Research paper

Settling in New Zealand: the well-being of Indian immigrant women as shaped by their children

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What is known on this subject

- Maintaining good health and well-being requires active participation in all aspects of daily life. Becoming an immigrant can significantly disrupt such participation.
- The well-being of Indian immigrant women is shaped by the collectivist society within which they were raised, and their children play a significant role in shaping the well-being of the family during the settlement process.
- There is little evidence to support the idea that children actively influence the activity choice and subsequent well-being of Indian immigrant women.

What this paper adds

- Research findings specifically identify how and to what extent children influence activity choice and subsequently the well-being of their mothers.
- Opportunities are provided to consider developing services that support the family as a whole unit and to
 understand how each family member may influence the activity choice and well-being of those around
 them.

ABSTRACT

Indian immigrant women are a growing population in New Zealand. Their well-being has been shaped in their country of origin by a collectivist society, and is in part influenced by their ability to settle in a new and unfamiliar environment. Settling in New Zealand challenges their well-being and the ways in which they engage with society. Those with children are significantly influenced by their needs.

A grounded theory methodology was used as a basis for interviewing 25 Indian immigrant women, living in New Zealand, about how they created a place for themselves and their families through their choice of, and engagement in, everyday activities. The data were analysed using dimensional analysis, which revealed that as the women settled in New Zealand, their choice of activities and thus their well-being was influenced by a salient condition, namely 'number and age of children.'

The findings showed that, within the home, the women focused on enacting cultural traditions to ensure that their children maintained links with their Indian heritage. However, as the children grew older, the women found themselves shifting towards activities more reflective of New Zealand practices, believing that their children had an embedded understanding of the Indian culture. Thus, the number and age of children at the time of immigration influenced which activities the women chose to participate in and how they maintained their wellbeing in an unfamiliar environment.

Keywords: activities of daily living, immigration, women's health

Introduction

Emigrating to another country involves immersion in an unfamiliar environment and the potential disruption of activities in which people engage on a daily basis. Important aspects of the immigrant experience are the assumptions that they and the host population make about each other, and how easy or challenging it is to engage in commonplace activities, such as cooking or shopping, in new surroundings. For the immigrant, settling in a new country can be a stressful experience that requires some form of adaptation and adjustment to valued activities (Dyck, 1989; Christiansen and Baum, 1997; Blair, 2000; Hamilton, 2004). How successful immigrants are in engaging in commonplace activities will depend on a combination of their determination and skills and the needs and actions of those around them (Nayar and Hocking, 2006). Ultimately their success has ramifications for settlement and well-being, the latter being an optimal state of health in which people feel comfortable and at ease when performing daily activities (Yerxa, 1998).

New Zealand is increasingly the destination of many immigrants, with approximately 82 700 permanent and long-term immigrants residing in that country (Statistics New Zealand, 2008). Current New Zealand immigration policy deliberately seeks skilled immigrants (Department of Labour, 2006) for the purpose of facilitating national growth and ensuring that an effective contribution is made to society. From a settlement perspective, this requires new immigrants to learn about and incorporate New Zealand culture and practices into their lives. However, for this to happen, immigrants require a healthy sense of wellbeing, which is often grounded in the daily activities in which they engage. Thus an understanding of immigrants' well-being, as influenced by their choice of activities and the people around them, is important for enabling success in an unfamiliar environment.

In the context of settling in New Zealand, the wellbeing of Indian immigrant women can be seen to be socially constructed and shaped by the collectivist society within which they were raised (Nayar et al, 2007; Nayar, 2009). Whether or not they have children can significantly influence the activities and well-being of the women and their families as they settle into their new lives. For example, going through the immigration process with or without children, and the age of children at the time of immigration, can both have a significant effect on the choices that Indian immigrant women make about daily activities that may influence their well-being. The focus of this paper is on these everyday experiences and their impact on the wellbeing of Indian immigrant women settling in New Zealand.

