

## **Manalagi Talanoa: A community-centred approach to research on the health and wellbeing of Pacific rainbow LGBTIQ+ MVPFAFF communities in Aotearoa, New Zealand**

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### **ABSTRACT**

The Talanoa reported in this paper explores the way the Manalagi Project – recently funded by the Health Research Council of New Zealand – has been designed to empower the health and wellbeing of our Pacific Rainbow communities. Community-driven, co-designed and embedded, the Manalagi Project adopts a Pacific-centred holistic approach to wellbeing and research. Positioned at the beginning of its community consultation phase, this Talanoa between the two lead researchers, one who is an academic and the other a community practitioner, documents the genealogy of the project embedded in lived experiences and relationality through Talanoa. It speaks to the importance and timeliness of the project; the suitability of the research team; and intervenes in conversations around how we can activate Pacific research methodologies and praxis as a way to empower our communities to achieve their health and wellbeing aspirations. The findings from this Talanoa demonstrate the criticality in adopting intersectional approaches to understanding the differentiated and contextualised health and wellbeing needs of diverse Pacific communities.

**Key words:** Pasifika, rainbow community, Talanoa

### **INTRODUCTION**

Announced in mid-2020, the Manalagi: Aotearoa Pacific LGBTIQ+ (Lesbian Gay Bisexual Transgender Intersex Queer/Questioning Asexual+) MVPFAFF+<sup>1</sup> (Māhu Vakasalewalewa Palopa Fa’afafine Akavaine Fakafifine Fakaleiti/Leiti) Health and Wellbeing Project is the first of its kind to be funded by the Health Research Council of New Zealand (HRC) as a Pacific health project.<sup>2-3</sup> Manalagi is a three-year project that involves a co-community designed survey, balanced with qualitative data gathered using the Talanoa methodology. It aims to capture a sample of 500-1000 survey respondents, with an additional sixty Talanoa to be conducted with individuals across New Zealand.<sup>4</sup> As lead researchers, we present this paper as a way to provide insights into the genealogy of the project, its conception, its design and its justification. This includes an outline as to why we believe Manalagi is needed, why now and why us specifically, as a way to unpack the potential of research to advance the health and wellbeing aspirations of our communities in which we are both embedded. This paper is structured using a brief thematic Talanoa that

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embeds interpretations around speech lifted directly from the in-person Talanoa centred in the paper as anchoring points for analyses and building important insights.<sup>5</sup>

### **METHODS: TALANOA**

Talanoa – the ongoing discussion in relational space – is an established Pacific methodology to maintain vā.<sup>6-11</sup> Talanoa as a research method can be described as a personal encounter where

people story their issues, their realities and their aspirations.<sup>12</sup> It is guided by rules of relationship building and kinship, where participants actively probe, challenge and add their own opinion and stories to the discussion.<sup>13-14</sup> As Linda Tuhiwai-Smith notes, Indigenous knowledge takes a myriad of forms, including community storying and storytelling, which both recounts existing genealogies and produces new ones.<sup>15</sup> Our methodology was executed through a Talanoa between the principal investigator (PI), an academic based at the University of Auckland, with a key associate investigator who is a renowned community practitioner, activist and scholar in their own right. These two varied perspectives and standpoints bring together key elements of Pacific research that emphasises the need to connect research praxis with community embeddedness and knowledge.<sup>5</sup>

Both investigators are members of communities impacted by the Manalagi Project as a Sāmoan gay man and fakafifine, trans woman of Niuean heritage. The following thematic Talanoa argues that the Manalagi Project attempts to fill an essential gap that exists in our knowledge bank on the determinants of positive health and wellbeing outcomes for our communities. This relates to intersecting forms of stigma and discrimination that coalesce in not only the bodies of Pacific Rainbow LGBTIQ+ MVPFAFF+ communities, but can be traced through the narratives of the lead researchers, whose lived-experiences were crucial to the formation, design and potential success of the Manalagi Project.

