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Research paper

Walking a tightrope: Asian health research in New Zealand

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ABSTRACT

Interest in how knowledge is constructed in multi-ethnic, multi-lingual and multi-faith communities is gaining momentum in countries such as New Zealand as they become more diverse. In turn, this provides an opportunity for new and innovative research approaches that de-centre hegemonic discourses. This paper describes some key issues and challenges that could shape the development of appropriate and effective health research frameworks for improving the health of the diverse population groups in Aotearoa/New Zealand. Drawing on health and education research policy documents, the paper highlights the complex configuration and reworking of ethnicity, nationalism and belonging in New Zealand, in both historical and modern contexts. It suggests that an ethnic research agenda can benefit from the experience of Māori and Pacific people's research in terms of walking a tightrope between addressing needs and avoiding deficiency, and balancing universal and particular research agendas. Processes that can be incorporated into a research study, such as consultation, enhancing self-determination and building capacity, focusing on community benefits, developing cross-cultural skills and incorporating alternative indicators of research quality, can assist in developing findings that are robust and useful to all stakeholders. However, incorporating such strategies into research with ethnic communities requires resourcing, institutional support and strategic leadership. Lastly, this paper contributes to the growing body of research on 'decolonising methodologies' that move beyond cultural deficit models and the building of theoretical frameworks that draw on a range of standpoints, conceptual tools and worldviews.

Keywords: Asian, culture, health, Māori, New Zealand, Pacific, research, research frameworks

Introduction

Critics suggest that research has been dominated by white, male, middle-class, researchers, and that using dominant methodologies can serve to reinforce stereotypes or deficiency discourses, especially where there is no understanding of the complex racialised processes, gender issues or social contexts that can affect particular groups (Collins, 1990; Narayan, 1992; Scheurich and Young, 1997). (In this paper 'white' refers to a social and political space (Allman, 1992).) Within the New Zealand context, these groups are termed *ethnic,* meaning that their members are not Pākehā, Māori or Pacific by background. The term *minority* is not used. The issue of undertaking research with ethnic groups outside the dominant culture is complicated in a country that is predominantly monocultural in terms of its institutions, but is grappling with the obligations imposed by the Treaty of Waitangi, which was signed in 1840 by Māori and the British Crown, and an increasingly multicultural present and future. This paper builds on previous work about the epistemological and methodological tensions of researching ethnicity and being an outsider-within (DeSouza, 2004b).

There are many commonalities between the research agendas of Māori, Pacific peoples and the ethnic sector. New Zealand's changing socio-demographics require the development of new forms of evidence to inform policy development. There is a growing recognition of a new dialectic in the Māori research agenda that involves achieving a balance between

realising potential and remedying deficit. Te Puni Kokiri's (Ministry of Māori Development) Māori Potential Framework focuses on Māori success (Ringold, 2005; Te Puni Kokiri, 2005; Paotonu, 2006). These and other concepts offer insights into a potential research agenda for the ethnic sector.

This paper has two aims: the first is to outline the changing demographics of New Zealand's population, focusing on Asian communities, the largest group in the ethnic sector, and highlighting some of the tensions and opportunities. The second aim is to identify strategies for working with and developing a research agenda for New Zealand's growing Asian communities, by reviewing developments in Māori and Pacific people's health research. The paper begins with an outline of the socio-demographic characteristics of Asian communities, which is followed by a brief history of migration to contextualise the Asian presence in New Zealand. Tensions between the multicultural and bicultural are foregrounded with a discussion about how this tension has played out in the health research arena. An outline of Kaupapa Māori research as a decolonising methodology and Pacific health research processes that emphasise relationships follow, with some recommendations for researchers, funders and policymakers working with Asian communities. The paper concludes by arguing that a research agenda that incorporates both Asian paradigms and participants, and contributes to the wellbeing of Asian communities through capacity and capability building, will have beneficial effects not only for Asian communities but for New Zealand society as a whole. Such developments also have relevance and application in other multi-ethnic environments where interest in research on 'decolonising methodologies' moving beyond deficit models, and the building of theoretical frameworks that draw on a range of standpoints, conceptual tools and worldviews is growing.

Māori

Māori were the first inhabitants of Aotearoa/New Zealand, first arriving in about 1300 AD. The European discovery of New Zealand occurred when Tasman visited in 1642, followed by Cook landing in 1769. Britain assumed governance of its new colony in 1840, and signed a treaty with Māori tribes. *Te Tiriti O Waitangi* The Treaty of Waitangi is today recognised as New Zealand's founding document, and its importance is strongly evident in healthcare and social policy. As an historical accord between the Crown and Māori, the treaty defines the relationship between Māori and Pākeha (non-Māori), and forms the basis for biculturalism, which Sullivan (1994) defined as:

- equal partnership between two groups
- acknowledging Māori as *tangata whenua* ('people of the land')
- the Māori translation of *Te Tiriti O Waitangi* is acknowledged as the founding document of Aotearoa/New Zealand
- being concerned with addressing past injustices and re-empowering indigenous people.

