

India in New Zealand
Local Identities, Global Relations



Edited by

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Published by Otago University Press
Level 1 / 398 Cumberland Street
PO Box 56, Dunedin, New Zealand
Email: university.press@otago.ac.nz
Fax: 64 3 479 8835
www.otago.ac.nz/press

First published 2010
ISBN 978 1 877372 85 8

Volume & Introduction copyright © Sekhar Bandyopadhyay 2010
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Publisher: Wendy Harrex
Design: Ralph Lawrence
Editor: Georgina McWhirter
Copy-editor: Nicky Chapman
Maps: Allan Kynaston

Typeset by Book Design Ltd, Christchurch

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New Mothers in a New Land:

Indian Migrant Mothers Talk

Ruth DeSouza

Introduction

Ethnic identity and acculturation become important issues in the transition to parenthood. The birth of a child presents parents with the opportunity to consider what values are important to them and whether they will look to the future or the past (or both) to determine what will sustain them in their role as parents and nurture their newborn to adulthood. This sifting process involves parents interpreting and accepting or rejecting the values, beliefs, and practices from both their heritage culture and their current community.¹

Migrant Indian mothers play a pivotal role in such negotiations. This chapter presents research findings from a study on the maternity experiences of Indian migrant women living in Auckland, New Zealand in late 2006². It begins with a brief discussion of the literature around the process of acculturation and its influence on Indian health and maternal health in particular. It then looks at the inherited beliefs and practices that shape the maternity experiences of Indian mothers, especially the centrality of motherhood to identity, and the idealisation and rewards of self-denial and good behaviour. Finally, the chapter discusses the study's findings. These exemplify how motherhood is idealised and viewed as a socially powerful role among immigrant Indian mothers, and that these mothers have also taken on the messages of New Zealand models of motherhood (and parenting in general) where self-monitoring is required in order to be 'a good mother'.

The Impact of Acculturation on Indian health in New Zealand

Acculturation has been defined as 'a process by which an individual's behaviour and a group's cultural knowledge, identity and behaviour styles change in the direction of those of the dominant group'.³ This has many consequences, including the loss or transformation of behaviours from the heritage culture and the assimilatory effect exerted on the non-dominant group. Evidence is growing that acculturation is strongly affecting Indians and South Asians in New Zealand through behaviours such as reduced physical activity and dietary changes. When combined with high levels of

body fat and centralised fat distribution, this exposes them to higher rates of obesity, diabetes and cardiovascular disease than the total population.⁴

Acculturation and Maternal Health

There is a growing body of research and writing about the experiences of Indian women in New Zealand which includes history, occupation and employment.⁵ However, little is known about the adjustment to parenthood in a new country for Indian women migrants and the effects of acculturation on their ethnic identity. Previous work with the Goan community in New Zealand found that women lost their rituals and social support in the process of migration and sought alternative authority figures and sources of knowledge in their absence; and that the new sources of knowledge and support exerted a powerful impact on the Goan women leading to the uptake of new ways of doing things.⁶

A recent study comparing British/Irish white mothers and mothers from ethnic minority groups in the United Kingdom found that the latter were less likely to smoke or consume alcohol during pregnancy but more likely to both initiate breastfeeding and to continue to breastfeed for at least four months. However, first and second generation mothers from ethnic groups were more likely to smoke during pregnancy and less likely to initiate breastfeeding and breastfeed for at least four months. This was also found to be the case for immigrants. Among the immigrant mothers, for every additional five years spent in the United Kingdom, the likelihood of smoking during pregnancy increased by 31 per cent and the likelihood of breastfeeding for at least four months decreased by 5 per cent, demonstrating that after immigration maternal health behaviours worsen with length of residency.⁷ These findings are mirrored in New Zealand research with Pacific Island mothers, who were more likely to smoke during pregnancy and less likely to breastfeed exclusively the longer they were resident in New Zealand.⁸

Indian Families, Motherhood and Identity

Examining how femininity is constructed in Indian (Hindu) culture helps to contextualise this study on Indian mothers in New Zealand. Not all participants in the research were Hindu but such beliefs have permeated Indian values among the country's myriad faiths.

