Fonofale Model of Health
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INTRODUCTION

Why the name Fonofale?
The Fonofale model was created by Fuimaono Karl Pulotu-Endemann as a Pacific Island model of health for the use in the New Zealand context. The Fonofale model is named after Fuimaono Karl's maternal grandmother Fonofale Talauega Pulotu Tivoli McCarthy who brought Fuimaono Karl up until the age of 9 year when she accompanied him to NZ in 1959 to join his parents.

Why the need for such a Model?
The Fonofale Model arose over the need for Pacific determinism post Overstayer/Dawn raids of the 1970’s-and the period of Pacific people experience in New Zealand coined as’ Politicization of Pacific people” (Dr Paul Spoonley-Sociologist) or “Pacific for and by Pacific people” in the 1980’s
Fuimaono Karl was contracted by the Ministry of Health in 1994 project managed by Rosaline Stanley-Findlay and Louisa Crawley, Deputy Director, Ministry of Pacific Islands Affairs to consult Pacific communities throughout NZ and report their findings which resulted in the Strategic Directions for Mental Health Services for pacific Island people (March 1995) This was the first published appearance of the Fonofale Model.

During the consultation process where 19 regions was covered there arise a need for a definition of how and what Pacific people believe to be the major determinants of their health. The Fonofale Model covered all the needs expressed by different Pacific ethnic groups namely Samoans, Cook Island people, Tongans, Niueans, Tokelauns

However, the Fonofale model's development dated back to 1984 when Fuimaono Karl was teaching nursing and health studies at Manawatu Polytechnic. The model had undergone many changes prior to 1995. For example, a number of refinements and further explanatory notes especially to aspects of the models e.g. pou/posts for clearer understandings.

The Fonofale model incorporates the values and beliefs that many Samoans, Cook Islanders, Tongans, Niueans, Tokelauns and Fijians had told Fuimaono Karl during workshops relating to HIV/AIDS, sexuality and mental health in the early 1970's to 1995. In particular, these groups all stated that the most important things for them included family, culture and spirituality. The concept of the Samoan fale or house was a way to incorporate and depict a Pacific way of what was important to the cultural groups as well as what the author considered to be important component of Pacific people's health. The Fonofale model incorporates the metaphor of a Samoan house with the foundation or the floor,
posts and roof encapsulate in a circle to promote the philosophy of holism and continuity.

The Fonofale Model is a dynamic model in that the all aspects depicted in the Model have an interactive relationship with each other.
The Foundation or the Floor of the Fale: *(Aiga (Samoan), Kopu Tangata (Cook Islands), Kainga (Tonga), Magafaoa (Niue), Family)*
The foundation of the Fonofale represents the family which is the foundation for all Pacific Island cultures. The family can be a nuclear family as well as an extended family or constituted family that are bind by kinship, titles, marriage, partnership or covenant, agreement which forms the fundamental basis of Pacific Island social organisation. The history and gafa or geneology is in the foundation/floor/family which ties them to titles, lands, motu/island, sea and to the Gods of the Pacific as well as to other cultures is located here.

The Roof: *(Culture)*
The roof represents cultural values and beliefs that is the shelter the family for life. Culture is dynamic and therefore constantly evolving and adapting. In New Zealand, culture includes the culture of New Zealand reared Pacific people as well as those Pacific people born and reared in their island homes. In some Pacific families, the culture of that particular family may comprise of a traditional Pacific island cultural orientation where its members live and practice the particular Pacific island cultural identity of that group. Some families may lean towards a Palagi orientation where those particular family members practice the Palagi values and beliefs. Other families may live their lives in a continuum that stretches from a traditional Pacific cultural orientation to a Palagi cultural orientation.
These can include beliefs in traditional methods of healing as well as western methods.

**The four pou**
Between the roof and the foundation are the four pou or posts. These pou not only connect the culture and the family but are also continuous and interactive with each other. The pou are:

**Spiritual**-this dimension relates to the sense of well being which stems from a belief system that includes either Christianity or traditional spirituality relating to nature, spirits, language, beliefs, ancestors and history, or a combination of both.

**Physical**-this dimension relates to biological or physical wellbeing. It is the relationship of the body which comprises anatomy and physiology as well as physical or organic and inorganic substances such as food, water, air and medications that can have either positive or negative impacts on the physical wellbeing.

**Mental**-this dimension relates to the wellbeing or the health of the mind which involves thinking and emotions as well as the behaviors expressed.

**Other**-this dimension relates to various variables that can directly or indirectly affect health such as, but not limited to, gender, sexuality/sexual orientation, age, socio-economic status.

The Fonofale is encapsulated in a cocoon or circle that contains dimensions that have direct or indirect influence on one another. These are:
**Environment**-this dimension addresses the relationships and uniqueness of Pacific people to their physical environment. The environment may be rural or an urban setting.

**Time**-this dimension relates to the actual or specific time in history that impacts on Pacific people.

**Context**-this dimension relates to the where/how/what and the meaning it has for that particular person or people. The context can be in relation to Pacific Island reared people or New Zealand reared people. Other contexts include country of residence, legal, politics and socioeconomics.

Further Reading:

Refer:


**Research**


Mental Health Foundation Papers


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