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Empowerment for migrant communities: Paradoxes for practitioners

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Abstract

A common aim of health and human service programmes is to improve the health status of marginalized groups. One such group is new migrants. This paper summarizes the results of a three-year study of a health and empowerment initiative undertaken with a low-income migrant community in Aotearoa/New Zealand (A/NZ), with subsequent interviews with community workers engaged with such communities in A/NZ and Canada, a country known for its open migration policies and programmes aimed at assisting new migrant communities. Subtle dynamics of identity, culture and power are demonstrated to play key roles in shaping new women migrant's empowerment experiences. The paradoxical nature of these dynamics has implications for those workers and agencies engaged in programs seeking to improve the capacities of such groups to act in empowered ways on conditions that influence their health.

Keywords: *Empowerment, migrant, culture, health*

Introduction

Despite some evidence of a 'healthy migrant' effect (Hyman & Guruge, 2002; Iglesias, Robertson, Johansson, Engfeldt & Sundquist, 2003), research largely demonstrates an association between the low educational and socio-economic status of most migrants and their poorer health, compared to averages in their host country; and to lesser degrees, the vulnerability of migrants to stress via the disruption of social, economic and cultural networks (Bathgate, 1994; Bollini & Siem, 1995; Foliaki, 1999; Hyman & Guruge, 2002; Iglesias et al., 2003). Less articulated and understood are the health risks and opportunities that are inherent in the intersections of gender, ethnic, religious and economic statuses and identities that migrants must negotiate. The dynamics of these intersections have important implications for the participation of migrant communities in health and social service programmes intended to improve their health status.

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This paper draws on research conducted with a low-income migrant community participating in a health-related community action programme in Aotearoa/New Zealand (A/NZ). Additional findings were obtained through interviews with community workers engaged with migrant communities in both A/NZ and Canada; the latter country selected because of its relatively 'open' migration policies, efforts to create supportive programmes for new migrant communities, and policy of multiculturalism (respecting diversity). Two areas of inquiry are pursued. First we examine the empowerment implications of the juxtaposition of the traditional cultural beliefs and practices of migrant communities with those of dominant Western systems in their new host countries. Second, we explore the ways in which some of the beliefs and values inherent in the cultural systems of these (ethnic) communities intersect with gender and religious identities and roles, and their relevance to self-determination (the ability to exercise power within a particular social setting).

We do not demonstrate empirically that empowerment is associated with better health and well-being, since that was not the intent of the research and considerable literature has illustrated such a relationship (Brunner, 1997; Marmot, Bosma, Hemingway, 1997; Wilkinson, 1999). Rather, we explicate the often paradoxical empowerment effects of different cultural identities (gender, ethnic, religious) that intersect with the low-income status of many new migrants. We conclude with comments on the implications of these findings for health and human service agencies aiming to improve the control migrant communities might exercise over important social and economic health determinants.

Theoretical approach

The initial theoretical approach that guided the research was empowerment. No single empowerment theory exists, and the term itself has suffered the usual abuse of decades of popular misuse¹. We drew from theories that conceptualised empowerment as multi-levelled, involving changes in intrapersonal, interpersonal and socio-political relations (Wallerstein, 1992), and as empowerment processes as a progression along a dynamic continuum of action from individual and small group development to community organization, partnerships and advocacy/political action (Rissel, 1994). Empowerment was seen to arise from activities that promote peoples' participation in a variety of social actions that increase their individual and collective (community) capacities to change health-determining conditions (Duignan et al., 2003; Hamilton & Bhatti, 1996). Table I defines key community empowerment (capacity) domains thought to have some generic applicability within different cultural groups and locales,² and which some of our results corroborate (Williams, 2004; Williams & Labonte, 2003; Williams, Labonte & O'Brien, 2003).

¹By this we refer not only to its commercial appropriation (empowerment via consumption) but also to its use as a transitive verb, as in 'we will empower this group by...'. This transitive use infers manipulation or direct control. Empower is also an intransitive verb, implying that whatever one means by 'power', it can only be taken (self-reflexive) and not given. What is given, instead, are opportunities or means. For more discussion on this, see Labonte (1993).

²We are not arguing that these capacity domains constitute a 'one size fits all template' that can be applied across different cultural communities and locales, rather that a number of studies (Duignan et al., 2003, p. 43) have found these domains to have some generic relevance for a number of culturally diverse communities and contexts. The specifics of applicability are best determined by communities themselves.

