ki ei nā tino hakilikili kua fakatagagia. E hē fakamatea nā igoa o nā tino takitahi e a latou nā fakamatalaga.

Ko ai te hokotaga au ki ei mo ni e tahi fakamatalaga, pe he mea e mafaufau popole au ki ei?

Kāfai e i ei ni au fehili, ni popolega pe ni faitioga ki hō vaega o te hakilikiliga, e mafai koe ke hokotaga ki a:

Ms Hana S Tuisano
Telephone: 04 9793105
Email: h.s.tuisano@massey.ac.nz

Kāfai koe e fofou ko koe e talanoa i he tahi tino nae hē auai ki te hakilikiliga tēnei, e mafai ke hokotaga koe ki he tino e fafo o te Ola Mālōlō ma Fehoahoaniga Fakapitoa :

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

E mafai foki koe ke hokotaga ki te komiti fakapitoa o te Ola Mālōlō ma Fehoahoaniga Fakapitoa, ko ki latou te na fakamaonia te hakiliga tēnei.

Phone: 0800 4 ETHICS
Email: hdecs@moh.govt.nz

Appendix 12: Pepa o te Maliliega Tokelau Adults Focus Group

Pepa o te Malilieaga

Fakamolemole fakahako ke fakailoa ai ko koe kua malie ki nā vaega ei lalo

Kua uma toku faitau ma malamala ki te Pepa mo nā Hui Auai	Io ☐	Hēai ☐
Na lava he taimi nae mafaufau ai au pe auai, pe hēai ki te hakilikiliga tēnei.	Io ☐	Hēai ☐
Na maua e au he avanoa ke fakaaogā te hapoti ma te fehoahoani o toku kāiga ke fehili, ma kae ke malamalama ai au.	Io ☐	Hēai ☐
Kua fakamaliegia au i nā tali na foki mai e uiga ki te hakilikiliga tēnei, ma kua ia te au te Pepa fakataga ma te Pepa o nā fakamatalaga	Io ☐	Hēai ☐
Ko au na malie ke auai ki te hakilikiliga tēnei ma toku iloa, e mafai ia au ke fano kehe i hō he taimi.	Io ☐	Hēai ☐
Kua fakataga e au te taki o te hakilikiliga tēnei ke fakamāoopoopo ma fakaogā aku fakamatalaga, e fakatahi ai ma nā fakamatalaga o toku ola mālōlō.	Io ☐	Hēai ☐
Kāfai ia au kua fofou ke fano kehe mai te hakilikiliga tēnei ko au e malie, ko aku fakamatalaga na fakamaopoopo mai te kāmataga ki te taimi nei kua fano kehe ai au, e mafai ke fakaogā pea.	Io ☐	Hēai ☐
Ko au e malamala ko toku auai ki te hakilikiliga tēnei e puipuia ma e hēai he fakamatalaga e fakamatea ai toku tagata, e fakaaogā i hō he lipoti o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina ia te au te taui e maua i he pakivaleaga e mafua i te hakilikiliga tēnei.	Io ☐	Hēai ☐
E ko iloa pe ko ai te hokotaga e fehiligia e au, e uiga ki hō he vaega o te hakilikiliga tēnei.	Io ☐	Hēai ☐
E maina oku tiute taukave, ko he fai fakamatalaga.	Io ☐	Hēai ☐
Ko au e fakamoemoe ka maua haku pepa o te tuku fakatahiga o te ata o te hakilikiliga tēnei.	Io ☐	Hēai ☐

Ko te folafolaga mai te hui auai:

Ko au kua malie ke auai ki te hakilikiliga tēnei.

Igoa o te hui auai: _____

Haini: _____ Aho: _____

Ko te folafolaga o te taki o na hakilikiliga:

Kua uma ona fakamatala e au te hakilikiliga tēnei ki te hui auai, ma kua tali foki nā fehili nae fia iloa e te hui auai.

Kua talitonu foki e au kua malamalama foki te hui auai, kua malie foki ke auai ki nā hakilikiliga.