Background

For many Indian women, their well-being is shaped by the collective societal structure within which they are raised (Vaidyanathan, 1989; Mehta and Belk, 1991), and further grounded within the Indian culture and historical experiences (Khare, 1998). The following section reviews the connection between well-being and activity for Indian immigrant women, and considers the influence of their collective cultural upbringing.

Well-being and activity

Maintaining good health and well-being requires active participation in all aspects of daily life. The findings of a study in Canada showed that, within the home, prayer and food were used to maintain wellbeing, whereas in the community, engaging in social networks was central to healthy living (Dyck, 2003). These findings point to the notion of well-being as profoundly social. Other studies of Indian immigrant women, which were conducted in Canada and the USA, show a link between poor health and decreased well-being (Soni Raleigh et al, 1990; Prabhakar, 1999; Tewary, 2005; Acharya and Northcott, 2007). In particular, problems of isolation, loneliness and cultural conflict have been posited as potential sources of mental health problems. Indian women immigrants living in Canada found that isolation and loneliness, resulting from a lack of informal support and from language barriers, contributed to mental health problems and a reduction in well-being (Choudhry, 2001). More recently, Tewary (2005) reviewed various theories that have been offered to explain the development of mental health problems among Asian Indian immigrant women in the USA, and found that many were encouraged into higher education and employment, while still being expected to be the carriers of cultural traditions. Tewary posited that the ensuing cultural conflict might induce stress and affect psychosocial development, which in turn could make the process of settlement and contribution to the new society a much more difficult undertaking.

Although general links have been made between well-being and activity (Yerxa, 1998), there has been little discussion specifically addressing how children influence the daily activities in which their parents engage, and the effect that these choices have on their parents' well-being. However, one key activity that has been discussed, in terms of being influenced by children, is that of parenting. Many Indian immigrant women still believe in incorporating their original values in their parenting style (Tewary, 2005). The challenge of parenting and the importance of educating children about their cultural heritage is a theme that has arisen

in studies of Indian immigrants living in the USA (Hickey, 2008) and Canada (Choudhry, 2001; Martins and Reid, 2007). The findings of these studies revealed that the participants struggled to raise their children based on traditional values at home, only to find that their children were being taught different values when at school. The weakening of family values within the home, such as respecting one's elders, affected their role as parents and their childcare activities. Thus a key concern for the participants involved fulfilling their traditional roles as homemaker, caregiver and housewife, and how they would instil Indian culture in their children (Martins and Reid, 2007). The desire of Indian immigrant women to ensure that their children have an understanding of their culture connects activity and well-being as seen in the occupation of parenting. This same desire further highlights the relationship between well-being and the family system that frames Indian immigrant women's well-being as socially constructed.

Well-being and the family system

In a comprehensive review of cultural paradigms for Indian women, Guzder and Krishna (1991) found that the identity and well-being of Indian women are still framed by traditional family beliefs. One such belief is that the home and family are the domain of Indian women (Chanda and Owen, 2001), in which they have been primarily identified in terms of their roles as wife or mother and by their relationship to family members (Vaidyanathan, 1989), a relationship that strongly influences well-being. Maintaining these relationships in the form of family cohesion, social support and parental control, with a constant flow of affect and responsiveness between family members, are characteristic features of a healthy Indian family system (Roland, 1988; Guzder and Krishna, 1991). Given the collectivist nature of these family and societal systems, Indian women may be likely to assume the values and beliefs of significant others, and consequently have less connection with the notion of personal beliefs and value systems. For example, in India, cultural norms and expectations, such as arranged marriages and childbearing, tend to restrict the individual's choice of partner (Laungani, 1999). Arranged marriages are considered an important societal tradition for joining different families together (Johnson and Johnson, 2001), and childbearing is expected within the marriage (Mines, 1981).