Table I. Community capacities associated with empowerment.

Participation
Leadership
Skills development
Organizational development
Problem assessment
Resource mobilization
Asking why, 'critical analysis'
Links with others and collaboration
Role of outside agents
Program infrastructure and sustainability
Conflict management

Source: Laverack (1999) and Duignan et al. (2003).

But this approach to empowerment was inadequate to explain novel findings concerning the interrelationships between social identities, cultural systems and empowerment, where the empirical and theoretical literature is limited.³ It became obvious that empowerment for new migrants was a more nuanced and paradoxical phenomenon, involving new social roles that offered both more, and less, self-determination. To better understand this paradox, we turned to postmodern and post-structural theory.

Two postmodern tenets — contingency and relativism — suggest that empowerment dynamics are unstable and shifting (contingent), and dependent upon the various cultural systems and forms of power operative within particular locales (relative) (Williams, 1996). Useful at a micro-level of analysis, these tenets can nonetheless lead to an oft-critiqued radical relativism in which all forms or practices of power are viewed as having no substance outside of the localized meanings people make of them. Post-structural concepts of power (e.g. Foucault, 1980; Ife, 1995; Lukes, 1974; O'Brien & Penna, 1998) proved useful in anchoring this relativism to more determining and macro-level socio-economic conditions and socio-cultural discourses. Power, then, becomes somewhat fluid and unpredictable at interpersonal and local levels, but more determined (conditioned and constrained) at macro levels. Moreover, as our results found, local and more contingent forms of power can be strengthened through use of institutionalized discourses and practices that represent systemic (structured) forms of power. Empowerment for new migrant communities — to the extent it partly relies upon incorporating meaning systems and actions that embody the cultural systems of elite groups — can be simultaneously empowering and disempowering.

Postmodern theory, with its emphasis on the centrality of social identity and status within empowerment practice, sheds more light on this paradox. The processes whereby people may or may not be able to re-negotiate social identities or statuses rests on the construct of 'subject position' (Weedon, 1987). Subject position refers to the meaning people attribute to their experiences and the subsequent modes of subjectivity

³ A recent exception to this is a study of community led participatory peer education to reduce HIV transmission among sex workers (Campbell & MacPhail, 2002; Campbell & Mzaidume, 2001). Its analysis of how the operation of structural power enables or constrains the re-negotiation of social identities and associated changes in health-related behaviours, however, largely focuses on the interpersonal or community levels of empowerment, with little attention to the institutional or historico-political context.

(social role/self-understanding) that they adopt amongst those that may be available. Subject positions can be more (or less) 'agentive', that is, self-determining and purposeful; although the variety of these positions available, and the extent to which people are free to adopt them, is circumscribed by social power relations (Weedon, 1987, Jordan & Weedon, 1995) — the macro-level forms of power of concern to post-structuralists. It is this messy terrain of power and identity that the rest of this article explores, along with its implications for community health practitioners.

Methods

The central research question, based on the multi-levelled model of empowerment, was '*how can economically and culturally marginalised communities act to shape and determine their futures, and so improve their health and well-being?*' A multi-method (Denzin & Lincoln, 2000) research design was developed. The fieldwork consisted of four roughly sequential and distinct components over a period of two years (Table II). A purposive sampling method (Denzin & Lincoln, 2000; Ristock & Pennell, 1996) was undertaken to locate all prospective participants. Selection criteria for participants was based on (1) insufficient income; (2) engagement in community action activities to address issues associated with low-income and well-being; (3) being members of ethnic minority groups and women; and/or (4) working as community developers with communities that fitted these criteria.

The women's advocacy group (WAG), the most substantial research component, consisted predominantly of low-income Tongan and Samoan migrant women living in an Auckland suburb. The 10 women who formed the core of WAG were aged between 22 and 39 years. Income, housing and health status of these research participants were consistent with the statistics for Pacific communities living in Aotearoa/New Zealand.⁴ Most WAG members had children, were engaged in voluntary work and some had low-paid work outside the home. The majority had left school around 14 years of age and English was a second language for all of them.⁵