### **CRITICALITY OF AN INTERSECTIONAL APPROACH TO PACIFIC RAINBOW HEALTH RESEARCH**

*"I think what's key in all settings, be it health, justice, education etc. - for our communities - is understanding how factors that impact access to services for us often first and foremost come down to trust. As a result of previously experiencing multiple forms of intersecting discrimination - whether based on sexuality, gender identity, gender expression, ethnicity, economic status etc. - affect the simple things for us. Even walking through a door at a medical centre to ask for help can be a difficult activity. Our past experiences teach us that people don't want to help us or automatically judge us from our appearance. Something as simple as the opening hours of clinics then becomes an issue. Some trans women I speak to do not want to go out during the day in public where their safety is at risk. Yet, we do not have any after-hours clinics in New Zealand anymore beside emergency rooms in hospitals."*

For trans communities, transphobia harms their ability to seek out appropriate healthcare, and when they do, very often gender-affirming services are either too expensive or not offered at all.<sup>16</sup> For Pacific trans women then, as an example, Kimberlé Crenshaw's articulation of intersectionality<sup>17</sup> compels us to examine how this experience could be even more fraught when transphobia, heterosexism and racism collide. In the Counting Ourselves survey, 67% of trans, non-binary LGBTIQ+ as respondents, reported feeling unsafe in public.<sup>16</sup> In this excerpt from our Talanoa, a quotidian experience of visiting a medical centre to ask for help is storied and complicated by varying levels of trust in healthcare service providers.

This suggests that for many in Pacific communities, the departure point in an experience with our health system begins in the relational. Parts of our communities are not likely to seek out healthcare treatment without trust in health services, which is well-documented in public health literature when it comes to marginalised groups.<sup>18</sup> Why intersectionality is helpful here is that it is attentive to suspicions of how experiencing discriminatory healthcare connects directly to notions of physical safety before cultural safety can even be discussed. This necessitates more nuance in speaking about the racialised and socioeconomic factors that impact health and wellbeing for our communities.

### **BROADENING OUR UNDERSTANDING OF ACCESS AND IMPACT FACTORS**

*"Many trans people don't want to go out in the middle of the day where they receive harsh, negative comments about being trans if they're not immediately passing. But if you are going to get a hip replacement, no matter what age you are, you get offered a taxi to go to your appointment, so that process is very anonymous. Whereas for a lot of trans people without access to their own transport, they have to use public transport. We know trans people are discriminated against in the workplace, (so are Pacific people) which makes it difficult for them to earn a meaningful income that will allow them to buy a reliable car. That means that it makes them more unlikely to want to go to the healthcare provider if they have to use a bus as you stand at a bus stop exposed to the whole world where you never know if someone's going to shout something horrible at you. I know many trans people that have to catch trains in particular who experience abuse and feel unsafe as it's a*

*mode of transport where there's no one there to intervene. Relatedly, 8/10 clients I work with are going to get paid on a Wednesday, and then money's gone by Thursday because of bills, rent and food. So, if your appointment is on Friday, or the following Monday or Tuesday, you know in your head that you're not going to get to your appointment, because you're not going to get paid again until Wednesday."*

Through lived experience, a gap is identified that relates to how we understand access and interventions based on one's physical condition. A person who is likely to have mobility issues after a procedure such as hip surgery is recognised as needing assistance, yet the issue of safety for trans communities in particular is not well integrated. A cost-benefit analysis may need to be carried out on whether it could be more efficient to support trans communities' transportation assistance over the cost to the system that cancelled appointments carry and the opportunity cost of not intervening early into health issues Pacific trans communities may be facing. Further, quality of life is considered an important indicator of wellbeing and this shift in thinking has been reflected in the Wellbeing Budget adopted by the Ardern government.<sup>19</sup> The Manalagi Project will need to be attentive to understanding whether our communities can even get to a healthcare service, before we can even consider capturing what their experience with a healthcare provider is.

Broadening our understanding of access also plays out in the way we understand the impacts of employment discrimination. Counting Ourselves demonstrated that trans communities in New Zealand face harsh barriers when searching for work.<sup>16</sup> This is replicated for Pacific communities as well, where we know in New Zealand racism impacts health outcomes negatively for Māori and Pacific communities.<sup>20-21</sup> This excerpt demonstrates the intersectional criticality of this point, as limited means for many Manalagi impacted communities is already correlated with workplace discrimination. There is also a suspicion here that something as simple as timing when appointments are scheduled can impact the likelihood of members of our communities showing up to appointments.<sup>22</sup> When we take both factors into account, for Pacific, trans and other Manalagi impacted communities and individuals, the chances of receiving and accessing appropriate care that gives them the best opportunity for their health and wellbeing to thrive, becomes lower.

