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MIGRATION AND SETTLEMENT IN INDIAN, KOREAN AND CHINESE IMMIGRANT COMMUNITIES IN AUCKLAND: A PERSPECTIVE FROM THE POLITICAL ECOLOGY OF HEALTH

Anneka Anderson

ABSTRACT

This research used tuberculosis (TB) as a lens to elucidate how migration, settlement, local agency and support networks influence migrants’ health in New Zealand. The study also examined specific characteristics of TB such as delays in diagnosis and the stigma attached to the disease to gain a broader understanding of TB experience for migrants in New Zealand. The research addressed these aims through the analytical framework of political ecology and incorporation of interviews, participant observation and media analysis. Participants in the research included immigrants from Mainland China, South Korea, and India, and New Zealand health care professionals.

The study found that immigration policies, social discrimination and isolation have created structural inequalities between dominant host populations and Asian migrants in New Zealand. These inequalities compounded settlement problems such as language difficulties and limited employment opportunities, resulting in low income levels and perceived stress for Indian, Korean and Chinese people, which has affected their health and well being.

Transnational policies and experiences of health care systems in immigrants’ countries of origin and in New Zealand strongly influenced health seeking behaviour of migrants, along with structural barriers such as lack of Asian health care professionals and interpreting services. Local cultural and biological factors including health cultures and physical symptoms also affected these practices. In relation to TB, structural processes along with clinic doctor-patient relationships and social stigmas created barriers to diagnosis and treatment. Factors that facilitated access to health care in general, and TB diagnosis and treatment in particular, included the use of support networks, particularly local General Practitioners from countries of origin, and Public Health Nurses, along with flexible TB treatment programmes.

This study shows that the incidence and experience of TB is shaped by migration and settlement processes. It also builds upon other medical anthropological studies that have employed political ecology by demonstrating its usefulness in application to developed as well as developing countries. In addition, the study contributes to the growing area of Asian migration research in New Zealand, illustrating that migration and settlement processes are complex and need to be understood as multidimensional, thus demonstrating advantages in approaching them from a political ecological framework.
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<th>Accident and Emergency Clinic</th>
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<td>ACMA</td>
<td>Auckland Chinese Medical Association</td>
</tr>
<tr>
<td>AIS</td>
<td>Auckland Institute of Studies</td>
</tr>
<tr>
<td>ARPHS</td>
<td>Auckland Regional Public Health Services</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>DOTS</td>
<td>Directly Observed Therapy-Short Course</td>
</tr>
<tr>
<td>EM</td>
<td>Explanatory model</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HPA</td>
<td>Hypothalamic-anterior pituitary-adrenal cortex system</td>
</tr>
<tr>
<td>LTBI</td>
<td>Latent tuberculosis infection</td>
</tr>
<tr>
<td>NZIS</td>
<td>New Zealand Immigration Service</td>
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<tr>
<td>NZQA</td>
<td>New Zealand Qualification Authority</td>
</tr>
<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
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<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
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<tr>
<td>SAM</td>
<td>Sympathetic-adrenal medullary system</td>
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<td>Self Administered Treatment</td>
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<td>The Asian Network Incorporated</td>
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<td>TKM</td>
<td>Traditional Korean Medicine</td>
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<tr>
<td>WHO</td>
<td>The World Health Organisation</td>
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