Pacific peoples

Pacific peoples are a diverse group representing over 20 different cultures. The largest group is Samoan, making up 50% of Pacific peoples, followed by Cook Islanders (23%), Tongans (16%), Niueans (9%) Fijians (4%) and Tokelauans making up 2% of Pacific peoples (Ministry of Health, 2005). In this context, ethnicity is self-defined and multiple, so the total can exceed 100%. There is a youthful population concentrated in the Auckland region, with smaller numbers scattered throughout the country (Ministry of Health, 2005). Pacific peoples make up 5.6% of the New Zealand population, which is predicted to rise to 12% by the year 2051. Pacific migration to New Zealand increased after the Second World War, as a result of growing industrialisation and the demand for a manufacturing and service industry workforce (Spoonley, 2001). Large numbers of Pacific people migrated to urban areas of New Zealand, accelerating in the 1960s and early 1970s (Spoonley, 2001).

Growing diversity

Asians had been coming to New Zealand since the 1800s, but their numbers were small until after 1987. Young Chinese men from Guangdong province travelled to the goldfields of Otago in the 1860s (Ip, 2005), and Indian connections with New Zealand began in the late 1800s with Lascars (seamen) and Sepoys (soldiers) arriving after deserting their British East India Company ships (Swarbrick, 2005). The earliest refugees arrived between 1870 and 1890, and included Danes, Russian Jews and French Huguenots. Subsequently, New Zealand has taken in refugees from all over the world. In the 2001 census, Europeans/Pākehā made up 79.6% of the population, followed by New Zealand Māori 14.5%, Asians 6.6% and people from the Pacific Islands 5.6% (Statistics New Zealand, 2002b). This cultural diversity has occurred alongside linguistic and religious diversity as seen by the census of 2001, which noted a 20% increase in the number of multilingual people and an increase in the number of people whose religion was non-Christian, including Hindu 56%, Buddhist 48% and Islam 74%.

Asian communities

'Asian' is a term that has differing definitions depending on the geographical context in which it is used. In New Zealand, 'Asian' tends to refer to people from South East Asia and there are debates about whether such an umbrella term is useful or strategic or merely disguises disparities within groups (Rasanathan *et al*, 2004; Workshop Organising Team, 2005). Asians are the fastest growing ethnic group; their numbers have increased by around 140% over the last 10 years and are predicted to increase by 122% by 2021. In comparison, Pākehā will increase by 1%, Māori 28% and Pacific people 58%.

Asians in New Zealand are a relatively young population, and are generally in good health. Most live in the Auckland region, and over half are aged between 25 and 65 years, while around 20% are aged 15–24 years and another 20% are aged below 14 years (Asian Public Health Project Team, 2003). This age distribution is similar to that of Māori and Pacific people, but Asians are younger (on average) than Europeans. This can be further broken down into particular ethnic groups as shown in Table 1 (Statistics New Zealand, 2002a). The rapid growth of the Asian population has exposed a lack of policy and structures to evaluate and address their needs (Workshop Organising Team, 2005).

Biculturalism and multiculturalism

The place of visibly different migrants has always been uncertain (Kearns and Dyck, 2004). Migrants to New Zealand have been caught between two charged agendas: the colonial ideal of a homogenous society that replicates Britain, and the desire of Māori for recognition as people of the land or *tangata whenua*, with specific rights (Bartley and Spoonley, 2004). The Treaty of Waitangi and the social policy principle of biculturalism have become an explicit template for relationships between indigenous Māori and subsequent migrants. The racialising and 'othering' of migrant groups, along with past migration policy designed to keep the country white (Beaglehole, 2005), have implicitly shaped the treatment of migrants.

Bartley and Spoonley (2004) argue that the 1980s were a pivotal period in discussions of New Zealand identity, featuring biculturalism and its incorporation into social policy in New Zealand. They suggest that discussions of multiculturalism began with the arrival of Pacific peoples in the 1970s. Canada and Australia had embraced multiculturalism during the 1960s, transforming the notion of settlement into a two-way process requiring change by both migrants and the receiving society. Bartley and Spoonley suggest that attempts to address the bicultural/multicultural relationship came about with proposals that biculturalism should take precedence, and subsequent arrivals to Aotearoa needed to negotiate a primary relationship with Māori. Multiculturalism would then be the outcome of a network of completed bicultural negotiations. However no process was ever suggested for this to occur (Bartley and Spoonley, 2004). The bicultural/multicultural debate remains unresolved and problematic (DeSouza, 2004a; Kearns and Dyck, 2004; Mohanram, 1998; Thakur, 1995; Walker, 1995; Wittman, 1998); however it is arguable that biculturalism has paved the way for the majority culture to consider cultural issues at large.