Igoa o te Taki o nā hakilikiliga: _____

Haini: _____ Aho: _____

Appendix 13: Pacific health workers and policy workers Information Sheet

Participant Information Sheet

Study title:			
Locality:	Wellington	Ethics committee ref: 16/CEN/44	
Lead investigator:	Ms Hana S Tuisano	Contact phone number:	04 9793105
Supervisor:	Dr Lis Ellison-Loschmann		
Co-Supervisors:	Dr Anna Matheson Dr Ridvan Tupa'iilevaililigi Firestone		

This Participant Information Sheet will help you decide if you'd like to take part in this study. It sets out why I am doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. Before you decide you may want to talk about the study with other people, such as your kaiga, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This project is the subject of my PhD in public health which is being undertaken through Massey University. You are invited to take part in this study which is focused on culturally relevant principles and values of health empowerment to enable healthier living and addressing obesity in Pasifika people.

What is the purpose of the study?

The purpose of this study is to develop a Pacific Health framework to improve Pacific people health and wellbeing. This study is unique, because you (the participant) will take an active role in consulting and advising on the ideas, and the functioning of a Pacific Health Framework.

What will my participation in the study involve?

As a key informant to the study, we will be seeking your professional knowledge and lived experiences, using a combination of structured and open-ended questions on whether there is scope for a Pacific Health Framework addressing wellbeing to be a useful resource for health professionals, or in a professional health setting (e.g., primary health organization), or to be used anywhere else.

I will share with you information collected from Pasifika youth about what they believe to be important principles and values for health empowerment and healthier living. I'd like to hear your views about what the youth are saying drawing on your experiences of working in a professional health setting.

I will be drawing from your expertise to assist us to validate, reshape, refine perspectives on the Pasifika Health Model. The interview may take up to an hour and a half and it will also be captured through digital voice recording.

Who pays for the study?

This study is funded by the Health Research Council of New Zealand, and you will not incur any study-related costs.

What if something goes wrong?

If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

What are my rights?

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask any questions about the study at any time
- provide information on the understanding that you name will not be used unless you give permission to the researcher
- to be given access to a summary of the project findings when it is concluded
- ask for the digital recorder to be turned off at any time during the focus group discussions.

What happens after the study or if I change my mind?

The information you give us will be treated with confidence. The information you give us will be treated with confidence. All information obtained will be stored in a locked, secure environment at the CPHR, Massey University, for a period of 10 years before it is destroyed, and will only be viewed by the named researchers. No individual names will be published.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Ms Hana S Tuisano
Telephone: 04 979105
Email: h.s.tuisano@massey.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone:	0800 555 050
Fax:	0800 2 SUPPORT (0800 2787 7678)
Email:	advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone:	0800 4 ETHICS
Email:	hdecs@moh.govt.nz

Appendix 14: Pacific health workers and policy workers Consent form

Consent Forms

Please tick to indicate you consent to the following

I have read and I understand the Participant Information Sheet.	Yes ☐	No ☐
I have been given sufficient time to consider whether or not to participate in this study.	Yes ☐	No ☐
I have had the opportunity to use my kaiga support to help me ask questions and understand the study.	Yes ☐	No ☐
I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.	Yes ☐	No ☐
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time.	Yes ☐	No ☐
I consent to the research staff collecting and processing my information, including information about my health.	Yes ☐	No ☐
If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.	Yes ☐	No ☐
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	Yes ☐	No ☐
I understand the compensation provisions in case of injury during the study.	Yes ☐	No ☐
I know who to contact if I have any questions about the study in general.	Yes ☐	No ☐
I understand my responsibilities as a study participant	Yes ☐	No ☐
I wish to receive a summary of the results from the study.	Yes ☐	No ☐

Appendix 15: Ethics Approval Letter

Health and Disability Ethics Committees

Health and Disability Ethics Committees
Ministry of Health
Freyberg Building
20 Aitken Street
PO Box 5013
Wellington
6011

0800 4 ETHICS
hdecs@moh.govt.nz

13 May 2016

Ms Hana Salome Tuisano
Wellington Campus
PO Box 756
Wellington 6140
Wellington 6140

Dear Ms Tuisano

Re:	**Ethics ref:**	**16/CEN/44**
	Study title:	What are the relevant principles that enables healthy living for Pasifika people in Aotearoa?

