

The Niue community's experiences during the COVID-19 pandemic: an application of the Matalili Framework to inform future COVID-19 and vaccination initiatives in Aotearoa New Zealand.



A report prepared by Auckland University of Technology (AUT) and the Monū Education and Social Services Trust (MESST) for Te Whatu Ora

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Executive summary

There is currently a lack of research on the impact of the COVID-19 pandemic that focusses specifically on the Niue community. The aims of this study were to understand the key experiences of the Niue community during the COVID-19 pandemic relating to their wellbeing and perceptions of the COVID-19 vaccine. We addressed the research aims using a mixed-method approach, with 380 completed responses to the survey, followed by 26 participants in tala or narrative interviews. Underpinning this study is the application of the three key principles of the Matalili Wellbeing Framework, namely Vahā Loto-Agaaga Ofania (Spirit of Care), Fakafetuiaga (Inclusive Relationship), and Fakamalolo (Empowerment).

The COVID-19 pandemic and the associated health responses negatively impacted the wellbeing of the Niue community, especially the elderly. However, participants in this study also described positive experiences during the pandemic and identified services that supported their wellbeing. While most respondents in this study have received the COVID-19 vaccine, there were concerns about the side effects of this relatively new vaccine, and the community wants more information especially with regards to the vaccine for children. Analysis of the national dataset revealed that most Niue people received their COVID-19 vaccine from community-based location, such as a pharmacy, general practice, or clinics. The participants in this study showed a clear preference to receive their health information from trusted healthcare providers through mainstream media. The information needs to be kept simple and tailored for the individual and their family.

Based on the key findings, the practical solutions proposed are community-based or community-led solutions that takes a holistic approach to provide tailored care for individuals and their families. These include community-based healthcare providers who can provide general wellbeing care to families, and who give appropriate personalised health advice. Messaging of health information should be led by trusted community leaders and healthcare professionals. Ultimately, the implementation of these solutions should empower individuals in the community. If their wellness is nurtured appropriately, members of the community can then contribute constructively to the wellbeing of the community.

Background

The wellbeing of people worldwide has been impacted by the various strains of COVID-19. In New Zealand, the wellbeing of the Pacific communities was increasingly at risk as they were more susceptible to contracting COVID-19. For example, the majority of cases reported in the August 2020 outbreak cluster involved younger individuals from these communities (Te Pou, 2022). During lockdowns, their wellbeing was further affected because of the lack of access to health, social and mental services due to unavailability of or limited services, fear of contracting the virus, perception of high costs associated with seeking medical assistance, transportation difficulties and lack of time (Nosa et al., 2023).

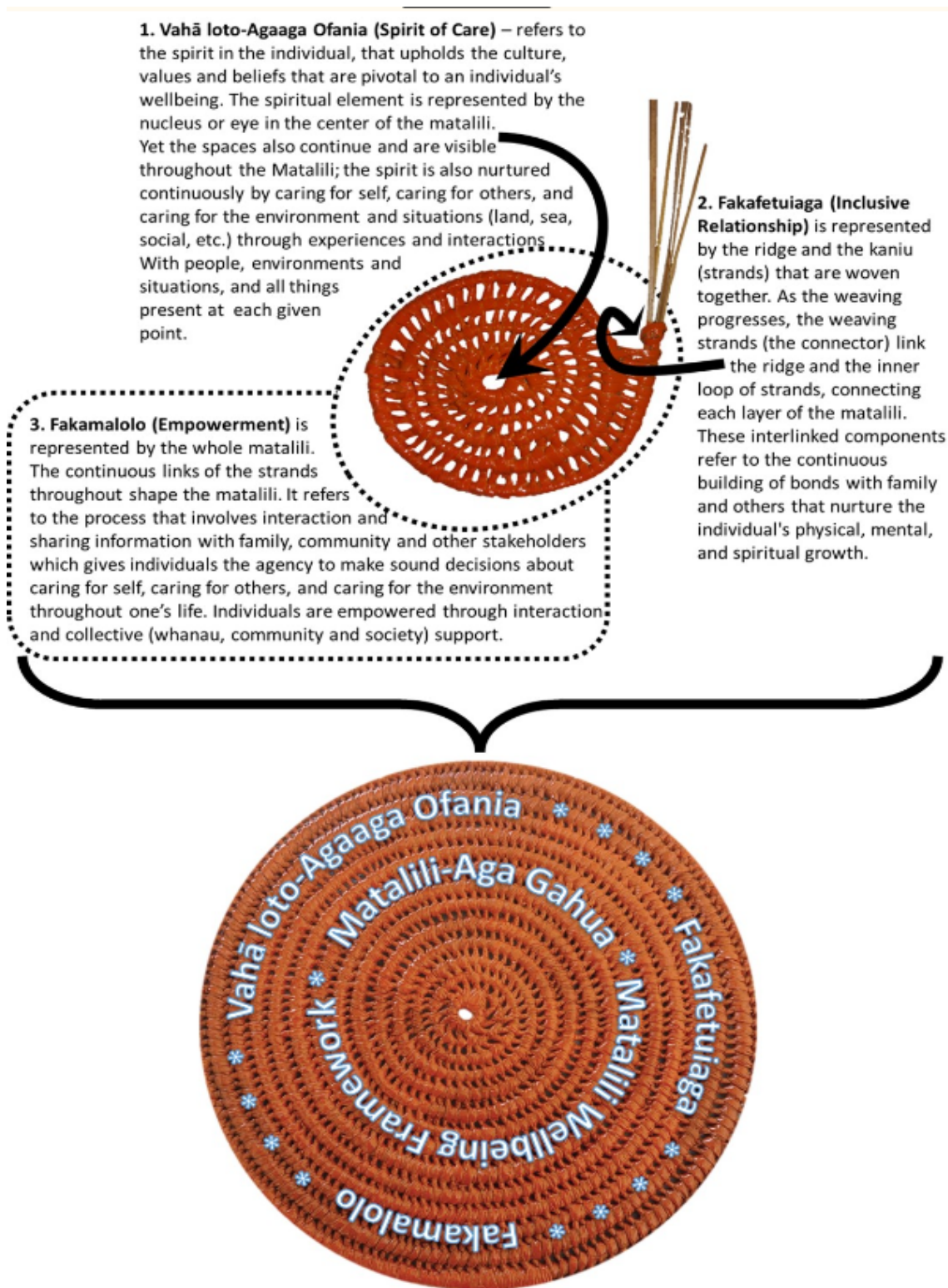
Another factor that affected the COVID-related health outcomes for the Pacific people was vaccine hesitancy and unwillingness to receive a new vaccine like COVID-19. Vaccine hesitancy was influenced by the dearth of knowledge and awareness of perceived value and risks of the COVID-19 vaccine. This occurrence can be attributed to the low level of participation of the Pacific communities in decisions in response to the COVID-19 pandemic (Tukuitonga & Ekeroma, 2021). Pacific healthcare professionals also reported insufficient early support related to communication from health organisations (Baldwin & George, 2021; Vicentini et al., 2022). Essentially, vaccine hesitancy led to lower rates of COVID-19 vaccination uptakes in the Pacific communities which in turn would have denied these communities from benefitting from vaccination (Tukuitonga & Ekeroma, 2021) and did not mitigate the higher risk of hospitalisation and death (Ministry of Health–Manatū Hauora, 2023; Steyn et al., 2021) of the Māori and Pacific communities. The COVID-19 cases in the community further escalated with the opening of the borders in Mid-March 2022.

Research on the impact of COVID-19 on Pacific communities has mostly been aggregated (Enari & Matapo, 2021; Freeman et al., 2021; Steyn et al., 2020). Although Pacific communities are extremely heterogeneous, they are often aggregated together in public health reports, which can conceal important social and health characteristics and have implications for health policies and allocation of resources (Kanaya et al., 2022). Hence, culturally tailored interventions and community-based initiatives are crucial in addressing the unique health needs of Pacific communities. This research focusses on the Niue community as no research to date has been devoted specifically to the investigation of the wellbeing of this community during the COVID-19 pandemic, even though the Niue community is an integral part of the wider Pacific community in New Zealand. The Niue community has been a part of New Zealand since 1901 (Quanchi, 2004) and under New Zealand law and the 1974 Niue Constitution, a Niue person receives the right to be a citizen of New Zealand, while maintaining their heritage, identity, and culture (the source of their wellbeing). The 2018 census indicated that 30,867 people with Niue descent live in New Zealand (Statistics New Zealand, 2018). As New Zealand transitions through multiple COVID-19 outbreaks, examining the impact of COVID-19 on the Niue community is vital and timely for achieving successful outcomes amidst this evolving pandemic.

Matalili Wellbeing Framework

The Matalili-Aga Gahua (Matalili Framework) is a holistic wellbeing framework that is grounded on Niue philosophy. The framework was developed from principles that emerged from traditional knowledge and cultural practices recounted by Niue elders (Togiamua et al., manuscript submitted). The three Niue principles of Agāga (Spirit of care), Fakafetuiaga (Inclusive Relationship), and Fakamalolo (Empowerment) are represented in matalili, which is a circular woven motif unique to the Niue culture (Figure 1).

Figure 1. Matalili Wellbeing Framework and the three key principles.



The Matalili Framework can be applied to research projects with and on Niue people, particularly those with a focus on outcomes that enhance wellbeing. The approach would be to use the three principles to guide research design, engagement and interpretation in ways that are meaningful and relevant to the Niue people. The framework promotes relational accountability by showing how to engage in research and how knowledge is attained (Wilson, 2008). For instance, the first principle, Vahā loto-Agaaga Ofania (Spirit of Care) mirrors the awareness aspect of research, essentially signifying the importance of recognising gaps in related literature and the need for investigations. The second guiding principle, Fakafetuiaaga (Inclusive Relationship) emphasises the importance of acknowledging and understanding the worldviews of the Niue community. As such, collective inclusive relationship building is important as it would provide direction for the ethical gathering of and dissemination of information to relevant stakeholders such as participants, families, organisations, and government agencies through respectful relationship building. The Fakamalolo (Empowerment) principle, helps the researchers to evaluate the significance of the research. In essence, empowerment enables researchers to show the ways in which the research outcomes of an investigation contribute to the element of wellbeing that is being investigated. These contributions could be in the form of additional knowledge that informs existing theories, strategies, products and services, to better meet the current needs of individuals and communities. When conducting research, attention to all three of these principles is essential to achieve success.

Research aims

The objective of this project is to understand the key experiences and perceptions of the Niue community during the COVID-19 pandemic.

The aims of this research are:

- to examine the impact of COVID-19 on the Niue community within the wider Pacific communities.
- to identify factors that influenced the attitudes of the different groups within the Niue community towards vaccine initiatives.
- to develop strategies to improve COVID-19 readiness and future vaccine uptake by the Niue community.

Method

This Niue community-based participatory research drew on a mixed-methods approach to respond to the research questions. In stage 1, a survey instrument was used in data collection. Preliminary analysis of the survey data was then used to inform the construction of indicative questions for tala or narrative storytelling in stage 2 of this study. Integrating both qualitative and quantitative approaches with the survey and talanoa increases the validity of research findings (Cowger & Menon, 2001) and can lead to deeper research with more reliable data (Reichardt & Rallis, 1994).

Prior to conducting the research, formal ethical approval from the Monū Education and Social Services Trust Ethics Committee (MESSTEC) and the AUT Ethics Committee Ethics (AUTEC reference 22/279) was obtained.

STAGE 1: SURVEY

Survey instrument

The survey instrument comprises topics required to address the research aims, including experiences with wellbeing and quality of life during COVID-19, perceptions of the COVID-19 vaccine and experiences with vaccination, interactions with information sources, and attitudes towards future public health and vaccination initiatives. Using the principles of the Matalili Wellbeing Framework as a guide, questions for each topic were either created or adapted from existing instruments (Collis et al., 2022; Washington Group on Disability Statistics, 2022; World Health Organisation, 2022). Demographics questions were also included to enable more detailed analysis and comparisons, and to better understand the needs of different demographic groups. The survey included closed-ended rating questions, as well as open-ended questions in each section to allow participants to add their incidental experiences. The survey questions were then translated into the Niue language so that the survey instrument is available in both English and Niue languages. The survey instrument was further refined in consultation with biostatisticians and trialled with members of the Niue community. The final survey instrument, together with the Participant Information Sheet, was accessible online via the Qualtrics platform, as well as being provided as a paper version (Appendix).

Recruitment and data collection

Invitations to participate in the survey were distributed via emails and social media platforms such as WhatsApp and Facebook messenger. Recruitment was also facilitated in community meetings or site visits, where tablets and laptops were made available for participants to complete the online survey. Participants could also choose to complete a paper version of the survey, which were de-identified by return post or in a drop box with multiple responses.

Participants needed to identify as having Niue descent and be 16 years old or over to proceed to the survey. Responses to the survey was collected from October 2022 to October 2023, which can roughly be generalised as periods when restrictions for long-term management of COVID-19 were in place (October 2022 to February 2023), more relaxed COVID-19 restrictions (March 2023 to May 2023) and no COVID-19 restrictions (June 2023 to October 2023).

Survey data analysis

The quantitative survey data involved both single response items and multiple response items, providing participants with the flexibility to express a range of opinions and/or experiences. This allowed the data analyst to identify frequencies and percentages, offering a comprehensive understanding of participant responses. The items included measured attitudes or opinions on a scale from 'not at all' to 'extreme amount' which further enhanced the analysis. This scale permitted the use of statistical techniques to quantify participant attitudes and identify patterns, trends, or relationships in the data.

Statistical tests employed to analyse the quantitative survey data include:

Descriptive statistics. To describe the characteristics of the survey sample, and to calculate the frequencies of categorical variables (e.g., to determining the number of participants who selected different options, and establishing the corresponding percentages) (Pallant, 2020).

Pearson's Chi-square test of association. This test is used to assess the relationship between two categorical variables, such as the perceived impact of COVID-19 on psychological wellness (negative vs. positive) and age groups. This test examines whether the distribution of participants differs across the various categories of one variable in relation to the categories of another variable (Field, 2009). A larger chi-square value implies a bigger deviation from the expected distribution, which assumes no association between the variables. If the calculated chi-square (χ^2) is larger and the associated p-value (probability value) is smaller than .05, then we will assume that there is a significant association between the two studied variables. The degrees of freedom (df) are determined by the number of categories in the variables that are analysed (rows – 1) x (columns – 1). The results will also provide the effect size as it provides information about the strength of the relationship between the variables (Field, 2009).

It is important to follow the assumption of independence in chi-square analysis. This assumption states that data is categorised, and each participant is assigned to only one category. The underlying idea is that the outcome in one category does not influence the outcome in another. Therefore, the chi-square test is appropriate for determining associations between two categorical variables only if both variables involve single responses—meaning participants can select only one choice for an answer, not multiple choices (Field, 2009). If one of the variables, that is explored in our results section, allowed for multiple responses, the analysis will focus solely on the distribution of observations among the categories of the two variables, providing insight into the counts within each combination of categories.

One-way analysis of variance (ANOVA). This test will be used to see if there are any significant differences between different groups (such as age groups) on their score on the outcome variable (e.g., the average level of concern each group has for their family's wellbeing). In other words, this test compares the variability in scores between the different groups (such as age groups). An *F* ratio is calculated which represents the variability in scores between the groups, divided by the variability in scores within each group (referred to as the error term). A p-value smaller than then 0.05 indicates a significant difference while the effect size (eta squared η^2) indicates a standardised way to assess the practical significance of or real-world importance of findings (Pallant, 2020). The effect size quantifies the proportion of variability in the outcome variable that is explained by the groups (e.g., age groups). It ranges from 0 to 1, where a larger value indicates a larger effect. The degrees of freedom will be shown in brackets that describe the number of values in the final calculation of a statistic that are free to vary. For a one-way ANOVA, the degrees of freedom between groups are equal to the number of groups minus 1 (Field, 2009).

The survey also included open-ended questions at the end of each section where participants can provide personal recounts that provided a deeper picture of the issues being investigated (Vaiolati, 2006). Thematic analysis (Riessman, 2008) of the open-ended survey answers were coded for prominent themes,

categories and patterns relating to the research questions (Strauss & Corbin, 1998). The principles of the Matalili Framework were used to guide the data analysis. For example, analysis was performed to understand the experiences of individuals and their inclusive relationship with their family and community, with a focus on how the findings can inform future initiatives to empower the community.

STAGE 2: TALA OR NARRATIVE STORYTELLING/INTERVIEW

A tala or narrative storytelling approach was used to further address the research questions. Known as tala in the Niue language, or talanoa in the wider Pacific literature, this research methodology is a cultural practice and a form of narrative inquiry that arose from the oratory tradition of the Pacific communities ('Otunuku, 2011; Hindley et al., 2020; Tunufa'i, 2016; Vaioleti, 2006). Since tala removes the distance between researcher and participant (Vaioleti, 2006), it can provide a better understanding of our findings from a Pacific lens. Preliminary results from the survey helped guide the tala topics and indicative tala questions. The general questions used to start the tala or conversations included:

What is one significant way that the COVID-19 pandemic over the past three years have affected you and your family?

Ko e heigoa e mena ne tupu mai kia koe, mo e hau a magafaoa he magaaho e gagao COVID-19 e tolu e tau kua mole?

What are your thoughts about COVID-19 vaccination?

Ko e heigoa hau a manatu hagamoo ke he COVID-19 huki fakagata?

What concerns do you have about the COVID-19 vaccine?

Ko e heigoa hau a tupetupe hagamoo ke he huki fakagata COVID-19?

Imagine we are one year from now. What do you think a news headline about COVID-19 could be?

Fakataitai ke taha e tau tau ki mua. Ko e heigoa e hau a manatu ke he mataulu tala hagamoo COVID-19?

Tala recruitment and qualitative data collection

In the survey, participants could indicate whether they would like to be contacted with an invitation to participate in the tala. Invitations were sent by emails and social media platforms, such as WhatsApp, Facebook groups, and Facebook messenger. The Participant Information Sheet (Appendix) was also sent with the invitation.

Participants needed to complete a short pre-interview survey (Appendix), either online or a paper-based version. This enabled a stratified sampling approach to ensure that we talk to a diverse group of the Niue community and hear a range of perspectives on the topics. Participants had to identify as having Niue heritage and be 12 years old or over to participate in the tala. A member of the research team contacted potential tala participants to organise a time and place that was convenient for them. Consistent with the Pacific methodology, tala facilitators are Niuean and can conduct the tala in both Niue and English. Signed consent forms were obtained before commencing the tala. Assent and parental consent forms were obtained when children between 12-15 years old were involved.

Qualitative data analysis

The tala were recorded electronically and transcribed by the researchers. Where required, tala conducted in the Niue language were then translated. Transcripts and translations were returned to the participants for member-checking (Doyle, 2007), which allowed the participants to correct mistakes and gave them the opportunity to add further information. The experiences and perceptions shared in the tala was used to further address the research questions.

Vaccination data of the Niue community in NZ

A de-identified dataset showing COVID-19 vaccination (up to March 2023) of individuals who identified as being Niuean was requested from the Ministry of Health. The dataset contains information such as the District Health Board (DHB), the date of vaccination, the type of facility where the COVID-19 vaccine was received, and the “crows flies” distance between the facility and their residence. Trends and patterns in the national dataset were compared to the survey dataset.

Community meetings

We have engaged with the Niue community with a series of community meetings held approximately every month throughout the study period of October 2022 to November 2023 (Table 1). These meetings encompassed various stages of the study, including initial consultation, recruitment and data collection, dissemination of preliminary findings, and culminating in workshops aimed at collaboratively designing recommendations for practical solutions and implementation. The community meetings were often attended by members from different parts of Auckland, and occasionally members from Northland and Hamilton. Preliminary findings were also disseminated to the wider community through a radio interview on 531 PI.

Table 1. List of community groups where community meetings were held.

Community groups	Meeting location
Fifine Fuluola	Manukau Friendship House
Fisi Piu	Onehunga PIPC
Makauga	Mangere Rest home
Mana Tama Niue Preschool	Mangere East
Mumui He Tua	Glen Innes Community Hall
Niue Community Today (NCT)	Mangere Library
Niue Selemania Falanelafa	Mangere Central Library
Niue Tupuna	Mangere Hall Ave
Ukufakina! "Mau nakai" Mau!	Mangere East Home Stead Community

Key findings

Research participants

Survey participants

In total, 405 participants started the survey. Twenty-five participants did not meet the inclusion criteria (21 indicated that they do not identify as Niuean, and 4 participants were younger than sixteen years of age). This left a total of 380 participants who completed the survey and were therefore, included in the subsequent analysis. Given the sample size of 380, the margin of error is 5% for quantitative analyses at 95% confidence interval.

Of the 380 Niue participants, 32% identified with one other ethnicity, and 4% identified with two other ethnicities. Most of the participants indicated that they were 21 to 49 years of age (62%), and female (59.5%). The majority of participants lived in South and Central Auckland (71%) at the time the survey was completed, and either lived with their immediate or extended family (63%). Over half of the participants worked full-time (61%) and the household income was up to \$75000 per year (63%; almost 20% of participants did not answer this demographic question). See Table 1 for a summary of participants' demographics.

Table 2. Summary table of survey participants' demographics

Respondents' characteristics and demographics (n = 380)

Ethnicity	Count	Percent
Niuean	380	100
Māori	27	7.1
Cook Island Māori	27	7.1
Samoan	28	7.4
Tongan	21	5.5
Fijian	9	2.4
Tuvaluan	1	0.3
Tokelauan	2	0.5
Other Pacific Peoples	3	0.8
Asian	2	0.5
Pakeha/New Zealand European	14	3.7
Other	3	0.8
Total	517	136.1

Note: Participants were able to select multiple ethnicities, so that the total count was higher than the total number of participants.

Age	Count	Percent
16 to 17	4	1.1
18 to 20	25	6.6
21 to 25	71	18.7
26 to 29	55	14.5
30 to 39	61	16.1
40 to 49	49	12.9
50 to 59	45	11.9
60 to 69	50	13.2
70 and over	19	5.0
Total	379	100
Missing	1	0.3

Gender	Count	Percent
Male	130	34.4
Female	226	59.8
Gender Diverse	11	2.9
Prefer not to answer	11	2.9
Total	378	100
Missing	2	0.5

Income	Count	Percent
Zero income	29	7.9
\$1 – \$25,000	42	11.4
\$25,001 – \$50,000	75	20.4
\$50,001 – \$75,000	95	25.8
\$75,001 – \$100,000	48	13.0
\$100,001 or more	10	2.7
Prefer not to answer	69	18.8
Total	368	100
Missing	12	3.2

Area lived	Count	Percent
South Auckland	177	47.3
Auckland Central	94	25.1
West Auckland	60	16.0
North Shore	13	3.4
Other	9	2.4
Niue	8	2.1
Wellington	5	1.3
Hamilton	4	1.1
Christchurch	2	0.5
Dunedin	2	0.5
Total	374	100
Missing	6	1.6

Note: 'Other' included "East Auckland", "Australia"

Household description	Count	Percent
Living as an immediate family	167	45.3
Shared household with extended family	73	19.8
Living as a couple	41	11.1
Living alone	36	9.8
Prefer not to answer	32	8.7
Shared household with non-family	7	1.9
Total	369	100
Missing	11	2.9

Area Description	Count	Percent
Suburban area	236	63.8
City or urban area	125	33.8
Village or rural area	9	2.4
Total	370	100
Missing	10	2.6

Occupation	Count	Percent
Working full-time	226	60.4
Working part-time	55	14.7
Homemaker	36	9.6
Retired	22	7.8
Full-time education	27	7.2
Part-time education	13	3.5
Looking for jobs	13	3.5
Apprenticeship	11	2.9
Other	13	3.5
Volunteering	9	2.4
Total	432	115.5

Note: Participants were able to select multiple occupations, so that the total count is higher than the total number of participants.

Highest level of education	Count	Percentage
Up to primary school	9	2.5
Up to secondary school	118	34.9
Apprenticeship	47	12.9
Certificate/Diploma	87	23.9
Bachelor's Degree	74	20.3
Postgraduate Degree	19	5.2
Other	10	2.7
Total	364	100
Missing	16	4.2

Note: 'Other' included "No schooling in NZ", "Community Leader", "English course"

Tala participants

A total of 26 tala or narrative interviews have been conducted to further understand the experiences of the Niue community during the COVID-19 pandemic, and their perceptions of the COVID-19 vaccine. We attempted to capture representative experiences and views from across the Niue community, encompassing different ages, genders, areas of residence, household structures, and levels of involvement in Niue community (Table 3). Work is ongoing to capture the experiences of youths and their attitudes to the COVID-19 vaccine.