Although clear links are seen in the literature between well-being and both activity and the family system, there is little evidence to support the idea that children influence or shape the activities in which their mothers engage, or to indicate how this affects the well-being of the women. This research draws attention to the role of children in shaping the activity choices and well-being of Indian immigrant women settling in New Zealand.

Conduct of the study

The aim of the overall study was to investigate how Indian immigrant women maintain their well-being when settling in New Zealand. This paper focuses on the women's well-being as influenced by their children and their choice of activities. Grounded theory methodology reveals the processes that underlie societal functioning (Strauss, 1987; Glaser, 1992), and thus informs understanding of interactions between people. In this instance, the focus was on interactions between the Indian women and their family members during the settlement process, and how these interactions influenced activity choices in relation to maintaining well-being.

Ethical considerations

Ethical approval was obtained from the Auckland University of Technology Ethics Committee in May 2006.

Participants

In total, 28 Indian women were invited to take part in the study. However, after receiving the participant information sheet, three women declined to participate. They did not provide a reason for their decision. Thus, a total of 25 Indian women, who had emigrated directly from India to New Zealand during the period 1987–2005, participated in this study. The women were aged 18–65 years and lived in one of three cities located in the North Island of New Zealand. Fifteen women had emigrated with their children, while a further five women gave birth to children after arrival in New Zealand. Two women emigrated to New Zealand unaccompanied, and were joined by their husband and children at a later date.

Previous experience of recruiting Indian women for research indicated that they responded best to face-to-face contact. Therefore leaders within the Indian communities (e.g. the President of the Tamil Association) were approached in order to identify potential participants. As a result, four women consented to participate in the research. As the study proceeded, theoretical sampling, a hallmark of grounded theory methodology, was used to recruit a further 21 participants who could assist with theory development. For instance, the first eight interviews were conducted with women who had emigrated with children. Therefore the

ninth interview was conducted with a woman who did not have children, in order to ascertain what, if any, differences might arise.

Data collection

Data were collected over a period of 18 months, in three phases (see Table 1).

Interviews were semi-structured and began with an opening request statement: 'Tell me about migrating to New Zealand.' From this initial statement, prompts on an interview schedule were used to ask clarifying questions and elicit further information. As data analyses progressed, the same opening question was used to prepare participants for the focus of the research. Specific questions were then used to help to develop dimensions of emerging concepts that arose during the course of the analysis process (e.g. 'How has having children influenced the things that you do?'; Bowers, 1988). Each interview lasted approximately 60-90 minutes. All interviews were audio taped and transcribed verbatim. Participants were offered the opportunity to receive a copy of their interview transcript so that they could check it for accuracy, and were asked to respond with any changes within a period of 3 weeks. Two participants requested copies of their transcript and one responded by providing corrections to the spelling of Indian words.

Field observations were used to supplement information elicited during individual interviews. These observations included joining participants as they engaged in their everyday activities (e.g. shopping for groceries, attending cultural festivals or preparing a meal). Field notes were generated and used as data for further analysis.

Data analysis

During the data analysis the researcher regularly met with supervisors to discuss the data. As the researcher is of the same ethnicity as the participants, these meetings were valuable for ensuring that aspects of the participants' data relating to language and cultural nuances were discussed, and that meanings were not assumed or taken for granted. As the analysis proceeded and categories and relationships were identified, these were taken back to participants for member checking and to ensure that the participants could identify with the emerging theory.

Interview transcripts were analysed line by line in order to identify codes. These codes were then grouped into categories, and the relationships between categories were explored using the dimensional matrix (Schatzman, 1991). Dimensional analysis is a specific approach to grounded theory, and the dimensional matrix provides a framework for the ordering and conceptualising of data (Schatzman, 1991). When using the matrix to organise data, Schatzman (1991) proposed that every dimension needs to be given an opportunity to act as a perspective. Perspective 'not only determines the selection and designation of dimensions, it also directs their organisation and their relationships to one another' (Bowers and Schatzman, 2009, p. 100). For example, 'the presence of children' was one concept that arose from the data. The dimensions of this concept included the age and number of children. These dimensions were then placed in the matrix to determine their relationship to the women's engagement in activity, for example, whether the women use their children to facilitate engagement in activities (a strategy), or whether successful settlement increases the number of children (a consequence). Dimensional analysis enabled the relationship between woman and child, as it unfolds through activity as part of the settlement process, to be elucidated and organised.

