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Walking upright here: Countering prevailing discourses through reflexivity and methodological pluralism

A thesis submitted in partial fulfilment of the requirements for
the degree of Master of Arts in Nursing at Massey University,
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Ruth Noreen Argie DeSouza

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TO WHOM IT MAY CONCERN

This is to state that the research carried out for the masters thesis entitled

Walking upright here: Countering prevailing discourses through reflexivity and methodological pluralism

Was completed by

Ruth Noreen Argie DeSouza

In the School of Health Sciences, Massey University, Albany, New Zealand. The thesis material has not, to the best of my knowledge, been used for any other degree.

Thesis Supervisor

This is to state that the research carried out for the above named masters thesis is my own work and has not be used for any other degree.

Student

Abstract

Knowledge development takes place in the context of competing political, social and economic frameworks that often reflect dominant group values, practises and ideologies. Research scholarship needs to include and legitimate knowledge construction from different locations and epistemologies. Where research occurs with minority groups it is suggested that multiple research strategies are incorporated in order to prevent the reproduction of deficiency discourses. Such strategies could include self-reflexivity and the use of methodological pluralism, incorporating appropriate methodologies that can be used to expose and dismantle hegemonic discourses.

A research exemplar is used that features the dual transition of migration and motherhood for women from Goa, India who are now living in New Zealand. This is done to illustrate the applicability of reflexivity and methodological pluralism in countering the hegemonic deficiency discourse associated with migrant women. The qualitative approach that was used privileges culture and locates the participants in their historical and cultural contexts. Goan women were interviewed about their migration history, their adjustment to living in New Zealand and experiences of childbirth and motherhood in a new country. The use of alternative creative and innovative conceptions of methodology that allow for the emergence of undetermined discursive spaces between different lines of inquiry, within which the authentic voices of participants might lodge and be heard is advocated. Without such strategies research that purports to represent the experiences of a particular group risks reproducing the processes of subordination that devalue certain groups while holding in place the needs and aspirations of a privileged few. The findings of the exemplar challenge monolithic essentialising representations of migrant women associated with discourses that position them as backward, passive and deficient. This thesis advances the discussion on what it means to construct knowledge of social practices within a multi-ethnic environment in order that the voice of the 'other' can be heard.

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"My grandfathers were the immigrant who were rich in hope and expectation. They would give up their bodies and their spirit to make a place for their children in this new land. They would give us their singing, a small legacy of pain and sacrifice, and they would give us some of their courage" (Hongo, 1997)

This thesis honours and celebrates the courage, hope and resilience of migrants and refugees who make treacherous journeys, forging places to stand where they are not always welcome, all for the hope of a 'better life'. *Dieu borem korung* to the Goan women and their families who participated in this research. This thesis couldn't have been written without your generous support and I hope that I have done justice to your experiences and stories.

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1 | Introduction

The immigrant is not even dust in the hollow eyes of her country's bodiless statue
The immigrant exists by definition as other,
though she doesn't know it, just as you don't know her. (Kassabova, 1997, p.14)

Suitable research methods need to be further developed in order to prevent the replication of dominant racialised discourses and to ensure that the complexities of minority ethnic group members' experiences are reflected. This thesis seeks to advance the development of such methods and is based on two assumptions. The first is that knowledge development is a political undertaking occurring in the context of competing political, social and economic frameworks that reflect dominant values, practises and ideologies (Browne, 2001). The second assumption is that research designs can describe the lived experiences of participants at the expense of critiquing and challenging the social conditions that impact on health, thereby maintaining the *status quo* (Browne, 2001). The outcome of undertaking research using traditional designs for minority groups is that dominant racialised discourses can be reinforced and the complicity of the researcher in perpetuating such discourses remains unexamined.

Nurses need to develop knowledge that meets the health care needs of diverse groups. A key argument of this thesis is that a postcolonial feminist perspective offers a useful theoretical vantage point for further developing this knowledge. A key tenet of post colonialism is the desire to "critique and replace the institutions and practices of colonialism" thereby creating new spaces for the institutions and practices of colonised peoples and ultimately restoring their integrity (Spoonley, 1997, p.137). In a similar vein, dominant discourses need to be displaced by epistemologies, or ways of knowing, that speak to and of marginalised groups (Brooks, 1997). This can be achieved through engaging with dominant hegemonic discourses rather than constructing opposing binary categories.

This thesis demonstrates how this might be achieved by using the dual transition of migration and motherhood for women from Goa, India as an exemplar. To this end Goan women were interviewed about their migration history, their adjustment to living in New Zealand and experiences of childbirth and motherhood in a new country using a qualitative approach. Several research strategies were incorporated into the research process to uncover and subvert hegemonic discourses impacting on the health and social experiences of migrant mothers from Goa. These strategies included the privileging of culture as a dimension of the research, using multiple methodologies and being self-reflexive in the research position of 'outsider-within'.

In this introductory chapter I will outline my reasons for conducting the research by presenting a number of scenarios derived from clinical practice and discuss how these situations exemplify the need for appropriate services and research to guide those services. The paucity of research in the area of migration and motherhood is examined, with a brief discussion of the focus of existing research on pathology, which serves to reinforce stereotypes. Then I explain why an alternative research design was chosen that privileged culture and gender and incorporated methodological pluralism and I critique the notion of culture-specific research. The chapter concludes with a discussion of the historical and social developments that occurred with colonisation by Portugal that led to Goa's becoming a migration-oriented society. I locate my own history of migration and that of my family in that section in order to demonstrate how the processes of colonialism have shaped my identity.

The implications of difference in health care

The following scenarios occurred in my own clinical practice as a nurse and underpin my reasons for undertaking this research. Contemplating a career in midwifery, I took a break from mental health nursing to work in the maternal health area for one year. New Zealand's migration policy had recently changed leading to a more culturally diverse population. I wondered how the concept of 'cultural safety' (Ramsden, 1997), that had been a significant element of my nursing education was implemented and whether it prepared nurses and midwives for working with the new migrant populations. The following scenarios exemplify these issues.

Scenario One

I am on placement in an ante-natal clinic. The ritualised process through which women are monitored appears mechanised and women move through as if they are on a conveyor belt. My concern is for the migrant women, who are predominantly Asian (Malaysian Chinese, Hong Kong Chinese, Mainland Chinese, Korean, Vietnamese, Indian) and appear to struggle with some of the instructions that they are given. I wonder if this is how they imagined their initiation into motherhood in a Westernised country.

Working on a post-natal ward, I became increasingly aware of instances of 'culture clash', specifically between Asian women and the dominant Pakeha (New Zealand European) culture of the hospital.

Scenario Two

I am instructed to give a Chinese woman an icepack for her perineum one day post-partum as this is ward policy. She refuses saying that she needs to keep warm and that this is contrary to her cultural beliefs, which emphasise the use of 'warm' things to promote comfort, such as hot soup and ginger. I wonder about how migrant women can maintain their own beliefs when there is little to support them in a new environment.

Scenario Three

A Korean woman is unable to speak English, the charge midwife does not allow me to arrange for an interpreter to come to the postnatal ward as they are 'too expensive'. Her son is asked to translate questions to his mother about the state of her perineum and the amount of lochia. I wonder if this is appropriate or safe practice and how roles in families change with migration and at what cost.

The two scenarios above illustrate the difficulties many Asian women encountered in getting their needs met. This appeared to be due to a lack of resources or structures within the hospital system. Many migrant women struggled to express their needs due to language barriers, the lack of familiarity with the operation of the institution and isolation from their culture. As a mental health nurse, these all seemed significant risk factors to the well-being of ethnic minority women in the postpartum period.

Scenario Four

I am at the ward hand-over and colleagues are complaining about Indian and Chinese mothers who do not mobilise quickly and need more help: "What do they expect when they come here?" Somehow my colleagues seem to have forgotten that I am Indian.

This scenario highlights the clash of expectations between what was expected of Asian women in terms of their 'patient' role and what women themselves valued, such as rest and nurturing. One area of tension was the concept of rest; in the postpartum period, this conflicted with the dominant ideology of early mobilisation and rooming in. (Rooming in refers to the practice of placing the baby in the same room as the mother in order to enhance the bond between them and promote breastfeeding (Rice, 2000)). Many staff interpreted an inability to comply with requests, as the women being resistive, non-compliant and lazy rather than them being in need of rest or having language difficulties. This scenario also implicates me in the system, with my colleagues 'forgetting' that I was an Indian and a member of the group that they had disparaged. This scenario was a reminder to me of my status as an insider of a professional group, yet simultaneously a cultural outsider. As Asher (2001) states, I could not ignore professionally what I had experienced personally.

Despair at the quality of care I was able to offer women and their families, led me to return to mental health and work on the newly established maternal mental health team. On this team, the majority of referrals were from white middle class professional women who did not reflect the diversity I had seen in the maternal health setting. Studies in the United Kingdom have shown similar rates of mental disorder between one minority group (South Asians) and the indigenous population, but the former are under-represented in treatment statistics (Tabassum, Macaskill, & Ahmad, 2000). I wondered what resources migrant women used if they were experiencing postnatal distress and were not using mainstream mental health services. I also questioned the value of therapy as a treatment option that was offered in mental health settings, which aims for the establishment of an independent life through separation from family rather than interdependence (Krawitz & Watson, 1997). Like Krawitz and Watson, I wondered if this was an appropriate treatment strategy for people from collectivist cultures that valued relationship, connection and community rather than autonomy,

self-sufficiency and separateness, the pursuit of which can also create loneliness and stress (Fraktman, 1998).

Scenario Five

I visit a Sri Lankan mother of twins who has been referred to the maternal mental health team by her general practitioner for treatment of postnatal depression (PND). I outline the services that the team offers. She replies: "I don't want to talk about my problems, I want someone to help with the housework!" I feel impotent because I cannot provide the help she wants.

Durvasula (1994, p.97) suggests, "it is not likely that Asian Indians will seek psychological help as a primary method of alleviating emotional distress. Rather they may utilise alternative pathways such as family, medical help, or the help of religious advisers." Durvasula recommends that mental health practitioners be aware that they may be one of the last sources of aid that Indians consider and further, Indians tend to delay help seeking and report longer duration of symptoms prior to entering treatment. This delay in the seeking of help for many minority groups is corroborated by Tripp-Reimer (1999), who suggests that it is due to the greater stigma associated with mental illness in many minority communities.

To summarise, migrant women appeared to be at risk of developing mental health problems in the perinatal period because of:

- Culture clash
- Vulnerability, fatigue, stress and isolation of being a minority group member
- Expectations of superior Western care
- Lack of support for traditional rituals
- Staff not reflecting the client/consumer group (in terms of class and ethnicity) resulting in a cultural chasm
- Inappropriate use of family members to translate
- Under- resourcing of staff in terms of time, skills and education for caring for diverse clients with different cultural needs

In turn, mental health services could be of limited value because:

- They are perceived as monocultural

- Stigma within ethnic communities prevents access (Tripp-Reimer, 1999)
- They have an individualistic focus
- They focus on emotional rather than practical help

The above scenarios, along with and many others that I have experienced, have led me to question to what extent the health care that was provided to migrant women was therapeutic. Moreover, I began to question whether existing knowledge that informed clinical practice was adequate.

The implications of difference in research

I found that despite the acknowledgment of the disadvantages experienced by minority and migrant women in terms of accessing health services, and their separation from family networks and traditional birth practices, few researchers in New Zealand had made migrant motherhood an area of investigation. An exception was a study by Lealialuloto and Bridgman (1997) of new mothers of Pacific Island backgrounds. Forty-eight new mothers, their partners and thirteen health workers were interviewed with a common theme emerging that highlighted the high stress levels experienced by these mothers. Other studies ignored cultural dimensions, under-represented or, worse still, discarded data relating to them. Webster, Thompson, Mitchell and Werry (1994) discarded the Edinburgh Postnatal Depression Scale (EPDS) scores of five women of Asian and Pacific Island ethnicity because their scores could not be validated in a clinical interview due to language difficulties. This exclusion of ethnic minority groups can also be seen in a study by Kearns, Neuwelt, Hitchman and Lennan (1997). The researchers explored the social context of well-being for women before and after childbirth, but were only able to procure a sample of four per cent self-identified Maori and Pacific Islanders whilst these groups at the time made up a proportion of 18 per cent in the Auckland area. Excluding ethnically diverse populations in childbirth research is criticised by Cox (1999), who argues that studies that exclude minority group subjects are questionably representative. Cox adds that researchers are probably unfamiliar with trans-cultural research and lack cultural competence.

When research had been undertaken with migrant mothers, rather than focusing on strengths there was a focus on pathology, deficit or risk (Aroian, 2001), which mirrors my clinical experiences. Sawyer (1999) has criticised the emphasis on pathology, which disregards the resourcefulness and ability of migrant women to care for themselves in the perinatal period. This knowledge of adaptation and resourcefulness that enables migrant mothers to survive and maintain wellness remains invisible, unrecognised, unarticulated even un-legitimated, according to Dossa (1999, p.155):

The fact that immigrant women's engagement with the larger society includes creative endeavours that promote well-being has received less emphasis. More importantly these endeavours remain on the margins and in between spaces of the host society in the form of dislocated epistemologies as they form part of the repertoire of knowledge that has not been validated.

Bottomley (1991) considers the focus on problems and lack of acknowledgment of assets of migrants is due to Eurocentricity, monoculturalism and an inability to cope with complexity that is prevalent within mainstream organisations. Consequently, Bottomley argues that the accounts of the purported problems within migrant communities (for example, arranged marriages) can be more oppressive than those actually experienced by minorities themselves. These views correspond closely with the general ways in which migrants are viewed. Australian researchers comment that migrants are not seen as achievers and innovators (Ip & Lever-Tracy, 1999), in fact they are more likely to be seen as problems, weak passive victims, unskilled and unable to defend themselves against being exploited (Bottomley, 1994). Challenges that face migrants in the relocation process are individualised rather than being viewed in their social context.

I decided that research was needed into the experiences of migrant women and mothering. I chose migrant women from Goa, India for this research because of my insider status within that culture. Although Goans are a small minority within the Indian community with the majority of Indians in New Zealand originating from Gujarat in Western India (Leckie, 1995b). I have used the terms 'Indian', 'South Asian' and 'Goan' interchangeably at times in this thesis as Goans come from the larger land mass of India and the majority of participants in the exemplar lived in India prior to migrating to New Zealand. Literature referring to India is also used because literature

on Goa is limited. Furthermore, an approach was required that would uncover the strengths and skills of the participants in order to counter the prevailing discourses of migrants as weak and passive. I decided to use a set of guiding precepts that were derived from grounded theory, which I thought would make visible the strengths and processes that migrant women used to manage their dual transition of migration and motherhood. What I found instead was that my research had the potential to replicate the hegemonic discourses prevalent in contemporary western medical culture and that using only an empirical approach could have resulted in the construction of migrant women as inferior by pathologising, generalising, homogenising and marginalising them.

I realised that I needed to go beyond using a descriptively neutral analysis in order to examine the underlying power relationships. To do this I adopted several research strategies, the first of which was to privilege culture as a defining dimension by situating participants' responses into larger historical and societal contexts so as to avoid creating or perpetuating stereotypes. Secondly, I decided to use *within methods triangulation* and *analysis triangulation*, drawing upon feminist and post-colonial perspectives. A commentary using these sources was incorporated into the case study to give it explanatory richness and methodological rigour. The next strategy was the incorporation of a self-reflexive commentary and a process that identified my own standpoint, positioning and identities. Finally, I chose to locate myself as a participant in the research process through reflexivity in order to convey an awareness of how my presence affected both the outcome of the research and the process. Occupying the research position of 'outsider-within' (Collins, 1990) as a Goan woman within the academy provided a unique vantage point, as Zinn and Dill (1999, p.108) argue "marginalised locations are well suited for grasping social locations that remained obscure from more privileged vantage points." Conversely, I acknowledge my positioning as an expert knower, who has had the task of drawing together and reshaping the words of participants into an academic narrative (Jackson, 1998).

Lee (1998) has outlined a number of feminist assumptions that I have used to guide the research process. The first is the broad focus on health, rather than on illness or illness related behaviours. Secondly, this research focuses on the context of the social, cultural and political factors that influence behaviour. Next, this research assumes diversity

within the group of participants and lastly, research is seen as a political act that can assist in the process of social change and developing a more equitable society because, as Porter (1999) suggests, much of politics concerns resource allocation. I have also utilised three guiding principles advocated by Frankenberg and Mani (1993 cited in Zinn & Dill, 1999, p.108), namely "building complex analyses, avoiding erasure, specifying location." Although this thesis is located in nursing, I have like Espin (1999) drawn on insights from outside my discipline. This migration into the disciplines of others has disadvantages and scholars from those disciplines (such as sociology, cultural studies and anthropology) might find my work limited. My scholarship in nursing has structured my understanding but in turn also provides a unique lens through which to examine how research into the dual transition of migrant motherhood can be undertaken.

This thesis has three broad aims. It seeks to contribute to the body of understanding that exists about the construction of knowledge in multi-cultural settings. Health professionals have an ethical responsibility to provide health care that is culturally competent (Austin, Gallop, McCay, Peternelj-Taylor, & Bayer, 1999) and increasing emphasis is being placed on providing care based on culturally relevant knowledge. Nursing research is applied research that informs its own professional body and so it follows that researchers have an ethical responsibility to produce research that accurately gives voice to the experiences of those being studied. Apart from the gaps in research and the focus of research on pathology that were discussed earlier in this chapter, there is also a need for research to provide guidance and resourcing to health professionals. A study of health professionals in the United Kingdom found that workers felt insufficiently prepared and educated for working within a multi-cultural and multi-ethnic society (Foster, 1988 cited in Marshall, 1992) and the initial aim of this research was therefore to develop knowledge through which the care given to minority women could be enhanced. However and perhaps more significantly, this research identifies the need for inclusive methodologies and provides strategies by which researchers working within minority cultures are able to counter the dominant discourses that are shaped by race and can exclude, pathologise and homogenise.

The challenges of 'ethnic' research

In this thesis Goan culture and ethnicity has been privileged as a defining dimension, with careful consideration of the history and contextual issues of Goan migration, in order to heighten the visibility and significance of the participant's cultural experiences. Foregrounding culture in research can create challenges, the first is that other significant 'variables' such as gender, caste, sexuality and class can be neglected and in this thesis they have remained in the background. Indeed Bottomley (1994) cautions that a reductionist focus on 'culture' is inadequate because it cannot be isolated, identified and researched as it is continually being socially and culturally constructed in relation to other facets of people's lives. Whilst agreeing that caution is required, being 'Goan' was the primary defining characteristic of the participants in my research and the ethnicity of the women in the Scenarios I provided earlier in this chapter shows how culture becomes a defining characteristic for those who are different (Collins, 1998). In order to avoid becoming reductionist whilst still privileging culture, I have located Goan women's experiences in the context of social and historical processes of subordination and colonisation.

Second the interchangeable use of labels such as 'woman of colour' or 'visibly different minority' can result in methodological confusion (Drevdahl, Taylor, & Phillips, 2001) and a third issue is that all such labels have their own "genealogy and politics" (Creese & Dowling, 2001, p.4). Many terms are connected to geographical areas, for example the term non-English speaking background (NESB) is used in Australia. In New Zealand the term 'Indian' is most commonly used whilst in other countries the terms used might be 'South Asian' or 'East Indian'. In this thesis, the term 'migrant women' is used for convenience. This term is deployed with the recognition that any label can assume essentialism and homogeneity and that it can obscure complex differences. This leads to the issue of diversity and recognising that not all migrant women or their settlement experiences are the same but that their experiences are shaped by differences in class, culture, language, migration and radicalisation (Creese & Dowling, 2001).

In this thesis, I will use the term 'race' to refer to "a representation not of particular individuals but social relations among persons" (Thompson, 1992, p.43). The

traditional use of the term 'race', associated as it is with European global exploration and conquest, as a justification for biological and evolutionary classifications of superiority and inferiority is outdated (Drevdahl et al., 2001). I adopt the term because, according to Torres (1999), race is not a fixed category but a process of classification that maintains and reproduces a racialised social order. Groups have been racialised based on their particular social status during a given historical period (Jiwani, 2001). In New Zealand that racialising of migrant groups has ranged from Tangata Pasifika (Pacific Islanders) to the Chinese, even the English, caustically termed 'Poms', were accused of 'whingeing' and the Dutch of 'working too hard'. Some groups have remained as racialised groups on the margins of New Zealand society, particularly those who are visibly different, such as the Chinese, Indians and Tangata Pasifika.

Racialisation was traditionally a justification for the imposition of colonial 'superiority' and, therefore, I have argued that culture must be privileged in research of minority groups in order to counter this hegemonic colonial discourse. Equally, it is important that I locate myself so that my own cultural positioning in the discourse is made transparent.

Locating self

Research is incomplete until it has included an analysis of the researchers own role in creating it (England, 1994) and "the very quest for knowledge actively brings into being, in the knower's experience and understanding of the world, slices of reality which he or she then calls and classifies" (Ang, 1998, p.224). Consequently, there is a need to recognise the positionality of "any mode of intellectual practice or style of knowledge production" (Ang, 1998, p.224). Highlighting one's own position when one occupies the research position of 'outsider-within' is crucial for the rigour of the research and for the safety of both participants and researcher. An 'outsider-within' is required to have fluency with practices of the dominant group in order to survive in that society but also have knowledge of their own contexts. For these reasons it is important to me that I foreground and problematise my epistemological concerns as an insider studying my own culture in New Zealand but as an outsider situated within the academy.

In this section, I locate my cultural history by outlining the colonial history of Goa and the impact that Portuguese colonialism has had on Goa. I will then outline the context of Goan and Indian migration, focusing on the migration of Indians to East Africa where a significant chapter in Goan migration history occurred. The history and culture of Goa is discussed, as is the wider context of Goan migration, including the impact of Portuguese colonisation such as the changes in ritual and language. Despite Goa's Portuguese colonial past, Goan migration is closely linked with the British Empire and finally in this section I will discuss the significance of this connection and of the English language. By doing this, I identify myself as a historical subject whose personal history is shaped by varying colonial histories and in several geographic regions.

I was born in what was then Tanganyika and is now Tanzania into a Catholic family originating from Goa. I was exposed to multiple heritages and languages, including Maragoli, Swahili, Konkani and English. My family's migration history began with my great-grandfather leaving Goa to work in Burma. Subsequently, both sets of grandparents migrated to Tanganyika with their families. My parents own double migration took them first to Kenya in 1967 and then to New Zealand in 1975, as a result of the unease resulting from the expulsion of 'Asians' (meaning people from Bangladesh, Pakistan and India) from Uganda in 1972 and the process of 'Kenyanisation', where Kenyan's were privileged over others (Gracias, 2000). Settling in New Zealand was difficult financially, socially and emotionally. In Africa there had been a very strong Goan and Indian symbiotic community that provided cultural links. Despite being 'foreign' there was a sub-culture in East Africa that was supportive and understood by Africans. As Alibhai (1989, p.31) stated in an account of her life in Uganda:

The Asians had evolved a very strong network, partly because of the needs and fears that inevitably arise when groups migrate and partly because they were non-dominant in countries where they had no political power and a constant sense of being vulnerable.

In New Zealand we were different again, but less well understood. In the next section I will briefly describe the history and culture of Goa. I do this not only because it is necessary in order to contextualise this research but because I cannot assume that the reader is familiar with it.

History and culture

Goa is located in the middle of the abundant coastal strip of Konkan on the south west Coast of India and has an area of 3,701 square kilometres and a primarily agrarian economy with, more recently, a tourism and service industry (Mascarenhas-Keyes, 1979). The name 'Goa' is derived from 'Gomant' of the Mahabharata and "Goa was reclaimed by Lord Parshuram from the mighty sea by shooting an arrow into it." (Mahajan, 1978, p.22). Goa was renowned as a port as far back as the third century BC, when Buddhism was spreading through India. It was a Portuguese colony from 1510 until 1961, at which time Goa was liberated by the Indian army. There remains a tension between what has been called 'Goa Indica' or Indian Goa and 'Goa Dourada', which is the Westernised and colonial Goa used to sell tourism (Routledge, 2000). On May 31, 1987 Goa became the 25th state in the Republic of India (Newman, 1999).

Impact of Portuguese culture on Goa

The Portuguese came to Goa "to seek Christians and spices" (Albuquerque, 1988, p.25) and Catholicism became entrenched in Goa due to the intense proselytising campaign using "bribery, threat and torture" by the Portuguese (Robinson, 2000, p.2421). Goa's inquisition began in 1560 and ended in 1812 (Robinson, 2000). Inquisitions were used by the Portuguese to prevent defection back to other faiths and had far reaching implications. In the laws and prohibitions of the inquisition in 1736, over 42 Hindu practices were prohibited (Newman, 1999). They were implemented through the eradication of indigenous cultural practices such as ceremonies, fasts, the use of the sacred basil or *tulsi* plant, flowers and leaves for ceremony or ornament and the exchange of betel and areca nuts for occasions such as marriage (Robinson, 2000). Methods such as repressive laws, demolition of temples and mosques, destruction of holy books, fines and the forcible conversion of orphans were used (Mascarenhas-Keyes, 1979).

There were other far reaching changes that took place during the occupation by the Portuguese, these included the prohibition of traditional musical instruments and singing of celebratory verses, which were replaced by Western music (Robinson, 2000). People were renamed when they converted and not permitted to use their original Hindu names. Alcohol was introduced and dietary habits changed dramatically so that

foods that were once taboo, such as pork and beef, became part of the Goan diet (Mascarenhas-Keyes, 1979). Architecture changed with the Baroque style that was in vogue in Portugal becoming popular. Thus, many customs were suppressed and Goans became 'Westernised' to some degree as a Catholic elite who came to see themselves as a "cultivated branch of a global Portuguese civilisation" (Routledge, 2000, p.2649).

During Portuguese rule, the ancient language of Konkani was suppressed and rendered unprivileged by the enforcement of Portuguese (Newman, 1999). The result of this linguistic displacement was that Goans did not develop a literature in Konkani nor could the language unite the population as several scripts (including Roman, Devanagari and Kannada) were used to write it (Newman, 1999). Konkani became the *lingua de criados* (language of the servants) (Routledge, 2000) as Hindu and Catholic elites turned to Marathi and Portuguese respectively. Ironically Konkani is now the 'cement' that binds all Goans across caste, religion and class and is affectionately termed 'Konkani Mai' (Newman, 1999). In 1987 Konkani was made an official language of Goa.

The Portuguese colonisation of Goa was a catalyst that led many Goans to become a mobile population. Mascarenhas-Keyes (1990) has suggested that socio-economic factors such as the taxation of land to raise funds for Portuguese expeditions, the appropriation of land from villagers leading to outsider control and the removal of people from their original source of livelihood were powerful forces in this process. Yet Newman (1999) claims that what drove Goans to emigrate was that they valued a consumerist, bourgeois-capitalist society in Goa and sought more money, despite the relatively high incomes available at home. Historically, there has been a strong Goan ethos of moving up, caused by the small size of Goa and the inability to divide up communal land (Mascarenhas-Keyes, 1994).

The importance of English and the British Empire

English displaced the dominance of Portuguese in the 1920s as Goans began migrating to British India and other British colonies. This migration began as a result of the declining Goan economy, which under Portuguese rule could not provide adequate employment for Goa's population whereas new opportunities and economic

development were available in British India (Nazareth, 1981). Goans first worked for the British in 1779 at the time of the French Revolution. The naval fleet of the British Indian Government was stationed in Goa and found that Christian Goans were eminently suitable to work for them because of their Western dress, diet and customs. When the fleets withdrew from Goa, many Goans went with them. In the eighteenth century Goan began trading with Mozambique, Zanzibar and East Africa. Indian independence in 1945 exacerbated the flow of migrants of Goan origin who were residing in British India (Mascarenhas-Keyes, 1979).

As English became more significant to Goans, schools began to teach it, giving more Goans the opportunity to migrate to British India. Many Goans also gained English language skills in the process of migrating to British territories, due to the "greater emphasis on education and on language, as a method of upward mobility. Ensuring as much as possible the use of a Western language in the home" (Mascarenhas-Keyes, 1979, p.2). Demand for English language schools surpassed that of those teaching Portuguese, which led to Goans sending their children to neighbouring cities such as Bombay, Poona and Belgaum (Mascarenhas-Keyes, 1979). The ability of Goans to learn Western languages was enhanced by many centuries of exposure to western education through Catholicism (Mascarenhas-Keyes, 1990). This western education was felt to be important for Goan women, not just as a status symbol, but also in case they needed to be economically independent. This contrasts with the stereotypes often held about Indian women but re-enforces the emphasis that Goan's place on economic betterment.

Migration to Africa

Indians have a history of migration that dates back three thousand years, initially as traders and later as sojourners. Reference to Indians in Africa goes back to the first century AD, arriving as traders rather than migrants or permanent settlers (van den Berghe, 1970). The Indian diaspora was a 19th and 20th century development related to the impact of the British indentured labour scheme, which sought to replace slave labour with cheap and reliable labour for plantations (Sowell, 1996), or the building of railways, for example in Uganda (van den Berghe, 1970). This scheme was seen by some as a new system of slavery (Tinker, 1974) and though formally abolished in 1916 it continued until 1922 (Brah, 1996). Indian women were the second largest group transported to colonies after African women and they were subjected to fieldwork and

received comparable punishment and gross indignities in the same manner. Smith (1999) suggests that the indentured labour system was as inhumane as the slave trade through the inhumanity of captivity and forced labour for capitalist gains.

Large scale migrations of Indians to Africa began with the construction of the great railway from Mombasa to Lake Victoria in Uganda in the late nineteenth century (Sowell, 1996). The British employed Indians because the Africans who owned land would only work for brief periods. Fifteen thousand of the sixteen thousand 'coolies' who worked on the railroads were Indians. They were renowned for their work ethic and competitiveness, but one quarter of them died or returned disabled (Sowell, 1996). Indians (especially Goans) were recruited to run the railways after they were built (as my grandparents were) and Goans came to dominate the colonial civil services (Sowell, 1996).

Goans made up the only significant number of Christian Indians in East Africa, as it was the Catholic rather than the Hindu Goans that migrated there. Catholic Goans spoke Konkani, English or Portuguese and dressed in more Western clothing. They were further set apart from Hindus and Muslims by virtue of religion and because they ate pork and beef. For Goans, migration to Africa was intended as a way of earning some money for retirement in Goa and putting down permanent roots was not encouraged by colonial authorities (Kuper, 1979). Asians were excluded from certain professions or from living in areas where Europeans preferred to settle, for example the fertile Kenyan highlands (Kuper, 1979). They operated within a milieu of prejudice, suspicion and disadvantage. Land was unavailable for freehold purchase and education provision was inadequate resulting in children being sent back to India (as my father was). Later on, as communities grew, special schools were established and women and children joined their men (as was the case for my mother's family).