I am pleased to advise that this application has been *approved* by the Central Health and Disability Ethics Committee. This decision was made through the HDEC-Expedited Review pathway.

Conditions of HDEC approval

HDEC approval for this study is subject to the following conditions being met prior to the commencement of the study in New Zealand. It is your responsibility, and that of the study's sponsor, to ensure that these conditions are met. No further review by the Central Health and Disability Ethics Committee is required.

Standard conditions:

1. Before the study commences at *any* locality in New Zealand, all relevant regulatory approvals must be obtained.

2. Before the study commences at *a given* locality in New Zealand, it must be authorised by that locality in Online Forms. Locality authorisation confirms that the locality is suitable for the safe and effective conduct of the study, and that local research governance issues have been addressed.

After HDEC review

Please refer to the *Standard Operating Procedures for Health and Disability Ethics Committees* (available on www.ethics.health.govt.nz) for HDEC requirements relating to amendments and other post-approval processes.

Your **next progress report** is due by **12 May 2017.**

Participant access to ACC

The Central Health and Disability Ethics Committee is satisfied that your study is not a clinical trial that is to be conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled. Participants injured as a result of treatment received as part of your study may therefore be eligible for publicly-funded compensation through the Accident Compensation Corporation (ACC).

Please don't hesitate to contact the HDEC secretariat for further information. We wish you all the best for your study.

Yours sincerely,

Mrs Helen Walker
Chairperson
Central Health and Disability Ethics Committee

Encl: appendix A: documents submitted
appendix B: statement of compliance and list of members

Appendix 16: Tokelau Elders interview schedule

Tokelau Elders Interview Guideline

I'd like to hear about your views and experiences of growing up in Tokelau.

- *What were the obligations?*
- *What types of support was needed?*
- *What was the hope of your family for you?*

What role did food play when you were growing up in Tokelau?

- *How did your family prepare and gather food? (Breakfast, lunch, dinner)*
- *Celebrations Wedding, Funeral, kilikiti,*
- *Could you please describe the preparations and obligations?*
- *Could you please describe the types of foods you would have*?

Can you please share your views of the importance of kaiga?

- *What is the role of the kaiga in the nuku?*
- *Why is the kaiga important to the nuku?*

Can you please share your story of how you came to New Zealand?

- *Why did you come to New Zealand?*
- *Did you come as part of the New Zealand Government schemes?*

In New Zealand did your responsibilities to your kaiga and nuku change for you?

- *What were the differences you experienced while living in NZ?*

Arriving in NZ can you share some stories about you having to adjust to new types of foods?

- *For example my aunties went to the supermarket and bought what they thought was corn-beef and ate it, afterwards they read the label and they discovered it was cat meat.*

Could you please describe some of the differences of adjusting to the NZ way of living?

For example: work, children going to school, attendance to community gathering

Have a break for refreshments:

- What is important for you to safeguard your grandchildren/family enjoy health and wellbeing in the future?

- What vision do you have for your grandchildren to be healthy? What does it mean to you (or look like to you)?

- What is the vision you have for a healthy Tokelauan person and community in the future, what does that mean to you (or look like to you)?

In fakatokelau the Tifa is known to be highly valued, could you please share some insights about why Tokelauans place a high value on the Tifa?