Shaped by patriarchy and mythology, Indian women maintain ties with India, Fiji and other countries of the diaspora and reconstruct and rework identity scripts through their everyday practices.⁹ Such practices and scripts also relate to family formation and the roles that are the centre of social organisation for Indians, providing the basis of identity and facilitating continuity of culture and religion, as is shown by Choudry's study of elderly Indian women in Canada.¹⁰ Choudry proposes that Indian families

value respect for tradition, family solidarity and mutual dependence, and prioritise family needs above those of the individual. This chapter argues that these scripts and practices pave the way for Indian women to integrate similar scripts from the new culture in the process of acculturation.

Despite generational, socioeconomic, and educational variations, Indian women are socialised into powerfully prescribed roles that encompass being a dutiful wife, an obedient daughter-in-law, and a loving mother.¹¹ Women are defined in relation to their sexual roles as men's sexual partners and in their capacity to produce children. Central to this role is the notion that marriage is indissoluble, eternal, and much more than a contract or an institution.¹² In marriage, women are obliged to produce children as soon as possible, preferably male heirs to carry on the family name and ensure that property stays in the family. Such values and beliefs endure despite migration, as seen in a Canadian study which found that Indian women with healthy daughters felt obliged to continue to attempt to produce a male child.¹³ Failure to produce a male heir has been found to be a determinant of postnatal depression in India.¹⁴

Hindu goddesses provide a template for Indian motherhood; worshipped by men and women, they are viewed as the embodiment of power.¹⁵ Typically, women's roles as nurturing parent and mother are revered and respected, as in Indian epics where women are portrayed as tradition-bound, dutiful, self-sacrificing, self-denying, and yet powerful.¹⁶ The traditional expectations of Indian women incorporate the principle of *sewa* (selfless service) encompassing dutifulness and obedience within respectful and amicable relationships as well as hospitality and generosity.¹⁷

Such constructions of femininity in Indian culture are located in patriarchal family structures where submission, docility, dependence and inferiority are emphasised and deviating from such prescribed norms can provide justification for or result in different forms of abuse. This is reinforced by the pan-Indian epic character of 'Sita' or 'Sati-Savitri' which idealises the quiet suffering of women.¹⁸ The suffering endurance embodied by Sita cannot be destroyed or weakened whatever the behaviour of her husband, so she presents a picture of enduring chastity, purity, tenderness and faithfulness.¹⁹ An investment of time and service in her husband and children at her own expense is justified on the basis that ultimately she will gain power within the family through her role as *pativrata*, the devoted wife.²⁰

In diasporic situations Indian mothers are often at the forefront of the cultural negotiations or acculturation²¹ and are tasked with holding and maintaining tradition and culture in immigrant communities. Above all maintaining family honour or *izzat* is prized and keenly sought. *Izzat* encompass such qualities as prestige and status, attained through wealth, piety, success and women of the family behaving well. Thus honour is a

collectivist view that includes family and community – gender roles are demarcated to facilitate the ‘attainment of societal respect, honour, and status’.²²

A Canadian study among Indian women found that participants spoke about their obligations to maintain family harmony to ensure smooth functioning and happiness in the family unit and to preserve family *izzat* in the community. To avoid family conflict, the women complied with the wishes of family members, put their own needs second to those of their family, and sometimes did not disclose concerns about the way they were treated by other family members.²³ However, this New Zealand study shows that such cultural constructions of womanhood and motherhood can also provide a platform for internalising new scripts and discourses derived from the host culture or Western notions of motherhood, where self-surveillance is required in order to be a good mother.