I have named these migration sites to locate my research, this thesis and myself geographically and historically to show how my identity has been shaped by colonialism. As Hall (1996) observes, all writers speak from a particular place and so it is important that they locate their own experiences and culture in their writing. I do not claim that there is anything essentially 'Goan' about my own identity or experiences. Indeed they are a *melange* of African and New Zealand cultures underpinned by a

reminiscence of the multiple influences of Goan culture, itself a rich blend of Hindu, Muslim, Buddhist, Jain and Portuguese (Gracias, 2000). This discussion has also raised the issue of language. English is the language of my intellectual make-up but not my emotional make up (Rao, 1995). English is not my first language, it is not even my second but my third language, yet in this thesis I must, to paraphrase Rao, attempt to convey in a language that is not my own, the spirit that is my own.

Structure of the thesis

This chapter has introduced the need for multiple research strategies that prevent the replication of dominant racialised discourses about minority groups. I have provided a brief overview of my own history of migration in order to locate myself. A historical account of Goa and the critical factors relating to colonialism that led to the formation of a Goan diaspora has been given in order to contextualise the experiences of the participants in the research exemplar.

It is intended in this research to challenge the positivist hegemony of previously completed research on migrant women and in chapter two I will examine more comprehensively the role of women migrants and the transition to parenthood for mothers from ethnic minority groups. Gaps in research and health care provision are highlighted and common responses to migrant women in the health care system such as exclusion and pathologisation are presented. Strategies to enhance health care delivery are outlined. A case is made for further research that incorporates pluralist methodologies that subvert the dominant discourse of migrant mothers being deficient and problematic.

Chapter three examines the epistemological and methodological issues around conducting 'ethnic' research within a bicultural setting. The limitations of empirical research approaches are discussed and reflexivity and methodological pluralism are suggested as counter hegemonic research tools.

Chapter four reviews the specific process of the research design used for the exemplar, providing an outline of the procedures used to conduct the research and analysis. My own reflections and critique are included to enhance the rigour of the findings and

illustrate the complexity of the research issues that arose for a researcher that occupies an 'outsider-within' position

Chapters five and six comprise a substantial exemplar of the research. In Chapter five, the context of migration for Goan women in terms of their developmental history as well as the reason for migrating and strategies used to manage the migration adjustment are presented. The impact of colonialism in developing a culture of migration for upward mobility is described. Examples are given of where an 'outsider-within' position has added explanatory richness to the data and where I have written myself reflexively into the text.

Chapter six discusses the consequences for migration and motherhood for Goan women in New Zealand. There are two main losses that are uncovered, the first is the loss of support and secondly the loss of rituals. This chapter also uncovers the impact of racialising discourses for Goan women. Ignoring these discourses would have led to a neutral representation of migrant women that was stereotypical and homogenising.

In the concluding chapter, chapter seven, the implications of the research exemplar are discussed in terms of methodological pluralism and self-reflexivity. Recommendations are made for further research to inform and transform nursing practice.

2 | Towards a new research agenda

Simply by sailing in a new direction

You could enlarge the world. (Cumow, 1997, p.226)

Having a child is one of the most culturally and spiritually significant events for women (Khalaf & Callister, 1997) and provides an apposite set of circumstances for understanding the appropriateness of various research methodologies to represent the experiences of different women. Importantly, the significance of this transition is validated through ritual. Studies show that cultures that have supportive rituals for new mothers have lower rates of postnatal distress (PND) and that women in Western countries are at high risk of developing PND (Stern, 1983). It is often assumed that because the physiology of childbirth is universal that all mothers experience the transition to parenthood in the same way (Sawyer, 1999) but how childbirth is “conceptualised, structured and experienced” (Stewart & Jambunathan, 1996, p.319) varies from culture to culture. Moreover, little is known about how the transition to parenthood changes following migration for migrant mothers in New Zealand.

My primary focus in this chapter is to illustrate the need for further research and, in particular, alternative frameworks for that research rather than providing an exhaustive literature review. I will do this by briefly describing four discourses that have shaped knowledge development and representations of migrant women in the health care system. These are the biomedical discourse, ‘woman-centred’ discourse, migration discourse and the deficiency discourse. Following this, the notion that the loss of protective factors such as social support and rituals in the process of migration can predispose women to developing mental health problems will be discussed. Responses of health providers to the needs of migrant mothers are then reviewed, which have been unwittingly exclusionary, pathologising and homogenising. The responses add weight to concerns that health services do not meet the needs of migrant mothers and alternative strategies are discussed that could counter the assimilationist, sexist and ethnocentric assumptions of prevailing discourses. This chapter points to the

need for a new research agenda to inform practice in the maternity arena because of the inadequacy of the four prevailing discourses to bring about valid representations of minority women. Later in this thesis an exemplar of migration and motherhood using pluralist methodologies will be used to demonstrate how alternative research strategies can decentre hegemonic discourses and create new discourses or discursive spaces.

Discourses and migrant motherhood

Discourses are “socially and culturally produced patterns of language, which constitute power by constructing objects in particular ways” (Francis, 1999, p.383) and as such a person or group can be positioned as powerless within one discourse whilst positioning themselves as powerful in another. In the section that follows I will briefly explore the prevailing biomedical, midwifery, migration and deficiency discourses that impact on the representations of migrant women as passive, invisible, backward, pathological and emotional (Dossa, 2001; Jiwani, 2001).

Health care discourses

Reproduction is a key site for the regulation of women through two discourses derived from the disciplines of medicine and midwifery (Marshall & Woollett, 2000). The former biomedical discourse has been constructed as rational and scientific with more status than nursing or midwifery, which are associated with emotional qualities such as caring (Aitchison, 2000). According to Smith (1992), biomedical discourses position women as having limited agency and emphasise pathology, despite pregnancy being a major life event that most women go through without long-term difficulties. Kitzinger (1992) argues that medicalised discourses have transformed pregnancy into an objective observable process through technology where the woman bearing the child takes second place while the foetus is monitored and its growth recorded and supervised. According to Kitzinger, the woman is ritually dispossessed of her body during pregnancy as doctors take charge, asserting that they know more about her body than she can herself and that her body is a barrier to easy access to the foetus. Kitzinger concludes that the mother can no longer feel like she has made her own unique baby. ‘Woman-centred’ discourses construct mothers as consumers, who take responsibility for themselves and their babies (Marshall & Woollett, 2000). A

discussion with regard to the attitudes of midwives towards Asian women later in this chapter, however, reveals equally pathologising constructions of migrant women.

'Other' mothers

Motherhood occurs in "specific historical contexts framed by intersecting structures of race, class and gender" (Collins, 1998, p.231), however Woollett and Nicholson (1998) argue that the dominant beliefs about parenthood come from white, middle class parents, researchers and policy makers rather than from poor families or ethnic minority communities. Women who do not fit within the dominant cultural subject positions are at risk of being pathologised as 'other' mothers on the basis of class, colour, ethnicity, race, sexual preference, education, employment or disability (Jolly, 1998).

DeBeauvoir (1949) originally applied the term 'othering' to describe a process whereby people define who they are by contrasting self with others and historically this term was used regard to the relationships between men and women. Using the term more broadly, Aitchison (2000, p.135) defines 'othering' as being "characterised by dualisms, this process inevitably defines norms and deviants, centres and margins, cores and peripheries, the powerful and powerless". The process of othering can occur in many contexts and usually refers to exclusion of a minority group by a dominant group on the basis of difference (Johnston, 1998). The creation of an 'other' necessitates the creation of a 'same', the latter being accorded greater status and power (Aitchison, 2000). The 'other' is seen as lowly and unsophisticated in contrast to the dominant group, whose members are seen as civilised and superior (Johnston, 1998). Ganguly (1995, p.1) argues that minority women have been conceptualised as others in two ways. The first is the "exotic other" of esoteric foods, culture, clothing, beliefs and practices and the second is the "oppressed other", seen in the conception of a homogenous 'third-world' woman. The binary categories implicit in the process of 'othering' obscure the diversity that exists within groups, assuming homogeneity where it does not necessarily exist.

Racialisation is an othering process that is implicit in the deficiency discourse (Torres et al., 1999), which posits that colonised people are lacking in qualities valued by the colonising society (Horsfall, 2001) and forms one of the main axes of subordination and

domination (Bottomley, 1992). In this context, representations of minority women have reinforced prevailing stereotypes of migrant women as passive, backward and oppressed by their patriarchal cultures. The implications of these stereotypes for care delivery are discussed with more vigour later in this chapter.

Migration as masculine

A fourth site of discourse that surrounds migrant women constructs them as passive appendages to men in the migration process, ignoring the complexities of women's motives and their active role in the decision making process (Kofman, 1999; Leckie, 1989). Differences between male and female migrants have tended to involve simplistic comparisons rather than examining the complex interrelations involved (Hondagneu-Sotelo, 1999).

There has been a paucity of research undertaken on women's experiences of migration and, prior to the mid-1970s, women were invisible in studies of international migration (Kofman, 1999). Leckie (1995a) suggests that the dearth of literature on women migrants in New Zealand is due to gender biases in historical and social research and a profusion of generalisations and misinformation. However, Abusharaf (2001) suggests that this neglect is due in part to the historical view of women travelling alone as being unimaginable and a threat to family and community. In Europe, Kofman (1999, p.271) suggests, increasing attention is being paid to the experience of women migrants as a result of increasing interest in "women's position in society, the feminisation of the foreign population, the increasingly visible economic presence of immigrant women, and the production of knowledge by immigrant women about themselves."

In contrast with male migrants, whose main aim is to maximise economic gains, women have been seen as passive, migrating for emotional and personal reasons or as 'dependents,' moving in the roles of wife, mother or daughter of male migrants and only worthy of consideration in their role in the private sphere (Zlotnik, 1995). This role often encompasses the maintenance of identity of migrant communities as "cultural custodians" (Hondagneu-Sotelo, 1999, p.571) or fostering the integration of the family. Bottomley (1994) concurs, stating that early studies presumed that the roles of migrant women included continuing tradition and maintaining home life while remaining separate from the public sphere of work and politico-economic process.

The positioning of migrant women within prevailing discourses has resulted in their construction as deficient, backward, passive and without agency (Arisaka, 2000). The following section explores the impact of migration on women, with an emphasis on the experience of motherhood in a new country. I have chosen this focus because childbearing is a common feature of a women's transcultural experience (Sharts-Hopko, 1995). The process of migrating is not easy and can include mixed feelings such as loss, grief, excitement, hope and high expectations. When this major life event is followed by the birth of a baby this can become an added psychological burden (Fraktman, 1998).

Impact of migration and motherhood

Migration has been identified as a stressful life event and Park, Murgatroyd, Raynock and Spillett (1998) have identified a strong correlation between stressful life events and depression. A report on a study of Korean women migrants in Canada found a positive relationship between the stress of acculturation and depression (Park et al., 1998).

Emphasising the point, Sharts-Hopko (1995) outlines the challenges of migration for women in a study of American women's experiences of birth in a Japanese context. She suggests that the stresses of migration include the need to adapt to a new language, new way of life and new social values and norms. These are all tasks that require effort and without them the migrant's ability to function effectively is compromised.

Successfully coping with activities that could once be accomplished effortlessly takes a great deal of effort in a new country and can result in overload and fatigue. Additional challenges include the ambiguity of one's social role and a decrease in social status.

Whilst Sharts-Hopko (1995) identifies the challenges faced in the new society, migration can also result in the loss of traditional and specific practices and beliefs, including those that assist women to maintain mental health postpartum (Kruckman, 1992). As Cominsky (cited in Stewart & Jambunathan, 1996, p.319) observes, these practices reflect the new social status of the mother and her presumed vulnerability, and can include:

- The structuring of a distinct postpartum period

- Protective measures and rituals
- Social seclusion
- Mandated rest
- Assistance in tasks by relatives and/or a midwife
- Social recognition through rituals or gifts
- Dietary restraints and ceremonies

Many migrants struggle to maintain cultural rituals, ties and identities after migration. The social upheaval involved in migration can put migrant women at risk of 'breaks in knowledge', that prevent the enactment of protective rituals to ensure the maintenance of good mental health postpartum (Fitzgerald et al., 1998). The 'breaks in knowledge' can be due to factors such as distance between mother and daughter and the lack of parental availability for support (Cox, 1999). These breaks in knowledge and support, the loss of protective rituals, supportive networks and move to a nuclear family model can result in isolation and possibly PND. This can be compounded with language problems that impede access to help (Fraktman, 1998; Hattar-Pollara & Meleis, 1995; Stern, 1983). Barclay and Kent (1998) state that NESB women have additional cultural and social demands and losses such as the loss of lifestyle; control; sense of self and independence; family; friends; familiar birthing practices and care providers. Thus, it can be seen that migration poses challenges to day-to-day functioning as well as in carrying over rituals from the country of origin.

A comprehensive report by the South Western Sydney Area Health Service (Barnett, 1996, p.23-29) identified several risk factors that can predispose migrant women to develop PND:

- Lack of support to meet emotional and practical needs of women
- Isolation
- Myths of motherhood (expectations of being a 'proper' mother)
- Conflict between traditional and host country practices
- Migration
- Unemployment and financial difficulties
- Marital problems
- Conflict with extended family

- Distressing birth experience
- Disruption to lifestyle
- Unplanned pregnancy
- Refugee status
- Gender of the child

Often NESB women are socially isolated and become further separated from their traditional practices in an unfamiliar health system (Barclay & Kent, 1998). The resulting misery can be hidden and contrast with nurturing, valuing and supportive responses that the mother might have received from her own culture (Barclay & Kent, 1998). Yet Barclay and Kent argue that referring to this misery as depression can cause harm for the women, particularly in cultures where discussion of mental health problems is stigmatised or taboo. Barclay and Kent's views are countered by Barnett, Matthey and Boyce (1999) who reinforce that PND does affect migrant mothers and that some women will meet the criteria for diagnosis of a psychiatric disorder. The authors argue that having a diagnosis means appropriate treatment and social and psychological support can be obtained. Stern (1983) advises that caution is needed as the criteria used in the definition of depression varies across cultures and may not be transferable from a Western concept, nor be helpful in researching the incidence of PND in other ethnic groups.

The consequences of migration are not all negative and focusing on migration as a risk factor can prevent consideration as to how women are able to forge new identities and coping strategies (Leckie, 1995a). Hattar-Pollara (1995) and Meleis (1995) reinforce this, arguing that a focus on the negative consequences of migration means that scant attention is paid to the unique health and social needs of migrant women and of those with children. However, my own clinical experience, supported by researchers such as Bowler (1993), indicates that these positive skills acquired as a result of migration are not visible to the wider community and that health professionals tend to reinforce the negative stereotypes of migrants, with these views informing their practice. Consequently, migrant women are subjugated and excluded by the pathologising discourse of the medical model and the deficiency discourse with its notions of assimilation and ethnocentrism and these will be discussed in the next section.

Health care responses

Jayasuriya (cited in Fuller, 1997) observes that society is comprised of heterogeneous groups that have the right to access health care services that meet their specific needs. However, it is more common for services to be constructed according to the needs of the dominant group based on an assumption of homogeneity with the occasional concession to cultural difference (Fuller, 1997). This section highlights how responses from health professionals toward migrant women are commonly based on two interrelated discourses, namely the pathologising discourse of the medical model and the deficiency discourse that is embedded within an ideology of assimilation that views adaptation as a one way process. Immigrants are expected to reject their own ways in order to fit into the host culture, whilst the dominant group's ways remain unchanged. Implicit in these discourses is the requirement that those who enter the health setting must give up their power to be a 'good patient' since both are based on hierarchies that originate from the mechanism of 'science' and have the power to classify based on a modernist philosophical position of Western thought as universal (Arisaka, 2000; Nicholson, 1993).

Barclay and Kent (1998) note the hegemony of the health system, observing that the needs of NESB mothers have been ignored by society and health professionals and suggesting that the care given to such women can be ritualised, professionally dominated and inappropriate. Responses from western workers to traditional postpartum practices range from "at best insensitivity and at worst derisory" (Barclay & Kent, 1998, p.6). Both Barclay and Kent (1998) and Fraktman (1998) contend that the focus on pathology and crisis within the health care system marginalises migrant mothers such that they are labelled in discriminatory ways that result in stereotyping and their differences are rendered into deficits. Fitzgerald et al. (1998) state, however, that the real debate is not whether distress exists but rather how it is expressed and categorised and, secondly, whether a particular explanatory model should be predominant and common human experiences and responses pathologised. According to Fitzgerald et al. (1998, p.21), the key issue is: "How can we best understand and respond to culturally influenced and contextualised experiences in meaningful and useful ways?"

Stereotypes can provide a frame of reference for appropriate behaviour towards new people, however individuals can also be rendered invisible and stigmatised as a monolithic group by the imposition of a stereotype (Banister & Schreiber, 2001). This is because people “tend to be better informed about the dominant discourse(s) that pervade other cultures than the multiple positions that individuals in those cultures occupy; thus they tend to over-generalise or ‘stereotype’ the behaviours they see or hear about” (Ryan, 2001, p.198). Stereotypes are based on what is considered the norm or *modus operandi* of the dominant group (Fuller, 1997) and this norm is based on a hegemonic notion of ‘normal’ behaviour against which behaviour is compared. In Western culture ‘normal’ reproductive behaviour is socially constructed in much the same way as the enactment of the ‘sick role’ which typically requires cooperation and a belittling of discomfort (Goffman, 1969 cited in Bowler, 1993). The sick role and what is considered normal reproductive behaviour were significant aspects of a study by Bowler (1993) of Asian women’s experiences of health care by midwives in the United Kingdom. Bowler researched the types, effects and impact of stereotyping by observing and interviewing midwives and reviewing the literature.

Midwives used stereotypes to pitch their interactions and make assumptions about appropriate care and service delivery (as other health professionals do). Bowler’s (1993) findings revealed that midwives saw Asian women as demanding, having a low pain threshold, lacking in a maternal instinct, being difficult to communicate with, and lacking in compliance with preventative care and family planning. They were also seen as abusing services by having large families and having unrealistic expectations. Midwives did not acknowledge the positive characteristics of Asian women such as their abstention from smoking and alcohol. Bowler recommended midwives have education that challenges racist attitudes and the hegemony of the Western medical system. Similarly, a study by Day (1992, p.23) found that Asian women were frequently seen as “oppressed by their role as mothers, suffocated by domesticity and lacking independence.” These views are not limited to the maternal area, Wheeler (1994) asserts that the psychiatric literature also holds stereotypical views of minority users as problematic and different rather than diverse and rich. Labelling people rather than assessing their individual needs can be marginalising and discriminatory, particularly when labelling occurs within a deficit framework rather than on strengths and competencies as seen above.

Many health professionals would be shocked to be called racist, yet Bowler's (1993) study highlights the incongruencies prevalent in the behaviour of health professionals. In the study, midwives paradoxically held stereotypes of Asian women yet saw themselves as sympathetic toward them. The notion of institutionalised racism holds a possible explanation for this incongruence. This is where health workers see western health practises as superior and come to expect minority women to assimilate to these practices (Marshall, 1992). Ng's (1995, p.133) concept of commonsense racism and sexism could also be useful for explaining the behaviour of the midwives, as it refers to "those unintentional and unconscious acts that result in the silencing, exclusion, subordination and exploitation of minority group members." Another explanation for the behaviour is the notion of hegemony, as in the inability to see other ways of doing things. Hegemony occurs when dominant groups are able to gain control of culture with the consent of the majority of the population so that it appears natural and commonsensical (Cupples, 2001). Hegemony is not a monolithic process, however, and can be modified or contested by competing groups including subordinated groups. As a hegemonic device, the "deficiency discourse" (Dossa, 2001, p.40) individualises problems and ignores structural factors thus maintaining the dominance of whites in the racial hierarchy and minimising the impact of a racist society on migrant women. Ganguly (1995) on the other hand argues that framing barriers as structural, political and social, reinforces the stereotypes of migrant women as passive and traditional who lack skills or strengths.

The ethnocentric and stereotyping behaviour of health professionals has also been called into question by Foss (1996) with regard to the care given by public health nurses. Foss accuses the research to date of being 'Eurocentric' and reductionist because of the focus on the mother. Foss argues that public health nurses base standards of what good parenting is (as defined by the dominant culture) on personal belief, interpretations and stereotypes based on professional experiences with other cultural groups. Foss recommends a new framework be developed to: assess 'normal' behaviours and cultural variations in immigrant populations; investigate immigration related health problems; and that nurses avoid judging parenting by the standards of the country of residence.

Ethnocentrism is also evident in incidences of culture clash, where the beliefs and practices of women from 'traditional societies' clash with the Western medical model. A study by Nahas, Amasheh and Hillege of Middle Eastern women in Australia (1999) found that NESB women felt pressured by health professionals to change their beliefs and customs when what the women wanted to do was follow their traditional practices. One of many areas of culture clash is the notion of postpartum rest; in traditional societies, the family supports the woman to have a rest period in which to recuperate. In modern societies however, women are expected to be independent with mothercraft as soon as possible (Bowler, 1993). Bastien (1992) argues that in modern societies, postpartum rest is often seen as a sign of weakness and passivity whereas in other cultures it is seen as the expression of reverence for the transition and rite of passage that women have undergone. It is inevitable the ability to rest will be lost when a woman migrates to a modern society where it is not valued or there are no structures to support it and there is pressure to assimilate into that society.

So far, the discussion has focused on the responses of health providers that marginalise migrant women. The responses reflect the ideology of assimilation, where adaptation is viewed as a one-way process. Assimilation demands that immigrants change to fit into the host culture by rejecting their own ways, with no corresponding demand for change on the part of the dominant group, therefore the dominant group's ways remain the same (Fuller, 1997). A further area where the notion of assimilation is embedded is in terms of service development. In the main, migrant women have little input into services that are supposedly meant for them. Wheeler (1994) observed that minority users of mental health services have little control over resources that are thought to be necessary for their health, by providers, who are in the main white and do not reflect the population for whom they are caring. Wheeler suggests that this creates an unequal and oppressive relationship.

To summarise, the challenges that face migrant women in the health system are related to the concepts of racism, assimilation, ethnocentrism and hegemony, which result in migrant women being stereotyped and pathologised, having their needs ignored and not having input into services. In the following section strategies recommended in the literature for providing more appropriate and inclusive health care for migrant women are presented. They bring to the fore dilemmas and tensions as some change theories

are at the micro level and directed toward individuals, while others are macro level strategies that call into question structural and systemic issues. The strategies include education, monitoring of migrant mothers, universal postpartum support, needs assessment and the need for different types of research and this will be discussed in the next section.

Strategies for health professionals

A breadth of complex and multi-layered strategies are required to counter assimilationist and ethnocentric ideals held within the assumptions of the biomedical and deficiency discourses that are posited on the notion of assimilation. A range of strategies that have been suggested in the literature, from culturally sensitive to anti-racist are discussed in the following section. Health care services need to be both universal, treating people equally and particular by responding to people's different needs differently in order to be equitable (Fuller, 1997). Provision of universal services can result in stereotyping while providing particular services can be seen as discriminatory. A dialectical approach is required that recognises interrelationship and contradiction between the strategies, steering an approach between individual and structural, universal and particular, culturally sensitive and anti-racist. Change strategies need to be directed both to the care given to immigrants as well as the operation of health services, as care locked within a biomedical and assimilationist model of health care will continue to impact negatively on migrant women. Positioning either strategy as more important might not be helpful because they need to be specific to time and context. Reconciling these tensions is an area for further development and discussion.

Individual strategies

Culturally sensitive strategies are derived from the notion of integration, whereby the beliefs, customs and so forth of minorities are accepted and tolerated, however according to Hodson (1996), the integration ideal masks an underlying assimilationist goal. Culturally sensitive strategies include suggestions by Fraktman (1998) that a culture of respect be developed among health professionals toward immigrant mothers, that involves collaboration, being open to and respectful of different belief systems and health care practices. In a similar vein, Baker (1994) maintains that nurses

need to know more about the experience of migration if they are to be effective at health promotion and primary prevention among vulnerable populations. Similarly, Nahas, Hillege and Amasheh (1999) suggest midwives become more aware of migrant women's preconceptions about pregnancy, delivery and childrearing that are generations old. They recommend that midwives acknowledge the significance of religious practises and the important role of the extended family.

Culturally sensitive strategies are individualistic and focused on culture therefore policies, practises and structures that serve the interests of the dominant group are preserved, while the interests of minority group members are made passing reference to, or ignored. An underlying assumption within the cultural sensitive approach is that racism is the product of ignorance and by learning about other cultures, people will be educated out of their prejudices (Hodson, 1996). According to Fuller (1995), this expectation could result in lists of stereotypical traits being produced rather than there being an improved understanding of clients individual needs. Meleis (1996, p.16) concurs arguing that, the notion of relativism that is implicit in cultural sensitivity "may contribute to stereotyping, to accepting the status quo, and to simplifying the complexity of multiple contexts."

Health professionals cannot attain all the necessary cultural knowledge to provide total care to clients (Fuller, 1995), nor can they be expected to apply culturally specific knowledge in ways that account for diasporic and generational differences (Jiwani, 2001). Fuller instead suggests that health providers develop partnerships with cultural intermediaries or that the role of an ethnic support worker be developed. The development of the role of support worker in mental health services over the last five years in parallel Kaupapa Maori and Pacific Nations services has been significant. However, Ramsden (2000) argues that this 'unqualified' role as support to a non-Maori health professional does not lead to empowerment and self-determination rather it replicates power inequities.

Cultural sensitivity without structural change is limited, as pathologising and ethnocentric structures remain intact. Moreover, having a better understanding about what a migrant woman might need does not necessarily mean that a nurse will be able to provide it within a system that reinforces patterns of subordination. (Dossa, 2001).

Ganguly (1995) however, argues that framing barriers as structural, political and social reinforces the stereotypes of migrant women as passive and traditional, lacking skills or strengths.

A second strategy is to monitor those considered 'at risk' for their needs for a service. Nahas et al. (1999) recommend that NESB women are identified and monitored closely during their pregnancies even if they are multiparous. This recommendation is on the basis of the findings of a study of Middle Eastern women that identified issues, such as "isolation due to language and culture and conflict between traditional and Australian health service practices" (Nahas et al., 1999, p.68). Additional migration related stressors such as being unable to speak the dominant language and receiving conflicting information were identified. These strategies are reductionist and focus on the individual and potentially pathologise the experiences of women who are mothering in a new country. Furthermore, support provided on the basis of emergency, abnormality or difference can lead to stigmatisation and although attempting to improve health outcomes it could be considered discriminatory.

Developing culturally responsive services

All the change strategies suggested so far are directed toward the immigrant rather than towards the operation of the health service and as (Dossa, 2001, p.42) argues as long as strategies remain "locked within the biomedical model of care", the ability to create alternatives for migrant women remains limited. Fuller (1995) adds that different ethnic groups practice illness prevention and health promotion differently. Some prefer direct, practical and immediate assistance from the Western care system rather than long term strategies. A more costly alternative to identifying 'at risk' mothers is the provision of universal postpartum support which can facilitate a smoother transition for immigrant mothers (Fraktman, 1998). By providing universal support there is an acknowledgment of the stressful nature of becoming a new parent. Ideally social support should protect and nurture one's autonomy without limiting efficacy and should be strengths based with a focus on developing a social network. While such a service would prevent pathologising, the danger is that such a service would probably operate out of a set of core values that would be flexible to 'accommodate' cultural differences, but could ultimately end up best serving the dominant group.

There is debate over where the most appropriate care for distressed migrant women should be located. Barclay and Kent (1998) argue in a criticism of the biomedical model, that for migrant women experiencing unhappiness, applying a mental illness label can be stigmatising. Horsfall (1997, p.131) adds that the "individualistic epistemology" of psychiatry and associated disciplines such as psychology and nursing neglects to address the contribution of social factors in women's mental health. Research has also shown that migrants under-utilise mental health services and terminate treatment prematurely (Mendelson, 1998). Those who are unfamiliar and uncomfortable with the Western system tend to resort to it only when the situation has become chronic and disabling or, in the worst case scenario, when forensic services are required (Mendelson, 1998). There is a need to identify migrant women's health care and social support needs through research or needs assessment. There are several barriers to undertaking this that have been identified by Ismail (1996). The first is that there is little epidemiological data available that can assist with allocating resources and planning services. This is in part due to a lack of research or limited applicability of existing research due to such factors as the reliability and validity of cross-cultural measures. Secondly, there has been little interest in ethno-psychiatry by western psychiatry and thirdly, stigma associated with social penalties remains a barrier to data collection. In some communities, the impact of labelling with a psychiatric diagnosis can impact on extended family as well as the marriageability of future generations.

Structural strategies

Generating opportunities for different groups to participate fully in political processes within the health system can be a way of creating a health system that meets the needs of diverse groups (Fuller, 1997). Such a participatory strategy directed towards health service operation goes beyond the improvement of language services or cultural sensitivity training. Consideration needs to be given of power issues and health managers need to be willing to share control, so that groups can put their own needs and aspirations on the political agenda. Participation is not just about having input but also about decision-making power. Moreover, because a range of people are in positions of power the decisions that are made will reflect a range of interests, aspirations and expectations of different groups (Fuller, 1997).

Anti-racist education is another strategy for addressing structural factors. Ryan (2001, p.197) suggests that issues of exclusion, ethnocentrism and stereotyping can be tackled in a classroom, where educators can “recognise and disrupt pedagogies that sustain stereotypical frameworks.” Therefore, deficiency discourses and the practices that reinforce them can be changed through addressing behaviours that support them. Ng (1995) proposes that such education can help to analyse the political, social and historical processes that institutionalise and sustain unequal power. This process of analysis also requires self-scrutiny or self-awareness of personal behaviour, personal racism and sexism so that racism and sexism can be confronted and eradicated (Ng, 1995). Ramsden (2000, p.4) argues that in the context of health care, nurses need to protect their clients from nurses, “from our culture as health professionals, our attitudes, our power and how we manage these things intentionally or otherwise” because, as Ng (1995) acknowledges, no-one is immune from behaving in racist ways. However, care is needed with this approach as a study in the United Kingdom found that one of the outcomes of staff attending such training was that they became immobilised, and didn’t get involved because they were worried they might do something wrong (Bowes & Dar, 2000). Ng proposes that those who work within racist structures can contest subordinating power relationships despite being implicated in them. This does not acknowledge that resources are being contested continuously and those who are powerful have no need to understand or give up that power for those less powerful.

In New Zealand, the term cultural safety is used to signify the “obligation of the professional to practice safely” (Ramsden, 2000, p.7) and consists of both a conceptual framework for understanding power inequalities structuring the relationships between Tangata Whenua and mainly Pakeha health professionals and practical strategies that can be utilised. Ramsden, one of the architects of cultural safety theory claims that it is derived from emancipatory educational theory, critical thinking, feminist theory and neo-colonial theorists such as Said and transformative theorists such as Foucault and Giroux. The Treaty of Waitangi is seen as pivotal to its application as a negotiation tool for resource allocation for Maori (Jefferies, 2001). Cultural safety education has been a compulsory part of nursing education for the last ten years (Jefferies, 2001), but Ramsden, observes that the concept has been redefined to meet the needs of education providers rather than service providers with little impact on negative Maori health outcomes.