- *The giving away of the Tifa – (bride)*
- *When the tautai uses it for fishing?*
- *The growth and the developments of the Tifa*
- *The cutting and shaping of the Tifa*

Appendix 17: Ko te alataki e fakafehiligia ai na Toeaina ma Mātua o Tokelau

Ko te alataki e fakafehiligia ai na Toeaina ma Mātua o Tokelau

Fakamolemole la koe, fai ake hau tala, fehoahoaniga ma he fetufaakiga ki na matakupu ienei

Ko te olaga mahani i Tokelau

- *Nia ni mea na mafaufau koe kiei e tatau ona ke faia?*
- *Nia ni fehoahoaniga nae fofou koe kiei?*
- *Nia ni fakamoemoega o to kaiga mo koe?*
- *Nia ni fakamoemoega ma ni moemitiga mo koe i te lumanaki?*

Hauniuniuga mo ni meakai

- *Nia ni hauniuniga a te kaiga i te meakai mo te taeao, te aoauli ma te afiafi*
- *Nia ni hauniuniga e fai kafai he Faipoipoiga, te Maliu, he kaiga a te nuku,/faka-lapotopotoga, tafaoga, mtm. E vehea te fakapolokalamega.*

Nuku ma te Kaiga

- *Hea te tulaga o te kaiga i te va ma te nuku?*
- *Aihea te fakataua ai e te nuku te kaiga?*
- *Hea te inati system, e ve hea te faiga ma te fakatinoga,*
- *hea to lagona ki na mea nae taua i to olaga i Tokelau, kua pa mai koe ki Niu Hila – hea to lagona kua ie ai koe nei?*

Te olaga faka-Niuhila?

- *Na vehea to hau ki Niu Hila?*
  -he tauale, o ou tamaiti, ma ie tahi mea

- *Na kaumai koe i luga o te Hikimi o te malo a Niuhila?*
  - *e ve ko te singles, scholarship, resettlement scheme*
- *Kua iei ni huiga ki o tiute mahani ki to kaiga ma to nuku?*
- *Ni a ni huiga lalahi kua afaina ai o lagona, ma o mafaufauga i Tokelau*

Ko te fakafetauiaga o te olaga faka-Tokelau ma te olaga faka-Niuhila

- *hea te kehekehega o na galuega nae fai i Tokelau ma na galuega kua fai i Niuhila?*
  - *Taulelea, fafine, matua, tamaiti*
  - *te hauniuniga ma te faiga o na meakai,*
  - *te fakamahaniga o na taimaiti i te akoga*
  - *fakamahani ma na auala ki na galuega – car, train, bus, budgeting, currency*

Ko te Tifa he koa taua i Tokelau – Ai hea nei?

- Hea te fakakahoa ai te teine faipoipo I he pa?
- Hea na itukaiga ika e fakaoga kiei te pa?
- E mafia nei ona fakamatala mai e koe te ola ake o te Tifa?
- E fakatino vehea te tutuga ma te fakafoliaga o he pa?

Have a break for refreshments:

Nei, ko koe he toeaina o te fakalapotopotoga, kua kavatu te avanoa kia te koe. E faufau vehea e koe he takiala mo te tupulaga, ke faia ai ni filifilga hako o na meakai e tatau ma te ola malologia

What is important for you to safeguard your grandchildren/family enjoy health and wellbeing in the future?

What vision do you have for your grandchildren to be healthy? What does it mean to you (or look like to you)?

And what do you see as being the best ways to achieve this vision?

Appendix 18: Tokelau Leaders interview schedule

Tokelau Leaders Interview Guideline

I'd like to hear about your views and experiences of growing up in Tokelau.

- *What were the obligations?*
- *What types of support was needed?*
- *What was the hope of your family for you?*

What role did food play when you were growing up in Tokelau?

- *How did your family prepare and gather food? (Breakfast, lunch, dinner)*
- *Celebrations Wedding, Funeral, kilikiti,*
- *Could you please describe the preparations and obligations?*
- *Could you please describe the types of foods you would have*?

Can you please share your views of the importance of kaiga?

- *What is the role of the kaiga in the nuku?*
- *Why is the kaiga important to the nuku?*

Can you please share your story of how you came to New Zealand?

- *How did you come to New Zealand?*
- *Did you come as part of the New Zealand Government schemes?*

In New Zealand did your responsibilities to your kaiga and nuku change for you?

- *What were the differences you experienced while living in NZ?*

Arriving in NZ can you share some stories about you having to adjust to new types of foods?