Throughout the process, memos documented the thinking process and analytical direction. Memos are intended to be 'analytical and conceptual' (Strauss and Corbin, 1998, p. 217) and to facilitate the direction of further analysis (Richards, 2005). As dimensions of 'presence of children' were placed in the matrix, memos were used to ask questions of the data and explore the relationships.

Following analysis of the last interview, no new information was forthcoming, and it was concluded

Table 1 Summary of data collection		
Phase	Interviews	Observations
1	4	2
2	18	10
3	3	0
Total	25 (= 35 hours of audio recording)	12 (= 50 hours of field work)

that saturation of categories and concepts had been reached. Upon saturation, the concept 'number and age of children' was designated as a condition that influenced the women's decisions about engaging in activities, and consequently their well-being, as they settled in New Zealand and created a place for themselves and their families in a new environment.

Results

Number and age of children

The number and age of children was a salient condition that influenced the types of activities in which Indian immigrant women engaged as they settled in New Zealand. Activities that were representative of their cultural heritage, such as celebrating Indian festivals, have been conceptualised as 'working with Indian ways', whereas activities that reflect New Zealand practices and culture, such as learning to swim, have been conceptualised as 'working with New Zealand ways' (Nayar et al, 2011). The specific activities in which the women engaged, as influenced by their children, ultimately influenced their sense of wellbeing. For example, within the home, the women were more likely to enact cultural traditions so that their children maintained links with their Indian heritage. This in turn increased their well-being as they remained grounded in their culture. Three subcategories were identified, namely 'Not having children',' Watching children grow' and 'Having older children.' Each subcategory is discussed below.

Not having children

The absence of children meant that in some circumstances it was easier to engage in activities. For example, Guddi recalled the experience of buying her first home prior to having her daughter:

We'd already been in the country for nearly four years I think, four and a half years, and we already knew the process of looking through other friends and so on, and we did have some money saved, too, and we didn't have too many demands. We didn't have a child at that time to make, sort of have financial demands of us, so it wasn't as stressful as I can imagine ...

(Guddi)

For Guddi, not having a child meant that the activity of purchasing a house could be undertaken without the stress of financial constraints which might have been present if she was having to pay for her child's education. Without this stress there was the opportunity to engage in an activity that would enhance her well-being, namely purchasing a place to call 'home.'

In contrast, Sandra's well-being was threatened because she did not have a child by her side. Sandra came first unaccompanied in order to find employment and establish a home before her husband and daughter joined her. Despite the fact that she did not feel like part of the New Zealand community, resulting in a diminished sense of well-being, ultimately the opportunities that living in New Zealand offered for her daughter motivated Sandra to persevere with settling in an unfamiliar environment:

I didn't feel really good in my working environment where I was the only Indian and others were all, you know, are all white people, and I was very stressed out there. One or two people were always behind me, like you know I was from a different country and they didn't, you know they didn't like me entering the ward and sort of racialism I felt ... but there are good future opportunities for my family all together. Good opportunities, good living conditions.

(Sandra

In the absence of her daughter, Sandra engaged in an activity shaped by the New Zealand culture, despite 'not feeling good' and being 'stressed', so that when her daughter did arrive she could benefit from the 'good opportunities.' Thus her daughter actively influenced Sandra's participation, although she was not with her at the time.

For both Sandra and Guddi, not having children motivated them to engage in new and daily activities with mixed results for their individual well-being. Therefore as a salient condition, children, whether or not they were immediately present, still formed part of the collective family system that influenced well-being and the choices that Indian immigrant women made about which activities to engage in.