⁴Originally induced by labour market shortages during the 1950s and 1960s, the migration of Pacific peoples to Aotearoa/New Zealand has since continued (Spoonley, 1996). Poverty rates are high in Pacific communities: The annual median income is 78% of the national median, home ownership levels for Pacific peoples have significantly decreased relative to national averages (Statistics Aotearoa/New Zealand, 2002) and high levels of over-crowded, substandard housing persist (Milne & Kearns, 1999; Ministry of Pacific Island Affairs, 1999). Morbidity rates are high in Pacific communities — for example, Pacific children are six times more likely to be admitted for pneumonia and influenza (both associated with sub-standard housing) as other children (Tukuaitonga & Robinson, 2000). Age-specific mortality rates among the Pacific population are generally greater than for the total population (Statistics New Zealand, 2002). Pacific women's incomes reflect gender inequities in the wider population and are significantly lower than their male counterparts (Statistics New Zealand, 2002).

⁵There are marked differences in the occupational distribution between New Zealand-born and Pacific Island-born Pacific Peoples. Migrants tend to have fewer educational qualifications and marketable skills than those born in New Zealand and are therefore more highly represented in lower paid and less skilled manual categories. In the case of Pacific women, the disparity between New Zealand- and overseas-born Pacific women in terms of representation in manual occupations is greater than for men. For example, elementary occupations accounted for 17% of Pacific Island migrant women, compared to just 7% for New Zealand-born. Similarly, 17% of the overseas-born were plant and machine operators compared with just 5% of the New Zealand-born. These disparities in occupational categories reflect the lower education levels of Pacific Island-born women in contrast to Pacific Island-born men and New Zealand-born, Pacific men and women (Statistics New Zealand, 2002).

Table II. Phases of fieldwork.

Phase one	Women's Advocacy Group	PAR methodology	N = 13 (multiple methods) ⁱ
Phase two	Tongan/Samoan Community Workers	Interviews	N = 5
Phase three	Housing Advocacy Workers	Interviews	N = 5
Phase Four	Canadian Migrant Community Workers	Interviews	N = 22

ⁱFor example, participant observation, written surveys, semi-structured individual interviews and focus group inquiry.

Research participants from the other components (i.e. community development workers) were predominantly women of differing ethnic identities, but had a broader range of class and educational backgrounds. The few men who participated in the research reflected similar variation in these identity categories. Inclusion criteria for this sample were persons working with migrant communities (with a focus on Pacific Island migrant communities in the Aotearoa/New Zealand sub-sample); most, but not all, had paid positions. A limitation of the Canadian sub-sample was that it was based on a convenience/snowball sampling technique; its strength, however, and notwithstanding that it represented perceptions of community workers rather than of community members themselves, is that it provided some comparison of other migrant groups' empowerment experiences.⁶

All participants were engaged in social action work. Some had received formal training and had recognised professional status in their fields; others were paid workers with substantial experience but with no recognised professional status. Several participants were working in a voluntary capacity, had little training and were very new to social action work. These differences are important because they reflect varying subject positions in relation to the content of social action and relations of agency within the research process. These differences partly necessitated the use and adaptation of different fieldwork methods across the range of participants.

The first component of the research was developed in collaboration with Goodworks, a community outreach programme initiated by a religious order in Hilltown (both names are fictitious) and community workers in the area. This process resulted in the formation of WAG and the prioritization of housing as the advocacy issue by its members. The project consisted of four phases, each being between three and six months duration, culminating in a child health and safety survey of 42 Housing New Zealand (state-owned) houses in Hilltown, and subsequent advocacy activities.

Throughout the data presentation missing words that have been inserted are encased in square brackets []. Explanations are inserted using {} brackets. Double and single apostrophes are used to identify direct and indirect quotes, respectively. Indirect quotes have been taken directly from the researcher's field notes. Direct quotes are sourced as one of the following: WAG (Women's Advocacy Group), HAG (Housing Advocacy Group), PWCW (Pacific Women's Community Developers) and CCD (Canadian Community Developers).

⁶We also recognize that the Canadian context differs from that of Aotearoa/New Zealand, but incorporating these differences into the analyses in this article is neither possible nor necessary, since it is the negotiations with these contexts (whatever they might be) that is of central analytical interest.

Findings are organized under three categories. The first focuses on power–culture dynamics between low-income migrants and economically and ethnically dominant groups. The second examines the intersections of gender identities with ethnicity and to a lesser extent income and educational statuses. The third describes the intersection of religious identities and cultural systems with those of ethnicity. While there is some degree of overlap, each section takes as its primary focus, a different cultural axis and set of power–culture dynamics; i.e. section one: ethnic statuses and identities, section two: gender statuses and identities; section three: religious statuses and identities. This is consistent with the contingent and relative nature of empowerment dynamics argued in this paper, in which the respective influence of various cultural systems and forms of power differs from situation to situation.