## **RELATIONALITY, CO-COMMUNITY EMBEDDEDNESS AND CO-DESIGN: IMPLEMENTING AN INTERSECTIONAL APPROACH TO PACIFIC RAINBOW RESEARCH**

*"What I love about Manalagi is that it speaks to pride and respecting the dignity of our communities. To the point of co-design, one thing that's unique about Manalagi is that it is led by members of our Manalagi impacted communities across the board from conception, design, consultation and implementation. This is vital. Surveys are often extractive; members of our communities are bringing our stories of trauma to bear on the design of this project. People trust us, you and I have genealogical connections to many people within Manalagi impacted communities. The fact you designed the proposal as exactly that: co-designed with a commitment to involve the community, placing them at the heart of the project, speaks volumes in not only the values that informs Manalagi, but its potential success for our communities. Our people will tell us if we're off the mark. They'll tell us because they know us. And it was my own long-standing connection with you and your family that got me excited about this project, knowing the energy and spirit your work brings to the mana of our communities meant I was willing to jump on-board."*

Pacific worldviews and research ethics emphasise the idea of relational connections as the foundational basis of not just social and kinship activities but also knowledge generation.<sup>23</sup> We argue through this excerpt that the concept of relationality must be understood in a meaningful and grounded way when conducting Pacific research. The idea of relationality, where individuals are positioned in a myriad of genealogical and social relationships as the foundation for notions of understanding the self as a relational being<sup>24</sup> has long been discussed by Pacific Studies scholars in a variety of critical ways and settings to illustrate the interconnectedness of Pacific communities, cultures and peoples.<sup>25</sup>

In the Manalagi context, there are two key routes in which these concepts are being enacted. The first speaks to involving communities in ways that acknowledge that our people live in relational realities that necessitate a broader examination of social determinants to health outcomes that incorporates this worldview. This means approaching community, identity, church and familial institutions as integral to wellbeing for Pacific communities<sup>26</sup> that may not be

immediately apparent for Rainbow populations in general. The second is through activation of the research team who are positioned appropriately to be able to conduct the research. For the research team, mutual trust and respect between the community practitioner and an academic as PI, was based on relational connections established from within the communities Manalagi aims to serve.<sup>27</sup> This is important, we argue that no matter how well-intentioned, the optics of community legitimacy in research that seeks to understand experiences of the marginalised is crucial to the success of research that impacts our communities.

The Manalagi Project has two major forms of data gathering planned. Aside from the co-community designed survey, roughly a year-long individual Talanoa series will span the length of the country in attempting to capture the lived experiences of communities covered by Manalagi in qualitative form. Our lived experience teaches us that some of the stories that many members impacted by the work of the project will share, are likely to be laced with trauma. This increases the criticality of the positionality of the researchers in being entrusted with these stories and urges them to treat narratives as taonga connected to genealogies embodied in the spirit and mana of participants. This level of trust and legitimacy for the lead researchers can only be bestowed by the community and epistemologies of the academy are inadequate here to capture all the nuances that exist in this context.

### **COMPLICATING THE RAINBOW - MANALAGI'S MANA-FOCUSED APPROACH TO PACIFIC HEALTH RESEARCH IN NEW ZEALAND**

*“One of the hardest things with this project was actually finding a name for it. When I initially sent in the proposal, I just left in the Sāmoan word for rainbow, (nuanua) as a placeholder as I went through the process of searching for the right term. Finding an inclusive term that doesn't encourage different identity points to be in disharmony with each other was so difficult to negotiate. Some members of our community connect more to LGBTIQ+, some detest it. Some cannot stand the term queer. Some dislike the history of the rainbow being appropriated by the LGBT movement. I think for me it was important to try and find a term which took us away from those divisions as the starting point of the research. Rather, choosing to leverage what we're talking about here in reference to holistic views of health and wellbeing. That means focus should be on acknowledging*