Table 1 Summary of Asian ethnic groups

Ethnic group	Percentage of Asian population
Chinese	44
Indian	26
Korean	8
Filipino	5
Japanese	4
Sri Lankan	3
Cambodian	2
Thai	2
Other Asian	8

Invisibility in health research

Asian ethnic groups have been largely neglected by New Zealand health policies and research, despite their long history in New Zealand and recent population growth (Duncan *et al*, 2004). Duncan *et al* (2004) cite the example of the 2002 National Children's Nutrition Survey, where both over-sampling and separate analysis of Māori and Pacific Island children occurred, while Asian children were subsumed with New Zealand Europeans. Large-scale studies are needed to determine health risk across all major ethnic groups in New Zealand, which will in turn enable development of ethnic-specific data. Even more critical is the need for data concerning ethnic variation in other areas of health, so that effective interventions can be developed and implemented (Duncan *et al*, 2004). This omission and exclusion is by no means a rare

occurrence in national surveys and prevents the development of an understanding of the public health needs of Asian communities in New Zealand, necessary for the development of appropriate preventative health strategies. More recently two reports have provided comprehensive information on the health of Asian New Zealanders. The *Asian Health Chart Book* (Ministry of Health, 2006), a monitoring report on the health of Asians, and a report on the health profile of young Asian New Zealanders were derived from the findings of Youth 2000, a national secondary school youth health survey (Rasanathan *et al*, 2006). Despite these gains, the health of Asians remains under-researched.

The following section details policy developments and documents which incorporate Māori and Pacific people-centred processes respectively. A short analysis of the areas in which the policies for these two groups are similar as well as the ways in which they differ, such as indicators of research quality, follows. The section concludes with an analysis and discussion of the impact these guidelines/approaches could have on Asian health research.

Learning from Māori processes

Tuhiwai Smith (1992) argues that dominant Western research methodologies are inextricably linked to European imperialism and colonialism and have not been sympathetic towards Māori. Consequently, Māori researchers have sought to develop and promote appropriate methodologies for research for, by and with Māori, now referred to as Kaupapa Māori, which refers to the 'practice and philosophy of living a Māori culturally informed life ... it also invokes the stance of identifying with, and pro-actively advancing, the cause of being Māori'(Smith, 1997, p. 453), or 'Māori centred' research (Smith, 1992). Such approaches involve having both a critical approach to Western theoretical and analytic frameworks and a commitment to using Māori conceptual tools to understand and explain Māori experiences (Scott *et al*, 2005). The aim of Kaupapa Māori research has been to ensure that research with indigenous peoples is more respectful, ethical, sympathetic and useful (McNicholas and Barrett, 2005). The Māori Health Committee of the Health Research Council (HRC) has produced guidelines which it hopes will be incorporated into the practices of researchers working with Māori. These aim to 'establish research practices which ensure that the research outcomes contribute as much as possible to improving Māori health and well-being, while the research process maintains or enhances mana Māori' (Maori authority or power) (HRC, 1998, p. 3). The relationship of researchers to Māori is defined by the Treaty of Waitangi, and in particular Articles 2 and 3. The former refers to *Tino rangatiratanga* (Māori control over resources), while Article 3 refers to Māori having a fair share of benefits in terms of both funding and health outcome (HRC, 1998).

Self-determination

Self-determination in a Māori context refers to 'chiefly control ... that is the right to determine one's own destiny, to define what that destiny will be and to define and pursue means of attaining that destiny' (Bishop, 2003, p. 225). Kaupapa Māori research also requires that indigenous knowledge is positioned at the centre, promotes Māori involvement in research, focuses on methodologies that are appropriate for Māori and highlights mutually beneficial outcomes for the researcher and the researched (Smith, 1999, p. 183). Kaupapa Māori research is also viewed as a mechanism for addressing historical and ongoing power imbalances (Bishop, 2003).

Building in time and resources for consultation

Appropriate consultation can serve as a buffer against claims of being 'over-researched' when no benefit is evident. According to the HRC, consultation can be defined as 'a two way communication process for presenting and receiving information before final decisions are made, in order to influence those decisions' (HRC, 1998, p. 5). The key elements are:

- setting out a proposal not fully decided upon
- adequately informing a party about relevant information upon which the proposal is based
- listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal)
- undertaking that task in a genuine and not cosmetic manner
- reaching a decision that may or may not alter the original proposal (Justice McGechan, 1993, cited in HRC, 1998).

Consultation needs to occur at all stages of the research project lifecycle. Processes and organisations to consult are clearly defined for Māori and Pacific peoples (HRC, 1998, 2004). What needs to be acknowledged is that such a process increases the workload for all parties in research, but building in such a process is more likely to lead to benefits for the community the project is being developed for, and some argue that in the case of Māori where the criteria are ingrained into a contestable process, it can lead to more competition and better quality information (HRC, 1998).

Building capacity

There are two ways in which capacity can be increased (HRC, 1998). The first is through the training and supervision of Māori researchers, which would address the gaps in Māori health research workforce development. Provision for increasing the number of Māori researchers has been made in the availability of career development awards for Māori researchers, which means that community development can occur without increasing the size of the grant budget (HRC, 1998). The second mechanism is by providing Māori with research skills that are transferable to other projects, and funding is available through the HRC's Rangahau Hauora Awards.

Individual versus community benefits

Western-orientated research practices are not only criticised because of the positivist tradition which dominates, but also because they contain notions of cultural superiority and have resulted in interests, agendas and methods of research remaining firmly in the control of the researcher who largely benefited at the expense of communities (McNicholas and Barrett, 2005). The HRC suggests that its guidelines and specifically consultation are there to 'ensure that research and practices contribute to Māori health development whenever possible' (HRC, 1998, p. 2).

