



<http://researchspace.auckland.ac.nz>

ResearchSpace@Auckland

Copyright Statement

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

This thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of this thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from their thesis.

To request permissions please use the Feedback form on our webpage.

<http://researchspace.auckland.ac.nz/feedback>

General copyright and disclaimer

In addition to the above conditions, authors give their consent for the digital copy of their work to be used subject to the conditions specified on the Library Thesis Consent Form.

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

Anneka Anderson

A thesis submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Anthropology, The University of Auckland, 2007.

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.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank all the people who participated in this research. Without you this thesis would not exist. In addition, I would like to acknowledge the courage of my TB participants in allowing me to interview them and share in many aspects of their domestic lives. Along with all the individuals who helped facilitate this study I would also like to thank several organisations involved including Auckland Regional Public Health Services and associated Public Health Nurses, The Asian Network Incorporated, The Auckland Institute of Studies, St Helens, and The Auckland Chinese Medical Association.

I also could not have completed this study without my two PhD supervisors, Dr Judith Littleton and Associate-Professor Julie Park. Judith has been a mentor, and inspiration to me throughout my graduate years and her guidance, sense of humour and ongoing support will always be greatly appreciated. Julie attempted the impossible by taking a girl who studied primates and guiding her with wisdom, experience and never-ending patience into the world of ethnography and medical anthropology. For this I will always be grateful.

In addition to my supervisors, I also wish to thank my three cultural advisors: Janet Chen, Dr Catherine Hong and Dr Lingappa Kalburgi. Despite their busy schedules they all made time to help me in many areas of the research providing me with guidance, support and valued friendships.

To my proof readers, Lynne McDonald and Debbie Dunsford, thank you for your time and skills. I know it is a painful job, particularly when you are also busy students.

Many people from the Department of Anthropology, University of Auckland, aided this study. Dr Bruce Floyd and Bon Giu Koo donated their time and linguistic skills in translation work for me. I was also lucky enough to be part of a PhD writing group primarily facilitated by Dr Christine Dureau, where I was able to develop my writing skills and gain confidence in my abilities due to helpful feedback from all who participated (Christine D, Christine H, Sally, Tony, Bon Gui, Michelle, Sarah, Lynne, Marama, Micha, Hadas and Darcy). Thanks also to Peter Quin for his illustration skills. I

would also like to thank Alice Storey, Dr Lisa Matisoo-Smith and Janette Rameka for their ongoing support and valued friendships in every aspect of my graduate experience.

Along with members of the Anthropology Department, I also wish to thank members of the Political Ecology of TB Team (Julie, Judith, Robin, Linda, Heather, Deanna, Alison, Roannie, Moana, Catherine, Jody, Debbie, Ron, Craig and Jill) for providing a stimulating and supportive working environment.

I would also like to acknowledge and thank the Health Research Council and the University of Auckland for their financial contributions to this research.

On a more personal note, I also wish to thank my family and friends for their roles in this thesis. Mum and Dad (aka Gwen and Peter), I could not have done this without your emotional support, encouragement and financial contribution. Mum, thanks for letting me utilise your vast medical knowledge and experience. Dad, a big thanks for accompanying me in my fieldwork and for your photography skills.

To my husband Mike, thanks for your patience, support, photography skills and taking time out to listen to my various presentations and research gripes. In addition, thanks to my furry and feathered whanau (Speedy, Datsun, Brenna, Toby, Coby and Maisy) for your unconditional love and humorous antics.

Last but not least, to my friends: Alice, Dana, Janette, Katie, Katherine, Paul, Andrew, Paula and Tania. Thanks for being everything I needed whenever I needed it, whether it was a diagram to be edited or a shoulder to cry on.

TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
LIST OF ABBREVIATIONS.....	xi
CHAPTER ONE: INTRODUCTION, BACKGROUND AND THEORETICAL OVERVIEW.....	1
Aims.....	1
Tuberculosis in global and local contexts.....	3
Using the term ‘Asian’.....	7
Political ecology.....	8
Political ecology and globalisation.....	11
Habitus.....	14
Immigration and tuberculosis screening.....	15
Transnationalism.....	16
Asian migration to New Zealand and immigration policies.....	17
Settlement policies.....	21
Settlement experiences.....	23
Discrimination.....	23
Language difficulties.....	24
Employment.....	25
Migration, stress and tuberculosis.....	25
Health systems.....	27
India, China and Korea.....	27
New Zealand.....	29
Health cultures.....	30
Stigma.....	31
Social networks.....	32
Summary of thesis chapters.....	33
CHAPTER TWO: PARTICIPANTS AND METHODS.....	35
Setting the scene.....	35
Participants.....	37
Methods.....	39
Participant observation.....	39
Interviews.....	45
Data analysis of participant observation and interviews.....	48
Media analysis.....	49
Ethics.....	50