*everyone in our communities has intrinsic mana that is sanctioned from beyond this realm. It is sanctioned by the heavens, the lagi/langi/rangi and is embodied in all of us. This is a strength-based approach and I argue that we all have a responsibility to uphold the mana of all who are part of wider Pacific communities. This reframing is key to the research approach as it allows us to hold differences in respectful ways through the tensions that exist in relationality with each other. That's how I settled on Manalagi and I'm glad to know that as a concept, it's something that you could relate to and understood immediately when I explained it to you.”*

Colloquially and crucially for health researchers, non-normative gender and sexualities that have coalesced under acronyms such as LGBTIQ+ and the Pacific-specific mnemonic MVPFAFF+<sup>28</sup> have come to be framed as an alphabet soup with a dizzying array of diversity within them.<sup>29</sup> Some argue that this alphabet soup can have the impact of reducing the legitimacy and practicality of claims to reform offered by many researchers who are embedded within this space.<sup>30-31</sup> For the Manalagi Project, this was clearly an important determining factor in not only design as a Pacific health and wellbeing project, but also in the way it was to be named. Naming practices in many different Pacific cultures are vital in illustrating the connection of individuals and organisations to wider genealogies within villages, communities and generations.<sup>32</sup> In this excerpt, we can see that the lead researchers leaned into Pacific concepts to overcome the gaps associated with an alphabet soup by creating a term that combined two Pan-Polynesian concepts, mana (spiritual authority) and lagi (Samoan spelling of the heavens and skies) to redirect the focus to holistic ideas of wellbeing tied to the spirit of individuals.

### **CONCLUSION: CHARTING OUR OWN RESEARCH COURSE FOR MANALAGI IMPACTED COMMUNITIES**

*“It's the sacred aspect in encouraging pride in ourselves for me. The pointing upwards, bringing the heavens into our horizon. It means this project is being guided by a vision. I love the fact that it is built in relation to the heavens and is connected to the stars because it draws in navigation, an important knowledge and technology of our ancestors. This is a journey, a path and builds forward momentum, it is inclusive.*

*The rainbow has a different context in Pacific worlds. In Niue it's the symbol of our most revered and ancient god Tupua Tangaloa and Niueans believed that if you looked into the rainbow it would bring on bad omens. For Samoans, it's used as the symbol for the disability community and Hawai'i uses it as its symbol as the Rainbow State – there's a bit of history there that our uncritical use of the term means that we can't always bring each other together through this symbol. The Manalagi Project is about creating our own pathway through research that empowers our communities to be whoever they want to be."*

To conclude this brief thematic Talanoa, we wish to end with this excerpt that encapsulates the essence of the project. We are not foolhardy and green enough to claim that what we are doing is completely new. Data on Rainbow, LGBTIQ+ MVPFAFF and Pacific communities can be extracted tangentially from other studies, which have been mentioned here. Data can additionally be extracted from international studies including the UNAIDS Gap report in 2014 which focused on those being left behind in the global effort to end the public health threat of AIDS.<sup>33</sup> Comparative conclusions around access to health care were made by the Asia Pacific Transgender Network in 2017 which gathered data from 15 countries.<sup>34</sup> While useful, these studies are not embedded in the unique Aotearoa diasporic context, necessitating the need for a project like this. Furthermore, Manalagi is unique in that it asks crucially: when we place our communities at the centre of our work, what specific and contextual insights/nuances are there, and how can we best leverage this to improve the lives of Pacific communities?

What we know and have articulated here as researchers connects to the experiences and knowledges that exist within our communities, thus, we are not the first to speak of the criticality of a project such as this. What we *do* advance here is a commitment to finding better ways to do this research that centres the communities that are most impacted by the Manalagi Project's remit. Further, we are committed to helping our communities write, chart and build their own path. No one knows what they need more than the communities and individuals who create and sustain these spaces of relationality.

