

RESEARCH PROTOCOL

Title:

“The Lotu Factor: Religiosity, COVID-19, and Tongan Well-being in NZ”

Study Period:

1 August 2023 – 31 July 2026

Study Location:

Center for Advocacy, Research & Empowerment
Trinity College | Auckland

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1. ACRONYMS

AP	Advisory Panel
COVID-19	2019 Novel Coronavirus Disease
HRC	Health Research Council of New Zealand
LN	Lotu-noa
RAG	Religiosity Assessment Grid



2. DEFINITIONS

Faith Leaders	Those leading religious communities
Faka'apa'apa	Respect
Kau'i-talanoa	Transformative interruption
Loto-tō	Humility
Lotu	Belief, worship, religion, religiosity, spirituality
Lotu-noa	Potentially harmful religiosity
Pacific Peoples	People of Pacific Island descent and lineage
Religiosity	Religious beliefs and practices
Religiosity Assessment Grid	Criteria for assessing types of religiosity
Tālanga	Dialogical verbal engagement
Tauhi vā	Keeping and/or observing space or relation
Well-being	State of being comfortable, healthy and happy



RESEARCH PROTOCOL

3. TITLE

The Lotu Factor: Religiosity, COVID-19, and Tongan Well-being in New Zealand

4. RESEARCH TEAM, EXPERTISE & ROLES

Name	Expertise/Role
Dr Nāsili Vaka’uta Research Lead nvakauta@trinitycollege.ac.nz	Nāsili, Principal of Trinity College, will be responsible for overseeing and coordinating the project from scratch to completion. He will lead the team with his cross-disciplinary expertise in the academic study of religion, interest in promoting life-affirming communities, knowledge of Tongan culture and protocols, as well as his understanding of the Tongan religious landscape in Aotearoa. Nasili just published a chapter on the subject of the project : “Lotu-noa: impact of delusional religiosity on Well-being” in Havea, J. (ed.), Pacific Wellbeing: (Is)Lands, Theologies, Worldviews (Wipf & Stock, 2024).
Dr Christopher Puli’uvea Researcher chris.puliuvea@aut.ac.nz	Chris is Lecturer in Immunology at AUT. He incorporates recent and relevant immunological findings from research into teaching medical laboratory diagnostics and research into immune related disorders such as cancer, autoimmunity, infectious, metabolic and neurodegenerative diseases. This research and teaching will incorporate aspects of precision medicine to improve the health outcomes of Māori and Pacific people. Chris has been a strong advocate of vaccination and wellbeing in the Tongan community. He will be the go-to person for vaccination data and latest figures on immunisation. He will also participate in conducting tālanga with faith leaders and groups.
Dr Jione Havea Researcher jhavea@trinitycollege.ac.nz	Jione is a Senior Research Fellow in Religious Studies, Trinity College. He brings to the team his experience in theological education, religious studies, Pacific hermeneutics/ methodologies, and knowledge of Tongan culture and protocols. Jione is the editor of the newly published edited volume Pacific Well-being: (Is)Lands, Theologies, Worldviews (Wipf & Stock, 2024). Jione will offer advice on wellbeing, data analysis and publications; he will lead the reporting and dissemination phase of the project.
Dr Edmond Fehoko Researcher edmond.fehoko@otago.ac.nz	Edmond is a Senior Lecturer in the Department of Human Nutrition (University of Otago) with a background in criminology, sociology, cultural studies, mental health and addiction, reproductive health and public health. He has extensive expertise in development, design and evaluation of Pacific and indigenous interventions to promote health and positive wellbeing, qualitative and Pacific research methods and methodologies. Edmond will work alongside Dr Sione Vaka to

	design, conduct and monitor the qualitative part of the project. He will also be working with tālanga groups in the South Island.
Dr Seini Tāufa Researcher seini@moanaconnect.co.nz	Seini is General Manager for the Research Vaka within Moana Connect , with over sixteen years of research, evaluation, and teaching experience at the University of Auckland. Seini is still the Pacific Theme Lead for the Growing up in NZ Longitudinal study. She is extremely passionate about incorporating Pacific frameworks and worldviews into her work and is committed to elevating the voices of Pacific peoples in Aotearoa, New Zealand and abroad. Seini will offer advice on conducting qualitative research using Nvivo and guide the team with her in-depth knowledge of health-related issues confronting Pasifika communities in Aotearoa. She will also assist the team in setting up tālanga groups and conducting in-depth tālanga with female participants in particular.
A/Prof Sione Vaka Researcher Email: sione.vaka@waikato.ac.nz	Sione is currently the Poutumatua Pasifika Tausisoifua Associate Professor Nursing, University of Waikato . He has over 25 years of experience in mental health nursing. He is fluent in both Tongan and English languages. He also worked as a Senior Lecturer at Auckland University of Technology and a Nurse Lead Pacific at Counties Manukau Health, where he supported and mentored Pacific nurses and students, facilitated workshops and training on cultural competency and mental health literacy. Sione will assist the team in designing the qualitative data collection and thematic analysis, as well as engaging members of the Tongan faith communities. He will also take part in organising tālanga groups, fono and conducting in-depth tālanga during Phase 2 of the project.
Dr ‘Ana Tutone-Tualau Researcher tualau.ana@gmail.com	‘Ana holds a PhD in Molecular Biology. She was an Auckland University graduate award funded molecular genetic researcher. She currently works at the Business and Transformation Office at the University of Auckland. She brings to the team her expertise in analytical works and will have oversight on qualitative research design, sampling, data collection and analysis. She will also work with Dr Seini Tāufa to conduct tālanga with female participants.
Masters’ student (unnamed)	The unnamed Masters student will be someone who speaks Tongan and understands Tongan protocols, as well as working towards a degree in Public Health, Public Policy or related areas. The student will work with the team in conducting data collection, interviews, analysis, and writing.
Research Assistants	RAs will be employed to assist with the research implementation. These RAs will be recruited from Tongan students who are studying at tertiary institutions, especially those who can speak Tongan and understand Tongan cultural protocols. This is to allow proper engagements with members of the Tongan communities in NZ.

Advisory Panel (AP)	An Advisory Panel (see Appendix 2: Terms of Reference) will oversee and advise on the implementation of this study, to ensure relevant and actionable knowledge production. The panel composition will be: • Dr Halahingano Rohorua (Tonga Senior Researcher), Manager, Monitoring, Evaluation, and Learning Ministry for Pacific Peoples Waikato (Hala.Rohorua@gmail.com) • Dr Viliami Tūtone, MB ChB, FRACP, Tongan Renal Specialist & community health promoter, Counties-Manukau, Te Whatu Ora (vtktutone79@gmail.com) • Dr Manatu Fia, Tongan Clinical Psychologist & Youth Representative, Palmerston North (manatufia@gmail.com) • Mr Sione Tu'itahi, Executive Director, Health Promotion Forum of New Zealand & representative of Tongan Faith Leaders Forum Auckland (sione@hauora.co.nz) • Mrs Siesina Mānoa Lātū, Tongan Registered Social Worker for Oranga Tamariki, Ministry for Children; General Manager of the Tongan Society South Canterbury Inc. Timaru (sinaltu@yahoo.co.nz)
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5. RESEARCH SUMMARY

During the COVID-19 pandemic, health professionals encountered resistance from Pacific communities, including those of Tongan descent. One factor that has been observed, yet not thoroughly studied, is the influence of *lotu* (religious beliefs and practices) on people's health-related decisions and behaviours (see **Appendix 3: Religiosity Assessment Grid [RAG]**).

The primary aim of this project is to explore the impact of *lotu* on the health and well-being of Pacific peoples, with a particular focus on the Tongan community in New Zealand. The central research question is: 'What impact does *lotu* have on the well-being of Tongans in New Zealand?'

To answer this question, the project will employ a qualitative approach to data collection and analysis. The specific methods for data collection, such as interviews or focus groups, will be determined based on the needs of the study and the characteristics of the population being studied. By understanding the role of *lotu* in health behaviours, we hope to provide insights that can guide future health interventions and policies.

6. RESEARCH OBJECTIVES

- Investigate how *lotu* influences the attitudes of Tongans in faith communities towards public health advice related to vaccinations and the COVID-19 pandemic.
- Assess the effects of *lotu-noa* (potentially harmful religiosity) on both the perceived and actual well-being, of Tongans within faith communities in Aotearoa New Zealand.
- Enhance our understanding of the health risks associated with *lotu-noa* within communities and individuals.



- d. Construct a framework to address the challenges posed by lotu-noa, with the goal of fostering healthier and more positive Tongan communities in Aotearoa New Zealand.

