

THE VĀ BETWEEN THE NEW ZEALAND HEALTH SYSTEM, PASIFIKA FAMILIES AND THE CHURCH

A qualitative study

*Taurere Teganahau**

Helen Anderson†

Rosemary Dewerse‡

Abstract

Research on the health outcomes of Pasifika people in New Zealand has begun to focus on the church's role as well as that of the Pasifika worldview. This study explores the relationship between the church, Pasifika families and the health system through the concept of vā. Five Pasifika participants, four parishioners and their church minister were interviewed online to facilitate dialogue and gather their voices. Four themes emerged from the interviews and the data analysis: (1) the role of family and close relationships, (2) interactions with healthcare, (3) the role of the church and (4) overarching systemic discussions. It was found that the preconceptions of some medical professionals regarding Pasifika familial, medical or religious values and practices may lead to unfruitful connections with Pasifika. Also, across all contexts, the values of engagement, honesty, respect and accessibility were key contributors to creating healthy relationships. The vā elements can form a framework to help in understanding the complexity of these connections.

Keywords

church, health, Pasifika, relatedness, vā

Introduction

In New Zealand, the Pasifika population is composed of multiple ethnicities, cultures and languages linked with the islands of the Pacific. The

terms "Pasifika", "Pasifika people" and "Pasifika communities" are defined in New Zealand as groups of people originating from the subregion of the Pacific Ocean, namely, Melanesia, Micronesia

* Registered Osteopath, Unitec Institute of Technology, Auckland, New Zealand. Email: Taurereteg@hotmail.com

† Research Supervisor, Unitec Institute of Technology, Auckland, New Zealand.

‡ Academic Dean, Uniting College for Leadership and Theology/University of Divinity, Adelaide, Australia.

and Polynesia (Ministry of Health, 2020). Over 60% of the Pasifika population is concentrated within the Auckland region (Stats NZ, 2023a). The Pasifika population is projected to make up 11% of New Zealand's population by 2043, compared with 8% in 2018 (Stats NZ, 2023b). This growing population highlights the importance of understanding Pasifika health. However, it has been suggested that positive health outcomes within Pasifika communities are lower than those in the general New Zealand population (Ministry of Health, 2020; Ministry of Social Development, 2016; Ryan et al., 2019). Many factors have caused this difference in health outcomes.

When the relatedness between Pasifika people and the health system through different reports is summarised, communication seems to be a key determinant of the quality of care experienced by Pasifika (Taylor et al., 2019). This could mean that improving the communication and relationship between the Pasifika communities and the health system would improve health outcomes (Hopoi & Nosa, 2020; Ministry of Health, 2020; Taylor et al., 2019). Many reports and studies about Pasifika communities define the group as being collectivist and holistic (Health Promotion Forum of New Zealand, n.d.; Puluotu-Endemann, 2001). It is thought that an individual member of the group cannot be properly understood without their social context. In discussions of the entity or place where Pasifika traditions are being practised, the church appears to be central (Macpherson, 2011).

One way to understand communication factors through the lens of Pasifika peoples is by using the *vā* concept (Tuagalu, 2008).

The *vā*

The *vā* is a term defined mainly in the Samoan and Tongan languages. According to Wendt (1996), it is characterised by the space between individuals that relates them rather than being a literal empty space. It is a vast concept that connects Pasifika people, values and beliefs, socially and spiritually (Wendt, 1996). Ka'ili (2005) indicates the pan-Pacific nature of *vā*, which has linguistic commonalities across multiple Pasifika languages, including Tongan, Samoan, Rotuman and Tahitian. The common literal translation of this term tends to be "relationship" (Tuagalu, 2008; Wendt, 1996). However, there are arguments concerning the use of this specific translation (Reynolds, 2016). Through the Tongan lens, Poltorak (2007) argues that this term is fundamentally extraneous to the holistic context of the *vā* and mentions a latent ideology. He would rather use the translation "relatedness" (Poltorak, 2007).

The different elements of *vā*

Different elements of *vā* interact and demonstrate a holistic view, as seen in Figure 1 (Tuagalu, 2008). In Samoan understanding, *vā o tagata* indicates the relational space between people, *vā fealofani* indicates the relation between blood-related siblings or brotherly sisterly relations, *vā feiloa'i* is associated with meeting protocols, *vā tapua'i* refers to the worshipful space and *vā fealoaloa'i* refers to the respectful space (Tuagalu, 2008). Another Samoan expression linked with the *vā* is "ia teu le *vā*", which translates to the care of relationships (Ana'e, 2010). The *vā* emphasises the values of the community rather than individualism

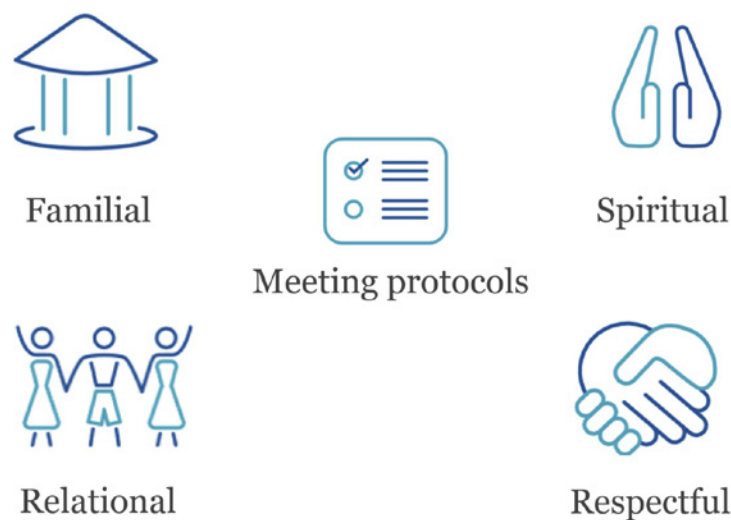


FIGURE 1 Different elements of *vā* (Tuagalu, 2008)

(Anae, 2010; Southwick et al., 2012; Tuagalu, 2008). Any individual within a Pasifika group can be defined fully only in the context of their position within the community.