Table 3: Demographics and characteristics of tala participants (n = 26)

Ethnicity	Count
Niuean	26
Samoan	1
Tongan	1

Note: Participants were able to select multiple ethnicities, so that the total count was higher than the total number of participants.

Age	Count
16 to 30	12
31 to 49	8
50 and over	6

Gender	Count
Male	11
Female	15

Number of children	Count
0	13
1 or 2	10
3 or 4	1
5 or more	1
<i>Not specified</i>	1

Area of residence	Count
Auckland Northshore	1
Auckland Central	6
West Auckland	1
East Auckland	3
South Auckland	11
Waikato	1
Wellington	2
Other "Australia"	1

Household description	Count
Living alone	6
Living as a couple	9
Living as an immediate family	9
Shared household with extended family	0
Shared household with non-family	1
<i>Not specified</i>	1

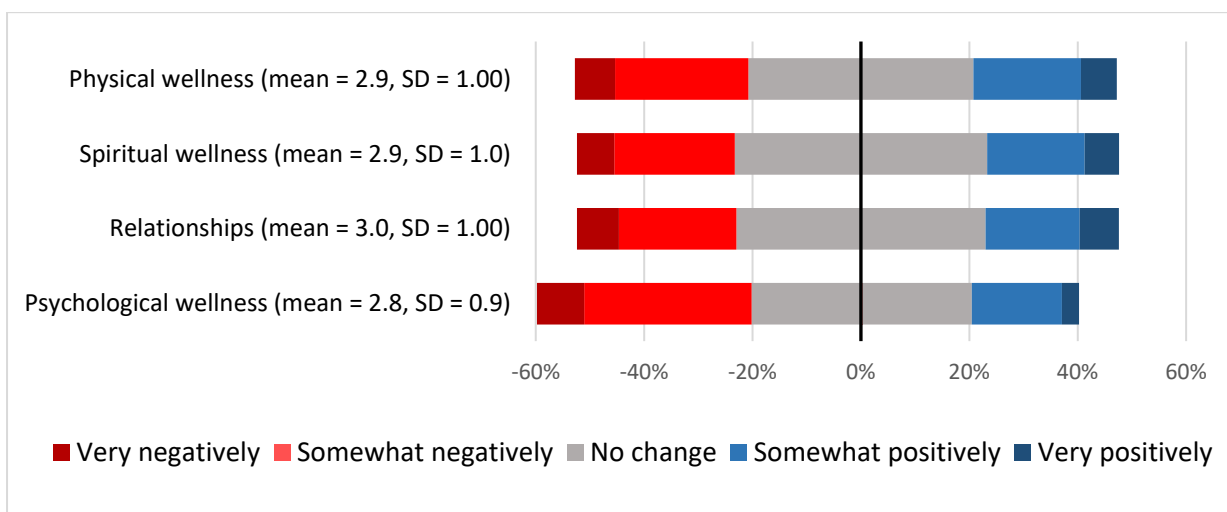
Years lived in Niue	Count
0 (Have not lived in Niue)	16
1-5 years	1
6-10 years	0
11-15 years	2
16-20 years	5
More than 20 years	1
<i>Not specified</i>	1

Involvement in the Niuean community (rating)	Count
1 – Not at all involved	6
2 – A little involved	3
3 – Moderately involved	8
4 – Very much involved	7
5 – Extremely involved	0
<i>Not specified</i>	2

1. Effects of the COVID-19 pandemic on wellbeing and quality of life

In the survey, participants were asked **how the COVID-19 pandemic affected their level of *physical, psychological, and spiritual wellbeing, as well as their relationships with others*** (1 Very negatively to 5 Very positively). In terms of *physical wellbeing, spiritual wellbeing, and relationships with others*, approximately the same proportion of participants indicated that the COVID-19 pandemic impacted them positively as the proportion who indicated the pandemic impacted them negatively (Figure 2). However, more participants indicated that the pandemic impacted them negatively in terms of their *psychological wellbeing*.

Figure 2. Effects of the COVID-19 pandemic on physical wellness, spiritual wellness, relationships and psychological wellness.



The mean value of the responses was calculated according to the scale 1 for Very negatively to 5 for Very positively.

An investigation of the open-ended answers from the survey, as well as the answers provided by our tala participants, provided further details of the diverse range of positive and negative experiences. The *negative* effects of COVID-19 on physical, psychological effects, spiritual wellbeing, and on relationships:

“One of my children gained a lot of weight and has developed greater anxiety issues due to the lockdowns” (Survey participant, female aged 40 to 49).

“I fell into a bad place during the pandemic because I wasn’t feeling myself” (Survey participant, male aged 26 to 29).

“It has kept me away from my other family, community, and my church” (Survey participant, female aged 70 and older)

“I wasn't able to connect with my family” (Survey participant, female aged 60 to 69).

“It separated me from my loved ones, phone calls are not the same as visiting and spending time with them. Because of my job, I found myself isolated in my room to protect my family members with health issues. Shopping was scary, long lines caused my anxiety to heighten, I fear getting infected even with mask on” (Survey participant, male aged 50 to 59).

“Um, it has affected us in a way where we felt that it was quite disturbing and, um, it also has been really a worrying time for us going through the COVID with everything happening around us. And

also, with being able to have an effect on our employment, we'll be working, and also everyone getting sick as well. We must be aware of our health. Um, yeah, it has been a really, quite a traumatising time. Yes, it traumatised us as a family. So yeah, it was the unknowing, not knowing what's going to happen and how we were going to be affected" (Interview participant, female aged 50 and older).

"I think coping mentally. It was draining in the sense that things had changed dramatically from where we had routines, getting up, getting ready, driving ourselves to work, socialising, meeting with our colleagues. It all then became meeting online, Zoom meetings. And it wasn't face to face anymore, but more use of technology" (Interview participant, female aged 31 to 50).

"With our other family members overseas, it was quite hard for us. We didn't know what to do. We couldn't really like... It's not like we could travel to them or drop things off in their elderly on their own so that was quite hard with them being overseas" (Interview participant, female aged 16 to 30).

"I don't know, challenges with relationships, it's a strain on relationships and I don't know, just emotionally, like being inside all the time. I guess people are used to being outside all the time. But then during COVID, we had to stay inside. It was pretty challenging I guess for us" (Interview participant, male aged 31 to 50).

"Um, financially. Um... during that pandemic, there was a lot of job cuts, so people are finding it hard to get money to support their family and support themselves. And it wasn't a time to find money as well. Find a job as well so it was really hard financially, which led to... um... I guess not much stability in mental health as well, which can make um... people emotionally unstable as well, and that and um... that puts a lot of pressure on relationships and family and everyone else around you, it's just it was just a really hard time" (Interview participant, male aged 16 to 30).

The *positive* impacts included:

"I looked after myself better actually went for runs and walks and cooked at home rather than eat out cause of closed shops" (Survey participant, female aged 21 to 25).

"I got into reading scriptures and online seminary it was good" (Survey participant, male aged 26 to 29).

"It has improved it significantly - mentally - was able to move to be closed to extended family and able to work from home more and have more family time" (Survey participant, female aged 30 to 39).

"I think it strengthened our relationship just because we were confined in the house during lockdown. We had a lot of time together. We built on that relationship from lockdown so we were able to spend more time with each other and just learn more about each other as well. Yeah I would say that it strengthened our family relationships more than anything" (Interview participant, female aged 31 to 50).

These findings indicate the need for an integrated approach in understanding and addressing the diverse impacts of a health crisis on people, and on the Niue community in New Zealand.

Impacts on psychological wellbeing based on age and household structure

When examining the wellbeing measures it became evident that *psychological wellbeing* was the most negatively affected. Further observation into age-related differences showed a significant association

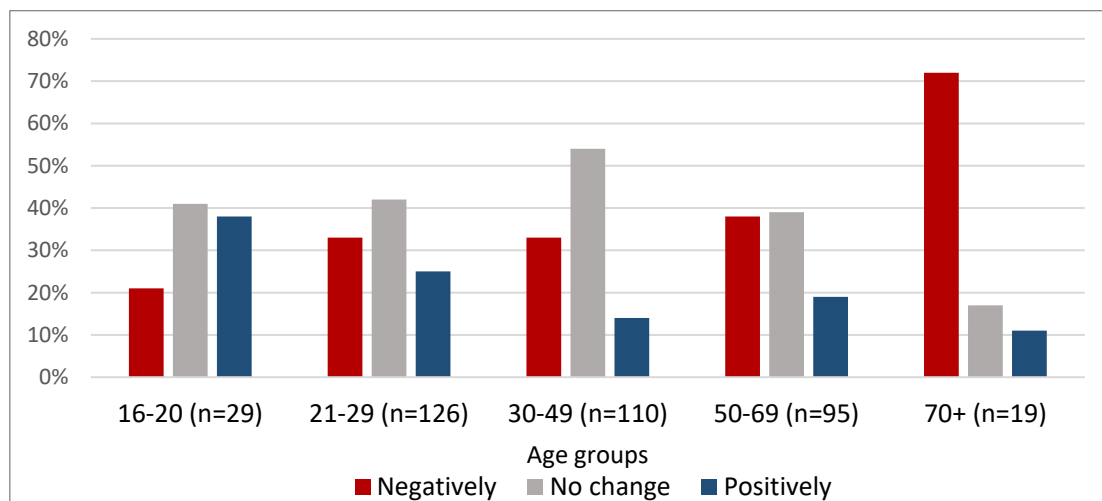
between age group and psychological wellbeing (Chi-square test of association: $\chi^2 = 37.46$, $df = 8$, $p < .001$, effect size = 0.22), with participants aged 70 years and older reporting significantly more negative impacts (Figure 3). This finding highlights the vulnerability of this age group and emphasises the need for targeted support and interventions for older individuals facing a unique challenge, such as the pandemic.

Open-ended answers provided by this age group (70 years old and older) offered qualitative depth to the quantitative data, indicating the specific challenges that they faced, such as social isolation and disruptions to familial roles:

“Affected by being isolated in the room or in the house for so many days” (Survey participant, female aged 70 and older).

“It has affected my wellbeing and quality of life knowing I can’t do much for my family like I used to, must isolate, and ask my kids for help was hard because I am mum! I always take care of mine. It was different” (Survey participant, female aged 70 and older).

Figure 3. COVID-19 effects on psychological wellbeing according to age groups



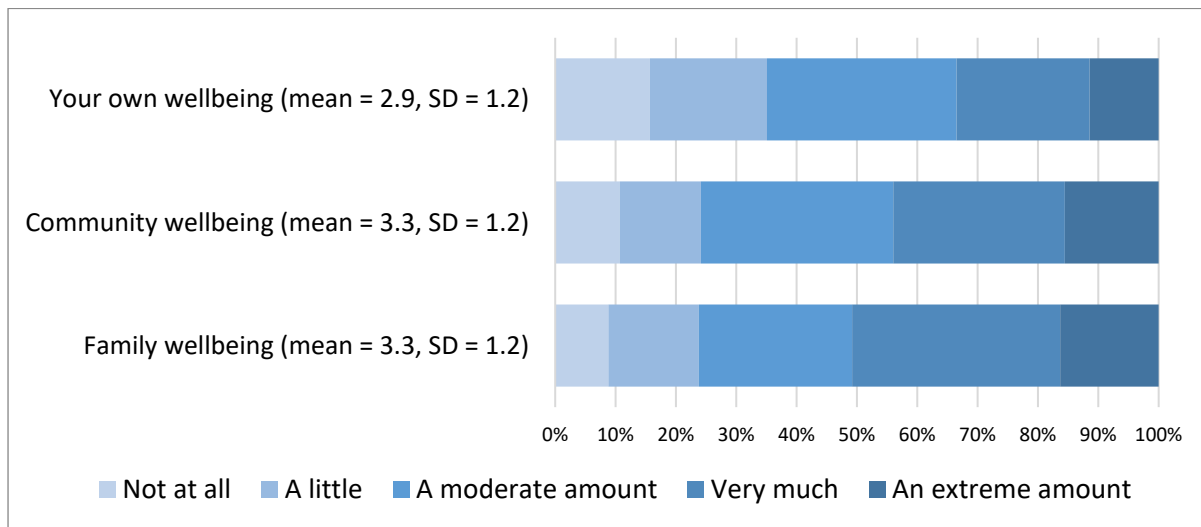
Further investigation into the impact of the COVID-19 pandemic on the *psychological wellbeing* of participants living in different households, showed that participants who shared a *household with non-family members* reported a higher prevalence of negative impacts on their psychological wellbeing (71%) compared to those in other types of households, which ranged from 31% to 43%. However, the association between household type and psychological wellbeing did not reach statistical significance (Chi-square test of association: $\chi^2 = 10.15$, $df = 12$, $p = .60$, effect size = 0.12), possibly due to the relatively small number of participants who reported sharing a household with non-family members ($n = 7$) compared to other households (ranging from $n = 36$ to $n = 167$). This observation highlights the potential changes in mental wellbeing in the experiences of different households.

Reasons for the higher impact of the pandemic on psychological wellbeing for people living with non-family members may include a lack of emotional support (as non-family members may not provide the same level of support and understanding as family members), limited social connection (living with non-family members who are not as closely connected may result in a reduced sense of community), and conflict (limited personal space, differences in lifestyle, or conflicting priorities may increase tensions).

Level of concerns for self, family, and community

Exploring the *level of concern* (rated from 1 “Not at all” to 5 “An extreme amount”) among participants regarding the effects of COVID-19 on their *own* wellbeing, their *family’s* wellbeing, and their *community’s* wellbeing was another important part of our investigation. This question was included to gain a better understanding of the principle of inclusive relationship in the Matalili Framework. Participants expressed the higher level of concern for their family’s and community’s wellbeing, when compared to concern for their own wellbeing (Figure 4).

Figure 4. Level of concern that COVID-19 had on own, community and family wellbeing.



Mean value of the responses was calculated according to the scale 1 for “Not at all” to 5 for “An extreme amount”.

This finding becomes more evident when examining the open-ended questions and the information gathered in the interviews, which confirmed participants’ changes in everyday behaviour that was driven by the concern for their family’s wellbeing:

“I wasn’t able to connect with my family” (Survey participant, female aged 60 to 69).

“It prevented me from visiting certain family members with underlying conditions” (Survey participant, male aged 21 to 25).

“Have cancelled plans with people because I’m scared of them getting my kids sick, have avoided finishing study, and have allowed my children to miss school due to fears around COVID” (Survey participant, female aged 21 to 25).

“It affected me in terms of like our routines, because you know the kids weren’t able to go to school, and we weren’t able to go to work, so there was an interruption in our routine, so we had to come up with other ways as to how we could make it work through COVID” (Interview participant, female aged 31 to 50).

“I felt anxious because we couldn’t see like our elderly grandparents or travel, they live overseas. They live overseas, so we couldn’t travel to see them and they were isolated as well so not having the opportunity or the access to them or to help them really affected us because in our culture we

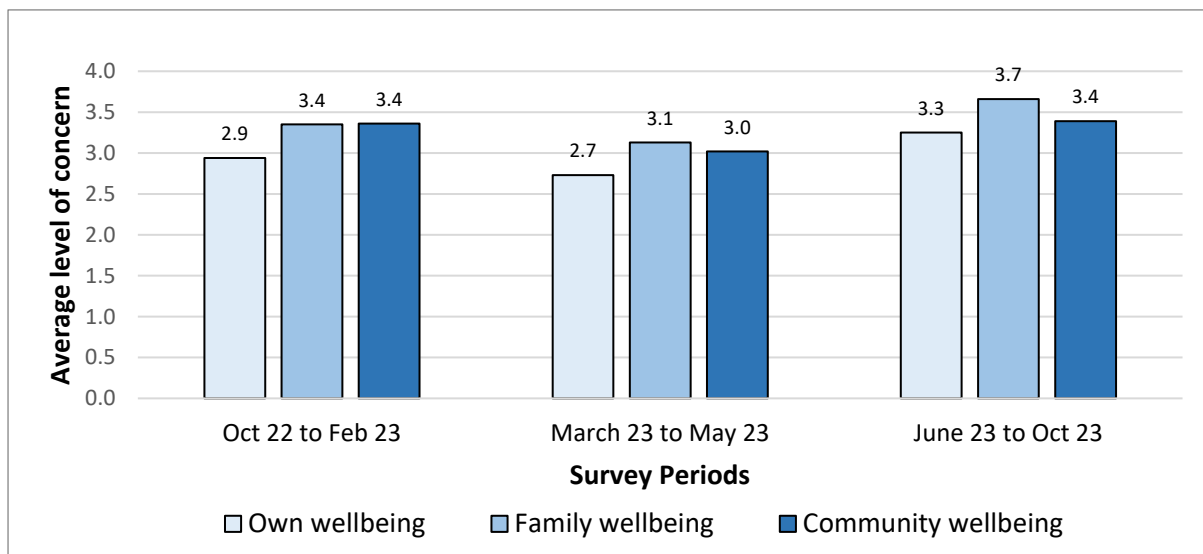
like to look after our elderly and family, so not being able to see them and being so far away and them not being close to us was very hard” (Interview participant, female aged 16 to 30).

Using the mean of the 1 to 5 scale, we conducted further investigated whether there are any differences in the level of concern for family, community, and own wellbeing, among different age groups. The results of a one-way analysis of variance (ANOVA) showed significant differences only for family wellbeing, $F(4, 373) = 2.90, p = .02, \eta^2 = 0.03$, in that participants aged 21 to 29 expressed significantly higher concern for family wellbeing ($M = 3.61, SE = .10$) compared to participants aged 30 to 39 ($M = 3.15, SE = .11, p = .03, CI[.03, .89]$). This indicates that the age group of 21 to 29 places a greater emphasis on and expresses heightened concern for the wellbeing of their families. This difference suggests that age may play a role in influencing individuals' perceptions of and concerns for family wellbeing during the surveyed period.

Using the quantitative data, we examined whether there were differences in the level of concern depending on the *period* that the survey was completed. The survey was open for 11 months, and data collected during this time were divided into 3 periods: October '22 to February '23 (Restrictions for long term management of COVID-19), March '23 to May '23 (Relaxed COVID-19 restrictions), and June '23 to October '23 (No COVID-19 restrictions). Results of a one-way analysis of variance showed significant differences among all three periods (Figure 5) (Own wellbeing: $F(2,375) = 5.3, p = .01, \eta^2 = .03$; Family wellbeing: $F(2,375) = 5.9, p = .003, \eta^2 = .03$; Community wellbeing: $F(2,375) = 3.9, p = .02, \eta^2 = .02$).

Participants completing the survey during the period with no COVID-19 restrictions (June '23 to October '23) expressed significantly higher levels of concern for their own wellbeing and the wellbeing of their families compared to those surveyed during the period of relaxed COVID-19 restrictions (March '23 to May '23). This suggests that the absence of pandemic-related restrictions may have heightened participants' awareness and concern for own and familial wellbeing. Furthermore, participants surveyed during the period of more COVID-19 restrictions (October '22 to February '23) demonstrated a significantly higher level of concern for community wellbeing compared to those surveyed during the relaxed restrictions period. These findings highlight the impact of changing pandemic restrictions on participants' perceptions of and priorities for the wellbeing of the community (Figure 5).

Figure 5. Level of concern about COVID-19 across different survey response periods



Seeking support and access to healthcare during the pandemic

In examining participants' wellbeing during the COVID-19 pandemic, the quantitative data showed that a considerable portion reported *not* seeking assistance, with 53% choosing not to reach out. Among this group, the majority (62%) expressed that their families were already aware of their situation and provided support. On the other hand, among the 47% of participants who sought help, a clear preference for familial support emerged, with 60% reaching out to their families. Particularly, a smaller percentage (32%) sought assistance from their community.

Participants in the survey were also asked whether they had avoided healthcare facilities or healthcare workers due to fear of exposure to COVID-19 during the pandemic. A reassuring 67% of participants did not avoid healthcare facilities. However, among the 33% who did avoid healthcare facilities, a high concentration (80%) was observed among individuals aged 50 years and older.

These findings highlight the important role of family support during times of wellbeing-related challenges and point out the age-related differences in seeking healthcare during the pandemic, emphasizing the importance of tailored support strategies for different age groups.

2. Experiences with COVID-19 lockdowns and public health measures

Effects of lockdowns on life and wellbeing

As lockdowns were thought to have a substantial impact on wellbeing, particularly in terms of access to support, we sought to investigate whether lockdowns affected specific areas more negatively or positively. The quantitative data revealed that *access to essentials* and *healthcare* were most negatively affected during lockdowns (Figure 6). This finding was reproduced in the qualitative responses that participants provided (in the open-ended survey question and in the interviews), who, when asked about the effects of COVID-19 restrictions and lockdowns, confirmed that their access to essentials and healthcare was restricted:

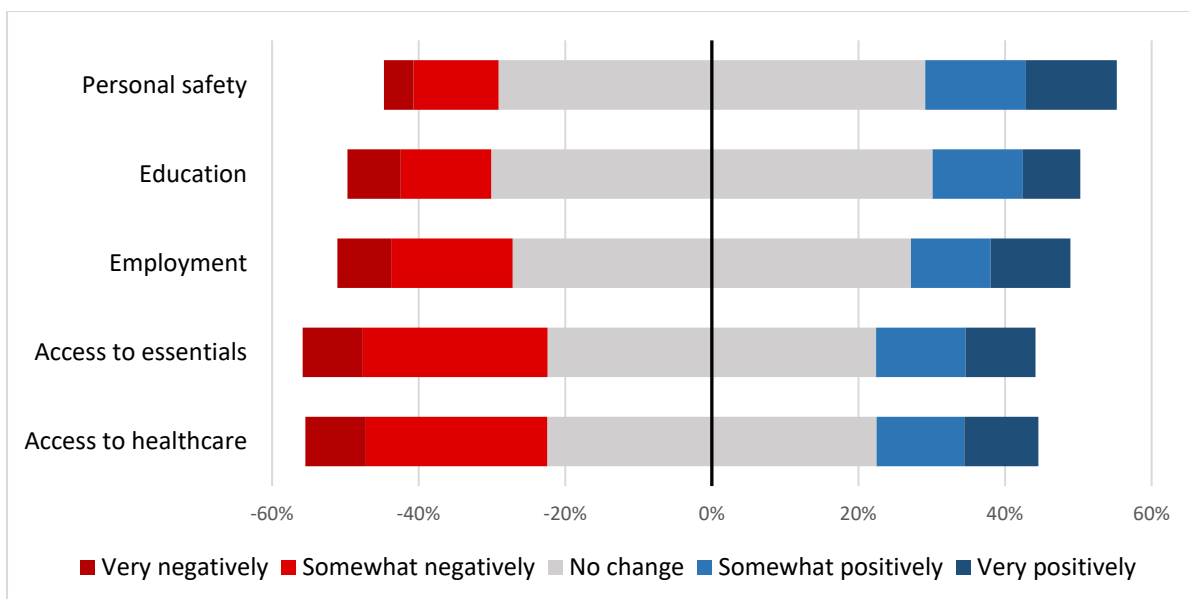
“It was very hard and difficult. I felt restricted and unable to physically see my other family members and friends. Not being able to go with someone to do grocery shopping. Being told only certain amount of items could be purchased at supermarkets” (Survey participant, female aged 30 to 39).

“Limited to health services, difficulties trying to get basic needs due to panic buying” (Survey participant, male aged 40 to 49).

“Not having that face to face, it was so difficult, like even just to get testing like the main thing was the testing at COVID-19 and that was like hours of waiting in the cars, like so many cars. And that was just to see if you had COVID-19. So that was quite scary. Like when you're in those lines” (Interview participant, female aged 16 to 30).

“It was really difficult. There was a lot of protocols in place and... or before that, it was already hard to go see the doctor like, you know, in terms of urgency. But with COVID it was urgency and COVID. So it felt like it was just easier to just not go” (Interview participant, male aged 16 to 30).

Figure 6. The effect of lockdowns on different aspects of life and wellbeing.