Power–culture dynamics between low-income migrant and dominant ethnic groups

Empowerment is influenced by the ways in which members of culturally dominant groups position low-income migrants and the subject positions adopted by the latter. Fieldwork with WAG produced many accounts of situations where members of these communities experienced stereotyping and discrimination:

Being an Islander and then a Tongan, you find there are some people you get on with, and um there's some people looking at you as Pacific Islanders, you don't get along with even if you haven't done anything bad to them. They just look at your color and you're Pacific Islanders, and that's it, without getting to know you (WAG).

Its hard for us Samoan to hop and get things straight away. Like approaching people in the Income Support. They are what you call racist. You can see that . . . Most of the places where I have been to . . . I said to myself, oh, it is because I am brown and my hair is black or the language I am using . . . Because no respect in the way they act (WAG).

The ethnic identities of individuals sometimes meant that they adopted subject positions in relation to members of culturally dominant groups that undermined their empowerment. This initially manifested in WAG members' positioning of the researcher as an 'authority' on many issues due to her affiliation with the University and ascribing to her a higher status than themselves. In the early days of the WAG, group members were emphatic that the researcher should be 'teaching' them:

We expect you, the lady from the university, what we would be expecting from you, is that you are going to teach us (WAG).

This view was evident in statements and behaviours by all members, and generalized to include educated professionals and clergy, who were similarly referred to as "very high people". These people were looked up to as having more authority and social status than group members. This was partly due to WAG members' association of European ethnic identity with higher levels of education and knowledge, a point we return to later.

Conversations with group members revealed these behaviours to be a result of traditional cultural values of hierarchy and deference to authority (Meleisea, 1987; Morton, 1996) instilled from a young age through various social practices. These practices included, for example, not contradicting parents or people with higher social status, and elders and people with titles eating first at celebrations. The ongoing influence of these values displayed itself via WAG members' reluctance to take up leadership positions within the group and wider community. On one occasion, the advocacy group decided that its members would announce their upcoming housing survey at the local church service that most of them attended. On the day before the service,

both Samoan members of WAG said they were unable to attend church to announce the survey. A Samoan woman community developer who knew the group commented:

Can they do it? {Speak out}. Or do they have to overcome the idea of being inferior and inferiority here is attached to being from a low-income family...and going back to last Sunday, I wasn't too surprised...I thought 'are these women ready to speak out?' The idea is there that for them they are very happy to do all the work, you know, ah the background work, because that is what they have been doing all the time (PWCW).

Pacific community developers generally viewed the adherence to traditional cultural values of hierarchy and authority within Pacific peoples' communities in Aotearoa/New Zealand as constraining influences on their ability to exercise agency, to voice their thoughts and experiences, and generally to advocate for their health and well-being needs within their new cultural context. A common view, as expressed by one community developer, was that:

We Pacific Islanders, because there is a hierarchy there of authority... we go by hierarchy... I'll tell you we'll do this and that's it, there's no say from us even though it's right or wrong... I think that's how we come and when we move over and when we came over to New Zealand it still the thing [that] we don't really stand up ourselves. We don't really have the confidence (PWCW).

Findings from this component of the fieldwork also revealed that discourses associated with the colonisation of the Pacific Islands were significant in shaping the ways in which participants positioned themselves regarding their self-perceptions and access to social power. In the early stages of WAG, two members (subject positions of low income, immigrant Tongan and Samoan), 'B' (subject position of Palangi,⁷ member of clergy), and the researcher (subject position of Palangi, university educated) met for a planning session. When anticipating WAG's future advocacy activities, both the Tongan and Samoan members said that: "it was lucky they had 'B' so that when it came time to do the speaking up {advocacy work}, other people and especially Pacific Islanders would listen to them". When asked what they meant, they replied: "people will listen to you {rather than us}... People would prefer to listen to the Palangi". They intimated that this was just the way things were and that it was something that could not be changed.

