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,
Albany, New Zealand.

Ruth Noreen Argie DeSouza

2002

March 31, 2002

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.

Acknowledgements

"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.

Asante sana to the Massey University thesis writing group facilitators Todd Brackley and Dr Warwick Tie and fellow travellers, especially Susan Sherrard, Estelle Mendelsohn and Doreen Arapai. I am grateful to Dr Stella Mascarenhas-Keyes, Dr Vikram Patel and to those at SANGATH in Goa. Thanks are also due to Professor Cheryl Tatano Beck, Neil Hunt, Professor Phil Barker and Geoff Allcock for their help and support. My employers during this time, Auckland Healthcare Mental Health Services and UNITEC, provided financial and practical support and the library staff at Massey University and UNITEC made this journey easier with their warmth, humour and helpfulness. Thanks to my supervisors and fellow travellers, Dr Warwick Tie and Dr Gillian White, their unflinching commitment to supporting my learning has made possible what you see today.

Thanks to my family, in particular Sarah for the proof reading and insightful comments. My extra special thanks go to my partner Andy (*paklo*) who lived and breathed this and was with me all the way. Thanks for the nurturing, patience, editorial assistance, computer know-how and total support.

The study was conducted with ethics approval from the Massey University Human Ethics Committee and the UNITEC ethics committee and is dedicated to the memory of Eleanor who inspired it. I'm sorry it's too late for you.

Table of Contents

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 Goan'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 Lealaiauloto 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 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 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.