While examining the differences among age groups in the impact of lockdown on various aspects, a significant association emerged between age groups and *access to essentials* (Chi-square test of association: $\chi^2 = 23.75$, $df = 8$, $p < .01$, effect size = 0.18) and between age groups and *access to healthcare*

(Chi-square test of association: $\chi^2 = 26.75$, $df = 8$, $p < .001$, effect size = 0.19). Older participants aged 50 and above reported the most significant negative impacts on their access to essentials and healthcare due to lockdown measures (Figure 7 and Figure 8). This finding highlights the need for targeted interventions and support systems, particularly for older persons from the Niue community, to reduce the negative effects of lockdowns on essential services and healthcare accessibility.

Figure 7. Age group differences in the effects of lockdowns on participants' access to healthcare.

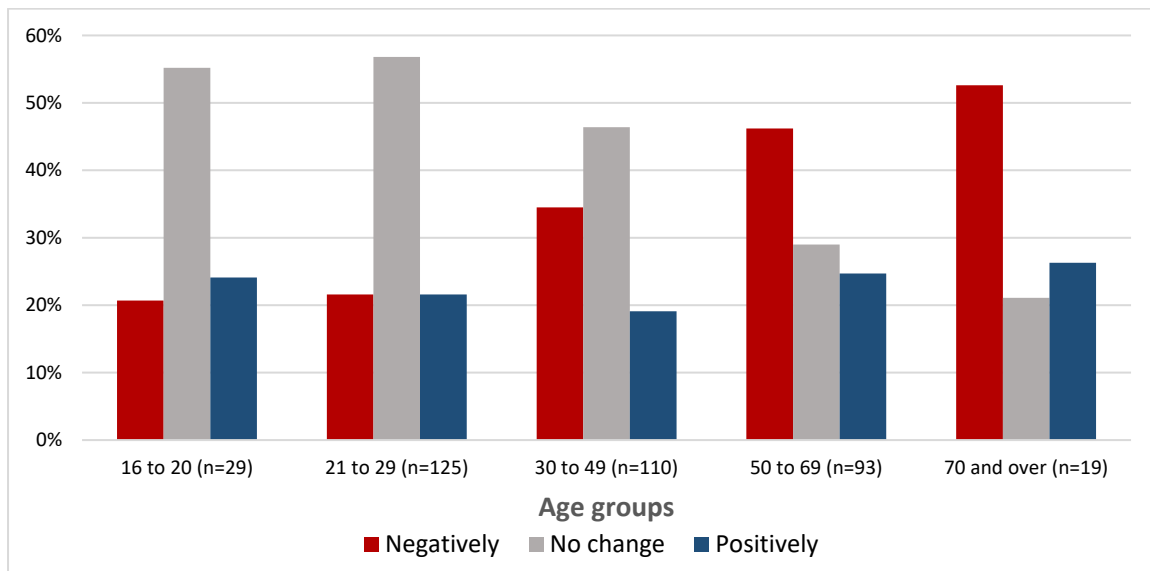
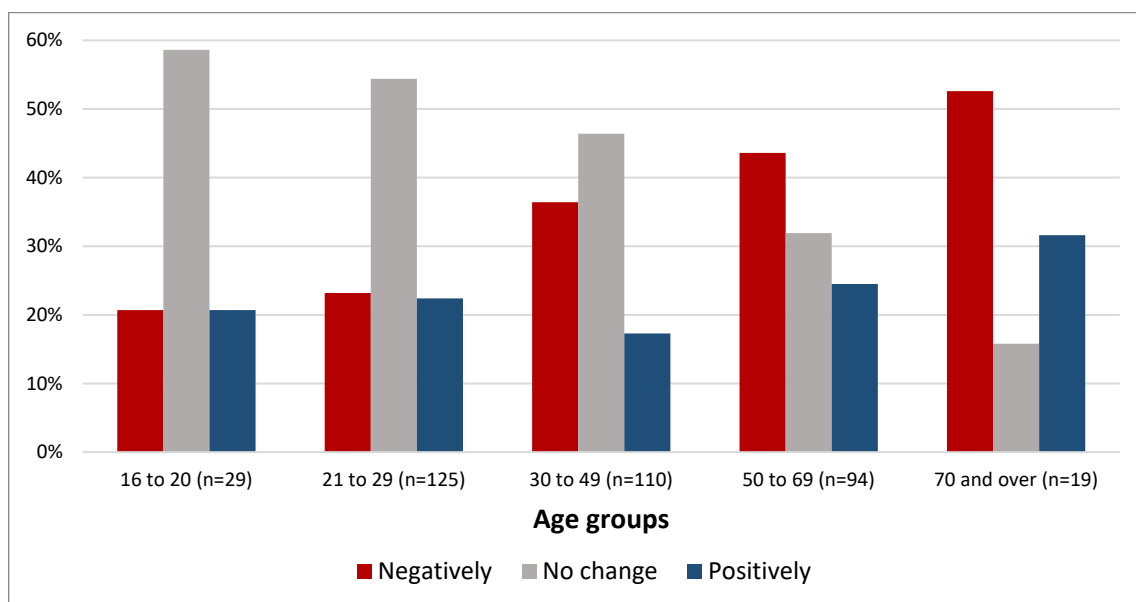


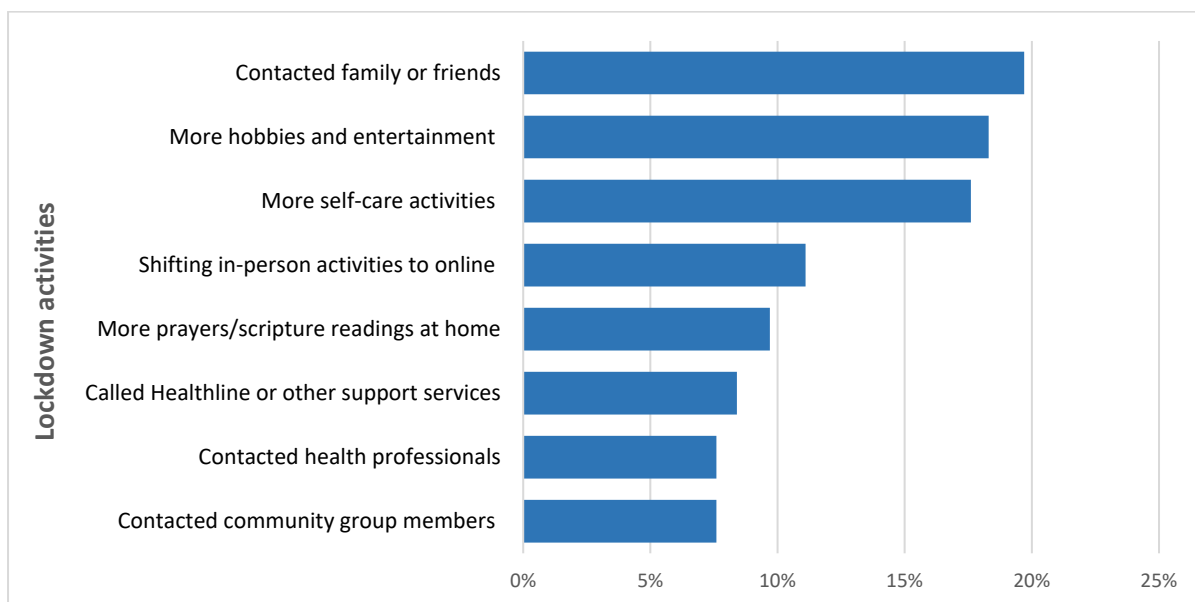
Figure 8. Age group differences in the effects of lockdowns on participants' access to essentials.



Maintaining wellbeing during lockdowns

In the survey, participants were presented with a diverse list of activities that they potentially engaged in during the lockdowns (Figure 9). In general, the most common lockdown activities that they engaged in related to maintaining relationships by contacting family or friends, while also caring for their own wellbeing.

Figure 9. Activities that participants engaged in during lockdown.



To make sense of the patterns and relationships among these activities, the eight activities were subjected to principal components analysis (PCA). This technique allows us to find common themes among the activities and see if certain activities tend to group together. This means that participants who selected one activity in a category was also likely to have selected another activity in that same category. The results, shown in Table 4, revealed that the activities could be grouped into two main categories. The first category relates to activities that involve contact with others, while the second category relates to activities that involve personal wellbeing. Therefore, participants who selected ‘Selfcare activities’ were also likely to have selected ‘Hobbies and Entertainment’.

Table 4. Pattern Matrix of activities participants engaged with during lockdown

Pattern Matrix	Category 1 Contact with others	Category 2 Personal wellbeing
Called Healthline	0.84	-0.33
Contacted health professionals	0.91	-0.31
Contacted family or friends	0.48	0.18
Contacted community members	0.81	0.15
Prayers/Scripture readings	0.58	0.35
Online meetings	0.57	0.54
Selfcare activities	-0.02	0.72
Hobbies and entertainment	-0.06	0.74

Note: Items that are clustered together are related to the same underlying factor: Contact with others (Factor 1) and Selfcare activities (Factor 2).

To determine the average activities (in each category) conducted by each age group, we counted the number of activities within each category for every participant. Afterwards, we calculated the average count for each age group. For example, if there were six activities in total for 'Contact with others', the number of activities selected by each participant, was counted, and these counts were averaged for participants within the same age group. This provided a quantitative measure of the typical level of engagement with activities in each category (i.e., 'Contact with others', 'Personal wellbeing') for each age group.

The analysis of activities categorised under 'Contact with others' (Figure 10) revealed an interesting trend: results of a one-way analysis of variance showed that participants in the 50 to 69, and 70 and older age groups engaged significantly more in these activities compared to younger participants (16 to 29 years old) ($F(4, 325) = 6.43, p < .001, \eta^2 = .07$). This suggests a tendency among older participants to actively seek and partake in social interactions. This finding aligns with the notion that older individuals place a higher emphasis on social connections. In contrast, results of a one-way analysis of variance showed that 'Selfcare activities' demonstrated uniform engagement across all age groups ($F(4, 297) = 1.18, p = .32, \eta^2 = .02$), indicating a consistent prioritisation of personal wellbeing practices during lockdowns, regardless of age (Figure 11).

Figure 10. Average 'Contact with others' activities engaged in during lockdown within each age group.

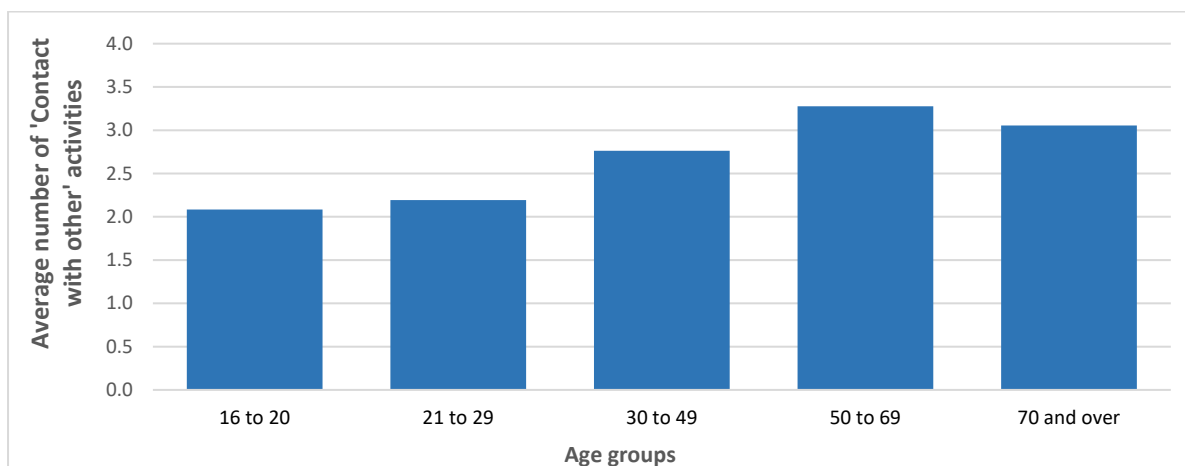
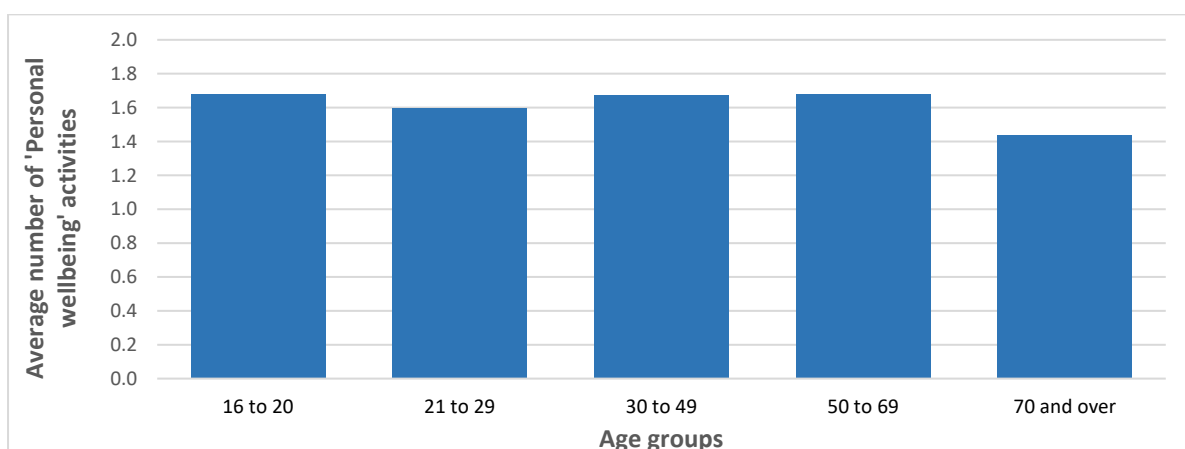


Figure 11. Average 'Personal wellbeing activities' engaged in during lockdown within each age group.



Use of the NZ COVID Tracer app

While the NZ COVID Tracer app was generally perceived as easy to use by most of survey participants (66%), a discrepancy emerged within the 70 and over age group. Most of the respondents in this age group did not use the app (53%), and a further 32% did not own a smartphone or were unable to setup the app. Only 15% of the respondents in this age group were able to use the app easily.

These results may indicate a divide in digital usage within the older age group, highlighting potential barriers such as technology access and familiarity that need consideration for improving the inclusivity of digital tools like the NZ COVID Tracer app among older populations. [106]

3. Perceptions of the COVID-19 vaccine

Vaccine uptake

One of the main aims of this research project was to investigate vaccine uptake and concerns within the Niue community regarding COVID-19 vaccinations. The survey results showed that a majority of the respondents received the first dose (84%) and the second dose (81%) of the Pfizer BioNTech vaccine. However, there was a sharp decline in vaccine uptake for the first (58%), second (31%) and third (11%) boosters. The remainder expressed uncertainty on how many doses they have received (1.3%), chose not to disclose their vaccination status (1.8%), or opted not to respond to the question (13%). The number of participants (9 participants) who indicated that they have not received the vaccine was too small to perform more detailed analysis. It is noteworthy that 2 participants indicated that they are not able to receive the vaccine. These findings provide valuable insights into the vaccination distribution within the Niue community, indicating varying levels of dosage completion.

To understand the varying patterns of dosage completion, we delved into age-related differences concerning the received COVID-19 vaccine dosages. A closer examination of dosage patterns within each age group showed an interesting trend: participants aged 16 to 49 displayed a lower uptake of the second and third boosters compared to the older participants (50 years and older), as illustrated in Figure 12. These findings emphasise age as a contributing factor influencing vaccine dosage completion and highlight potential age-specific considerations for vaccination campaigns.

To benchmark our survey data, we compared the vaccination uptake by participants in the survey with a national vaccine uptake dataset for individuals who identify as being Niuean. As individuals are only recorded in the national dataset if they have received at least one dose of the vaccine, a baseline of 100% was set for the first dose. Out of those who received the first vaccine dose, 93% also received the second dose, but there was a sharp decline in the first booster (46%), second booster (10%) and third booster (0.1%). When considering vaccination uptake by age groups, most individuals 16 years old or over who have received their first dose will also have received their second dose (Figure 13). For children under 16 years old, there is a lower uptake of the second vaccine dose and no booster uptake, potentially reflecting the later rollout of COVID-19 vaccination for children, and healthy children currently do not require boosters (Ministry of Health, 2023). As similar trends can be seen in both the survey and national datasets, it is likely that the survey is a representative sampling of the Niue community in New Zealand. However, the higher uptake of boosters seen in the survey data likely reflects the overrepresentation of older individuals in the survey, but this may provide greater insights into the experiences of the elderly, as a vulnerable group in healthcare. One reason for the overrepresentation of older individuals in the survey is because participants needed to be 16 years of age or older to participate in the survey.

Figure 12. Vaccine dose comparison within each age group (survey participants).

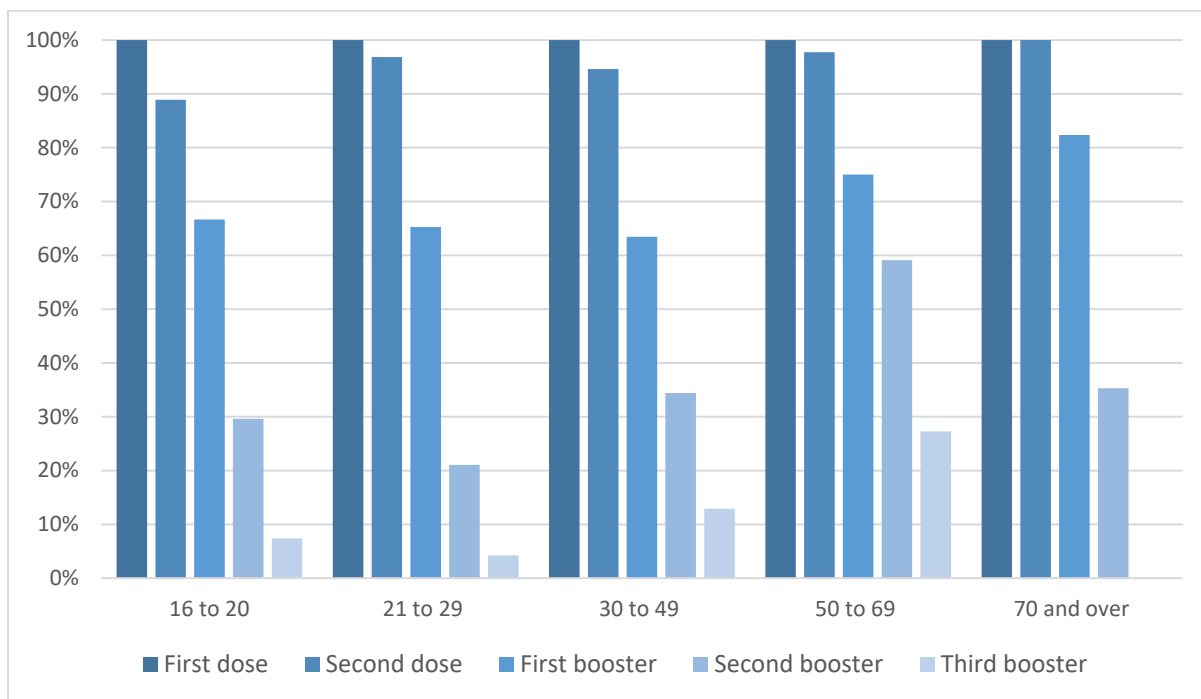
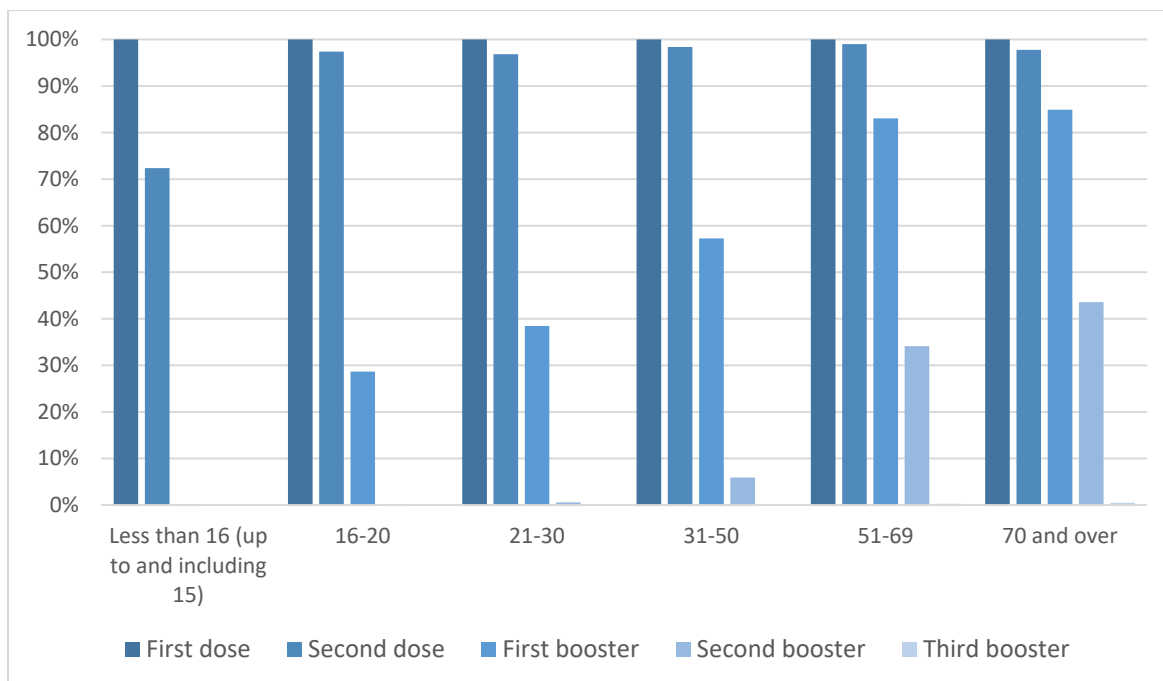


Figure 13. Vaccine dose comparison within each age group for all Niue people in New Zealand (National dataset obtained from the Ministry of Health).



Potential barriers to the acceptance of the COVID-19 vaccine

To identify perceptions that might be barriers to the acceptance of the COVID-19 vaccine by the community, participants were asked to select statements about the vaccine that they agreed with. While the most common answer was “None of the above”, participants were then concerned about the side effects of the vaccine and need more information (Figure 14). There is also a perception that the vaccine is not effective.

Figure 14. Agreement with statements relating to the COVID-19 vaccine that might be barriers to the acceptance of the COVID-19 vaccine by the community.