Findings

This study showed that the Indian women interviewed arrived in New Zealand with well established beliefs about the role of motherhood; and that these had been then supplemented with new roles and activities to reinforce new beliefs about parenthood. The first section following explores the ways in which the Indian participants construct motherhood and in particular how it is idealised and naturalised. The second section discusses how the participants took up new roles as vigilant mothers in line with dominant views of the role of mothers in contemporary Western society.

The Indian participants constructed motherhood in ways both idealised and naturalised. Participants described motherhood as a status change that rendered them lucky, special and sacred. Motherhood was acknowledged as both amazing and difficult but was framed as an overwhelmingly positive experience, and negative or mixed feelings were minimised, similar to other research on mothering.²⁴

I'm a first time mother, the best part of becoming a mother is that to have a part of your body coming out and seeing those little eyes every time you take that baby in your hands and seeing those little eyes to your face and says 'Hey Mum, I'm all dependant upon you, just raise me, and you're my god and you're my everything'.

I'm also a first time mother and it's a good experience!

I was trying to cope and now it's fine, but otherwise it's very, very good.

Yeah I'm a second time mother and it's a great feeling, indescribable and before he was born I was very sick and I also had morning sickness but after delivery, it's a great feeling to spend it with them.

The participants' comments emphasise tenderness, warmth, affection and sentimentalised and normalising discourses surrounding motherhood.²⁵ The mother's job is to facilitate growth and be responsible for children.

I'm a first time mother and it's an amazing experience being a mother, it's good to see how they grow up every different stage of their lives.

Yes, I'm also a first time mother and Dill my baby is seven months old and he's my baby and he's part of me so it's really wonderful to be a mother.

For many Western women, motherhood results in many losses, particularly the loss of status.²⁶ However, more commonly for Indian women, the transition to motherhood leads to gains by virtue of marriage. The mother is able to move from the parental home, achieving a new status in the family, and relative independence.²⁷ Since many of the participants had moved to New Zealand to marry, motherhood facilitated their expansion into a larger community, reflecting maturation, responsibility and the fulfilment of a duty. Conversely, participants identified the disquieting ramifications and social sanctions of not being a mother:

...it's like, without being a mother you're incomplete that is what...

Yeah it's really true, like in Indian culture if you don't have a kid then we get a lot of abuse. About sixty years ago they don't allow us to go to any new ceremonies or openings or anything. They don't allow people who don't have kids, they think that if the shadow comes out of a lady who's not a mother, then they will also have some problems, so this is very bad, I think it's very bad in India and because it is still going on.

As discussed previously in this chapter, the identity of Indian women is relationally derived from marriage and motherhood, the latter being viewed as natural and commonsense. Essential motherhood, as DiQuinzio terms it, is: ‘a function of women's essentially female nature, women's biological reproductive capacities, and/or human evolutionary development’.²⁸ Such a view was also held by the New Zealand participants:

Well I think it's not just about an Indian culture of being a mother you know, but I feel that every woman has a desire to become a mother once in their life. When that thought comes in you of the role that you are now a mother, it's there as a blessing ...

Such views of motherhood sit comfortably with motherhood discourses in the West where certain behaviours are also prescribed, such as how pregnant women should behave and in what context. The notion of the ideal family is epitomised by the ‘devoted couple’ that provide a structure for motherhood and the love or affection for the child.²⁹ The re-moralisation

of pregnancy that dominates contemporary maternity care requires that a good parent is engaged, vigilant and proactive.³⁰

Longhurst³¹ suggests that the monitoring and turning inward comes from the construction of birth in the West as a critical time that requires focus and introspection to enhance the labour process and the safe passage of the baby into the world. In parallel, technological advances in the monitoring and visualisation of the foetus have occurred, both leading to the discourse of foetal rights displacing the mother as subject and imposing adherence to a growing list of self-regulatory behaviours for pregnant women³² as seen in this language of 'shoulds' that require continuous attention:

So I found this good thing in New Zealand that you should take care of the baby and you should be aware of foods and what is going on each and every month, each and every week, what really is important.