The concept of vā enables access to the Pasifika worldview when it comes to the relatedness between Pasifika communities and the health system.

Pasifika–health system relationships

Racism towards Pasifika people in health settings, including verbal attacks, physical attacks and unfair situations, has been documented (Harris et al., 2018, 2019). Reports have been published about unconscious biases held by health practitioners in terms of Pasifika people’s inability to understand and follow medication plans (Harris et al., 2018, 2019; McKinlay et al., 2015; Ministry of Health, 2020).

It appears that appropriate engagement and approaches of clinicians are essential for a trustworthy relationship (Chandra & Mohammadnezhad, 2020; Pio & Nosa, 2020). Examples include positive attitudes, soft vocal tone, politeness, welcoming behaviour and acknowledging the patient’s expertise when appropriate (Chandra & Mohammadnezhad, 2020; Pio & Nosa, 2020). All those actions reflect the core values shared among all Pacific cultures: love, family, collectiveness, respect, spirituality and reciprocity (Pasifika Proud, 2020). In addition, the level of patient trust can be determined by the title of the doctor (Chandra & Mohammadnezhad, 2020). The title can be both a barrier and an enabler. On the one hand, the title can enable high compliance with management plans (Chandra & Mohammadnezhad, 2020). On the other hand, the title can reveal a power imbalance between Pasifika patients and health practitioners in the form of hesitancy to ask questions or disagreeing with doctors (Pio & Nosa, 2020).

Family, church and villages were and are arguably building blocks of community life in the Pacific islands. In New Zealand, the church tends to function like a village, where ministers are similar to a village chief (Macpherson, 2011). That is why it is thought that church ministers play an essential role in the health of the Pasifika communities.

Pasifika churches and health

In 2023, according to statistics in New Zealand, religion was significant in the life of the Pasifika communities, and over 60% of Pasifika people were affiliated with the Christian religion (Stats NZ, 2023a). Generally, it is thought that the

church has a crucial role in Pasifika communities, simulating social structures from the Pacific islands (Hopoi & Nosa, 2020; Thomsen et al., 2018). Some Samoan heads of the church reported connecting with health promotion agencies (Hopoi & Nosa, 2020). The role of Samoan ministers consisted of authorising health promotion campaigns, such as Zumba dance fitness programmes, walks and sports activities (Hopoi & Nosa, 2020). An example of the role of the church in enhancing communication with the health system happened in 2021 during the COVID-19 health crisis. Health officials met with church ministers to consider different approaches to helping Pasifika communities (“Churches Credited with Helping”, 2021). Church leaders’ main tasks were to demystify false information about the vaccines, and their actions were credited with an increase in the vaccine uptake by the Pasifika population (“Churches Credited with Helping”, 2021).

There were also, however, barriers to health promotion interventions within churches. Within Samoan churches, ministers reported failure of health interventions due to the irregular communication between health agencies and the church communities (Hopoi & Nosa, 2020). In addition, there was a slight decrease in Christian affiliations in 2023 compared with 2018, from just over 65% to just over 60% (Stats NZ, 2018, 2023a). The gradual shift of Pasifika generations shows a change from a culture centred on the church to a culture centred on a multi-support system (Ministry of Social Development, 2016; Thomsen et al., 2018).

This study sought to explore the relatedness between Pasifika people, the church and the New Zealand health system using the vā concept. It also sought a pathway to better health messaging and thus greater health outcomes for Pasifika. To do so, it used the Tafatolu framework that acknowledges both Pacific and Western worldviews, beliefs and values.

Methodology and methods

The Tafatolu framework, as illustrated in Figure 2, is a Samoan methodology developed by Fosi Palaamo (2018). He illustrated the Tafatolu as a three-sided methodological framework composed of a contemporary academic approach, a cultural approach and a self-approach that locates the researcher within the research.

Contemporary academic approach

The contemporary academic approach is one side of the Tafatolu methodological framework, which

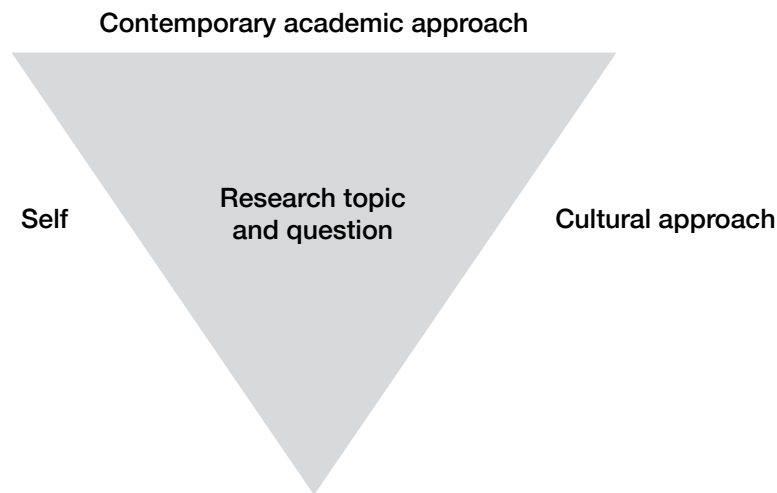


FIGURE 2 Tafatolu methodological framework (Palaamo, 2019)

includes dominant academic methodologies: quantitative, qualitative or mixed methods methodologies (Palaamo, 2018).