(Please refer to **Appendix 1** for questions related to each objective).

7. BACKGROUND & RATIONALE

Studies and data recorded since the beginning of the COVID-19 pandemic [14, 33, 38] revealed concerning trends within Pacific communities. These trends include low vaccination rates; increased cases of anxiety, stress, depression and suicide; [11, 32], and a rise in domestic violence incidents due to conflicting reactions to the pandemic, vaccinations, and lockdowns. There has also been an increase in COVID-19-related death rates due to noncompliance with health advice; and a decreased number of Pacific staff in the health workforce due to vaccine refusal and hesitancy. Faith communities and families have found themselves in tense situations caused by conflicting understandings of disease and vaccination. All these factors affect every aspect of well-being within Tongan and Pacific communities in general.

While the above issues are the results of various factors, people's religious orientation (lotu) has played a very strong role. Both international and local studies on the intersection of religion and health have primarily focused on the positive influence of religion, faith and/or spirituality on people's overall well-being. However, very few studies have delved into the negative impact that religion can have on people's health. [3, 16, 23]. Among these few studies, none have addressed the underlying issue, often referred to as the 'proverbial elephant in the room', that is religious opposition to public health advice. In New Zealand, there is a gap in scholarship on this very issue, and that is what this project aims to address.

Lotu is a cornerstone of Tongan society and is prevalent in every Tongan community worldwide. It provides Tongans with a sense of belonging and helps them interpret the world around them. It defines the way they relate to one another (Tongan: vā), directs them in life, and provides the lenses that enable them to read/interpret events in their lives. But certain aspects of lotu, especially the ones transported onto our shores by Christian missionaries past and present, are misleading, and potentially harmful. This is especially true when it comes to what is often referred to as 'religious extremism' or 'religious fundamentalism.' In this project, we use the Tongan term 'lotu-noa' (LN) to describe certain faith-inspired beliefs and practices that are not grounded in reality [6, 26, 36, 43].

LN is characterised by an obsession with a heavenly afterlife, often at the expense of appreciating life on Earth. It promotes the idea that truth can only be found within sacred texts, based on literal interpretations. It views humanity as inherently flawed and in need of divine salvation. LN tends to prioritise religious institutions over individuals. It supports patriarchal values, disregards diverse sexual orientations, and nurtures conspiracy theories. It propagates certain notions such as the 'mark of the beast,' the 'anti-Christ,' 'saved by the blood,' and other dogmatic propositions that can instill fear and guilt in people. It can be exploitative and controlling.

LN, if not properly investigated and addressed, has the propensity to cause significant harm to people—especially to children, women and vulnerable individuals—on multiple levels, including spiritual, physical, emotional, and mental. The primary aim of this project is to explore the impact of those elements of LN on the well-being of Tongans within faith communities in New Zealand. The central research question is, "What are the effects of LN on the health and well-being of Tongans in New Zealand?"



To answer this question, this project will use qualitative research methods for data collection and analysis. It will also strive to develop a framework for engaging with communities and individuals who exhibit signs of LN. The research team will seek guidance from an advisory panel, and feedback from health professionals and faith leaders to ensure credibility and relevance. The findings from the project will be used to create educational material for Tongans, first and foremost, and other Pacific communities, with the goal of raising awareness about the impacts of LN and fostering healthier and more positive communities in New Zealand.

8. STUDY DESIGN

The study aims to be both *interactive* (Tongan: **tālānga**) and *interruptive* (Tongan: **kau'i-talanoa**). Both are Tongan concepts that depict different yet related aspects of Tongan orality.

Tālānga (Vaka'uta 2008) is a form of talanoa (orality, story-telling, talking). Unlike talanoa—which can be monological—tālānga is an interactive and dialogical process that involves both the acts of speaking and active listening. It requires no consensus, and always an open-ended mode of conversation that invites multiple perspectives, options, solutions and/or meanings. Tālānga has two probable etymologies: (a) tala-'anga; (b) tā-lānga. To tala means to tell, inform or expose. The nature and context of tala vary according to the many words that are affixed to it. The particle 'anga has accusative and locative functions: it points to an object or a place. When merged with tala to form tala-'anga they signify objects of the talk, points of the conversation, or a designated place for dialogue and verbal engagements. In this sense, tālānga is a mode of discourse that presupposes community and otherness, plurality and difference.

The second variant, tā-lānga, tā refers to activities as to beat (something or somebody), to play (a musical instrument), to cut (a tree), to hit or smack (a person), to carve or draw, or to set an example. Tā is also used as a noun referring to pictures and images. The word langa means, on the one hand “to build” or “to construct” and, on the other hand, it means “pain”, the kind of pain caused by “beating” and “striking.” In this sense, tā and langa give tālānga two tendencies: (a) it can be a powerful and constructive tool of communication; (b) it can also serve as a violent means of abuse and displacement.

Both etymological variants of tālānga give this project two mandates: to seek through research to scrutinize dominant/controlling voices, and to recover repressed and unheard voices in the communities.

Kau'i-talanoa (Vaka'uta 2016) refers to the act of ‘joining (kau) a conversation (talanoa)’ or ‘interrupting the flow of a talanoa.’ In Tongan culture, kau'i-talanoa is considered disrespectful, unwanted, and improper. Underlying this attitude is a cultural view that one's right to a speaking turn is sacrosanct. Everyone is expected to know when to speak and what to speak about. What is largely ignored in the discourse of kau'i-talanoa is the fact that it is considered improper/tapu only by those who are in positions of power and privilege. Authoritarian parents do not expect their children to interrupt them when they are engaged in a conversation. We can find similar instances in religious and educational environments, especially when kau'i-talanoa is more intrusive than cooperative.

If talanoa is perceived to be the right of the powerful and privileged, kau'i-talanoa can be viewed as a means by which the powerless, the excluded, the oppressed, the marginalised, and the ignored tell their stories. Kau'i-talanoa provides an opportunity to recover and retell one's story in one's own way, rather than being told by others. Kau'i-talanoa is about projecting one's voice, and recovering lost voices. It is about declaring

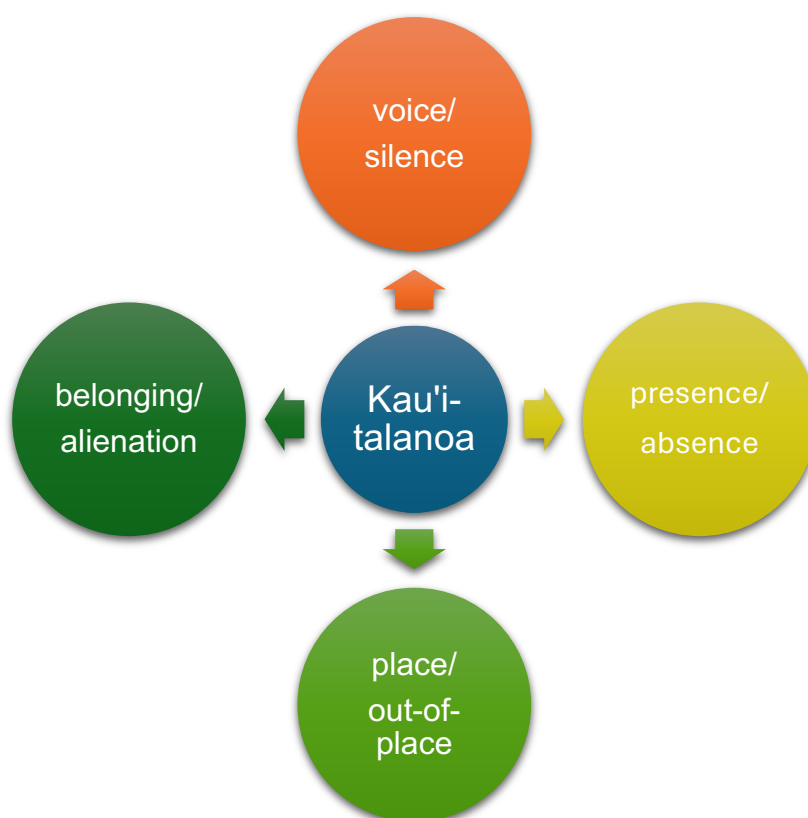


one's presence and reclaiming absence. Kau'i-talanoa carries a plea to be considered, and acknowledged. It expresses a desire to be included, to be counted (*kau-he-lau*) and to belong (*lau-he-kau*). Kau'i-talanoa seeks to make a difference, to open up new avenues for dialogue. It does not ask for permission and offers no apologies. Kau'i-talanoa in this sense is *transformative interruption*! Kau'i-talanoa does not merely interrupt for interruption's sake; it interrupts for the sake of transformation. Kau'i-talanoa can be cooperative or intrusive, but the goal is to transform.