This final excerpt demonstrates the urgency of being able to map out what the Pacific-specific, Aotearoa-situated LGBTIQ+ MVPFAFF agenda and futurity may look like. The rainbow that shines over non-normative sexual and gender

realities does not necessarily stretch to cover our Moana-Oceania region in ways that make contextual sense. Thus, our goal as researchers through the Manalagi Project, is also to create a scholarly infrastructure that shifts, centres and generates Pacific research for our communities that respects and enhances the mana of all, in pursuing optimal health and wellbeing outcomes for all Pacific peoples in Aotearoa.

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## REFERENCES

1. Phylesha Brown-Acton P and Peteru C. Strengthening solutions for Pasefika Rainbow keynote speech presented at GPS 2.0: Growing Pacific solutions for our communities national Pacific conference, Auckland New Zealand. [Available from: <https://www.leva.co.nz/uploads/files/resources/strengthening-solutions-for-pasefika-rainbow.pdf> accessed 19 January 2021].
2. Thomsen P. 2020. We're part of New Zealand's Pacific story. E-Tangata [Available from: <https://e-tangata.co.nz/reflections/were-part-of-new-zealands-pacific-story/> accessed 20 December 2020].
3. New health project for New Zealand's diverse Pacific Rainbow community. Samoa Observer [Available from: <https://www.samoobserver.ws/category/article/63989> accessed 20 December 2020].
4. Manalagi: Aotearoa Pacific Rainbow/Queer/LGBTIQ+ MVPFAFF Health and Wellbeing Project. Health Research Council of New Zealand [Available from: <https://hrc.govt.nz/resources/research->

- repository/manalagi-aotearoa-pacific-rainbowqueerlgbtiqa-mvpfaff-health-and accessed 20 December 2020].
5. Thomsen PS. Transnational interest convergence and global Korea at the edge of race and queer experiences: A Talanoa with gay men in Seoul. *Du Bois Review: Social Science Research on Race* 2020; 1–18. DOI: 10.1017/S1742058X20000247
  6. Anae M. Teu Le Va: Samoan relational ethics. *Knowledge Cultures* 2016; 4(3):117–30 [Available from: <https://go-gale-com.ezproxy.auckland.ac.nz/ps/i.do?p=AO NE&u=learn&id=GALE%7CA458164605&v=2.1&it=r>].
  7. Thomsen PS. Coming-out in the intersections: Examining relationality in how Korean gay men in Seattle navigate church, culture and family through a Pacific lens. *Journal of Homosexuality* 2019; 1–22. DOI: 10.1080/00918369.2019.1695423
  8. Ka’ili TO. Tauhi va: Nurturing Tongan sociospatial ties in Maui and beyond. *The Contemporary Pacific* 2005; 17(1):83–114. DOI: 10.1353/cp.2005.0017.
  9. Farrelly T, Nabobo-Baba U. Talanoa as empathic apprenticeship. *Asia Pacific Viewpoint* 2014; 55(3):319–30. DOI:10.1111/apv.12060
  10. Fa’avae D, Jones A, Manu’atu L. Talanoa’i ‘A e Talanoa—talking about Talanoa: Some dilemmas of a novice researcher. *AlterNative: An International Journal of Indigenous Peoples* 2016; 12(2):138–50. DOI: 10.20507/AlterNative.2016.12.2.3
  11. Naepi S. Pacific Research Methodologies. In: *Oxford Research Encyclopedia of Education*. Oxford University Press; 2020 [Available from: <https://oxfordre.com/education/view/10.1093/acrefore/9780190264093.001.0001/a crefore-9780190264093-e-566>]
  12. [12] Vaioleti TM. Talanoa: Differentiating the Talanoa research, methodology from phenomenology, narrative, kaupapa Māori and feminist methodologies. *Te Reo* 2013; (56):191–212.
  13. [13] Thomsen P, Leenen-Young M, Naepi S, Müller K, Manuela S, Sisifa S, Baice, T. In our own words: Pacific Early Career Academics (PECA) and Pacific knowledges in higher education pedagogical praxis. *Higher Education Research & Development* 2021; 40(1):49–62. DOI: 10.1080/07294360.2020.1852188
  14. Vaioleti TM. Talanoa research methodology: A developing position on Pacific research. *Waikato Journal of Education* 2006; (12): 21–34. DOI: 10.15663/wje.v12i1.296
  15. Counting Ourselves – Aotearoa New Zealand Trans and Non-binary Health Survey [Available from: <https://countingourselves.nz/> accessed 14 Jan 2021].
  16. Crenshaw K. Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist policies. *The University of Chicago Legal Forum* 1989; (1):139–67.
  17. Fa’alogo Lilo C. Barriers and Supports Pacific People Experience In Using Mental Health Services [Thesis] 2012 [Available from: <https://researchspace.auckland.ac.nz/handle/2292/20266> accessed 20 December 2020].
  18. Mintrom M. New Zealand’s wellbeing budget invests in population health. *The Milbank Quarterly* 2019; 97(4):893–896. DOI: 10.2307/45237115.
  19. Harris R, Tobias M, Jeffreys M, Waldegrave K, Karlsen S, Nazroo J. Racism and health: The relationship between experience of racial discrimination and health in New Zealand. *Social Science & Medicine* 2006; 63(6):1428–41. DOI: 10.1016/j.socscimed.2006.04.009
  20. [20] Health and Disability System Review. Health and Disability System Review - Final Report - Purongo Whakamutunga [Available from: <https://systemreview.health.govt.nz/final-report/download-the-final-report/> accessed 20 January 2021].
  21. Southwick M, Kenealy T, Ryan D. Pacific Perspectives. Primary care for Pacific people: a Pacific and health systems approach: report to the Health Research Council and the Ministry of Health [Available from: <https://www.health.govt.nz/system/files/documents/publications/primary-care-pacific-people-pacific-health-systems-approach.pdf>].
  22. Koya CF. Rethinking research as relational space in the Pacific pedagogy and praxis. In: Vaai U, Casimira A, editors. *Relational Hermeneutics: Decolonisation and the Pacific Itulagi*. Suva, Fiji: The University of the South Pacific & the Pacific Theological