In this study, episodic narrative interviews were used to gather stories and experiences (Mueller, 2019). The episodic narrative interview is a fusion of different elements from narrative inquiry, episodic interview and semi-structured interview methodologies (Mueller, 2019).

Palaamo (2018) points out the need to merge and tailor the values of these contemporary academic approaches with values better matching those of the group being studied. In this study, the values of the interview methodologies mentioned above were fused with talanoa.

Cultural approach

The second side of the Tafatolu methodological framework, the cultural approach, incorporates any Indigenous methodology widely used by researchers for the study (Palaamo, 2018).

In this research project, the emphasis was placed on exploring health communication through the lens of Pasifika people. The narrative component of talanoa was thus the foundation of the cultural approach during the research with parishioners and church minister. For talanoa to be successful, empathy and emotions must be considered (Stewart-Withers et al., 2017). Talanoa fits well with the episodic narrative interview because they both rely on storytelling. In addition, talanoa embraced different tangents taken by participants during the interviews if needed (Stewart-Withers et al., 2017).

Self-approach

The third approach involved what the researcher brought to the project: the self-approach. According to Palaamo (2018), the researcher has the task of placing themselves on an outsider-insider spectrum depending on the subject being discussed.

Researcher's background

Iaorana, O Taurere TEGANAHAU to 'u i'oa. I am a Pasifika osteopath who grew up in a multicultural family (Chinese and Tahitian) in Taunua, Papeete, Tahiti. The different concepts of Pasifika communities, family and culturally tailored behaviour were embedded in my education. After starting my studies in health, a memory from my experience of the Tahitian health system struck me. I tried to picture the entrance of hospitals or clinics in Tahiti. I realised that most people waiting outside of the building were native Polynesians. It should not have been normal to see so many Polynesians suffering from non-communicable diseases and having a lowered quality of life. From then on, my engagement with research on the underlying world between cultures and their associated health outcomes began.

Data collection

The data were recorded through online Zoom meetings due to the uncertainty around COVID-19 restrictions, which prevented face-to-face interviews at the time the research method was established in 2021. Each participant was interviewed twice, for an hour each session, to further

clarify emerging themes. The second interview enabled a better understanding and greater respect of the participants' voices.

Ethical considerations

Ethical approval for this research project was sought from the Unitec Research Ethics Committee. The principles observed were participant confidentiality, informed consent, truth and prevention of harm.

Participants

Initially, the Pasifika Centre at UNITEC recommended a church minister. Discussions with the minister about the study's goals and recruitment criteria led to the recommendation of participants. The research recruited seven participants who were all part of the church. Two parishioners became unavailable. The total number of participants included was five—four parishioners and the church minister. All participants were middle-aged parents, most of whom were born in the Pacific islands. Their heritage came from the Pacific Islands of Samoa only, Cook Islands only or a combination of Samoa and New Zealand European.

Family-centred participants

During recruitment, the church minister suggested some participants to me. Whenever someone was not able to be included, the church minister contacted a "back up participant" who was part of

his family. By the end of the recruitment, all participants had a family link with the church minister. This outcome, while not by design, provided a replication of the connectedness typical within the Pasifika communities and enhanced the quality of the findings. Also, being recommended by a member of the same family made me experience and go through the intricate process of building trust and relationships.

Integration of the vā within the research

Because of my role as a researcher who is respectful of the concept of vā, one major part of the plan to build a positive relationship with the church was to attend church services. I first attended a service when COVID-19 health restrictions allowed gathering in 2022. When arriving, I noticed that Pasifika art and craft was on display right at the entrance, confirming that I was at the right place. The church minister welcomed me with open arms, offering me breakfast, a smile and particular care. It is a little tradition for that church to meet in the morning before church to have breakfast. A quite spacious area with tables and seats is used at the back of the church to welcome parishioners to eat. The white plastic tables, the food and the welcoming "Good morning" gave a similar atmosphere to that of a typical social Tahitian gathering for special occasions. A part of the area was open to the sky and used as a basketball half court. I was immediately invited to take some food, coffee and a seat at the minister's table. Because

TABLE 1 List of themes and subthemes

Themes	Subthemes
1. Role of family/close relationships	Role model and support for family
	Reminder of health
	Source of pressure
2. Interaction with healthcare	Positive health practitioner demeanour and communication
	Negative health practitioner demeanour and communication
	Pasifika cultural affiliation
3. Role of church	Mental/social health
	Physical health and its social aspect (fitness programme)
	Arguments/discussion on Pasifika population
4. Overarching systemic discussions	Discussions about healthcare/government
	Arguments about church

I am a Pasifika person, this familiar atmosphere had the effect of making me feel at home. The minister made the effort of presenting me to those at the table and in the church during the service. However, given my position as an outsider and newcomer, I felt pressured to show the best of myself. This feeling of pressure dissipated as soon as I interacted more with the church members. I believe that this initial introduction by a leader was crucial to welcoming me into this community.

Findings

The findings are presented using the Tafatolu methodology triad: academic, cultural and self. It is important to note the overlap between each part of the findings.

The academic part includes a table and figures to summarise the data (see Table 1 and Figures 3 to 6). The cultural part includes tables containing the participants’ quotes (see Tables 2 to 5) and my French Polynesian symbols presented in the findings summary. The self part outlines my positioning on the insider–outsider spectrum within each thematic table.