Kau'i-talanoa approach enters the research process to disrupt any narrative of exclusion and oppression. Kau'italanoa employs several categories of analysis, which include the following:

- The first is **voice/silence**. When engaging people, kau'i-talanoa seeks to hear ignored voices and silences. It endeavours to ask the following questions: who is given voice and who is not? Who has the opportunity to speak and who has not? Whose voices are dominant? Whose voices are neglected and suppressed?
- The second category is **presence/absence**. In many narrative of dominance, the presence of certain characters is acknowledged, whereas others are not. Some are mentioned yet not considered; present yet absent. Doing research with the category of presence and absence raises the following questions: Who is given most attention, and who is not? Who is mentioned yet ignored?
- The third category is **place/out of place**. Place in narratives of dominance is constructed and put under the control of a chosen few. In most cases, place is violently negotiated, and resulted in the displacement of the less privileged. When encountering such narratives, one has to interrogate it by asking: How are places constructed, and how are people situated based on such construction? Is there a claim to ownership? If so, on what basis? Who benefits and who misses out? Are there issues of justice and freedom involved? Are there discrimination in terms of race, religion, gender, class and ethnicity? How shall one go about interpreting/interrupting such narratives?
- The fourth and final category is **belonging/alienation**. To belong, according to narratives of dominance, is to conform. Without conformity, there is no belonging. When encountering such narratives, kau'i-talanoa asks, What are the factors that define belonging? Who owns those factors? Are those factors imposed by one group upon another? What validates that imposition? Who needs to conform, and who does not?



Figure 1: Kau'i-talanoa Categories of Analysis

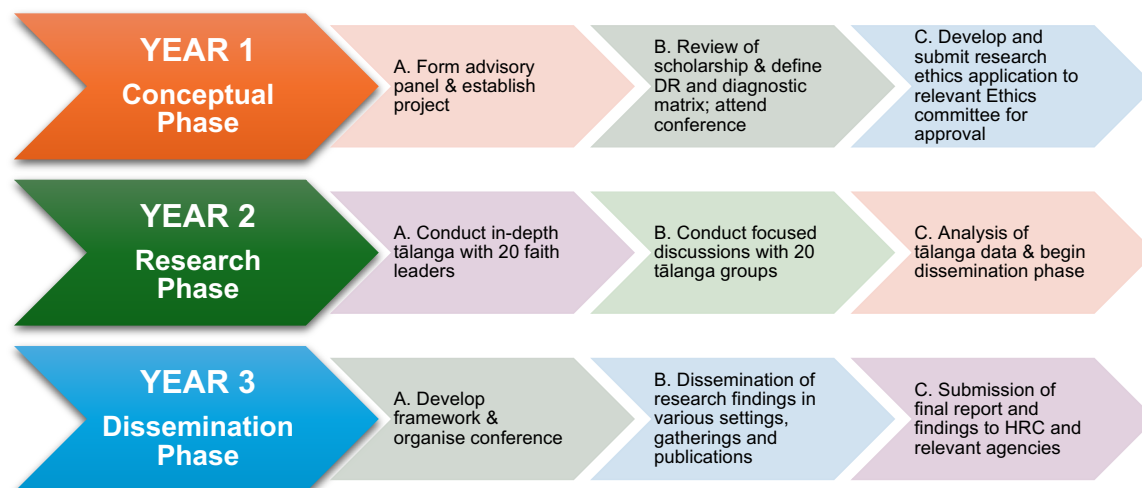
Tālanga and **kau'i-talanoa** frame and set the direction for this study, which employs qualitative approach and tools for data collection and analysis.

Sampling and recruitment: The project will use **snowball sampling** to recruit respondents for interviews, and will rely on referrals for further **recruitment**. This method is used due to the sensitivity of the LN issue within faith communities but also the difficulty associated with locating Tongans who have been resistant and hesitant to accept Government health advice (as in the case of COVID-19).

Using tālanga and kau'i-talanoa as tools for interviews, the team will conduct individual tālanga with twenty (20) faith leaders across faith communities and regions. They will also work with 20 tālanga groups from various locations to discuss issues arising from tālanga with leaders. **Analysis** of tālanga data will draw upon **Braun and Clarke's thematic analysis**^[1] and the four kau'i-talanoa analytical categories (see Figure 1 above).

Project Phases: Years 1-3

Figure 2: Study Design – Years 1-3



Year 1: Conceptual Phase

This phase will begin by forming an **advisory panel (AP)** (constituted of a senior researcher/academic, a faith leader/theologian, a health professional, a youth leader, and a community leader). The primary role of this panel is to work alongside the research team for the duration of the project to ensure consistency, integrity and completion. The panel will meet at least three times per year.

The research team will **establish the project** by socialising with faith communities across New Zealand and key stakeholders to **build vā** (relationship), to **get referrals** for interviews, and to create a positive environment for the study.

The team will develop **research tools** and **ethics application**, as well as conduct a critical **review** of relevant data and scholarship. This involves two tasks:

- i. gathering of available studies and publications on religion and well-being here in New Zealand and highlight the key areas on the **seascape of scholarship**. This will also bring together information collected from library databases, social media data, and online news media data on the subject under investigation. Data collected from these sources will be triangulated to paint a broader picture of faith communities' positions on vaccinations and public health advice related to the COVID-19 pandemic. The data collected will be utilised to develop a **Religiosity Assessment Grid (RAG)** for assessing LN in Tongan faith communities (see **Appendix 3**).
- ii. discussing **Tongan conceptions of lotu and well-being**, and weave them with insights from (i) above to establish a **conceptual framework** for the study. Integral to this exercise is the identification of key **analytical categories** for the Research Phase.

Year 2: Research Phase

The second phase of the project focuses on tālanga. The team will conduct a series of in-depth tālanga (verbal engagement/interview) with up to **20 faith leaders and 20 Tālanga groups** from faith communities across New Zealand. The sample size is determined by the number of Tongan ecclesial denominations across the country, and locations with the highest number of Tongans as per 2018 Census.

Faith Leaders

Participants, inclusion and exclusion criteria: The target participants for this tālanga will be leaders from faith communities to discuss their views on health and well-being, particularly regarding COVID-19 lockdowns and vaccinations. The rationale for this in-depth tālanga with leaders is to compare and contrast their positions with those of their members and with each other. This is not to serve as a basis for judgement and criticism but to raise awareness to the diversity of religious-theological perspectives and the potential implications of these views.

Recruitment: The team will contact individual Tongan faith leaders via email and telephone to seek their consent and to organise tālanga time, venue and method (in-person or online). We begin with faith leaders for the following reasons. First, it is culturally appropriate to begin from the top of the hierarchy (ecclesial or otherwise) and obtain their views and permissions. To reverse the process would be *ta'efaka'apa'apa/ta'etoka'i* (disrespectful). Second, the views of faith leaders represent the official position of their respective communities. The team needs these views to serve as the basis for the tālanga with groups. Third, starting with individuals and moving on to groups is logistically easier.

Tālanga will be conducted respectfully in Tongan adhering to accepted Tongan cultural protocols (such as *tauhi-vā* [keeping relation/space], *loto-tō* [humility] and *faka'apa'apa* [respect]; the team will consult the advisory panel for guidance). Kau'italanoa will be employed when necessary to engage leaders' responses. Open-ended questions for the tālanga will be made available to both the respondents and interviewers alike. The time and place for each tālanga will be determined by the faith leader to make sure the tālanga is held in a friendly and comfortable setting. This series of tālanga will be conducted throughout the second year of the project and will be recorded (audio and/or video) for subsequent analysis, transcription and translation.

Tālanga Groups

Once the data from the individual tālanga are collected and analysed, the team will conduct another series of discussions with **20 tālanga groups** from Northland, Auckland, Waikato-Wairariki, Wellington, Canterbury and Otago (to complete by the end of the year). These locations are chosen because they have Tongan communities and members of the research team (especially the Lead Investigator) are known to them and/or have established relationships with them. The ecclesial composition of these tālanga groups corresponds to those of the faith leaders. This will allow the team to cross-analyse the responses of leaders with those of their members. Such cross-analysis could reveal significant differences between the opinions of leaders and their members.