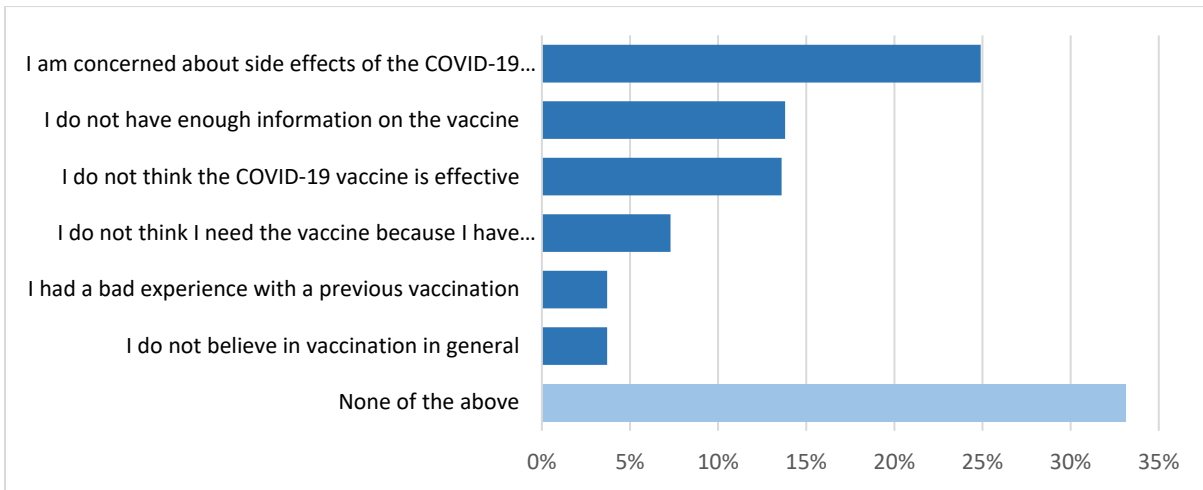
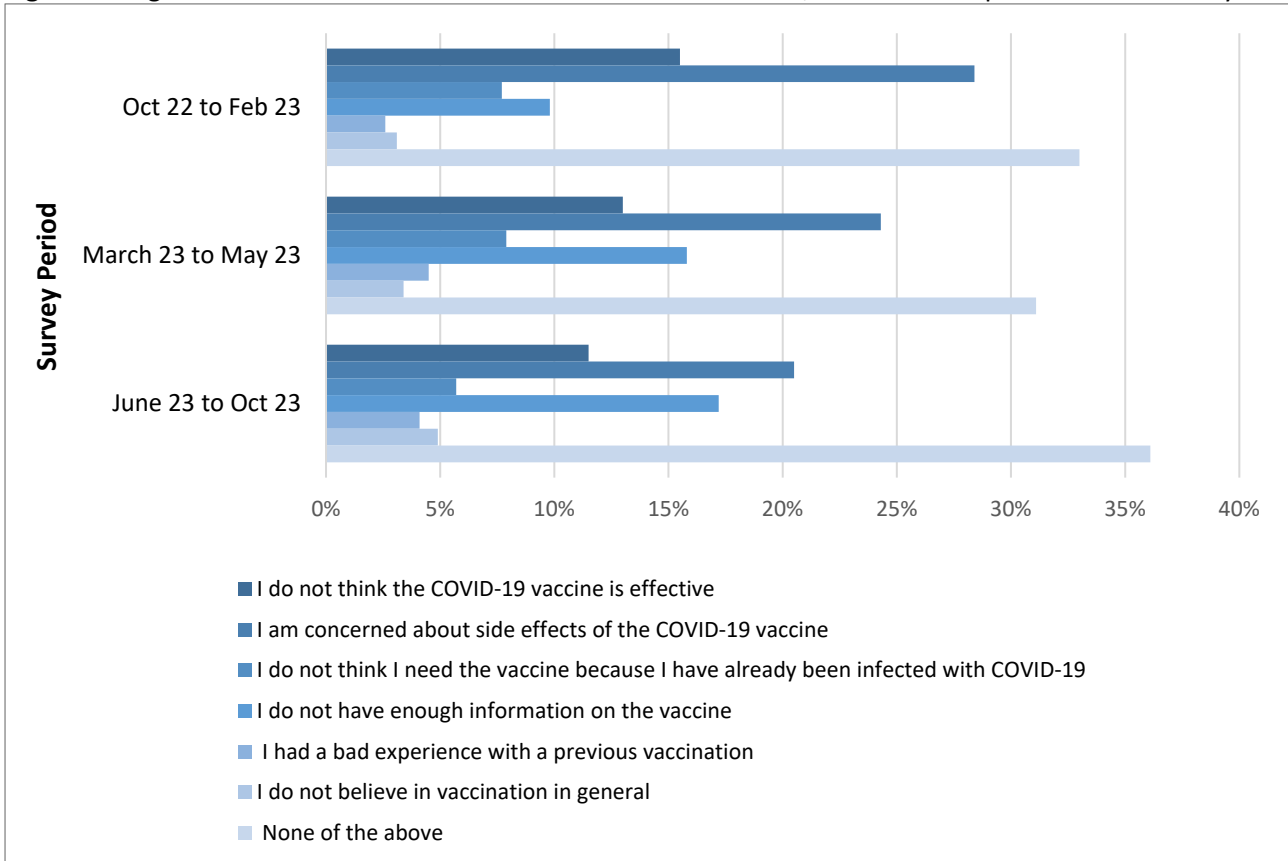


Figure 15. Agreement with statements about the COVID-19 vaccine, over the time periods of the survey.



Analysing these agreements across the three distinct survey periods, from October '22 to February '23, March '23 to May '23, and June '23 to October '23, reveals a decrease in the frequency of agreement with the statement: *“I am concerned about the side effects of the COVID-19 vaccine”*. This could indicate increased familiarity of the vaccine as the “the new norm” and it is no longer “a new vaccine that didn't have much research on it” (Interview participant, female aged 16-30). Meanwhile, agreement with the statement *‘I do not have enough information on the vaccine’* increased over the time period of this survey (Figure 15).

Perceptions of the COVID-19 vaccine for children

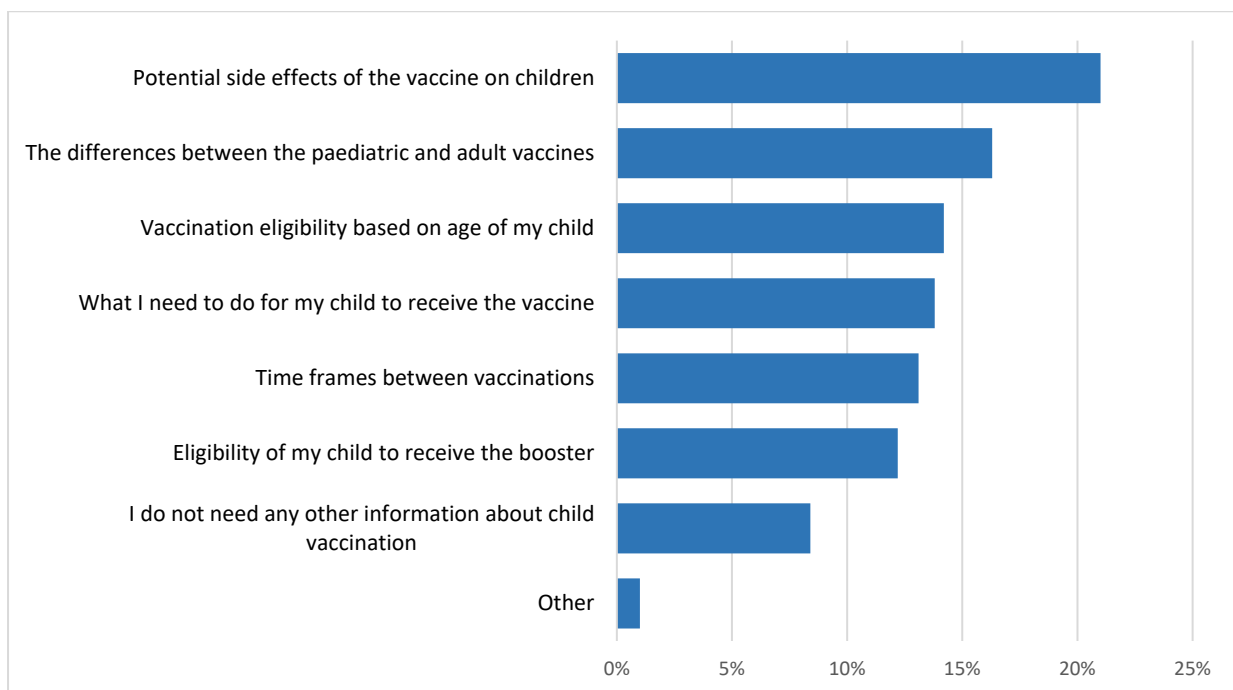
Among the 380 participants who completed our survey, 139 reported having children under the age of 16 in their care. For parents with children in their care, 46% indicated that their child/children have received at least one dose of the vaccine. Twenty-nine percent of the participants' children were too young to receive the vaccine, and 21% expressed discomfort with their children getting vaccinated, despite eligibility.

When parents were questioned about the information needed from health authorities regarding COVID-19 vaccination for their children under 16 years old, the majority expressed a need for more information on potential vaccine side effects (Figure 16).

This concern was echoed in the open-ended responses of the survey:

“Would like to know how many children under 16 suffer from serious side effects from the vaccine”
(Survey participant, female aged 21 to 25).

Figure 16. What information do you need about COVID-19 vaccination for your child under 16 years old from health authorities?

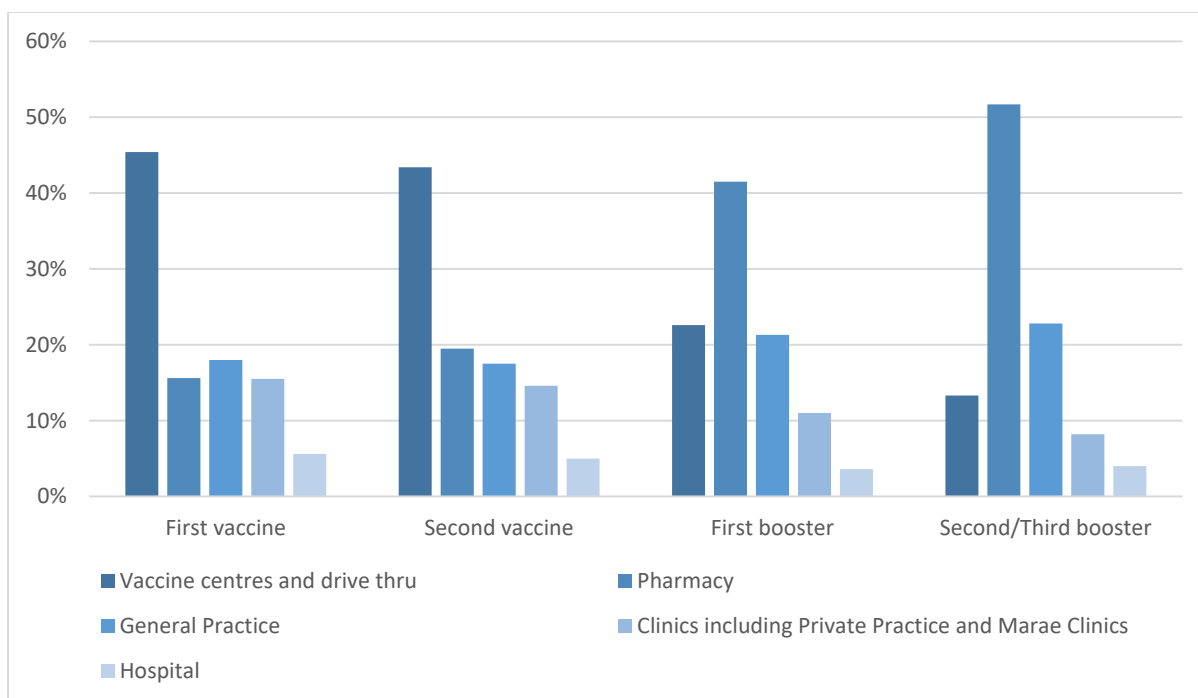


4. Experiences with getting the COVID-19 vaccine

Vaccination sites

The preference for community-based and convenient vaccination options is evident when analysing where individuals who identify as being Niuean receive their COVID-19 vaccinations from the national dataset. On average, people from the Niue community in New Zealand travelled 13 kilometres from their residence to the facility where they received their COVID-19 vaccination. There seemed to have been a shift in the preference in vaccination sites from vaccine centres and drive-thru facilities for the initial two vaccinations, to pharmacies for the booster vaccinations (Figure 17). This was possibly because pharmacies did not administer the COVID-19 vaccine during the early stages of the vaccine rollout. Pharmacies became the preferred vaccination facility when the option became available later in the vaccine rollout. The percentage of vaccinations administered at the General Practice (GP) remained consistent over time, suggesting a preference for a familiar person and routine when receiving repeated vaccine doses.

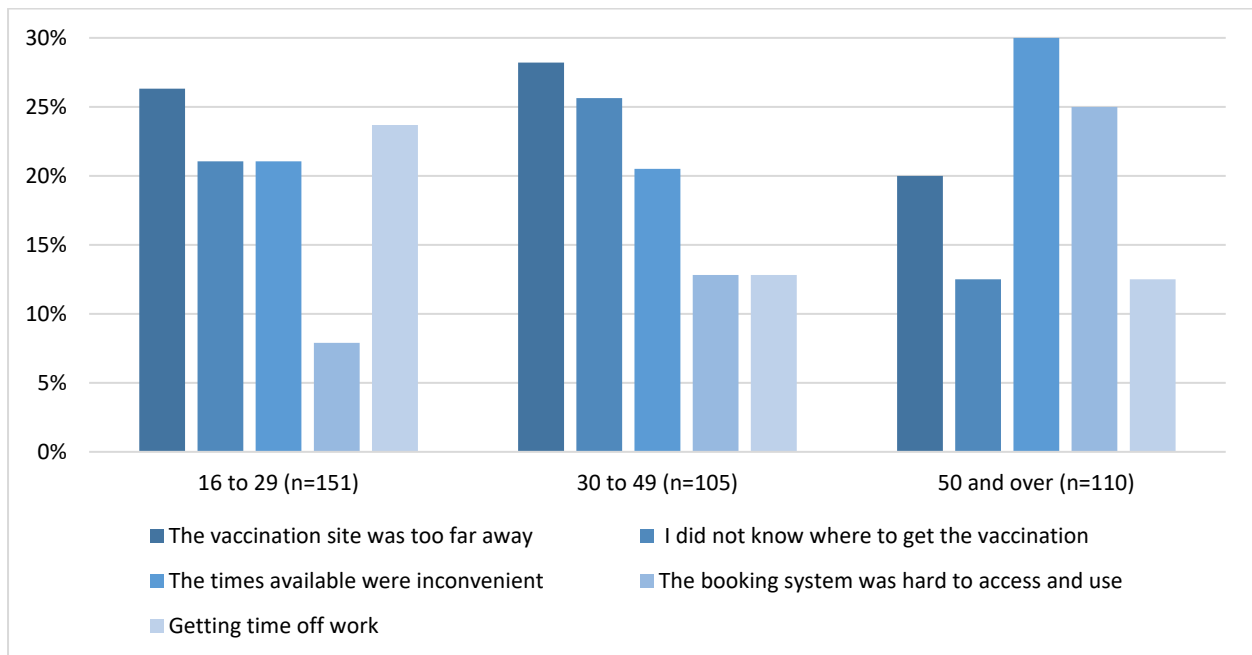
Figure 17. Vaccine dosage uptake across administration facilities (include all Niue people in NZ who received vaccine)



Challenges to getting the COVID-19 vaccine

In examining *challenges to getting the COVID-19 vaccine*, it is evident that most participants (73%) perceived no challenges, with the frequencies of other challenges relatively evenly distributed (ranging from 4% to 7%). Of the participants who indicated challenges to getting the vaccine, different challenges were identified for each age group (Figure 18). Participants aged 50 and older predominantly identified *'the times available were inconvenient'* and *'the booking system was hard to access and use'* as evident challenges, which means that the need to make appointments to receive the vaccine was a challenge. Those aged 30 to 49 identified challenges associated with the vaccination site, as they were more inclined to select *'the vaccination site was too far away'* and *'I did not know where to get the vaccination'*. Younger participants (aged 16 to 29) also selected *'getting time of work'* as a significant challenge.

Figure 18. Challenges to getting the COVID-19 vaccine identified by survey participants, according to age groups.



Impact of the vaccine mandate

In the survey, participants were asked about the impact of the vaccine mandate. They were presented with statements, as well as the option for providing an open-ended response. The majority (59%) indicated no impact from the mandate. Among those affected, the prevalent sentiment was a perceived loss of the right to decide (41%), followed by concerns about disruptions in relationships with family and friends (34%). Thirteen percent of those affected reported job loss.

Insights from open-ended responses, as well as from the answers received in the interviews, provided a deeper understanding of participants' sentiments, reflecting concerns about perceived loss of autonomy:

“I think that people should have been able to have more choice and time to decide with the vaccine” (Survey participant, female aged 18 to 20).

“Just felt like it wasn’t properly explained before being mandated” (Survey participant, male aged 30 to 39).

“My thoughts I think it was very scary just because COVID-19 itself was very scary as well, so the thought of a vaccine coming out so fast, I guess I was quite weary and I was scared to get it at first but then just trying to have that trust in health professionals and then the mandate came out, which I don't quite agree with at the time, but I guess I can understand now” (Interview participant, female aged 16 to 30).

or highlighting strains on relationships, as expressed by both survey and interview participants:

“People were different towards you if you were or weren't vaccinated which made it feel like you weren't allowed to do normal things like go to a restaurant if you did not provide proof of vaccination” (Survey participant, gender unknown, aged 30 to 39).

“Yeah, yeah like I said there are many anti vaxxers out there that persuaded us to not get it, it can kill you, it can like turn you into aliens and you know they even persuaded like the 5G polls were an effect of this as well, it was just really ridiculous, so silly but there were so many people that told me not to get vaxed but because I held strong ground to my beliefs and my values of I know why it is important to get vaccinated and that’s why I got vaccinated” (Interview participant, female aged 31 to 50).

Thematic analysis of experiences and perspectives on COVID-19 vaccination

Participants were encouraged to provide additional insights into their experiences and perspectives on COVID-19 vaccination by responding to an open question in the survey and addressing a related question during interviews with members of the Niue community. Thematic analysis revealed several key themes in their responses that offer an understanding of the diverse factors that influenced participants’ views and experiences related to vaccination.

Firstly, a theme emerged around 'Freedom of Choice,' capturing feelings of uncertainty, feelings of being compelled due to job implications, and the belief in the importance of independence in vaccination decisions:

“I was sceptical at first as my thoughts was that I have to do it and I don't have a choice” (Survey participant, male aged 50 to 59).

“If I had a choice, I would have declined getting the vaccination shot however, because my job was on the line I had no choice. I believe the vaccination did not do anything for my health personally” (Survey participant, female aged 21 to 25).

“It’s definitely a controversial topic. I believe that everyone has the right to choose, to be vaccinated or not. It’s not something to be forced upon people as this will only drive communities apart” (Survey participant, female aged 21 to 25).

“Just felt like it wasn’t properly explained before being mandated” (Survey participant, male aged 30 to 39).

“It’s all about control and its implementation is draconian” (Survey participant, male aged 50 to 59).

Secondly, 'Lack of Information' surfaced as a theme, with participants expressing a need for more information:

“I guess it’s good but don’t know much about it” (Survey participant, male aged 21 to 25)

“Need more information” (Survey participant, female aged 18 to 20).

“Timing and precautions were not clear” (Survey participant, male aged 30 to 39).

Thirdly, the theme of 'Agreement with Vaccination' emerged, capturing expressions of agreement for vaccination as a protective measure for oneself and the community:

“Whole heartedly agree with vaccination” (Survey participant, male aged 50 to 59).

“It’s what we needed to do to protect ourselves and our community. So, I’m okay with that” (Survey participant, female aged 50 to 59).

“It kept me and family safe was happy with measures taken to ensure we stayed healthy” (Survey participant, female aged 50 to 59).

“I didn't have any concerns because I felt that they had done the testing and if it wasn't safe, they wouldn't have offered it to the people. So, I trusted that the vaccine was safe and that's why I went along with it. But also, to keep myself protected and my family as well” (Interview participant, female aged 51 and older).

“Mm, I think it was a really good idea. I I was not an anti-vaccination person but I know a lot of people were and for a lot of reasons, but I felt like it was the best option then. Um, but most I feel like most people were just afraid of using a new vaccine that didn't have much research on it” (Interview participant, male aged 16 to 30).

Lastly, 'Vaccination Booking and Sites' formed another theme, encompassing positive experiences with the vaccination process, from straightforward online bookings to accommodating vaccination sites and friendly, helpful staff:

“Great experience with vaccine, receiving it, no effects” (Survey participant, female aged 30 to 39).

“The process of getting at the vaccine site was good because they were accommodating towards elderly” (Survey participant, female aged 30 to 39).

“Booking online was straightforward. The vaccination site was close by, the people there were very friendly and helpful. The vaccination itself was quick. No side effects afterwards” (Survey participant, female aged 40 to 49).

“I felt happy that my children received their vaccinations during the Niue Vaccine events because they felt supported and special, rather than standing in a queue like a number and receiving a vaccine with strangers” (Survey participant, female aged 40 to 49).

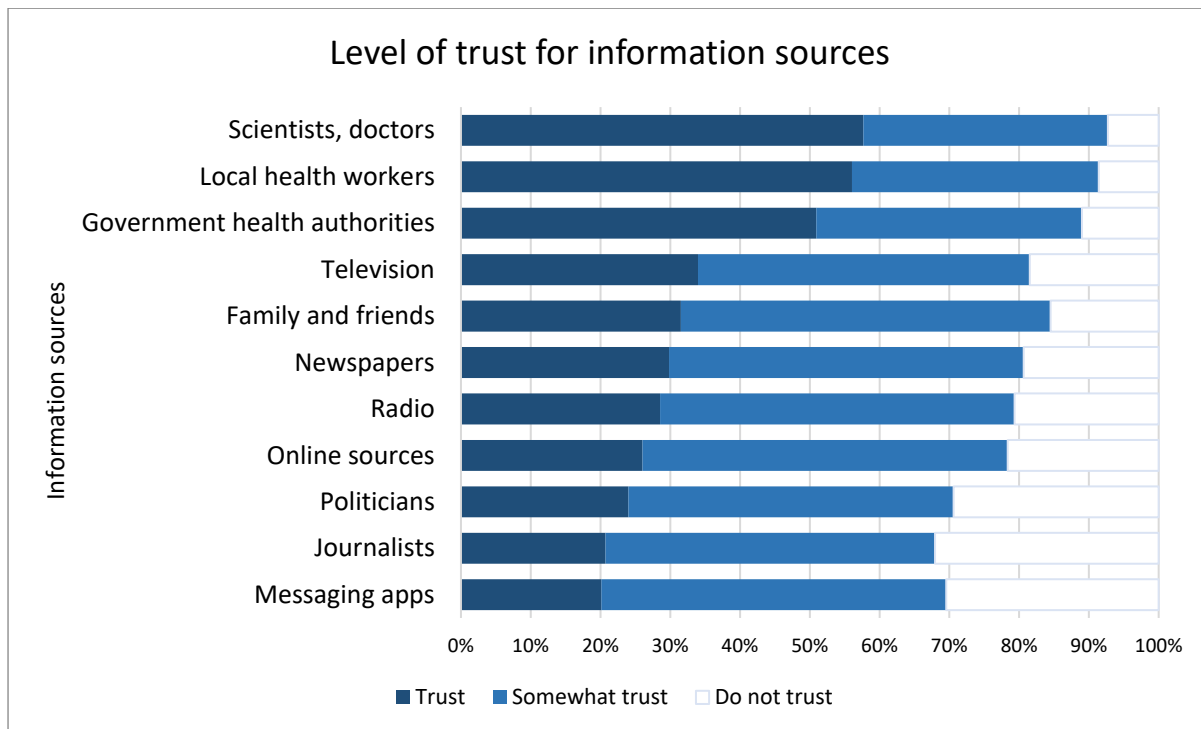
“It was good. Everyone was helpful and relaying informative information and answered the questions that I needed the answer” (Interview participant, male aged 16 to 30).

5. Messaging of health information and vaccination initiatives

Trust in information mode and information sources

In examining how participants obtained information regarding COVID-19, it became evident through the results of the survey, that sources such as scientists, doctors, and local health workers were perceived as the most trusted, while journalists and messaging apps were viewed with the least trust (Figure 19).

Figure 19. Level of trust for information sources



Further categorising these information sources into *Human Contacts* and *Information Platforms* and analysing the most trusted sources within these categories across different age groups revealed interesting patterns. Generally, participants aged 50 and over were more likely to indicate trust (trust or somewhat trust) across all information sources. They indicated the most trust for mainstream *information platforms*, with newspaper being the most trusted source, closely followed by television and radio. This preference towards traditional media is consistent across all age groups, emphasising the enduring reliability of television as a primary information platform (Figure 20). On the other hand, when examining human contacts as information sources, scientists, doctors, and local health professionals emerge as the most trusted figures across all age groups (Figure 21). This commonality highlights a widespread reliance on authoritative and expert voices when it comes to health information. However, an interesting observation is that older participants place more trust in journalists and politicians compared to the younger participants. These slight differences in trust towards journalists and politicians between age groups suggest the need for targeted communication approaches that acknowledge and address varying preferences and levels of trust within the community.