Theme 1: Role of family/close relationships

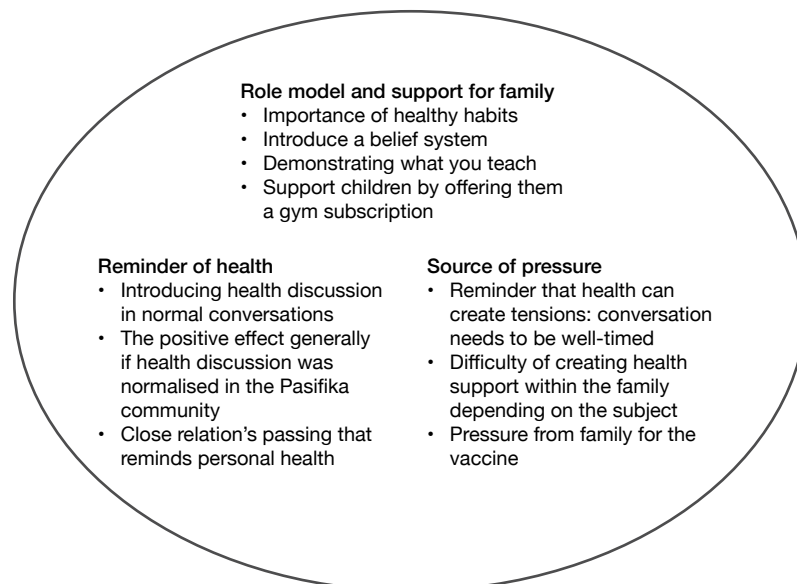


FIGURE 3 [Academic] Subthemes of Theme 1

TABLE 2 [Cultural and Self] Relevant participant quotes and self-positioning

Participant quotes	Insider–outsider positioning
“The most valuable thing I think is just knowing that they’re there for me and not giving up, and just that continual support and unconditional support and love.”	I have insider and outsider perspectives on the role of family and close relationships. I am an insider when it comes to the introduction to a religious belief system due to my upbringing in a Catholic family. I am also an insider to the presence of relational pressure when it comes to having health discussions between family members. However, I am outsider to any notion around being responsible for an upbringing of a child or the wake-up call from having a close relation pass away.
“If we could do something within our own kind of family units, the flow on the effect downstream generationally will be really good.”	
“I did feel pressure from a lot of people, even though maybe it wasn’t directed at me, I was more or less part of the wider discussion about people that weren’t doing this and people who weren’t ... It was frowned upon ... I suppose the feeling after that, while we were waiting in the waiting room just to see if there were any reactions was, I don’t know, I just felt defeated.”	

Theme 2: Interaction with healthcare

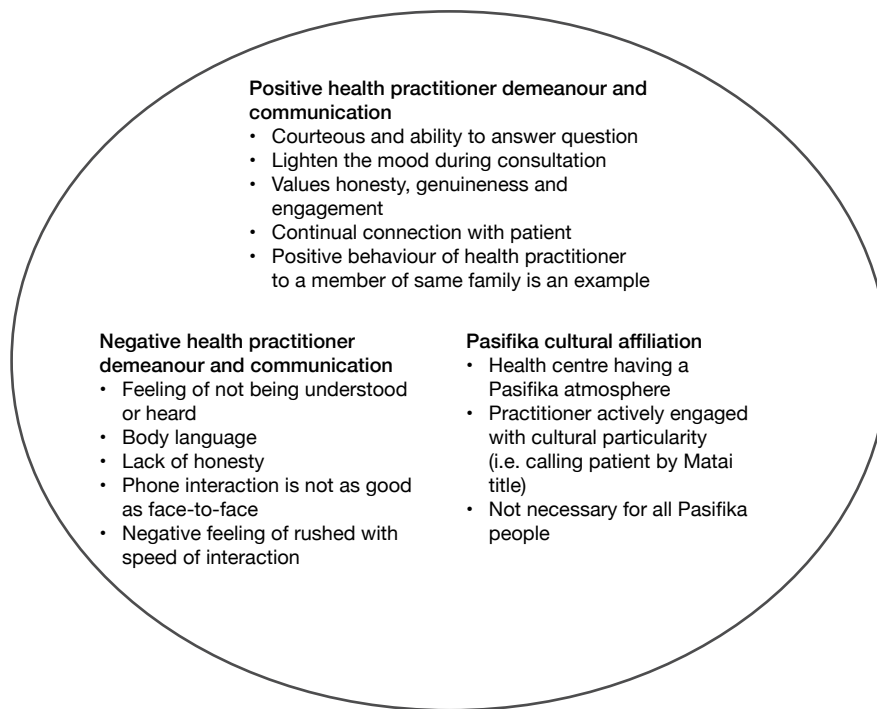


FIGURE 4 [Academic] Subthemes of Theme 2

TABLE 3 [Cultural and Self] Relevant participants quotes and self-positioning

Participant quotes	Insider–outsider positioning
<p>“As Polys, we like to lighten the mood, and we just cracked little jokes here and there. But we’d just be talking in a serious and then I crack just a little funny to try and lighten the mood.”</p> <p>“That is an important aspect for me when I see a doctor is that they’re genuinely listening and wanting to find a solution to whatever issue I have.”</p>	<p>I am an insider for most of the experience linked with direct health interaction. I am a Pasifika health practitioner and have searched in my own practice for the right way of communicating with Pasifika people. I resonate with most of the points that the participants have made about direct contact with health practitioners. When observing other practitioners, I was able to tell when some things were uncomfortable for Pasifika patients.</p> <p>However, I have not yet experienced a Pasifika clinic, hence, I am an outsider to all experiences linked with this type of clinic.</p>
<p>“Well, actually there wasn’t that much eye contact, unless she just spoke to me or asked me about if I had any questions and then looked back at her computer.”</p> <p>“In this situation here with my dad, I mean, this nurse pretty much said she didn’t wanna give the information ’cause the information was bad. That’s what really ticked me off, man.”</p>	
<p>“So, my parents are in their kind of mid ’70s. And so 10 years ago when that doctor retired, my parents were like, ‘Oh, we don’t wanna stay there ’cause there’s no other Pālagi doctors that understand us’ ... And I would say, ‘Mom, but (name of Pālagi doctor), he is Pālagi.’ [chuckle] He wasn’t the Pasifika GP, but he made every effort to talk with my parents, to explain things with my parents.”</p>	