Participants, inclusion and exclusion criteria: Members of each tālanga group will be from denominations of faith leaders who participated in the in-depth individual tālanga above. There will also be a deliberate attempt to ensure there's **intra-group**



diversity especially in terms of gender, age and religio-theological persuasions. Such diversity is not only presupposed by tālānga and kau'i-talānoa but also expected and encouraged.

Recruitment: The team will engage members of Tongan faith communities, starting with communities they already know, to acquaint themselves with the project and to seek their consent to participate. Participants will be identified by referrals (using **snowball sampling**) and to be recruited by email, phone calls and/or via social media platforms (Facebook, Twitter, etc.). Once consent is given, the team will arrange tālānga times and venues. Kau'i-talānoa will again be encouraged during these tālānga to make sure everyone has a chance to speak whenever they want to and without restrictions.

Table 1: Tālānga with Faith Leaders and Tālānga Groups

Locations	20 Faith Leaders	20 Tālānga Groups
Northland	2 (Dargaville & Whangarei)	2 (Dargaville & Whangarei)
Auckland	6 (East, West, North, South & Central)	6 (East, West, North, South & Central)
Waikato-Wairariki	2 (Hamilton & Rotorua)	2 (Hamilton & Rotorua)
Lower North	3 (Palmerston North & Wellington)	3 (Palmerston North & Wellington)
Nelson-Marlborough	2 (Nelson & Blenheim)	2 (Nelson & Blenheim)
Canterbury	3 (Christchurch, Ashburton, Timaru)	3 (Christchurch, Ashburton, Timaru)
Otago-Southland	2 (Oamaru & Dunedin)	2 (Oamaru & Dunedin)

Analysis: Data from individual and group tālānga will be transcribed and fed into the NVivo 14 software, and will be analysed using Braun and Clarke's **thematic analysis**. This mode of analysis is employed to develop meaningful thematic categories, to establish clear links between the research objectives and the summary findings derived from the raw data, as well as to ensure these links are both transparent (able to demonstrate to others) and defensible (justifiable given the objectives of the research). Independent coding and coding consistency checks will be undertaken to ensure trustworthiness of the data analysis. Thematic saturation will be sought to ensure prioritisation of findings.

Year 3: Dissemination Phase

In this final phase of the project, the focus will be on disseminating the findings. There will be four avenues for dissemination:

- **Fono:** The team will organise a **series of fono** in various locations in New Zealand to share the findings of the study with members and leaders of Tongan faith communities, health professionals, and community leaders. This will be an opportunity to reflect together on what has been done and to collaborate in developing the framework for responding to the challenges of LN.

- The team members will **attend relevant conferences** in the region and abroad to share the findings. This will invite engagements from those who have similar research interests and concerns.
- The team will also **organise two major conferences** where they will invite participants (especially Tongans and key Pacific scholars) to continue the tālanga and kau'i-talanoa on the theme of the study and to discern together relevant responses and strategies for addressing LN vis-à-vis health and well-being in New Zealand. It is very important to note that tālanga and kau'i-talanoa will not only guide data collection and analysis, but also the dissemination and implementation process.
- **Publication:** The second avenue for disseminating the findings is through publications. Members of the team will submit articles to **peer-reviewed academic journals** for publication, and will also contribute to an **edited volume** on the theme of the research project. This volume will be co-edited by Nāsili Vaka'uta, Seini Tāufa, and Jione Havea, and will be an important educational resource for faith leaders, health professionals, and policy makers alike.
- **Framework:** The third avenue for dissemination is the development of a framework to guide responses to the challenges of LN and to inform, again, those who are responsible for designing public policies. The framework, as above-mentioned, will be charted collaboratively with members of the faith communities, health profession, community, and relevant agencies to ensure applicability, credibility and relevance.
- **Report:** The final report on the findings of the project will be prepared and submitted to the Health Research Council, stakeholders and relevant agencies (governmental and NGOs) with recommendations for future research and public policy.

Research Project Timeline: The project will be carried out as follows (see Table 2: Timeline)

Table 2: Research Project Timeline

Year	Task/Activity	Duration
1	Establishing the project: form advisory panel & socialising with Tongan faith communities in Northland, Auckland, Waikato/Waiariki, Lower North Island, Canterbury and Otago; meet with key stakeholders	3 months
	Literature review; develop research tools, matrix & ethics application	6 months
	Arranging and planning for individual and group tālanga; communicate with participants	3 months
2	Research Phase begins: Individual tālanga with 20 Tongan faith leaders (Northland, Auckland, Waikato-Waiariki, Wellington, Canterbury & Otago)	3 months
	In-depth conversations with tālanga groups from Tongan faith communities in Northland, Auckland, Waikato-Waiariki, Wellington, Canterbury & Otago.	4 months

	Analysis of data and share/publish findings	3 months
	Develop framework for responding to faith communities with LN orientation; tālānga and kau'i-talānoa will shape this process.	2 months
3	Finalise framework for responding to faith communities with LN orientation	12 months
	Dissemination of findings in fono, conferences & academic publications	
	Dissemination of findings by submitting reports/papers to stakeholders and agencies; further tālānga and kau'i-talānoa will be invited	

9. EXPECTED BENEFITS VS POTENTIAL HARMS

The anticipated benefits of the project encompass several key facets:

Firstly, an enhanced comprehension of the ramifications of religiosity on the health and well-being of Pacific populations, with a specific focus on Tongans, is envisaged. Such insights hold the potential to inform the endeavours of healthcare professionals, policymakers, and community leaders in crafting more efficacious strategies aimed at ameliorating health disparities within these communities.

Secondly, the project aims to facilitate the development of targeted interventions by delineating the precise manners in which religiosity may impact health outcomes. This tailored approach can engender enhancements in health outcomes and overall well-being among affected individuals.

Thirdly, through its concentration on a distinct cultural cohort, namely Tongans, the project endeavours to contribute to the cultivation of culturally attuned healthcare methodologies. These methodologies are envisioned to take cognizance of the idiosyncratic religious and cultural convictions prevalent among Pacific populations.

Conversely, potential harms or challenges associated with the project necessitate careful consideration:

Foremost among these is the peril of stigmatisation stemming from the negative characterisation of religious beliefs. Such framing runs the risk of fostering discrimination against individuals who adhere to these beliefs, underlining the imperative of approaching the subject matter with sensitivity and reverence for religious diversity.

Ethical considerations loom prominently, given the sensitive nature of research delving into religious beliefs and their intersections with health outcomes. Adherence to stringent ethical protocols is mandated to safeguard the well-being and autonomy of participants.

Additionally, the prospect of misinterpretation or sensationalisation of research findings poses a tangible risk, potentially exacerbating extant tensions within communities or perpetuating misunderstandings. Therefore, clear and transparent communication of research findings, along with meticulous contextualization within socio-cultural and historical frameworks, is imperative to mitigate this risk.

To proactively manage the potential harm associated with the research project, several strategic measures can be adopted:



Adherence to ethical guidelines and standards constitutes a foundational tenet, encompassing facets such as the procurement of informed consent, preservation of participants' privacy and confidentiality, and mitigation of potential risks to their well-being.

Cultural humility and sensitivity represent guiding principles, underscoring the recognition of the diverse religious beliefs and practices extant within Tongan communities. Engagement with community leaders, elders, and stakeholders ensures that the research is conducted in a respectful and culturally congruent manner.

Transparent communication of the research's purpose, scope, and potential implications fosters understanding and engenders trust among participants, community members, and other stakeholders. Ongoing opportunities for feedback and dialogue are pivotal in addressing concerns and dispelling misconceptions throughout the research process.

Avoidance of stigmatising language or negative framing of religious beliefs is imperative. Instead, the research endeavours to navigate the intricate interplay between religiosity, culture, and health outcomes with nuance and respect.

The responsible dissemination of research findings is underscored, necessitating the avoidance of sensationalism and oversimplification. Contextualisation within broader socio-cultural and historical frameworks fosters a nuanced understanding among individuals and communities.

Lastly, providing appropriate support and resources to participants experiencing distress or adverse effects as a consequence of their involvement in the research is paramount. Follow-up initiatives aim to ensure the maintenance of their well-being beyond the duration of the research project.

10. ETHICAL CONSIDERATION

This study inherently raises several ethical risks and considerations, for which proactive strategies are delineated to address them effectively:

Firstly, the principle of informed consent stands as a cornerstone. The research team is committed to securing informed consent from participants and ensuring comprehension of the study's purpose, associated risks, and potential benefits before engagement. Acknowledging the potentially delicate nature of the topic, participants will be furnished with comprehensive and culturally relevant information and the opportunity to pose inquiries and revoke consent as desired.