Watching children grow

Watching her children grow influenced Priya's decision to adopt the perspective of 'working with Indian ways' for the purpose of instilling knowledge about the Indian culture, and to keep her children connected with the extended family:

My mother-in-law can speak decent English, my mother is still not that good, and she said to me once on the phone, a couple of years ago, she said to me, 'I feel so sad that I'm missing out on your children and even if they pick up the phone all I can say is how are you and I can't understand a word of what they say back and I don't know to ask them.' You know and she was so upset about it and that's when we decided, no, we have to start talking in Gujarati at home, we have to insist that they talk back in Gujarati no matter how it is, or at least Hindi or whatever because it isolated them from a lot of people back home because they couldn't understand a word of what was happening.

(Priya)

Coming from a collectivist society where an Indian woman's well-being is linked to the relationships within the family, Priya was aware of her mother's diminished sense of well-being as manifested in her increasing sense of distance from the family. Watching her children grow enabled Priya to engage in traditional practices and remain connected to her country of birth and family members, thus ensuring both her mother's happiness and her own well-being.

Women who had younger children often attached importance to 'working with Indian ways', including celebrating Indian festivals. However, this could result in increased stress, as is shown by Ammalu's story:

In Indian culture, I don't count like how many festivals we get, but every festival got its own like background history and why we are doing and that sort of thing. To teach my son what is Indian culture I have to like perform some rituals ... but I may be doing nights ... but still I'll try to wake up like 4 o'clock. Last week ... like I woke him up like 5 o'clock, you have to, I said you cannot have breakfast, you have to have shower first and then when you do puja and then you have breakfast because 7.30 I have to be there [at work] so it's a bit hard but I want him to know ...

(Ammalu)

In this example, the conflict between wanting to maintain traditional activities for the sake of her child, but in a new context, resulted in increasing pressure to effectively perform activities within a suitable time frame.

In contrast, Guddi managed the act of settling through engaging in activities that reflected New Zealand practices. She commented that working in the same profession as her husband, 'our social [life] was through work mainly, but that's changed since our daughter's born and she's started going to child care. And she's started going to school now so we have even more friends through our daughters' friends' parents, so that's changed.' Shifting from not having children to watching children grow has meant increasing interaction with the wider New Zealand community. As Priya recalled, 'going to school, going to play groups, having children you're forced to just come out. And that's what I did.' Thus, through their children, Indian immigrant women begin to interact more with their new environment and the people within it, building social connections which enhance feelings of inclusion and well-being.

Furthermore, having children and watching them grow in New Zealand encouraged the women to 'work with New Zealand ways' and participate in activities that they had not previously experienced. Although Guddi loved the water, she did not know how to swim, and the birth of her daughter prompted her to learn:

I learned to swim after my daughter was born. That was another thing, now I had a child, in case I should be able to pretend to rescue if then things like that was another

reason to learn to swim in that you have a child now. If you're going to take your child into the swimming pool or something with you then the least you should be able to do is swim.

(Guddi)

In this instance, through her daughter Guddi had been introduced to a new activity which she continued to practise regularly as part of maintaining a healthy lifestyle.

Watching their children growing up in New Zealand required the women to constantly shift between 'working with Indian ways' and 'working with New Zealand ways', with mixed results in terms of maintaining their sense of well-being. While in most cases their children's influence on their choice of activity facilitated their well-being, sometimes it made extra demands on the settlement process.

Having older children

Having teenagers and older children meant that the women were not always thinking about having to 'work with Indian ways.' Those who had raised their children in India felt less pressure to actively engage in Indian occupations. Jean believed that this was due to her children's upbringing and their developed understanding of the Indian culture:

I'm happy that I came when my children were already teenagers, quite grown up. ... I felt by the age of 18 they had that Indian culture and tradition, so I too prefer that. Especially in terms of getting married and having children and staying with your husband for life and you know not having partners and not living with people before you get married, that sort of thing. ... I was happy mine were old enough. I think I wouldn't have come if they were much younger. I would have put it off till they had grown up and actually imbibed those Indian values and culture.