Theme 3: Role of church

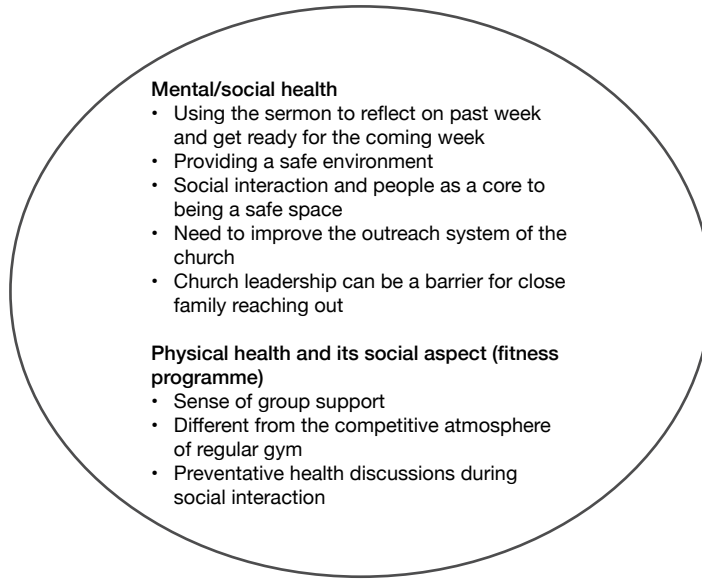


FIGURE 5 [Academic] Subthemes of Theme 3

TABLE 4 [Cultural and Self] Relevant participants quotes and self-positioning

Participant quotes	Insider–outsider positioning
<p>“Yeah, it would be the people, so people, friendly. It’s friendly, everyone’s friendly, good place to just fellowship and yeah, just that’s how I feel that church.”</p> <p>“Some of those conversations might be, ‘Oh, have you seen the new health strategy? It’s around colon cancer or colon checks.’ And we do that in a way that we kind of laugh about it first and we talk about, that’s not the sort of thing that we wanna even go to.”</p> <p>“Just the whole atmosphere with going to fitness at church is, there’s no kind ... There’s no feeling of having to compete with the person that’s next to you or to look a certain way, to be a certain way.”</p>	<p>Being brought up in a religious family, I have experienced the Catholic church since childhood. I followed the family tradition of regularly attending church. Hence, I am an insider to the church atmosphere and interactions. Also, in the context of this research I attended church services that Participant 3 preached, giving me a snapshot of the participants’ church environment and community. In addition, I have experienced one of the fitness programmes organised by the church and coached by Participant 3. I was able to connect with the participants who did those fitness sessions. Thanks to those church visits, I would mostly place myself as an insider for this theme of the church.</p> <p>The only aspect in which I would put myself as an outsider was in the experience having a church leader in my family.</p>

