

# COMMUNITY MEMBERSHIP; CONSIDERATIONS FOR NEW ZEALAND HEALTH RESEARCH

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## Editorial Comment

In our first issue of *Pimatziwin*, we opened with a written conversation on the subject of health research in Aboriginal communities. The response to this approach was positive and we are delighted to feature another such conversation, this time between two New Zealand researchers.

## WHAT BIOGRAPHICAL INFORMATION IS RELEVANT TO THIS DISCUSSION?



YVONNE

I was born in New Zealand to a Pakeha mother (of English descent) and a Samoan father (Samoan born). (Pakeha is a Māori term which is used in New Zealand to describe people of non-Māori or European background.) I am the oldest of two girls. I remember spending a lot of time with extended family during my childhood and would describe my family as extremely close and supportive of each other. I was always aware that I had family both in New Zealand and Samoa, and felt pride in being able to identify as both Pakeha and Samoan. It is difficult to think of a time when I wasn't interested in social issues particularly those including the dimension of ethnicity. The majority of my childhood was spent in a small North Island town before moving an hour away to attend University and complete a Bachelor of Social Work degree. Once my degree was completed, I worked for the New Zealand Department of Social Welfare (now known as the Department of Child, Youth and Family) as a social worker and then as a social work trainer. It was during my employment as a social work trainer that I had the opportunity to develop guidelines for staff in working with Pacific peoples. This work has generated a passion for teaching and cross cultural social work research that I undertake in my role as lecturer with the Department of Social Work at the University of Canterbury (which I joined in 2001).



YVONNE ÇOE W

I was born in Canada approximately forty years ago. My childhood was spent in Toronto, Montreal, and London, U.K. As an adult, I lived and worked in several different countries before settling in New Zealand eight years ago. My interest in people combined with fieldwork experiences in non-English speaking nations and anthropological training (Ph.D. 1991) worked to foster my appreciation of the roles played by ethnicity and gender in social interactions. This awareness has also been advanced by my research in domestic violence and my activities in intervention initiatives organised by the New Zealand government (e.g. Department for Courts' Southern Domestic Violence Programmes Approval Panel) and non-governmental agencies (e.g. Christchurch Women's Refuge [Battered Women's Shelter], and Stopping Violence Services [Program Facilitation], Christchurch).

## HOW WOULD YOU DEFINE YOUR ETHNICITY?



YVONNE

I describe myself as New Zealand born Pakeha Samoan. This question has made me think about why I define myself in this way. I suppose the “New Zealand born” statement is recognition that New Zealand is a place to which Samoans have migrated and identifies the country of my birth. Additionally, in the Samoan community I think the question is often asked of people “are you New Zealand born or Samoan born?” This classification seems important to Samoan people, but I am not fond of the distinction, although I notice that I have used it myself. (This highlights the complexity of ethnic ascription.) In this case, I include the “Pakeha” and “Samoan” descriptors as this accurately describes the genealogy of both my parents and their families. I want to be as inclusive as possible in my description of my ethnicity.



U COEW

Like many Canadians, my ethnicity has always been a little challenging to define; I have always identified as “Canadian,” while recognising that this is a description of my national affiliation. Incorporated within this “Canadian” identification has been the knowledge that my father emigrated from the U.K. and, courtesy of him, I have access to another passport and another country. Plus, I have lived in the U.S.A. for many years and as a result of marriage, I also have American ties and some degree of affiliation. Now that I have lived in New Zealand for eight years, I often find it quite challenging to respond to the question “where are you from?” I guess my response to this query is somewhat varied depending on the context of the conversation and the background of the respondent.

## WE BOTH AGREE THAT IDENTITY IS MORE THAN ETHNICITY ALONE.

### WHAT OTHER SOCIAL CATEGORIES ARE IMPORTANT?



YVONNE

I think ethnicity is important as one of the multiple ways in which people identify themselves. People may also identify themselves according to role (for example, parent, student) or in terms of sexuality, disability, age, or gender. Also, some identities may be more prominent or important to a person than others and this may be affected by context. For example, if I think about attending a mother’s group with my young children, the identity most at the fore in that context was my role as a parent, rather than my ethnic identity as a “Samoan” person.

Our experiences, our multiple identities, influence how we see our world and how we see the worlds of others. These perceptions are not static, but are complex, open and forever changing. Understanding this is central to understanding human relationships.