Little is known of how cultural safety education in nursing translates into safe care for migrants in New Zealand because the focus has been largely on the partnership between nurses and Maori. Moreover, the focus of efforts to establish parallel services for Maori on the basis of Treaty obligations can result in the assumption that mainstream services do not need to improve their services so that they are not exclusionary, because they can avoid responsibility.

The purpose of this section has been to build a platform or justification for developing alternative research frameworks. It has been argued that the universal health care system engenders responses toward migrant women that can pathologise and stereotype and is associated with pathologising elements of the medical model and the deficiency discourse. Particular or equitable strategies that treat people differently in order to achieve the same outcome can also be seen as discriminatory. Strategies that are universal or particular, culturally sensitive or anti-racist, individual or structural have their own politics. A dialectic process could be used to reconcile the differences between these strategies that takes into account time, space, context and more importantly the needs of the person receiving the service. Further research and needs assessment are required from the perspectives of migrant communities in order to enhance the knowledge available to health providers that do not duplicate dominant discourses based on hierarchies that demand assimilation.

Conclusion

In this chapter I have reflected critically on the discursive constructions of migrant women, drawing on the concept of othering. I have shown how the prevailing discourses pathologise migrant women, subjugating their agency and constructing them as passive, failing to recognise them as active agents in the migration process. There is evidence that health care guided by these discourses fails to acknowledge the strengths of migrant women and can become unwittingly ethnocentric, pathologising and assimilationist. There is a need for changes in health service delivery and for research that informs practice. New strategies for the health care system and those working within it have been suggested that are both individual, interpersonal and structural, but further discussion is warranted on them as they have their own politics and limitations. Further research is required from the perspectives of migrant

communities for several reasons. The first is in order to enhance the knowledge available to health providers, so that dominant discourses are not replicated. Secondly, to discover how equity for migrant mothers can be achieved, thirdly research from the point of view of a minority group will highlight the unexamined assumptions that can underpin research and can generate more critical questions.

This chapter has signalled the need for new research agendas to inform practice in the health care of migrant women due to the inability of the prevailing discourses to bring about valid representations of minority women. In the next chapter I will build on this discussion by identifying the epistemological and methodological implications of conducting such research.

3 Legitimizing alternative modes and locations of knowledge production

I must be the bridge to nowhere
But my true self
And then
I will be useful (Rushin, 1983, p. xxii)

The previous chapter pointed to the need for the development of two main areas to enhance the health care of migrant mothers. These are the development of culturally appropriate research incorporating pluralist methodologies in order to create new spaces for discourse to occur and, secondly, the use of that research to inform health care practitioners. These strategies support health care delivery to become culturally responsive and culturally sensitive rather than marginalising and stereotypical. The original purpose of this research was to uncover the issues faced by migrant women in adapting to motherhood in a new country and to make visible the strengths and strategies that Goan women in particular used to manage this dual transition. Using precepts from grounded theory (Glaser & Strauss, 1967) several significant findings arose in this research and these will be described in chapters five and six. However during the research process it also became apparent that there was a need to develop a research design that was methodologically pluralistic and which incorporated self-reflexivity. Doing so, could allow for new undetermined discursive spaces to emerge and allow for the authentic voices of participants to lodge and be heard.

In this chapter the issue of appropriate methodology for culturally based research is explored. It is important at this juncture to distinguish between the terms method and methodology. Methodology is the philosophical position that frames the questions that are asked, the methods that are employed and shapes the analyses, whereas method refers to how data is collected (Keddy, Sims, & Stern, 1996). Some writers argue that research has been dominated by white, middle-class, male researchers and that using dominant methodologies can serve to reinforce stereotypes, especially where there is no understanding of the complex racialised processes, gender issues or social contexts

that can affect particular groups (Connolly, 1998). In this thesis, the term 'white race' has been used to delineate a social and political space (Allman, 1992). The issue of undertaking research with groups outside the 'norm' is made more complex within a university setting that works in a largely mono-cultural or bi-cultural manner in the context of a country that is grappling with multi-cultural issues. Therefore, the issues surrounding the development of a methodology that is culturally appropriate for Goan women in New Zealand are examined in the context of New Zealand history and of 'othering'. Following this, the appropriateness of grounded theory as a research method for working with diverse groups is briefly considered in order to contribute to the evolution of that methodology. This examination is relevant because a grounded theory approach was initially proposed for the research with the participants. The examination will be accomplished by critiquing the existing fashion in research that demands the rigid conception of an 'appropriate method', contrasting as it does with what England (1994, p.81) calls the "openness and culturally constructed nature of the social world, peppered with contradictions and complexities." The second part of this chapter explores the current methodological hegemony that reflects the monocultural values within the Western academic research community. The effects of this on the type of research that is produced by qualitative researchers and the impact that this has on scholars of colour working within these hegemonic academic settings are discussed. Finally, some solutions are proposed that have the potential to lead to a change in focus away from purism and epistemological hegemony towards reflexivity and methodological pluralism. The solutions that I propose are derived from my reading of scholarship in multicultural and postcolonial feminisms, which Harding (1998) sees as 'thinking spaces' that have opened up as a result of changes in both social relations and discourses. These thinking spaces have created room for new kinds of questions to be asked and "new kinds of possible futures can be articulated and debated" (Harding, 1998, p.17) and it is within these spaces that my scholarship is situated.

Research, biculturalism and the "other"

It is important that an analysis of Goan women's experiences of dual transition is contextualised within the larger socio-political and cultural context of New Zealand. New Zealand was originally settled by different Polynesian groups up to 2,000 years ago and contact with Europeans occurred with Tasman's arrival in 1642, followed by

Cook in 1769 (Roscoe, 1999). Organised settlement began in 1840, the same year New Zealand was declared a British colony and Te Tiriti o Waitangi /The Treaty of Waitangi signed (Roscoe, 1999). The subsequent waves of kin migration of people of European descent through favourable policies resulted in a dominance of this group so that Maori became outnumbered by others and became the 'other' in their own land (Du Plessis & Alice, 1998).

Visibly different migrants such as Indians, Chinese and Samoans became 'others' because of their different physical appearance, religion or culture, without the status of the indigenous Maori (Du Plessis & Alice, 1998). One of the first Indians to arrive in New Zealand was thought to be a Goan nicknamed "Black Peter" (Edward Peters) in 1853 (Leckie, 1995b) and the first Chinese arrived in 1866 (Roscoe, 1999). However, fear of the impact of foreigners led to restrictive Acts of Parliament being introduced between 1870 and 1899 and these were only repealed when new sources of labour were required.

A result of racially biased legislation was that the migrant became marginalised on two levels; firstly as an outsider to Maori and secondly as an outsider and cultural 'other' to Pakeha (Jaber, 1998). The process of 'othering' of Asian immigrants¹ differs from that of Maori. Firstly, Asians are considered to be contributing to the economy even if they are 'too successful' by virtue of their skills and working attributes and secondly, elements of Asian culture can be commodified for consumption in the form of food and restaurants (Pawson et al., 1996). In particular this packaging absolves the consumer from caring about "the authenticity of the product, its cultural meaning, its technical sophistication or its historical origin" (Yuan, 2001, p.79). This process of consumption fetishises, foods, clothing and rituals into a decontextualised barren image.

Orientalisation, the process of othering of the Orient that is closely linked with colonialism (Birch, Schirato, & Srivastava, 2001), can be seen in Puwar's (2000, p.133) observations on the place of Indian (South Asian) women in a global context, that they are:

¹ 'Asian' is a term that has differing definitions depending on the geographical context in which it is used. Here it defines a category under which Indians are subsumed but more commonly in New Zealand it is used in reference to those of South East Asian and Chinese origin.

Exoticised as sensuous, seductive, full of the hot, spicy, spiritual aroma of the East. Traces of this image figure large in the popular imagination of the West. They are especially popular at the moment, as they are being capitalised by western icons (Madonna), catwalks and pumped and primed by fashion industries.

Puwar sees this global consumption of the construction of the East as historic and including such things as nose-studs, *bindhies* or *tilak*², which traditionally are worn only by married women and on special events but are now used as a fashion accessory in the West, and *mendhies*³. *Sari* material, *yoga*, *ayurvedic* medicine and Eastern spirituality have joined the list of consumables that many New Zealanders enjoy without understanding their social, political, cultural and spiritual significance.

Despite the consumption of 'Indianness', little emphasis has been accorded to visibly different migrants in the debates over citizenship, which have become critical over recent years in New Zealand. These debates have in part been due to the renaissance in Maori sovereignty, increased migration and are related to the global rise in indigenous movements in the 1970s that have seen the re-positioning of Maori as indigenous to New Zealand and the evolution of a bicultural nationalism (Roscoe, 1999). Critics such as Thakur (1995) argue that the official rhetoric recognises the legitimacy of Maori and Pakeha but excludes migrant cultures that are non-white and non-indigenous. These 'others' are excluded from the debate on the identity and future of the country in which they live, leading writers such as Mohanram (1998, p.21) to ask "what place does the visibly different coloured immigrant occupy within the discourse of biculturalism?" This tension exists for many other groups as well, for example Wittman (1998, p.39) has commented "on the exclusionary effect of any others by the ideology of biculturalism" for Jewish people in New Zealand. So, there remains a tension between the universalist, egalitarian notion of equal treatment of citizens and the need for recognition of cultural specificity. Docker and Fischer (2000) suggest that there needs to be a recognition of the politics of universalism and the politics of difference and conclude (2000, p.6):

² The red spot Indian women paint on their forehead.

³ The tradition of women painting henna on their hands.

Thus, we experience a plethora of overlapping, competing and unresolved contradictions: colonial versus post-colonial, old settlers versus new settlers, indigenous people versus invaders, majority versus innumerable minorities, white against black or coloured, the search for a collective, inclusive or 'national' identity...vis-à-vis the search for individual and personal or group identity based on ethnicity, language, country of origin, or religion. All these struggles are played out on the same but rather less-than-level-playing field: social antagonisms, class and gender differences continue to play decisive roles in the game of identity recognition.

Having briefly reviewed a history of New Zealand settlement and the issues of identity recognition, it is useful to outline how empirical qualitative approaches such as grounded theory have been utilised in issues around culture. Grounded theory is itself a complex method and methodology that has been influenced by many different scholars with different positions and has undergone significant evolution and progress since its inception. It is hoped that this discussion will contribute to the on-going evolution of grounded theory.

Purism: making culture invisible

Despite the "declining emphasis on grand theories and narratives" that has come about with post-modernism (Kaomea, 2001, p.67), many qualitative researchers in nursing have assumed that purism and a dogged adherence to a method equals rigour, whilst remaining fearful that using different methods might lead to different and competitive findings. This desire for purism has led to a new focus on following rigid procedures, an emphasis on technical details and a belief that a lack of purity is equal to intellectual weakness. Rigour is at risk of becoming synonymous with rigidity. Such a drive for methodological purity stifles theoretical innovation and flexibility and involves a zealously and rigidly applied method, akin to 'research by numbers'.

This case seems to be exemplified by the use of grounded theory, as it is a popular research method within the nursing academy. Lowenberg (1993) contends that the desire to make data collection and analysis more scientific has come as a result of the pressure to make qualitative research valid and credible. However, the standards of truth upon which the notions of validity and credibility are based are mono-cultural in so far as they assume those notions to be culturally neutral, thereby denying the particular cultural pedigree of those ideas. Where data does not emerge directly but is implicit in the discourse there is a risk that the researcher will silence or exclude it

because they do not deem it significant. This creates a tension for researchers located outside the dominant culture, leading to a situation that Loomba (cited in Kaomea, 2001, p.69) describes as “sweeping marginalised narratives and perspectives once again under the carpet” in order to achieve methodological purity.

The significance of culture in research is contested by Glaser (1978, p.60), one of the originators of grounded theory, who argues that the researcher should not assume the relevance of a variable, for example culture or gender, unless it has emerged as significant. These criticisms highlight a limitation of grounded theory, which is that culture might not be made explicit and so becomes lost amidst other data. Glaser’s assertion that the significance of culture will become readily apparent if it is relevant is challenged by Scheurich (1997) who states that culture is not privileged as a defining dimension in the subtle nuances of grounded theory, while Lowenberg (1993) contends that grounded theory fails to accord emphasis to power inequities and contextual issues. Taking this notion further, I draw upon Bhatia and Ram (2001), who suggest that the assigning of colonial history, gender and race to the status of ‘variables’ means that their embeddedness in a network of multiple and contested cultural practices is overlooked. This debate over culture in grounded theory highlights the fact that all scholars occupy a particular social location; that theories that have arisen from a particular perspective are not necessarily inclusive of voices from the margins, where culture or ethnicity are defining dimensions of the experience of being in the world (Allen, 1999). Furthermore, cultures are discursive objects and it is important that as researchers we do not support systems of injustice by “unintentionally reproducing ideological discourses under assumptions of descriptive neutrality” (Allen, 1999, p.232).

DeVault (1995) argues that following the methodological rule of letting findings ‘emerge’ can result in a failure to hear the significance of race and ethnicity in the stories of study participants. She argues that race and ethnicity are always significant and integral to analysis and that active attention is needed to hear the relevance, rather than passive listening and recording. Lastly, DeVault claims that any methodology that ignores culture and ethnicity is flawed and that the adherence to neutral techniques for analysis does not prepare researchers to identify and understand the effects of a racialised social context. Conversely Meleis (1996), a prominent nursing scholar, rejects

a focus on culture as a unit of analysis when it does not include other factors, arguing that this can result in stereotyping, homogenising and reductionism which then ignores structural factors on the basis of cultural relativism. One method of countering Meleis' concerns is through a process of reflexivity, which will be discussed in more detail later in this chapter.

A further limitation of grounded theory identified by Hall and Callery (2001) is the lack of attention to the impact of the researcher-participant relationship, particularly on the construction of data relying on interviews and observation as mirrors of participants' realities. The authors suggest that this is a result of grounded theory being conceived against a backdrop of predicting cause and effect within the post-positivist paradigm. They claim that its originators have failed to acknowledge the impact of social processes in the generation of data and the social construction of knowledge through the mutually constitutive relationship that exists between participants and researcher. Hall and Callery advocate the incorporation of a reflexive process and what they term 'relationality' into grounded theory as a way of enhancing the rigour of grounded theory findings.

Epistemological racism?

In more overt terms, empirical approaches such as grounded theory might be charged with being potentially racist in their effects. Research has been described as "the techniques or processes for producing knowledge within a particular epistemology" (Scheurich & Young, 1997, p.12). Questions of epistemology are "questions about how can we know certain things and what counts as legitimate knowledge of those things" (Tolich & Davidson, 1999, p.23). It can, therefore, be argued that research is partially at least a product of the researcher's own values and social position. Therefore the values of the white, middle class, male elite who dominate the research community will be reflected in the main (Blair, 1998). Furthermore, "because whiteness is the ideology of the center, those who operate within its precincts are not obliged to examine the power and the privilege that their whiteness affords them" (McLaren, Carrillo-Rowe, Clark, & Craft, 2001, p.211).

Scheurich and Young (1997) have identified what they term 'epistemological racism' in the research paradigms of academia. They hold that epistemologies are situated and therefore racially biased ways of knowing, that is, they reflect the values and interests of their creators. Secondly, they maintain that theories of knowledge arise out of the social histories of specific groups. Scheurich and Young argue that the 'white race' with their epistemologies and ontologies have dominated western civilisation, becoming deeply embedded and legitimated and thus devaluing other views. In turn academia has had a role in perpetuating the hegemony of the dominant Western ontology and epistemology, that has been universally applied across disciplines, cultures and periods in time, ultimately colonising knowledge production (Henry, 1999).

Said and Fanon (cited in Waitere-Ang, 1998, p.226) have also noted the dominating and legitimating force of research. They claim that the 'white race' have "unquestionably dominated the construction, maintenance and perpetuation of the literate research archive" and this in turn essentialises and homogenises white people. The implications of this dominance are emphasised by Ladson-Billings (2000) who goes beyond defining epistemology as a way of knowing to defining it as a system of knowing that has a legitimating force. Schutte (1998, p.54) puts it well:

What we hold to be the nature of knowledge is not culture-free but is determined by the methodologies and data legitimated by dominant cultures. In other words the scientific practices of a dominant culture are what determine not only the limits of knowledge but who may legitimately participate in the language of science.

Legitimate epistemologies

Research scholarship needs to be more inclusive, not just in terms of the inclusion of diverse participants but in regards to knowledge construction from different locations (Anderson, 2000). Despite the threat to white male middle-class hegemony from the introduction of increasingly diverse socio-political positions and identities in the knowledge process (Henwood, Griffin, & Phoenix, 1998), Scheurich and Young (1997), question how it is that all of the epistemologies currently legitimated in research are derived from the social history of the 'white race' and more recently Gill (1998) argues from white, middle class, first world feminists. Scheurich and Young (1997) maintain that this epistemological hegemony creates negative consequences for people of colour

that can restrict or exclude the range of possible epistemologies. Such consequences include the lack of legitimation of other epistemologies and the implicit favouring of white researchers due to similarities in social history. A lack of legitimation also occurs in the context of evaluation by white academics, who have difficulty judging the research because of the lack of cultural expertise, specifically around the significance of the foundations used for validating a given set of data or a particular understanding (Scheurich & Young, 1997). Schutte (1998, p.55) concurs, arguing that "the culture of the subaltern group will hardly be understood in its importance or complexity by those belonging to the culturally dominant group unless exceptional measures are taken to promote a good dialogue." Schutte (1998, p.55) concludes that there will always be a residue of meaning that cannot be reached which she calls "cross-cultural incommensurability" but that what is needed is appreciation, respect and recognition. While Spivak (1996) argues it is not necessarily that the subaltern can't talk, it is that those who have the power to do something may not be listening.

Relativism and solipsism?

Miller (1997, p.24), in a critique of Scheurich and Young's argument, makes two points in the context of feminist and post-modern methodologies. The first is that their argument leads to a form of relativism where the "authors position must result in a number of racial, ethnic, and gender epistemologies that are radically different not only from the dominant culture's epistemological heritage but from one another". This ultimately leads to a form of solipsism where no one outside a particular context will understand someone else's epistemology. This view is strongly emphasised in the work of some Maori research methodologists, who claim that insider knowledge is more valid because only an insider can understand the nuances that affect the participants (Kiro, 2000). This leads to a number of problems, not least that if there are no standards of critique and evaluation operating across epistemologies then discourse will not be possible. How can work be critically assessed if everything is valid? This has implications for research supervision where a supervisor is not a member of a particular group. Secondly, if the criteria used to assess research are considered inappropriate for a particular group then Miller argues an impasse will be reached. Miller suggests that the way forward is by articulation, dialogue and openness to critique. Furthermore as Gelthorpe (1993 cited in Bowes & Domokos, 1996) concludes,

there will always be some 'social ground' that will not be shared. Implying that there will always be the possibility of some shared ground.

Impact on researchers of colour

Active intellectual work is needed to develop worldviews that differ from the prevailing worldviews of Western academia. This is needed to bypass the internalised views obtained from schools and other structures. For researchers of colour this means having to become epistemologically bi-cultural in order to survive (Scheurich & Young, 1997). This is termed by Narayan (1992) as 'epistemic advantage' and is thought to offer a more complete account of the world than insider or outsider positions (Bailey, 1998). Other writers of colour call it 'double consciousness' (Du Bois cited in Ladson-Billings, 2000), 'wide angled vision' (Wynter cited in Ladson-Billings, 2000), 'inhabiting multiple epistemic positions' (Anzaldúa cited in Ladson-Billings, 2000) or the 'outsider within' position (Collins, 1990). This position is developed by members of minority groups who are required to have fluency with practices of the dominant group in order to survive in that society but also have knowledge of their own contexts. This makes them able to relate to two sets of practices and in two contexts, although there might equally be a sense of being an outsider or of lacking fluency in both contexts (Narayan, 1992).

The 'outsider within' position provides a useful stance for accommodating the range and acknowledging the limits of the multiple identities of the researcher and how the interplay of these identities can be used to interpret the experiences of participants and the research dynamics (Collins, 1990). The 'outsider within' position that Collins describes has the ability to be both inside and outside of what is being researched so as to understand both. This position provides a platform for critically examining the limits of dominant approaches when attempting to understand the experiences of marginalised groups. Such a tension can provide a means for new knowledge systems and insights to be created. Kaomea (2001) adds that the reconciling of this 'outsider within' tension might occur through the development of hybrid methodologies that would in my case speak to both Western and Goan ways of knowing. In this vein Bailey (1998) proposes two advantages of knowledge that is generated from 'outsider within' locations: Firstly, it creates a new focus on the experiences of marginalised groups that have been overlooked by other epistemological projects and; secondly, it

provides knowledge for those in the centre to develop new understandings about their relationships with marginalised people from their own perspective. For the marginalised group, the outsider within position provides a means for capturing the complexities of their lives and for naming or voicing concerns that are taken for granted or hidden by a community (Smith, 1998). However, this can be bittersweet, as Villenas (2000, p.74) states:

The “minority” researcher finds herself caught within and against the colonising nature of ethnographic research. Racialized identities are often manipulated and commodified *vis-à-vis* majority culture in the research field and in the classroom, and the woman-of-colour researcher herself remains embedded in and even reinforces the “coloniser/colonized” opposition structured by traditional ethnography

Being an ethnically diverse researcher with insider or emic status might not minimise or prevent the researcher colluding with the dominant group either, particularly if as Waitere-Ang (1998) cautions, the researcher is working within a Eurocentric paradigm, leading to a situation that Ladson-Billings (2000) terms ‘epistemic limbo’. Narayan (1992, p.266) reasons that, “there is rarely a dialectical synthesis that preserves all the advantages of both contexts and transcends all their problems.” Ladson-Billings (2000) concludes that the purpose of discussion of racialised discourses is to not just colour the academy, nor is it to dismiss the work of European or American scholars but to define the limits of prevailing standards of scholarship. This is a sentiment with which I agree and again consider that reflexivity can prove to be a useful strategy in advancing this agenda.

Moving forward

There are particular historic and social influences that impact on the life and health of Goan women that are difficult, even impossible and certainly inappropriate to describe from a Western epistemological standpoint. Researchers attempting to understand the complexity of social worlds could use a variety of analytic angles on data and become familiar with a range of interpretive approaches (Taylor, 1998). Taylor, an African-American scholar, works within what she terms a ‘Womanist’ framework for African American women. In the same vein, Ladson-Billings and others (2000, p.260) propose “developing a different epistemological frame to describe the experiences and

knowledge systems of people outside the dominant paradigms." This development of an alternative epistemological frame will be described in the following section.

Multiple methods and methodologies

Little has been written about the extent to which methodologies can be mixed in qualitative research, despite the common occurrence of this practice. Lowenberg (1993) proposes that the interest in multiple methods is due to the shift toward less structured research, related to the influence of feminist and post-modern approaches. In contrast, Lowenberg argues that nursing research has moved towards being more structured and technical. She states that three trends are concomitant with the former shift to less structure. These are the increasing acknowledgment of multiple realities and the ambiguity and complexity of every day life that have led to the blurring of methods and methodologies. Second, is the importance of locating the researcher in the research and, third, the demand for reflexivity. Each of these trends will be described in the following section.

There is a close relationship between the various qualitative methods. Some authors contend that it is inevitable that pluralism occurs for "philosophical and pragmatic" reasons (Johnson, Long, & White, 2001, p.243). At this juncture it is worth clarifying the conceptual issues around use of the term triangulation which is the use of two or more theories, methods, data sources, analyses or investigators (Shih, 1998). The two main purposes of triangulation are the production of findings that are convergent or complementary. Convergence refers to confirmability and is more commonly used in regard to qualitative research that has been used as an adjunct to quantitative research while complementarity refers to completeness, which enhances the understanding of a phenomenon. In a small sampling of the research about multiple methodologies, completeness is the most common goal of triangulation. Fine, Weiss, Weseen and Wong (2000, p.119) argue that deliberately using "different methodologies will illuminate different understandings" and add depth. This notion of illumination and reflection is supported by Wadsworth (2000) who contends that research must reflect the complexity and unknowability of the world or otherwise risk being incomplete. In relation to nursing, Maggs-Rapport (2000) says that using multiple methods that lead to completeness is vital if nursing is to consider itself a holistic discipline.

Shih (1998) defines six types of triangulation, two of which are described in the following section in a bid to highlight how they have been deployed in this study. The first, methodological triangulation means the use of more than one research method, which can be further divided into 'between method' or 'within method'. The latter refers to the combining of similar data collection strategies while the former is taken to mean the use of both qualitative and quantitative research approaches within the same study. Between method triangulation is a strategy with limited applicability in this context, because I contend that quantitative research and positivism with its culturally neutral epistemology renders culture invisible. Many writers support a within method triangulation, similar to that used in this research. Layder (cited in Johnson et al., 2001) argues for an eclectic method that draws on methods from a range of qualitative approaches that then has greater relevance to wider social issues than grounded theory or other qualitative approaches that are fashionable. Moodley (2000) also advocates a multiple epistemological approach to research in order to understand a pluralistic society, as he argues, using conventional epistemologies invalidates the realities on the ground for culturally based research. Wadsworth adds that triangulation provides a more accurate reflection of social reality by increasing the richness and depth of the data (Wadsworth, 2000). In this post-modern world it is doubtful that there is a truth 'out there' waiting to be captured, and the goal of the multicultural methodological approach I am advocating is to more effectively facilitate sensitive inquiry. Lincoln and Guba support this approach (2000, p.167) stating that, "there is great potential for interweaving of viewpoints, for the incorporation of multiple perspectives and for the borrowing or bricolage, where borrowing seems useful, richness enhancing, or theoretically heuristic."

The second type of triangulation outlined by Shih (1998) is analysis triangulation, which is a more recent method of triangulation. This is where more than one mode of analysis has been used to analyse the same set of data. I have used analysis triangulation in this study for completeness and my contribution to the debate concerns the centrality of 'cultural analyses' to research topics such as migration within a minority population.

I have deployed two other forms of triangulation in this research. The first is a triangulation of values according to Lincoln (cited in Ebbs, 1996, p.218), here the

researchers values, the participants' voices and a third dimension, the "social, cultural, political and economic contexts surrounding the life of the researched" are incorporated. The second, identified by Allen (2000) is where intellectual ideas have been interrogated with personal experience so that both emotional and rational facets can be reconnected as tools for generating rigorous data. This is also termed reflexivity and will be discussed in the next section. This form of triangulation significantly alters the meaning of 'analytic rigour', moving it beyond the meanings given to the term within either methodological triangulation or analysis triangulation.

Reflexivity and positionality

It is important to analyse not just the content of the knowledge that is produced through research, but also the process in which research is conceived, produced and justified as knowledge. This is because research is "an active process, engaged in by embodied subjects, with emotions and theoretical and political commitments" (Gill, 1998, p.24), that have an impact on the process. The narratives used by participants reflect both their social location and the cultural resources that they have access to, and will also have an impact on the process (Jackson, 1998). As a researcher, the choice of methodology and the research design are influenced by one's own identity and "we inevitably bring our biographies and our subjectivities to every stage of the research process, and this influences the questions we ask and in the ways in which we try and find answers" (Cameron, Frazer, Harvey, Rampton, & Richardson, 1992, p.5). Researchers also have a pivotal role in shaping the research encounter through the theoretical, ontological, personal and cultural frameworks that they hold (Luttrell, 2000). The question is how can they faithfully represent the voices of the researched? Lamb (1989) suggests that a process of critical thinking using reflexivity can be utilised to consider the reciprocal influence of the researcher and their participants.

England (1994) states that research is incomplete until it has included an analysis of the researchers role in creating the research. Locating the researcher as a participant in the dynamic interrelationship of the research process can assist the reflexive researcher to develop an awareness of how their presence affects not just the outcomes of the research but the process as well. Nurse researchers like Koch (1998) suggest that incorporating a reflexive account of the process can enhance rigour, validity and the ethics of research. The reflexive researcher needs to reflect on their multiple

positionings and identification with groups, the political implications of their work and the context of unequal power relations, so that they can produce research that is both plausible and reflects better the voices of those being researched (Easterby-Smith & Malina, 1999). Yet, as England (1994) contends, the research relationship is intrinsically hierarchical and being aware of power inequities and being reflexive is not sufficient of themselves to resolve this. However, in the case of this research the notion of reflexivity has been deployed out of the recognition that a balance between research that is both plausible and reflective of those being researched is not to be found anywhere.

To emphasise how social position, personal histories and lived experiences matter in the constitution and application of scientific knowledge, Allen (1999) gives two examples. The first, of a nurse in China and a nurse in the United States identifying different features of Thai culture or childbirth service planners. The second, substance abuse service planners picking out different features of Inuit culture. The different discourses would construct different 'Thai' and 'Inuit cultures'. Allen (1999, p.228) argues that diversity of standpoint is not the problem, the problem is not being explicit about the standpoint, in particular when the writer is "from a cultural position that has exploited or colonized the culture being written about." There is a need for honesty about the particular distortions that will impact on the research as a result of the researcher's particular socio-cultural positioning. Moreover, the need to be constantly reflexive about processes, data collection, analysis and relationships is more imperative for those positioned as insiders, with additional responsibilities to their communities (Kiro, 2000; L. Smith, 1999).

According to Hamberg and Johansson (1999), as individuals we have multiple identities that can be used, not used, highlighted and minimised depending on the situation and these have consequences for the type of data that will be collected. The authors recommend using the word position rather than roles because of the constitutive nature of discourse. For example in the research that I conducted, I positioned myself and was positioned by the participants as Goan, woman, researcher and nurse. All the positions reflected different discourses, which then meant different reactions for different positions triggered during the interview. In the Goan migrant woman position I hoped that being an insider would mean that women would talk

more easily to me because I had had similar experiences. I could then recognise and affirm the issues. In the researcher position, I had to ultimately interpret what the participants said. There is also the tension of knowing that I am going to be engaging people without a voice in research and then reporting the findings from my privileged position of conference attendee and academic writer.

Advocates of reflexivity, such as Kleinsasser (2000), promote it as a tool that enhances a researcher's capacity to be both ethical and trustworthy in interactions and aware of ethical challenges before, during and after the research rather than relying purely on the informed consent procedures and regulations. In a slightly different vein, Easterby-Smith and Malina (1999) advocate the application of a reflexive analysis to produce meaningful insights both about others and about ourselves as researchers. Other writers suggest a dialectical approach is necessary in the sense of the researcher moving between the world of the researched and their world of origin. That way, recognition is given that researchers move in and out of similarity and difference which are often contingent, contradictory and held in tension at the same time (Reed, 2000). Beoku-Betts (1994) suggests that it is the management of the similarities and differences that is critical.

Reflexivity can be used in varying contexts and with different aims, to enhance the credibility and rigour of the research process as well as make transparent the positionality of the research. Beoku-Betts (1994) supports this notion and takes it further, suggesting that reflexivity can assist in clarifying the stance of the researcher as well as contributing to the dialogue about improving effectiveness in research with minority groups. Rigour then becomes more about intellectual honesty than methodological purity and the illusion that any research technique or procedure can be pure, complete and advocated for is challenged.