Theme 4: Overarching systemic discussions

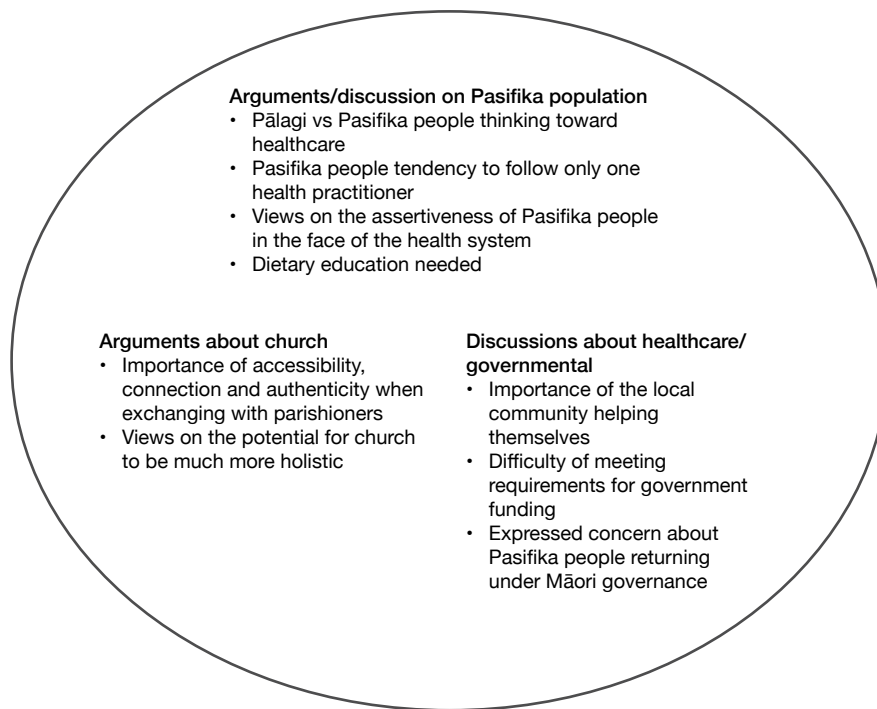


FIGURE 6 [Academic] Subthemes of Theme 4

TABLE 5 [Cultural and Self] Relevant participants quotes and self-positioning

Participant quotes	Insider–outsider positioning
<p>“A lot of times the islanders they present when, and he’s thinking, mate, you’re having a heart attack right now go to the ... Call an ambulance. But they wait till the last minute. Whereas he said, Pālagi people ... they come in. ‘Oh look, I’ve got a little thing here. It’s a little bit sore. Can you fix my finger?’”</p>	<p>I was able to engage as an insider in the discussion on the Pasifika communities and the arguments about church. I connected with the discussion comparing the Pālagi and Pasifika people thinking towards health as I have both heritages myself.</p> <p>However, I have not had experiences in situations involving the church and government. I was an outsider to those discussions.</p>
<p>“Most of the success came around organising communities to do it for themselves.”</p>	
<p>“In terms of human connection, accessibility for me is a huge one. Because everything comes from that.”</p> <p>“I can relate to them in terms of ... In a pastoral way, as a shepherd would shepherd the sheep, on a one-on-one way, a personable way, something, a way that we can help and encourage and push forward.”</p> <p>“Offering something within a church context, within a community context, it still delivers wholly to the person, W-H-O-L-L-Y, in that sense, and something that I think the church hasn’t quite embraced in the kind of way.”</p>	

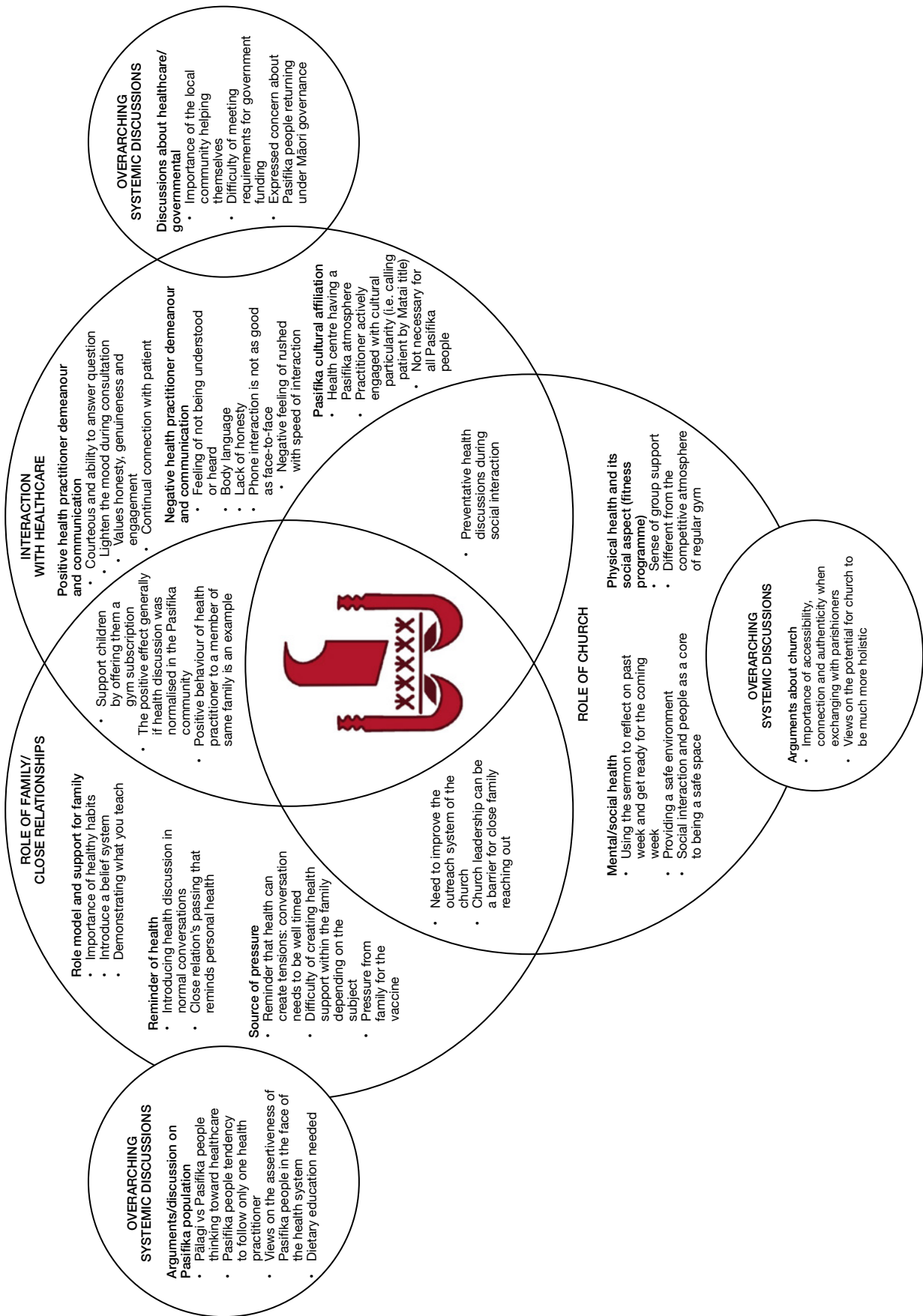


FIGURE 7 [Academic] Triple Venn diagram summarising the findings

Findings summary

The summarising triple Venn diagram in Figure 7 assembles all the themes with the different subthemes under each. It shows when a subtheme links two themes. At the centre is the Tahitian red canoe, as seen in Figure 8. At the periphery of each circle of the Venn diagram, smaller circles represent the overarching systemic discussion linked with each theme (role of family/close relations, interaction with healthcare and role of church). The Venn diagram shows the interrelationships of all the themes with some subthemes relating to more than one theme.