- *For example my aunties went to the supermarket and bought what they thought was corn-beef and ate it, afterwards they read the label and they discovered it was cat meat.*

Could you please describe some of the differences of adjusting to the NZ way of living?

For example: work, children going to school, attendance to community gathering

In fakatokelau the Tifa is known to be highly valued, could you please share some insights about why Tokelauans place a high value on the Tifa?

Sub headings:

- The giving away of the Tifa – (bride)
- When the tautai uses it for fishing?
- The growth and the developments of the Tifa
- The cutting and shaping of the Tifa

Have a break for refreshments:

Part two*: I will play the video of the Pasifika Youth Empowerment Programme*

What stood out for you in the video?

- *Did anything resonate in you?*
- **As a leader in your community and you were given the opportunity, how would you develop a pathway for a healthy Tokelau community to make healthy food choices?**

  For example the fizzy free ban in Tokelau, has changed the behaviour of the Tokelau communities in Wellington to drinking water only at their festivity feasts – absolutely no fizzy drinks allowed.

- **What is the vision you have for a healthy Tokelauan Community in the future, what does that mean to you (or look like to you)?**

  And what do you see as being the best ways to achieve this vision?

Appendix 19: Ko te alataki e fakafehiligia ai na Takitaki o Tokelau

Ko te Alataki e Fakafehiligia ai na Takitaki o Tokelau

Fakamolemole la koe, fai ake hau Tala, Fehoahoaniga ma he Fetufaakiga ki na matakupu ienei

Ko te olaga mahani i Tokelau

- *Nia ni mea na mafaufau koe kiei e tatau ona ke faia?*
- *Nia ni fehoahoaniga nae fofou ko kiei,?*
- *Nia ni fakamoemoega o to kaiga mo koe?*
- *Nia ni fakamoemoega ma ni moemitiga mo koe i te lumanaki?*

Hauniuniuga mo ni meakai

- *Nia ni hauniuniga a te kaiga i te meakai mo te taeao, te aoauli ma te afiafi*
- *Nia ni hauniuniga e fai kafai he Faipoipoiga, te Maliu, he kaiga a te nuku,/faka-lapotopotoga, tafaoga, mtm. E vehea te fakapolokalamega.*

Nuku ma te Kaiga

- *Hea te tulaga o te kaiga i te va ma te nuku?*
- *Aihea te fakataua ai e te nuku te kaiga?*
- *Hea te inati system, e ve hea te faiga ma te fakatinoga,*
- *hea to lagona ki na mea nae taua i to olaga i Tokelau, kua pa mai koe ki Niu Hila – hea to lagona kua ie ai koe nei?*

Te olaga faka-Niuhila?

- *Na vehea to hau ki Niu Hila?*
  -he tauale, o ou tamaiti, ma ie tahi mea

- *Na kaumai koe i luga o te Hikimi o te malo a Niuhila?*
  - *e ve ko te singles, scholarship, resettlement scheme*
- *Kua iei ni huiga ki o tiute mahani ki to kaiga ma to nuku?*
- *Ni a ni huiga lalahi kua afaina ai o lagona, ma o mafaufauga i Tokelau*

Ko te fakafetauiaga o te olaga faka-Tokelau ma te olaga faka-Niuhila

- *hea te kehekehega o na galuega nae fai i Tokelau ma na galuega kua fai i Niuhila?*
  - *Taulelea, fafine, matua, tamaiti*
  - *te hauniuniga ma te faiga o na meakai,*
  - *te fakamahaniga o na taimaiti i te akoga*
  - *fakamahani ma na auala ki na galuega – car, train, bus, budgeting, currency*

Ko te Tifa he koa taua i Tokelau – Ai hea nei?

- Hea te fakakahoa ai te teine faipoipo I he pa?
- Hea na itukaiga ika e fakaoga kiei te pa?
- E mafia nei ona fakamatala mai e koe te ola ake o te Tifa?
- E fakatino vehea te tutuga ma te fakafoliaga o he pa?

Have a break for refreshments:

E ke manatua ni polokalame a te Ola Malolo nae fai mo te nuku ma te lotu?