Figure 20. Trust in information platforms within age groups

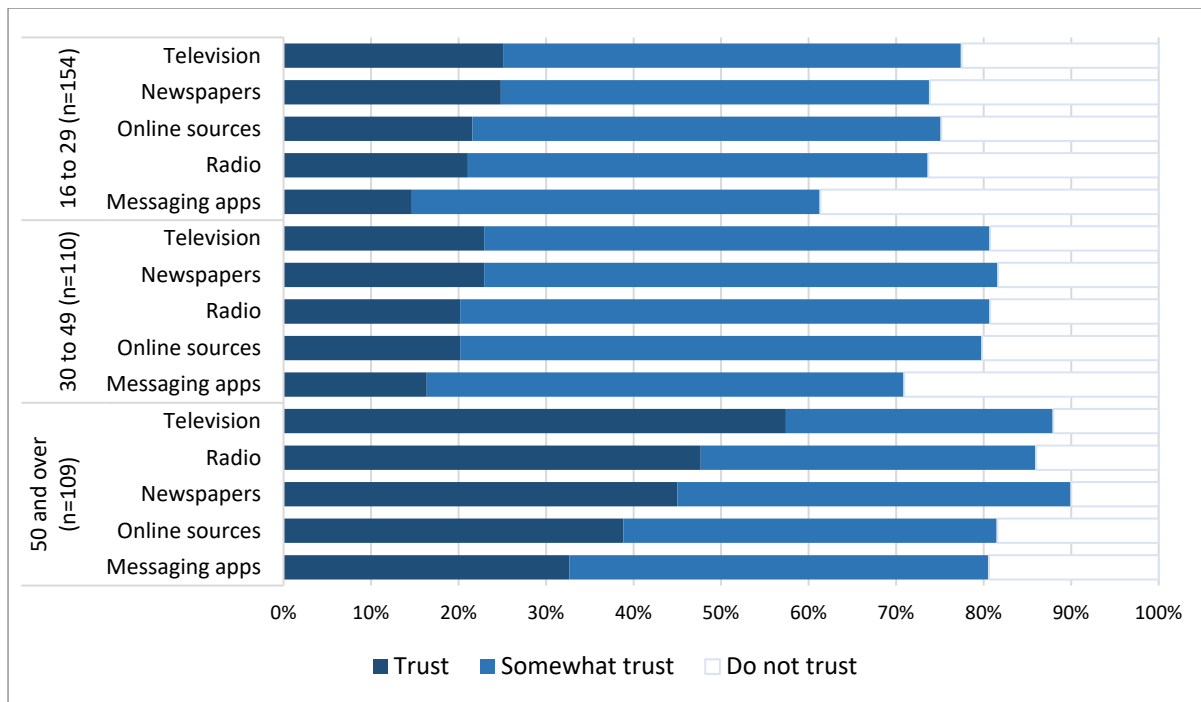
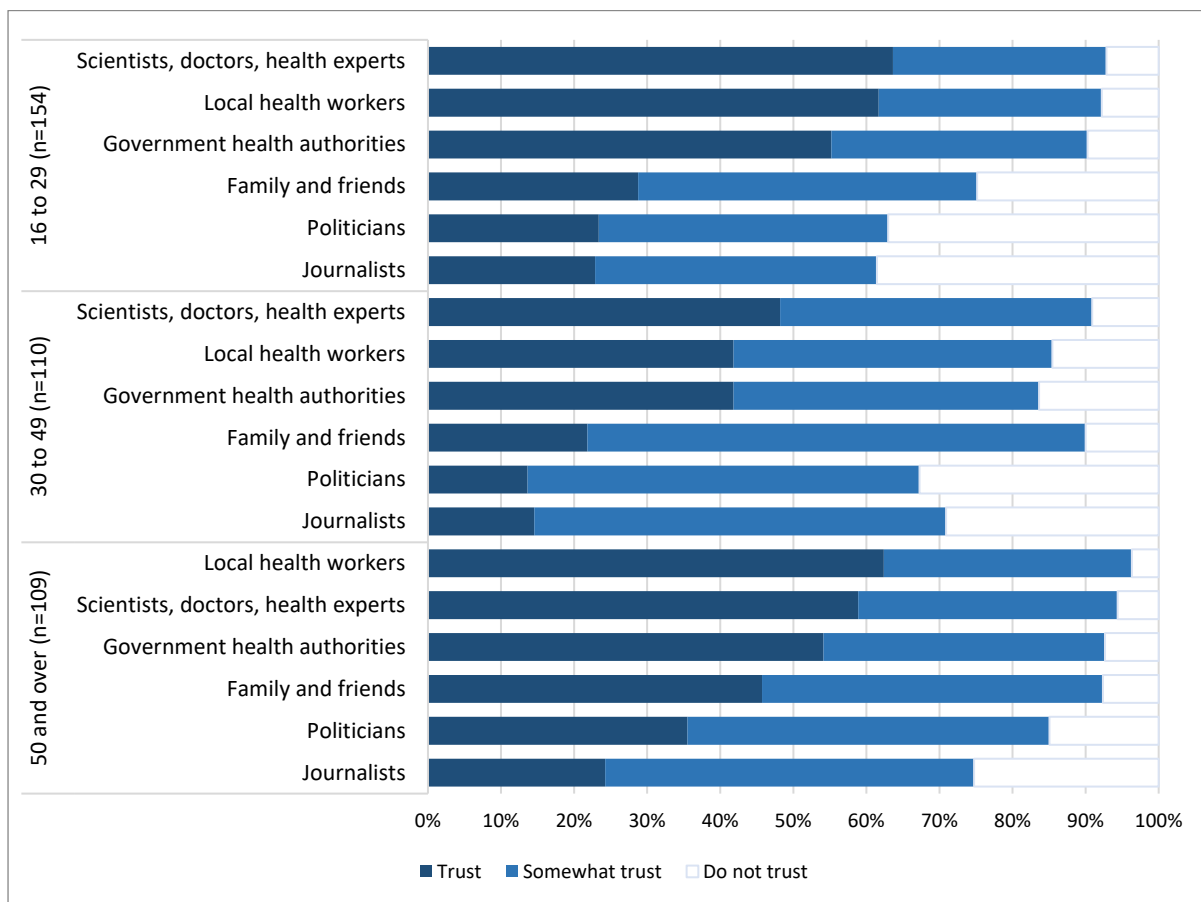


Figure 21. Trust in human source of information sources within age groups



Participants were surveyed on their preferred *modes* of receiving COVID-19 information. In general, mainstream media was the most preferred option, but the convenience of social media emerged as the second most popular option (Table 5). Personalised or person-to-person options were also rated highly. In contrast, digital options were the least preferred modes of communication. While all age groups indicated a preference to receive their information through mainstream media, there were some variations for the second most preferred choice between age groups. The second most popular choice among younger respondents was social media, while the second choice for older respondents was visits or phone calls from health professionals.

Table 5. How would you like information about COVID-19 to be communicated to you?

	Count *
Mainstream media	236
Social media	199
Visits or phone calls from health professionals	146
Word of mouth from family and friends	135
Brochures or newsletters	131
Community meetings	111
Digital noticeboards	99
Online meetings	93
Other	22

* Participants were able to select multiple options as their preference for COVID-19 information to be communicated to them.

Additional information related to participants' experiences about COVID-19 information and news was shared through an open-ended question, and through the interviews. A clear concern emerged regarding the challenge of distinguishing between true and false information:

"Too much to know what's true" (Survey participant, male aged 21 to 25).

"There's so much news don't know who or what to believe" (Survey participant, female aged 21 to 25)

"It's definitely hard to differentiate between real and fake news these days. You simply don't know who or what to believe anymore. I think it's safe to consider that not everything you read or hear is genuine, when it comes to COVID I believe it's important to question than not to" (Survey participant, female aged 21 to 25).

While some participants pointed out the importance of credible sources, others pointed out the influential role of social media, which is viewed as a potential source of vaccine hesitancy.

"Social media has played a huge part in why many people have refused to get vaccinated" (Survey participant, female aged 30 to 39).

"As long as it's legit and comes from a legit source, I'll listen" (Survey participant, female aged 30 to 39).

"Good that the prime minister updated us" (Survey participant, male aged 26 to 29).

“Because there are people like medical professionals who have studied for years and years about viruses and flu-like symptoms and things like that. So my thoughts is that I trust them, they did so many years of studying, they know what they are talking about. That's why I agreed to go and get my vaccination” (Interview participant, female aged 31 to 50).

Participants also conveyed that there might have been too many sources of information:

“It was plastered everywhere! From the moment you open up a social media app to seeing a poster of COVID 19 information at your local convenience store. It was everywhere!” (Survey participant, gender unknown aged 26 to 29).

“Yes, because I felt a little bit bombarded with all the information, especially with lockdowns and when we're at home, they had the COVID notices like every ad. So yeah, it was right in there in our faces” (Interview participant, female aged 31 to 50).

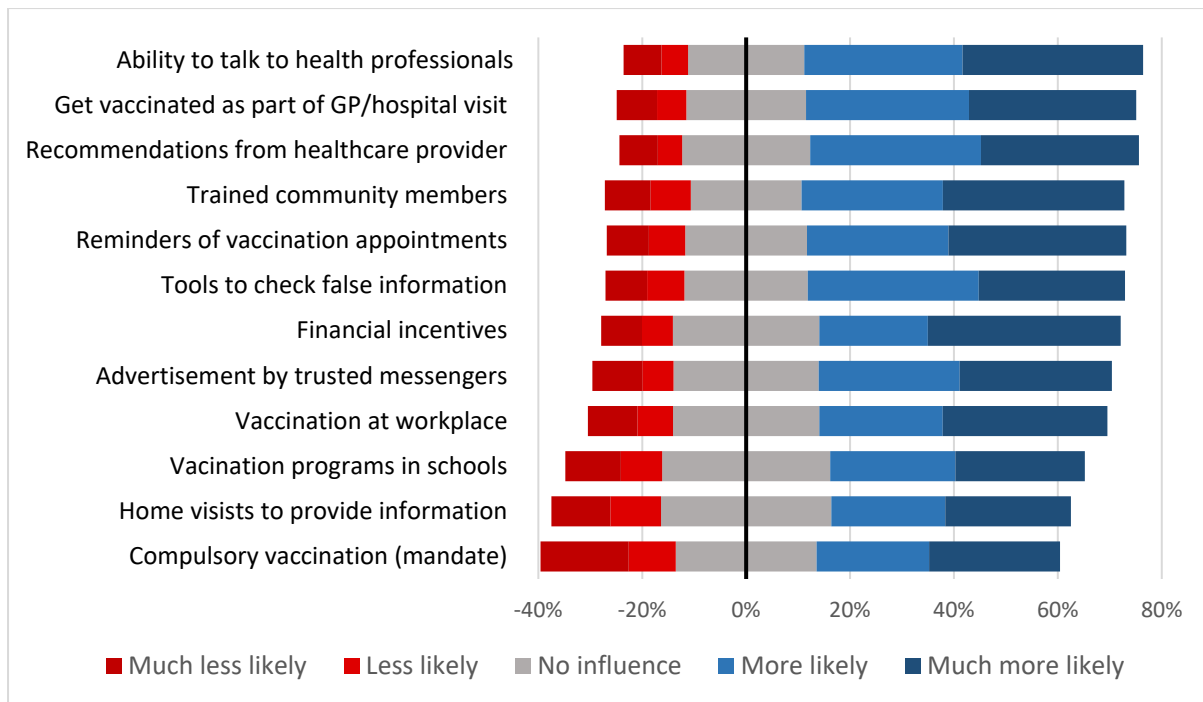
The responses provide insights into how the use of people and information platforms can shape the Niue community's perception of this information. The understanding of these perceptions can help to inform future health information and education initiatives for the Niue community.

Influence of vaccination initiatives on likelihood of getting vaccinated in future

In the survey, participants were asked how some vaccination initiatives may influence their likelihood of getting future vaccination, on a scale from 1 "much less likely" to 5 "much more likely". The vaccination initiatives were adapted from the 12 strategies given by the Centers for Disease Control and Prevention (2022) in their field guide to support the work of health departments and community organisations. The findings reveal that actions such as having the ability to talk to health professionals, getting vaccinated as part of a GP or hospital visit, and receiving recommendations from healthcare providers are the most influential factors in motivating participants to undergo future vaccinations. Conversely, compulsory vaccinations were deemed the least effective in encouraging participants to vaccinate in the future (Figure 22).

The ranking of the potential vaccination initiatives provides practical contexts to the perceptions and experiences with the COVID-19 vaccine detailed in this report. It shows the significance of effective communication and engagement with healthcare professionals in influencing the Niue community's willingness to receive future vaccinations. The positive impact of personal interactions, such as talking to health professionals and receiving vaccinations during routine medical visits, suggests that building trust and providing clear recommendations play important roles in vaccine acceptance. Convenience without the complication of making appointments, such as getting vaccinated as part of a GP or hospital visit was also highly rated. On the other hand, the lower acceptance of mandated vaccinations highlights the importance of voluntary and informed decision-making in shaping participants' attitudes toward future vaccination initiatives.

Figure 22. Vaccination initiatives that could influence the likelihood of getting vaccinated in future.



Conclusion

The objectives of this project were to understand the key experiences of the Niue community during the COVID-19 pandemic. The aims were:

1. To examine the impact of COVID-19 on the Niue community within the wider Pasifika communities.

We achieved this aim by understanding the effects of the COVID-19 pandemic on the wellbeing and quality of life of the Niue community, and how the community maintained their wellbeing over lockdowns. We have also recounted the experiences that the community has kindly shared with us.

The findings revealed that the COVID-19 pandemic had varying impacts on physical, social, spiritual and psychological, with psychological wellbeing being most negatively affected especially among elderly participants. Lockdowns affected access to essentials and healthcare, particularly impacting older individuals. Concern for family wellbeing surpassed personal concerns and support during the pandemic were often received from the family, highlighting the importance of inclusive relationship for the community. Overall, the findings underscore the diverse impacts of the pandemic and emphasise the need for targeted support, especially for vulnerable age groups within the Niue community.

2. To identify factors that influenced the attitudes of the different groups within the Niue community towards vaccine initiatives.

We achieved this aim by examining the vaccination experiences of the participants in this study, and their concerns about the COVID-19 vaccine. Using the Matalili Framework as a cultural anchor, we examined the perceptions of the vaccine in terms of the individual's own vaccine journey, concerns for family and children in their care, and interactions with healthcare providers and information sources.

The findings revealed high vaccination rates for the first two COVID-19 vaccine doses but a major decline in booster doses, notably among younger age groups. Concerns about vaccine side effects were prevalent, with evolving sentiments regarding information sufficiency over time. The perceived challenges of vaccination varied among different age brackets, highlighting age-specific hurdles. Participants showed a clear preference for community-based healthcare providers, such as pharmacies and GPs, when receiving their vaccine. They valued interactions with healthcare professionals and clear recommendations, indicating the significance of trust-building and informed decision-making in future vaccination initiatives. Views on the vaccine mandate revealed concerns about autonomy and disruptions in relationships among affected individuals. In terms of children's vaccination, discomfort among parents and concerns about vaccine side effects were prevalent. Themes of freedom of choice, lack of information, agreement with vaccination, and positive vaccination experiences underscored diverse perspectives among participants, reflecting the complex nature of their attitudes toward vaccination initiatives.

3. To develop strategies to improve COVID-19 readiness and future vaccine uptake by the Niue community.

We achieved this aim by using the experiences and findings in this study to inform the design and implementation of future initiatives for the Niue community. As the COVID-19 pandemic evolved during this study and new challenges such as extreme weather events impacted on the community, we broadened the focus of this aim to investigate strategies to improve wellbeing in future disruptions and strategies to improve the uptake of general immunisations. The Matalili Wellbeing Framework provides a holistic perspective, grounded on three interconnected Niue principles, which can be applied in the design and implementation of future initiatives for the Niue community. We held

workshops in community meetings, where the preliminary findings were disseminated, and the community had a chance to give input into the key recommendations.

The key recommendations are:

- Support community-led initiatives that foster better wellbeing, with focus on supporting the elderly.

Community-led initiatives that draw on experiences that had a positive impact during the pandemic should be supported, with focus on initiatives that support the elderly. Healthcare providers such as Turuki Health Care, who provides holistic health, wellbeing and social services for the whole family, may form the model for future initiatives to foster wellbeing in future disruptions.

- Support community-based and personalised health services to inform about vaccinations and provide vaccinations.

Addressing concerns about vaccine side effects, booster necessity, and simplifying guidance for child vaccination is required to improve vaccination uptake. Trained community-based health care providers, who provide a familiar face, are required to provide personalised information and advice about vaccines. With convenience being a crucial factor, integrating vaccination services within existing healthcare facilities like pharmacies or GPs aligns with the community's preferences, ensuring accessibility and holistic family healthcare.

- Support initiatives led by community-based healthcare professionals to provide information.

Initiatives to inform and educate the community needs to be led by trusted community leaders and healthcare professionals, preferably on mainstream media. This should be complemented with healthcare providers who can offer relevant personalised guidance, without overwhelming information. Enabling easy access to healthcare and the availability of trusted tools for verifying information can empower individuals to make well-informed choices for them and their family, without imposing mandates. Providing information in the Niue language is a way to revive the endangered language, as language is a source of wellbeing for the Niue community and can give the community a sense of ownership of the outcomes.

Strengths and Limitations

The recommendations and solutions proposed in this study are based on the lived experiences and perceptions of the Niue community in this. To ensure that the Niue community, as stakeholders, could provide input throughout the study, we held community meetings at multiple stages, including initial consultations with the survey design, data collection, dissemination of preliminary findings, and workshops to hear recommendations put forward by the community.

A potential limitation of this study is that the survey respondents are largely based in the Auckland region (91%), whereas only 75% of the Niue community in NZ resides in the Auckland region, as recorded in the 2018 census (Statistics New Zealand, 2018). Therefore, some experiences relevant to Niue people living outside of Auckland, such as access to healthcare for isolated or rural communities, may not have been fully explored in this study. Some consultation with Niue communities outside the Auckland region may be required before implementing the solutions.

The solutions proposed can be modelled on existing health services, with emphasis on community-led, personalised, and holistic approaches, which have been identified as being effective through the lived experiences and perceptions of the Niue community. With appropriate support and training, the

benefits can be realised in the short term. There can also be long-term benefits associated with initiatives to improve child vaccination and immunisation, especially as children up to 19 years old account for almost half the Niue population living in New Zealand, according to the 2018 census. The implications of inaction will be that the current disparities in health outcomes for Pacific Island communities will persist and may worsen. The analysis in this study and the application of the Matalili Wellbeing Framework provide culturally appropriate perspectives to ensure outcomes that promote wellbeing for the Niue people, who are an integral part of the wider Pacific communities in New Zealand.

Extending the findings to Māori and the broader Pacific communities

The Matalili Wellbeing Framework was applied throughout this study to provide a relevant cultural lens in the design and conduct of this study, as well as the interpretation of data and framing of the recommendations. The principles Vahā loto-Agaaga Ofania (Spirit of Care) and Fakafetuiaga (Inclusive Relationship) of Matalili Framework share similarities with the principles of other Pacific frameworks, such as the Fonofale model (Pulotu-Endemann, 1997) and Te Whare Tapa Whā framework (Durie, 1998), which takes a holistic view of wellbeing including the spiritual, physical, social, and mental dimensions. In addition, approximately 36% of the survey participants identified as having multiple cultural heritage, including Niue, Māori and other Pacific peoples. Therefore, there may be shared experiences and perceptions amongst the Niue community, and Māori and other Pacific communities. For example, Wepa et al. (2023) noted similar findings in their study on reconnecting Māori in a post-COVID-19 world. Connectedness was considered a protective factor that maintained hauora (good health) and contributed to holistic wellbeing. Key themes identified were the digital divide, cultural isolation and revival of traditional practices. The Matalili Framework and Wepa et al. (2023) provided a voice for both communities which grounded their world views within their own cultural frameworks and language.

The novelty of the Matalili Framework is the addition of the perspective of Fakamalolo (Empowerment) to existing Pacific wellbeing frameworks. The Fakamalolo principle is evident in the use of results from this study as evidence to inform future initiatives that can enhance the wellbeing of all communities.

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Appendix

SURVEY

- Participant information sheet
- Survey instrument

TALA

- Participant information sheet
- Pre-interview survey
- Consent form
- Youth information sheet
- Youth assent form



Greetings. Fakaalofa Lahi Atu.

Please read the Participant Information Sheet, and then proceed to the survey to participate in this study.

Fakamolemole totou e pepa nei, mo e matutaki ke he tau kupu huhu he ako mo e kumikumiaga nei.

Participant Information Sheet

Talahauaga ke he tohi nei

The Niue community's experiences during the COVID-19 pandemic

Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19

Date Information Sheet Produced: 11/10/2022

Aho Talaga he fakalioaga: 11/10/2022

This is an invitation from the research team at Monū Education & Social Services Trust (MESST) and Auckland University of Technology (AUT):

Ko e ole atu nei mai he matakau ha Monū Education & Social Services Trust (MESST) mo e Auckland University of Technology (AUT):

What is the purpose of this research? Ko e heigoa e kakano ke he kumikumiaga nei?

This is a Ministry of Health funded research to investigate key experiences of the Niue community during the COVID-19 pandemic. This understanding will help to develop strategies to support future vaccination initiatives, and to highlight areas that may need to be addressed to improve health outcomes for Pacific communities.

Ko e palepale ne moua mai he faahi Gahua Malolo Tino ke kumikumi e maama he tau tagata Niue hagaa ke he COVID-19. Ke fakalaulahi taha lagatau ke toko aki e huki fakagata a taha aho, mo e puhala ne mua e mitaki ke fakakite ke lata foki ma e tau atu-motu.

How was I identified and why am I being invited to participate in this research?

Ko e puhala ne matutaki mo koe moe kakano he uiina ke eke a koe mo taha tagata ke fai talahauaga ke lata moe kumikumi aga nei?

We are inviting members of the Niue community in New Zealand who are aged 16 years and above to participate in this study. Members of the Niue community have been identified through connections with MESST, community meetings and information sessions, and social networks/messages.

Ko e kumikumiaga nei kua fifili kia lautolu kamata mai he 16 e tau tau he moui. Kua manako ke iloa e haau a tau manatu ko e tagata Niue poko koe ne tupu mai he tau tagata Niue. Iloa mai ka, ha koe haau matutaki mai ia MESST, po ke tau fono ke he tau maaga kehekehe.

What are the benefits? Ko e falu a tau fua mitaki ka moua mai he kumikumiaga nei?

This is a chance for you to share your views and experiences during the COVID-19 pandemic. We want to learn about the key experiences of the Niue community during the COVID-19 pandemic. What we learn will also be used to inform the development of future vaccination initiatives and help to highlight areas that need to be addressed to improve health outcomes for the Niue community within the wider Pacific communities in Aotearoa New Zealand.

Ko e mogo ha nei haau ke fakakite mai haau a tau manatu mo e tau mena ne felau mo koe ha ko e gagao Covid-19. To fakaoga e tau kumikumiaga nei ke lagomatai aki e talaga aga he tau vai huki fakagata mo e eke foki ke kitia e falu a tau faahi ne kua lata ke fakamalolo mo e lagomatai aki e tau tagata Niue ke he tau matakavi ne nonofo ai a lautolu I Niusilani.



How do I agree to participate in this research?

Ko e puhala ke talia ke eke mo taha tagata he kumikumiaga nei?

You can participate in this research by filling in the survey, either online or the paper version. Participation is voluntary and you have the right to withdraw at any stage by closing the online survey window before pressing the submit button, or by not submitting the paper version. Submitting your answers to the survey means that you consent for us to use your responses as part of our study. Your information will be de-identified, and we will have no way of associating your responses to who you are.

Ko e tau puhala ke taute aki e kumikumiaga nei. Fakamua ke fakapuke e tau huhu he tau lagaki hila po ke tau lagaki lomi pepa. Ko e pule ni a koe ko e talia poke nakai. Ti maeke foki ia koe ke tuku he ha magaaho ne kua loto a koe ki ai ti pa moe fakahu e lagaki hila po ke nakai fakahu e lagaki lomi pepa. Ka eke ke fakahu e koe tau tali haau kua foaki tuai e koe e tonuhia ke fakaaoga he matakau kumikumi haau a tau manatu ke lata koe kumikumiaga nei. Ko e tau tali haau to puipui ti nakai maeke he taha ke iloa ko koe a ia ti pihia foki e tau tagata kumikumi.

You may choose to receive help from a family member or research assistant to complete the survey. Devices with internet access (tablets or laptops) will be made available at community meetings or public venues for you to use to complete the online survey. You can also complete a paper-based copy of the survey and submit to the research team at the community meeting or return it to us by post.

Maeke ia koe ke moua mai e tau lagomatai mai he taha tagata he magafaoa haau po ko ia e taha hukui. To tuku atu foki e tau lakau hila ne maeke ke moua e initanete (tuga e tau lakau tuku fugatega) he tau toloaga he tau matakau ke lata moe tau lagaki hila. Maeke foki ia koe ke fakapuke e tau lagaki lomi pepa ti age kia lautolu au tagata kumikumi poke fakahu fale fakahu tohi.