A Tongan community developer familiar with WAG members explained that this situation was quite common among her ethnic group, which she attributes to the internalization of Western discourses pertaining to the superiority of these knowledge systems:

The first thing is because they look at you, [you] are Palangi. They love the Palangi and the 'Palangi will do things better than us' is the thought... Because when the Palangi first came over to the Island {Tonga}, everybody there they think that the Palangi brought the good things to Tonga and everything good is the Palangi...like the modern things, or food and the clothes...It's also colonisation...that's how we think and whenever we go it's a matter of us respect the Palangi more — higher than us. It carry on... (PWCW).

A pertinent example of the way in which dominant cultural power relations at the macro-policy level may structure cultural expression (and self determination) occurred towards the latter stages of WAG's activities. The group decided to advocate around issues of child health and safety rather than the cultural appropriateness of

⁷ Palangi or Palagi means European. These terms are commonly used by Tongan and Samoan people, respectively, when referring to Europeans.

state-owned housing, despite the latter initially being a topic of some group interest. The economic and social significance of extended family and the centrality of family rituals in Pacific societies also make housing a key avenue of cultural expression and integrity. While one woman was keen for the group to tackle this issue, other members were of the opinion that “seeing this is New Zealand, maybe we should go along with how the housing is here”. Other women felt that the group would have a much better chance of success if it attended to the basics of affordability and child health and safety. While the chosen advocacy topic met with considerable success, these issues also sat neatly inside the more narrowly defined mono-cultural constructions of health and wellbeing supported by the majority of the New Zealand population.

Interview data from community developers in both Aotearoa/New Zealand and Canada expressed similar observed dynamics amongst the migrant groups with whom they worked. Some HAG representatives, for example, talked about the co-option of various Pacific Island group members into a Palagi perspective of appropriate housing, while Canadian community developers frequently spoke of the often negative positionings of low-income and visible minority community members by members of culturally dominant groups and social service representatives. The most typical (and stereotypical) positioning held new migrants responsible for the worsening socioeconomic conditions faced by many Canadian-born low-income groups:

[They] blame the fact that they're in pain {don't have enough money} on the fact that the newcomers have taken that money... It's those Goddamn immigrants who came into this country and that's the reason {we have no money}! (CCD).

Power–culture dynamics: Intersections between gender and ethnicity and low-income statuses

For women, I suppose in any culture, it's usually double-edged {accessing resources for capacity}. Because one, they have to work through the cultural ladder and then they have to work through the Pakeha⁸ economic ladder. It's like a double chore... The same old story, I think in most cultures. Partnership is way down the line... Between a man and women (PWCW).

Results suggest that cultural systems of gender exert considerable impact on the agency of women within their communities and on empowerment processes generally. This was initially evident in the work with WAG when for several members continued attendance at the group was challenged by some male and senior family members who argued that the women's place was at home with their children, leading to some (temporary) attrition in group membership. Upon the instructions of their husbands, two of the women, both of whom were pregnant, left the group. From time to time, the women who remained in the group had to withstand challenges from their families and other members of their ethnic communities regarding their continued attendance.

The impacts of traditional gender roles and women's positioning within these by members of their (and other) ethnic communities were similarly evident in the accounts of Canadian community developers. These included expectations on the part of family members that pre-prepared food “be left in the fridge”, that women's place was

⁸ Pakeha is the word used for European by Maori, the indigenous peoples of Aotearoa/New Zealand. People of other ethnic cultural grouping (including people of European ethnicity) often now use this term when referring to Europeans.

“in the home” and that participation in community health and development activities were on “top of” family matters. Women also had to contend with more subtle levels of patriarchal constructions of themselves, which offered them a limited range of subject positions to structure the ways in which they could go about community development and advocacy work:

I know on this coalition a couple of times when I have really wanted to chew somebody out, I've written it out, rather than being seen as this hysterical, angry woman type of thing (CCD).

Gender inequalities varied throughout ethnic cultures and were contingent upon participants' access to other forms of structural power, such as class (wealth) and education. For example, a Samoan community developer talked about lack of English as being a compounding element in Pacific women's marginalization:

Even when they {women} are being interviewed . . . nine times out of ten it is the man that speaks, the women and the child sit very silent . . . They have a poor understanding of English. So the man, again takes that dominant role (PWCD).

Speaking of the differences between herself and refugee women from another African country, a community developer said:

I come from a British colony and I was educated at home up to C Level, you know . . . But most of them were just brought in as a result of war, and doesn't even started to study in their lives. They will experience it {oppression and marginalisation} at a different level than myself . . . because I can at least challenge some of those things {because I have had an education}, whereas they can't challenge those things. So because they know that I can challenge some of the barriers it {marginalisation} will be systemic for me . . . whereas theirs will be physical {agency capacities such as housing, employment} and systemic (CCD).