Francis (2000) recommends reflexivity as a tool for exploring one's own position in discourses as well as appraising how one contributes to their maintenance. Self-conscious writing has therefore been employed in my research as a way of breaking or disrupting hegemonic practices (Asher, 2001). I kept a journal of my feelings and perceptions following each interview. It was important for me as a researcher to be aware of my own values and issues and a type of self-assessment and supervision

process seemed to be a way of clarifying my part in the process. What I was able to uncover were some of my assumptions in my socialisation as a mental health nurse/therapist. In this position I had an implicit expectation of participants using the research process, as a cathartic and emotional experience, which was challenged. This expectation meant I perceived participants as dependent on a more powerful other (that is the researcher) to put in a process that 'allowed' them to 'reflect properly' on their experiences as in Lorna's case.

Lorna needed more prompting than I expected and also kept things lighter than I had anticipated. I guess because in the past I have seen women who were much more emotional and open in my role at maternal mental health. She made some of her own connections so hopefully she got something out of it as well. Prior to turning the tape off she became more open and humorous (Field notes, 1st April).

This piece highlights the assumption I had that experiences around motherhood require a cathartic process and that this is the best response to 'issues'. In this example I colluded with the notion that women are fundamentally emotional in nature. This example implicates me in my own position in and perpetuator of the subjugating and pathologising discourse of the medical model within psychiatry, which is considered by many as a traditional, socially unjust epistemology and paradigm.

There is debate with regard to how reflexivity should be incorporated into the research process, with Gill (1998, p.37) contending that, "writing has become the main vehicle for practising reflexivity" and concluding that reflexivity needs to encompass the whole research process not just the writing. That said, Fine et al., (2000), caution that the inclusion of the researcher's subjective experience can appear self-indulgent or be taken too far if it floods the text and overwhelms the participant's voices. Patai (1994) concurs, expressing concern that self-reflexivity can be self-indulgent and narcissistic and does not change reality, Allen (2000, p.12) counters this stating: "reflexive practice is a process of self-critique not self-absorption". Fine et al., cite Lawrence (2000, p.109) in their argument, suggesting it is a political act for researchers of colour to acknowledge themselves as creators and interpreters of the text because they have been largely invisible. Gill (1998) adds that personal details can be strategically leaked to prove one's credentials in a bid to dispense with rigour. Putting in a critique of one's

position can imply that issues have been managed but this may just be an inoculation of one's own arguments that then are difficult to challenge (Gill, 1998). Thus the use of self-reflexivity can both obscure and displace the participants in the research, by placing the researcher at the centre. Self-reflexivity has to be a political process that leads to intervention and making a difference rather than self-indulgent 'navel gazing' for the sake of a new academic fad (Lal, 1999).

Conclusion

Alternative epistemological and methodological frameworks need to be developed that progress research and the understanding of the lives of those New Zealanders who exist outside the current bi-cultural paradigm. The use of dominant methodologies can serve to reinforce stereotypes if there is no understanding of the complex racialised, or 'othering' processes or social contexts that could affect particular groups. Nurse-researchers in New Zealand need to extend the range of perspectives that are considered legitimate and challenge the theoretical dominance and application of Eurocentric theorists to the lives of New Zealanders by being open to the validity of alternative epistemologies in knowledge production.

In order to do this, researchers of nursing practice must not limit themselves to a single approach if they aim to reflect the complexity of the world in which nurses' work. Failure to do so results in the marginalisation of minorities, rendering them invisible or pathologising them. Single approaches to research can lead to incomplete interpretations and faulty conclusions. There is a need to develop an approach that seeks to create discursive spaces between methodologies thereby allowing migrant women's voices to be heard. This needs to be combined with a process of thorough reflexivity to minimise the distorting effect of any one of these methodologies. Such an approach would subvert established research assumptions and open up ground for experimentation with methodologies. Debate exists about the value of reflexivity with some scholars viewing a reflexive process as self-indulgent while others view writing the researcher into the text as a political act. In this chapter I have argued for the latter view.

4 Study design

you descend wide stairs
 a dark interior
 sunlight through coloured glass
 giving weight to your brief smile
 as you step from the edge
 unsure (Williamson, 2001)

This chapter describes the study design used for the exemplar in this culturally focused research on Goan women and discusses the significance of cultural issues. My own reflections and critique are included to augment the discussion and illustrate the complexity of occupying the research position of 'outsider-within'. Ethical issues are considered through a cultural lens in particular with a focus on the researcher as an insider and the ethical use of research findings. The chapter concludes with a commentary on four issues that were highlighted during the interview process.

Research issues

The methodology used in this study was in the interpretive tradition and borrowed from grounded theory in the use of open ended questions that would elicit rich data, and in keeping a journal of observations, ideas, thoughts related to the research. This interpretive approach allowed for an in-depth focused exploration of experiences with a view to uncovering the ways in which people make sense of their lives, construct identity and seek meaning. This approach however, reflects a realist conception of the social world with the implicit assumption that there is an objective truth waiting to be discovered rather than a social constructionist view, that views reality as a social construction. It also became apparent as the research proceeded that using an interpretive approach left no room for examining the conditions under which the participants made sense of their lives in the context of dominant discourses that shaped their experiences of being in the world. Largely, those embedded within the discourses of colonialism and the medical model. It became necessary to incorporate a critical

perspective in the analysis in order to foreground the structures and systems that determine the actions of the research participants and members of the host country and also include a discussion of the historical processes that have contributed to these structural processes and systems.

Knowledge acquired from qualitative methods seeks to understand the participant's worldview or view of health and illness experiences (Barnes, 1996). Qualitative research can, therefore, provide a suitable framework for identifying the issues that are of concern to women who are attempting to manage a dual transition. It was anticipated that a qualitative methodology would expose the concerns of Goan women and make available for public policy the issues which Goan women found relevant. It was considered that by using a qualitative research method the Goan community would be able to maintain control over meanings and the naming of their own realities in relation to the experience of motherhood in New Zealand. Another aim that became apparent through the research process was to oppose the reproduction of pathologising, universalising and marginalising constructions of migrant women who are 'other mothers.' Mirza (1998, p.81), recommends the researcher have "an overt and political commitment to the researched, as well as a commitment to doing non-hierarchical, reciprocal, negotiated, emancipatory and subjective research" in order to for this to happen. In conducting this current research, I acknowledge that I will be drawing together and reshaping the words of participants into an academic narrative.

Research process

The research design used for the exemplar is outlined below under the headings of sampling, participant selection, informed consent, data collection, data analysis, ethical issues, reliability and rigour of the research.

Sampling

The study took place in a large city in New Zealand among women of the Catholic Goan community. The historical context of Goa and Goans is provided in Chapter one, however, it is worth observing at this point that Catholics make up one of the three religions within the Goan community, the other two being Hindu and Muslim. In selecting participants for this study I had attempted to include the experiences of

Goans from all three faiths but I was only able to recruit Catholics, who form a significant majority within the Goan community in New Zealand. A purposive sampling technique was used and selection criteria limited participation to women who self-identified as Goan. The category of Goan women is not homogenous and areas of diversity within this category include: age, length of settlement in New Zealand, modern or traditional identity, education, number of previous migrations, caste, and so forth. However, the similarities within the category of 'Goan women' such as history make it relevant and useful. Having an 'emic' or insider position made entry easier into the Goan community and facilitated dialogue with new Goan mothers. Davidman's (1999, p.80) words resonate with my own journey as researcher, stating that:

My research projects have brought me into contact with people who struggle with the same issues that I do, or ones that are closely related. I seek to interpret and comprehend our experiences through a continuous movement back and forth between my own memories, feelings and responses and those of my respondents. This process of digging deep into my psyche in order to develop a subtly nuanced, rich and empathic understanding of their lives and simultaneously using these insights to better comprehend my own life, deepens the sociological interpretations and analysis yielded by this research.

Kleinsasser (2000) suggests that this process of self-knowing and reflexivity in turn benefits the research question and illuminates deeper meanings of the data. I envisaged that this would be less difficult than attempting to interview other communities where interpreters would have been required and where there were fewer personal networks.

It was assumed that most participants would not necessarily have been born in Goa or have come directly from Goa due to the history of Goans, which as discussed in chapter one, often included multiple migrations. In order to study how Goan women managed the dual transition of migration and motherhood, it was a requirement that participants had migrated to New Zealand and had a live baby since migrating. There was no limit to the amount of time that might have elapsed since these events had occurred, because the adjustment to migration is a lengthy one and the adjustment process can take several generations (Foss, 1996). Thus there was a range of length in time that women had been in New Zealand from a few months up to twenty five years.

In order to obtain participants, a list of all the Goan women known to the researcher to have had a baby in New Zealand was drafted and the women contacted. An advert was also placed in the Goan Overseas Association in New Zealand (GOANZ) newsletter. This failed to attract any participants. A request for participants was also posted on an electronic listserv of New Zealand Goans. Unfortunately, this attracted a number of women from Mangalore, who were very enthusiastic but did not meet the criteria. Two additional participants were obtained from personal networks in the Indian community. Lastly, I was interviewed for an article written in a local newspaper in the hope of finding women who were perhaps not members of the GOANZ (Richards, 2000). I did this in order to try and recruit participants who might not have belonged to the GOANZ as a criticism of Goan associations has been that they only cater to an elite group (DaCosta, 1978). This article only generated responses from non-Goan women who were keen to share their birthing experiences in a new country.

The participant recruitment process was designed to ensure that coercion and exploitation did not occur. A list of eighteen potential participants was drafted and an initial telephone call was made to each. The purpose of the first call was to obtain permission to send information about the study and a consent form. Four phone numbers were found to be incorrect. The first call that I made to a potential participant resulted in a resounding 'no' from a participant's husband before I had delivered my shyly rehearsed research pitch. In reflecting on his response and later responses from other members of the Goan community to my research, several factors became apparent.

I phoned some Goan women today and the first one I got was Mary's husband. I said I wanted to speak to Mary and he asked me why. When I told him, he replied, I don't think she will be interested in that. I was quite disheartened. I'm realising what a vulnerable process this is already, but I had better luck with the other three phone calls and will post the forms out tomorrow to Evelyn, Debbie and Laura. They were all keen to be helpful and supportive which was nice, and all wanted my home phone number, not quite sure what I'll do about that because the ethics committee suggested I remove that from the original consent form (Field notes 20th March).

Had a good week this week with having the opportunity to talk through what had happened with Mary's husband to women at work who wondered whether it was gatekeeping/patriarchy. Also talked through such issues as to whether it would be harmful opening up a can of worms for these women and Grace put it well, that it could be a period of growth for them and that opening things up then leaving was like ice cream, you enjoy the experience then have another one. Grace also suggested that it might be the only chance for people to tell their story. Also had Sue round on Friday and was able to talk to her about some of the issues and get support, it's worth writing things down otherwise they get forgotten, I think I'll have to get used to writing and carrying a notebook with me. I had the most helpful conversation with my sister today after a phone call with Greta. I had the chance to debrief about the issues that were of concern to me (particularly Mary's husband). There are a few issues to take into account with this research:

- The history and politics that people had with the Goan association which included my mother's stint as president and founder member.
- Abruptness which was possibly cultural.
- Might not have anything to do with me or my research, but more about people's time commitments etc.
- I'm the guineapig, going into the unknown where no other Goans have gone.
- The territory is also unknown for the women who are to participate.
- It will be difficult for me feeling my way, feeling uncomfortable and processing.
- A lot of what comes up will be bigger than me, older than me for example who supported the Portuguese and which village people are from.
- Also the history of infighting and politics here and now
- Maybe they've had good or bad experiences with my parents
- They might have assumptions about who I am (based on social interactions with my parents)
- Concerns about confidentiality
- Maybe there is an issue for me around claiming my culture (I'm an insider and an outsider)
- Because I'm doing ground breaking work, maybe it's OK for me to be nervous (get rid of pressure to not be nervous)

I don't like going to people to ask them for their help, I'm used to being approached in my role as clinician/nurse therapist (Field notes 26th March).

The above examples show how doing research within one's community can unsettle values and beliefs that have repercussions for the researcher and their families.

Kaomea (2001) suggests that this risk is worthwhile and if research is conducted in a respectful and reflexive way, this can strengthen the community through the expression of previously silenced voices and the unpacking of taken for granted assumptions.

A follow up phone call was made a week after the information sheet was posted out to those women who had agreed. One of the women was East Indian rather than Goan. Three women refused for various reasons. One woman declined via e-mail on the following basis:

My primary reason for this is that I believe the expectations that I had (and still do have), regarding my pregnancy and the medical attention and support that I was able to source both pre and post birth, were based on my expectations as a woman and as a prospective new mother, rather than specifically as a Goan woman.

I guess that I had no specific expectations as a Goan woman of things that I would have liked to have seen done, either at the consultations during my pregnancy, during the birth, or afterwards in the postnatal care received from medics, Plunket etc. This is not say that I don't think that cultural awareness and protocols are not a necessary and valid concern in this area, but rather, that I had no "cultural" qualms, concerns or expectations of the health system, in relation to my being a Goan woman.

I guess this may be due to my being a second generation migrant who is comfortable having grown up in NZ having had my maternity care expectations moulded around what is fair, just, ethical, sensitive, appropriate etc. from a health perspective, rather than culturally tailored to my being Goan (Jacqui).

Ten participants agreed to take part and further information about the research and the nature of participation was provided. The interview date and location was then arranged to suit the woman. Seven Catholic Goan women took part in this research. Of

the remaining three who agreed to be interviewed, one did not arrive for a meeting which was arranged at a neutral location and the other two women were not interviewed as writing up of results had already begun and significant time had already elapsed between commencement of the study and their agreement to participate being received.

Data collection

Data collection involved the use of in-depth semi-structured interviews conducted in English. At the beginning of the interview, the purpose of the research was reiterated and the option of not taking part was restated. It was made clear that the participant could stop the interview and the audiotape at any time. Then the consent form and demographic questionnaire (refer to Appendices 2 and 4) were collected. Consent forms were stored separately from the questionnaires and transcripts in a locked filing cabinet in my home. All but one participant agreed to be tape-recorded and detailed field notes of this interview were made by the interviewer and then sent to the participant for checking. The length of the interviews varied, depending on the participants' responses, ranging between 1 and 2.5 hours.

A loosely structured schedule of topics was used to help focus interviews on events surrounding migration and motherhood in a chronological/life history format. The questions were:

- Where were you born and where did you grow up?
- What was life like for you before you migrated? What made you decide to leave?
- What was it like for you when you came here?
- What was it like to become a mother in New Zealand?

The pattern often deviated as the conversation unfolded and other thoughts or observations were introduced.

After the interviews were completed, pseudonyms were discussed and chosen by participants to ensure their anonymity and privacy. Tape recordings were then transcribed verbatim by a transcriber who signed a non-disclosure agreement (see appendix number 3). Transcripts were then posted or e-mailed to participants and

participants were given the opportunity to make changes as required. These were made as requested by two participants. All tapes and transcripts were kept in a locked filing cabinet in my home. Typed transcripts were checked for accuracy against the taped interviews.

Data analysis

Having completed the interview process, the next step was data analysis. Because of the qualitative nature of the study, this occurred alongside data collection. The first step in data analysis involved repeated reading of the interview transcripts and then open coding similar to a grounded theory approach where a label is assigned to certain data (Strauss & Corbin, 1990). The interview transcripts were coded line-by-line and analysed within and between interviews, which Charmaz (1990) maintains keeps the researcher grounded in the data, rather than becoming derailed. A two-step approach was used, where coding was first undertaken manually on the transcript then the transcripts were formatted so that they could be imported into the Qualitative Solutions & Research (QSR) Non-numerical Unstructured Data Indexing Searching and Theorizing (NUD*IST) software application, where they were coded again. As my confidence grew, I coded the text of the final two interviews directly within NUD*IST. The codes were then clustered according to similarity.

The NUD*IST computer software application (Richards, 1998) facilitated the storing, coding and retrieval of data for this study. Browne (1999) suggested that using computer software in qualitative research can make such processes as categorising, theorising and managing data more effective. However, Rice and Ezzy (1999, p.205) caution that "the combination of inexperienced qualitative researcher and inexperienced computer user is an invitation to problems." Despite this, the authors recommended proceeding and utilising information on the worldwide web. I used a manual obtained from the QSR website and subscribed to the Qualitative Software e-mail list server to gain support for using a computer software programme.

During and between interviews, themes were identified and developed. New phenomena arising from the data were given a code (or a node using the terminology of NUD*IST). A challenge was managing the sheer number of codes that were generated. Rice and Ezzy (1999) caution that generating too many codes can make the

task of coding even more time consuming, frustrating and lead to the inefficient use of resources. The authors concluded that codes need to be scrutinised carefully, yet need to be detailed enough to facilitate complex analysis. The next part of the process involved reducing the number of codes/nodes. All similar phenomena were grouped into themes and given a name. These themes were then compared and contrasted with those in the literature.

The main categories were:

1. The history and context of Goan migration.
2. Familial and historic strategies used to maintain Goan culture outside Goa.
3. The reasons for migration (and why New Zealand was chosen).
4. Strategies for adjusting to life in New Zealand.
5. Consequences of migration.
6. Loss of rituals as a consequence of migration and motherhood.
7. Loss of support as a consequence of migration and motherhood.
8. The role of health professionals in women facing the dual transition of migration and motherhood.

Categories one through five will be discussed in depth in the first of the findings chapters, chapter five, and categories six onwards in chapter six.

Ethical considerations

Whilst research can be empowering, highlighting the issues of a particular group, it can also be exploitative and damaging. The risks to participants is further exacerbated through the more intimate processes of qualitative research exemplified by the shift in language, from 'subjects' to 'participants' implying negotiation (Kleinsasser, 2000) and power sharing. My insider status within the Goan community and my long term and on going contact with the participants provided additional ethical considerations. As Kiro (2000) maintains, insiders know more about their communities than anyone else and, therefore, are in a stronger position to both exploit and be influenced by those relationships. Moreover, insiders are subject to moral codes that outsiders are not and insiders and their families have to live with the consequences of their processes for evermore (L. Smith, 1999).

The small size of the community and sample meant that individuals could be identified so confidentiality and participant protection were paramount. Several principles were used to guide the treatment of research participants.

Recognition of the independence of participants was maintained by ensuring that participation was voluntary and consent to participate was freely given and informed. The process for obtaining informed consent followed institutional guidelines (see Appendix 2).

An information sheet about the nature and purpose of the research was posted to the participants (see Appendix 1) along with a consent form (see Appendix 2). Women were encouraged to sign only when they understood and agreed with the conditions of the research. No pressure was put upon participants to take part, and they were free to withdraw their participation at any time. For example, when one participant did not show up at the pre-arranged time, this was not pursued by the researcher who was aware that this might be a more culturally appropriate way of declining to participate.

Privacy, confidentiality and anonymity were preserved by not using identifying details or individual participant profiles in this thesis (Polit, 1991). The safeguarding of all data and maintenance of anonymity and confidentiality was emphasised in this study due to the potential risk of being identified in New Zealand's small Goan population. Data chapters were sent to two participants to comment on whether they were identifiable. One participant requested that the occupation of a family member made her identifiable, so this detail was then removed from the data.

Participants' right to refuse to answer any particular questions was also observed, and the information gained in the interviews were only used for the purposes of this study.

The potential harm of the research triggering distress associated with recounting traumatic experiences related to their experience of childbearing or migrating, issues for the women were addressed by making available contact details of local community mental health centres which could provide counselling and support services, should the need have arisen. These services provide mental health support 24 hours a day,

seven days a week, free of charge. However, at no time did the women interviewed indicate a need for such services.

A further ethical consideration concerns the future use of information produced. The ultimate goal was that knowledge produced by this research would trigger the creation of innovative, therapeutic modalities or a more responsive health system to the needs of ethnic minority women in a largely mono-cultural system. Equally, there is a potential for bringing harm to the participants and the wider Goan community through careless and unethical use of information. Lipson and Meleis (1999) recommend that research findings provide ethnic communities with benefits rather than simply stereotyping or stigmatising them further.

Researchers should attempt to work for the benefit of participants. My hope was that, for each woman who took part, they would gain an improved understanding of their own experience and be able to tell their story, which is known to be healing and therapeutic, be empowered and have their voices heard.

Justice means the right to fair treatment (Polit, 1991). Participants were treated fairly by having easy access to me and back up support as needed available. Women were aware of that the benefit to me would be gaining a higher degree. Another ethical consideration is around the ownership of the information gained in this research. The researcher has been entrusted with information and needs to hold this responsibility carefully. Bevan-Brown (1998) articulates the need for accountability strategies in research to prevent exploitation of a community. Research should empower the community to develop strategies that promote it's well-being. Bevan-Brown suggests that this can be done by returning transcripts or completed chapters for comment or amendment. This means that those who are participants have the final say about what should be incorporated. Typed transcripts were sent to all the participants for comment or alterations, of which two were returned with changes. Participants were offered the opportunity to read the data chapters and it is intended that a copy of the final thesis is presented to participants who want a copy.

A research proposal was submitted to the Massey University Human Ethics Committee where approval was obtained as this study is partial fulfilment for the qualification of Master of Arts.

Rigour

Research needs to faithfully represent the community being studied as well as be rigorous and valid so it attracts the attention of those who can do something about the concerns that are raised (Ebbs, 1996). However, qualitative research by its very nature always carries the possibilities of alternative explanations and a measure of uncertainty (Gillborn, 1998). When it comes to research that is culturally focused, there are added complexities. For instance Blair (1998) argues that black researchers are caught between the need to produce sharp and refined analyses which are then frequently assessed from ethnocentric frameworks that reflect particular assumptions be they political or methodological. In the case of Maori, Smith (1999) argues that only insiders can understand the nuances of the issues affecting research participants and presumably only Maori can establish the validity of that research. This argument carries an element of essentialism that only Maori can understand Maori and only Goans can understand Goans. This relativism can lead to solipsism and limit the value of research to a wider audience as stated in the previous chapter.

Lincoln and Guba (1985) recommend the use of four criteria to ensure rigour in qualitative research projects. These are credibility, transferability, auditability and confirmability. To ensure credibility, member checking with Goan women migrants and other migrants occurred as well as obtaining feedback from participants as to the reliability of the study. Lincoln and Guba (1985) also recommend prolonged involvement with participants in order to ensure that researchers have learned about the culture they are studying and peer debriefing. This took the form of presenting analyses and conclusions to a cultural reference group but Lincoln and Guba also recommend doing this with supervisors who are experienced in the particular research method being used. Transferability was checked by getting feedback from other migrant mothers and asking them whether the essence of the data and interpretation matched their experiences even if the context was different. Lincoln and Guba suggest doing this by ensuring a clear decision trail is presented including a theoretical framework so that others using the information can decide whether this information is

transferable. Finally, auditability and confirmability ensure that the research findings match the data. This was achieved by having another researcher review the transcripts with pseudonyms, the codes and the decision trails so that the process of the research could be clearly followed.

Reflections on the process of interviewing as an outsider-within

Another tool for enhancing the rigour, validity and ethics of research is incorporating a reflexive account of the research process (Easterby-Smith & Malina, 1999; Kiro, 2000; Kleinsasser, 2000; Koch & Harrington, 1998). Including an exploration of the researcher's role in creating the research can make research more complete and facilitate an awareness of how the researcher's presence affects both the process and the outcomes of the research. In the following section, I appraise myself as a participant in the research process and discuss four notable themes related to being an 'outsider-within' that arose during the interview process. The first theme that struck a chord with me as I reviewed the research process I had engaged in was the reciprocal nature of the interviews. A second theme concerned the similarities between interviewing and therapy. The third theme was the issue of having multiple roles and positions as an interviewer and the final theme that will be discussed is the notion of privacy in interviews and the appropriateness of this notion within a cultural context.

Reciprocity and equality are concepts that are considered by many researchers to enhance the interview process and were significant in this cultural research. One of the mechanisms for flattening the hierarchical nature of the researcher-participant relationship is through disclosure or investment of the personal identity on the part of the researcher (Bishop & Glynn, 1999). Another method for shifting the power between researcher and participant that advantages both parties is having flexible roles (Lincoln, 1993). Reciprocity is another method for promoting "mutuality, equality and sharing between researcher and participants" (Rolfe, 2000, p.166). Reciprocity also helps develop trust and strong bonds between researcher and participant particularly if there will be an ongoing relationship (Bishop & Glynn, 1999).

The concepts of reciprocity and equality were highlighted in the research process. As other insider researchers have observed (Islam, 2000; Marshall, Woollett, & Dosanjh, 1998) the process of interviewing was reciprocal and most research participants

interviewed me about my family and their well-being. I also chose to disclose where appropriate my experiences of coming to New Zealand and of working in the maternal health system. This was particularly the case when participants had a prior relationship to my family, extended family or myself. While this type of familiarity and mutual knowledge has been criticised for being unscientific, Schutz (1994) proposes that it is this very familiarity which is part of the relationship building that is required to elicit more reliable data. This is more achievable if the participant and researcher are known to each other.

A second issue that I was highly conscious of was how my multiple identities could impact on the research. By reflecting on my multiple positionings, I aim to produce research that reflects better the voices of those being researched. These reflections accommodate the range and acknowledge the limits of my multiple identities and how I used these to interpret the experiences of participants and the research dynamics. While I wanted to have a flexible role that promoted the concept of equality there was also the danger of role blurring or being pressured to conform to cultural expectations or special responsibilities as a cultural insider. On the other hand, as Beoku-Betts (1994) emphasises, I could potentially be more sensitive and engaged in research because I had more in common with the participants than an outsider. I had to carefully negotiate the various identities and roles such as being the daughter of well-known figures in the Goan community to being a nurse-therapist to being a researcher and myself as a Goan woman. I was also required to negotiate between the prescribed research relationship that required me to be detached and objective (despite using a qualitative approach) and researching within my own community, which required me to have intimate and enduring relationships with participants.

In the case of being an insider within the mental health system, I was aware that interviewing could bring up issues in a similar way to therapy because a space for reflection in the presence of a skilled interviewer was going to be created. I was aware that I needed to create provisions for the well-being and safety of the participants as well as be clear about whether to intervene or not and whether I could deviate from the role of researcher back to nurse. I found May's (1991) advice to balance the goals of the project against the potential risk to the participant useful. I was aware that both research and therapy can change the participant's perception of a situation with

possibly far reaching consequences and both require the establishment of trust and the disclosure of information.

I worked hard to maintain the role of researcher, when I was also positioned as a fellow Goan and a health professional. At times I was positioned by the participants as an expert on postnatal depression and was asked about it:

Okay.. because actually in India we never heard of this post natal depression, and I always wondered what it is about, like when I had to go for my six week check, the Doctor said are you okay, and I said yeah, and he said "are you sure?" I have never heard of anybody going to this post natal thing, you don't know what it is, whether even if you feel something, do you know what they are referring to? (Flora).

While at other times I was positioned as a friend of the family and Goan community member.

According to Smith (1998) these social relationships and connections are an important research strategy for indigenous and minority researchers. This is because they place people in relationship to other people and the environment. However, it was also crucial to ensure that the interview went beyond conversation, because in a conversation:

Questions lack clarity. Answers go unheard. The sequence of questions and answers lacks direction. The person asking questions frequently interrupts the person responding. (Patton, 1990 cited in Bishop & Glynn, 1999, p.108).

Balancing the tensions of these multiple and sometimes competing roles was extremely challenging; access to participants was made easy because of my social relationships but certain skills and access to information occurred because of my role as researcher.

The final issue that was highlighted in the interview process was the cultural context of the notion of privacy. My professional expectations of privacy were challenged during the interviewing process and led to some disquiet and uncertainty on my part. Initially, the first two participants were interviewed individually in a private room in their own homes, at my request. Both times, other family members were at home at the time

(daughter, husband, mother, mother-in-law) and the participant would have been quite happy for the interview to have taken place in a communal room as my field notes show:

Had my first interview with Lorna. I arrived and she was ready for me and suggested that we sit in the lounge or dining room, where both a lodger and Lorna's mother were sitting. I suggested instead that we went to a room where we would be uninterrupted in case what she had to say was private which she pool-pooled, saying something like "I've got nothing to hide". We moved to the lodgers bedroom and proceeded with the interview (Field notes 1st April).

In subsequent interviews, I decided not to ask for privacy on the basis that participants had not considered it significant and that I was a visitor to their home. Interviews then took place in a common room for example kitchen or lounge, in the presence of husbands, children or mothers or mothers in law. Indeed, including other family members provided additional data in relation to attitudes to migration and the importance of culture. In a conversation after one interview took place, one Goan man had a number of observations that were useful:

These were that Goans present as modern and adaptable but there are still no go areas and private issues. That his adjustment to working in New Zealand has been an interesting experience, particularly in terms of how his colleagues are bemused at his outlook. They are surprised that with Goan's you don't have to worry about dietary issues or alcohol and that they mix easily (Field notes, 20th May 2000).

Bowes and Dar (2000) encountered similar experiences in regard to the notion of individual privacy in research they conducted with older Pakistani people living in Scotland. The researchers saw this as an asset in their research as they were then able to both ascertain the views of other family members as well as get a context for which the older person lived. My experience of family members being involved in the interviews was that it provided an added depth and understanding of the participant's lives. Husbands, mothers or mothers-in law provided additional valuable information, for example one husband provided a great deal of information about the significance of rituals around the time of christening. A drawback identified by Bowes (2000) was the

possible inability by participants to speak more openly, but the researchers considered that it was inappropriate to ask for privacy because they were guests in people's homes who valued family closeness. This consideration highlights that the qualitative interview is a socially constructed encounter and the data produced not just a result of the research method, but also a product of the social interaction characterising the process (Scott, Haworth, Conrad, & Neumann, 1993).

Conclusion

In order to highlight how research needs to be developed that is appropriate for minority ethnic groups an exemplar has been used which addresses the dual transition of migration and motherhood for Goan women. This chapter has described the design of this exemplar, discussed how participants were recruited and addresses issues of ethics and rigour. As an exemplar of 'outsider within' research, I have been aware of a number of tensions that are contained within the research process and I have attempted to address these in the study design through the application of multiple methodologies and a self-reflexive process.

These themes of the tensions and contradictions held in the research process are continued through a self-reflexive process in the following chapters, which illustrate how an 'outsider-within' position and narrative have added explanatory richness to the data. In the next chapter I will present and discuss in more detail the first five categories to emerge from this research exemplar, namely: the history and context of Goan migration; familial and historic strategies used to maintain culture; the reasons for migration; strategies for adjusting to life in New Zealand and the consequences of migration. Chapter six continues this exploration by discussing the remaining three categories, which are the loss of ritual, loss of support and the role of health professionals.