Ü ÇOE W

I have always felt that my identity consists of much more than my ethnic affiliation. An important category for me and one that I examine in much of my research is gender. I see the world as highly gender ordered and I am aware of the opening or closing of opportunities which are influenced by this criterion. As a result of my research, personal experiences, and intellectual puzzling, I consider myself to be an active feminist. Indeed this perspective shaped many of my anthropological investigations.

In New Zealand, class is a less important social category than in some other areas of the world, but nonetheless, class does play a role here as in most places. Since I was not born in this country, I am less able to identify the influence of class structure among people here because I do not recognise the New Zealand markers of class structure, such as the names of prestigious high schools.

There is a local adage which reflects the New Zealand emphasis on cultural uniformity; this aphorism encourages people not to become “tall poppies.” Basically, people are not supposed to be boastful about their achievements. Some types of excelling, such as athleticism are permitted, although the individual typically is encouraged to be a “team player.”

### WHY DO YOU THINK ETHNICITY AND OTHER MARKERS OF IDENTITY ARE IMPORTANT FOR COMMUNITY HEALTH RESEARCH?



YVONNE

I think the term “ethnicity,” along with the term “culture,” is increasingly used by health and human services practitioners and researchers in New Zealand. I suggest there may be confusion about the terms and it is my experience that both are used interchangeably. Whether the term “ethnicity” or “culture” is used to describe an individual or a group, the terms play a major role in shaping human perception and therefore can have far reaching implications.

Ethnicity can be one way in which populations are marginalised and therefore have less access to resources. However, those resources may be ethnocentric in ideology and in delivery. Incorporating ethnic considerations in community health research allows for these marginalised voices to be heard. As an example, an area that interests me is the intersection of domestic violence and child abuse and how this is managed by New Zealand’s child protection system. In particular my research focus is on Samoan women’s experiences of do-

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mestic violence and the implications for care and protection. In New Zealand, as with other countries, there is a high level of awareness that domestic violence is a major social issue and prevalence statistics are collected. Despite this, it is difficult to ascertain the nature of domestic violence for Samoan women. How often does it occur and in what context? Are the women Samoan or New Zealand born? What are the origins of the men who beat them? These questions remain largely unanswered for a number of reasons. Government statistics typically identify Pacific populations as one homogenous group, rather than as a number of Pacific nations, such as Fiji, Cook Islands, Tonga, Niue, Tuvalu, and Samoa. Furthermore, there is only a small group of researchers who are interested in this area of research with this population. Community health research that focuses on Samoan women allows us to determine the nature of domestic violence for this sector of the Pacific population. It allows the voices of Samoan women to be heard. It is to be hoped that this understanding will then influence policy decisions and health practice interventions with Samoan women who are victims of domestic violence.



U. COE W.

I know that ethnicity is important in New Zealand health because there are numerous data which document that Māori and Pacific Islands' peoples suffer disproportionately from diabetes, stroke, and other physical ailments. If we can group people into "healthy" and "less healthy" based on ethnic identification then ethnicity is a significant concept here. In addition, social problems which are connected to poverty, such as alcohol and substance abuse, violence, teenage pregnancy, and other markers of dysfunction also show up in numbers exceeding the expected population percentage for these groups. These data are depressing tangible evidence of the role that ethnicity plays in New Zealand access to resources which contributes to community health status.

### WHAT ROLE DOES YOUR ETHNICITY PLAY IN YOUR INTERACTIONS WITH THE COMMUNITY?



YVONNE

I am involved with Pacific Trust Canterbury which is a non government organisation that provides child health, mental health, violence prevention and home based support services to Pacific populations in Christchurch. My involvement on this board is due to my ethnicity and skill base. When invited to speak to health organisations, invariably the requested topic is "working with Pacific communities," rather than other aspects of social work practice. This is probably a combination of how I have promoted my interest

area (cross cultural social work) and how others perceive me (as belonging to a Pacific Island ethnic group). I provide supervision to a number of Samoan social workers. Much of my work centres on research including considerations of ethnicity and other aspects of identity such as gender.



Ü ÇÖEW

In some ways, I would like to say that my ethnicity plays only a limited role in my social interactions in New Zealand. This stems from my hope that people might see me as a person first, and as an ethnic actor second. However, I must admit that this desire strikes me as naïve and I do not think that this is the case in New Zealand or anywhere else that I have lived.