(Jean)

Having older children who were already grounded in their culture meant that the women had another form of support when they were struggling to maintain 'Indian ways' in a New Zealand context and conforming to the pressure to work with 'New Zealand ways.' The women felt able to share with their older children the struggles that they were facing, and to work with them as a family to move through the difficult times, rather than shoulder the struggle alone. Manju described how when she was experiencing challenging times, rather than 'moaning and groaning with people here and so on, [we] just sit and talk as a family, just the four of us.'

Christina found that having older children helped her to settle her younger children, thus easing the pressure on herself to be responsible for the family's needs:

Anyway the older kids were able to understand the move better than the younger ones. The younger ones couldn't understand what had happened. They used to tell my family back home, OK we'll take the next bus and come home! You know because we used to go to, we were in Bombay Mumbai, and we used to go to Mangalore for a holiday and they were used to taking the bus so they thought it was like that. [The] older ones understood it so they helped the younger ones and so they all settled down.

(Christina)

From these examples it can be seen that the combination of having children and having children of an older age served to increase the women's sense of wellbeing by enabling them to share the responsibility of 'parenting' with the support of the family unit. Overall, the presence of children in their lives influenced Indian immigrant women's engagement in activities and their well-being.

Discussion

Immigration results in changes in activity and consequently gives rise to alterations in Indian women's ways of doing things and their sense of well-being. A review of the literature revealed that, in the context of immigration, the concept of these women's well-being is closely linked with activity and the family system within which they are raised. Thus the notion of wellbeing is socially constructed, shaped by growing up in a collectivist society. This study supports earlier findings from the USA and Canada with regard to the tension that exists for Indian immigrant women who are parenting in a different culture (Tewary, 2005; Martins and Reid, 2007). New Zealand, like most Western countries, has embraced values of independence and free will. These values conflict with those of collectivism, and shaped the activities in which the women engaged, particularly with their younger children. Young children are not always consciously aware of, or able to influence, the activities in which their mothers choose to engage. They may be too young to value the importance of knowing their cultural heritage or to be able to articulate this as a desire. Yet it was for their children that the women engaged in 'working with Indian ways', regardless of the impact that this choice had on their personal well-being.

In the literature addressing Indian women's well-being and the activities in which they engage, family is considered to be a central component (Roland, 1988; Guzder and Krishna, 1991; Chanda and Owen, 2001), and Valenzuela (1999) has observed that children play an important role in helping immigrant families to settle. However, the findings of the study presented here reveal that, to some extent, the role that children play is age dependent. Young children may push their mothers towards activities that diminish their sense of

well-being, whereas having older children enabled mothers to engage in activities through which they could share their struggles and responsibilities, thus promoting their own well-being by decreasing the stresses associated with settling in a new country.

The link between well-being and the existence of a social network is well established (Dyck, 2003). Immigrants have left behind their social networks and thus lack much needed support and links with community members. All of these factors diminish their sense of well-being (Choudhry, 2001). The category of 'watching children grow' is therefore critical in terms of opening up activities for Indian immigrant women. These activities (e.g. attending school meetings) linked the women with social networks in the community and enhanced their sense of well-being. Likewise, the category of 'having older children' enabled the women to share their stresses and to experiment with activities that involved 'working with New Zealand ways', which ultimately increased their sense of well-being.