It is somewhat of a cliché that contemporary globalisation has increased women's empowerment by increasing the range of (potential) subject positions for them, and particularly for women who had migrated from countries with very patriarchal cultural systems. While Western cultures are still patriarchal, they nevertheless offer new and more agentic subject positions for many women migrants, described at different points in the research in such mundane terms as opportunities to attend driving lessons, leadership skill classes or simply further education. Yet many of the more extreme and constraining patriarchal structures and conventions remained operative within participants' ethnic communities.

Yeah, because I know of two [women] who were here before their husbands, and during the unification it took a while and during that three years they were here, they've learned to manage their money, and manage the family. And suddenly the husband came back and needed that power to be transferred to him and it wasn't possible. And it resulted in a lot of abuses (CCD).

Some Pacific community developers spoke to the transitory and simultaneously paradoxical impacts of migration on women's empowerment. As the absence of traditional extended kinship structures in Aotearoa/New Zealand brought the nuclear family more to the fore, some were of the opinion that subsequent lack of traditional decision making structures meant there were not the same check on male abuses of power. However, at the same time, these community developers also believed gender relations in these communities to be changing as a result of exposure to relatively less patriarchal Western cultural systems:

Changes are taking place in Samoa as well as here {New Zealand}, and it is going to take a while, but it certainly is changing. Where the women are beginning to speak out more you know (PWCD).

For some women, participation in policy debate and community development activities meant they had to confront their own hegemonized beliefs about what constituted the 'ideal woman':

I think it's the same in lots of organisations; the women are doing this level and this level, but they are not the people that are going up to the final level. And maybe that's still got a lot to do with, with work in the home, expectations in the home, their own expectations of what they should be (CCD).

This was reinforced by other women in the ethnic communities. In the case of WAG, some female members of households from their migrant communities joined with men to challenge members' attendance in the group.

While our data are limited on these points, we can nonetheless posit that, despite the more agentic positions Western culture might offer to (at least some) migrant women, residual patriarchal patterns prevent them from moving into these positions. Moreover, to do so risks their marginalization within their ethnic communities, just as the self-same Western culture, by economically marginalizing many ethnic migrant communities, removes some of the material or structural aspects of increased agency that might enable women to accept more easily such a risk. In sum, we can begin to see empowerment's paradoxical practices.

Power–culture dynamics: Intersections between religious, gender and ethnic identities

The influence of patriarchal religious institutions, cultural systems and associated social structures further elaborates this paradox, particularly for the Pacific peoples' communities that were the principal focus of the study. Christianity played a significant role in these communities, having been embedded within their cultural systems since colonization of the Pacific Islands 300 years earlier. The influence of religious cultures and organisations served both to enhance and constrain agency. It provided an important source of personal strength for people in sustaining a sense of faith and hope about their often difficult lives, and also proved a significant source of collective power:

[The Church] strengthens us by bringing us together. Bringing us together as one group... The more we worship together the stronger your family are because we help each other... When you come together in church and work together the strengths will be able to disperse to other families (PWCW).

At the same time, as some community developers argued, the churches constraining influence on the agency of their members, particularly women was also apparent:

It's not only their money that they are having to give... the expectations of their time, of their resources like food when they are having some shared meal or there is a visitor coming in... Most of the time you know, it's the women behind the scenes organising the whole thing... It is very controlling whereby a lot of families are instructed, about the way they manage their family... and more than often the men are promoted into positions of power (PWCW).

While religions such as Christianity and Islam exercise considerable authority over the lives of many women, research participants viewed the costs and benefits differently depending on their positionings within class–gender–ethnicity relations in their own communities.

In my country... there are two main distinguished religions. There is the Christian religion, there is the Muslim religion... [T]he Christian religion gives the women a lot of independence. So a lot of the Christian women are highly educated and made lots of changes during colonization, whereas the women — the Muslim women were still in the backwaters. A lot of Christians will send their girls to school, whereas most of the Muslim cultures didn't want to educate the women (CCD).