Do you recall any health programmes run by Health Service providers in your church community?

Did the Health Service providers target any obesity programmes?

E ke manatua ni polokalame a te Ola Malolo e fakatutonu ki te tinoputa.

Part two**: **I will play the video of the Pasifika Youth Empowerment Programme

Ka matamatama mai koutou ki te polokalame Fakamalohiaga mai te kautalavou mai te Pahefika.

What stood out for you in the video? nia ni mea taua na ke pukea mai I te ata tenei?

- *Did anything resonate in you? E iei he mafialeo na fakaohofia ai o lagona?*
- As a leader in your community and you were given the opportunity, how would you develop a pathway for the youth to make healthy food choices?

  Nei, ko koe he takitaki, kua kavatu te avanoa kia te koe. E faufau vehea e koe he takiala mo te tupulaga, ke faia ai ni filifilga hako o na meakai e tatau ma te ola malologia
- What is the vision you have for a healthy Tokelauan Community in the future, what does that mean to you (or look like to you)?

  And what do you see as being the best ways to achieve this vision?

Appendix 20: Pacific Health and Policy workers Interview Schedule

Interview Schedule

1. *What are your 'hopes and dreams' for the youth and young generation of Pasifika people in NZ, in relation to healthier living?*

   Sub-questions:
   - *Request further information based on their views*

2. *As a Pacific Health Worker, Manager, GP, Registered Nurse*
   What is your perception of a Pasifika Health Model that can be used for youth?

   Sub-questions:
   - *Elaborate further on <u>any models</u> that are currently being used among youth in general and/or in Pacific youth?*

3. *I will show the video about Pasifika Youth Empowerment Programme from the Pasifika youth. I will then ask the participant to share and discuss their views by asking these key questions:*

   - *What stood out for you in the video?*
   - *What was important for you?*
   - *Based on the models we've discussed, how do you see the Pasifika Youth Empowerment Programme being part of the services that you are currently providing for Pacific youth? Elaborate further.*
   - *Do you see this programme fit with your 'hopes and dreams'? Elaborate further.*

Appendix 21: Adults Focus Group Interview schedule

Tokelau Adults Focus Group Discussion

Interview Guideline:

Lets discuss pre and post Christianity

Could you please share some stories of growing up in New Zealand, and living a Tokelau lifestyle at home?

- *Were there any differences?*
- *What were your childhood experiences when you went to school with non-Tokelauans?*
- *Were there any routines after school different to sports practices after school?*
- *What time was dinner time, or how was lunch prepared for you at school?*
- *Were your parents working at the time you were at school?*

What are your hopes and dreams growing up in New Zealand as a Tokelauan?

- *What inspired you the most growing up?*
- *What were your challenges?*
- *What did your parents expect from you?*
- *What are your values and beliefs as a Tokelauan?*

Could you share your own health beliefs and practices about obesity?

- *What are your experiences of doing things that helped your own wellbeing?*
- *Was this influenced from your families or influenced by what you were exposed to seeing ill parents or grandparents happening at home?*
- *Do you think it was influenced by culture?*
- *Do you think it was influenced by not having any other exposure?*

Let's talk about what that means in term of enabling a healthier lifestyle is for you?

- *Part of our culture we like to have a good laugh but there is an element of seriousness to enabling a healthier lifestyle is for us?*
- *Do you think speaking positively to each other is another form of a healthy lifestyle? How do we look after ourselves?*
- *Describe what this means?*

Break for refreshments:

I will show the video of Pasifika Youth Empowerment Programme

What stood out for you or what resonated in you?

What could you relate to?

What do you believe are the practical things that can be done to facilitate health and wellbeing in our community moving forward?

For example the 'fizzy free' ban in Tokelau, has changed the behaviour of the Tokelau communities in Wellington to drinking water only at their festivity feasts – absolutely no fizzy drinks allowed.

What are your values in relation to healthy lifestyle and how can they be used to address in Pasifika communities?

Earlier in the session you spoke about values as Tokelauans how would you value healthy lifestyle to address obesity in Pasifika communities?