5 | Context and Issues

Oh, shelve your Western plans

And understand

That life is hard enough when you belong here (Morrissey, 1988)

Chapter four presented the study design for the research exemplar. This chapter discusses the first five categories that emerged from the exemplar and which relate to Goan migration, contexts and issues as a prelude to chapter six, where the consequences of migration and motherhood for Goan women in New Zealand are presented. The findings and the process of the research study will be presented. The first of the five categories to be discussed in this chapter is the history and context of Goan migration. This highlights the significance of colonialism in developing Goans as a mobile population with multiple identities. Next, the historical strategies that were used to maintain culture for the families of the participants are outlined and include the pivotal role of traditional food, networks and holidays in Goa. Thirdly, the reasons for the participant's migration to New Zealand are described, these include marriage, progressive motherhood and a better lifestyle. The strategies that participants employed to adjust to life in New Zealand are discussed followed by a discussion of the final category, that of the consequences that resulted from migrating to New Zealand.

Two significant research strategies have been incorporated into this chapter in order to achieve complementarity or completeness and prevent the reproduction of pathologising and deficiency discourses. The first is a self-reflexive process, which I have used to articulate the tensions and contradictions that I have dealt with in my epistemologically bicultural position. Writing myself reflexively into the text achieves several functions, the first is to add explanatory richness to the data in my research position as an 'outsider-within' and, secondly, positions me in the research and allows me to reflect on how I might be implicated in the maintenance of discourses that could be marginalizing to the participants. The second research strategy that has been used in this chapter is that of within methods triangulation, or methodological pluralism, using

precepts of grounded theory and postcolonial feminism. Postcolonial feminist perspectives are derived from post-structuralist and feminist theories, which seek to dismantle hegemonic discourses through the displacement of dominant discourses by marginal epistemologies that engage and challenge them (Brooks, 1997). A limitation of feminism is that it does not represent the interests of all women and a limitation of postcolonial writing is that it tends to represent gender-based worldviews. Therefore a combination of both was required to complement grounded theory. It was hoped that triangulating the three methodologies would help me to meet the research aims and examine the intertwined social processes of colonialism, sexism and marginalisation. Moreover, tenets of postcolonial knowledge production have been used that incorporate the notion of decolonisation by resisting imperial cultural analysis and developing other forms of analysis that combine multiple practices (Jaber, 1998). Thus, this chapter utilises triangulation, comprised of my reflections, the participants voices and a commentary on the social, cultural, political and economic contexts that surround the lives of the participants, in order to build a multi-dimensional picture. These tools are used to explore the discursive constructions of migrant women and to engage with discourses that stereotype and homogenise their experiences so that they are not reproduced.

Historical context of migration

This section integrates some of the methodological concerns that were presented in the previous chapters. Using a singular approach such as one based on the precepts of grounded theory could have been at risk of producing a neutral 'taken for granted' narrative that might not necessarily have been able to articulate the subtle processes that have structured Goan migration and which have led to Goans becoming an historical mobile population. Social processes such as colonial domination, racism, sexism and class subordination, plus the marginalisation that has occurred to Goans, are not sufficiently foregrounded in the deployment of such approaches. It is only because I am an insider of this community that I am not only aware of the underlying contributors to migration, but the part they play in creating a Goan identity outside Goa. For example, the stories I grew up with included narratives about the roles of family members in the freedom-fighter movement in Goa. It therefore becomes critical that space is developed to understand the impact of ethnicity and culture in the realm

of socially constructed, political and racialised contexts. This can only occur through the use of methods that anticipate the possibility of such narratives in respondents' answers to questions. To this end, this section demonstrates the need for methodological pluralism using feminist postcolonial approaches and the value of a reflexive 'outsider-within' position for the researcher. This becomes most evident where participants repeatedly reveal the 'how' of migration but not the 'why'. In this instance multiple methodologies, especially the incorporation of methodologies that are attuned to the determining effects of colonial narratives and practices, have the potential to provide a wider mapping of social reality by adding explanatory richness to the data and achieve the goal of complementarity or completeness, enhancing the drive to migrate.

As discussed in detail in chapter one, migration became a way of life for Goans due to the economic stagnation that occurred in Goa under Portuguese rule. This led many Goans to migrate in order to better their socio-economic status and to improve the education of their children. Goans chose to invest in their children's education rather than in business ventures, as doing the latter would jeopardise their security in the form of long term and superannuated employment which they valued highly (Mascarenhas-Keyes, 1987).

All the participants in this study were born in British India (as it was known at the time of their birth) or other British colonies. Their parents had already left Goa (Portuguese India) for better opportunities, which often entailed travel to other parts of India. This can be seen in examples from both Rowena and Flora:

I was born in Bombay in India and we moved to Central India and I stayed with my grandmother. Dad had a job as a Sales Manager and he had to travel a lot. Then we came back to Bombay because of further education (Rowena).

I was born in Belgaum, Karnataka State, because my father was working in the Post and Telegraph and we were a family of five, so you know, he used to get transferred. Then from 1968 I lived in Bombay (Flora).

The impact of migration on the self-identity of participants reflects the legacy of multiple traditions Goans have inherited through migration and colonisation. These are Portuguese, Catholic and Indian in origin. In describing their identity, Lorna and Rowena's statements reflect the hegemonic Catholic notion of Goanness, forgetting that Catholic Goans are a minority in Goa today.

My description would be Goan Roman Catholic. Primarily being Goan is being Catholic because all the Catholics normally came from Goa, which was one of the Catholic states of India (Lorna).

As I grew up you grow out of church and praying and you go the other way kind of thing, but that was very strong, I think the Catholic faith, which stayed throughout. I mean even now you just link up being Goan and Catholic together (Rowena).

I am a Goan but I'm an Indian first, like I always say to my brother in law pledge alliance to the Queen. I said to him in '47 we gave them up and now you have come back here and you're pledging allegiance to the Queen (Muriel).

The migration of the participant's families came about because of colonialism but is not revealed in their self-descriptions or biographies. Their descriptions of identity reflect the multiple traditions that Goans draw from. How these identities have been nurtured and sustained, despite multiple inter-generational migration, is discussed next.

Maintaining culture: A balancing act

The families of participants established three main strategies in order to reconstruct their shared identities as Goans while living outside Goa. These were the preparation of Goan food, maintaining Goan networks and having holidays in Goa. However, these strategies did not prevent the loss of the Konkani language and its replacement with English. This section exemplifies the need for triangulation as using a singular methodology may have hindered the development of understanding about the coping mechanisms used by participants, particularly the specific mechanisms used to negotiate ambiguous trans-cultural experiences. My status as an insider let me hear the significance of ethnicity in the stories of the participants, which were integral to the

analysis, in a manner that may not have occurred had a 'culturally-neutral' position been adopted as researcher.

Maintaining culture through traditional foods

Food has a symbolic and social significance that is deeply embedded in a culture and can be used to express love, friendship, solidarity and the maintenance of social ties (Higginbottom, 2000). Higginbottom claims that the significance of food is heightened with migration, where it is the most resistant aspect to the acculturation process for migrant communities. Frequently, food is integrated into the host culture, as seen by the incorporation of Indian foods into African and British communities. The significance of food to cultural maintenance might have been glossed over within research methods that were not self-consciously attuned to the role of ritual in the reproduction of culture. Traditional food and celebration are pivotal to the construction of Goan identity and an important part of 'everyday' food, religious festivals, weddings and special events. Food also has historical significance as seen by the impact of Portuguese, Muslim and Indian cultures apparent in Goan cuisine. Conversion to Catholicism by the Portuguese meant that foods moved from being taboo to consumable and differentiated Goans from other Indians, making them more Western.

The special foods that go with events during the year are very traditionally Goan, for example we have Christmas sweets. Besides Christmas sweets, I associate eating Pilao on a Sunday and not just any other thing, very Goan. and having your fish curry and rice as well (Lorna).

Fish curries and coconut curries and I had learn to cook when I was quite young and I had wanted to get into the kitchen and dad would go to the marketplace and buy all this yummy fish and come home and cook it up and basically you'd eat Goan and things like that (Rowena).

Goan fish curry is ubiquitous in most households in Goa, eaten regularly and served with rice. *Pilao* is possibly from Muslim times prior to Portuguese rule, made with basmati rice and flavoured with whole spices like cardamom and stock. The Goan sweets that are mentioned by Lorna originate from Portugal and the Konkan region

and they are produced and exchanged with friends and neighbours at Christmas time. Every sweet has coconut in it in milk form or thinly sliced (Mendonca, 1998). In Rowena's quote below, food is a way of acknowledging the family and social ties:

We often had picnics, which had all the favourite dishes like sorpotel, xacuti, food were very important in terms of being social and the family (Rowena).

Xacuti is a complicated and painstaking Goan dish made with chicken or lamb that involves the roasting of all the seasonings before they are ground to a paste. *Sorpotel* is a ceremonial dish made from pork that is prepared for feast days, Christmas, weddings and other special occasions (Mascarenhas-Keyes, 1997). The following anonymous poem does more to illustrate the place of *sorpotel* in the connections of Goans to 'home'.

SORPOTEL

For the hotch potch known as Haggis, let the Scotsman yearn or yell
 For the taste of Yorkshire pudding, let the English family dwell.
 For the famed Tandoori Chicken, that Punjabis praise like hell
 But for us who hail from Goa, there's nothing like SORPOTEL!

From the big wigs in Colaba, to the small fry in Cavel
 From the growing tribes in Bandra, to the remnants in Parel.
 From the lovely girls in Glaxo, to the boys in Burma Shell
 There's no Goan whose mouth won't water, when you talk of SORPOTEL!

And Oh! for Christmas dinner don't you think it would be swell
 If by some freak of fortune or by some magic spell
 We could, as they have in Goa a bottle of the cajel
 And toddy leavened sannas to go with SORPOTEL!

In this poem, *sorpotel* becomes a metaphor for migration and connection to home. The names of the Mumbai (Bombay) suburbs, with their differing social capital, in the second verse illustrates that no matter where in the world a Goan is, *sorpotel* is the social leveller. *Cajel* refers to a distilled liquor made of cashew and *toddy* is fermented coconut or palm juice, which is frequently used like yeast to make *sannas*, a type of rice cakes made in moulds with a batter of ground rice, *toddy*, coconut and sugar and then steamed. The predilection for *sorpotel* has been influenced by the historical context of

Goans being a colonised people and as such it is an apt metaphor for the richness of the culture located in a small geographic area.

The day after the wedding, It was in my mother-in-law's house they made that plain white rice with samarachi curry with dried prawns that is supposed to be a typical dish for second day wedding lunch, then third day at my nuns place, it was the three days festivities. You must be knowing about that (Flora).

The *samarachi codi* refers to a curry made with coconut milk. Food is significant from the most private and everyday to the ritualised public celebrations like weddings. Such events and networking with other Goans or Christian Indians were another strategy for cultural maintenance.

Maintaining cultural networks

The second strategy for the reconstructing of an imagined Goan identity was through connections with a Goan community or Christian Indian community. Maintaining networks within one's ethnic group can provide both validation and resistance as Smith (1999, p.160) has described, in the case of Caribbean-Canadian women.

Networking is:

An act of forming bonds among Caribbean men and women to resist marginalisation, to maintain a sense of identity and to reduce feelings of alienation. While networking involves no apparent structure, it carries with it a reciprocal responsibility by persons participating in the network.... networking became another strategy of resistance against marginalisation and/or perhaps against losing home, the place that defines food, language, laughter, music, and other forms of communication.

Despite being isolated from other Goans, Rowena and Muriel identified an essential Goanness that was dependent on Christianity. In Rowena's case, the importance of Christianity was high in a Hindu environment:

Our childhood was absolutely wonderful there because it was a fairly rural kind of place and it was small close knit community and there was a Goan community. Actually kind of a Christian community more than a Goan community. So there was Anglo-Indians there and an old railway track. If you know about the Indian railways, set up in the

British times, so you had pockets of Christian people settled all over India who were Christian Indian or Goan (Rowena).

I was exposed to more Hindu and other backgrounds coming from Central India which was predominantly Hindu and I would speak Hindi very well because of that exposure whereas other Goan's coming from Bombay they hadn't a clue, the dialect that I'd speak and things like that but I would still call myself Goan (Muriel).

Village associations provided another way of maintaining links to the ancestral village for those far from Goa. Each village has its special character and sense of belonging and identity. Connecting and celebrating was through a village feast, which began with Mass, followed by "music, dancing and eating" (Mascarenhas-Keyes, 1997, p.209):

In Bombay it was mostly the village associations that came out because you were away from Goa. Yes we were members of our village association and we participated in them, just once a year though. I don't think there was a need for anything more than that. Functions started off with a mass and a social gathering that involved a meal and games for the children and adults and some music and dance (Lorna).

Having close contact with one's home society provides migrants with a means of strengthening the attachments to traditional values and beliefs (Foner, 1997).

Nowadays the array of Goan websites also provide a way of connecting with the homeland.

Holidays in Goa

Holidays in Goa provided the third way in which a Goan identity was renegotiated by families of the participants. Modern transportation and communications not only provide migrants with the ability to move easily between old and new countries but also allows them to take part in decision making from a distance. For all the women participants, going to Goa helped to strengthen and preserve the links:

In Bombay we lived in a very Goan environment, neighbourhood anyway, but going back to Goa definitely strengthened that. Yes. It was good to see why you're Goan. (Lorna).

Visiting the 'village relatives,' or *Daiji's*, was also important, as a way of maintaining relationships and relatedness:

They are more like family because you know, your neighbours (Daijis) you call them in Goa. Daijis are like village relatives, connection is there and when you go down to Goa you must visit them because it's like going somewhere, not visiting your relatives. It plays quite an important part in that because you know Goan people know the ins and outs of who is related to whom (Flora).

Loss of Konkani

Unfortunately the role of language in cultural maintenance has been diminished due to two factors. First, the historical displacement of Konkani by Portuguese and English and second, the Goan desire for upward mobility which saw generations of Goans discard Konkani in favour of English as a means to progress. Keyes (1994) asserts that this was due to the prestige accorded to being educated and able to speak English in a non-English speaking country during the colonial period. So much so that the use of English or Portuguese "came to be positively associated with power, knowledge, white-collar and professional occupations. Western language speakers were regarded as more independent, ambitious and self-confident" (Mascarenhas-Keyes, 1994, p.153). All the participants named English as the language that they were most comfortable with. All but one of the participants spoke at least two languages, including Hindi, Konkani, Marathi, Portuguese, French, German and 'Pidgin African'. For Rowena as for many other young people, Konkani was learnt from frequent or close contact with grandparents, who might not have been fluent in either English or Portuguese:

I used to speak to my grandparents when I was little, I also spoke Portuguese and Konkani. Well I lost it because there was no one else to keep it up... because my parents didn't speak Konkani at home. I mean we did go to Goa but no one spoke Konkani, we spoke English. This was in Bombay and even in Goa. I used to speak lots of other languages. It would be nice to pick it up (Rowena).

However, Rowena emulated her grandmother who was able to hold on to the dual identities of Indian and Goan:

We would go for weddings and you the know the things we did at parties, singing songs. I always learned all the Konkani songs, I couldn't speak the language but I knew the songs off pat. Weddings, that was where the cultural aspect came in and my grandmother played a big part in that because she was Goan and she dressed up in a Sari which Goan women usually might not do, she taught me the songs and the language and the prayers and I think praying together was a very strong thing when I was a child (Rowena).

Most women in this study found they were unable to learn other Indian languages because their Goan neighbourhood favoured English.

The families of participants in this study were able to use many strategies to reconstruct their Goan identity away from Goa despite multiple and inter-generational migrations. These strategies were deployed at the expense of the Konkani language, which became linguistically displaced by Portuguese and later English as they assisted in the Goan quest for economic betterment. Yet for the participants in this study the search for a better life did not end with their parents' migration; there came a time when they decided to migrate further afield themselves.

Migrating for a better life

An historical precedent of mobility was set by previous generations of Goans and a traditional identity maintained at the expense of the Konkani language. Participants in this study migrated because of marriage, the ideal of progressive motherhood and the desire for a better economic future and in particular lifestyle and education.

Methodological issues are also raised in this section and the need for epistemological pluralism heightened. Instead, of simply uncovering the 'what and how' of migration the research process had to be informed by narratives that highlight the significance of cultural marginalisation (as produced through colonialism).

Marriage

Leckie (1995b) claims that most people of South Asian descent (the category within which Goans are located) who have migrated to New Zealand have been motivated by

reasons of marriage, family re-unification or have arrived as refugees. None of the participants in this research were refugees although there are some families in New Zealand who entered the country because of the expulsion of Asians from Uganda. Migration to New Zealand was due to the desire for an endogamous marriage for three of the participants. The willingness to travel across the world in order to marry someone from the same community can be understood in the context of two factors. Firstly, Keyes (1990) claims it is because many Goan women expect to marry migrants and be mobile in order to ensure endogamy. The second reason could be acceptance of fate or the concept of *sossegado* that varyingly describes the psyche of Goans as happy go lucky or indeed passive. Lobo (1991 cited in Routledge, 2000, p.2651) suggests that Goa embodies *sossegado* with its attendant images of "ease, relaxation and quiet which also implies servility and passivity politically and otherwise."

My fiancé at that time had made a trip to New Zealand and we got married back home and it was a change in lifestyle to come to New Zealand (Lorna).

According to Keyes (1990, p.109), "marriages usually occur in the migrants' short visits to Goa although preliminary plans are made through an exchange of letters."

Nowadays, e-mail has become the equivalent, as in Muriel's case below.

We got engaged and Neville flew out to New Zealand on Monday. So everything happened literally that fast and all we did was through E-mail and phone calls, planning our wedding which we had six months down the line after that and then I knew that I was going to go to New Zealand (Muriel).

Coming to New Zealand was not something that I had in mind. Initially, I was just looking out for someone to get married to and my friend happened to introduce me to Tony that's how I learned it (Greta).

Greta and Muriel accepted significant periods of time apart from their partners who came to New Zealand to establish households then brought them over from India. Keyes (1990) attributed this acceptance of conjugal separation by Goans as being a result of socialisation into a migration-oriented society. This socialisation comes with personal and vicarious experiences of 'marriage through separation'. This has been an

experience in my own family with my great-grandfather and grandfather having periods of time in Burma and East Africa, away from their wives and families at home in Goa, in order to build the economic safety net alluded to previously in this chapter.

Progressive motherhood

A second reason for migration relates to the idea of 'progressive motherhood' as articulated by Keyes (1990). This idea is helpful in explaining how "many Catholics began to believe that planning and sacrifices in the present were worthwhile to ensure future gains" (Mascarenhas-Keyes, 1990, p.114). It derived from a belief in 'progressing' within a Western capitalist ideal and has been subsequently transmitted by international migrants and succeeding generations of women. The result has been the challenging of traditional ways and the transition from a present to a future-oriented society (Rose, 1956, cited in Mascarenhas-Keyes, 1990).

This was certainly the case for two women who already had a child born in India. As Keyes (1990) suggested, there is a huge emphasis on the education of Goan children and ensuring that they have access to the most up to date education. Sheila made a conscious decision to obtain better educational opportunities for her children and was already aware of the economic constraints on education in India. Sheila and her husband's own needs were put aside for the purpose of their children's futures. Of interest is the fact that many people don't see a future for their children, but not all people migrate despite this knowledge. This willingness to uproot seems to be connected with the "narratives of progress" (Swirsky, 1999, p.193), narratives that cushion the upheaval of migration:

I got a job teaching but we couldn't see a future for our children. They would either have to be geniuses, which they weren't or we would have to have a lot of money, which we didn't because he was just on a salary and I had to give up my job So it was just a matter of thinking of the future, that's why we decided (Sheila).

For Flora and her husband a cause for alarm was the need to use bribery and influence to get their young child educated at the kindergarten level:

We thought let's come here, it's a better life, for the children. We thought you know we'll never be able to afford a house in Bombay. Let's migrate now, while the children are small to give them a better future and it was good we came because now it's getting bad to worse. If you have to get into a good College you have to pay a heavy bribe and for Cedric's school level we had to use influence, because he couldn't get admission (Flora).

The importance for migrant women of their children's education has also been identified as a priority in research of other migrant communities around the world. For example Jordanian women living in the United States (Hattar-Pollara & Meleis, 1995) and for Korean women who placed their hopes on their children in the United States of America (Shin & Shin, 1999), which links to the Goan idea of persevering through personal hardship for the success of future generations that was discussed earlier.

Migrating for a better future

A third factor that motivated participants to migrate was the standard of living available in New Zealand that would allow them to further their own education, own their own homes and ultimately have a better lifestyle and future. This is supported by Manrique and Manrique (1999), who state that women migrate not only to improve their standard of living but also to carve out a role or lifestyle which differs from what is expected in their home country. All participants were tertiary educated and had Bachelors degrees and four had Masters degrees. Rowena migrated for her own education and so she could afford her own home.

I had always wanted to come abroad and study anyway to go and further my education (Rowena).

So that was our plan because we couldn't even afford a house at that time, the houses were so expensive and this after we had quite a bit of savings behind us. I said well we might as well try now and go abroad while we're still young instead of settling down and buying a house and that kind of house, so yes we applied for New Zealand (Rowena).

The impetus to come to New Zealand for Flora was both for her child's education and centred on home ownership, a prohibitive option in Bombay. It is not clear whether the desire to own a home is a newly internalised Pakeha value for her or Rowena:

We thought you know we'll never be able to afford a house in Bombay (Flora).

Stories of safety, less pollution, better travel and communication attracted Greta who came to New Zealand to marry her husband:

At the same time he said that he found our life easier here. In a sense it was safer than India and Bombay, especially lesser polluted and lesser populated. Travel was much easier from one place to the other, even if you used local transport. Local means of communication is much easier than what it is in Bombay. So in a way there was a lifestyle (Greta).

Participants migrated to New Zealand on the basis of a vision of a better life, assuming that it would be better than the place that they left behind. There was little evidence of careful comparison, analysis, practical knowledge or experience. Instead, information was gained from other people who had migrated, their husband's opinions and the hope of giving their children a better education. This appears to correlate with the phenomenological findings by Shin (1999), who described four inter-related stages in the transition of Korean immigrant women to the USA. These were the dreaming stage, the conflicting stage, the renunciation phase and the remorse stage. The factors described above match closely with the dreaming stage, where participants decided to migrate on the basis of an illusion of a dream and the belief that success could be gained from migration without any knowledge of the changes that migration would bring to their lives. Marriage and progressive motherhood were also significant inducements to migrate.

Strategies for adjustment after migrating

Once in New Zealand, the participants used four main strategies to manage the adjustment to their new life. These were: recreating social support; having a 'can do' or pioneering attitude; informal learning and finally using culture as a source of strength.

Recreating social support

The concept of social support has been found to be significant in studies of adjustment, a New Zealand study by Ho (2000), found that support was one of the four most important factors for successful settlement. Support was found to make coping with daily living, acquiring language and employment (the three other factors) easier to acquire. Social support is thought to moderate stress by reducing the perception of severity of the stressful circumstance and, by reducing the severity of the reaction (Kearns et al., 1997). The participants found that having family, friends and other migrants was crucial and that through volunteering, joining churches and having access to support through e-mail the stress of migration was assuaged.

Family and social networks are thought to be pivotal to the settlement process (Fletcher, 1999). Connecting with familiarity through their own ethnic group is thought to reduce the stress of migration for migrants. Sarup (1996, p.3) suggests that the boundary crossing involved in migrating can provoke hostility, exclusion, building up of walls and conversely inclusion, welcome and breaking down of walls. Sarup (1996, p.3) states:

Any minority group, when faced with hostile acts, does several things. One of its first reactions is that it draws in on itself, it tightens its cultural bonds to present a united front against its oppressor. The group gains strength by emphasising its collective identity. This inevitable means a conscious explicit decision on the part of some not to integrate with the dominant group but to validate their own culture.

Participants in this study initially built relationships with members of the Goan or Indian communities and later built bridges with the wider community. Sheila came to New Zealand at the invitation of her cousin Tanya, who was instrumental in helping her to adjust to living in New Zealand:

We stayed with them initially and then we moved to a flat which was quite close by. Then the house next to them was going on sale and I said to Peter you want to buy a house that's the house. I didn't even look at another house. So we were immediate neighbours and that was the best thing that could happen I wanted to be close to her (Sheila).

According to Foner (1997, p.961):

Immigrants live out much of their lives in the context of families...family networks stimulate and facilitate the migration process itself; the role of family ties and networks in helping immigrants get jobs when they arrive in the United States; and the role of families in developing strategies for survival and assisting immigrants in the process of adjustment, providing a place where newcomers can find solace and support and can pool their resources as a way to advance.

Sheila's cousin also encouraged her to become independent which Ho et al., (2000) argue is necessary for new migrants if they are to start interacting with dominant society and developing skills. Sole reliance on family or members of their own community for their daily needs, can preclude this learning and development:

They moved one year after we came and Tanya said to me (and I was absolutely devastated) "because all my friends have become your friends but now you have to go out yourself and make friends" and it was so true (Sheila).

Ho, Cheung, Bedford and Leung (2000) caution that having a supportive network within one's own ethnic community can be a disadvantage if it stops migrants from connecting with people outside their ethnic group. Those women participants who had no family or friendships in New Zealand had to make contact with other migrants for social support. However, building relationships outside one's community can be challenging for many reasons, which include a lacking of confidence or resources, and having limited opportunities for meeting and socialising (Ho et al., 2000). Many women in this study developed friendships with other migrants who were experiencing similar adjustments.

I think when you are a migrant you tend to kind of get very close to the few families that you know, because you have some common bond (Rowena).

Sheila and Peter decided that she would be a full-time parent, but she was keen to contribute to the community that she had joined. The volunteering that Sheila undertook in church and Playcentre, a voluntary organisation helped Sheila make connections, meet friends and develop social support:

When we came I could have walked into a job, there was probably 1% unemployment and I got my qualifications completely recognised. We made a decision because Peter was away, I didn't work for 13 years. I did lots of voluntary work, like I was involved in the church, I taught the kids that went to state school. I would help them prepare for confirmation, I did Playcentre, so I made my staying home very interesting (Sheila).

The Catholic religion and church provided support for many participants in the form of social support, spiritual and secular activities. McRae, Carey and Anderson-Scott (1998, p.778) define religion as “a set of ideas and beliefs” and the church as a “social organisation that is based on religious ideas” which “is a bridge that connects individuals to a larger group who share similar religious beliefs and values.” Evelyn found the church played a significant part in providing support and networks:

I had Toby when I was 28 and found that belonging to a church was a great support , people were supportive and friendly. I think that people were good to me at the church because Joe's parents had been good to them (Evelyn).

Integration into New Zealand could have been enhanced through their connection with the church. Williamson (2000) suggests that the church is an institution that provides an entry into New Zealand society enhancing integration and acceptance for participants into the dominant society in a way that a woman from a more ‘foreign’ religion such as Islam might not. Williamson adds that because Catholicism can be accessed within mainstream society, not as much energy is required to maintain the faith than if it was outside the mainstream. Furthermore, faith, prayer and networks from the church also provide the support to aspire and do well in New Zealand. Flora felt strongly that her transition and survival in New Zealand was due to her faith and the help of the church.

You know the help came from God, you know through the Church (Flora).

While for Sheila, being able to share her problems through her faith helped her cope with being alone.

Like prayer did help me it honestly did, because you are alone, you are alone a lot of the time. Even though there are lots of people, you can still be alone you know (Sheila).

The importance of faith for migrant women is echoed in studies of migration of Jordanians (Hattar-Pollara & Meleis, 1995) and Koreans (Shin & Shin, 1999). Many women found churches were places where loneliness could be alleviated and information exchanged.

For some participants like Greta, the presence of other Goans, migrants and locals did nothing to mitigate loneliness, nor did having a good education, a Masters degree and English fluency. In her case, electronic access to pre-migration friends was vital in keeping homesickness at bay. She found that:

I didn't know personally anyone and in that way it was a bit of a struggle, initially, because Tony used to go to work and I wasn't working. I had just the computer to myself, just go on the Net sometimes and things like that. Yes, I did feel homesick but I guess because of regular e-mail correspondence it made it easier (Greta).

She added:

and every time I knew .. like I was having a difficult time... I would often write to a very close friend of mine, either e-mail or snail mail (Greta).

Social support took the form of family, friends, other mothers, volunteering, church and re-connecting with friends 'at home'. On a day-to-day basis, many participants had to use a pragmatic attitude to keep going.

Having a 'can do' attitude

Participants coping strategies of having a 'can do' attitude are tied in with a number of interconnected discourses. This 'getting on with things' attitude used by participant's fits well into the pervasive ethos New Zealand was built on, of 'Kiwi ingenuity' and 'pioneer spirit'. This attitude hints to New Zealand's recent past, but also of the potential future for those who stay and 'make it work' (Roscoe, 1999) and fits well into the discourse of progressive motherhood. These ideas of having to adapt and make

things work in the present in order to attain a better future were demonstrated by the women, who felt that adjustment was mandatory and compromises had to be made:

You get on with life yeah and you have to think you are in a different place, you cannot have 100% of what you would have had back home, you have to adapt as well (Lorna).

Arisaka (2000, p.8), in a discussion of Asian assimilation in the United States, articulates this perfectly:

This almost non-negotiable drive for upward mobility requires diligent assimilation. Self-pity, victim consciousness, and separationist self-consciousness are deadly to the process towards success. Not only are they excessively self-indulgent, but they are also a waste of time and energy, and therefore not allowed.

Flora was aware that there was no turning back, but also that no matter how hard life was in New Zealand, it was still better than what they had left behind and they had to make it work and survive:

You just couldn't pick a flight and go back and you think 'oh God you brought me you brought us here and now you look after us'. You don't know where to go because you've resigned your job, you've spent half your savings to come here and you know there's no turning back so you have to make the most of this. So it's like there's no turning back, but you think, 'God what have I done' (Flora).

Reframing or being philosophical was done by many of the participants as a way of coping with difficult situations. DeSouza (2001) suggests that this might be an Indian response to the harshness of life in a country with no welfare state or individual protection, where life for many is about survival and relying on one's own resources. Lorna's pragmatism suggests an acceptance that life-stresses are universal and inevitable:

Oh well, after a while you realise that the world is quite a small place and you know you are here for a while. You just do your bit wherever you are, it's the same, every country every place and every situation has its own pros and cons, so you just have to battle it either here or there (Lorna).

For Sheila, it was her cousin who role-modelled and guided her towards self-efficacy:

She was a very good model for me and she was a really neat person you know. She didn't look on the gloomy side, she would say 'the sun is shining, lets do a wash.' I would go to her sometimes saying I was feeling cold you know and I was in a bit of self pity. She would say 'go and do your floor' (Sheila).

The pragmatism and philosophical acceptance that was necessary for survival had a coercive element for some participants. Many participants wanted to learn the requisite skills that would help them to survive and thrive in New Zealand, which was the third strategy that emerged in the findings.

Learning

Learning how to cope with a new life in New Zealand happened in diverse ways for participants. For some, preparation before they arrived helped them to develop culturally relevant skills and knowledge that assisted their settlement. Others had no knowledge of life in New Zealand and even the use of a migration consultant was no guarantee of assistance with grasping the day-to-day realities. For those participants that had to learn from trial and error, independence was learned.