Moving beyond cultural deficit models

Some Western research has produced 'deficit theories' which blame the victims and see the locus of the problem as either lack of inherent ability, lack of cultural appropriateness or limited resources; in short, some deficiency at best, a 'pathology' at worst (Bishop, 2003). Bishop suggests that research recommendations then involve getting the 'victims' to change, usually to become more like the researchers. Swindells (2006) suggests that there are three major changes in the Māori research and policy environment. The first is moving away from a single-dimension model of repair of deficit, disparity and dysfunction to recognising multidimensional Māori potential, strengths, and opportunities (Paotonu, 2006). Second is a move from targeting Māori as a socio-economically disadvantaged ethnic minority to investing in Māori as an integrated, but culturally distinct, indigenous community, and lastly rather than focusing on institutional responses, there is a move to investing in Māori people.

Development of cross-cultural skills

Having good consultation processes and the engagement of ethnic communities can result in learning for senior researchers who get to be involved in the development of novel research strategies, recruitment methods, dissemination strategies and research tools, not to mention broader cross-cultural skills and experiences (Paotonu, 2006).

Justifying exclusion

Exclusion of Māori participants from a general population study should only occur if it is as a result of consultation with Māori. Such an exclusion needs to be well justified, as it counteracts the potential health gain in relation to Article 3 of the Treaty (HRC, 1998). However, exclusion on the basis of perceived difficulty of working with Māori would be contrary to Article 3.

Learning from the experience of Pacific peoples

The following section draws on guidelines produced by the HRC, which aim to reduce inequalities and improve the health status of Pacific peoples (HRC, 2004), the Ministry of Education (Anae *et al*, 2001) and the Tertiary Education Commission (TEC, 2003).

Definition of Pacific research

The HRC defines as its vision, optimal health for Pacific peoples with the best possible health outcomes for the Pacific community (TEC, 2003). Research is viewed as a significant aspect of improving the health status of Pacific peoples. The Performance Based Research Fund (PBRF) draft guidelines for assessing evidence portfolios that include Pacific research suggest that Pacific research can be undertaken by both Pacific and non-Pacific people, and needs to not only be original investigation undertaken in order to gain knowledge and understanding but also 'demonstrate some, or all, of the following characteristics, and should show a clear relationship with Pacific values, knowledge bases and a Pacific group or community' as shown in Box 1 (TEC, 2003, p. 3).

Alternative indicators of research quality

Other than the traditional forms of quality assurance, such as peer review and refereeing processes, the TEC

Box 1 Pacific research characteristics

Paradigm
- Is informed by and embedded within the continuum of Pacific worldviews, knowledge, practices and values
- Is conducted in accordance with Pacific ethical standards, values and aspirations, such as responsiveness and reciprocity
- Involves research processes and practices that are consistent with Pacific values, standards and expectations
- Includes methods, analysis and measurements that recognise Pacific philosophy, spirituality and experience
- Includes data derived from the broad range of Pacific knowledge and experience

Participation
- Involves the active participation of Pacific people (as researchers, advisors and/or stakeholders)
- Demonstrates that Pacific people are more than just subjects of research
- Pacific research demonstrates communal contact; that is, it recognises and validates the relationships between the researcher and the 'researched'
- Engagement of the Pacific community in the initial stages of the research

Contribution
- Has a demonstrable impact on Pacific communities
- Contributes to and enhances the Pacific knowledge base in all subject areas
- Contributes to a greater understanding of Pacific cultures, experiences and worldviews
- Is relevant and responsive to the needs of Pacific peoples
- Protects Pacific knowledge
- Contributes to Pacific knowledge, spirituality, development and advancement
- Is responsive to changing Pacific contexts

Capacity and capability
- Builds the capacity and capability of Pacific researchers
- Enhances the capacity of relevant Pacific communities to access and use the research

suggests that indicators of research quality for Pacific research can include:

- endorsement by community leadership, prior to wider dissemination
- endorsement through *fono* (community meetings) or Pacific media (recognising that these may be community, national, regional or Pan-Pacific), prior to wider dissemination
- evidence of dissemination and uptake of research findings by Pacific regional media, and Pacific research communities
- endorsement and uptake across Pacific communities (TEC, 2003).

Building in inclusionary strategies is also another quality indicator. Anae *et al* (2003) suggest that one of the ways of keeping researchers accountable is to have advisory committees or reference groups that are specific to projects. Anae *et al* (2003) also recommend that the researchers have team members who are proficient in the appropriate language, so that this does not prove a barrier to participation in research for Pacific peoples.

Inter- and intra-ethnic differences

Like Asian communities, Pacific peoples are not a homogeneous group; they are striated by inter- and intra-ethnic variations and therefore there is a need for Pacific statistical data and research to be disaggregated (Anae *et al*, 2001). In addition, the authors note the need for acknowledging differences between New Zealand-born people and Island-born or recent arrivals.

Need for both universal and particular research

Anae *et al* (2001) argue that there is a growing move from Pan-Pacific research towards in-depth ethnic-specific studies. The authors suggest a Pan-Pacific approach provides generic data about Pacific groups, but there are logistical problems in terms of managing multi-ethnic research teams and providing ethnic matching and gender matching of interviewers. Pacific language translations and consultation and dissemination issues mean that research becomes expensive. Equally while ethnic-specific approaches provide more

depth and specificity, they don't allow for broader application. Anae *et al* (2001) argue that while there are over-arching similarities among Pacific peoples, there are also distinct traditions, languages, histories and so on, which researchers need to be aware of.