A further example of the Christian church's paradoxical empowerment occurred in the latter stages of the Women's Advocacy Group. Women saw the church as a positive factor within their lives that enhanced their economic, social and spiritual capacities. Through Goodworks and its association with the church, WAG members were able to access educational and training opportunities, some economic assistance and social and spiritual support that otherwise might not have been available. Yet being part of the church community and accessing Goodworks' assistance also often meant compliance with a particular range of subject positions which excluded challenging the authority of the church. The origins of these positionings (by self and other) lay in the patriarchal and Eurocentric discourses that had taken root in Tongan and Samoan societies during European colonization. These influences in the lives of WAG members were apparent in the higher social status, authority and deference accorded clergy.

Even the religious have a status. Status — I still haven't got to the end, you know. I just see it within my own family and I always say to them 'they {clergy} are just like you and me, you know, they are not so unapproachable that you can't talk'... They will do anything they ask them to do, you know — because they have respect and that status. 'You are a nun. I will do everything that you ask me' (PWCW).

This was confirmed by 'B':

As much as I don't like it I am seen as an authority figure because of my role as a sister. Most of or all of the women I'd say who are part of this advocacy group um are affiliated to a church and church people like ministers and sisters are seen as somebody that they look up to or have authority... (pause) While I do my best to be one of them and to talk about equality, it's something that I have to sit with that I don't find very comfortable. But it's definitely there (WAG).

Empowerment practice often involves members of marginalized communities challenging status quo power relations. The influence of these colonizing discourses took on particular significance in the later stages of the group's work when some WAG members experienced being positioned in disempowering ways by members of Goodworks, despite Goodworks' stated and largely realized commitment to sharing power.

One example was a planning meeting with Labour Party candidates and representatives of Goodworks, both of whom had greater social status and access to institutional power than WAG members. One Goodworks' representative, also a member of clergy, dominated the meeting, taking a directive role and making various assumptions about the ways in which the public meeting would be run. WAG members later discussed their experience in the following terms: "The meeting was all Goodworks' representative and Labour Party {Candidate}. It was like we couldn't plan the meeting ourselves. It was like we weren't there or as if we had stayed home. They were just doing the meeting themselves." One group member's comments iterated stereotypical views of Pacific peoples as being a reason for this: "They think we're just a dumb bunch of brownies who don't know anything."

The hierarchical values inherent in their cultural traditions coupled with the continued influence of colonisation discourses in Pacific communities meant that challenging these authority relations was a new thing for WAG members, and proved to be very difficult. When a meeting was held between Goodworks' representatives and WAG members to resolve the conflict, one WAG member's opening words were: "I feel nervous, because it is a new thing for me to be speaking like this to nuns who are so high." Goodworks was unable to accommodate the claims of some WAG members for a more equal relationship. WAG's struggle to establish its own power and legitimacy resulted in the eventual

fragmentation of the partnership, seriously undermining WAG's capacity to sustain the housing advocacy project.

Discussion and conclusion

The research surfaces a number of findings indicative of changes in migrant communities' capacities to influence health determining social and economic conditions. Many of these are second-hand (via community developers' assessments); the WAG, however, provides a direct empirical account. Leadership, while never fully developed, is nascent in the reactions by some WAG members to Palangi who dominated their advocacy planning meeting. Their negative assessment of the Palangi is in marked contrast to their earlier reluctance to speak in their churches, or to defer to the Palangi researcher. Group members were also able to mobilize successfully resources for their survey and advocacy campaign. They developed new skills to undertake this work, showed marked changes in critical analyses of their own roles/subjectivities (see an earlier account of the research (Williams & Labonte, 2003; Williams et al., 2003)), linked with other groups/actors (e.g. the Labour Party) and increasingly participated in all phases of their work.

Improvements in these capacities were both enabled and constrained by complex power-culture dynamics. In surfacing these dynamics, the research provides some theoretical synthesis between the two strands of empowerment literature cited earlier, i.e. empowerment as a process of increases in community capacities (Table I), and empowerment as a process of changes in subject positionings. The ability of WAG to effect changes in the community capacity of 'leadership' was located within particular dynamics of power and culture in which Tongan and Samoan WAG members positioned Palangi and more educated people in leadership positions relative to themselves. This was partly due to the internalization of cultural traditions that emphasized values of hierarchy and authority, and the historical influence of colonization discourses pertaining to the superiority of European knowledge and cultural systems. In the latter stages of WAG, status quo power relations were challenged when some WAG members attempted to adopt new subject positions in relation to Goodworks' members. This affected 'programme sustainability' due to Goodworks' superior access to structural forms of power, particularly its ability to withdraw resources. The power-culture dynamics inherent in the subject position of 'woman migrant' in a Westernized democracy none the less enabled new opportunities for many of the research participants to effect increases in community capacities such as 'participation' and 'skills development', particularly those from very patriarchal cultures.