Considering my life here, I think that New Zealanders view me as an outsider. This happens whenever I open my mouth to speak because my accent identifies me as “other.” Since New Zealanders as a group have a tendency to resent tactics which they may view as outsiders meddling in their affairs this means that when I want to improve things here, this “outsider” status works against me and diminishes my chances of promoting effective changes. I find this discouraging because I now live in New Zealand and I want to have a positive influence on the environment here.

### HOW DOES YOUR ETHNICITY AFFECT YOUR HEALTH RESEARCH IN CHRISTCHURCH?



YVONNE

I was interested in selecting an area of health research that involved the Samoan population. This interest stems from my own identification as New Zealand born Pakeha Samoan, and from the recognition that in my field (social work) there is a lack of research about practice with the Samoan population. After some thought and consultation, I decided to broaden my research to include Māori and Pakeha women as well as Samoan women, and their experiences of domestic violence and the care and protection system. The broadening of the research was centred on the recognition that little is known about domestic violence and child abuse as it occurs cross-culturally and the belief that it is important to understand the similarities and differences among Māori, Pakeha and Samoan women’s experiences. Using this strategy, I will have the opportunity to capture greater range and breadth of New Zealand family violence encounters.

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COE W

My gender and ethnicity played a strong role in how I selected my health research focus. When I first moved to New Zealand, I worked as a volunteer at Christchurch Women's Refuge. I learned to operate the crisis phone line, to provide transportation when requested by women, to provide linkages to other services, such as the hospitals, police, courts, or lawyers, and to help families in a variety of ways as requested by them. During this work, I came in contact with a range of women and children who had emigrated from other countries, some of whom spoke English as a second language. The increasingly multicultural client base was a direct result of the growing cultural and linguistic diversity of Christchurch. As I worked with greater numbers of women from the Pacific Islands, I became aware of the diversity of this particular cultural group and also became concerned about the nature of refuge's service provision. Fuelled by this concern, I began conducting research with Polynesian women endeavouring to learn about their understandings of family, ethnicity, violence, and conflict resolution. In the course of this investigation, I also realised that I needed to incorporate the perspectives of Pacific men and service workers active in family violence intervention. These varying viewpoints broadened my understanding of violence in these communities and expanded my consideration of useful strategies for helping families.

### HOW DO YOU THINK ETHNICITY OF THE RESEARCHER AND THE PARTICIPANTS INFLUENCES CONSIDERATIONS REGARDING ETHICS APPROVAL FROM NEW ZEALAND ETHICS COMMITTEES?



YVONNE

According to the Ministry of Health's *Operational Standards for Ethics Committees* (2002):

Research procedures should be appropriate to the participants involved in the study. Research must not only be sensitive to an individual research participant's rights and interests, but should also be conducted in an informed manner, which respects the social and cultural sensitivity of each particular population as a whole (Section 73).

This means that ethics committees in New Zealand have a responsibility to carefully consider ethnic issues when evaluating research proposals. The committee membership should be representative of the community in which

the research is scheduled to take place (Ministry of Health 2002: Section 174). This is a reasonable strategy but it begs the question of how representation is actually measured.



Ü ÇÖE W

I think ethnic considerations play a major role in deliberations by university ethics committees. When my ethnic affiliation does not match the identities of proposed research participants I notice that the ethics committee pays greater attention to the issue of ethnicity. This is probably appropriate given that it would be good to have more Pacific Islands' and Māori researchers active in New Zealand health research. However, sometimes this additional scrutiny can push researchers into only considering Pakeha participants for health research initiatives. It becomes too difficult and expensive to incorporate Māori research subjects. This often means that minority communities lack research participation, which ensures that minority community health status remains undocumented, and ultimately affects recognition of health problems and government provision of funds for intervention. I see this as problematic and an unanticipated negative outcome of well-meaning strategies by New Zealand health research funders and ethics committees.

#### DID YOU SET UP SPECIAL STRUCTURES OR CONSULTATIVE GROUPS BEFORE YOUR RESEARCH BECAUSE OF YOUR ETHNICITY OR THE ETHNICITY OF THE RESEARCH PARTICIPANTS?



YVONNE

In terms of my current research project – researching Māori, Pakeha and Samoan women's experiences of domestic violence – I have decided to engage in a process of deliberation with Māori, Pakeha and Samoan people who are knowledgeable in terms of cultural protocols and nuances, and who have an understanding of domestic violence and child protection. This group will also act as a reference group to the study to ensure accuracy of data interpretation and analysis. I plan to keep a journal of my observations, feelings and insights throughout the process of the research which will inform my discussions with authoritative Māori, Pakeha and Samoan people.