The 'culture learning approach' refers to the adaptation that occurs when migrants overcome the cross-cultural problems related to every day social encounters, by learning new culture specific skills that assist them to navigate the new cultural environment (Ward, Bochner, & Furnham, 2001). Anticipatory preparation is thought to enhance the transition experience (Meleis, Sawyer, Im, Messias, & Schumacher, 2000; Weaver, 1994) and in Greta's case, she obtained culturally specific knowledge and skills prior to migration from her husband which helped her to cope with her new life:

Tony described it as a fast village and said it was a beautiful place. He said that traditionally migrants would find it a little difficult here and he also made it clear to me that back there in India we get many people to help us. Like you know with the manual work, cleaning is done by somebody who comes at home and a lot of manual work is taken off your shoulders because there is someone else who you could easily employ.

Here it is not so, and at the same time he said we have things like you know vacuum cleaner machine and this and that, so there are machines that make things easier (Greta).

Weaver (1994) terms the useful and powerful strategy used by Greta's husband 'inoculation' as preparation helps build up resistance to the stress of adjusting to migration:

Yeah, I think that's very necessary, that the basic thing, your mind must be prepared to accept what is going to come ahead and like you can go through that phase much more smoothly (Greta).

Muriel, who also came to New Zealand for marriage, was likewise prepared by her husband:

Neville said, don't work, get to know the country, because once you start working then you kind of you lose out on the sightseeing and doing things and finding out things. So I waited for some time and in September I started work (Muriel).

Lorna and Flora were not as fortunate. For Lorna, New Zealand was unknown while learning about New Zealand was daunting for Flora:

I didn't know the culture I was coming out to, the weather or any other conditions (Lorna).

It's quite scary, like because you've never heard of New Zealand and you think oh God I'm going to a country that I've never heard about. Then we tried to read books to know about it. It's very hard like, you know wonder what will they say, what will I do, what shall I not do. Because like when you come here you don't know anything, you come in the street. You don't know anybody, you don't know where to start (Flora).

It seemed that this lack of knowing for some women later led to painful ways of learning that were informal and incidental. Informal learning is where people "consciously learn from their experiences" (Foley, cited in Fowler, 1999, p.29).

Incidental learning is "learning that is incidental to the activity in which the person is

involved, and is often tacit and not seen as learning, at least not at the time of its occurrence" (Foley, cited in Fowler, 1999, p.29). Flora was thirsty to learn the skills and knowledge that would help her to survive in New Zealand. Despite going through an immigration consultant she realised she had had to learn through hardship:

I remember we arrived on a Thursday and on Friday I wanted to go and register with the IRD. We didn't want to waste a single day and he (the immigration consultant) said, oh don't waste your time. Friday, in New Zealand nobody works. He totally misled us, but anyway you learn through these hardships (Flora).

The challenges of adjusting to life in a new country were not helped by the lack of access to basic information. Many of the things that New Zealander would take for granted, such as free local telephone calls, remain unknown to the new migrant and were withheld from Flora by the people who had been paid to assist and support her, in particular the immigration consultant:

You know the basic things at least tell, that the telephone was free. We were so scared to even use the telephone because we thought like India, every three minutes are charged, so you really hesitate to even pick up the phone, or even to give the number, we were hesitating you know. So I mean small things which mattered a lot for a newcomer who doesn't know anything (Flora).

Flora's learning required a lot of effort and studies show that activities requiring no effort in the home culture require a high degree of concentration, leading to possible fatigue and overload in a new culture (Sharts-Hopko, 1995). A study of Jordanian woman migrants to the United States, found that essential but ordinary tasks were anxiety provoking, but this lessened with practice (Hattar-Pollara & Meleis, 1995). The experience of adjustment was compromised by the exploitation by fellow Indians and was worsened by being far from home and supportive family members. As Flora said:

It was the first time we had been on our own before, in Bombay you've always got family to help you and you've got everything ready made, so you never know what hardship is until you come here (Flora).

Adding that:

You learn to become tough and you actually learn to do better because if you rely on somebody constantly you will never reach anywhere. Yah learn to be independent, you know, not rely on anyone, and you learn to fit you know (Flora).

This section has shown how participants used a variety of learning strategies with varying consequences. Cultural supports that assisted with the transition to life in New Zealand will now be discussed as the final strategy in the adjustment to living in New Zealand.

Maintaining cultural links as a coping strategy

Migration causes a major disruption to life and three of the four strategies that participants used to manage this disruption have been discussed. Maintaining cultural links was the final strategy identified by participants and it helped them to make sense of the new experience and maintain wellbeing. The loss and separation resulting from the process of migrating can lead migrants to hold on to familiar and trusted values in order to maintain ties and well being (Vasta, 1991). This connection with 'the familiar' mediated some of the dislocation and challenges that resulted from being in 'the unfamiliar'. Participants actively reshaped their culture within a New Zealand context and acted in the role of "cultural custodians" for their children (Hondagneu-Sotelo, 1999, p.571).

The cultural links and resources that participants drew on included "the notion of homeland, the importance of language, religion, everyday social rituals such as food, drink, dance and song.... To family, morals, community, landscape, histories and occupations" (Roscoe, 1999, p.106). Researchers of migrant communities have found that connection with one's ethnic community is vital for collective cultural maintenance. Bottomley (1991) found in a Greek community that many participants involved themselves in community-type social networks in order to maintain 'Greekness.' They took part in ethnic institutions, made trips to Greece regularly and married Greek spouses in order to maintain cultural identity. In Hattar-Pollara and Meleis' (1995, p.533) study of Jordanian women in the United States this was termed 'ethnic continuity' and was seen as a cultural expectation to conform. The strategy of

linking up with fellow migrants from one's community was used by Goan's to reinforce 'Goanness'. In Sheila's case this was challenged by the small size of the Goan community and she later became involved with other families in the establishment of a Goan association.

Migrants who have their real kinship ties broken often attempt to recreate new linkages (Y. B. Smith, 1999). All the participants went in search of community. Sheila recalls how she found a person with the same surname in the phone book. She also visited contacts on the P&O shipping line, who employed Goans (a strategy that my own parents also used):

I did once there was a (name) in the directory and I went all the way to meet this person who turned out to be Spanish! I was really disappointed But we had one friend who used to work for P&O and he used to work as a Pantry Man he was actually a friend of one of our servants (Sheila).

Sheila's attempt to reconnect with "home" by trying to meet Goans that worked on the cruise ships is worth examining. In India, class/caste may have been a barrier to their friendship. Cohen (1997, p.132) argues that migration and the creation of diasporas move the margins to the centre. So, marginal groups are suddenly "nearby, present, attendant and coexistent", which doesn't mean that gaps between cultures have been overcome because of the reduction in distance. Cohen argued that group identity can remain strong in response to the shrinking space between peoples. However, the space is still there and needs to be explored to improve understanding. For many migrants there is an assumption that the distance between people from the same landmass remains less than that between people from India and New Zealand.

Other participants like Flora found that they were caught between their own needs to connect up with other Goans and an awareness that other Goans were in all probability trying to survive themselves and not wanting to impose. Moreover, Flora's expectations that people from the same geographical area were going to be supportive and inclusive had already been shattered by her experience of being let down by her Indian immigration agent and Indian landlords which had been exploitative and gatekeeping. Smith's (1999) caution about the notion of home, like community and

nation being imagined is poignant here, as is the notion of home as a place where individuals feel they belong. Flora found that the notion of home as somewhere that embodied safe and nurturing relationships, and romanticised as inclusionary and communal was displaced when she was unsuccessful in her attempts to connect with other Goan community members. She was left with the impression that everyone else was also trying to survive and was suspicious of being asked to help.

Then you know you call up one or two people and they say we are struggling. You think I'd better not call, because then people think you want help, but what you want is to talk, yeah and then you say, 'my God better not call'. You know because people have different ideas, when they call you, so you get so scared to even approach. Then you learn to become tough, and you say okay, once you realise that you are on your own. (Flora).

Going back to Goa for visits became important for many participants. Going 'home' regularly can be a way of finding oneself and reconnecting with one's place of birth (Y. B. Smith, 1999). Sheila was aware of a cultural vacuum and a feeling of homesickness that was alleviated by going to her ancestral home. This was done with phenomenal sacrifice which saw her and her husband overextending themselves financially and her being essentially a sole parent at times:

We had no-one here to bounce ideas from or anything, so we made a decision that we would keep taking our children back to India and that was like a real project. Because four years we were here, all the money that we saved went into going to India. I tell you we were so short of money we bought that house and we had three mortgages and he worked consistently for two years which meant that I had to look after the children for two years (Sheila).

Sheila observed:

We came back dead broke from India and then we decided it was such a lovely thing. We had been with the family and exposed to the culture that we decided that we would do this on a regular basis. We didn't know any one, there wasn't anyone here you know, but that constant saving coming back dead broke and starting again was an investment. I think you've really got to set your priorities and they have to be long term (Sheila).

Sheila concluded:

I don't regret what we did, it's important not to get carried away by the western thing, to keep taking them back to their roots if you can afford it because I think that priority has really made the difference for us (Sheila).

Particularly, in places where everyone wants to identify you, going home can clarify one's identity and security, helping with survival in a new country by providing a reference point. Visiting home can "provide reassurance and help dispel the longing, assuage the emotional loss" (Swirsky, 1999, p.201). Homelands are imbued with an emotional reverential dimension through the use of such words as motherland, fatherland, the ancestral land and the search for roots (Cohen, 1997). Cooner (1968, cited in Cohen, 1997, p.106) states:

The motherland is seen as a warm, cornucopian beast from which people collectively seek nourishment, replaced by the blood of soldiers defending their fatherland. Their blood nourishes the soil. The law of blood versus that of the length of residence or place of birth.

Cohen (1997, p.106) explains:

Given the powerful sexual, psychological and affective functions of homeland, you can see why newcomers are identified negatively as the "other" and used to construct the collective identity of the self. The social construction of home uses fears and passions that are deeply etched in human emotions and weaknesses. There are a number of new immigrant societies where the ideology of a new national identity is being forged amongst diverse people. Just as the evocation of homeland is used as a means of exclusion, so the excluded may see having a land of their own as a deliverance from their travails in foreign lands. A homeland acquires a soteriological and sacred quality.

Adjusting to life in New Zealand for the participants occurred in the context of little support, negotiating multiple tasks of raising a family, managing homes and advancing careers. These adjustments occurred without the support that they might have had from extended family, a wide network of friends and hired help in the country they lived in pre-migration. Strategies such as learning, pragmatism and

accessing cultural resources were used to varying effects and with varying degrees of success. The consequences of migration will be discussed in the following section.

Consequences of migration

Migration resulted in changes, losses and gains that varied from participant to participant. The losses and gains will be discussed in depth later in this chapter. A major change that was experienced by participants was the loss or gain of a new self-consciousness about their cultural identity. Many participants found that they had to resist imposed essentialist stereotypes and inform New Zealanders about how they wanted to be represented.

According to Parmar (1997, p.68), "in these post-modern times the question of identity has taken on colossal weight particularly for those of us who are post-colonial migrants inhabiting histories of diaspora." Identity is affected by the migration process and the changes to identity are not just individual and autonomous but also communal dialogical process developed through communication with significant people (Taylor cited in Docker & Fischer, 2000). Put more simply, it is simultaneously subjective, personal and inwardly derived whilst also being social, constituted in and through culture and requiring public recognition (Brah, 1996; Docker & Fischer, 2000).

Evelyn's experience of migration led to a change in the way she saw herself. Having been conscious of her ethnicity and colour all her life, New Zealand provided a respite from that awareness. This contrasted to my expectations having lived in New Zealand a long time and also having lived in Africa. I had imagined that the recent resurgence in biculturalism would have made her less comfortable with her own identity.

Here I found that people weren't as conscious of who you are all the time as they are in Africa. Here I'm not aware of being Goan all the time. I've forgotten about colour, being in NZ. In Africa, race is in the forefront of everyone's mind (Evelyn).

Naming one's identity has various ideological and cultural implications which become increasingly significant with migration. Firstly, imposed categories of ethnic identity in the country that one has migrated to can disguise the backgrounds and identities of

people (Pettman, 1992). For many migrants, the act of migration challenges previously held assumptions of ethnic identity from identifying themselves all their lives as Goan to being referred to as Asian. Even the term Indian is problematic because it is a group that is fragmented into a multiplicity of religious, linguistic and caste groups (van den Berghe, 1970). Leckie (1995b, p.134) asserts "such regional constructions are questionable both in terms of who makes the construction and whether communities and individuals find such categories meaningful." This came to the fore for several participants especially Lorna and Rowena, who resisted imposed essentialist categories of identity and stereotypes and also talked about how they wanted to be represented. The surprising remarks that Lorna and Rowena encountered are possibly a consequence of the history of colonisation that has rendered 'other' groups as having homogenous qualities that are static and fixed rather than subject to change and revision resulting in a one dimensional view of 'Indianness':

One thing that shocked me was that very few people knew where I came from. Over here people have a defined view of people coming from India. Not everyone is like a tourist brochure, not everyone wears a Sari and covers their head and their toes and their eyes and everyone in India can speak English you know. So yeah. people said oh you come from India oh I didn't know people spoke English (Lorna).

Lorna's encounter reveals some of the assumptions about Indians based that were based on colonial history and construct them as 'passive' and 'uneducated', even backward. Paradoxically, the person who made these comments appeared to Lorna to be unaware of India's history of British colonialism leading to the prevalence of English as the *lingua franca* of India and the uniting language of the country. The perception of Indians contributing to the labour force primarily through 'dairies' is also a misnomer.

Everyone thought we were Fijian Indians, because you know that's the only Indians they knew. They didn't know there were Indian's from India and from Goa and being a Goan was different than being an Indian because you have an identity of your own, which is not Hindu. We tend to be more Western, the Portuguese influence was there and you don't fit into a bracket of the other Indians. You are not a Dairy owner you are

educated, you have a profession, you are not a business person because that's what most Indians in New Zealand tend to be (Rowena).

Puwar (2000, p.131) contextualises this reaction, observing that Indian (South Asian) women have been represented as:

Spectacles of both exotic desire and passivity, South Asian female bodies exemplify the oriental construction of 'Other' cultures as similarly fantastic and demonic. The West's relationship to the colonial and post-colonial landscape is mapped on to these female bodies. They are pathologised as passive, ruthlessly oppressed creatures who must be saved by Western discourses, representing the white man's burden or indeed the white women's burden.

Being stereotyped was also significant for Rowena and Evelyn and their stories exemplify how migration has had a pluralising effect on their identity offering them new positions of identification:

It was holiday time and I got to meet lots of family friends, all of whom commented on how good my English was. I had to explain that I was from Africa and then explain that my parents came from Goa. Many people knew where it was and associated it with P&O ocean liners and were familiar with cooks and musicians and pursers. I was 26 when I arrived. I get asked where I'm from and have a stock answer (I was born in Africa, but I am not African, I speak Portuguese but am not Portuguese and then explain about Goa) (Evelyn).

Evelyn's example shows how different aspects of her identity can be prioritised at different times depending on the context and how she and other Goans are "multiply placed" and "multiply linked" (Grewal, cited in Madan, 2000). This process occurs in the context of negotiating "experiences of marginalisation and displacement. Asserting identity becomes an act of negotiation between private and public, of fragmentation and coherence, of past and present, and of self and other" (Hegde, 1998, p.38). Not only was there a challenge to how participants saw themselves, they also lost the mirrors who could reinforce their identity in the form of their families and peer groups resulting in loneliness.

Loneliness

Many participants experienced loneliness and found that they misinterpreted cultural cues from friendly New Zealanders. Migration led to the loss of networks and friends and with that the loss of a common past. This meant that they had to depend on their husbands more and that some of the machines that were available eased the loss. Feelings of loneliness were exacerbated at special times and participants used different strategies to connect with people. I came to this research with presuppositions that Goan migrants were successful 'adaptors', having bought into the cultural and intergenerational narrative of progress. At the same time, I sought to avoid the 'deficiency discourse' that pervades academic literature regarding migrant women. This discourse did not fit the complexity and diversity that I saw within those communities. The research uncovered some of the suppressed pain and dislocation that has been a part of my own life and that gives rise to the ambiguous cognitive condition that Ladson-Billings (2000) terms 'epistemic limbo'.

Leckie (1995a) has observed that loneliness is the most 'glaring' recollection of migrant women, intensified by the loss of extended family networks in a country where there is a tendency for forming nuclear families. In India where people are everywhere, New Zealand appears deserted:

Yes I did feel lonely, you know, with all upheaval doesn't help. You see it was because you sort of grew up with hundreds of people around you, then you come to a place with no-one around you (Lorna).

For Greta, the losses of people were offset or reframed by the assistance available to her in the form of machines, as if this in any way makes up for the loss of help or companionship:

There are machines that make things easier, but at the same time you can't expect manual help. You have to manage cooking and probably working and looking after the baby. Somehow everything would have to be managed (Greta).

Moving to a new country also meant that new routines were needed and Evelyn's husband Joe took on a different role:

I had to do everything starting from scratch, including married life. I had to have routines to survive. A bonus was that machines took the place of people, which left me more time for craft and socialising. You have to work out routines to survive. Joe also took on a different role to that of a Goan man might have (Evelyn).

Making new friends took time, for many women who had come here for marriage, their friends were their husbands. Leckie (1995a, p.59) called this a 'double isolation.' Not only were women isolated in a strange country, but also in 'solitary confinement' with a relative stranger. This was compounded by husbands who worked long hours and the sprawl of Auckland, which made it difficult to meet other Goan women. Participants also felt estranged from wider New Zealand society and despite being able to communicate in English, new friendships did not necessarily result:

The outside was beautiful, but besides Tony there was no one whom I could really speak to. Really have a friend to confide in, or just have a friend or just have someone who I could just call, you know just once in a while just go out (Greta).

Lorna's experiences of the general public were a shock, in particular the friendliness that didn't lead to anything. Lorna misunderstood the new social cues and discovered that the warmth was superficial and lacking in depth (this superficiality is called '*voilea voir*' in Konkani). This response and the fact that it was uncovered at all in the research process highlights how a researcher with a different social location would not have heard the significance of this 'superficiality' and suggests just how culturally defined personal expectations are:

The general public were very friendly, ah yeah that took me by surprise. Everyone said hello, but later on I realised that it was just a hello, it was nothing more than that. Like because back home we should be saying hello to everyone but we do say hello only to the people we really know and only our friends Yeah, but there was nothing more to that so, it was a little disappointing (Lorna).

Behavioural and social cues make life predictable and comfortable and provide what Weaver (1994) calls signposts that provide a guide through daily activities. These are

culturally embedded and when they are lost in the process of migrating and new ones have to be learnt it can lead to disorientation and culture shock.

Loneliness, homesickness and isolation from others who shared the same language and culture was common and was compounded at stressful or special times (Leckie, 1995a):

I used to just bawl my eyes out at every Christmas and any birthday. I liked the place so much, but the transition took a while, it took me two years to actually say that this was you know not home, but this was a nice place I'd like to be. I knew I'd like to stay here, but it's just getting used to the whole lifestyle of staying here, because coming from a place where there's so many people and you have people around you and you have your relations and your cousins and your friends. Coming to a place where it was beautiful and very clean and healthy, just what we were looking for. The isolation was another thing to really come to terms with and I was expecting Marita by then (Rowena).

Flora's efforts to engage with people were desperate:

Then at the bus stop you are desperate to meet anybody, you know because we didn't know about the Goans in the club, we didn't realise that there were Goan's existing (Flora).

Greta also found that regardless of her eagerness to be in New Zealand, the migration transition resulted in loneliness due to the minimal contact she had with people who shared past experiences:

The place was fascinating, the people around very polite, very courteous, yes, I found them very courteous, you went into a shop, courtesy all that was nice. The main thing was I was lonely, I missed friends and I know no-one as such, you know I didn't have a friend here, whom I had already made, so I had to come, and then I started to contact with people (Greta).

For Sheila, who was used to a denser population, culture shock and loneliness were the end result:

We were living a five minute walk to the dairy and I would make it a point to walk to the dairy even if I didn't buy anything from the dairy. I would take the kids out for a walk when the sun was shining and you know the fact that you would never meet anyone on the way was a culture shock (Sheila).

Other participants like Evelyn noted losses such as that of celebration and family:

My mother would have had a lot to do with them. Children are precious and indulged. What western cultures offer is more material. With Goan and Eastern cultures, what is given is more spiritual and intangible, there is a connectedness between them and society. When you let yourself down you also let down your whole family. I come from a family where birthdays were really celebrated and we had lots of visitors who weren't invited but came. Here birthdays seem like non-events (Evelyn).

For many participants, discomfort in the present was bearable due to the narrative of progress and the hope that things would improve. Participants had to master the psychological tasks of migration such as resolving their grief over the losses that they had sustained and of mastering resettlement conditions (Aroian, 1990 cited in Baker, 1994). At times, migration resulted in a cultural bereavement; grief not only for the country left behind but also for the culture or subculture into which the Goan women were born, with feelings of dislocation and displacement being common. Disruption also occurred in terms of encountering different cultural norms such as friendliness that did not result in friendship. Goan women had to reassemble new social networks, and the loss of the familiar resulted in a reconstruction of the self that led to a more self-conscious identity for participants who had migrated from India. Participants also crossed emotional and behavioural boundaries that they did not anticipate for example attempting to talk to people at the bus stop or trying to meet people when walking to the dairy. Participants noted a loss of celebration and self-esteem related to loss of support. The following section discusses the gains that participants made in the migration transition. Culture permeated every aspect of the migration experience; it made participants more self-conscious about their own beliefs, and highlighted the expectations they had of the culture they had come to and their need to consider, if not integrate, alternative ways of knowing (epistemologies and ontologies). For the Goan women in this study, this involved reorganising and reinventing themselves so that

their new self went beyond the boundaries of their original cultural identity. Thus a new self was achieved rather than an ascribed self (Kim, 1996).

Gains

All participants learned new cultural and social knowledge, and developed new skills and networks that led to increased self-awareness and personal growth. This new learning included learning about being Goan. Evelyn's experience of migration led to her feeling like she was more accepted, while also leading to the development of inter-cultural communication skills and inter-cultural knowledge:

In New Zealand there are so many more cultures, that I think there is more acceptance. I talk to anyone and feel that confidence and social skills have to be developed so that you can establish relationships (Evelyn).

Rowena found that she:

Enjoyed meeting people from different cultures... I found it fascinating... and especially when I met a lot of other Asian people... and there were would be so many similarities (Rowena).

Muriel learned more about this part of the world:

I came to know about Fiji and Cook Islands and Vanuatu and things like that which I wouldn't have probably done over there (Muriel).

Not only did participants learn more about other cultures- they learned more about their own. Espin (1999, p.33) suggests that because migrants lose their country, culture and loved ones along with a known environment, they compensate by working hard to "maintain contact with home, through food, music, physical proximity, and contact with other immigrants from the home country". Such cultural reference points provide a "mirage of stability and continuity" that anchor migrants within an unknown and turbulent environment (Hegde, 1998, p.38). Bottomley (1992) suggests that identifying with ones culture can provide a buffer against the stresses of migration and negotiation

with the host culture. Identification also provides a form of capital in the face of being socially disempowered and negatively represented.

Participants made a conscious effort to preserve and maintain aspects of their collective culture while also performing the tasks of settlement. Aspects of their collective culture could no longer be taken for granted and passively absorbed; an active effort would have to be made, otherwise aspects would be lost or replaced. While changes to beliefs and customs in traditional communities are usually slow and undetectable (Birch et al., 2001), with migration the participant's worldviews became more flexible because of two factors. Beliefs and traditions could no longer be unconsciously adhered to, particularly when their values were rendered 'wrong' by the host society and they were exposed to new values and knowledge that were the norm. Secondly participants wanted to 'fit in' (assimilate) to the new society they had joined. Despite previous migrations, active work was required to maintain a traditional identity rather than the passive strategies they had used prior to migrating to New Zealand. Participants utilised many strategies to adjust to these changes that included maintaining connections with Goan communities in New Zealand and overseas, developing new skills and support. A tension was held of valuing the old whilst also adjusting to the new, in order to make the best of their lives in New Zealand. There was also a theme of continuity and the need to find a way to pass on this heritage to their children. With this came some regret that they had not asked more questions whilst their parents were alive:

It was after coming here I knew about it especially with our children, you know we go for the Goan functions mainly to make them understand like this is our culture. Besides that it would be nice to know the reasons why some families just have these celebrations. You don't know the meaning, now that my parents have passed away, there's so many things that you want to ask about our culture, and you say you should have really asked them when they were alive, and its only when you grow older you want to know your history (Flora).

I've found that coming in to a new place, you need to have an identity and to be proud of who you are and I consciously pass it on to Marita. At Christmas time, we still make sweets together and I do tell her why we do certain things. We do pray together and say

our grace together and that's part of being who you are you do that. We eat of course Goan food, she loves it and I think the songs and we definitely keep in contact with the Goan community. We make it a point to go, so she has that exposure to friends. We do socialise with them as well as other friends so she's got the both. I keep in touch with our family back home and I tell her stories about how I was when I was little and what happened and things like that. That's the only way I think I can share who I am with her (Rowena).

Rowena and Flora managed the migration transition by reconstructing a Goan identity and connection to homeland. The above quote from Rowena highlights a persistent challenge facing migrants namely the perception that the nation which they enter is already formed and that they as migrants enter from outside. It highlights how the adaptation process is one way and assimilationist. The expectation is that migrants are required expected to adapt to the place they have migrated to by erasing or at least obscuring the differences between themselves and the peoples of the country. Significantly, Rowena's statement resists the demand for homogeneity. Moreover, it demonstrates how an active process of cultural reproduction and pride is required for successful resistance.

Prior to migrating to New Zealand, participants had been able to move in and between cultures without rejecting their own despite multiple migrations and inter-generational migration. The participants in this study lived in social contexts outside Goa that allowed them to passively absorb and maintain their culture for example through dense Goan networks and family systems. The loss of these networks and family systems meant alternative structures were necessary, so an association was created.

We became really close, because I think when you are a migrant you tend to kind of get very close to the few families that you know, when you get to know them, because you have some common bond. We just met up for Christmas and family things, because your friends became your family really. That's when we started the Goan Club, I think it was about, I don't know six or seven families we decided to start it off. So it became kind of a social thing but before that there wasn't anything, we would just meet up informally at friends houses and do that kind of thing (Rowena).

This corresponds with Collins' (1998, p.233) argument that the struggle for survival for women from minority groups lies outside the household. This is where women and their families work collectively to create and maintain family life in the face of forces that undermine family integrity. Collins stated that the reproductive labour or 'motherwork' is more than just ensuring your own family survives, but that individual survival, empowerment and identity require group survival, empowerment and identity. In relation to this idea of collective empowerment facilitating individual empowerment, the formation of a Goan Association meets this challenge and plays an important role in the Goan diaspora.

Conclusion

This discussion has located Goan culture in a historical and social context in order to create an understanding of the consequences of migration for the participants of this study. It has also attempted to challenge the monolithic essentialising representations of migrant women by showing the diversity of the participant's experiences before and after migration to New Zealand. The participants have shown how they have developed a fluid syncretic culture where identities have been translated and negotiated through different cultural interfaces and migration sites. It is possible that the established culture of migration among Goans has prepared or 'inoculated' participants with the ability to withstand the stressors of migration. This question of identity has salience in the context of the information society and development of global culture with an emphasis on global communication. Such a global culture requires a fluid identity that can move in and out of social, cultural and other encounters with ease, someone cosmopolitan or transcultural. Goans in this study have shown both how fluid their identity is and how they can move in and out of diversity while retaining a common culture.

Migration has had a pluralising effect on the identities of the respondents in this research, suggesting that they have developed new and novel positions of identification that go beyond the singular identity anticipated of Goan women migrants. In particular, this chapter has highlighted how Goan participant's identities evolve within a context and are not stable. Despite a common core of Catholicism and

cultural values that constitute their cultural roots, migration shook the cultural identity of participants to the core.

Reflexivity and the use of multiple methods that open up discursive spaces through which intimations of these novel identities might be glimpsed, have been employed through this research process in the anticipation that they will add a particular 'quality' and trans-cultural 'rigour' to the findings. Through this process, it has become apparent that in future guidance needs to be given to novice researchers about how the identities of both researcher and the researched are challenged and changed in the process of such research.

Having examined the categories that emerged around migration I will move on to discuss the effects of migration and of becoming a mother in New Zealand. This will include a primary focus on the loss and subsequent rebuilding of supports and rituals within the context of continuing colonial practices. In particular deficiency discourses are examined as they often structure migrant women's health care experiences. The findings show that Goan women challenged these prevailing discourses despite being in settings where the needs and values of the dominant (Pakeha) group were primary. The roles of pluralist methodology and self-reflexivity are used as methodological tools to ensure that rigour is developed and that political and cultural dimensions are incorporated within research and new spaces of representation created.

6

Consequences of Migration and Motherhood

The idea is to take everything good from the new culture and take the good things from our culture so we will be perfect in New Zealand. (Emad Al-Zubaidi cited in Walsh, 2000, p.1)

In the previous chapter, it was shown how study participants simultaneously reconstructed cultural traditions while actively managing the migration transition, countering the stereotyped images of Indian women as passive. This chapter continues to elaborate on the resourcefulness of participants with a focus on the adjustments that they experienced in the perinatal period and how these were actively managed.

The findings in this chapter counter the message of deficiency discourses by showing how Goan mothers modified and undermined that approach. This chapter highlights the underlying ideology of assimilation that is implicit in the deficiency discourse and which seeks to erase difference. I conclude with two recommendations, the first raises the possibility of creating a new discursive space for migrants where they can be seen as active agents, not simply passive victims (Bottomley, 1992). The second is that anti-racist and decolonising strategies can be implemented in order to counter the deficiency discourse. In doing so, I acknowledge that there are many other readings available of the text in this exemplar and that my focus in this thesis is geared towards bringing the deficiency discourse aspect of the data to the fore. Integrated into these findings is a reflexive commentary on the research and methodological issues that again point to the need for pluralist methodologies and self-reflexivity. This would permit new discursive spaces to be created for migrant women who occupy a multiplicity of perspectives that require them to negotiate often contradictory worldviews and ways of knowing. It becomes critically important that this space is created using tools of reflexivity and triangulation (as already shown in Chapter five) so that unjust systems that reproduce ideological discourses are not supported. Use of a singular methodology that is descriptively neutral can lead to reductionism, exclusion, pathologisation and stereotyping of minorities.

The chapter begins with a description of the deficiency discourse and the impact that this has on minority groups and dominant groups and ways. The two main losses that participants incurred in the process of becoming a mother are then discussed. The first is the loss of rituals and the strategies participants used to manage this in the context of continuing colonial practices. Secondly, the loss of support is discussed and how participants managed this is also examined. Lastly, the role of health professionals in countering the deficiency discourse for women experiencing a dual transition within a dislocating context is highlighted.