What will happen? Ko heigoa ka tupu?

This study has two stages. This survey is the first stage of the study. The survey will ask you questions about your experiences during the COVID-19 pandemic, and what you want to see happen in future initiatives. Your viewpoints will help understand, improve and support future health and vaccination initiatives of the Niue community and other Pacific communities.

Ua, e veveheaga he gahua kumikumiaga nei. Vevehe fakamua ha nei. Ko e huhu atu kia koe kehe haau a mahani he magaaho gagao COVID-19. Ko e heigoa e lagatau haau kua loto ke kitia taha aho ki mua. Ko e haau a manatu ke lagomatai mo e kumi taha lagatau ke he faahi fakamalolo tino mo e huki fakagata mo e tau puhala ne mua he mitaki ke lagomatai e tau tagata Niue mo e tau atuhau pasifika.

Stage two of this study will involve narrative interviews/talanoa. They will be used to find out in more details about the experience of the Niue community during the COVID-19 pandemic. At the end of the survey, you will have the opportunity to express your interest in participating in the interviews by giving your contact details. Any contact details you provide will only be used for this purpose and cannot be associated with your responses to the survey.

Vevehe ke ua he kumikumiaga nei, ko e tala/tutala. Ku a eke ai e tau kupu nei ke kumikumi aki e mahani he tau tagata Niue he magaaho ne gagao COVID-19. Ka oti e gahua nei, to tuku atu kia koe taha magaaho ke tutala mo e foaki mai haau a taha puhala ke matutaki atu a mautolu kia koe. Tau puhala ne foaki mai e koe ke matutaki atu, to nakai fiofio aki mo e haau a tau tali ne tohi.

What are the costs of participating in this research? Ko e heigoa e tau he kumikumiaga nei?

The survey should take 20-30 minutes to complete. When you have completed the survey, you will be offered the opportunity to leave your contact details separately so that you can be entered into a prize draw for one of ten \$100 gift vouchers as koha in appreciation of your time.

Ku a fakataitai ko e 20-30 e tau miniti ke fakapuke e tau huhu haau. Ka eke kua oti ti ole atu kia koe ko e manako nakai ke tuku haau a higoa ki loto he lafolo ke moua e taha mai he tau palepale ko e hogofulu e \$100 koha; ka talia ke pihia ti tuku mai e puhala ke maeke ke matutaki atu kia koe.



What are the discomforts and risks? Ko e heigoa e tau mena ne ai hagahaga mitaki moe hagahaga kelea?

If any uncomfortable thoughts or emotions arise after reflecting on your answers in this survey, you may want to talk to someone close to you. You can find more information from the following support services:

- For general health advice and information call Healthline on 0800 611 116 anytime.
- For COVID-19 health advice call 0800 358 5453 anytime.
- For COVID-19 vaccination advice call 0800 28 29 26 (8am - 8pm 7 days a week)
- Need to talk? Free call or text 1737 any time for support from a trained counsellor.

Ka eke kua fai mena ne laga mai he tau kumikumiaga nei ke he haau a tau manamanatuaga moe manako foki a koe ke tutala kia ia ne mahani mo koe. Hanei foki e tau matakau gahua fakatufono ke hea atu ki ai ke moua mai e tau lagomatai foki.

- Ke lata moe tau malolo tino kehekehe ti hea atu ke he matakau Healthline he numela 0800 611 116 he ha magaaho noa ni.
- Ke lata mo e tau fakalioaga malolo tino ke lata moe COVID_19 ti hea atu kehe numela 0800 358 5453 he ha magaaho noa ni.
- Ke lata mo e fakalioaga huki fakagata COVID_19 ti hea atu he numela 0800 28 29 26 (matahola 8 pogipogi ke tuku mai he matahola 8 afiafi)
- Ka fia tutala? Hea no ai fai totogi poke tohi atu kehe numela 1737 he ha magaaho noa ni ke tutala mo e tutala kehe tagata lagomatai.

How will my privacy be protected? Ko e tau puipuiaga ke lata mo koe?

The responses you give in this survey is anonymous, meaning that the researchers will not know who the participants are. Individual responses will be de-identified before analysis and will not be identified in the research outcomes. At the end of the survey, you will be given the opportunity to leave your contact details to enter a prize draw. You may also express interest in participating in a follow-up talanoa (interview) in the next stage of this study. The contact details are stored separately and are not associated with your responses to the survey. Reports generated will be stored securely and will only be accessible by the research team.

Ko e tau tali haau to nakai maeke taha ke iloa ti pihia foki o lautolu e tau tagata kumikumi. Ko e tau tali he tau tagata tokotaha to uta kehe e tau fakamailoga ato vetevete e tau tali haau. Ko e mena ia to nakai fakaai taha ke iloa ko koe a ia. He matahiku he kumikumi aga to ole atu ko e talia nakai ke liti haau a higoa he lafola moe numela ke matutaki atu kia koe ka eke kua kautu a koe. Maeke foki a koe ke talia ke fai muiua atu ke fakalataha ke fai fakatutala aga fakahokulo ke he laga ke ua aki he kumikumiaga. To toka kehe e haau a tau numela nakai lafi poke fio he potaaga he tau lagaki kumikumiaga. Ko e matakau kumikumi ni kua fakaata ke iloa.

What opportunity do I have to consider this invitation? Ko e heigoa haaku ke moua ka manamanatu e ole nei?

You will have approximately two weeks to consider whether you would like to participate in this study, or until the survey closes.

Kua tuku atu ua e faahi tapu ke talia ti Fakailoa mai ko e talaia poke nakai ke eke ke gahua aulua kehe kumikumiaga nei.



Will I receive feedback on the results of this research ?

Moua mai nakai e au tau mena ne mouaai he kumikumiaga nei?

A summary of the results will be published online at the end of this study and can be requested by contacting the Research Team. Community meetings will also be held to disseminate the key findings of this research. The findings of the research will be written up for publication and will be presented at relevant conferences, and key findings will be shared with relevant organisations to inform future practice.

To tuku e taha lagaki potaaga manatu katoatoa ke he initanete ka oti e tau kumikumiaga nei. Ka manako ke he taha lagaki ti matutaki atu ke he matakau kumikumi. To taute foki e falu a tau fono ke lata moe tau matakau kehekehe ke fakailoa e fakahikuaga he tau kumikumiaga nei. To lolomi foki e tau tohi vakai moe fakapuloa ke he tau toloaga lalahi mai he tau Aoga Tokoluga mo e tau kautaha mai he lalolagi lahi ke lagomatai moe fakalalahi e falu a maamaaga foou.

What do I do if I have concerns about this research? Fai manatu foki au ka laga mai he taua kumikumiaga nei?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor- Dr Kelvin Lau kelvin.lau@aut.ac.nz.

Ka eke kua fai manatu foki hagai ia kehe kumikumiaga nei ti matutaki fakamafiti atu kia ia e takitaki he kumikumiaga nei ko Dr. Kelvin Lau he kelvin.lau@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH (Auckland University of Technology Ethics Committee), ethics@aut.ac.nz, (+649) 921 9999 ext 6038. You can also contact the Chair of MESSTEC (Monū Education & Social Services Trust Ethics Committee), Dr Barbara Hock, ethics@messtec.ac.nz. Tau manatu fakatupetupe ti matutaki atu ke he Tohi Kupu Lahi he matakau AUTECH (Auckland University of Technology Ethics Committee), ethics@aut.ac.nz, (+649) 921 9999 ext 6038. Matutaki atu foki kehe takitaki lahi ha MESSTEC (Monū Education & Social Services Trust Ethics Committee), ko Dr Barbara Hock, ethics@messtec.ac.nz.

Whom do I contact for further information about this research? Ko lautolu ke matutaki ki ai?

Please download and keep this [Participant Information Sheet](#) for your future reference. You are also able to contact the research team as follows:

Fakamolemole to fakamau e taha lagaki ke lata moe "[Talahauaga ke he tohi nei](#)". Maeke foki ke matutaki atu kehe matakau kumikumi ko hana I lalo:

Researchers contact details: Ko e tau tagata kumikumi

Ko Dr Kelvin Lau kelvin.lau@aut.ac.nz

Ko Elviso Togiamua elviso.togiamua@monu.ac.nz

Ko Cecily Mary Eruthayam cecily.eruthayam@monu.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 25/10/22, AUTECH Reference number 22/279.

Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 25/10/22 fakatonutonu , AUTECH numela ke fakamoli ki ai 22/279.



1.1. Which ethnic group(s) do you belong to? (Please select all groups that apply).

Ko e atu motu fe ne tupu mai a koe? (Fakamolemole fifili oti ka fakalata).

- Niue
- Māori
- Cook Islands Māori
- Samoan
- Other Pacific peoples (Please specify). Falu tagata he atu pasifika (fakatonu la) _____
- Asian
- Pakeha/New Zealand European. Palagi/Niusilani.
- Others (Please specify.) Fai foki nakai (fakatonu la) _____
- Tongan
- Fijian
- Tuvaluan
- Tokelauan






1.2. Are you 16 years old and over? 16 e tau tau ki luga?

- Yes. E. No. Nakai.

As we are interested in the experiences of the Niue community in this study, you must identify as having Niue descent for your responses to be recorded. You must also be 16 years old and over to participate. Thank you for your interest.

Manako a mautolu ke iloa e tau tala he tau tagata Niue he kumikumiaga gahua nei. Ka tagata Niue ni ke maeke ke tali mai e tau hūhū nei. 16 e tau tau ki luga a koe to eke gahua nei. Fakaue ke he haau a fialoto.

The survey is going to ask you questions about your experiences during COVID-19. Please note this refers to your wider experiences, both during the pandemic and ongoing impacts, whether you had COVID-19 (any strain) or not. Ko e tau hūhū nei hagaa ke he magaaho ne tupu ai e Covid-19 mo e tau lekua ke he haau a moui. Pete ni ka moua po-ke nakai moua e koe e gagao nei.

2.1	Very negatively. Kelea lahi mahaki.	Somewhat negatively. Kelea ka e ai kelea lahi mahaki.	No change. Ai fai mena kua kehe.	Somewhat positively. Mitaki kae ai mitaki lahi.	Very positively. Mitaki lahi mahaki.
					
	1	2	3	4	5
How has the COVID-19 pandemic affected your level of physical wellness ? Fēfē e gagao COVID-19 ne lauia kehe haau a moui olaola mo e haau tinu katoa?	0	0	0	0	0
How has the COVID-19 pandemic affected your level of psychological wellness ? Fēfē e gagao COVID-19 ne lauia kehe haau a manatu ?	0	0	0	0	0
How has the COVID-19 pandemic affected your level of spiritual wellness ? Fēfē e gagao COVID-19 ne kua lauia kehe haau agaaga (ofania) ?	0	0	0	0	0
How has the COVID-19 pandemic affected your relationships with other people? Fēfē e gagao COVID-19 ne kua lauia kehe haau a moui olaola hagao ke he fakafetuia mo e tau tangata?	0	0	0	0	0



2.2	Not at all. Nakai ai tupetupe. 1	A little. Tupetupe fakatote. 2	A moderate amount. Tupetupe. 3	Very much. Tupetupe lahi. 4	An extreme amount. Tupetupe lahi mahaki. 5
How worried are you about the effects COVID-19 on your own wellbeing? Fēfē a matematekele haau mo e haau loto manatu ha ko e Covid-19?	0	0	0	0	0
How worried are you about the effects of COVID-19 on the wellbeing of your family? Fēfē matematekele mo e magafaoa moui olaola ha koe Covid-19?	0	0	0	0	0
How worried are you about the effects of COVID-19 on the wellbeing of your community? Fēfē haau matematekelea ha ko e COVID-19 mo e moui olaola ke he haau katofia?	0	0	0	0	0

2.3 Did you ask your family or community for help when you were faced with a wellbeing issue due to COVID-19?
Ole lagomatai nakai ke he haau a magafaoa poke taha tagata ha ko e gagao COVID-19?

- Yes (please go to **question 2.4a**). E (fakamolemole fano ke he **huhu 2.4a**).
- No (please go to **question 2.4b**). Nakai (fakamolemole fano ke he **huhu 2.4b**).

2.4a **If yes**, whom did you ask for help? (Please select all that apply).

Ka e, kia hai ne ole lagomatai a koe ki ai? (Fakamolemole fifili oti ka fakalata).

- I asked one of the members of my family for help. Ole lagomatai au ke he haaku a magafaoa.
- I asked one of the members in my community for help. Ole lagomatai au ke haaku katofia.

2.4b **If no**, what are the reasons that you didn't ask for help? (Please select all that apply).

Ka nakai, ko e heigoa e kakano ne nakai ole lagomatai a koe? (Fakamolemole fifili oti ka fakalata).

- I didn't want to ask anyone for help. Nakai manako au ke ole lagomatai kehe taha.
- I wanted to ask for help but did not feel able to ask anyone in my community. Manako ke ole lagomatai, kae nakai fia ole lagomatai ke he haaku a katofia.
- I didn't need to ask; my family became aware and offered appropriate help. Nakai ole lagomatai au; iloa ni he magafaoa haaku tau uka ti lagomatai mai.

2.5 Have you avoided contact with health care facilities or health care workers due to fear of exposure to COVID-19?

Kalo kehe ka koe ke he tau tagata/kaina leveki tino ha ko e matakutaku neke pikitia he COVID-19?

- Yes. E. No. Nakai.

2.6 Please share how COVID-19 has affected your quality of life and wellbeing.

Fakamolemole, tala mai, ko e fēfē he COVID-19 e lekua kehe haau a moui olaola.



3.1 How did lockdown affect you in the areas below?

Hiki fēfē e haau a moui ha koe tau lekua ne tohi ki lalo nei?

	Very negatively. Kelea lahi mahaki. 1	Somewhat negatively. Kelea ka e ai kelea lahi mahaki. 2	No change. Ai fai mena kua kehe. 3	Somewhat positively. Mitaki kae ai mitaki lahi. 4	Very positively. Mitaki lahi mahaki. 5
Your access to healthcare. Haau a lagomatai malolo tino.	0	0	0	0	0
Your access to essentials (food, transportation, shelter, finances). Koe haau a fakaatā (kai, puhala uta koloa, fakamaluaaga, tau tupe).	0	0	0	0	0
Your employment. Haau a mata gahaua.	0	0	0	0	0
Your education. Haau a ako.	0	0	0	0	0
Personal safety at home. Nakai haofia i kaina	0	0	0	0	0

3.2 What did you do to cope with lockdowns? (Please select all that apply).

Ko e heigoa haau ne taute i kaina ha ko e haau puipui i loto he fale? (Fifili mai e tau tali ka fakalata).

- Called Healthline or other support services. Matutaki ke he faahi gahua malolo tino.
- Contacted health professionals. Matutaki ke he tau tagata pulotu he faahi malolo tino.
- Contacted family or friends. Matutaki ke he magafaoa moe tau kapitiga.
- Contacted community group members (e.g., from church, weaving group, youth group).
Matutaki kehe tau matakau ne fakafetui mo koe (matakau lotu, matakau gahua lima, matakau fuata).
- More self-care activities (e.g., meditation, local walks, physical activities).
Tau feua ke lata mo e tino (manatu, laka hui, faofao tino).
- Shifting in-person activities to online (e.g., online church services, online chats). Hiki e tau matutaki mo e tagata ke he fakainitanete (tuga e tau Tapoakiaga tapu, talanoa he initanete moe falu).
- More hobbies and entertainment (e.g., reading, gardening, TV, social media).
Tau mena foki ne fifia ki ai (totou tohitala, katene, TV, fakafetui fakainitanete).
- More prayers/scripture readings at home. Liu taute fakalahi e tau magaaho liogi moe totou Tohi Tapu
- Other (Please specify). Fai tali foki nakai (tohi hifo) _____.

3.3 How easy was it for you to use the NZ COVID Tracer app?

Mukamuka fefe ke fakaoga e puhala ne fakahigoa ko e NZ COVID Tracer app?

- I was able to use the app easily by myself. Mukamuka ia au ke fakaoga e mena nai.
- I needed help to set up the app, but I was able to use it myself.
Kumi lagomatai ke mena nei, kae maek ia au ke fakaoga.
- I was not able to setup the app, and it was not easy to use by myself.
Nakai ai maeke ia au ke fakaoga e mena nei, kae nakai mukamuka ke fakaoga.
- I do not have a smartphone. Nakai fai telefoni hila a au.
- I did not use the app. Nakai fakaoga e mena nei.



3.4 Please share how COVID-19 restrictions and lockdowns may have affected you.

Fakamolemole ti talahau la ko e fe e moui olaola haau ha ko e tau uta kehe aga he haau a tau ataina he tagata moe fakahala kaina.

4.1 Have you received the Covid-19 vaccine? Kua moua nakai haau a vai huki fakagata Covid-19?

- Yes (Please go to **question 4.2a**). E. (Fakamolemole fano ke he **huhu 4.2a**).
- No (Please go to **question 4.2b**). Nakai. (Fakamolemole fano ke he **huhu 4.2b**).
- Prefer not to say. Nakai ai manako ke talahau.

4.2a **If yes**, how many doses of the COVID-19 vaccine have you received? (Please select all that apply).

Ka e, fiha e huki fakagata kua moua? (Fakamolemole fifili ka fakalata).

- First dose. Kehe huki fakamua. Second dose. Kehe huki ke ua aki.
- First booster. Huki ke toko fakamua. Second booster. Huki toko ke ua.
- Third primary dose. Huki fakamua ke tolu. Don't know. Nakai iloa.
- Prefer not to say. Nakai fia tali.

4.2b **If no**, why have you not received the COVID-19 vaccine?

Ka nakai, ko e ha ne nakai moua e COVID-19 huki fakagata?

- I do not wish to receive the COVID-19 vaccine. Nakai fia loto au ke moua e COVID-19 huki fakagata.
- I am not able to receive the COVID-19 vaccine. Nakai maeke au ke moua e COVID-19 huki fakagata.
- Don't know. Nakai iloa.
- Prefer not to say. Nakai fia tali.

4.3 How likely are you to encourage your friends and relatives to get vaccinated?

Talahau fakamitaki nakai e koe ke he tau kapitiga mo e magafaoa ke moua e vai huki fakagata?

Extremely unlikely. Nakai ai fakaai ke fakamaama.	Somewhat unlikely. Ai fakamaama.	Somewhat likely. Liga fakamaama	Extremely likely. To lali fakalahi ke fakamaama.
1	2	3	4
5	6	7	8
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



4.4 Which of the following statements about the COVID-19 vaccine do you agree with? (Please select all that apply).

Talahauaga fe he COVID-19 e huki fakagata ne talia e koe? (Fakamolemole fifili ka fakalata).

- I do not think the COVID-19 vaccine is effective. Nakai talia e au ko e aoga e COVID-19 huki fakagata.
- I am concerned about side effects of the COVID-19 vaccine.
Fai manatu au neke fai lekua ka moua mai he COVID-19 huki fakagata
- I do not think I need the vaccine because I have already been infected with COVID-19.
Ai huki au ha kua fita au kua pikitia he COVID-19.
- I do not have enough information on the vaccine. Nakai lahi haaku a maama ke he huki fakagata.
- I had a bad experience with a previous vaccination.
Nakai mitaki haaku manatu ke he haaku huki fakagata fakamua.
- I do not believe in vaccination in general. Nakai talitonu au kehe huki fakagata
- None of the above. Nakai fai foki ke he tau kupu i luga nei.
- Other (Please specify). Ko e taha foki (tohi hifo) _____

4.5 Were there any challenges for you to get a COVID-19 vaccine? (Please select all that apply).

Ko e heigoa e mena ne uka ia koe ke moua e vai huki fakagata COVID-19? (Fakamolemole fifili ka fakalata).

- No challenges. Nakai ai fai mena ne uka.
- The vaccination site was too far away. Mamao lahi e maaga huki fakagata.
- I did not know where to get the vaccination. Nakai iloa e au e maaga ke moua e huki fakagata.
- The times available were inconvenient. Tau matahola ne ataa, nakai hagamitaki he lavelave.
- The booking system was hard to access and use. Ko e puhala ne taute ke moua fakamooli, to lahi e uka ke.
- Getting time off work. Ai fai magaaho he lavelave gahua.
- Other (please specify). Ko e taha foki (tohi hifo) _____

4.6 How were you affected by the vaccine mandate? (Please select all that apply).

Lauia fe fe a koe ha ko e tau mata fakatufono huki fakagata? (Fakamolemole fifili ka fakalata).

- I was not affected. Ai fai mena ne tupu.
- I lost my job. Uta kehe he faoa haaku.
- It disrupted my relationship with family and friends.
Fakalavelave e tau vahaloto haaku moe magafaoa moe tau kapitiga foki.
- I felt like I lost my right to decide. Manatu au kua uta kehe e tonu haaku ke fai talahauaga.
- Other (please specify). Ko e taha foki (tohi hifo) _____
- Prefer not to say. Nakai fifili ke tali.

4.7 Do you have any children under the age of 16 in your care? Fai fanau nakai ne lalo hifo he 16 e tau?

- Yes. (Please go to **questions 4.8, 4.9, 4.10**). E. (Fakamolemole fano ke he **huhu 4.8, 4.9, 4.10**).
- No (Please go to **question 4.11**). Nakai. (Fakamolemole fano ke he **huhu 4.11**).
- Prefer not to say (Please go to **question 4.11**). Nakai fifili ke tali. (Fakamolemole fano ke he **huhu 4.11**).



4.8 Have the child/children under 16 in your care received the COVID-19 vaccine? (Please select all that apply for all children in your care). Fai fanau nakai ne leveki e koe i lalo hifo he 16 ne kua fita e huki (Fifili ti hihika e tau puha ne kua tonu kia koe).

- No, too young for vaccine/Not eligible to receive vaccine. Nakai, ikiiki lalahi agaia ni ai la lata e huki.
- No, I don't feel comfortable for my child/children to be vaccinated. Nakai, fia loto au ke huki fakagata haaku tama.
- Yes, received one dose of the vaccine. E, lagataha e huki.
- Yes, received two doses of the vaccine (fully vaccinated). E, lagaua e huki.
- Unsure. Fakauaua.
- Prefer not to answer. Nakai fifili ke tali.

4.9 Do you agree with these statements? Talia nakai a koe ke he tau talahauaga nei?

	Strongly disagree. Nakai talia. 1	2	Somewhat disagree. Nakai talia lahi. 3	Somewhat agree. Talia. 4	5	Strongly agree. Talia lahi 6
Children should be able to make the choice to be vaccinated or not. Kua lata ke fifili ni he tau fanau ko e huki poke nakai huki.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a parent, it is my responsibility to decide whether children should be vaccinated or not. A au ko e matua ko e tonu haaku a ia ke fifili ko e huki nakai haku tau fanau poke nakai.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of the side effects of the vaccine on young children. Matakutaku au neke fai mena kelea ka tupu mai he tau huki nei.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that children under 16 years old are currently not eligible for the booster. Tupetupe au ha ko e tau fanau I lalo hifo he 16 e tau kua nakai maeke ia lautolu ke moua e huki.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.10 What information do you need about COVID-19 vaccination for your child under 16 years old from health authorities? (Please select all that apply).

Ko e heigoa e tau fakailoaaga ne kua manako a ke lata moe COVID-19 huki fakagata hifo he 16 tau (Fakamolemole fifili ka fakalata).

- Vaccination eligibility based on age of my child. Tonuhia ke huki ne fakave kehe tau moui he tama.
- Time frames between vaccinations. Fia he leva he vaha ato liu ke huki.
- Eligibility of my child to receive the booster. Tonuhia he haku a tama ke moua e huki toko.
- The differences between the paediatric and adult vaccines. Ko e heigoa e kehekehe he tau huki fanau moe tau tagata lalahi.
- Potential side effects of the vaccine on children. Tau mena kelea neke ke tutupu mai ha ko e tau huki pehe nei.
- What I need to do for my child to receive the vaccine. Ko e puhala ke maeke ke moua he tama e huki fakagata
- Other (please specify). Ko e taha foki (tohi hifo) _____
- I do not need any other information about child vaccination. Ai manako fakailoa aga hagai kehe huki tau fanau.



4.11 Please share other experiences or views you may have about COVID-19 vaccination.
 Fakamolemole tufaaga e haau talahau ke he COVID-19 huki fakagata mo e falu tagata.