Conclusion.....	51
CHAPTER THREE: PARTICIPANTS AND SOCIAL CONTEXTS.....	52
Participants.....	52
Immigration history.....	53
Socioeconomic status.....	53
Residential dwellings.....	54
June.....	55
Meeta.....	57
Vishal.....	58
Drezan.....	59
Beginning the migration journey: Why come to New Zealand?.....	60
Migration process.....	63
Settlement in New Zealand.....	64
Language barriers.....	64
Employment.....	67
Racial discrimination: Othering of Indian, Korean and Chinese migrants.....	73
Physical and cultural environments.....	79
Isolation and social networks.....	81
Conclusion.....	88
CHAPTER FOUR: UNDERSTANDING HEALTH, ILLNESS AND HEALTH SEEKING BEHAVIOURS.....	90
Health and illness.....	90
Freedom from illness, function and normality.....	91
Holistic health.....	93
Healthy habits: Diet.....	94
Exercise.....	95
Body weight.....	96
Stress.....	97
Religion.....	99
Health seeking behaviour and practices.....	99
Seeking local GPs from countries of origin.....	100
Alternative healers.....	102
New Zealand's primary health care sector.....	105
Resting, waiting and taking medicine.....	112
Hospital experiences.....	115
Alex.....	115
May.....	116
Sun.....	117
Social networks.....	118
Conclusion.....	120

CHAPTER FIVE: SOCIAL STIGMA AND TUBERCULOSIS.....	121
Stigma.....	121
Tuberculosis: A disease of others.....	123
Tuberculosis: A disease of contagion and death.....	128
Blemishes of individual character.....	132
Gendered stigma.....	134
Coping with stigma, information management.....	135
Social networks.....	138
Conclusion.....	140
CHAPTER SIX: THE TUBERCULOSIS JOURNEY, FROM SYMPTOMS TO CURE.....	141
Tuberculosis life stories.....	142
June.....	142
Meeta.....	143
Vishal.....	144
Drezan.....	145
Symptoms and health seeking behaviour.....	145
Diagnosis.....	148
Diagnosis in Korea.....	151
Reactions to diagnosis and understandings of tuberculosis.....	153
Contact tracing.....	155
Tuberculosis treatment.....	157
Discipline and surveillance.....	158
Barriers and facilitators of treatment.....	160
Public Health Nurses.....	163
Hospital experiences.....	167
Impacts of tuberculosis.....	173
Life after tuberculosis.....	175
Conclusion.....	177
CHAPTER SEVEN: DISCUSSION AND CONCLUSION.....	179
Overview.....	179
Migration status and inequality.....	182
Policy.....	183
Discrimination and stigma.....	183
Access and barriers to health care.....	185
Tuberculosis screening.....	186
Support networks.....	187
Relationships between sufferers and healers.....	188
Conclusion.....	189
EPILOGUE.....	192
Participants: Pros and cons of working with multiple groups.....	192

What would I have done differently?.....	193
Moving on, where to from here?.....	193
Peoples' lives after participation.....	194
Conclusion.....	195
APPENDICES.....	196
Appendix 1: Interview questions for participants with TB.....	196
Appendix 2: Interview questions for PHNs.....	198
Appendix 3: Interview questions for GPs.....	199
Appendix 4: Participation information sheet.....	200
Appendix 5: Participant consent form.....	203
LIST OF REFERENCES.....	205

LIST OF TABLES

1.1	Age-standardised incidence of TB by ethnicity in New Zealand 2000-2004.....	4
1.2	Incidence of TB by country of birth in New Zealand 2000-2004.....	5
1.3	Time between arrival in host country and diagnosis of TB.....	6
1.4	Seven largest Asian ethnic groups in New Zealand 2001-2006.....	21
2.1	Description of participants interviewed in the study (using pseudonyms).....	38
3.1	Participants' paid and un-paid occupations in New Zealand.....	68
3.2	Percentage of unemployment by ethnicity in Auckland, New Zealand.....	70
3.3	Percentage of people aged 15 years and over with a declared personal income of \$30,000 or more by ethnic group.....	71
5.1	TB and migration themes from <i>The New Zealand Herald</i> 1999-2006.....	124

LIST OF FIGURES

1.1	Using TB as a lens to investigate how immigration, settlement and social networks influence migrants' health in New Zealand.....	3
2.1	Community TB presentation to Manukau Indian Association, 2005.....	40
2.2	Evening meal provided after a TANI meeting, Auckland, 2007.....	42
2.3	Indian GP in North Shore clinic, 2007.	43
2.4	North Shore GP clinic, 2007.....	43
4.1	Chinese Medical Centre, Auckland, North Shore, 2007.....	104
4.2	Chinese Healing Centre, Auckland, North Shore, 2007.....	105
4.3	White Cross Accident and Medical Clinic, Central Auckland, 2007.....	109
4.4	Auckland PHO GP Clinic (operated out of a converted dwelling), 2007.....	110
7.1	Interrelationships between immigration, settlement, social networks and health for Indian, Korean and Chinese migrants in Auckland, New Zealand.....	181

LIST OF ABBREVIATIONS

A and E Clinic	Accident and Emergency Clinic
ACMA	Auckland Chinese Medical Association
AIS	Auckland Institute of Studies
ARPHS	Auckland Regional Public Health Services
BMI	Body mass index
DHB	District Health Board
DOTS	Directly Observed Therapy-Short Course
EM	Explanatory model
GP	General Practitioner
HPA	Hypothalamic-anterior pituitary-adrenal cortex system
LTBI	Latent tuberculosis infection
NZIS	New Zealand Immigration Service
NZQA	New Zealand Qualification Authority
PHN	Public Health Nurse
PHO	Primary Health Organisation
SAM	Sympathetic-adrenal medullary system
SAT	Self Administered Treatment
TANI	The Asian Network Incorporated
TB	Tuberculosis
TBD	Tuberculosis disease
TCM	Traditional Chinese Medicine
TKM	Traditional Korean Medicine
WHO	The World Health Organisation