Secondly, the preservation of privacy and confidentiality emerges as paramount. Given the intimate nature of discussions surrounding personal beliefs and experiences concerning religiosity and health, rigorous measures will be implemented to anonymise data and safeguard its storage securely, limiting access exclusively to authorised personnel.

Cultural sensitivity forms another pivotal consideration. The research team pledge to approach the study with cultural humility and tact, recognising and honouring the multifaceted religious beliefs and practices prevalent within Tongan communities. Collaboration with community leaders, elders, and stakeholders is prioritised to ensure culturally appropriate research conduct, grounded in an acute understanding of community values, norms, and traditions.



Mitigating harm and stigmatisation represent additional ethical imperatives. The research team is committed to exercising vigilance to prevent participant stigmatisation or the perpetuation of negative stereotypes pertaining to religious beliefs. This necessitates refraining from employing stigmatising language and reframing religious practices as inherently problematic. Instead, the research endeavours to foster comprehension and empathy, cognizant of the intricate dynamics interweaving religiosity, culture, and health outcomes.

Ethical oversight assumes a crucial role in this research endeavour. To uphold ethical standards and guidelines, an independent research ethics committee or institutional review board will provide diligent review and oversight, particularly concerning issues such as informed consent, privacy, and potential participant risks.

Lastly, responsible dissemination of findings stands as an ethical imperative. Researchers commit to transparently and accurately communicating research findings, situating them within the broader socio-cultural and historical landscape. This necessitates eschewing sensationalism and ensuring that findings are presented in a manner that preserves the dignity and autonomy of participants while fostering nuanced understanding among stakeholders.

11. POTENTIAL RISKS & MITIGATING FACTORS

There are several potential risks to participants' well-being and confidentiality. These risks will be identified and mitigated to ensure ethical research conduct. Here are some likely risks and strategies to mitigate them:

Psychological Risks:

- Emotional Distress—Participants may experience emotional distress when discussing sensitive topics such as religious beliefs and mental health.
- Trauma Triggers—Some participants may have experienced trauma related to their religious beliefs or practices, which could be triggered during the interview or focus group.

Mitigation Strategies:

- Provide a clear explanation of the study's purpose and procedures to participants before the interview or discussion.
- Offer participants the option to take breaks or terminate the interview if they become distressed.
- Have a trained researcher available to provide support or referrals to mental health resources if needed.
- Include trigger warnings and provide resources for trauma support in the participant information sheet.

Confidentiality Risks:

- Disclosure of Sensitive Information—Participants may share personal or sensitive information during the interview or focus group, leading to potential breaches of confidentiality.



- **Data Security**—There is a risk of unauthorised access to or disclosure of participants' data, especially if stored electronically.

Mitigation Strategies:

- Ensure participants understand the confidentiality measures in place, such as anonymising data and protecting their identity.
- Obtain informed consent from participants regarding data storage, usage, and dissemination.
- Store all data securely, using encrypted devices and password-protected files, and limiting access to authorised research team members only.
- Remove any identifying information from transcripts or recordings during data analysis to maintain anonymity.

Cultural Risks:

- **Misinterpretation of Cultural Practices**—Researchers may unintentionally misinterpret or misrepresent participants' cultural beliefs or practices, leading to cultural insensitivity.
- **Stigmatisation**—Participants may fear stigma or discrimination from their community or religious group if their participation in the study becomes known.

Mitigation Strategies:

- Involve members of the Tongan community in the research process, such as community leaders or cultural advisors, to ensure cultural relevance and sensitivity.
- Use culturally appropriate language and terminology when discussing religious beliefs and practices.
- Assure participants of the confidentiality measures in place and emphasise their right to privacy.
- Provide participants with information on how their data will be used and assure them that their participation will not result in stigma or discrimination.

Physical Risks:

- None are anticipated for this type of research.

Mitigation Strategies:

- a. N/A

There will be ongoing monitoring and evaluation of these measures throughout the research process to address any emerging risks effectively.

12. CONSULTATION PROCESS

The consultation process for the study involves engaging with relevant stakeholders, including members of Tongan faith communities, cultural advisors, healthcare



professionals, and other experts. The consultation process aims to ensure that the research is *culturally sensitive, ethically sound, and relevant to the needs and priorities of the Tongan community*. Here's an outline of the consultation process:

Community Engagement:

- Identify key community and faith leaders, organisations, and influencers within the Tongan community in New Zealand.
- Reach out to these stakeholders to introduce the research project and seek their input and support.
- Organise community meetings, focus groups, or consultation sessions to discuss the research objectives, methodology, and potential implications for the community.
- Listen to community feedback, concerns, and suggestions, and incorporate them into the research design and implementation.

Cultural Consultation:

- Collaborate with cultural advisors who have expertise in Tongan culture, language, and customs.
- Consult cultural advisors throughout the research process to ensure that the study is culturally appropriate and respectful.
- Seek guidance on culturally sensitive issues, such as recruitment strategies, data collection methods, and interpretation of findings.
- Incorporate cultural considerations into the research protocol, informed consent documents, and data analysis procedures.

Expert Consultation:

- Consult with healthcare professionals, researchers, and experts with knowledge and experience in religious studies, mental health, and Pacific Islander health.
- Seek input on research methodologies, measurement tools, and best practices for studying religiosity and its impact on health and well-being.
- Discuss potential challenges, ethical considerations, and ways to address them effectively within the study framework.

Ethical Review:

- Submit the research protocol and informed consent documents to the ethics committee or institutional review board (IRB) for review and approval.
- Address any concerns or recommendations raised by the ethics committee or IRB regarding participant safety, privacy, and ethical conduct.
- Ensure that the research protocol adheres to ethical guidelines and safeguards the rights and welfare of participants throughout the study.



Continuous Engagement:

- Maintain ongoing communication and collaboration with stakeholders throughout the research process.
- Provide regular updates on the progress of the study, including any findings or preliminary results.
- Solicit feedback and input from stakeholders at key milestones, such as data collection, analysis, and dissemination of findings.
- Acknowledge and recognise the contributions of community members, cultural advisors, and other stakeholders to the research project.

13. TERMINATION CRITERIA

Several critical factors may necessitate the termination of the study. Foremost among these factors is the lack of participation or cooperation from Tongan individuals and faith communities. Should such cooperation prove insufficient, impeding the acquisition of meaningful insights or the execution of effective strategies, termination may be deemed necessary.

Furthermore, the infeasibility of data collection methods presents a formidable challenge. Instances where accessing Tongan communities poses difficulty or where language barriers impede communication may render data collection impracticable. Without viable alternative solutions, project termination becomes a plausible course of action.

Ethical concerns constitute another imperative consideration. Should ethical issues arise during project implementation, particularly those related to breaches of participant confidentiality or harm to participants, termination may be warranted to uphold ethical standards and safeguard participant well-being.

Unanticipated external factors further compound the risk of project termination. Events beyond the project team's control, such as political unrest or natural disasters, may disrupt project continuity to an extent where mitigation measures prove inadequate, necessitating termination.

Additionally, failure to achieve project objectives despite concerted efforts may prompt termination. In instances where it becomes evident that stated objectives are unattainable and viable paths forward are elusive, termination may prevent further allocation of resources to a futile endeavour.

The loss of stakeholder support constitutes another compelling rationale for termination. Should key stakeholders withdraw their backing or express dissatisfaction with project outcomes, and efforts to address their concerns prove ineffective, termination may be deemed prudent to avert escalating conflict or relationship damage.

Finally, significant changes in project scope, objectives, or priorities may render the original goals obsolete or misaligned with organisational or stakeholder needs. In such instances, termination or redirection of the project may be deemed necessary to ensure alignment with prevailing organisational imperatives.



14. DATA MANAGEMENT PLAN (SEE ATTACHMENT 1)

15. PARTICIPANTS RECRUITMENT STRATEGY

Established Meaningful Partnerships with Community Organisations:

- Identify and establish partnerships with Tongan community organisations, religious institutions, cultural centres, and community leaders in New Zealand.
- Collaborate with these organisations to promote the research project and seek their assistance in reaching potential participants.
- Leverage existing networks and relationships within the Tongan community to enhance recruitment efforts.

Culturally Tailored Outreach Materials:

- Develop culturally appropriate and linguistically sensitive recruitment materials, such as flyers, posters, and social media graphics, in English and Tongan.
- Highlight the importance of the research project in addressing issues relevant to the Tongan community and emphasise the confidentiality and ethical standards of the study.