I am acutely aware that who we are (our multiple identities of ethnicity, gender, age and so forth) influences how we interpret meaning and that assumptions of meaning can be made by the participants and the researcher through the interview process which can influence data collection. The reference group is one way of enhancing the possibility that my research interviews are culturally appropriate, therefore enhancing the accuracy of the



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data. The use of a journal is to ensure that I am aware of how my perspective, as a New Zealand born Pakeha Samoan with experience as a child protection worker, may be influential during interviews, possibly constraining the participants as they describe their experiences.



Ü ÇOE W

For my research in domestic violence (which focused on the Pacific Islands' community in Christchurch), I did not set up any special consultative groups. However this research was initiated in 1997 and I might do it differently today. At that time, there was little interest expressed by the Christchurch Pacific community in understanding domestic violence or providing intervention programs. (Currently there is much greater community participation in the provision of culturally-appropriate interventions.) Informal consultation seemed more useful for dealing with an issue not socially acknowledged. Polynesian people who speak out concerning inappropriate behaviour may be silenced by the community. I did not want my research to be suppressed since I felt responsibility toward women and men who had described how violence impacted their lives and who had trusted me to publish these details in a sensitive manner. An additional issue was that some Pacific organisations in Christchurch have been dominated by male figureheads. Most of the women who spoke to me about family violence were not in positions of power in the community and it did not seem appropriate to set up a committee of powerful men or women to consider their accounts.

Current research which I am initiating deals with the topic of Samoan food and identity. This research has necessitated greater levels of community consultation in order to obtain ethics committee approval. In some ways I have few concerns about consultation because this topic does not seem as controversial or as likely to result in differences of opinion regarding publication which could influence service provision to the community.

#### WHAT DO MEMBERS OF YOUR RESEARCH COMMUNITY SAY ABOUT YOUR RESEARCH WITH RELATIONSHIP TO YOUR ETHNICITY?



YVONNE

I would have to say that comments have been varied. Non-Samoan respondents have tended to express the view that my research topic is interesting and have recognised a need for Pacific research by Pacific researchers. The response of the Pacific community has been wide-ranging, consisting of those who are positive and encouraging, and those who question my "right" to engage in research with Samoans when I am *afakasi* (half caste) and New Zealand born. This is not a new experience for me, nor is it related only to

my research undertakings. Mila describes the “identity phenomenon” experienced by New Zealand born Pacific peoples.

Over half of the Pacific population in Aotearoa are New Zealand born. We are perhaps better described as NOBs (Never actually On the Boat) not FOBs (Fresh Off the Boat). We are in an interesting position because our parents at least, have chosen to be here. There is an uncomfortable and awkward tension as we strive to live out the migrant’s dream and simultaneously try to decolonise our minds. There is often a mix of inadequacy, pride, guilt, best intentions, huge responsibilities and high expectations. Along with many of our youth, wouldn’t it just be easier to rebel, get drunk / get stoned / “out of it” and escape, not having to think too deeply about who we are, where we are going, or our commitments to communities that we may feel alienated within? The answer is a resounding “Yes.” And that is one of the strongest arguments for why we need more young New Zealand born Pacific Island social workers. No one has been here before us (Mila 2001: 23-24).



I asked people who agreed to be interviewed for my research how they felt about my ethnicity, and I received several different types of responses. Lisi, a New Zealand born Samoan woman (pseudonyms are used to ensure everyone’s safety) said,

“oh, this sounds awful! You’re such a nice lady! Part of me feels it’s another one of these outsiders trying to find out, trying to be nosy and to find out something about our people.”

Marlene, a New Zealand born Tuvaluan woman remarked,

“there may be some Pacific Island groups that would feel that it may not be appropriate for a *Papālagi* [European] to look at those sort of issues. But, they would never say that, and they probably wouldn’t even push for a co-researcher . . . Pacific Island groups in New Zealand are still very tentative to ask.”

Lisi concluded that

“from the outside you can actually see a lot of things which we don’t see because we’re so closely connected with it. And we don’t want to see it because this is our culture. So you say things I think that need to be said and you can get away with

it more than if we'd said it. But, at the same time, I think, you know, please don't exploit this and then go away and write something without thinking of the people that you are actually talking to."