Capacity building

Capacity-building research and processes that enhance Pacific peoples and communities are also signalled by Pacific researchers (Anae *et al*, 2001). It is recommended that research builds on and enhances Pacific communities' strengths. In addition, mentorship and training of younger Pacific researchers with the building of positive collegial relationships across sectors is recommended. Building research capacity and capability has been the main focus of the HRC's Pacific Health Research Committee (HRC, 2004).

Development of a research strategy

The Pacific Team at the HRC also has a focus on capacity and capability of the Pacific Health Research Workforce: offering scholarship opportunities for Pacific peoples in health and health research; administering the promotion, assessment and contractual agreements of Pacific awards; promoting Pacific health research in New Zealand and in the wider Pacific region; developing Pacific health research networks; improving the access of Pacific peoples to HRC funding opportunities; developing Pacific health research policy; providing guidelines on Pacific health research; building funding partnerships with other agencies for Pacific health research; and maximising funding opportunities for research that will improve the health outcomes for Pacific peoples (HRC, 2004, p. 15).

Focus on relationships

In consultation with Pacific peoples, the HRC proposes ten essential principles for guiding ethical research relationships: respect; cultural competency; meaningful engagement; reciprocity; utility; rights; balance; protection; capacity building, and participation (HRC, 2004).

Levels of indicators

The HRC (2004) has developed a continuum model to ascertain the level of Pacific involvement and benefit from Pacific research. It can be seen from Table 2 that research which moves from relevance to governance across the table provides more opportunity for capacity and capability development of Pacific researchers and their communities. Having reviewed policy developments and documents which incorporate Māori and Pacific people-centred processes respectively, the ways in which policies for these two groups are similar (such as consultation and involvement, empowerment models, and the rejection of cultural deficiency models) as well as the ways in which they differ (such as indicators of research quality) are discussed.

Table 2 Levels of indicators to define Pacific relevance, Pacific partnership and Pacific governance

Pacific relevance ➡	Partnership ➡	Governance
Some Pacific participants	Pacific researchers on the research team	Pacific-led research team
Pacific health priority issue	Pacific population focus	Pacific research paradigms
Consultation with Pacific peoples (e.g. a mainstream study identifying a Pacific proportion to be sampled)	Formal training opportunities to build Pacific health research capacity	Pacific population focus
Pacific population and/or Pacific dataset	Targeted Pacific dissemination	Pacific data analysis
Training opportunities for junior Pacific researchers		Pacific outcomes
Pacific dissemination		Pacific ownership
Pacific Advisory Committee		

Culturally safe research

There is one significant difference between the population groups, firstly in terms of the unique status of Māori as *tangata whenua* and treaty obligations, which means that the frameworks and strategies have legislative power. However, there are far more similarities. Kearns and Dyck (2004, p. 79), recommend that the following are necessary for research to be culturally safe:

- respect for the cultural knowledge, values and practices of others
- an awareness of one's own way of seeing and doing
- analysis of the effect of our actions on the knowledge that is produced.

Culturally safe research is supported by Māori- and Pacific-centred frameworks that value not only the content of knowledge but the process through which research is conceived, produced and justified as knowledge (DeSouza, 2004b). This is because research is 'an active process, engaged in by embodied subjects, with emotions and theoretical and political commitments' (Gill, 1998, p. 24) that impact on the research process. Methodology and research design are far from neutral and 'we inevitably bring our biographies and our subjectivities to every stage of the research process, and this influences the questions we ask and the ways in which we try and find answers' (Cameron *et al*, 1992, p. 5).

Researchers also have a pivotal role in shaping the research encounter through the theoretical, ontological, personal and cultural frameworks that they hold (Luttrell, 2000), which makes it vitally important for the researcher to reflect on their multiple positionings and identification with groups, the political implications of their work and the context of unequal power relations, so that they can produce research that is both plausible and reflects better the voices of those being researched (Easterby-Smith and Malina, 1999).

The Māori- and Pacific-centred frameworks go further, emphasising communal rather than individual benefits, and the need for not just inclusion but empowerment. These involve going beyond the individual researcher's career and professional development, to the development and wellbeing of the larger community. Although by no means exhaustive, Table 3 highlights the similarities and differences between Māori- and Pacific-centred processes with the status of ethnic research included.

Both population groups are priority populations in the HRC's policy framework, which is focused on identifying and addressing needs and issues for these groups through research investment. Both Māori and Pacific frameworks argue for self-determination and the use of insiders of the community being studied; for example, 'While it is preferable to use Pacific researchers, where there is a limited pool of Pacific researchers available, it may be necessary to use non-Pacific researchers' (Anae *et al*, 2001, p. 10). This essentialist position, where the 'insider' is privileged, does not mean that stereotyping or other exclusionary processes will not occur, particularly if the researcher is working within a Eurocentric paradigm. Hence it is necessary for all researchers to avoid the reinforcement of prevailing and widely accepted patterns of domination and colonial practices that can be embedded in institutions. The notion of insider rests on an essentialist construction of identity leaving little room for multiple and shifting identities (DeSouza, 2004b), but Bishop (2003) argues that it is a strategic position to occupy as long as it allows for an ongoing fluid and dynamic process of cultural reference and reconstruction.