Utilise Multiple Communication Channels:

- Utilise various communication channels to disseminate recruitment materials and reach diverse potential participants.
- Distribute recruitment materials through community events, religious services, social gatherings, and online platforms frequented by Tongan individuals and families.
- Engage with Tongan-language radio stations, newspapers, and social media influencers to amplify recruitment efforts and increase visibility within the community.

Engage with Key Stakeholders:

- Host informational sessions or workshops for key stakeholders, including community leaders, healthcare providers, educators, and social service professionals, to raise awareness about the research project.
- Seek endorsements and support from respected figures within the Tongan community to enhance credibility and trust in the research endeavour.

Personalised Outreach and Relationship Building:

- Conduct targeted outreach efforts through personal contacts and referrals from community members.
- Train research team members to engage in respectful and culturally sensitive interactions with potential participants, emphasising the importance of building trust and rapport.

Incentives and Recognition:



- A koha will be gifted to participants who complete the research activities.
- Acknowledge and recognise participants' contributions to the research project through public acknowledgements, certificates of participation, or community appreciation events.

Flexibility and Accessibility:

- Offer flexible scheduling options for research activities to accommodate participants' preferences and availability.
- Provide transportation assistance or childcare support for participants who may face logistical barriers to participation.

Monitoring and Evaluation:

- Monitor recruitment progress regularly and adjust strategies based on feedback and insights gathered from community members and stakeholders.
- Maintain open lines of communication with participants throughout the recruitment process to promptly address any questions or concerns.

16. INCLUSION/EXCLUSION CRITERIA

Participants for the study are screened based on the following inclusion and exclusion criteria (see **Appendix 6: Participant Demographic Sheet**):

Inclusion Criteria:

- **Tongan Ethnicity:** Participants must identify as Tongan or belong to the Tongan ethnic group.
- **Residency in New Zealand:** Participants must currently reside in New Zealand.
- **Age:** Participants must be aged 18 years and above.
- **Willingness to Participate:** Participants must be willing to participate in the study and provide informed consent.

Exclusion Criteria:

- **Non-Tongan Ethnicity:** Individuals who do not identify as Tongan or belong to the Tongan ethnic group are excluded from the study.
- **Non-Residency in New Zealand:** Individuals who do not currently reside in New Zealand are excluded from the study, as the focus is on Tongans living in New Zealand.
- **Age Limitations:** The excludes participants below the age of 18.
- **Incapacity to Provide Informed Consent:** Individuals who cannot provide informed consent due to cognitive impairment, mental illness, or other factors are excluded from the study.



- **Language Barrier:** Participants who do not speak or understand the language(s) in which data will be collected (e.g., English, Tongan) may be excluded unless translation services are available.
- **Conflict of Interest:** Individuals who have a conflict of interest that could compromise the integrity or objectivity of the study (e.g., close relationship with the researchers, affiliation with organisations that may influence responses) may be excluded.

It's important to note that Māori excluded from this study because the focus is on Tongan communities. However, it doesn't diminish the importance of understanding religiosity's impact on health and well-being within the Māori community. Future research may explore similar topics within the Māori context or examine religiosity's effects across multiple ethnic groups in New Zealand to provide a more comprehensive understanding.

Here are some reasons for not including Māori:

- the study has a very specific research question related to religiosity within the Tongan community. Focusing on one ethnic group allows researchers to delve deeply into the nuances of religiosity within that community without diluting the research focus.
- the researchers are all Tongans and have a shared interest in the health and well-being of Tongans in New Zealand.
- conducting research with multiple ethnic groups can be resource-intensive in terms of time, funding, and logistical challenges.
- focusing on one ethnic group allows researchers to avoid generalising findings across diverse cultural contexts. Different ethnic groups may have unique cultural beliefs, practices, and experiences related to religiosity, and separating the data allows for more accurate and context-specific conclusions.

17. POTENTIAL CONFLICT OF INTEREST

The research team will be vigilant in identifying and managing potential conflicts to ensure the integrity and credibility of the study. Here are some potential conflicts of interest and strategies to manage them include:

- **Personal bias:** Researchers may have personal beliefs or biases that could influence their interpretation of the data or their interactions with participants. To manage this, researchers will engage in self-reflection and awareness, acknowledging their biases and taking steps to mitigate their impact on the research process. This may include seeking input from colleagues with diverse perspectives, maintaining transparency about potential biases, and adhering to rigorous research methods to minimise subjective influence.
- **Financial conflicts:** Researchers may have financial interests or relationships that could bias their research findings or interpretations. To manage financial conflicts of interest, researchers will disclose any financial relationships or conflicts of interest to research ethics committees, funding agencies, and journal editors. Transparency about financial interests helps maintain the research's credibility and impartiality.



- **Institutional conflicts:** Institutional affiliations or obligations may create conflicts of interest that could influence research conduct or outcomes {The Research Host—Trinity College—is a progressive tertiary theological education provider of Te Haahi Weteriana o Aotearoa (Methodist Church of New Zealand)}. The research team will be transparent about institutional affiliations or obligations that could bias the research and take steps to minimise their influence. This may include ensuring independence in study design, data collection, and analysis and disclosing any institutional affiliations in research publications or presentations.
- **Stakeholder conflicts:** Researchers may face pressure or influence from stakeholders, such as funding agencies, advocacy groups, or community leaders, which could potentially bias research findings or interpretations. To manage stakeholder conflicts of interest, the research team will maintain independence and autonomy in the research process, prioritising the integrity of the research over external pressures. This will involve establishing clear boundaries and communication channels with stakeholders, maintaining transparency about potential conflicts, and seeking input from diverse perspectives to ensure balanced and impartial research outcomes.

18. VALUE FOR PACIFIC PEOPLES

The study holds significant value for Pacific peoples beyond the Tongan community. Here are several ways in which the study can contribute to the well-being of Pacific peoples:

- **Cultural Insights**—The study provides valuable insights into the relationship between religiosity and health within the Pacific context. By focusing on the experiences of Tongans, the research sheds light on cultural beliefs, practices, and challenges that may be shared among various Pacific communities. This knowledge can inform culturally sensitive approaches to health promotion and intervention development for Pacific peoples.
- **Addressing Health Disparities**—Understanding the impact of religiosity on health and well-being among Tongans can help identify specific health disparities within the Pacific population in New Zealand. By recognising these disparities, stakeholders can develop targeted interventions and policies to address the unique needs of Pacific peoples and reduce health inequalities.
- **Community Empowerment**—Research highlighting the experiences and challenges faced by Pacific communities can empower individuals and organisations within these communities to advocate for positive change. The study can foster community engagement, resilience, and self-determination in addressing health issues and promoting well-being by amplifying the voices of Tongans and other Pacific peoples.
- **Cross-Cultural Learning**—Sharing findings from the study with other Pacific communities can facilitate cross-cultural learning and collaboration. Pacific peoples from different ethnic backgrounds can learn from each other's experiences, perspectives, and best practices in addressing health challenges and promoting holistic well-being. This exchange of knowledge and expertise can strengthen solidarity and cooperation among Pacific communities in New Zealand.
- **Policy Development and Resource Allocation**—Evidence-based research on religiosity and health among Tongans can inform policy development and resource allocation for Pacific health initiatives. By understanding the factors that influence health outcomes within the Pacific Islander population, policymakers can prioritise



funding and support for programs that address these factors and improve Pacific peoples' overall health and well-being.

The study's findings have broader implications for Pacific peoples in New Zealand and Oceania. They can contribute to efforts to improve health outcomes, promote cultural resilience, and advance equity and social justice within the Pacific Islander community.

19. ETHICAL APPROVAL

Ethical Approval will be sought from the [Health and Disability Ethics Committees](#) (HDECs). All research activities will be conducted in accordance with the [Pacific Health Research guidelines](#) developed by the Health Research Council of New Zealand, and the [National Ethical Standards for Health and Disability Research and Quality Improvement](#).



20. APPENDICES

Appendix 1: Objectives & Questions

Objectives	Questions
1. Investigate how “religiosity” (LN) influences the attitudes of Tongans in faith communities towards Government health advice, using COVID-19 as a case study.	1. Can you describe any instances where your religious beliefs have influenced your decision-making regarding health advice during the COVID-19 pandemic? 2. How do you perceive the role of religious leaders in guiding the community's response to health crises like COVID-19, and how does this influence your own attitudes towards Government health advice?
2. Assess the effects of LN on both the perceived and actual well-being of Tongans within faith communities in Aotearoa New Zealand.	• How do you feel your religious beliefs contribute to your overall sense of well-being, particularly in times of COVID-19 lockdown? • Can you share any experiences where adherence to religious teachings or practices has positively or negatively impacted your physical or mental health?
3. Enhance our understanding of the health risks associated with LN within communities and individuals.	• How do you perceive the intersection between religious beliefs and health behaviours within your community? • In what ways do you think religiosity might lead to potential health risks for individuals or the community as a whole?
4. Enhance our understanding of the health risks associated with LN within communities and individuals.	• What do you believe are the key factors that need to be addressed in order to promote a healthier balance between religious beliefs and health practices within the Tongan community? • How can community leaders and healthcare professionals collaborate effectively to address concerns related to religiosity while respecting cultural and religious beliefs?