Viewing a pregnant woman as an ecosystem for a life means that regulatory mechanisms such as eating well and avoiding smoking, alcohol, and drugs are required,³³ but also that the public and experts have a right to a say about the now 'public foetus'.³⁴

This public/private responsibility that emphasises individual choice, self-management, and self-responsibility³⁵ is slowly extending to fathers who are expected to be involved. The new man discourse³⁶ influences both the experience of becoming fathers through the processes of pregnancy, labour and birth and how they father. Fathers are now not only welcomed but are expected to participate in antenatal classes, labour and delivery.³⁷ Thus several of the New Zealand participants noted how their husbands became much more involved in their pregnancies than they ever would have been in India:

Yeah from day one they are here and they are like you know, very much excited, I still remember we had this bounty pack before my daughter got born and my husband and I used to read what's going to happen next week exactly on Friday, we used to wake up and the first thing we used to do was take a book and read 'Okay, so now our baby's doing that' and he will pat me on my tummy saying 'Oh my little one' you know? So I doubt whether the same feeling would have come if my pregnancy was in India.

Conclusion

The findings of this study show that motherhood is an attractive role for Indian women in New Zealand. However, because migrant motherhood occurs in the context of disruption to families, networks and structures, the social status of Indian motherhood in the diaspora can be expected to be somewhat reduced.

As Jacqueline Leckie has shown in her chapter in this book as well as in a previous article,³⁸ the issue of gender and acculturation have been

closely intertwined in the experiences of Indian migrants to New Zealand – from the days of their early settlement until the early twenty-first century, when more educated wives began to accompany their professional husbands into New Zealand. Women have shouldered the main burden of maintaining their inherited cultural tradition, carrying the moral and psychological burdens of culturally defined models of *pativrata* wife and idealised motherhood that are expected to primarily serve the interests of the family.

Yet, in all these periods Indian women have also shown their preparedness and autonomy to make personal choices to adopt many aspects of the host culture, and adapt to the new cultural environment in their quotidian existence. As this study has shown, this attitude is reflected in their altered notions of mothering. The idealisation of motherhood and the desire to be good at mothering suggest that Indian women are well placed to internalise the requirements for monitoring and self-care when mothering in a Western context.

The transition from a social model of mothering to one that is individual and nuclear-family-based presents an additional set of demands and stresses that have a flow-on effect on fathers who are required to be active and engaged participants. Indian fathers in the study readily embraced that new role, which represented substantial departures from their inherited models of parenthood.

However, this process of acculturation has taken place at an individual rather than a social level and without any significant support from the community or the state. This absence of informal social support and networks presents opportunities for health and social care providers in New Zealand to facilitate Indian women's engagement with community support services in order to ensure that increased length of stay in New Zealand does not mean decreased care for the self and baby (or worse health outcomes).

Notes

- 1 Berry 1990, pp. 65-92; DeSouza 2007, pp. 239-51
- 2 The data collected was part of a larger study funded by The Families Commission and Plunket Society volunteers. This study took place in Auckland in 2006, among European, Chinese, Korean, Arab Muslim and Asian (including Indian) women migrants who had recently become mothers. A schedule of open-ended questions guided the discussions to generate qualitative data concerning the experiences of motherhood in a new country. Eight Indian women were interviewed. Six of them identified themselves as Hindu, one as a Christian and one as a Muslim. Seven of the women were born in India and one in Fiji. Seven of them had been in New Zealand for less than three years, while one of them had been in the country for thirteen years.
- 3 LaFromboise, Coleman and Gerton 1993, cited in Uba 2002
- 4 Ministry of Health 2006.