5.1 In the past week, did you see more or less news than you wanted to see about COVID-19?

Lahi poke tote fefe e tau fakailoaaga hagai kehe COVID-19 ne kua kitia poke fia kitia he faahi tapu kua mole?

Much less. Tote lahi.	Less. Ai lahi.	About the right amount. Lata ni.	More. Lahi atu.	Much more. Lahi.
0	0	0	0	0

5.2 How much do you trust each of the following as a source of COVID-19 news and information? (Part A)

Lahi fe fe e tua moe falanaka haau e tau tala tupu fakaholo hagai ke tupu mai aga he COVID-19? (Maga A)

	Do not trust. Ai tua. 1	Somewhat trust. Fakauaaua. 2	Trust. Tua. 3
Online sources (websites, apps, social media). Tau puhala initanete.	0	0	0
Messaging apps / text messaging. Tau puhala tohitoi hila.	0	0	0
Television. Ti vi.	0	0	0
Radio. Leo taogo pulagi.	0	0	0
Newspapers. Tohi tala.	0	0	0

5.3 How much do you trust each of the following as a source of COVID-19 news and information? (Part B)

Lahi fe fe e tua moe falanaka haau e tau tala tupu fakaholo hagai ke tupu mai aga he COVID-19? (Maga B)

	Do not trust. Ai tua. 1	Somewhat trust. Fakauaaua. 2	Trust. Tua. 3
Local health workers, clinics, and community organizations. Tau tagata gahua lagomatai, tau fale lagomatai tau tino malolo, tau matakau ne gahua kehe tau tagata.	0	0	0
Scientists, doctors, and health experts. Tau tagata pulotu kumikumi, tau ekekafo moe au pulotu faahi gahua malolo tino.	0	0	0
Government health authorities, World Health Organization (WHO), and other officials. Faahi malolo tino he fakatufono mo e Lalolagi katoa ko e World Health Organization (WHO).	0	0	0
Politicians. Tau polatika.	0	0	0
Journalists. Tau tagata tohi tala.	0	0	0
Family and friends. Magafaoa mo e tau kapisiga.	0	0	0



5.4 How would you like information about COVID-19 to be communicated to you? (Please select all that apply).
 Ha fe e puhala ne kua loto a koe ke moua e tau fakailoaaga COVID-19 (Fifili oti e tau puha ne kua tonu kia koe)

- Community meetings. Tau fono he tau tuuta tagata.
- Brochures or newsletters. Tau tohi fakailoa.
- Digital noticeboards. Tau fakatino hila.
- Word of mouth from family and friends. Tau tala mai he tau kapitiga.
- Social media. Fakafetui fakainitanete.
- Visits or phone calls from health professionals. Ahiahi, hea telefoni mai he au kau gahua leveki malolo tino.
- Online meetings. Tau fono he initanete.
- Mainstream media (e.g., TV, radio). Fakailoa ne mahani ai (tuga e, TV, letio).
- Other (please specify). Ko e taha foki (tohi hifo) _____

5.5 Please share any other views and experiences about COVID-19 information and news.
 Fakamolemole tufaaga e haau talahau ke he COVID-19 mo e fakailoaaga/tohi tala.



6.1 How important is it for you to take actions to prevent the spread of COVID-19 in your community?

Lahi fefe e haau a manako ke taute tau mena ke puipui aki ke ua tupu lahi e COVID-19?

Not at all important. Ai manako.	Slightly important. Manako tote.	Moderately important. Manako.	Very important. Lahi e manako.	Extremely important. Lahi mahaki e manako.
1	2	3	4	5
0	0	0	0	0

6.2 How important do other people in your community think it is to take actions to prevent the spread of COVID-19?

Kae kua e tau tagata ne gahua auloa mo koe?

Not at all important. Ai manako.	Slightly important. Manako tote.	Moderately important. Manako.	Very important. Lahi e manako.	Extremely important. Lahi mahaki e manako.
1	2	3	4	5
0	0	0	0	0

6.3 How important do you think the following prevents the spread of COVID-19?

Ko e heigoa e mena ne mua ne kitia e koe ke he tau kupu ne tohi ki lalo nei?

	Not at all. Nakai taute.	A little. Magaaho.	A moderate amount. Falua magaaho.	Very much. Ko e lahi.	An extreme amount. To lahi.
	1	2	3	4	5
Maintaining hygiene (e.g. handwashing, sanitisation). Taofi mau ke fakamea (fakafifitaki, holoholo e tau lima, fakamea).	0	0	0	0	0
Mask wearing. Ufi ufi ihu mo e gutu.	0	0	0	0	0
Physical distancing. Fakamamao kehe (tagata).	0	0	0	0	0
Having to isolate if someone tests positive for COVID-19. Nofo kehe e tagata ka pikitia he COVID-19.	0	0	0	0	0

6.4 What aspects of getting COVID-19 are you concerned about? (Please select all that apply).

Ko e heigoa e mena ne tupetupe a koe kia ka moua e COVID-19? (Fifili oti e tau puha ne kua tonu kia koe).

- Getting sick from COVID-19. Pikitia ti gagao.
- Passing on COVID-19 to other people while infectious. Fakapikitia e falu a tagata.
- Disruption to work/study due to sickness and self-isolation.
Nakai hoko e tau gahua mo e ako ha ko e gagao nei mo e nonofo kehekehe tau tagata.
- Disruption to social interactions due to sickness and self-isolation.
Nakai hoko tumau e matutaki ha ko e gagao nei mo e nonofo kehekehe tau tagata.
- Unable to care for others due to sickness. Ai maeke ke leveki e falu.
- The long-term effects of long COVID-19. Ko e tau heigoa e tau punua ka mumui mai a anoiha.
- Other (please specify). Ko e taha foki (tohi hifo) _____



6.5 Which of the following aspects of COVID-19 do you have the most questions about? (Select all that apply). Hafe mai he tau puipui na lalo ne loga e tau huhu haau hagao ki? (Fifili oti e tau puha ne kua tonu kia koe).

- The cause of the disease. Ko e mena ne tupu mai ai e gagao.
- Symptoms and risk factors. Tau fakakiteaga moe tau mena ke tupu lahi e gagao.
- Treatment of the disease. Tau puhala tului he gagao.
- How I can protect myself. Tau puhala ke puipui aki au.
- Immunity. Malolo he tino he tagata ke tamate moe taofi e gagao.
- Scientific progress in the development of new vaccines or treatments. Ko e tau puhala kumikumi moe fakatolomaki ke maeke ke moua mai e tau vai huki moe tau puhala tului foou.
- How other people are coping. Tau puhala he falu ke lagomatai aki a lautolu.
- How to share my opinions and concerns about the vaccine. Tau puhala ke fakatutala moe falu haaku au manatu moe tau taofi.
- Caring for those most at risk of COVID-19. Leveki atu kia lautolu ne lahi moe mukamuka ke moua e COVID-19.
- How I can best take care of my children’s school education.
Tau puhala ke taute aki e tau fakaakoaga he tau fanau.
- Differences between COVID-19 and other diseases (e.g., flu). Tau kehekeheaga he COVID-19 moe falu a tau gagao (fakatai ke tuga e fulu).
- The evolution of the pandemic globally. Ko e puhala ne kua fakafaliu moe tupu kehe lalolagi lahi.
- The economic impact of COVID-19 to me personally. Ko e puhala ne fakamalona aki he COVID-19 e tau gahua he tau motu mo au e tagata.
- How to maintain my mental health during isolation. Ko e tau puhala ke leveki moe puipui e tau manamanatuaga.
- How to maintain my social contact despite the physical distancing. Tau puhala ke fakatumau e matutaki moe falu tagata foki pete ia he tau puhala fakaveha.
- Other protection measures by the government and communities. Falu a tau puhala puipui foki ne Fakagahua he fakatufono ti pihia foki moe tau matakau.
- Other (please specify). Ko e taha foki (tohi hifo) _____



6.6 How will the following influence the likelihood of you getting future vaccinations?

Feefee e tau e mena nei ke fakamafana aki a koe ke moua e huki fakagata he tau aho ki mua?

	Much less likely. Liga nakai. 1	Less likely. Liga talia. 2	No influence Nakai iloa 3	More likely. Liga talia. 4	Much more likely. To talia. 5
Trained community members to disseminate important health information in your community. Fakaako e tau tagata ke gahua ke he tau matakavi ne nonofo ai.	0	0	0	0	0
Ability to get vaccinated as part of visits to GP or hospital. Ke maeke ke moua e huki fakagata ka oatu kehe tau ekekafo magafaoa ti pihia foki ka oatu kehe fale gagao.	0	0	0	0	0
Reminders of upcoming vaccination appointments by phone, text messages or post. Ke moua e tau fakailoaaga fakamanatu ka hoko e aho ne kotofa ke o ke tivi. Ke fakaaoga e tau puhala tohitohi hila.	0	0	0	0	0
Ability to talk to health professionals (e.g., pharmacist, GP) about your situation. Maeke ke tala moe tau tagata gahua malolo tino (fakatai ko e tagata tala vai) ke he haau a moui.	0	0	0	0	0
Financial incentives or rewards for getting vaccinated. Tau palepale tupe poke falu foki ke moua ka oti e huki.	0	0	0	0	0
Vaccination program in schools. Fakaholoaga huki kehe tau aoga fakaako tama.	0	0	0	0	0
Home visits to provide information and vaccination. Ahiahi kehe tau kaina moe tau aoga ke fakaako moe huki.	0	0	0	0	0
Vaccination available at your workplace. Ke fakaata e huki fakagata kehe tau fale gahua.	0	0	0	0	0
Compulsory vaccinations (mandate) for work, schools or public venues. Ko e pule he fakatufono ke moua e huki fakagata ke lata mae tau gahua, aoga, mo e tau fakalatahaage he tau tagata.	0	0	0	0	0
Advertisement by trusted messengers (e.g., nurses, scientists, trained community members). Tau fakailoaaga fakatata mai ia lautolu (tuga e tau Nosi, tau pulotu kehekehe mo lautolu e tau tagata kua fakaako ke taute e tau gahua.	0	0	0	0	0
Recommendations from your healthcare provider. Tau fakaohoho mai he kautaha gahua fakamalolo tino.	0	0	0	0	0
Tools to check for false information (e.g. Fact-checking). Tau lagomatai ke iloa e tau fakailoaaga fakavai (e.g. Fact-checking).	0	0	0	0	0

6.7 How well do you think COVID-19 has been managed in New Zealand?

Fe fe haau a iloa ko e gahua mitaki nakai e puhala ne leveki aki COVID-19 i Niusilani?

Not well at all. Ai mitaki. 1	Slightly well. Mitaki fakatote. 2	Moderately well. Mitaki. 3	Very well. Mitaki lahi. 4	Extremely well. Mitaki lahi mahaki. 5
0	0	0	0	0

6.8 Please share any other suggestions you may have for how COVID-19 and vaccinations should be managed in the future. Fakamolemole tufaaga e haau talahau ke he COVID-19 ke he huki fakagata e falu halagahua ke lata mo e tau aho ki mua.



Before you finish, we would like to know a bit more about you.
Ato oti e tali he tau huhu, manako ke iloa falu a mena haggao ia koe.

7.1 Which of these age groups do you belong to? Ha fe e atuhau haau?

- 16-17 18-20 21-25
 26-29 30-39 40-49
 50-59 60-69 70 and over

7.2 What gender do you identify as? Ko e tagata ha a koe?

- Male. Taane. Gender diverse. Loga tau faga.
 Female. Fifine. Prefer not to answer. Ai manako ke talahau.

7.3 What is the highest level of education you have completed? Ko e heigoa e fakaotiaga he tau fakaakoaga haau?

- Up to Primary School (up to Year 8). Aoga ikiiki (hake kehe 8 tau tau).
 Up to Secondary School (up to Year 13). Aoga tokoluga (kaupa mai he tau nei).
 Apprenticeships, trade or vocational training. Tau ako gahua.
 Certificate/Diploma. Tau fakamailoga tokoluga Certificate/Diploma.
 Bachelor's degree. Fakamailoga tau Aoga Pulotu Tokoluga.
 Postgraduate degree (Masters or PhD). Tau fakamailoga tokoluga lahi mahaki he tau aoga pulotu tokoluga.
 Other qualification (Please specify). Falu fakamailoga foki (tohi hifo) _____

7.4 What is your approximate personal total income in the last 12 months?

Ko e heigoa e katoatoa he tau tupe gahua haau he 12 tau mahina kua mole?

- Zero income. Ai fai. \$1 – \$25,000 \$25,001 – \$50,000
 \$50,001 – \$75,000 \$75,001 – \$100,000 \$100,001 or more. Fakalahi aki foki.
 Prefer not to answer. Ai manako ke talahau.

7.5 Where do you live now? Nofo a koe I fe mogonei?

- Auckland Central. Uho taone Okalana. North Shore. Faahi Tokelau.
 South Auckland. Faahi Toga. West Auckland. Faahi Lalo.
 Hamilton Wellington
 Christchurch Dunedin
 Niue
 Others (Please specify). Ka fai matakavi kehe poke motu kehe ti tohi hifo _____

7.6 What is your post code? Numela fakahu tohi? _____

7.7 Did you live here in 2020? Nofo ka koe I ai he 2020?

- Yes. E. No. Nakai

7.8 Which of following best describes the area where you are currently living? Matakavi fe ne nofo ai a koe mogonei?

- City or urban area. Uho poke loto taone.
 Suburban area. Nofo atu kehe tau faahi i tua he taone.
 Village or rural area. Nofo kehe tau matakavi mamao.



7.9 What do you do at the moment? (Please select all that apply).

Heigoa hau gahua mogo nai? (Fakamolemole fifili ka fakalata).

- Working full-time. Gahua-tau aho oti.
- Working part-time. Gahua-falu aho.
- Homemaker. Gahua i kaina.
- Full-time education. Aoga-tau aho oti.
- Part-time education. Aoga-falu aho.
- Apprenticeship. Fakaako gahua.
- Looking for jobs. Kumi gahua.
- Volunteering. Gahua foaki noa.
- Retired. Fakaoti gahua.
- Other (please specify). Ko e taha (fakatonu la) _____

7.10 Including yourself, how many people are currently living in your household?

Toko fiha ne nonofo auloa mo koe?

- Please specify. Toko fiha _____
- Prefer not to answer. Ai manako ke talahau.

7.11 Which of these best describe your household? Ha fe tau talahauaga nei ne lata tonu mo koe?

- Living alone. Nofo tokotaha.
- Living as a couple with no one else. Ko mua tokoua ni.
- Living as an immediate family (parents plus offspring only). Magafaoa tonu (mamatua mo e tau fanau).
- Shared household with extended family (parents, grandparents, etc).
Magafaoa taha mo e magafaoa laulahi (mamatua, tupuna)
- Shared household with non-family or not related members. Nofo tufa mo e taha tagata/nakai ko e magafaoa
- Other (please specify). Ko e taha (fakatonu la): _____
- Prefer not to answer. Ai manako ke talahau.

7.12 Lastly, we would like to ask you a few questions that are related to additional support in your daily living.

Fakahiku, manako a mautolu ke hūhū kia koe e tau lagomatai ne moua e koe he tau aho oti.

	No difficulty. Aifai. 1	Some difficulty. Fai mena. 2	A lot of difficulty. Lahi e uka. 3	Cannot do at all. Ai maeke ke tui sioata. 4
Do you have difficulty seeing, even if wearing glasses? Uka nakai ke kitia/tui sioata nakai a koe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty hearing, even if using a hearing aid(s)? Fefe haau a tau teliga/logona mitaki nakai?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty walking or climbing steps? Uka nakai ke laka poke toli hake tau tuagahui?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty remembering or concentrating? Uka nakai ke manatu tau mena?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty with self-care, such as washing all over or dressing? Uka nakai a koe ke leveki ne koe a koe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using your usual language, do you have difficulty communicating, for example understanding or being understood? Uka nakai ke ala kehe falu ka fakaaoga e vagahau motu haau. Maama nakai e koe e tau mena ne tala ki ai?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



7.13 Please feel free to share any other comments about your experiences during the COVID-19 pandemic.
Fakamolemole fai manatu foki nakai a koe hagai ke he gagao COVID-19.



Please detach this page from your survey answers and return separately.
Fakamolemole uta kehe laupepa nei he haau tau tali, vevehe kehe mo e liuaki mai.

Thank you for your time. Fakaue ke he haau magaaho.

If you would like to be entered into a prize draw for a \$100 gift voucher in appreciation of your time, please enter your contact details below. Please be assured that if you provide them, your personal details will only be used to contact you about the prize draw. Your survey responses will not be linked to your contact details in anyway.

Ka manako a koe ke moua e palepale \$100 ko e mena foaki noa, tuku hifo haau a tau matutaki ki lalo nei. Fakamolemole tuku hifo haau a tau fakailoa ke lata ai mo e palepale nei. Tau fakailoa nei ke matutaki atu a mautolu kia koe ke he palepale ka moua. Koenaiā.

If you do not want to enter the prize draw, you do not need to enter your contact details or submit this sheet. Ka nakai talia e koe ke hu mai ke he palepale nei, nakai tuku haau a higoa mo e nakai fakafano mai e laupepa nei.

Name/Higoa: _____

Email/Meli hila: _____

Phone number/Numela foni: _____

We will be conducting interviews/tala for stage 2 of this study for a more in-depth understanding of the factors in the survey. Please tick the box if you would like us to contact you about participating in the interviews/tala.

To hoko e fevagahau aki ua (2) ke he ako nei ke hokulo e maama ke he tau kupu kua hūhū. Fakamolemole hika la e puha ka talia e koe ke tutaki atu a mautolu ke tutala ke he gahua nei.

Yes, I would like to be contacted about participating in the interviews/tala.
E, manako au ke matutaki mai ke fevagahau aki ke he gahua nei.



The Niue community's experiences during the COVID-19 pandemic
Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19

Greetings. Fakaalofa Lahi Atu.

We will be conducting tala/narrative interviews so that we can hear from the Niue community about their experiences during the COVID-19 pandemic and attitudes about vaccine.

To takitaki e mautolu e tala/fevagahau ke he tau tagata Niue ke logona mai lautolu tau talahauaga he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19 poke ha lautolu a tau manatu hagao ke he huki fakagata.

The purpose of this pre-interview screening survey is to help us learn more about your background and experiences related to the tala/interview topics. Your answers will help ensure that we interview a diverse group of the Niue community and that we hear a range of perspectives on the topics.

Ko e kakano he fevagahau fakamua nei ke kitekite fakatonu ke maama hau tau gahua poke mahani hagao ke he tau matapatu ka tutala/fevagahau ki ai. Hau a tau tali ke lagomatai mai a mautolu ke fifili e tau tagata Niue ne nonofo he tau maaga kehekehe, mo e logona foki ha lautolu a kitekite ke he tau matapatu kupu he gahua nei.

We are looking for respondents who: Kumi a mautolu ko hai:

- identify as being ethnic Niuean. e tagata Niue.
- are 12 years or older. 12 e tau ki luga.

This survey should take between 5-10 minutes to complete, and your responses will be kept confidential. Please answer all questions to the best of your ability and honesty.

Ko e kitekite nei, 5-10 miniti to osi, to nakai fai tagata ke iloa hau a tali. Fakamolemole tali oti e tau huhu, mo e hau a fakamooli.

Please read the Participant Information Sheet, and then proceed to the survey to participate in this study.

Fakamolemole totou e pepa nei, mo e matutaki ke he tau kupu huhu he ako mo e kumikumiaga nei.



Participant Information Sheet Talahauaga ke he tohi nei

The Niue community's experiences during the COVID-19 pandemic

Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19

Date Information Sheet Produced: Aho Talaga he fakalioaga: 28/04/2023

This is an invitation from the research team at Monū Education & Social Services Trust (MESST) and Auckland University of Technology (AUT):

Ko e ole atu nei mai he matakau ha Monu Education & Social Services Trust (MESST) mo e Auckland University of Technology (AUT):

What is the purpose of this research? Ko e heigoa e kakano ke he kumikumiaga nei?

This is a Ministry of Health funded research to investigate key experiences of the Niue community during the COVID-19 pandemic. This understanding will help to develop strategies to support future vaccination initiatives, and to highlight areas that may need to be addressed to improve health outcomes for Pacific communities.

Ko e palepale ne moua mai he faahi Gahua Malolo Tino ke kumikumi e maama he tau tagata Niue hagamoo ke he COVID-19. Ke fakalaulahi taha lagatau ke toko aki e huki fakagata a taha aho, mo e puhala ne mua e mitaki ke fakakite ke lata foki ma e tau atu-motu.

How was I identified and why am I being invited to participate in this research?

Ko e puhala ne matutaki mo koe moe kakano he uiina ke eke a koe mo taha tagata ke fai talahauaga ke lata moe kumikumi aga nei?

We are inviting members of the Niue community in New Zealand who are aged 12 years and above to participate in this study. Children between the ages of 12-15 will be identified through their parents. Members of the Niue community have been identified through connections with MESST, community meetings and information sessions, and social networks/messages. You may have previously participated in the survey (stage 1 of the research) and have consented to being contacted for narrative interviews (stage 2 of the research).

Ko e kumikumiaga nei kua fifili kia lautolu kamata mai he 12 e tau tau he moui. Kua manako ke iloa e haau a tau manatu ko e tagata Niue poko koe ne tupu mai he tau tagata Niue. Iloa mai ka, ha koe haau matutaki mai ia MESST, po ke tau fono ke he tau maaga kehekehe. Ha ko e hau a matutakiaga ke he gahua nei (Veveheaga 1 ke kumikumi), mo e talia ke matutaki atu ke fevagahau (Veveheaga ke 2 ke kumikumi).

What are the benefits? Ko e falu a tau fua mitaki ka moua mai he kumikumiaga nei?

This is a chance for you to share your views and experiences during the COVID-19 pandemic. We want to learn about the key experiences of the Niue community during the COVID-19 pandemic. What we learn will also be used to inform the development of future vaccination initiatives and help to highlight areas that need to be addressed to improve health outcomes for the Niue community within the wider Pacific communities in Aotearoa New Zealand.

Ko e mogo ha nei haau ke fakakite mai haau a tau manatu mo e tau mena ne felau mo koe ha ko e gagao Covid-19. To fakaoga e tau kumikumiaga nei ke lagomatai aki e talaga aga he tau vai huki fakagata mo e eke foki ke kitia e falu a tau faahi ne kua lata ke fakamalolo mo e lagomatai aki e tau tagata Niue ke he tau matakavi ne nonofo ai a lautolu I Niusilani.



How do I agree to participate in this research and what will happen?

Ko e puhala ke talia ke eke mo taha tagata he kumikumiaga nei?

Firstly, you can complete the pre-interview survey to help us learn more about your background and experiences related to the tala/interview topics. Your answers will help ensure that we interview a diverse group of the Niue community and that we hear a range of perspectives on the topics. You can fill in the pre-interview survey either online or the paper version. Please note that completing this pre-interview survey does not guarantee your involvement in the interview.

Ko e tau puhala ke taute aki e kumikumiaga nei. Fakamua, ko e tau huhu fakamua ke kitia e hau a nofoaga, tau manatu, mo e hau a tau gahua hagao ke he tau matapatu he kumikumiaga nei. Hau tau tali, ke lagomatai ke fifili e tau tagata ne nonofo he tau matakavi kehekehe. Maeke a koe ke fakahu e lagaki hila po ke lomi pepa. Pete ni ka fakapuke e koe e tau huhu fakamua, to nakai iloa to matutaki a koe ke he tau huhu ke ua aki.

If you are selected for the interview, a member of the research team will contact you to arrange a time and place that is convenient for you to conduct the interview. You can give your consent to participate in this tala/interview by completing a Consent Form before the tala/interview. The tala/narrative interview will ask questions to find out more details about your experiences during the COVID-19 pandemic, your experiences and concerns about the COVID-19 vaccine, and what you want to see happen in future initiatives. The transcript of the interview will be sent to you for checking. Please confirm that the information in the transcript is correct or if there are changes, please let us know within two (2) weeks so that we can make changes, if any. If we do not hear from you within two (2) weeks, we will take it as the transcript is correct. Your viewpoints will help us to understand, improve and support future health and vaccination initiatives of the Niue community and other Pacific communities. Participation is voluntary and you have the right to withdraw at any stage by informing the interviewer/researcher.