Appendix 2: Advisory Panel (AP): Terms of Reference

Purpose:

The Advisory Panel (AP) is established to provide guidance, expertise, and oversight to the research project titled "Exploring the Impact of Religiosity on the Health and Well-being of Tongans in New Zealand." The AP's primary objective is to ensure the relevance, rigour, and ethical conduct of the research, thereby advancing knowledge and promoting well-being within the Tongan community.

Composition:

The AP comprises diverse stakeholders, including representatives from the Tongan community, healthcare professionals, researchers specializing in religious studies and Pacific Islander health, cultural advisors, and individuals with lived experiences pertinent to the study. This composition reflects the multidisciplinary nature of the research and ensures a wide array of perspectives and insights.

Roles and Responsibilities:

- Provide input and feedback on research objectives, methodology, and study design, ensuring cultural sensitivity and relevance to the Tongan community.
- Review and offer recommendations on research protocols, data collection instruments, and participant recruitment strategies to enhance research quality and integrity.
- Advise research progress, identify potential challenges or ethical considerations, and advise on appropriate actions.
- Assist in disseminating research findings to relevant stakeholders, including the Tongan community, healthcare providers, policymakers, and the broader research community.
- Act as advocates for the research project and its objectives, fostering awareness and engagement within the Tongan community and beyond.

Meetings and Communication:

- The AP will hold regular meetings at least three times a year, either in person or virtually, to discuss project updates, review research materials, and address emerging issues or concerns.
- Communication among AP members will occur via email correspondence, teleconferences, and other digital platforms as necessary to maintain collaboration and engagement.
- Meeting agendas and minutes will be circulated to AP members in advance to facilitate informed discussion and decision-making.

Confidentiality and Ethical Considerations:

- AP members are obligated to uphold strict confidentiality regarding sensitive information discussed during meetings and pertaining to research participants.
- All AP activities will adhere to ethical guidelines and standards, prioritising the well-being and dignity of research participants and the Tongan community.
- AP members must disclose any conflicts of interest and abstain from discussions or decisions where conflicts arise.



- Should an AP member wish to resign from their position, they must provide written notice to the project's Principal Investigator prior to their intended resignation date. The Principal Investigator will then communicate the resignation to the rest of the AP and initiate the process for selecting a replacement member, ensuring minimal disruption to the panel's activities.

Duration and Review:

- The AP will remain active throughout the research project, undergoing regular reviews of its composition, effectiveness, and contributions.
- Adjustments to the AP's structure or membership may occur as necessary to maintain relevance and alignment with project objectives.

Honorarium:

AP members will receive a modest honorarium as a token of appreciation for their time, expertise, and contributions to the research project. The exact amount will be determined based on the frequency of meetings and the extent of involvement required.



Appendix 3: Religiosity Assessment Grid (RAG)

While assessing religious groups, consider various indicators related to their beliefs and practices. Evaluate whether these indicators are 'Not Present,' 'Somewhat Present,' or 'Clearly Present' within the community. It's essential to approach this assessment with sensitivity and avoid overly negative labels. Professional guidance and multiple perspectives are recommended for a comprehensive evaluation (This grid is for data analysis only).

Criteria	Conservative	Moderate	Progressive
Beliefs	Blind adherence to outdated beliefs, resistance to new ideas.	Flexibility in beliefs, some critical thinking.	Openness to evolving beliefs, integration with scientific knowledge.
Community	Exclusive, insular communities, mistrust of outsiders.	Tendency towards inclusivity, occasional exclusivity.	Inclusive, supportive communities fostering cooperation and empathy.
Behaviour	Judgmental attitudes, condemnation of others' lifestyles.	Mixed behaviours, occasional kindness, occasional judgment.	Compassionate, non-judgmental behaviour, practicing empathy and kindness.
Practices	Rituals devoid of personal meaning, done out of obligation.	Inconsistent engagement in practices, occasional reflection.	Meaningful rituals, practices promoting personal growth and reflection.
Leadership	Authoritarian leadership, exploitation of followers' trust.	Balanced leadership style, occasional empowerment.	Servant leadership, guidance promoting empowerment and ethical living.
Scriptural Interpretation	Literal interpretation, selective use to justify biases.	Mixed interpretation, occasional contextual understanding.	Contextual understanding, interpretation promoting compassion and understanding.
Adaptability	Resistance to change, fear of innovation or progress.	Moderate adaptability, occasional openness to change.	Adaptation to contemporary challenges, embracing diversity and change.
Critical Thinking	Suppression of doubt, discouragement of questioning.	Moderate critical thinking, occasional inquiry.	Encouragement of inquiry, seeking deeper understanding and knowledge.
Ethics and Morality	Hypocrisy, selective application of moral principles.	Mixed ethical behaviour, occasional inconsistency.	Consistent ethical living, integrity in actions and decision-making.
Gender and Sexuality	Traditional gender roles, discrimination against LGBTQ+ individuals.	Mixed attitudes, occasional acceptance, occasional discrimination.	Gender and sexual diversity acceptance, advocacy for LGBTQ+ rights.
Attitude to Health Advice and Vaccinations	Mistrust of medical advice, resistance to vaccinations.	Mixed attitude, occasional openness to health recommendations.	Trust in medical expertise, adherence to health recommendations including vaccinations.
Well-being	Poor mental health, guilt, shame, anxiety.	Mixed well-being outcomes, occasional peace, occasional distress.	Enhanced mental and emotional well-being, peace, contentment.

Appendix 4: Participant Information Sheet

HRC PACIFIC PROJECT 23/224

Participant Information Sheet

Title of Study:

The Lotu Factor: Religiosity, COVID-19 and Tongan Wellbeing in NZ

Researcher(s):

Dr Nāsili Vaka'uta, Assoc Prof Sione Vaka, Dr Seini Tāufa, Dr Edmond Fehoko, Dr 'Ana Tūtone-Tualau, Dr Chris Puli'uvea, Dr Jione Havea

Introduction

Mālō e lelei!

My name is Dr. Nāsili Vaka'uta; I am a Pacific scholar in religious studies and an active researcher in the field. As noted above, I will lead this research project, funded by the Health Research Council of New Zealand, with other Tongan scholars. We are keen to explore the influence of lotu on the overall well-being of Tongans residing in New Zealand. I extend a warm invitation to you to participate in this study. This information sheet is designed to furnish you with all the pertinent details regarding the research. Your involvement in this study is entirely voluntary, and you retain the right to withdraw at any juncture without facing any repercussions.

Purpose of the Research

This research project aims to investigate the influence of lotu (religiosity) and its extreme form (lotu-noa) on the well-being of Tongans living in New Zealand. Lotu is a cornerstone of Tongan society and can be described as living out and practicing one's religious beliefs and spirituality. Lotu-noa, however, takes various forms and, in the extreme sense, can be toxic and harmful to those that hold such views. Our objective is to explore and understand the potential effects of such religious viewpoints on the well-being of the Tongan community in New Zealand. We will ensure that all research methods respect the participants' rights, beliefs, and values. Insights from this study will be used responsibly to develop educational material to raise awareness within the Tongan and wider Pacific community about the potential impacts of extreme religiosity. Our ultimate goal, guided by ethical principles, is to contribute to developing positive and thriving communities within New Zealand.

Selection Criteria and Invitation

You may have been identified as a Tongan faith leader providing pastoral care within Tongan faith communities in New Zealand, or you might have been referred by other key informants, or perhaps you came across our study through advertisements in newsletters or social media platforms. Your invitation to participate stems from your invaluable experience and knowledge, which will offer significant contributions to this study.

Specifically, we are seeking Tongan faith leaders and members who have encountered theological-based objections within their congregations regarding either the vaccine or the public health measures implemented by the New Zealand government.