In this research, the symbolism of the red double-hulled canoe with its five tikis at the centre of the diagram has four representations. First, it represents the Pasifika communities with its core values. Second, it represents the exploration characteristic of this research. Third, it represents the complexity of the Pasifika communities. Lastly, it represents me, the researcher, in a pictorial way as an insider–outsider in the data. Therefore, it offers a unifying symbol, with links to my heritage, for these interwoven components.

The red colour of the double-hulled canoe recalls the red feathered belt worn exclusively by the members of the royal families (Babin, n.d.). With its sail, the double-hulled canoe carries five tikis representing the five archipelagos of French Polynesia (Babin, n.d.).

Discussion

This section establishes three main contexts in which the vā is discussed: the familial context, the health system context and the church context. The discussion is presented using a spider chart.

Relatedness of the different contexts with the concept of vā

The multifaceted relationships among the Pasifika communities, health system and the church are shaped by the shared values reflected in the different elements of vā. For each context where Pasifika health is being affected (family/closed relations, health system or church) the level of importance of the vā is different.

A spider chart is the best way to show my representation of the differences in importance of the elements of vā. In the spider chart shown in Figure 9, the five elements of vā (familial, spiritual, relational, meeting protocols and respectful) are contextualised to the key elements of Pasifika health—family/close relationships, church and the health system. The process of making this chart reflects how I represented my view of the findings through the lens of the different elements of vā, and I was mindful of what the participants saw as important in the three main contexts of Pasifika health. The chart's data and numbers represent the proportionate visual representation that came from my discussions with the participants. This chart is not a quantitative finding using actual



FIGURE 8 [Cultural] French Polynesian double-hulled voyaging canoe from the national flag

Note: The red double-hulled voyaging canoe is part of the French Polynesian national flag. The canoe is an emblem of the Polynesian civilisation, symbolic of essential values. It is an indispensable tool for communication between islands and fishing. The canoe is a pan-Pacific symbol because it has helped many Pasifika populations to travel during the great Pasifika migration.

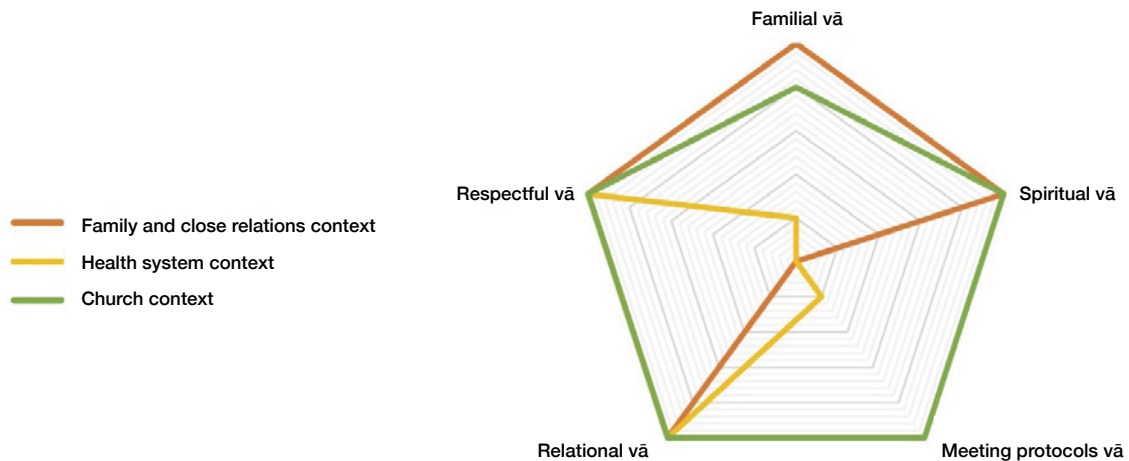


FIGURE 9 Spider chart representing the differing importance of vā according to context

numerical data but rather a visual, personalised self-reflection. The subjective importance for me of an element expressed by a participant would increase its proportionate value, for example, when a participant insisted on a particular value of theirs for a context. It is worth noting that if every participant made a similar chart, every one of them would probably place the axes representing the elements of vā of the spider chart differently from me.

Family and close relations context

For the family/close relationship context, four elements of vā emerged as highly important: familial, spiritual, relational and respectful.

The familial context can change the outcome of health advice. In most families, a support system is created to help each member of the family. Health advice is one of the supports given between family members. When the relationship between an individual and their close family is healthy, support and health advice can significantly affect their health and wellbeing for the better. Conversely, tense relations between blood-bond relatives build barriers to interaction. The timing, environmental context and nature of previous communication tends to play a role when communication between family members is challenging. Healthy communication between family members is challenged if the respectful or relational vā is low. Similar factors can play into the pressure that family can have on the individual. Some participants appeared to have a clash between their internal reflection of what they think they need compared with what their

family tell them or provide them with. In pressured situations, an individual can feel compelled to carry out a health action that they would not have done otherwise alone.

Meanwhile, the spiritual vā in the familial context appears in the participants' upbringing. There was the importance of having a belief system in the familial mechanism to develop a framework for life management, especially for optimum health and positive behavioural values. Some participants spoke of this important inclusion in their upbringing and that of their children.

Health system context

The relational and respectful vā appeared to be important in the health system context. The values of honesty, being genuine and engaged were ever present in the discussion as positive values towards connecting with health practitioners. Those practitioners who give a caring, honest and engaged atmosphere, even those without Pacific heritage, can create a great bond and trusting environment with Pasifika people.

The health system context had a link with the familial vā. Close relations can exchange thoughts and feelings about a practitioner. When several family members all experience the same sincere care and positive engagement from a health practitioner, it reinforces that the practitioner's approach to them is genuinely authentic.