A central tenet of this chapter is the deficiency discourse, which structurally positions 'others' as subordinate, based on historical and contemporary factors located in the persistent influence of the colonial past. This 'othering' process was described in Chapter two. Horsfall (2001) argues that in ethnocentric societies basic structural differences rest on notions of race and religion that impact on the rights and political power of different groups. Discourses reproduce power relations (Morse, 2001), such as the hierarchy that elevates the host society while belittling the migrant woman as oppressed (Ahmad, 2001), backward and in need of liberation by a western woman who is educated, modern, and has control over her own body (Khoo, 1996).

According to McLaren et al. (2001), gazing outward at the 'other' means that white subjects do not have to critically look inside at the taken for granted racism that is implicit within such discourses and which continues to maintain their privileged structural location. The 'othering' process or racialisation (Torres et al., 1999) has a link with the continuing effect of colonial practice and exclusions and displacement that render visibly different migrants "undesirable strangers" (Echchaibi, 2001, p.297). The resulting deficiency or pathology discourse preserves or justifies the status quo of the prevailing power structure by legitimating the pathologisation and exclusion of different migrants (Inda, 2000). Colonised people are seen as lacking in qualities valued by the colonising society (Horsfall, 2001) and this forms one of the main axes of subordination and domination (Bottomley, 1992). This discourse then positions people of colour in relation to a matrix of power relations that "define, confine and exclude" (Westwood, 1994, p.262).

Effects of discourse

There are several ways in which the deficiency discourse can impact on migrants. Discourses are supported by institutions and have ideological effects (Morse, 2001). One of the effects is that migrants positioned within the deficiency discourse can have attempts made to neutralise their differences through practices, policies and structures embedded in institutions. This is based on the assumption that “immigrants tend to be thought of as new arrivals to an already formed nation and are therefore seen as both candidates for assimilation and also marginal or outside of the nation. They are outsiders coming into an inside” (Roscoe, 1999, p.37). This coming to an inside that Roscoe refers to is made more difficult for visibly different migrants, who are accused of threatening the homogeneity of the host country (Khoo, 1996) because they look back at their homeland and bring their beliefs with them rather than trying to fit in, in the way that the host country wants them to. Moreover, migrants (especially those who are visibly different) are seen as a political threat to the integrity of the host community or nation that has been founded on the basis of a shared culture, values, language and belonging (Inda, 2000). This threat is based on a xenophobic notion that different cultures cannot live in the same place and that allowing ‘different’ migrants will cause “cultural estrangement” (Echchaibi, 2001, p.297). Therefore, differences need to be erased so that migrants can assimilate and blend into the host country (Bottomley, 1992). Yuan (2001, p.121) argues that in New Zealand, a bicultural society, migrant cultures are not even relegated to the margins of society “our place is nowhere”.

Secondly, visibly different migrants are viewed as pathogens, posing a threat to the welfare of the host country because they are seen as invaders likely to ‘spread’ or ‘swamp’ the nation. In keeping with the parasitic metaphor, migrants are viewed as dependents who ‘sponge off’, the host nation returning nothing (Inda, 2000). This pathological discourse, marginalises migrant women within a health care system that is dominated by the hegemonies of medicine and social science (Morse, 2001). Such discourse frames minorities as problematic, troublesome and different, rather than diverse and rich (Wheeler, 1994). Migrant women are objectified by the reductive power of medicine and judged by their pathology and role within society, their cultural experience is deemed irrelevant and their identity is defined within the scope of medical knowledge (Morse, 2001). Difference is translated into lack and pathology,

for example with regard to childbearing practises (Khoo, 1996). This is seen in Chapter two where stereotyping, racism, false assumptions and generalisations were made about migrant mothers as a result of the deficiency discourse.

Thus the migrant is seen as a threat to the health, economy, culture, social and political life of the host country. In turn, migrants are given an unrelenting message of “unbelonging and marginality” resulting in the notion that the host country can “never be home and a place of safety and acceptance” (Westwood, 1994, p.259). In the case of migrant women, an educated, modern western woman can position them as oppressed and backward and in need of liberation.

Challenging the discourse

There are two ways in which the discourse can be challenged. First, the deficiency discourse obscures the role of migrants as active participants and producers of alternate forms of knowledge that contribute to the host community. Migrants are not just victims they can also resist and subvert, colluding in their own interests to mobilise against dominant groups (Pettman, 1991). Secondly, the discourse obscures an economic relationship that benefits the host community. According to Inda (2000) the notion that the migrant is an “economic burden” (Echchaibi, 2001, p.297) and the one who always gains at the expense of the host country is misleading. Using a pathology metaphor, Inda argues that host communities are parasites also at times and the migrant is at times a host. Inda adds that host countries benefit from migrants because the migrant puts more into the system than they get out (as seen in the under-utilisation of health services). The host community is a parasite because it is dependent to some degree on the migrant for its affluence. This can be seen in the employment of experienced but underpaid migrant nurses working in rest homes as nurse aids. Thus the migrant provides sustenance to the nation whilst the nation lives off the body of the migrant. Having reviewed elements of the deficiency discourse that serve to justify the continued disenfranchisement of migrants, I will turn to a discussion on the losses and gains that were incurred in the process of becoming a mother in a new country, and how participants in this study negotiated and reappropriated different cultural rituals and support structures in order to create a space for themselves in New Zealand. A commentary on the deficiency discourse will accompany their narratives.

Loss of rituals

As discussed in Chapter two, cultures develop protective and celebrative practices or rituals that reflect both the new mother's social status and her presumed vulnerability. The intention of these rituals is to reduce the stress of childbirth and assist in the maintenance of perinatal mental health. The lack of rituals is thought to make women susceptible to depression in the West (Stern, 1983), and many cultures attempt the continuation of rituals after migration in order to prevent depression occurring. This section illustrates the importance of rituals and how these had already been modified to some extent through urbanisation and modernisation due to colonialism. The ways these rituals changed with migration is discussed as well as the strategies that participants used. The section begins with a discussion on rituals in India.

In my role as Goan and researcher, this section highlighted how the significance of culture and the impact of dislocation at a culturally and spiritually significant time in one's life, the response to which is culturally defined. Pluralistic methodologies that value narrative are needed to understand the impact. This section also demonstrates the value of a reflexive 'outsider-within' position for the researcher. In this instance multiple methodologies have the potential to provide a wider mapping of social reality by adding explanatory richness to the data, particularly in providing an understanding of continuing colonial practices on childbirth.

Rituals in India

Due to the lack of literature and research available about Goan women as mothers, I will briefly turn to the literature on 'South Asians' and 'Indians' here in order to illuminate the purpose of rituals and the form they take in India. Rituals reflect the vulnerability and special status of the new mother and include being restricted to the home, being given assistance, being given special foods and massage.

In Indian communities the experience of pregnancy and birth is typically marked by nurturing and celebration of the status of women who are to become mothers. This nurturing is highlighted through the giving of special foods and assistance. According to Choudry (1997) the movements of new mothers are restricted to the home for forty days due to their perceived vulnerability postpartum. During this forty day period,

assistance is given with personal care and the physical body is taken care of through massage and ensuring the mother has an opportunity to relax. Parturition is thought to generate a state of hotness and therefore weakness (Choudry, 1997). Grandmothers can play an active part in the preparation of special food and ensuring a nourishing diet that includes foods such as *ghee*, nuts, milk and *jaggery*⁴ which are given to return the body to balance.

This attentiveness and “endless care” that is received from the extended family (Shin & Shin, 1999, p.611) can be lost in the process of migrating. This celebration of the status of the new mother in ‘developing countries’ subverts the notion of ‘West is best’ and the backwardness of the East, that was taken for granted in my post-colonial upbringing and has been noted by other writers (Khoo, 1996). A recent article in NEXT magazine in New Zealand have suggested that rituals need to be re-instated to celebrate the status of motherhood (Sarney, 1999). Greta found that the shift from a social process of pregnancy to an individualised one a painful loss:

Everyone else does things for you and you know in that way you are just pampered. You get all these supposedly nourishing treats and foods and things you know. Like all these pulses and the sweets that you normally have. I’m not very sweet tooth, but I think they do help in a way you know. The nourishing factors. You know things like that. At the same time being here makes you think of all these things that you take for granted back home (Greta).

Focused individual care is given to new mothers, and family members take on roles in relation to food preparation and hospitality as in Lorna’s story:

You know you get your massages and things. Mum looks after the cooking because that takes away a lot of time and then you don’t have to worry about that. Goan things like moong, godshem and other lentils millet, tizan⁵, and things like that, you know what that is. I guess you would have had that if you were coming from the traditional villages I’m sure, but ah! we have lost a lot of culture on the way. Yeah yeah I guess you also

⁴ *Jaggery* is a coarse brown, unrefined sugar.

⁵ *Tizan* (a pudding made of coconut juice, *jaggery* and salt) and *godshem* (a sweet) are used to cool and strengthen the body.

have many more people around you in India so that if you are busy with doing something someone else can entertain make the tea or conversation (Lorna).

Migrating reminded Lorna of the loss of traditions that began with the move from traditional villages to urban settings prior to the migration to New Zealand. The drive for upward mobility (in the Western sense) in Goa and the concomitant loss of traditional 'old fashioned' rituals has resulted in loss of forms of nurturance from many cultures. Also embedded in Lorna's text is the realisation of the loss of culture related to the impact of two colonial masters (the British and Portuguese) on Goans, both in Goa and later to British colonies that Goans migrated to. Aspects of those colonial cultures already had an impact on participants prior to migration. Lorna's narrative highlights the richness of the culture she has come from and the centrality of nurturing both mother and baby. Her example shows how nurturing is demonstrated through the preparation of special foods for the new mother in her enhanced status. The significance of touch and massage as a form of nurturance that new mothers are given is also shown.

Disconnection from rituals and knowledge

The following section illustrates the impact of migration on rituals, namely the loss of knowledge resources who would have prepared the mother, thereby creating what Liem (1999, p.157) terms a "vacuum of knowledge." A second outcome is that the knowledge of the West replaces that of the East. Finally, there are also some positive outcomes influenced by midwifery discourses such as the reframing of birth into a positive event and the right to question.

Migration meant that usual sources of preparation for the transition to parenthood were lost and new ones would have to be found:

My idea of pregnancy or knowing anything about children was someone else's and you just cuddled them and give them back kind of thing so I was totally unprepared (Rowena).

Rowena's quote shows how her lack of knowledge, preparation and family made the motherhood experience challenging. This lack of knowledge about pregnancy would

not have been a problem in her home country because she would have relied heavily on a network of family and friends to advise her.

Separation from sources of knowledge as a result of migration can lead to social upheaval or significant change (Fitzgerald et al., 1998). Liem (1999, p.157) calls this a "vacuum of knowledge" about childrearing and states that it needs to be 'filled' for women who have migrated without their mothers or extended family and that as a result migrant mothers can be seen as eager to acquire knowledge of the experiences of mothers from the host country. However, breaks in knowledge resulting from migration are not necessarily negative and migration can lead to more choices and mean that migrant mothers are no longer obliged to take the advice of their community. Migration provided Lorna and Rowena with positive experiences in regard to being able to discard old ways of doing things, particularly advice from well-meaning family friends and 'old wives tales' that seemed to have no logical basis:

Oh you have all the people contact isn't it? They come and see how your baby's progressing and all the advice that you get, God help us all! Yes, all this advice how you should sit and how you should stand, yeah all those things. I'm relieved I didn't have things you know mentioned with no substantial backing. I need a reason for things. You don't tell me how to stand on my head and say that it's good for me in my pregnant state with no real reason for it (Lorna).

No certain things they would say Oh don't eat it but I really didn't pay much attention to it because sometimes I think they are just old wives tales and superstition. Sometimes you know they have a good reason behind it. They said don't eat too much of chilli because your child would have a lot of hair on them and I'd said if you eat too much of chilli you feel sick the next day (Rowena).

These examples show how the knowledge of the West has displaced and become more valued than that of women elders who traditionally would have been the 'experts'. The new experts are people who are strangers and have no connection with the people to whom they speak. They represent disembodied objective knowers. These examples show how the authoritative status of dominant ideologies (for example evidence based practice) have a powerful influence and are privileged over 'traditional' beliefs which

can be rendered irrelevant or pathological as a result. This superiority is partly derived from internalised beliefs in the superiority of the West and Western products (Lal, 1999) and partly due to the dominance of science which claims priority over other forms of knowledge (Nicholson, 1993). Marshall and Woollett (2000, p.360) add that “a discourse of rational science serves to legitimate medical/obstetric accounts of pregnancy, to isolate women as mothers-to-be from networks of relationships and render illegitimate other sources of knowledge”. These knowledge claims have not only informed the ideology of mainstream social and health science, but women themselves.

Becoming a mother in New Zealand provided Lorna with the opportunity to view childbirth differently and make choices. Lorna felt that had she had her baby in India where she lived before she migrated, the environment would have been more familiar but imbued with fear and taboo whilst in New Zealand it was different and positive. This counters the argument that Barclay and Kent (1998) espouse in which migrant mothers are disadvantaged in the host country through their needs being ignored by society and health professionals. In Lorna’s case childbearing was reframed into a much more positive and empowering experience.

You would have been on home ground and had familiar faces and familiar happenings going on. In that way it would have been positively different, but I mean from whatever you hear and grew up with, this child bearing experience is something different and there’s a big taboo and things like that. What I experienced here was that child bearing is natural, that natural factor was a great thing. You know that it’s painful and it’s this and it’s that and at home they don’t put any pleasantness I think in the experience.

(Lorna).

Lorna’s example shows how traditional ways of knowing and worldviews have become colonised with migration (even if the old ways weren’t terribly helpful at all). Indigenous knowledge has become replaced by ‘evidence’. The loss of taboo also presents women with the burden of carrying on normally with their pregnancy, which in their new adopted home is no longer imbued with the same sense of the sacred.

Similarly, Flora's previous experience of childbearing in India was full of fear and pain. Donley (1998, p.19) has stated that "Fear is the greatest single enemy of a women in labour. Fear saps energy, slows labour, even switches it off. Labouring women are extremely sensitive to the 'vibes' of those around them." Flora's midwife ensured she had pain relief available and privacy, which countered her previous experience in India:

There was nothing offered to you, no epidural nothing, you just had to go through the whole labour. You know, you are all left in this room with other mothers screaming in their final stage of labour (laughter) and you think my God, are you going to be like this? (Flora).

The experience of a natural birth was also enhanced by the knowledge that Lorna had the right to question. The process was powerful for Lorna who felt that it should be something other migrant mothers should be made aware of:

Goan or whoever coming from another culture or similar background that I have come from should know that they have the option. We should know that we have an option or we have a right to question, which you don't you know. You are not really aware of and the local New Zealander takes it for granted that you know. If you don't say anything that's fine maybe you are happy with everything (Lorna).

Lorna's example shows how many migrant women are in danger of being so accommodating that they give up their rights. This eagerness to please is in part due to the socialisation process of learning to become a 'good' patient and could also be due to their historical experience of being a colonised people. Lorna's example highlights how many migrants are unaware that they can complain or criticise, because according to dominant discourses they should be grateful that they have been permitted to enter the country and should not 'make waves' (Khoo, 1996). In a discussion of the dynamics of subordination, Horsfall (2001) points out that members of subordinated groups can be so focused on the tasks of basic survival that advocacy and assertiveness take a back seat, unless strong supports are in place. Moreover, Horsfall argues that people within such groups have already discovered that direct forms of communication addressed to

those with more power do not work, and so may appear passive or dependent, colluding with the stereotype of 'passive.'

For colonised groups who have lived in contexts that have emphasised that 'West is best', there is still the perception that health care is 'better' in New Zealand than the places they have left behind. Many New Zealand born women take the right to question for granted, and assume that they will be taking control of their birth experience, which is the view promulgated in most antenatal classes. This discourse, which positions western women as educated, liberated, modern, agents of choice who have control over their own bodies and sexualities (Khoo, 1996) can lead to distress. Given that it creates expectations about the degree of control that women can exercise in childbirth that cannot always be met. The expectation and desire of migrants to fit in and assimilate means that migrant women can also fall into this way of thinking and become rapidly acculturated. Rowena decided to be pro-active about her labour and delivery as a way of addressing the gaps in her knowledge. She read and discussed options with her midwife, but wasn't able to enlist support for the kind of birth experience she wanted from her husband before or during the birth:

I read books, I had a lot of spare time by then. I would call up my Midwife, I'd wanted to have a water birth and Pascal said nothing about that. I heard it was a good idea you know, so anyway I went through all the child birth and things like that yeah. Pascal, was sent back with a good friend, then he said no you've got to go back, he couldn't, in fact he collapsed. I was the one who you know had to go through with it (Rowena).

Rowena's strategy of managing the loss of peers and elders was to replace them with equivalent resources in New Zealand that hide the pain of loss. Her example shows how the disconnection from rituals and the search for replacement ones required spousal support. The changing role of participants' husbands in regard to migration and motherhood will be discussed in more detail later in this chapter. This section has shown the loss of preparation and replacement by Western rituals and discourses, such as women-centred discourses that reframe childbearing into a more positive transition and the role of the consumer, which offers migrant women the opportunity to be actively involved. Where women wanted to preserve rituals or manage the 'vacuum of

knowledge' a strategy that was used was that of recalling and reproducing rituals from memory.

Remembering rituals

Many participants, in common with other migrant women, found themselves socially isolated, separated from traditional practices and in a very unfamiliar health system. Reclaiming traditional rituals provided a way of reconnecting with tradition and passing this on. Sheila managed this isolation and distance from traditional practices and sources of knowledge to inform herself and other generations of Goan women. Sheila recalled how her cousin was able to show her how to do infant massage, which in turn, Sheila was able to share with other new families. This knowledge transmission helped to maintain cultural ties and identities:

When I came home, Tanya showed me how in India you massage the baby with oil. Tanya showed me the traditional thing of oiling the baby, because she said she did it for her babies. She had just observed in India because she had three children in India and in India you have a massager. So she had just observed and then she had done it on her child because she showed me how and I've actually shown Vanessa. I used to go and do it for Vanessa and you know Brian and Sofia? I showed Brian and Sofia how to do it I think it's just something that's traditional that needs to be carried on and if you keep it to yourself nobody knows (Sheila).

Sheila's example highlights the importance of rituals and 'elders' in transmitting culture and the need to actively reclaim rituals. Rowena re-appropriated her culture through remembering what used to be done. Books were inadequate and she needed to reclaim old ways of knowing because the new epistemologies were limited. This is an example of resistance to assimilation and an associated attempt to be bicultural. Rowena needed to constantly renegotiate between old and new while being positioned as 'other'.

I remember this massage bit and I would do a bit, like they said don't use soap on a newborn baby and we'd do it with pea flour. You brush them off with you, make a paste like a pea flour paste with a bit of turmeric on it. They say a baby's skin is too soft to use

soap on them. I did a massage with coconut oil or baby oil and I would wash her with a pea flour and a turmeric paste (Rowena).

This re-creation and reproduction of traditional culture caused problems for some of the women especially when it gave rise to conflict between beliefs about traditional practice and medical practice or policy.

Conflict between traditional and new

The following section shows how parallel migrants hold parallel beliefs that are both of their home culture and their host culture. Migrants want to fit in and are in turn expected to 'assimilate', especially by health providers in the context of health.

Participants resisted and contested the discourse of assimilation but found that they were often forced to choose between home culture and host culture.

A study of South Asian women by Dobson and Homans (cited in Woollett et al., 1995) found that the participants held parallel beliefs rather than having beliefs that clashed. They maintained some traditional practices but valued Western medical care. Whether or not health professionals in the host society were equally flexible was doubtful in Rowena's case. The strategy of carrying over traditional rituals into the dominant culture created some challenges for her:

Here they wouldn't believe in massaging baby as such you know. Just bath the baby and change, wrap the baby up. Even in India you'd have baby sleeping with you in your room, whereas here they just say you know, have the separate rooms for the baby. We were flatting by then, we were sharing a big house, so we didn't have the luxury of having the upstairs rooms and all that kind of things. Marita stayed in a cot in our room, it was a big room but yeah and I used to just do things. Like I still remembered massaging her with oil and I used to see women do that all the time in India. They said it was good for them. I just went ahead (Rowena).

Rowena's response to messages from her care providers to assimilate was subversive. In a sense the care providers were trying to 'rub out' difference and the underlying assumption behind assimilation is that one culture dominates over another and the dominant culture is superior and the subordinate inferior (Echchaibi, 2001). Either an

immigrant is assimilated and has taken on the attributes of the host country or they have 'over-invested' in their home country and are not likely to be loyal citizens (that is homogenous) (Khoo, 1996). Rowena's example also shows how care providers privileged their ways of knowing above Rowena's by universalising dominant group standards or 'appropriate' ways of parenting that included a separate room for the baby. Rowena resisted such 'appropriate' and commonsensical dominant discursive practices by doing what was culturally appropriate for her.

Another area of culture clash proposed by Bowler (1993) from an English study of midwives' attitudes to Asians women is the tension between current practice that encourages women to be independent with mothercraft as soon as possible and traditional practice that supports the woman to have a period in which to recuperate while being attended to by family. The tensions between traditional and current practice are acute in Muriel's story:

It's such a different situation out over here. Mum says oh, it's so cold in this country, don't give a bath here. The midwife says give a bath every day, when hardly a week, the baby is born the midwife says why don't you take her for a walk, it's a sunny day, you know why don't you go out? In India you wouldn't go out for 40 days and things like that. So many conflicting kind of things, which was very difficult and it's really different (Muriel).

Muriel's example uncovers how migrant women are challenged between choosing one set of beliefs over another. Furthermore, it is more likely that 'traditional' ways will be lost as the resources and structures that are available to support Muriel in her role as a new mother are geared towards the need of the majority culture. The participants who have a history of colonisation and of also wanting to 'fit in' are stuck between their new culture that they work hard to fit into (future) and the values that have shaped who they have become (past).

Muriel's experience of tension is well explained by Liem's (1999) findings in a study of Chinese first-time mothers who gave birth in Australia. Liem argues that migration exposes new mothers to other ways of thinking and they then have to decide not only what is best for them and their baby but also who not to offend or embarrass, new or

old authority figures. For Muriel this meant being in a position of offending either her mother or her midwife.

Thus participants were caught between offending old or new authority figures as well as privileging host country values and beliefs over traditional ones. Many participants resisted assimilation, but had limited support in the absence of family and within a system that expected them to fit into an assimilationist framework.

Structural impediments to rituals

Being separated from family and culture meant that there were other impediments to conducting traditional rituals. The first was not having anyone to consult who was bicultural and could see the importance of special food, the second was not having access to paid or unpaid helpers who could assist with rituals such as massage and the third was that some participants had to rely on health services which were geared to the needs of the dominant group. Bowes & Dar (2000, p.311) note that those who are already experiencing "social exclusion are likely to encounter poorer services in these circumstances as their diverse needs present particularly complex demands." They conclude that minorities can then find themselves further excluded by the standardisation and bureaucratisation of services.

The notion of a 'vacuum of knowledge' suggested by Liem (1999) earlier is useful in understanding Rowena's anxiety about the appropriate food to be eating. Rowena struggled to create a new frame of reference and develop a sense of what she 'should' be doing. Rowena sought guidance but ultimately was unable to cook any of the things that she thought might be useful because her husband worked long hours and there were no extended family members available to help her enact traditional rituals:

No, in fact I didn't know what to eat, but the hospital kept saying eat a normal diet. Do I have to have spicy food? They said since you've been eating it all your life and during pregnancy, you don't have to drink milk to get milk, just eat well. Because being alone I had to cook my own stuff, so I just continued eating my normal things (Rowena).

This example again highlights the tensions of attempting to fulfil cultural expectations but also fit into what was appropriate in the new culture, it is possible that access to some kind of ethnic link worker or support worker could have been of assistance.

Lack of assistance (paid or unpaid help) and isolation prevented the enactment of some rituals. Flora attempted to maintain tradition by massaging her infant but without the help she could have had from family or paid help, it made it a luxury. The naïve request for massage as part of the health care system's service provision was declined. This response exemplifies the hegemonic and narrow possibilities of care open to 'others', who as Wheeler (1994) has observed have little control over resources that are thought to be necessary for their health by providers, who are in the main white. Importantly, the notion that diverse populations require an equally diverse range of services becomes compromised when resources are limited. A gauge of the power that dominant groups possess is in their capacity to define their values and interests as the norm (Fuller, 1997). Therefore, the universal service that is supposedly provided for everyone, in fact, best gratifies the dominant group.

You know there in India you have a baby, mothers must have a massage. So when I had that back problem and when I had to do the massage it felt so good. I asked the Midwife, she said "no you have to pay for that" so I said "just forget it then", you know, and then for baby they said do your own massage but you know having a baby you're all alone and there is no time. I did it and I remembered, but I didn't always do it regularly though they say a massage is good for bonding and all (Flora).

The importance of massage was also emphasised in Muriel's story. She found that attempting to massage her baby was a logistical nightmare, which would have been effortless for the *Malish* ladies or massage women in India:

Back home in India you have the Malish ladies, the massage women who come home every day. Every day the massage lady comes with coconut oil bath to give a bath then they bathe the baby for you. Here you are taking the water to the bedroom, heating up the bedroom, mixing, making sure there are no draughts then going down on your knees put the baby into the bath taking the baby out wiping the baby over there. What does the mother do? Windows are all closed, room is completely closed off, baby things

are kept all the Johnson products are kept out. The Malishi woman comes whenever the baby is sleeping she doesn't have time to wait for the baby to get up. She is doing three or four houses she takes the massage oil, puts the coconut oil on the baby from the head to the toe she is in the bathroom after that with the baby on her legs gives the baby a bath the baby's bawling and crying and everything straight after that the baby is put to the nipple or the bottle and the baby sleeps for about three or four hours. Here give the baby a bath she doesn't want to sleep after her bath (Muriel).

The narrow possibilities of care that were available to participants within the context of a hegemonic health system and the lack of family support to carry out traditional practices, was to bring mothers or mothers-in-law over to New Zealand.

Bringing family in to support rituals

Several participants brought mothers and mothers-in law to New Zealand because it was unusual to have a baby 'by yourself', to help with tradition, food preparation, care of the baby and allow the new mother to rest. Lorna, Greta and Flora chose to bring family members over where possible to provide both support and assistance with rituals. Lorna was fortunate in being able to bring her mother over to help out, and points out the alien notion of the individualising of a major life event like birth:

Then you come to a place with no-one around you, you don't really know if you can make it alone. You know you are not very independent in a way, so it is unfamiliar to have a baby on your own. Yeah, so that's why, so you just sort of have Mum over everybody has Mum over, it's a Goan thing to do, it's an Indian thing to do (Lorna).

Despite Lorna's early reluctance to engage with 'old wives tales', her cultural beliefs meant that it still important for her to have cultural support and practical help from her mother. It is possible that the consequences of 'not belonging' and attempting to have her needs met through a western system was inadequate and led her to reclaim her own history and cultural ways of responding to childbirth.

Greta was supported by both her mother and mother-in-law who came to New Zealand to assist with care of the baby and other household tasks which included food

preparation and advice. Greta's example illuminates the richness and significance of cultural rituals in the postpartum period:

Fenugreek seeds and jaggery and coconut milk and she kept giving me that and I found that quite nourishing. I don't know whether that would generate just the milk and also a sort of porridge made from semolina. So I would bake that and a drink that would help me clear up my stomach too much of gas so those things helped me a lot (Greta).

The importance of food to many Goan rituals and special occasions is emphasised in Flora's recount of her child's christening which emphasised the symbolic significance of the Goan connection to the earth through the serving to guests of chickpeas and coconut: Flora's example highlights how she feels she needs to justify the significance or legitimacy of particular types of food to 'Kiwis' or have it legitimated by them. This perhaps represents a sign of her wanting to 'fit in'. This could also be a way of justifying to white New Zealanders the attachment to things Goan:

Even for a normal party you see all Goan tradition, you must make this food you know, like for an auspicious occasion, like a Christening. Coconut in it, that is a must, you know a christening can't go without that. The Kiwis, you know wonder what are we serving boiled grams (chickpeas) for on an occasion like this. My aunt was going around to all the Kiwi guests saying you know I'm serving coconut. I didn't know what was the meaning behind it, but she was explaining you know chickpeas are the food of the soil, and coconut is also a food of the soil (Flora).

Rituals in India reflect the vulnerability of the new mother and involve having restricted movements and assistance, special food and touch. Migration led to a vacuum of knowledge for many women and the loss of rituals related to migrant motherhood was managed in varying ways by the research participants. For some women-centred discourses provided opportunities to relinquish taboo and fear imbued attitudes to birth. These women developed new rituals, highlighting the displacement of participant's cultural knowledge in favour of western disembodied and objectified knowledge.

For others, rituals were reclaimed, modified and adapted to suit the conditions and the limitations of lack of support. The attempted integration of new and old rituals led to some conflict between policy and traditional beliefs. Structural issues were important and some participants found that they had no-one to consult or help and that services were geared to needs of dominant groups. These highlighted the larger tensions for migrants between prioritising the knowledge and ways of the new country and those of the old. Some participants brought family members over to assist with rituals and to provide support which will be discussed in the following section.

Loss of Support

Losing old networks and having to create new ones occurs in the transition to motherhood for many women regardless of whether migration has occurred. Non-migrant mothers often re-create new peer groups in the forms of ante-natal groups and coffee groups. With migration, social support networks that were available in the country of origin can be lost (Anderson, 1987). In this research, the loss of support resulted in isolation, the changed role of husbands and the need for participants to develop alternative sources of support in order to manage motherhood in a new country. Some of those new supports involved formal structures and informal new supports who were often other mothers. This section also highlights the significant role health professionals can play in providing support and appropriate care to migrant mothers.

A Ministerial review carried out in Victoria, Australia identified the lack of support as a significant area of concern for NESB mothers (Small, Rice, Yelland, & Lumley, 1999). In modern societies parenting tends to be seen as an individual responsibility rather than a societal one so support systems remain minimal (Woollett & Nicholson, 1998). The shift from a social to individual responsibility can be more acute for women who move from so called 'traditional' societies to 'modern' ones who have grown up with different expectations. Many of the Goan women had migrated from places where there were always lots of people around, both at home and in their neighbourhood. Being 'home' would have meant that women had very little to do other than rest and eat, while migration meant that participants had to take up all the responsibilities that would have been shared by paid or unpaid help as in Rowena's experience:

If I was in Bombay I don't think that would have happened, you are working and your whole lifestyle is different, a bit like here but you had a lot of support, like I would have a maid would come and do all my housework or I would have a maid to look after the baby. I would take some time off work. Here, you'd just get on with it and you'd have your aunts and uncles and cousins there who you know. I think the thing I had to cope with was the isolation and the lack of adult company really because Pascal would work long hours (Rowena).

Rowena's example shows how different her life in India would have been with different levels of support available. However, the dominant discourse around migration is that migrants are supposed to be grateful that they are living in New Zealand and if they are to be 'accepted' by the host community they have to 'fit in' and 'make it work'. The history of pioneering in New Zealand and the history of stoicism embedded in Goan and Indian cultures leaves little space for complaining or expressing sad feelings. Instead there is an expectation of 'getting on with it', which has a coercive element to it and to sacrifice the dreams of the past for the dream of the future.