Ka eke kua fifili a koe ke fevagahau/tala, to matutaki atu a mautolu kia koe, fifili e koe, a fe e magaaho kua lata mo koe ke fevagahauaki/tala. Tohi hifo hau a talia ke fevagahau/tala he laupepa ato kamata e fevagahau/tala. Hagao e fevagahau/tala ke he hau a tau manatu, mo e tau mena hau ne iloa he magaaho ne tupu ai e gagao COVID-19. Ko e heigoa hau a falu mena ne fia loto a koe ke kitia a taha aho. To fakafano atu e tau tali ne moua mai he fevagahau/tala kia koe. Ke iloa hau a manamanatu mo e loto matemate kelea. To fakafano atu kia koe e tau fevagahau/tala ka oti, ke fakamooli, koe hako nakai e tau mena ne tohi hifo. Fakailoa mai ka nakai hako, ua (2) e fahi tapu ke hiki tau mena kua nakai hako. Ka nakai matutaki mai a koe he ua (2) e fahi tapu, kua fakamooli tai e tau kupu hau. Hau a kitiaaga, mo e maama, ke lagomatai aki taha aho ke he faahi gahua fakamalolo tino, mo e falu a tau lagatau hagao ke he huki fakagata ke he tau tagata Niue, mo e falu atumotu. Hai ia koe ni ka fifili ke talia po ke nakai talia ke he gahua nei. Maeke ia koe ke fakaoti noa, ka e fakailoa ke he tagata ne takitaki e fevagahau/kumikumi.

What are the costs of participating in this research? Ko e heigoa e tau he kumikumiaga nei?

Research will not cost you apart from your time. The pre-interview screening questionnaire should take 5-10 minutes to complete. The tala/narrative interview should take about 60 minutes to complete. A \$100.00 supermarket gift voucher will be provided to participants who complete the tala/interview, in appreciation for your time.

Nakai fai mena ka mole he kumikumiaga nei, kae hau taimi. Ku a fakataitai ko e 5-10 e tau miniti ke fakapuke e tau huhu fakamua. Ko e tutala/tala fevagahau 60 e tau miniti. Ko e mena fakalofa \$100 ke palepale kai ha ko e hau a talia/taimi, ke he fevagahau/tala nei.



What are the discomforts and risks?

Ko e heigoa e tau mena ne ai hagahaga mitaki moe hagahaga kelea?

If any uncomfortable thoughts or emotions arise after reflecting on your answers in this tala/narrative interview, you may want to talk to someone close to you. You can find more information from the following support services:

- For general health advice and information call Healthline on 0800 611 116 anytime.
- For COVID-19 health advice call 0800 358 5453 anytime.
- For COVID-19 vaccination advice call 0800 28 29 26 (8am - 8pm 7 days a week)
- Need to talk? Free call or text 1737 any time for support from a trained counsellor.

Ka eke kua fai mena ne laga mai he tau kumikumiaga nei ke he haau a tau manamanatuaga moe manako foki a koe ke tutala kia ia ne mahani mo koe. Hanei foki e tau matakau gahua fakatufono ke hea atu ki ai ke moua mai e tau lagomatai foki:

- Ke lata moe tau malolo tino kehekehe ti hea atu ke he matakau Healthline he numela 0800 611 116 he ha magaaho noa ni.
- Ke lata mo e tau fakalioaga malolo tino ke lata moe COVID-19 ti hea atu kehe numela 0800 358 5453 he ha magaaho noa ni.
- Ke lata mo e fakalioaga huki fakagata COVID-19 ti hea atu he numela 0800 28 29 26 (matahola 8 pogipogi ke tuku mai he matahola 8 afiafi)
- Ka fia tutala? Hea no ai fai totogi poke tohi atu kehe numela 1737 he ha magaaho noa ni ke tutala mo e tutala kehe tagata lagomatai.

How will my privacy be protected? Ko e tau puipuiaga ke lata mo koe?

The responses you give in this tala/narrative interview is confidential. Pseudonyms or fake names or codes will be used so that your responses will not be identified during the analysis and in the research outcomes. Reports generated will be stored securely and will only be accessible by the research team.

Ko e tau tali haau ke he tala nei to nakai fai taha ke iloa. To fakaoga e higoa fakavai po ke numela ma hau, ke nakai iloa he taha ko koe. To toka kehe e haau a tau numela nakai lafi poke fio he potaaga he tau lagaki kumikumiaga. Ko e matakau kumikumi ni kua fakaata ke iloa.

What opportunity do I have to consider this invitation ?

Ko e heigoa haaku ke moua ka manamanatu e ole nei?

You will have approximately two weeks to consider whether you would like to participate in this study, or until the end of stage two-Tala/narrative interviews.

Kua tuku atu ua e faahi tapu ke talia ti Fakailoa mai ko e talaia poke nakai ke eke ke gahua auloa kehe kumikumiaga nei.



Will I receive feedback on the results of this research ?

Moua mai nakai e au tau mena ne moua ai he kumikumiaga nei?

A summary of the results will be published online at the end of this study and can be requested by contacting the Research Team. Community meetings will also be held to disseminate the key findings of this research. The findings of the research will be written up for publication and will be presented at relevant conferences, and key findings will be shared with relevant organisations to inform future practice.

To tuku e taha lagaki potaaga manatu katoatoa ke he initanete ka oti e tau kumikumiaga nei. Ka manako ke he taha lagaki ti matutaki atu ke he matakau kumikumi. To taute foki e falu a tau fono ke lata moe tau matakau kehekehe ke fakailoa e fakahikuaga he tau kumikumiaga nei. To lolomi foki e tau tohi vakai moe fakapulua ke he tau toloaga lalahi mai he tau Aoga Tokoluga mo e tau kautaha mai he lalolagi lahi ke lagomatai moe fakalaulahi e falu a maamaaga foou.

What do I do if I have concerns about this research?

Fai manatu foki au ka laga mai he taua kumikumiaga nei?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor- Dr Kelvin Lau kelvin.lau@aut.ac.nz.

Ka eke kua fai manatu foki hagaaio ia kehe kumikumiaga nei ti matutaki fakamafiti atu kia ia e takitaki he kumikumiaga nei ko Dr. Kelvin Lau he kelvin.lau@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH (Auckland University of Technology Ethics Committee), ethics@aut.ac.nz, (+649) 921 9999 ext 6038. You can also contact the Chair of MESSTEC (Monū Education & Social Services Trust Ethics Committee), Dr Barbara Hock, ethics@messtec.ac.nz.

Tau manatu fakatupetupe ti matutaki atu ke he Tohi Kupu Lahi he matakau AUTECH (Auckland University of Technology Ethics Committee), ethics@aut.ac.nz, (+649) 921 9999 ext 6038. Matutaki atu foki kehe takitaki lahi ha MESSTEC (Monū Education & Social Services Trust Ethics Committee), ko Dr Barbara Hock, ethics@messtec.ac.nz.

Whom do I contact for further information about this research? Ko lautolu ke matutaki ki ai?

Please download and keep this [Participant Information Sheet](#) for your future reference. You are also able to contact the research team as follows:

Fakamolemole to fakamau e taha lagaki ke lata moe "[Talahauaga ke he tohi nei](#)". Maeke foki ke matutaki atu kehe matakau kumikumi ko hana I lalo:

Researchers contact details: Ko e tau tagata kumikumi:

Ko Dr Kelvin Lau kelvin.lau@aut.ac.nz

Ko Elvino Togiamua elvino.togiamua@monu.ac.nz

Ko Cecily Mary Eruthayam cecily.eruthayam@monu.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 29/5/23, AUTECH Reference number 22/279.

Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 29/5/23 fakatonutonu, AUTECH numela ke fakamoli ki ai 22/279.



1.1. Which ethnic group(s) do you belong to? (Please select all groups that apply).

Ko e atu motu fe ne tupu mai a koe? (Fakamolemole fifili oti ka fakalata).

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Niue | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Māori | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Cook Islands Māori | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Other Pacific peoples (Please specify). Falu tagata he atu pasifika (fakatonu la)
_____ | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Pakeha/New Zealand European. Palagi/Niusilani. | |
| <input type="checkbox"/> Others (Please specify.) Fai foki nakai (fakatonu la) _____ | |

1.2 Which of these age groups do you belong to? Ha fe e atuhau haau?

- 11 years or younger. Hogofulu ma taha (11) e tau ki lalo.
- 12-15
- 16-30
- 31-49
- 50 and over. Limagofulu (50) e tau ki luga.

As we are interested in the experiences of the Niue community in this study, you must identify as having Niue descent for your responses to be recorded. You must also be 12 years old and over to participate. Thank you for your interest.

Manako a mautolu ke iloa e tau tala he tau tagata Niue he kumikumiaga gahua nei. Ka tagata Niue ni ke maeke ke tali mai e tau hūhū nei. 12 e tau ki luga a koe to eke gahua nei. Fakaue ke he haau a fialoto.

2.1 What gender do you identify as? Ko e tagata ha a koe?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Male. Taane. | <input type="radio"/> Gender diverse. Loga tau faga. |
| <input type="radio"/> Female. Fifine. | <input type="radio"/> Prefer not to answer. Ai manako ke talahau. |

2.2 How many children are in your care? Toko fiha e fānau e leveki e koe?

- None. Nakai fai.
- Please enter the number of children in your care. Fiha e tama hau. _____
- Prefer not to say. Nakai loto ke talahau.



2.2b Do you have children between the ages of 12-15 years who might be interested in participating in the interview?

Fai fanau nakai ke he 12-15 e tau kua manako ke tutaki ke he fevaghau nei?

Yes. E.

No. Nakai.

2.3 Where do you live now? Nofo a koe I fe mogonei?

Auckland Central. Uho taone Okalana.

North Shore. Faahi Tokelau.

South Auckland. Faahi Toga.

West Auckland. Faahi Lalo.

Hamilton

Wellington

Christchurch

Dunedin

Niue

Others (Please specify). Ka fai matakavi kehe poke motu kehe ti tohi hifo

2.4 What is your post code? Numela fakahu tohi? _____

2.5 Which of these best describe your household?

Ha fe tau talahauaga nei ne lata tonu mo koe?

Living alone. Nofo tokotaha.

Living as a couple with no one else. Ko mua tokoua ni.

Living as an immediate family (parents plus offspring only).

Magafaoa tonu (mamatua mo e tau fanau).

Shared household with extended family (parents, grandparents, etc).

Magafaoa taha mo e magafaoa laulahi (mamatua, tupuna).

Shared household with non-family or not related members.

Nofo tufa mo e taha tagata/nakai ko e magafaoa.

Other (please specify). Ko e taha (fakatonu la): _____

Prefer not to answer. Ai manako ke talahau.



2.6 How many years have you lived in Niue? Enter 0 if you have not lived in Niue.

Fefe leva hau ne nofo I Niue? Fakamailoga aki 0 ka nakai nofo i Niue.

_____ years.

2.7 Generally, how involved are you with the Niuean community?

Lahi fefe hau a gahua mo e tau tagata Niue?

1 - Not at all involved.	2 - A little involved.	3 - Moderately involved.	4 - Very much involved.	5 - Extremely involved.
Nakai gahua ki ai.	Gahua fakatote.	Falu a magaaho.	Gahua fakalahi.	Fakalataha tumau.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please let us know your details so that we can contact you to invite you to participate in the tala/interview.

Tala mai e hau a tupu mai, ke tutaki atu a mautolu e ole ke hau ke tu tala/fevagahau.

Name/Higoa: _____

Email/Meli hila: _____

Phone number/Numela foni: _____

Thank you very much for your time. Your answers will help ensure that we interview a diverse group of the Niue community and that we hear a range of perspectives on the topics. Please note that completing this pre-interview screening questionnaire does not guarantee your involvement in the interview. If you are selected for the interview, a member of the research team will contact you to arrange a time and place that is convenient for you to conduct the interview.

Fakaue lahi ke he hau taimi. Hau a tali ke lagomatai e tau tala/fevagahau mo e tau matakau kehekehe a Niue, ke fanogonogo kia lautolu maama haggao ke he tau matapatu. Kitekite fakatonu, ka oti e tutala/fevagahau nei, to nakai pehe to ole atu kia koe ke lata mo e fevagahau. Ka fifili a koe ke tutala/fevagahau, to ole atu he tagata matakau e taimi mo e maga ne lata mo koe ke tutala/fevagahau.



Consent Form Tohi ke Talia

Project title: The Niue community's experiences during the COVID-19 pandemic.

Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19.

Project Supervisors: Dr Kelvin Lau, Elviso Togiama, and Cecily Eruthayam

- I have read and understood the information provided about this research project in the Information Sheet dated 28/04/2023.
Totou mo e maama e tau fakamatala he tohi nei, hagarao ke he matagahua kumikumi, he aho 28/04/2023.
- I have had an opportunity to ask questions and to have them answered.
Kua tuku kia au e tokanoaaga ke huhu mo e moua mai e tau tali.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
Maama e au to tohi e tau fevagahau, mo e tapaki hila mo e tohi hifo e tau tala.
- I understand that my responses to the pre-interview survey may be used to give context to the interviews.
Maama ko e haaku tau tali ke he fevagahau fakamua, to eke ai mo e agaagai ke he fevagahau nei.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
Maama e au haku matutakiaga ke he ako nei, toka ia au e fifiliaga. Maeke ia au ke fano kehe he gahua nei mo e nakai fai mena ke utakehe ia au.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
Ka oti noa haku matutaki ke he ako nei, ko e tau mena ne foaki e au to nakai tohi hifo. Nakai, maeke ia au ke uta kehe tau mena ne tohi kua oti he fakamooli.
- I agree to take part in this research.
Talia ke tutaki au ke he kumikumiaga nei.
- I wish to receive a summation of the research findings (please tick one): Yes No
Manako au ke moua e tau fakakatoatoaga ka oti e kumikumiaga nei (hika taha): E Nakai

Participants signature: Seine e higoa:

Participants Name: Higoa :

Participant's Contact Details: Hāu a matutakiaaga:

.....

.....

Date: Aho:

Note: The Participant should retain a copy of this form.

Approved by the Auckland University of Technology Ethics Committee on 29/05/23 AUTEK Reference number 22/279.

Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 29/05/23 fakatonutonu, AUTEK numela ke fakamoli ki ai 22/279.



Youth Participant Information Sheet

Talahauaga he tau fuata ke he tohi nei

The Niue community's experiences during the COVID-19 pandemic Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19

Date Information Sheet Produced: Aho Talaga he fakalioaga: 2/6/2023

This is an invitation from the research team at Monū Education & Social Services Trust (MESST) and Auckland University of Technology (AUT):

Ko e ole atu nei mai he matakau ha Monū Education & Social Services Trust (MESST) mo e Auckland University of Technology (AUT):

Why are we interested in talking to you? Fia tutala a mautolu mo koe?

We would like talk to you because you are a part of the Niue community, and you have been identified by your parent.

Fia tutala a mautolu mo koe, ha ko koe, ko e tagata Niue, fakamooli mai e hāu tau matua.

We want to find out how children, like yourself, experienced the COVID-19 pandemic, because your thoughts, ideas, and experiences are really important.

Manako a mautolu ke kumikumi, ko e fefe e tau manamanatuaga he tau tama, tuga a koe, he mogo ne tupu ai e gagao: COVID-19 pandemic.

We want to ask you a few questions and listen to what you have to say about the COVID-19 pandemic. We can talk to you at your home, or at a public place such as the library or community centre.

Manako a mautolu ke huhu falu huhu mo e fanogonogo kia koe, e hāu talahauaga hagaa he mogo ne tupu e COVID-19. Maeke a mautolu ke tutala kia koe he kaina hāu, po ke tutala he fale/fale pepa he tau tagata he maaga.

We want to understand the experiences of the pandemic through your eyes. There are no right or wrong answers – we simply want to hear your honest feelings and experiences.

Nakai fai hako, po ke hepe e tau tali-Fia loto ni ke logona hau a loto mooli hagao he magaaho nei.

What do we do with your answers? Fakaoga fefe e mautolu hāu a tau tali?

When you share your answers, we treat your words with care and respect.

Hāu tau tali mai ka moua, to mailoga mo e fakalilifu e mautolu hāu tau tali.

We use your answers to learn more about you, and about your community, to understand your thoughts and feelings, and help others get to know your community better.

To fakaoga e mautolu hāu tau tali iloa e hāu a nofoaga, manamanatuaga mo e hāu a loto, ke eke ai e tau mena nei ke lagomatai falu tagata, mo e iloa foki falu kehekehe he tau tagata, ke kumi lagomatai ke lagomatai aki a lautolu.

Your answers will help us make better decisions, create reports and programmes, develop new ideas, or share knowledge with others. But remember, we will only use your answers



for the specific purpose of finding out about the Niue community's experiences during the COVID-19 pandemic.

Tau tali hāu ke eke ai e mautolu ke fifili mo e eke ai e talahauai ke he tau mena kua mua e mitaki. Ko e kakano he tau mena nei ke kumikumi aki ke iloa e falu lekua. Fakamanatu atu, to fakaoga ni e mautolu hāu tau tali e kakano he kumikumi nei, mo e tau nonofoaga he tau Niue, magaaho ne hoko e gagao nei, COVID-19.

Who will see my answers? Ko hai ka kitia hāku tau tali?

We understand that your privacy is important. That means we will not share your answers with anyone else unless we have your permission. Your name will not be shared with anyone.

Maama mo e iloa e mahuiga he tau mena kua lata ke puipui. To nakai tufa po ke fakakite hāu a tau tali ke he taha mo taha. Ko koe ni ka moua e pule ke fakakite hāu a tali. To nakai fakakite hāu a higoa ke he taha.

We will always respect your feelings and keep your information safe. Your opinion matters, and we want to make sure that you feel good about sharing your thoughts.

To fakalilifu tumau e mautolu hāu a tau manatu, to nakai talaage ke he taha.

Mailoga e mautolu hāu a manatu, mo e omoi ke he tau manatu mitaki hāu a loto ke tufatufa ke he taha tagata.

How long will it take? Fiha leva?

If you agree to take part in this study, please sign the Assent Form and also for your parent to give Consent. We will ask you about your thoughts, feelings and experiences for up to 1 hour. You will receive a \$100 supermarket gift voucher in appreciation of your time.

Ka talia e koe ke he gahua ako nei, ti saina la e pepa nei. Tuku atu foki ke he hāu a matua ke moua mai e fakaataaga ma au. Ole atu a mautolu kia koe ke fakakite mai hāu a manatu.

Taha e tula ka foaki atu ke he tau huhu nei. Ko e palepale ka foaki atu, ko e \$100 mena fakalofa (kai) ke lata mo e hāu a taimi ne foaki mai.

If you do not feel like answering a question, then you do not have to answer it.

Ka nakai talia e koe ke tali e tau huhu nei, maeke foki ke pihia.

If you want, someone from your family can sit with you while we ask you questions.

Ka manako a koe ke fifili taha tagat he magafaoa ke fakalataha mo koe he magaaho nei, maeke ke pihia.

Please keep this Youth Participant Information Sheet for your future reference.

Fakamolemole fakamau e tau talahauaga he tau fuata ke he tohi nei ke lata taha aho.

If you have any questions about why we are interviewing you or about anything related to the interview, please feel free to ask the research team:

Ka fai huhu a koe ke he fevagahau nei, maeke ke huhu mai:

Ko Dr Kelvin Lau kelvin.lau@aut.ac.nz

Ko Elviso Togiamua elviso.togiamua@monu.ac.nz

Ko Cecily Mary Eruthayam cecily.eruthayam@monu.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 29/5/23, AUTEK Reference number 22/279.
Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 29/5/23 fakatonutonu, AUTEK numela ke fakamoli ki ai 22/279.



Parent/Guardian Consent Form **Matua/Tagata Leveki ke talia e tohi nei**

Project title: The Niue community’s experiences during the COVID-19 pandemic.

Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao COVID-19.

Project Supervisors: Dr Kelvin Lau, Elviso Togiama, and Cecily Eruthayam

- I have read and understood the information provided about this research project in the Information Sheet dated 28/04/2023.
Totou mo e maama e tau fakamatala he tohi nei, hagamao ke he matagahua kumikumi, he aho 28/04/2023.
- I have had an opportunity to ask questions and to have them answered.
Kua tuku kia au e tokanoaaga ke huhu mo e moua mai e tau tali.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
Maama e au to tohi e tau fevagahau, mo e tapaki hila mo e tohi hifo e tau tala.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw my child/children and/or myself from the study at any time without being disadvantaged in any way.
Maama mo e fifili e au e fakalataha ke he gahua nei (haku a fifili) maeke ia au ke uta kehe haku tama/fānau mo au foki, ke he gahua nei, nakai fai mena ka tupu ka manako au ke fakaoti mo e gahua nei.
- I understand that if I withdraw my child/children and/or myself from the study then I will be offered the choice between having any data that is identifiable as belonging to my child/children and/or myself removed or allowing it to continue to be used. However, once the findings have been produced, removal of our data may not be possible.
Maama ia au, ka fanokehe mai au he ako nei, tuku mai kia au e fifiliaga ke uta e tau mena ne fakatonu mai kia au, po ke tokahifo ke ekemau ke he gahua nei. Magaaho, ka fakamooli e tau gahua ka moua mai he kumikumiaga nei, to nakai maeke ke uta kehe.
- I agree to my child/children taking part in this research.
Talia ke fakalataha haku tama/tau fānau ke he kumikumiaga nei
- I understand that my child is able to refuse to give assent to take part in this research.
Maama e au maeke haku tama ke fifili ke nakai fakalataha ke he kumikumiaga nei
- I wish to receive a summary of the research findings (please tick one): Yes No
Manako au ke moua e tau fakakatoatoaga ka oti e kumikumiaga nei (hika taha): E Nakai

Child’s name: **Higoa he Tama:**

Parent/Guardians signature. **Seini he Matua/Tagata leveki :**

Parent/Guardians Name: **Higoa he Matua/Tagata leveki :**

Parent/Guardians Contact Details: **Matutakiaga he Matua/Tagata leveki:**

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.....

Date: **Aho:**

Note: The Participant should retain a copy of this form.

Approved by the Auckland University of Technology Ethics Committee on 29/05/23 AUTEK Reference number 22/279.
Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 29/05/23 fakatonutonu , AUTEK numela ke fakamoli ki ai 22/279.



Assent Form Tohi ke talahau, kua mitaki

Project title: The Niue community's experiences during the COVID-19 pandemic.

Ko e tau talahauaga he tau tagata Niue he magaaho ne tupu ai e gagao ne fakahigoa ko e COVID-19.

Project Supervisors: Dr Kelvin Lau, Elviso Togramua, and Cecily Eruthayam

- I have read and understood the sheet telling me what will happen in this study and why it is important.
Totou mo e maama e au e tau tohi nei, ne talahau mai ke he tau mena mohuinga ka tupu mai i ai.
- I have been able to ask questions and to have them answered.
Kua tuku kia au e tokanoaaga ke huhu mo e moua mai e tau tali.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
Maama e au to tohi e tau fevagahau, mo e tapaki hila mo e tohi hifo e tau tala.
- I understand that I can stop being part of this study whenever I want and that it is perfectly ok for me to do this.
Maama ia au, ka loto au ke oti noa mo e gahua nei, maeke ke pihia.
- If I stop being part of the study, I understand that information I have given will not be included in the study. I also understand that sometimes, if the results of the research have been written, some information about me may not be able to be removed.
Ka oti noa haku matutaki ke he ako nei, ko e tau mena ne foaki e au to nakai tohi hifo. Nakai, maeke ia au ke uta kehe tau mena ne tohi kua oti he fakamooli.
- I am aware that I can ask to have an adult/matua to support me during the interview.
Mailoga e au ke ole taha matua I kaina ke lagomatai he magaaho ka fevagahau
- I agree to take part in this research.
Talia ke tutaki au ke he kumikumiaga nei.

Participants signature: Seine e higoa:

Participants Name: Higoa :

Participant's Contact Details: Hāu a matutakiaaga:

.....

.....

Date: Aho:

Note: The Participant should retain a copy of this form.

Approved by the Auckland University of Technology Ethics Committee on 29/5/23 AUTEK Reference number 22/279.
Ko e tonuhia moe fakaataaga kua moua mai Auckland University of Technology he komiti 29/5/23 fakatonutonu, AUTEK numela ke fakamooli ki ai 22/279.