Implications for an ethnic framework

Guidelines produced by the Office of Ethnic Affairs offer a starting point for consulting ethnic communities, including Asian communities (Bishop, 2003). An example of good practice is the recently launched Creative New Zealand research project looking at Asian participation in and access to the arts, where members of Asian communities have been recruited into their advisory groups to guide the research process, and consulted on the research process. Capacity is being enhanced through the Building Research Capacity for the Social Sciences (BRCSS) New Settler research development. This is a cross-institutional research network of around 30 major funded social science research programmes in New Zealand. This development is promising, and a key aim is to 'enhance the capability and capacity of the national social science research community, especially for new emerging researchers and with particular attention to the research needs of Māori, Pacific and New Settler communities' (Spoonley and Thorns, 2006, p. 1).

Recently completed research projects have identified the need for universal (umbrella) and particular (ethnic-specific) research. The needs of long-term settled communities have been brought into focus with the launch of the *Asian Health Chart Book* (Ministry of Health, 2006), which demonstrated the need to focus not only on new migrants but also on longer term settled migrant Asian communities. Major differences in health and health service use between recent migrants and longstanding migrants show that that recent or first-generation migrants have better health status than longstanding migrants or the New Zealand born, demonstrating the acculturative effects

Table 3 Summary of strategies used in research frameworks

Strategies	Māori	Pacific	Ethnic
Consultation throughout the process	Article 2 and 3	Pacific communities engaged in the research	Under-developed
Self-determination	Māori at the centre, involved, methodologies, benefits to community	Pacific people more than subjects of research	Under-developed
Capacity	Training and supervision, research skills transferable	Mentoring and training of Pacific researchers as well as ability of communities to access and use research	BRCSS
Community benefits/ reciprocity	Māori health development not just individual academic	Optimal health for Pacific people with the best health outcomes. Demonstrable impact enhances knowledge, understanding, and responsiveness. Protection. Continuum model of involvement and benefits from research	Still at level of relevance rather than partnership or governance
From deficit to potential	Multidimensional, investment in Māori versus institutions	Building on strengths	Under-developed
Cross-cultural skills	Researchers from dominant culture learn from Māori	Can be undertaken by Pacific and non-Pacific but should show link with Pacific values, knowledge bases and community	Under-developed
Justifying exclusion	Ensuring that the gains of research are shared with Māori	Not appropriate under the Treaty	Not appropriate under the Treaty
Universal and particular	Article 2 of treaty (Māori development) and Article 3 (sharing gains of research)	Need for Pacific data to be disaggregated. Differences between Island and NZ born	Asian chart book development
Alternative indicators	Not discussed in the documents referred to in this paper	Beyond peer review and quality assurance, also endorsement of Pacific communities and media, dissemination and uptake of research findings by Pacific media, researchers and communities	Under-developed
Relationship indicators	Valuing relationships	Communal contact, respect, cultural competency, reciprocity, etc.	Under-developed
Differences between groups	Strategic essentialism use of Māori	Need for Pacific data to be disaggregated. Differences between Island and NZ born	Asian chart book development
Recognising cultural paradigms	Kaupapa Māori	Pacific research characteristics	Under-developed
Development of research strategy	Embedded in policy documents and processes	Scholarship opportunities, awards, promoting research, developing networks, funding opportunities	BRCSS

of the dominant culture and the dissipation of the selection effect (McDonald and Kennedy, 2004). The *Asian Health Chart Book* (Ministry of Health, 2006) stratified within the 'Asian' grouping along two axes – ethnicity and settlement history – and analysed three ethnic groups separately – Chinese, Indian and 'Other Asian'. However, as seen in Table 3, an ethnic research framework is in need of development, for despite the gains outlined, ethnic research remains at the level of relevance rather than partnership or governance.

Conclusion and recommendations

Now that the Asian population has overtaken that of the Pacific peoples and is predicted to continue to increase, there is a need to ensure that a more strategic research response to New Zealand's changing demographics is developed for an Asian health agenda. Research outcomes and processes must contribute to the wellbeing and development of Asian communities. Consideration needs to be given to how research is made culturally safe and, from a more strategic perspective, how research responds to New Zealand's changing demographics. Future developments in ethnic health research need to heed the unique status of Māori and learn from the experiences of both Māori and Pacific peoples, thereby minimising the risk of reproducing deficiency discourses.

Clearly, research with Asians must benefit Asian communities, not just researchers, academic institutions and government. Incorporating an Asian perspective and team members in expert research teams benefits not only Asian communities but also communities of researchers. Pan-Asian research can provide advocacy and numbers for system change, while more specific information can benefit the diverse needs of the different communities within this group. Mentoring, training and capacity building of Asian researchers require institutional support and leadership. A balance must be struck between addressing needs and pathologising and marginalising groups. A shift from a deficit-based approach to a strengths-based one holds promise. For all of this to occur, research design and methodology need to include mechanisms for building relationships, culturally appropriate methodologies, and development of researchers who are culturally safe and competent, and develop ways in which research findings can be fed back to communities in ways they can utilise and endorse and ensure reciprocity and partnership.