Isolation from the extended family can also mean that friendship networks for support become more significant (Sagrestano, Feldman, Rini, Woo, & Dunkel-Schetter, 1999), and if these are not available losses can feel even more poignant as in Muriel's example:

Days can go by over here like I've made friends, they are mostly Neville's friends. They are not my friends. I have not made a friend, a friend who I can call a friend of my own. Nobody can replace Shanthi over here, nobody is going to replace my friend Priya back home. If I was there, even if I wasn't able to meet Priya say for instance that's another person I mean is just like the three musketeers every day we would have been on the phone, we would have been together on weekends she has got a baby I mean she is a toddler now but we would have got together... There were many times that I told Neville, oh why did I ever stay here, I should have gone back. If I was back home I would have had this support and I would have had that (Muriel).

Mothering was initially a solitary occupation for many Goan women who had not realised just how much their friendships would mean to them until they'd had a baby. This led many of the participants to develop new support networks.

The loss of extended family, coupled with the validation women might have got from their own culture where they were 'nurtured, valued and supported' (Barclay & Kent, 1998) can result in misery. Barclay and Kent contend that calling the experience of loneliness depression can cause more harm for women from cultures where discussion of mental health problems is stigmatised and taboo. As Abu-Lughod (1995, p.348) described:

At my wedding four years ago, I missed my Bedouin friends. To bring them in, I recited some songs they would have sung to celebrate my wedding had they been there. It will be harder to find a substitute for the busy companionship they provide to the mother of the newborn. They say a new mother should not be left alone. I expect I will be from time to time. They say she is vulnerable. We call it postpartum depression.

Similarly Rowena reflected that:

There was never a time when I really felt very badly depressed, it wasn't you know. I would just get up and go and do stuff, it was just I would feel the isolation more than a depression (Rowena).

The need to be stoic was a recurring theme. Carrying on and 'doing things' was a strategy used by many women when feelings of loneliness and isolation were overwhelming. Rowena's response can also be interpreted as resistance to being labelled and subjugated within the pathologising discourse of the medical model.

Rowena felt disadvantaged by not having support and experiencing her first pregnancy, which magnified the experience of the unknown:

It was more having to cope with a little baby and sometimes she would be crying at night and lack of sleep and you know that kind of thing. I don't know if you could call that post natal depression. I just remember there were days when I would feel they weren't too bad. Once I got out more and met friends and you know, that kind of thing,

it was good, so it was an experience to be on your own and have a baby. I think it was maybe the second time around I might know to do things differently because at that time everything is just so new. It's just trial and error kind of thing sometimes (Rowena).

Research suggests that support from one's husband reduces prenatal distress (Kalil, Gruber, Conley, & Sytniac, 1993 cited in Sagrestano et al., 1999). With migration and the loss of other supports, fathers had to become more active participants in the birth and child rearing process that was difficult for Rowena, whose husband Pascal worked for long hours. In hindsight, Rowena admitted that the unplanned pregnancy and the timing of the pregnancy got her off to a difficult start:

Pascal used to work late long hours, he would go off early in the morning and come back late at night. I used to hate the winter, because it would be so wet and cold. I think I would have planned things better, because that got me off the wrong foot really. I was still finding my way around and getting used to being in a country. I would have had her later because I had to cope with the two. Getting used to being in a new country and then having a baby and a pregnancy it was just luckily I had a good pregnancy (Rowena).

In India, male participation in the birth process tends to be peripheral (Choudry, 1997), compared to that in New Zealand where fathers are encouraged to be partners in antenatal classes, coaches during the birth and assistants in infant care. Flora's midwife ensured that Flora's husband could be involved in a way that he hadn't been able to in India:

Yeah, like he never saw the delivery for Cedric and here, the midwife involved him. Chris used to come with me for all my check-ups and she used to explain (Flora).

Lorna's husband's role changed so that he took on roles that he might not have been able to in India where family members would have stepped in:

No, not really because he is by nature caring and a family man so I would have got a shock if he didn't lift a finger. The extent to which he went about was great because as

you say the typical Goan male, husband, father is not very involved in child rearing. They don't really take a very active part (Lorna).

Greta's husband also attempted to mediate between her needs and that of his mother who was living with them:

He would look at it from my point of view, you know he would think of it. Okay she has come to a foreign place, she has no-one of her own here, so he would try and see that things were met to my needs (Greta).

Sheila's husband was away at the time she gave birth to her daughter:

The nurses were so lovely.. Ruth.. when we came to New Zealand the Government had a policy of looking after anyone who was born from womb to tomb.. but I enjoyed it... it was the first time since leaving India that I didn't have to clean the floors, that I didn't have to cook a meal (Sheila).

Sheila also learned that she had to find ways to nurture herself, be self-reliant and meet her own needs because everyone else was also busy with their own lives:

But you know Ruth, what I found about the people here the couples that we met, they had the same agenda as us. You know it was doing what you could for yourself and also looking after yourself. I remember reading a story about a certain culture of women every time they nursed their babies they did something for themselves (Sheila).

Many women began to realise that they would need to find new sources of support in addition to that of their husbands particularly as many of them had also lost their peers when they migrated.

Finding new support

Participants developed new sources of support that included other mothers, Plunket and Playcentre. This exposure to other worldviews and ways of thinking led some participants to develop bicultural mothering practices as well as skills that would assist their children's development in a country where they were a minority.

Rubin (1984, cited in Sharts-Hopko, 1995) has suggested that relationships with other mothers are important because these relationships help women to gain confidence in their new role. They also (hopefully) provide affirming feedback that the infant is unable to provide. One of the tasks of a new migrant mother is to take the initiative and access resources (Liem, 1999). Rowena developed a new network of support through her church, which was a lifeline:

I started going to a mothers group there and I met a lot of other Malaysian and Indonesian and Filipino women and we would go and have coffee together and that kind of thing and my social life. I got quite involved with the Parish and doing work for the Church because I mean I really didn't know many other people. I think every fortnight or something, we'd meet and have a chat at the Plunket. I did meet a lot of elderly parishioners they were wonderful they would come and give me flowers, chocolates and really spoil me because they knew I was on my own and they were wonderful (Rowena).

Several participants stated that Plunket had been beneficial in the transition process that is significant in view of the funding challenges that have faced this organisation. The Plunket society was founded by Dr Truby King in 1907 as part of a campaign to improve infant care by educating women about motherhood and to promote breastfeeding (Kedgely, 1996). Originally named "the society for promoting the health of women and children", Lady Plunket later gave her name and support to Dr King's cause. Plunket operate by running clinics, family centres and visiting women in their own homes. Plunket was an invaluable resource for Rowena as it took the place of the network of family or friends that might have advised her. Thus old sources of knowledge were replaced for new ones:

Plunket was great, they'd really give me good advice when I was stuck, come and check up Marita and so they were very supportive but basically I would just go on common sense (Rowena).

Another avenue of support was through Playcentre, a war-time initiative begun by Wellington mothers to provide companionship for each other, where mothers took responsibility for each others children and the running of the centre. The goal was also

to also enhance the social development of the child and provide time out (Kedgely, 1996). Playcentre played a valuable role in Sheila's life:

I met a very interesting group of women and that was something that I could look forward to every week going to this evening class. Then once a week I had the church and I found the women at Playcentre were so lovely and generous with their time. Getting to know them and getting to know that they had issues like myself (Sheila).

Evelyn felt that there was no need to feel afraid or alone because New Zealand had so many support structures available and that help was always at hand:

I feel that NZ is a very well organised society, constant care is available, there are lots of avenues for help. There is no need to feel afraid or alone. Even though my mother and sister weren't here, I had regular visits, antenatal classes, play centre, coffee groups. There was comfort in other women. Plunket nurses coming to home (Evelyn).

This exposure to a range of providers and women also gave participants new ideas about how they could parent. As Arendell (2000) points out, both cultural and economic contexts have a part in shaping mothers activities and understandings. Migration can result in difficulties with parenting and child behaviour problems (Short & Johnson, 1997) and a disruption in family roles and value conflicts between traditional and new practices as described earlier.

Motherhood in a new country presented participants with opportunities to revise historical and cultural ways of mothering and choose new ways. To contextualise this further, as it can be argued that this is a task facing all new mothers. Mascarenhas-Keyes (1999, p.2) states that the role of mothers in Goan society has changed with migration, which has led to the "reinterpretation of motherhood, from being mainly a nurturing person concerned with child welfare, she also had to see to the intellectual, educational development of children." Thus the role of Goan women was "to reproduce the next generation of migrants. Not just biologically, but culturally." (Mascarenhas-Keyes, 1999, p.2). A further challenge to being a minority mother is articulated by Collins (1998) who argues that being a mother in a white dominated society involves the tension of trying to maintain children's self-esteem and assisting

them to create a meaningful identity in a society where people of colour are disparaged. Balancing old and new models of parenting was also a challenge for participants. Sheila realised that she could not transfer parenting skills that worked in one context to another that was less hierarchical and more liberal and she had to negotiate between two ways of doing things:

If I had my children again I would do a lot of things differently as far as their upbringing goes. We were trying to live like we lived in India, the parents have the ultimate authority, you do as they say and that's it but what I think I would do differently is to listen to what they say you know kids would come home and say oh did you do that (Sheila).

Participants adapted to the loss of support and rituals in diverse ways that ranged from finding new sources of support to coping with isolation and incorporating the old and new ways of knowing. Their active management of their new lives in New Zealand subverts the notion of deficiency. This section also shows how organisations such as Plunket and Playcentre can assist migrant women to develop new networks of support in a new country.

Health professionals as healing professionals

The loss of rituals and support that participants encountered in the dual transition of migration and motherhood were made up for by the actions of health professionals to some extent. At a time when participants were looking for extra support and reassurance, health professionals empowered participants by subverting the deficiency discourse. They did this by recognising the unique cultural identities of the participants and disrupting the notion of assimilation held within the deficiency discourse, resulting in healing and nurturing outcomes for the participants. Assimilation requires that migrants abandon their particular ways in order to be part of the host country. Translated into the health care arena, this means health providers erase difference by treating clients in a universal and ethnocentric manner. Yet, despite being implicated in a hegemonic system, health providers behaved in counter-hegemonic ways that were responsive to the needs of the participants. They acted as bridges between the participants' culture and the health system subculture thereby

mediating the impact of a hegemonic system. They did this by valuing, reassuring, mothering, advocacy, being family centred and inclusive and by providing comfort and ease to participants.

Flora's fears were allayed by a supportive midwife who valued Flora's cultural heritage. She 'mothered' Flora who was separated from her extended family and whose mother and mother-in law had passed away during her pregnancy. The midwife was thorough and reassured Flora that the experience of the birth of her second child would be much better than her first had been:

It was good because I was dreading to stay at home because yeah here if I stay at home I'm all alone. There it was nice because it meant you had all the family around. Yeah I had a fantastic Midwife, you know she assured me. She was so sweet, my God she was really sweet and she constantly monitored me and took me to the Specialist you know. Like you know she said 'don't worry, I'll assure that this delivery will be different from Cedric's (Flora).

Flora's midwife anticipated her needs and empowered her to ask for what she needed:

She was so motherly and you know I would hesitate to ring her up if I had a problem. But she would ring me up at home and she said, 'do you still want to come I'm available' and I said 'no I think I'm alright' you know if I was hesitating to ring up she would ring me (Flora).

The midwife also made her aware of her options and advocated for her on the basis of her lack of family and knowledge of the health system:

She said, if you've got no family I'll put you into a private place called Birthcare Auckland Ltd. You'll get more rest and care and attention, but only if you have a normal delivery you can do that. She said, I want you to go there because I know there you will get better breakfast and better lunch (Flora).

What was special to Flora was the management of her fear, the inclusion of her son Cedric in the whole process from pregnancy to postpartum and the nurturing and the reinforcement of her femininity after labour:

I was not scared, you know on the day it really happened. Yeah and she was there throughout, even after the baby was born she gave me a sponge and she dressed me up. My God it was like in India I was left there in the Labour ward. Here immediately after the delivery she really gave me like a bath sort of thing and she opened my suitcase and she said come on I'll put your nice night-dress. You know what she did, she sent Chris home 'Chris go bring Cedric' and he said 'no, no I'll bring later' 'no I want you to bring Cedric now, because you know she involved Cedric during the whole pregnancy and she said 'no I am sure Cedric would want to see his brother immediately.' So she was sending Chris away. She said, before Chris comes I want to dress you up. So by the time Chris came she had me presentable. You know wee small things which were thoughtful of her. Yeah the thing is with my Midwife because she knew I had nobody here (Flora).

Tangible benefits of having a baby in New Zealand compared to India for Flora were that she did not have to be on bed-rest as a result of trauma unlike her previous birthing experience in India. She made a fast recovery and Chris did not have to take as much time off as they had anticipated:

I used to always think, how will we manage, but Chris all he had to do was take a week's leave. I mean from the time I came home I was on my feet, I never had a back problem, like how I had for ages. Yah and Chris used to tell me my God, for Cedric you were more sick after coming home and from day one I was you know absolutely fine (Flora).

Other participants identified important qualities in terms of their health providers. Muriel's doctor made a difference in terms of her feeling that she would be taken care of having decided to stay in New Zealand and have her baby:

I went to him and he made me very at ease. He's Pakelua and what I liked about him was that he has been to India, he loves Indian food, he cooks Indian food. He always made it a point, to speak about India and talk. He made me feel so much at ease, that I decided then no problem I'll stay back here (Muriel).

For Lorna it was important to have a female doctor:

I had a female Doctor actually. I was just thinking after you contacted me, what would I have done with a male doctor? I think a female doctor personally would be better. You are just shy you know (Lorna).

Thus health providers used culturally sensitive strategies in their care of and support of participants. This involved collaboration, being respectful of different beliefs, being aware of participants preconceptions about the perinatal process and acknowledging the important role of the extended family. All the strategies were directed toward the participants rather than the system and structural change. Little is known about how health professionals might have advocated for their clients against the system. The outcome for the participants above was being repositioned as empowered within a new discourse.

Conclusion

The lives of participants had been touched by colonialism and racialisation prior to migration to New Zealand. They had already lost rituals from own their culture, because of their exposure to colonial practices and exclusions that rendered their ways as 'other'. Despite being unfamiliar with New Zealand, they had grown up believing that a Westernised nation would provide them with superior care to that which could be obtained 'at home'. New Zealand appeared to encapsulate this colonial discourse of 'Western' meaning 'better'.

In the process of migrating to New Zealand traditional sources of support and knowledge were lost, being replaced with disembodied strangers and 'evidence' becoming privileged over 'old wives tales'. It is ironic that the expectation of nurturing and endless care that participants had prior to their arrival in New Zealand positioned them as 'backward' in their new country and that this is one 'tradition' that many Western women are now crying out for.

The new experiences of Goan women in the study were not all negative and many elements of this replacement culture were empowering for participants. The result was that participants were able to reclaim their power in motherhood rather than be inhibited by taboo, although the negative aspect of this empowerment was the loss of protection through dissolution of taboos.

Participants had to adjust to new rules, such as being entitled to complain about the health care that they received. Their experience of colonial practices and their subjugation through the medical discourse had meant that many participants were unaware of this right. At this important life stage, many participants were focused on the task of survival and advocacy. This meant that their ability to be assertive was greatly reduced and this in turn colluded with the notion of migrant women as passive. The prevailing discourse that positions western women as educated, liberated and with control over their bodies was something that some participants attempted to emulate in the process of acculturation.

Conversely, some participants re-appropriated their cultural rituals as they found that western ways were inadequate in meeting their needs. Participants held parallel beliefs, maintaining some traditional practices whilst also valuing western care. This was not easy and not helped by the attitudes of some health professionals who considered participants had 'over-invested' in their home country as opposed to assimilating. Participants found themselves positioned within two cultural discourses, one of the pioneer who has to make things work and one of the colonial subject that has to fit in and not complain because they are lucky to have been granted entry into the West. Both discourses required stoicism and a willingness to tolerate present discomfort for future gain. Participants perceived that little support was available for them to maintain traditional practices, such as infant massage, in existing structures that were ethnocentric and hegemonic, catering to the needs of dominant group members. Some participants worked hard to 'fit in' while also attempting to acknowledge past values and traditions that had shaped them. It is these very experiences that highlight how a universal system that provides for everyone fails to cater for the individual needs of minority cultures and how this results in further disadvantage. The outcome for many women in the study was loneliness and silencing, yet there was also resistance to the subjugation of migrant women by the pathologising

discourse of the medical model, with a participant choosing to label her experience as 'isolation' rather than pathologise it as 'depression'.

This chapter has uncovered the structure of prevailing social relations, in particular the impact of racialising discourses for Goan women. These discourses serve three main functions, namely the externalisation of difference, the conversion of difference into inferiority and thirdly the resistance to critique. Ignoring these discourses would have led to a neutral representation of migrant women that was stereotypical and homogenising. The voices and experiences of the participants represent a political incursion into the pathology or deficiency discourse that constructs them as 'other'. Participants resisted and countered the assumptions associated with deficiency discourses, which render the knowledge of some migrant mothers invisible, unrecognised, unarticulated and un-legitimated. This resistance and active agency occurred despite the loss of cultural knowledge, rituals and support incurred in the dual transition of migration and motherhood by the participants.

7 Conclusion

The art of walking upright here
Is the art of using both feet.
One is for holding on.
One is for letting go. (Colquhoun, 1999, p.32)

Research as a representation of society at a particular point in time and place must take into account the structure of prevailing social relations otherwise it risks reproducing the processes of exclusion, stereotyping and homogenising that can take place in clinical settings, such as in the scenarios presented in Chapter one. It is important that researchers do not support unjust systems by reproducing hegemonic discourses when attempting to be descriptively neutral. I have demonstrated that there is a need for methodological pluralism and reflexivity to create novel discursive spaces within which people who occupy multiple positions of identification can speak.

All scholars occupy a particular social location and theories derived from that location might not be inclusive of voices from the margins, where culture or ethnicity are defining dimensions of the experience of being in the world. Culture is not an objective phenomenon awaiting discovery but is socially constructed. Moreover, cultures are discursive objects, existing in and through the expressions given to both the values and material aspects of social life. The deficiency discourse, as one such item in contemporary western medical culture (as represented in this research) can construct migrant women in ways that pathologise, generalise, homogenise, marginalise and deem inferior according to a hierarchy.

The research position of 'outsider-within' is not of itself a guarantee that stereotyping or other exclusionary processes will not occur, particularly if the researcher is working within a Eurocentric paradigm. Hence it is necessary to avoid the reinforcement of prevailing and widely accepted patterns of domination and colonial practices that can be embedded in institutions. To do this I have articulated my standpoints, positionings and identities through a self-reflexive process that locates me as a researcher in the

discourse. This process of reflexivity has required the triangulation of intellectual ideas with personal experience and with research findings so that the emotional and rational aspects are reconnected as tools to enable a rigorously reflexive interpretation of data. This has been written into the text in order to add methodological rigour and contextual richness. The deployment of several types of triangulation such as *within methods triangulation* and *analysis triangulation*, drawing upon feminist and post-colonial perspectives, have been used in the research exemplar. The purpose of the triangulation has been to critique the dominant discourse of deficiency that surrounds migrants and is a remnant of colonial practices that continue to have an impact on the 'othering' of visibly different migrants. Participants' responses have also been deliberately situated into larger historical and societal contexts so as to avoid creating or perpetuating stereotypes.

In common with the health services and providers that participants looked to for services, the academy can also reflect a structural hierarchy based on race, class and gender. The traditional power, authority and positioning of these institutions is maintained by implicit ideological beliefs grounded in western superiority that can define what is 'normal' and exclude 'others' through the creation of boundaries. A strategy for challenging these systems of domination and subordination is through developing alternative frameworks and ways of knowing that are inclusionary and interdisciplinary. Research using such strategies can provide a more complete understanding of a minority group that is cognisant of multiple identities.

Participants in the research exemplar came to New Zealand to improve their lives and accepted the global western discourse that saw New Zealand as a place of democracy, prosperity, equality and freedom and the places they had left behind as backward, traditional and in need of Westernisation. Goan women expected acceptance, equality and integration but found themselves 'othered', despite giving up elements of their culture to fit in. They found that their lives in New Zealand were marked by constant negotiation and adjustment. The findings show how Goan women took an active part in contributing to the socio-cultural life of New Zealand and subverted and resisted the deficiency discourse.

The significance of health professionals that emerged in the research exemplar demonstrates how a variety of strategies can be used to enhance the delivery of health care to migrant groups. Beneficial strategies included respect for different beliefs, an awareness of participants preconceptions about the perinatal process and the recognition of the importance of extended family. Whilst it was not the focus of this exemplar to identify how health professionals might advocate for their clients, strategies that were directed toward the participants rather than the system and structural change were seen by the participants as supportive and helpful, repositioning them as empowered. Cultural safety, which encapsulates a range of strategies from sensitivity, safety and decolonisation, offers a useful starting point for health care delivery for migrants in New Zealand. Although this concept has been devised to provide a vehicle for minority groups and Maori to influence nursing care, it has been utilised primarily in the care of the latter and further research about the applicability of cultural safety within migrants communities is advocated.

Foregrounding a migrant culture with multiple identities and complexities has challenged essentialist notions that prevail in the deficiency discourse. Further discussion is required as to how these politics sit with biculturalism, which has its main emphasis the rectification of past injustices to Maori and a strategic essentialism.

In writing these concluding statements I am seeking to resist premature conclusions that are reductionist and essentialising. All conceptions in this thesis have been contingent and reflective of my positionings. A process of reflexivity that embodies me in the work as a knower has been used to deconstruct my multiple locations in the research process and infuse it with vigour and validity by integrating my feelings with my theoretical discussions. The overall aim has been to improve the quality of understanding about the construction of knowledge in trans-cultural situations. The micro level of emotional experience and social location and the macro level of social, economic and political structures have provided a form of triangulation that enriches the data collected, as has the use of methodological pluralism. Both strategies create new discursive spaces for representing difference and decentering hegemonic discourses.

The way forward is challenging, however, it is hoped that this thesis contributes to the debate on culture and identity within the academy and the health care system in New Zealand. It is my hope that this thesis advances the discussion on what it means to construct knowledge of social practices within a multiethnic environment in order that that the voices of minorities can be heard.

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Appendices

Appendix 1 - Information for Research Participants

Mothering in a New Country: Goan Women's Experiences

Information for Research Participants

My name is Ruth De Souza and I am a graduate student at Massey University. I am enrolled in a Master of Arts (Nursing) through the School of Nursing and Midwifery. I am a registered comprehensive nurse and also a lecturer in the School of Nursing at UNITEC Institute of Technology in Auckland. I am also originally from Bardez, Goa.

Background

For my thesis project, I am undertaking research into the experiences of childbearing for women of Goan descent who have migrated to New Zealand. This research is important because there has not been any done in this area and this information could assist in providing care that is more sensitive and appropriate to Goan women and their families as well as identifying issues which make this double transition difficult.

I am looking for 15 women from Goa to participate in my research. This research project has received ethical approval from the Massey University Human Ethics Committee. The Chairperson is Dr Michael O'Brien who can be contacted on (09) 443 9700.

Participation in the Project

To participate in this research you must:

- Identify yourself as being Goan.
- Have had a baby who was born in New Zealand.

Involvement in the study will involve up to two interviews of approximately one hour each. These interviews will be individual. I intend to tape record these interviews and then transcribe them. Interviews will take place in a location of your choice. Any information you provide can be withdrawn at any time prior to the completion of the analysis of the interviews. You are also free to withdraw totally from the research without explanation, should you decide to do so at any time.

Confidentiality

All information provided by you will remain confidential and no real names will be used in the final written thesis or other reports related to this research. Transcripts, discs and tapes will be kept in a locked filing cabinet. However, you need to be aware that there is a minor risk of being identified once the research is published because of the size of the Goan community in New Zealand, but that the researcher will make every effort to ensure that anonymity and confidentiality is maintained.

Results

The final research report will be submitted as partial fulfilment of an MA (Nursing) degree and may be used for conferences or publications, however, individual participants will not be identifiable in any way. The process for feedback to participants will be negotiated with participants.

This research will be supervised by Christine Palmer at Massey University, Albany. She can be contacted on (09) 443 9376 if you have any questions regarding this study.

Interested in Participating?

If you are interested in participating in this research or have any questions, please contact me:

Telephone (work)	(09) 815 4321 extension 8318
Fax	(09) 817 1103
Email	<i>rdesouza@unitec.ac.nz or ruth@wairua.co.nz</i>

Ruth DeSouza

March 2000

Appendix 2 – Participant Consent

Mothering in a New Country: Goan Women's Experiences

Consent form for Research Participants

This form must be completed by all participants to ensure that you understand what participation in the research study involves and what your rights are as a participant. By signing this form you have agreed to participate in the study. This research is being carried out by **Ruth DeSouza**, please contact her on (09) 815 4321 ext 8318 if you have any questions.

Name of participant:

Please indicate your response by circling your choice.

- I agree to:
 1. Become a participant in this research; Yes / No*
 2. Being interviewed by the researcher and this interview being audio-taped; Yes / No*
 3. The audio tape being transcribed and its content used in the research. Yes / No*

- I understand and acknowledge that I have the right to:
 1. Request any audio recorder be turned off at any time during the interview Yes / No*
 2. Withdraw from the study at any time prior to the analysis of the interviews being completed and to decline to answer any questions that might arise during the study. Yes / No*

- I agree to provide information to the researcher on the understanding that it is completely confidential. Yes / No*

- I would like the researcher to discuss the final outcomes of the study with me Yes / No*

- I understand that the process for feedback will be negotiated with me. Yes/No*

Declaration

I have read the *Information Sheet* provided for this research study and I have had the details of the study explained to me. I have had time to consider giving my consent to be a participant in this research and I am willing to participate in the manner indicated above. I am aware that there is a minor risk of being identified once the research is published because of the size of the Goan community in New Zealand, but that the principal investigator will make every effort to ensure that anonymity and confidentiality is maintained.

Signed by the participant:

Date _____

1.1 Appendix 3 – Non-Disclosure Agreement

This is an Agreement between;

Ruth DeSouza of Auckland, hereinafter called "the Researcher";

and;

_____ of _____, hereinafter called "the Contractor";

dated Monday, 1 April 2002.

The Researcher has confidential information and can become privy to the confidential information of Participants and other third parties in the course of its operations and is authorised to disclose such information to the Contractor in order to operate effectively.

2 Definitions

In this Agreement, unless the context otherwise requires:

- 2.1 "Participant" means any person, company or organisation that has agreed to participate in research or study being undertaken by the Researcher.
- 2.2 "Confidential" information means any information or documentation pertaining to the Researcher or the Participant and any contract or agreement between the Researcher and the Participant whether or not such is designated as "confidential" and any other information that the Researcher might disclose to the Contractor which is designated as confidential information or that by the nature of the circumstances surrounding the disclosure should be treated in good faith as confidential.
- 2.3 Confidential information shall not include information defined as "Confidential" above which:

- 2.3.1 has entered the public domain without the Contractor's breach of any obligation owed to the Researcher or the Participant;
 - 2.3.2 has become known to the Contractor prior to any disclosure by the Researcher or the Participant of such;
 - 2.3.3 has become known to the Contractor from a source other than the Researcher or the Participant other than by the breach of an obligation of confidentiality owed to the Researcher or
 - 2.3.4 is independently obtained by the Contractor.
- 2.4 **"Confidential Materials"** means all tangible materials containing, representing, evidencing, recording or constituting any Confidential information, including without limitation written, printed or electronic documents, letters, notes, audio tape recordings, video tape recordings, digital voice recordings and digital video recordings.

3 Restrictions on Confidential information

- 3.1 The Contractor acknowledges that they will have possession and access to Confidential information. The Contractor shall hold all such Confidential information in confidence and shall use such Confidential information in confidence and only for the purposes of this Agreement and in any event shall take the same precautions to protect the confidentiality of such Confidential information as the Contractor takes to safeguard their own proprietary and confidential information.
- 3.2 Except as expressly provided herein the Contractor shall not disclose any Confidential information to third parties following the date of its disclosure by the Researcher to the Contractor. Notwithstanding the foregoing the Contractor can disclose Confidential information as required by governmental or judicial order provided that the Contractor gives the Researcher prompt notice of such order and complies with any protective order or equivalent imposed on such disclosure. The Contractor also may disclose Confidential information to the Contractor's employees or consultants on a need-to-know basis subject to the Contractor executing appropriate written agreements with its employees or consultants sufficient to enable compliance with all the provisions of this Agreement.

4 Termination Rights and Remedies

- 4.1 This Agreement can be terminated at any time by the Researcher with such termination becoming effective immediately upon notice to the

Contractor. At such time as notice of termination is provided the Contractor will return all originals, copies, reproductions and summaries of Confidential information or Confidential Materials and certify destruction of the same and including all electronically stored material.

4.2 The Contractor acknowledges that monetary damages might not be a sufficient remedy for unauthorised disclosure or use of Confidential information and that the Researcher could seek without waiving any other rights or remedies such injunctive or equitable relief as may be deemed proper by a court of competent jurisdiction.

5 General

5.1 If either the Researcher or the Contractor employs legal council to enforce any rights arising out of or in relation to this Agreement, the prevailing party shall be entitled to recover reasonable legal fees.

6 Amendments

6.1 Any variation to this agreement must be given in writing.

7 Agreed by

For and on behalf of the Researcher:

For and on behalf of the Contractor:

Authorised to sign:

Ruth DeSouza

Authorised to sign:

Title:

Title:

Signature:

Signature:

Date:

1 April 2002

Date:

Appendix 4 – Background of Participants

Mothering in a New Country: Goan Women's Experiences

Background of Participants

This form remains anonymous and confidential to the researcher.

Please complete the following questions:

What city do you reside in?

Your date of birth: _____

What was the city/village, district/state and country of your birth:

What district/village in Goa do your family originate from?

Your age: Years ____ Months ____

Which of the following do you feel best describes you?

- Single _____
- De Facto _____
- Married _____
- No longer married _____
- Widow _____

Other _____

If married who chose your husband for you?

I did _____

My family _____

His family _____

Friend/s _____

Other _____

Where were you married in?

New Zealand _____

India _____

Other _____ Please state: _____

In which country was your **father** born? _____

In which country was your **mother** born? _____

What languages do you speak?

What language do you feel most comfortable with?

How long have you lived in New Zealand ? _____

Why did you decide to come to New Zealand?

Have you lived for more than one year in a place other than New Zealand or your place of birth? (if so, where, when and for how long).

How would you describe your cultural identity?

What is your highest level of education?

Where did you receive most of your education?

If you are working, what is your current occupation?

Do you have any extended family in New Zealand? If so, who?

Who else lives at home with you?

- Parents/ Caregivers _____
- Brothers/Sisters _____
- Grandparents _____
- Aunts/Uncles _____
- Cousins _____
- Other family members _____
- Friends/Flatmates _____

How many children do you have? _____

How old are they?

Please check that you have completed all the questions.

Thank you very much for your help in this research.