Understanding the notion of collectivism and how children can influence the choice of activity, and therefore well-being, is important in the context of the support that is offered to immigrant Indian families in New Zealand. Within mental health services there is often a tendency for support agencies and health services to work with individuals grouped by age or gender (Webhealth, 2011), for example, with children, women, men, or elders in the family, as opposed to working with the immigrant family group as a whole. In part this has to do with the understanding that children are likely to have different needs to their parents and grandparents, and therefore services are designed to target specific groups. However, the findings of this study have revealed that the well-being of Indian immigrant women is socially constructed through the active influence of their children on the activities in which they participate. Furthermore, as New Zealand immigration policy seeks immigrants who are expected to make an active contribution to society, there would be great benefit in services working with the family group when considering how to support Indian immigrants and seek to enhance their sense of well-being as they settle in an unfamiliar environment.

Limitations of the study

It is acknowledged that the category 'number and age of children' is only one part of an overall theory with regard to how Indian immigrant women engage in activities and maintain a sense of well-being when settling in New Zealand. However, it offers some useful findings in terms of understanding how and why the activity choices that Indian immigrant women make

are integral to their well-being and settlement process. Further research that specifically addresses the interactions between immigrant parents and their children and the activities in which they participate is recommended.

Conclusion

The well-being of Indian immigrant women is socially constructed, and is shaped by their relationships with family and society. This study explored the settlement experiences of Indian immigrant women living in New Zealand, their participation in daily activities and the implications of this for their sense of wellbeing, as influenced by their children. Although it is recognised that children play an important role in the settlement process of immigrant families, there has been little research that specifically identifies how and to what extent children influence the activity choice and consequently the well-being of their parents. This study demonstrates that children have a significant influence on how Indian immigrant women settle in New Zealand. Given the increasing numbers of immigrants settling in New Zealand, there is a need both for services to be developed that support the family as a whole unit, and to understand how each family member may influence the activity choice and wellbeing of those around them, to ensure successful settlement into New Zealand society.

REFERENCES

- Acharya MP and Northcott HC (2007) Mental distress and the coping strategies of elderly Indian immigrant women. *Transcultural Psychiatry* 44:614–36.
- Blair SEE (2000) The centrality of occupation during life transitions. *British Journal of Occupational Therapy* 63: 231–7.
- Bowers BJ (1988) Grounded theory. In: Sarter B (ed) *Paths to Knowledge: innovative research methods for nursing.* New York: National League for Nursing, pp. 33–59.
- Bowers B and Schatzman L (2009) Dimensional analysis. In: Morse JM, Stern PN, Corbin J et al (eds) Developing Grounded Theory: the second generation. Walnut Creek, CA: Left Coast Press, pp. 90–132.
- Chanda GS and Owen NG (2001) Tainted goods? Western feminism and the Asian experience. Asian Journal of Women's Studies 7:90–105.
- Choudhry UK (2001) Uprooting and resettlement experiences of South Asian immigrant women. *Western Journal of Nursing Research* 23:376–93.
- Christiansen C and Baum C (1997) Person-environment occupational performance: a conceptual model for practice. In: Christiansen C and Baum C (eds) *Occupational Therapy: enabling function and well-being.* Thorofare, NJ: SLACK Incorporated, pp. 46–71.