The meeting protocol vā in the health context is evident. The process of a health appointment should be an exchange between a medical practitioner, a patient and sometimes other family members. This

exchange can have the feeling of a formal cultural meeting, which can heighten the importance of the medical practitioner's behaviours. The speaker offers their thoughts and knowledge as a gift while the listener receives them, essentially making it a formal meeting about a patient's health issue. We could argue that a Pasifika patient's adherence to the health management may depend on whether the values of the meeting protocol vā are reflected.

Church context

In my interpretation of the qualitative data, the church community seems to be the most balanced when it comes to the elements of vā. Its village-like atmosphere fulfils the majority of the vā elements. In general, most parishioners would describe the church as offering strong spiritual, mental, social and emotional support. The parishioners tended to see the church as a safe place enabling healing and readying them for future hardships.

The familial vā has limitations in the context of the church, however. The church leader's family might find barriers to receiving pastoral care due to familial tensions. Some family members were reticent to engage in an intimate personal discussion with their church leaders because they were relatives. This sometimes limits health-related communication and support systems. Some participants then went to different church communities to look for another support system. We could argue that this pattern may be repeated within other Pasifika families attached to one church. Hence, one function of a church minister is supporting their parishioners, but when it comes to their relatives, it can become challenging to create a support platform.

The health system and the church can have a relationship in which they help each other. The church can provide a platform from which health advice can be shared with the Pasifika communities by trusted people. At the same time, the health system can fund a church health initiative for their communities, such as making training at church possible. One example is the funded fitness equipment for the church's fitness programme that I attended. However, it is worth noting that there is some difficulty for Pasifika church leaders to obtain governmental funding.

Summary of the spider chart

The spider chart reflects the concept of vā well, illustrating its complexity and the overlapping of different elements across the three contexts. The family/close relation context, the health system context and the church context showed differences.

The different elements of vā emerged at different levels of importance in each context. The familial and spiritual elements of vā are more prevalent in the familial context than in the health system context. For a health practitioner, this could mean needing to be mindful of the importance and presence of the familial and spiritual vā when working with Pasifika patients even when not having direct access to these wider elements.

Interestingly, all three contexts overlapped, especially with the respectful vā and relational vā. This could mean that what is the most important when interacting in those different contexts with Pacific peoples is respect and relational connection.

Limitations and recommendations

This research has identified many threads for future research because it could not do face-to-face focus groups, which would have brought another dimension of discussion that could not be explored. To address the limitation, the study engaged in meeting online with the participants twice and visiting the church services to participate in the community's gathering once the COVID-19 restrictions were removed. In addition, this study revealed the need to further explore the notion of health communication issues across different generations and Pasifika culture beyond Samoan and Cook Island participants. Broadening the research to other Pasifika church members or larger congregations could challenge or confirm the findings from this family-centred study.

Table 6 summarises the key recommendations that came out from the findings within the three contexts discussed in this study.

Conclusion

A review of available literature uncovered a lack of parishioners' voices in the existing research on communication issues between the health system and the general Pasifika population at different levels. This research therefore explored the connection between the different contexts of Pasifika parishioner/family, the church and the health system using the vā as a framework and showing that these connections are multifaceted. The research's methodology and methods allowed a great connection between the participants and the researcher. This connection showed me the complexity of Pasifika peoples' engagement with the familial/close relationship, religious and medical contexts. Across all contexts, the different values of engagement, honesty, respect and accessibility are favourable to creating healthy relationships. In addition, there could be

TABLE 6 Recommendations of the data on health communication in the three different contexts of Pasifika/family, health system and the church

Contexts	Recommendations within vā
Pasifika/family	Importance of establishing a belief system to implement positive behavioural values (spiritual vā)
	Normalising health discussion within families to increase the positive effect downstream generationally (relational and familial vā)
	Being aware of the relationship, respect, relational and timing between individuals concerning health topics (respectful and relational vā)
Health system	Importance of a positive demeanour (respectful and relational vā) <ul style="list-style-type: none"> • Honesty • Genuineness • Engagement • Courtesy • Lightening of mood during consultation
	Negative factors (respectful and relational vā) <ul style="list-style-type: none"> • Decreased engagement or honesty • Phone interaction less appreciated than face to face • Rushed interaction
	Pasifika affiliation/heritage of health appointment can help but is not necessary for all Pasifika patients
Church	Robust health help, especially through spiritual, mental, social and emotional support (spiritual, respectful, familial and relational vā) <ul style="list-style-type: none"> • Weekly reset • Provide a safe place
	Can be a place of healing when family cannot be a support (respectful and relational vā)
	Physical health through fitness programmes (familial and relational vā) <ul style="list-style-type: none"> • Create a sense of group support • Social aspect can create a platform for health discussions
	Need for church leaders to maintain meeting protocols, relational and respectful vā <ul style="list-style-type: none"> • Accessibility • Connection • Authenticity

barriers within or between the different contexts. In some cases, overlapping familial connections within the church or health contexts had negative effects. That is why it is essential to be mindful of the complexity of all these relationships when it comes to health communication with Pacific peoples.

The complexity of each of the relationships shows that having no prejudgement before creating a link with a Pasifika individual is critical to successful engagement. Engaging with the vā elements can form a framework to help in understanding the complexity of these connections.

Glossary

Iaorana	Tahitian greetings
Matai	Chief
O [name] to 'u i'oa	My name is
Pālagi	foreigner
tafatolu	three sides
talanoa	open and respectful dialogue or conversation
vā	relatedness
vā fealoaloa'i	the respectful space
vā fealofani	the relation between blood-related siblings or brotherly sisterly relations
vā feiloa'i	meeting protocols
vā o tagata	the relational space between people
vā tapua'i	the worshipful space

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