Based on the foregoing discussion, it is recommended that research projects be transformed from being relevant or about Asian communities to being conducted in partnership with Asian communities. Asian community governance and co-ownership of research projects should be encouraged. Such a shift requires resourcing, leadership and strategic development within an emerging Asian health research agenda. In summary this paper recommends that researchers, funders and policymakers consider:

- incorporating sound consultation processes throughout the lifecycle of the research
- identifying 'Asian'-appropriate methodologies that position Asian worldviews at the centre, thus providing an opportunity for new and innovative methodologies to emerge
- including Asian participants in general population research to a greater extent than currently occurs
- maintaining accountability and integrity by utilising alternative indicators of research quality, such as endorsement and dissemination by Asian advisory groups, communities and media
- developing a national Asian health research strategy that promotes networking and partnership rather than competition for scarce funding, and which works towards minimising gaps and duplication
- creating guidelines for developing ethical research-based relationships with Asian communities.

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REFERENCES

Allman KKM (1992) Race, racism, and health: examining the 'natural facts'. In: Thompson JL, Allen DG and Rodrigues-Fisher L (eds) *Critique Resistance and Action: working papers in the politics of nursing* (pp. 35–53). New York: National League for Nursing, pp. 35–8.

Anae M, Coxon E, Mara D, Wendt-Samu T and Finau C (2001) *Pasifika Education Research Guidelines*. Wellington: Ministry of Education.

Asian Public Health Project Team (2003) *Asian Public Health Project Report*. Auckland: Ministry of Public Health Directorate.

Bartley A and Spoonley P (2004) Constructing a workable multiculturalism in a bicultural society. In: Belgrave M, Kawharu M and Williams DV (eds) *Waitangi Revisited : perspectives on the Treaty of Waitangi* (2e). Auckland, NZ: Oxford University Press, 136–48.

Beaglehole A (2005) *Immigration Regulation*. www.teara.govt.nz/NewZealanders/NewZealandPeoples/ImmigrationRegulation/en (accessed 8 December 2006).

Bishop R (2003) Changing power relations in education: Kaupapa Maori messages for 'mainstream' education in Aotearoa/New Zealand. *Comparative Education* 39:221–38.

Collins PH (1990) *Black Feminist Thought*. Boston: Unwin Hyman.

DeSouza R (2004a) *The Art of Walking Upright Here: realising a multi-cultural society*. Paper presented at the Kiwi Indian Seminar Series, Stout Centre, Victoria University, Wellington, New Zealand. Available at: www.asian.org.nz/files/desouza.pdf

DeSouza R (2004b) Motherhood, migration and methodology: giving voice to the 'other'. *The Qualitative Report* 9:463–82.

Duncan E, Schofield G, Duncan S, Kolt G and Rush E (2004) Ethnicity and body fatness in New Zealanders. *Journal of the New Zealand Medical Association* 117(1195). Available at www.nzma.org.nz/journal/117-1195/913/

Easterby-Smith M and Malina D (1999) Cross-cultural collaborative research: toward reflexivity. *Academy of Management Journal* 42(1): 76–92.

Gill R (1998) Dialogues and differences: writing reflexivity and the crisis of representation. In: Henwood K, Griffin C and Phoenix A (eds) *Standpoints and Differences: essays in the practice of feminist psychology*. Sage: London, pp. 18–45.

Health Research Council of New Zealand (HRC) (1998) *Guidelines for Researchers on Health Research Involving Maori*. Auckland: Health Research Council of New Zealand.

Health Research Council of New Zealand (2004) *Guidelines on Pacific Health Research*. Auckland: Health Research Council of New Zealand.

Ip M (2005) Chinese. Available from: www.TeAra.govt.nz/NewZealanders/NewZealandPeoples/Chinese/en (accessed 3 June 2006)

Kearns R and Dyck I (2004) Culturally safe research. In: Wepa D (ed) *Cultural Safety*. Auckland: Pearson Education New Zealand, pp. 79–89.

Luttrell W (2000) 'Good Enough': methods for ethnographic research. *Harvard Educational Review* 70(4):499–535.

McDonald JT and Kennedy S (2004) Insights into the 'healthy immigrant effect': health status and health service use of immigrants to Canada. *Social Science and Medicine* 59:1613–27.

McNicholas P and Barrett M (2005) Answering the emancipatory call: an emerging research approach 'on the margins' of accounting. *Critical Perspectives on Accounting* 16:391–414.

Ministry of Health (2005) *Te Orau Ora: Pacific mental health profile*. Wellington: Ministry of Health.

Ministry of Health (2006) *Asian Health Chart Book 2006*. Wellington: Ministry of Health.

Mohanram R (1998) (In)visible bodies? Immigrant bodies and constructions of nationhood in Aotearoa/New Zealand. In: Plessis RD and Alice L (eds) *Feminist Thought in Aotearoa, New Zealand*. Auckland: Oxford Press, pp. 21–9.