- Department of Labour (2006) *Immigration Act Review. Discussion paper.* Wellington, New Zealand. www.dol. govt.nz/PDFs/immigration-act-review-discussion-doc. pdf (accessed 27 September 2010).
- Dyck I (1989) The immigrant client: issues in developing culturally sensitive practice. *Canadian Journal of Occupational Therapy* 56:248–55.
- Dyck I (2003) Making Place, Keeping Healthy: South East Asian immigrant women's accounts of health and everyday life. Paper prepared for Workshop 9.2: Gender, Stress and Migration. 8th International Metropolis Conference, Vienna, Austria, 15–19 September 2003.
- Glaser BG (1992) *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press.
- Guzder J and Krishna M (1991) Sita-Shakti: cultural paradigms for Indian women. *Transcultural Psychiatric Research Review* 28:257–301.
- Hamilton TB (2004) Occupations and places. In: Christiansen CH and Townsend EA (eds) *Introduction* to Occupation: the art and science of living. Upper Saddle River, NJ: Pearson Education, pp. 173–96.
- Hickey MG (2008) New worlds, old values: cultural maintenance in Asian Indian women immigrants' narratives. In: Bekerman Z and Kopelowitz E (eds) Cultural Education Cultural Sustainability: minority, diaspora, indigenous, and ethno-religious groups in multicultural societies. New York: Routledge, pp. 363–82.
- Johnson PS and Johnson JA (2001) The oppression of women in India. *Violence Against Women* 7:1051–68.
- Khare RS (1998) Cultural Diversity and Social Discontent: anthropological studies on contemporary India. London: Sage.
- Laungani P (1999) Cultural influences on identity and behaviour: India and Britain. In: Lee YT (ed.) *Personality and Person Perception across Cultures*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc, pp. 191–212.
- Martins V and Reid D (2007) New-immigrant women in urban Canada: insights into occupation and sociocultural context. *Occupational Therapy International* 14:203–20.
- Mehta R and Belk RW (1991) Artefacts, identity and transition: favourite possessions of Indians and Indian immigrants to the United States. *Journal of Consumer Research* 17:398–411.
- Mines M (1981) Indian transitions: a comparative analysis of adult stages of development. *Ethos* 9:95–121.
- Nayar S (2009) *The theory of navigating cultural spaces.* Unpublished doctoral thesis. Auckland, New Zealand: AUT University.
- Nayar S and Hocking C (2006) Undertaking everyday activities: immigrant Indian women settling in New Zealand. *Diversity in Health and Social Care* 3:253–60.
- Nayar S, Hocking C and Wilson J (2007) An occupational perspective of migrant mental health: Indian women's adjustment to living in New Zealand. *British Journal of Occupational Therapy* 60:16–23.
- Nayar S, Hocking C and Giddings L (2011) Navigating cultural spaces: interactions between Indian immigrant women and New Zealand Society. *Journal of Occupational Science* (in press).
- Prabhakar S (1999) Acculturation and mental health of immigrant Asian Indian women. Unpublished Master's thesis. Galveston, TX: University of Texas.

- Richards L (2005) Handling Qualitative Data: a practical guide. Thousand Oaks, CA: Sage Publications.
- Roland A (1988) In Search of Self in India and Japan. Princeton, NJ: Princeton University Press.
- Schatzman L (1991) Dimensional analysis: notes on an alternative approach to the grounding of theory in qualitative research. In: Maines DR (ed) *Social Organization and Social Process: essays in honor of Anselm Strauss.* New York: Aldine de Gruyter, pp. 303–14.
- Soni Raleigh V, Bulusu L and Balarajan R (1990) Suicides amongst immigrants from the Indian subcontinent. *British Journal of Psychiatry* 156:46–50.
- Statistics New Zealand (2008) Permanent and Long-Term Migration by Country. www.immigration.govt.nz/migrant/general/generalinformation/statistics (accessed 10 September 2010).
- Strauss AL (1987) *Qualitative Analysis for Social Scientists.*New York: Cambridge University Press.
- Strauss A and Corbin J (1998) *Basics of Qualitative Research: techniques and procedures for developing grounded theory.* 2nd edn. Thousand Oaks, CA: Sage Publications.
- Tewary S (2005) Asian Indian immigrant women: a theoretical perspective on mental health. *Journal of Human Behavior in the Social Environment* 11:1–22.
- Vaidyanathan TG (1989) Authority and identity in India. *Daedalus* 188:147–69.

- Valenzuela A Jr (1999) Gender roles and settlement activities among children and their immigrant families. *American Behavioral Scientist* 42:720–42.
- Webhealth (2011) Webhealth.co.nz your link to wellbeing. http://auckland.webhealth.co.nz/provider (accessed 15 February 2011).
- Yerxa EJ (1998) Health and the human spirit for occupation. American Journal of Occupational Therapy 52:412–18.

CONFLICTS OF INTEREST

None.

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