It seems safe to assume that most people were more rather than less reticent in revealing their reactions to my cross-cultural research design. Some participants thought that I would have better interviews and that more material would be revealed to me simply because I was a cultural outsider, as shown in the following statement by Lisi: "from a Samoan perspective, a lot of Samoans would probably think, 'oooh, I'm not going to tell them [Samoan researchers] everything. They'll probably go away and gossip and tell the rest of their family and everything.'"

However, this reaction was balanced by other people who thought that I would not be able to judge the material that I was being told and therefore might accept partial truths as the whole story. There was also concern about how I might disseminate the results of my research and what the effects might be for the community. Lisi told me that "Samoans are very polite and courteous people, and as an outsider, as a *Pap lagi*, they'll be very polite and courteous to you. And, sometimes they will say things just because they think that's what you want to hear."

With regard to cultural differences, it should be noted that Samoan academics conducting research with the New Zealand Samoan community face similar types of dilemmas. For example, Tupuola states:

I will begin by discussing the cultural dilemma I face as the author of this article. Is my objective to paint a picturesque view of *fa'aSamoa* [the Samoan way] or to expose the covert hypocrisies of Samoan culture with the associated risk of confirming the stereotyped views of the "other" and of losing the future respect of Samoan people? Writing this article is itself a cultural violation as, within the social norms of traditional *fa'aSamoa*, I as a young Samoan woman have no acquired right and privilege to speak of and about the Samoan culture. Culturally-specific intricacies associated with public speech mean that many Pacific Islanders do not believe in the right for any Pacific Island person to speak for and about Pacific Islanders. In accordance with traditional *fa'aSamoa* principles the rightful speaker and author here should be an older Samoan woman.

The topic of this article has me in a further predicament. In discussing female sexuality I take numerous risks, particularly as Samoans are generally conservative toward sex and overly protective of their private lives. Such risks include losing any future status in my Samoan community and blemishing the honour of my family and ancestors. Through personal experience I am reminded of the

severe and, at times, relentless unspoken disciplinary mechanisms of traditional *fa'aSamoa* and the intense fear of the possibility of ostracism from my *aiga* [family group] (Tupuola 1996: 61-62).

## YVONNE CRICHTON-HILL

## SUSAN J. WURTZBURG

In conclusion, we support the premise that considerations of ethnicity, along with other dimensions of identity, are important for health research.



As we have discussed, the investigation of minority wellbeing is one way of advocating for culturally-responsive funding policies and community-appropriate interventions. A concern, presented



here is that emphasis on matching the ethnicities of the researchers with those of the community may at times inhibit the occurrence of important health investigations. In these cases, the communities may be negatively impacted when health needs remain unmet because they lack professional documentation.

In New Zealand, and other areas of the world, there has been much debate regarding the provision of research and health care to minority populations (i.e. “by Māori for Māori”). We argue that this is an overly simplified response that doesn’t take into account the various aspects of identity which may be important to people (as discussed above) and also the fact that many people claim several ethnic identities. The strategy of same-ethnic health research and provision of care typically presupposes that ethnic groups are homogenous and this assumption does not fit with the reality of today’s world.

The beauty of a patchwork quilt is in the colors, textures, and patterns that individuate each square of the fabric. There is no symmetry or matching necessary among the pieces. The patches, like culture, are rich and attractive because of their diversity and uniqueness. However, the patches are not a quilt until they are joined together by a common thread that links each piece into a functional whole. The threads, like our shared “humanness,” join the pieces of the quilt together. The quilt is a metaphor for both the richness and diversity of culture and the universality of humanity that connect individuals to one another (Williams-Gray 2001: 55).

## REFERENCES

Mila, K.

2001 "Flying Foxes don't Fit into Pigeon Holes. Working as 'Pacific Island' Social Workers and Questions of Identity." *Tu Mau. Social Work Review* 13(3): 23-34.

Ministry of Health

2002 *Operational Standard for Ethics Committees*. Ministry of Health, Wellington, New Zealand. [www.moh.govt.nz]

Tupuola, A.

1996 "Learning Sexuality: Young Samoan Women." *Women's Studies Journal* 12(2): 59-75.

Williams-Gray, B.

2001 "A Framework for Culturally Responsive Practice." In N.B. Webb and D. Lum, eds., *Culturally Diverse Parent-Child and Family Relationships: A Guide for Social Workers and Other Practitioners*. New York: Columbia University Press.