Voluntary Participation

Your participation in this research is entirely voluntary. Choosing to participate or not will not affect you in any way. You have the right to withdraw from the study at any stage. If you decide to withdraw, we will remove any data and information you provided, including any identifiable information. However, please note that once the findings have been published, removing your data may not be possible. As a faith leader, you will be invited to a one-on-one interview with one or more research team members. This may take between 1-3 hours. You are not expected to participate in the group discussions. Participants who are not faith leaders are invited to participate in a group discussion in a setting agreed upon between the group and the research team. In this setting, you will be invited to engage and share your views around lotu, lotu-noa, and well-being. This may take between 2-3 hours. Two or more of the research team will conduct all interviews, and only audio recordings will be carried out.

Research Procedures

We'll record these talks to help us study them later. After that, we will write down everything said and let you check it. If there's anything you want to change, you can do that within three weeks. If we do not hear back from you, then we will assume it's fine to use the written version as it is for our study. If you decide to withdraw from the study, you may request the removal of your data before it is anonymized and incorporated into the research findings. However, please note that once the data has been anonymized and integrated into the research findings, it may not be possible to withdraw specific contributions.

Discomforts and Risks

Given the sensitive nature of the topics under discussion, particularly amidst the backdrop of the COVID-19 pandemic, we acknowledge that you may experience some emotional discomfort or stress during our interactions. Although efforts will be made to maintain a professional and respectful environment, these feelings may arise due to personal or professional experiences being discussed.

Alleviation of Discomforts and Risks

Throughout our collaboration, you will have full autonomy throughout the talanga and are not obligated to address topics that may cause distress. You have the right to withdraw from the study at any given time. Furthermore, if you need additional support, arrangements can be made for you to consult with a designated counseling service provider.

Benefits

While participation in this study does not yield immediate benefits, you may find value in sharing your insights, experiences, and opinions as a faith leader within the Tongan community. Your contributions will inform health communication strategies and community engagement initiatives targeting Tongan and Pacific communities. Furthermore, your involvement will contribute to fulfilling a Master's degree for a student involved in this research.

Compensation

As a token of appreciation for your time, you will receive a koha of \$50 regardless of the total time commitment. The interview will be scheduled at a time and location convenient for you.



Privacy Protection

All recordings and transcripts will be accessible only to the research team. Your identifiable information will be securely stored for the study and will only be made available to the research team, not the public. It will also not be included in the final research thesis or subsequent publications. You will be referred to using a fictitious name throughout the study. All information you provide will be treated with utmost confidentiality and privacy. Due to the smallness of the Tongan community, the team acknowledges the potential risk of privacy breaches. To that point, participants' personal information will be kept anonymous and confidential, with pseudonyms replacing personal information.

Invitation Response Time

Please express your interest in participating in this study within four weeks of receiving this information sheet.

Feedback on Research Results

Upon completion of the study, you will be given the option to receive a summary of the findings if you wish. This summary will be conveyed to you via email or postal mail.

Concerns and Further Information

If you have any questions, concerns, or complaints about the study at any stage, you can contact: Rev. Dr. Nāsili Vaka'uta (Research lead) Phone: 021570387 Email: nvakauta@trinitycollege.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@advocacy.org.nz Website: <https://www.advocacy.org.nz/>

For cultural support, please contact:

Name: Dr Lesieli Prescott Tongati'o

Position: Kaihautū Mātauranga Pasifika – Pasifika Education Leader, Tātai Angitu | Institute of Education | Social Sciences Tower | Massey University

Telephone: 021 969 684

Email: l.tongatio@massey.ac.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Email: hdec@health.govt.nz

Phone: 0800 400 569 (Ministry of Health general enquiries)



Appendix 5: Consent Form

HRC PACIFIC PROJECT 23/224

CONSENT FORM (Individual Interview)

Title of Study:

The Lotu Factor: Religiosity, COVID-19, and Tongan Wellbeing in NZ

Researcher(s):

Dr. Nāsili Vaka'uta, Assoc. Prof. Sione Vaka, Dr. Seini Tāufa, Dr. Edmond Fehoko, Dr. 'Ana Tūtone-Tualau, Dr. Chris Puli'uvea, Dr. Jione Havea

I have read and understood the Participant Information Sheet for the study. I have had the opportunity to ask questions and have received satisfactory answers regarding my participation in this research. I understand that my participation in this study involves:

- Participating in a confidential tālanga.
- Sharing my thoughts, experiences, and perspectives regarding my religious beliefs, practices, and their potential impact on my health and well-being.
- The tālanga or discussion may last approximately [1-3 hours].
- The information I provide is kept confidential and used for research purposes only.

I understand that my participation in this study is voluntary, and I have the right to decline participation or withdraw from the study at any time without consequence. I understand that my decision to participate or not participate will not affect my current or future relationship with the researchers or any associated organisations. I understand that I may contact the researcher(s) at nvakauta@trinitycollege.ac.nz if I have any questions or concerns about the study. I am aware that I may also contact the [Secretariat for the Health and Disability Ethics Committees](#) if I have concerns about my rights as a participant in this research. I consent to participate voluntarily in the study. I understand that I may withdraw my consent and discontinue participation in the study at any time. I understand that I will have the opportunity to review and correct the transcript of my interview within three weeks of receiving it. I also understand that if I choose to withdraw from the study, I may request the removal of my data before it is anonymized and incorporated into the research findings.

Participant's Name: [Insert Participant's Name]

Participant's Signature: _____ Date: _____

Researcher's Name: [Insert Researcher's Name]

Researcher's Signature: _____ Date: _____





TRINITY THEOLOGICAL COLLEGE

CONSENT FORM (Focus Group)

Title of Study:

The Lotu Factor: Religiosity, COVID-19, and Tongan Wellbeing in NZ

Researcher(s):

Dr. Nāsili Vaka'uta, Assoc. Prof. Sione Vaka, Dr. Seini Tāufa, Dr. Edmond Fehoko, Dr. 'Ana Tūtone-Tualau, Dr. Chris Puli'uvea, Dr. Jione Havea

I have read and understood the Participant Information Sheet for the study. I have had the opportunity to ask questions and have received satisfactory answers regarding my participation in this research. I understand that my participation in this study involves:

- Participating in a confidential focus group tālanga.
- Sharing my thoughts, experiences, and perspectives regarding my religious beliefs, practices, and their potential impact on my health and well-being.
- The interview or discussion may last approximately [2-3 hours].
- The information I provide is kept confidential and used for research purposes only.

I understand that my participation in this study is voluntary, and I have the right to decline participation or withdraw from the study at any time without consequence. I understand that my decision to participate or not participate will not affect my current or future relationship with the researchers or any associated organisations. I understand that what will be discussed in the focus group is to remain confidential and not to be discussed outside of the group discussion. I understand that I may contact the researcher(s) at nvakauta@trinitycollege.ac.nz if I have any questions or concerns about the study. I am aware that I may also contact the [Secretariat for the Health and Disability Ethics Committees](#) if I have concerns about my rights as a participant in this research. I consent to participate voluntarily in the study. I understand that I may withdraw my consent and discontinue participation in the study at any time. I understand that I will have the opportunity to review and correct the transcript of my interview within three weeks of receiving it. I also understand that if I choose to withdraw from the study, I may request the removal of my data before it is anonymized and incorporated into the research findings.

Participant's Name: [Insert Participant's Name]

Participant's Signature: _____ Date: _____

Researcher's Name: [Insert Researcher's Name]

Researcher's Signature: _____ Date: _____



Appendix 6: Participant Demographic Sheet

Please fill out the following sheet with the appropriate information:

Participant Code: _____ **Researcher Code:** _____

Demographic Category	Options
Age	☐ Under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65 or above
Gender	☐ Male ☐ Female ☐ Non-binary / Third Gender ☐ Prefer not to say
Location	☐ North Island ☐ South Island ☐ Auckland ☐ Wellington ☐ Christchurch ☐ Other (please specify): _____
Religious Affiliation	☐ Christianity (Denomination: _____) ☐ Islam (Denomination: _____) ☐ Hinduism (Denomination: _____) ☐ Buddhism (Denomination: _____) ☐ Judaism (Denomination: _____) ☐ Sikhism (Denomination: _____) ☐ Other (please specify): _____ ☐ None/Atheist ☐ Prefer not to say
Education	☐ Less than High School ☐ High School/GED ☐ Some College/Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/Professional Degree ☐ Other (please specify): _____



Appendix 7: Project Support

- 'Akihehuo: Association of Tongan Health Workers
- Free Wesleyan Church of Tonga
- Health Research Council of New Zealand (funding agency)
- Methodist Church of New Zealand
- Moana Connect
- Tongan Faith Leaders Forum
- Trinity Theological College
- University of Otago



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