Empowerment has been described and empirically demonstrated as involving relationships between marginalized individuals and groups and other individuals and institutions that possess greater access to both material (e.g. money) and non-material (e.g. legitimacy) resources (Fawcett, 1995; GermAnn, 2000; Goodman, 1998; Labonte, 1996). This was the case with the migrant community directly studied in this research, and as described by community workers attached to such groups in both Aotearoa/New Zealand and Canada. Accepting this tenet, one can visualize the individual, group and institutional actors as separate, but overlapping, systems, each with their own set of skills, knowledge and critical thinking, social identities and cultural systems. Each will also have differential access to externally based capacities such as institutional power, social networks, relative positionings within dominant discourses and social structures (i.e. one's rung in different social ladders stratified by gender, education, class, ethnicity) and access

to economic and material resources. The 'empowerment relationship' between these actors involves an interaction between various cultural identities and social statuses, which are partly but not exclusively defined by actors' differential access to forms of power within the wider social context. This interaction also includes the ways in which individuals and groups position others and themselves. It is the relationship between actors in this 'shared space' that produces the power-culture dynamics that enable or constrain, sometimes both simultaneously, increases in community capacities.

Our research findings, while limited in scope and scale, suggest that these dynamics of identity, culture and power may exert important influences on the empowerment effects of health initiatives and programmes intended to improve the health status of groups at the margins. It introduces a new set of considerations for those responsible for such programmes, which we summarize below more as reflective themes for practitioners (and grist for new research) than as firmly based conclusions.

First, empowerment is significantly influenced by people's locations within various sets of social and historical circumstances that condition and constrain both their subjectivities and material power relations. The subject positions adopted by many colonized people and how they are positioned by others is influenced by earlier colonizing discourses. These statements are almost truisms, although ones affirmed by our research and worth repeating.

Second, and more subtly, the expression of migrant groups' traditional cultural systems in new contexts can both promote and undermine empowerment capacities (those we describe in Table I). It can promote these capacities through a solidarity and identity that affords numerous material and relational forms of support. But it can also undermine these through the expression of traditional authoritarian and hierarchical values. Traditional cultural authoritarianism conflicts with Western notions of individual and collective rights that underpin policy advocacy efforts and can have significant negative impacts on the degree of political influence some migrant communities might develop over the policy contexts shaping material conditions.

Third, access to structural, institutional and economic power may be an important factor influencing the ability of community members to realise new and more agentic subject positions, particularly, as our research found, for women whose cultural history was premised on more hierarchical and patriarchal norms. Resistance to women's new 'empowered' roles can emanate from men and more senior members of families and communities themselves, or be located in the mobilisation of dominant discourses, rules, norms and conventions pertaining to women's 'natural' role in the home. Women's efforts to adopt more agentic subject positions can similarly be undermined by the ways in which members of culturally dominant communities and institutions position them. For example, this occurred in the later stages of the work with WAG when despite claims to more equal power relations, members of clergy continued to position WAG members as having less authority and social status than themselves.

Fourth, intersecting ethnic, gender and religious cultures and economic statuses exert significant impacts on empowerment processes. The intersection of low-income and ethnic identity statuses, initially apparent in how migrant women reported their treatment by state agencies and buttressed by traditional cultural values, was extended to show how these two statuses were entwined with those of gender and religion; the relative influence of any cultural system at one time being contingent on context and actors. The ways in which these intersections influence empowerment is through people's relative positioning of themselves and others, always underscored by differential access to structural and

material power. Gender status for example, varied by ethnic cultures and was partly contingent upon women's access to other forms of structural power.

These cautiously offered generalizations suggest that empowerment practice amongst migrant groups needs to recognize how structural (and invariably material) inequities condition and constrain subjectivities, and how subjectivities and cultural systems, in turn, reproduce structural inequities. Greater and more critical attention to these power–culture dynamics by health and social service organizations and professionals, particularly in programme planning and evaluation, may increase their abilities to assist marginalized migrant communities in their own empowerment process, leading, ultimately to their better health.

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