- College 2017: 65–84 [Available from: <http://repository.usp.ac.fj/10271/>].
23. Va'ai UL, Kiki G, editors. *Relational hermeneutics: decolonising the mindset and the Pacific itulagi*. Suva, Fiji: The University of the South Pacific & the Pacific Theological College: 2017.
  24. Hau'ofa E. Our sea of islands. *The Contemporary Pacific* 1994; 6(1):148–61 [Available from: <https://www.jstor.org/stable/23701593>].
  25. Manuela S, Sibley CG. The Pacific Identity and Wellbeing Scale-Revised (PIWBS-R). *Cultural Diversity and Ethnic Minority Psychology* 2015; 21(1):146–55. DOI: 10.1037/a0037536.
  26. Fua SJ. Kakala research framework: A garland in celebration of a decade of rethinking education. In: 'Otunuku M, Nabobo-Baba U, Seu'ula J-F, editors. *Of Waves, Winds & Wonderful Things: A Decade of Rethinking Pacific Education*. Suva, Fiji: USP Press: 2014 [Available from: <http://repository.usp.ac.fj/8197/>].
  27. Manoa S, Acton-Brown P, Utanga T, Jensen S. Pasifika Futures Whānau Ora: F'INE – Nurturing the future for Pasifika LGBTQI. *The Journal of Pacific Research* 2019; 21(2):175–81 [Available from: [file:///C:/Users/hain563/Downloads/WhanauOraFullIssue%20\(2\).pdf](file:///C:/Users/hain563/Downloads/WhanauOraFullIssue%20(2).pdf)].
  28. Smoyak SA. What's in a name? How conversant are you with the new alphabet Soup. *Journal of Psychosocial Nursing Mental Health Services* 2016; 54(8):13–5. DOI: 10.3928/02793695-20160725-04.
  29. Oswalt SB, Evans S, Drott A. Beyond alphabet soup: helping college health professionals understand sexual fluidity. *Journal of American College Health* 2016; 64(6):502–508. DOI:10.1080/07448481.2016.1170688.
  30. Stanford J. More than words. *Gay NZ* [Available from: <http://www.pridenz.com/gaynz/10162.html>]
  31. Sanga K, Reynolds M. To know more of what it is and what it is not: Pacific research on the move. *Pacific Dynamics* 2017; 1(2): 198–204. DOI: <http://dx.doi.org/10.26021/904>