- 5 DeSouza 2002; DeSouza 2005, pp 87-101; 2006; Leckie 1995a; Nayar and Hocking 2006, pp 253-60; Nayar, Hocking and Wilson 2007, pp 16-23; Pio 2007, pp. 631-49.
- 6 DeSouza 2005, pp 87-101.
- 7 Hawkins, Lamb, Cole, Law and the Millennium Cohort Study Child Health 2008, pp 1052-5.
- 8 Butler, Williams, Paterson, and Tukuitonga 2004a, pp. 1171-82; Butler, Williams, Tukuitonga and Paterson 2004b, pp. 908-19.
- 9 Dyck and Dossa 2007, pp. 691-701.
- 10 Choudhry 2001, pp. 376-93.
- 11 *ibid.*
- 12 Rastogi and Therly 2006, pp. 66-77.
- 13 Grewal, Bottorff and Hilton 2005, pp. 242-63.
- 14 Patel, Rodrigues and DeSouza 2002.
- 15 Choudhry 2001.
- 16 *ibid.*
- 17 Shirwadkar, 2004, pp. 860-79.
- 18 Goel 2005, pp. 639-65; Rastogi and Therly 2006, pp. 66-77; Shirwadkar 2004, pp. 860-79.
- 19 Rastogi and Therly 2006, pp. 66-77.
- 20 Goel 2005 pp. 639-65; Rastogi and Therly 2006, pp. 66-77.
- 21 Kallivayalil 2004, pp.535-59.
- 22 George 2006, pp. 35-52.
- 23 Grewal, Bottorff and Hilton 2005, pp. 242-63.
- 24 Haelyon 2006, pp. 177-202.
- 25 Marotta 2008, pp.67-79.
- 26 Nicholson 1990, pp. 689-95; 1992, pp. 6-31; 1993, pp. 201-23; 1998.
- 27 Shaw 2005, pp. 15-6.
- 28 DiQuinzio 1999
- 29 Breheny and Stephens 2007, pp. 112-124.
- 30 Weir 1996.
- 31 Longhurst 2006, pp. 209-29.
- 32 Wall 2001, pp. 592-610.
- 33 *ibid.*
- 34 Duden 1993.
- 35 Wall 2001, pp. 592-610.
- 36 Lupton and Barclay 1997.
- 37 Draper 2003, pp. 743-767.
- 38 Leckie 1995a.

8



Lighting up Aotearoa:

Presenting Diwali to Multicultural New Zealand

Henry Johnson

Introduction

Asia has an important historical and contemporary place in the making of New Zealand.¹ From an historical perspective, New Zealand's population shows a diverse multicultural heritage.² While the Euro-Pacific heritage predominates, there is also a distinct history of Asian diaspora to New Zealand. Recent research, such as that of anthropologist Jacqueline Leckie and others, has added many details to this history.³ This research shows that South Asians in New Zealand, like many diaspora, have backgrounds entangled with those of other New Zealanders.

From the late 1980s, with a relaxing of immigration regulations, the Asian population has increased rapidly. Using broad national categories, while the Chinese are the largest of the Asian ethnicities in New Zealand (about 44 per cent among Asians and 3 per cent of the total population), Indians comprise approximately 26 per cent of the Asian population.⁴ Today the peoples of the South Asian diaspora have a visible place within New Zealand's multicultural make-up.

Stereotypes and caricatures of Indians in New Zealand, as the largest national group among South Asians, have been present for many years,⁵ although such images have been challenged with the growing multicultural population, its multicultural politics within a bicultural nation, and the visible presence of South Asian cultures. This presence includes, for example, the increased popularity of Indian cinema and the presence of Indian film crews (see Kunin's chapter in this book); access to culture (for example cuisine, music and dance); Sukhi Turner as Mayor of Dunedin (office: 1995-2004); and the appointment of Kiwi-Indo-Fijian Anand Satyanand as Governor-General of New Zealand in 2006. There are numerous South Asian cultural organisations, societies and clubs, restaurants, shops, temples and other places of worship now making up the multicultural face of twenty-first century New Zealand.

The place of South Asia, or any of its multifarious cultures, in New Zealand has been to the fore in recent years among New Zealand scholars. For example, in 2004 there was the 'Kiwi India' seminar series presented by the Asia New Zealand Foundation (hereafter Asia:NZ)⁶ held in Wellington