Narayan U (1992) The project of feminist epistemology: perspectives from a non-western feminist. In: Jaggar AM and Bordo SR (eds) *Gender/Body/Knowledge: feminist reconstructions of being and knowing*. New Brunswick: Rutgers University Press, pp. 256–69.

Paotonu R (2006) Ministry of Pacific Affairs Presentation. *Setting the Scene*. Paper presented at the National Diversity Forum, August 2006, Wellington.

Rasanathan K, Craig D and Perkins R (2004) *Is 'Asian' a Useful Category for Health Research in New Zealand?* Paper presented at the Inaugural International Asian Health Conference: Asian Health and Wellbeing, Now and into the Future, New Zealand.

Rasanathan K, Ameratunga S, Chen J *et al* (2006) *A Health Profile of Young Asian New Zealanders who Attend Secondary School: findings from Youth 2000*. Auckland: The University of Auckland.

Ringold D (2005) Accounting for diversity: policy design and Maori development in Aotearoa New Zealand. www.fulbright.org.nz/voices/axford/ringoldd.html (accessed 8 December 2006).

Scheurich JJ and Young MD (1997) Coloring epistemologies: are our research epistemologies racially biased? *Educational Researcher* 26:4–16.

Scott A, Phillips H, Moore A and Du Plessis R (2005) Ethics in practice: conversations about biobanks. *Critical Public Health* 15:359–68.

Smith G (1997) *The Development of Kaupapa Maori: theory and praxis*. PhD thesis. Auckland: The University of Auckland.

Smith L (1999) *Decolonizing Methodologies Research and Indigenous Peoples*. Dunedin: University of Otago Press.

Spoonley P (2001) Transnational Pacific communities: transforming the politics of place and identity. In: Macpherson C, Spoonley P and Anae M (eds) *Tangata o Te Moana Nui: the evolving identities of Pacific peoples in Aotearoa/New Zealand*. Palmerston North, NZ: Dunmore, pp. 81–96.

Spoonley P and Thorns D (2006) Innovative networking: a national social science network in New Zealand. www.ncess.ac.uk/events/conference/2005/workshops/access_grid/ncess2005_lloyd_paper.pdf (accessed 8 December 2006).

Statistics New Zealand (2002a) *2001 Census. Asian People. Reference Reports*. www.stats.govt.nz/people/communities/ asianpeople.htm (accessed 8 December 2006).

Statistics New Zealand (2002b) *Census Snapshot: cultural diversity*. www.stats.govt.nz/products-and-services/Articles/census-snpsht-cult-diversity-Mar02.htm (accessed 8 December 2006).

Statistics New Zealand (2006) *QuickStats National Highlights: Cultural diversity*. www.stats.govt.nz/census/2006-census-data/national-highlights/2006-census-quickstats-national-highlights.htm?page-para006Master (accessed 21 December 2006).

Sullivan K (1994) Bicultural education in Aotearoa/New Zealand. In: Manson H (ed.) *New Zealand Annual Review of Education/Te Arotake a tau o te ao o te Mataurangi i Aotearoa*. Wellington, NZ: Victoria University, pp. 191–222.

Swarbrick N (2005) Indians. Available from: www.TeAra.govt.nz/NewZealanders/NewZealandPeoples/Indians/en (accessed 11 July 2005)

Swindells C (2006) Te Puni Kokiri presentation *Setting the Scene*. Paper presented at the National Diversity Forum, August 2006, Wellington.

Te Puni Kokiri (2005) *Te Puni Kokiri: briefing to the Incoming Minister*. Wellington: Te Puni Kokiri.

Tertiary Education Commission (TEC) (2003) *Performance-Based Research Fund: draft guidelines for assessing evidence portfolios that include Pacific research*. Wellington: Tertiary Education Commission.

Thakur R (1995) In defence of multiculturalism. In: Greif SW (ed) *Immigration and National Identity in New Zealand: one people, two peoples, many peoples*. Palmerston North, NZ: Dunmore Press, pp. 255–81.

Tuhiwai Smith L (1992) Maori women: discourses, projects and mana wahine. In: Middleton S and Jones A (eds) *Women and Education in Aotearoa 2*. Wellington, NZ: Bridget Williams Books, pp. 33–67.

Walker R (1995) Immigration policy and the political economy of New Zealand. In: Greif SW (ed) *Immigration and National Identity in New Zealand: one people, two peoples, many peoples*. Palmerston North, NZ: Dunmore Press, pp. 282–302.

Wittman L (1998) 'I live a fragmented life': cultural identity as perceived by New Zealand Jewish women. In: Alice RDP (ed) *Feminist Thought in Aotearoa, New Zealand*. Auckland: Oxford Press, pp. 57–68.

Workshop Organising Team (2005) Issues and Options Paper. *The Use of the Term 'Asian' in New Zealand and Implications for Research, Policy Development and Community Engagement*. www.wairua.com/ruth/docs/UseOfTermAsian -WorkshopPaper.pdf (accessed 8 December 2006).

CONFLICTS OF INTEREST

None.

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Census 2006

The 2006 Census found that European New Zealanders make up 67.6% of the population of people in New Zealand, 14.6% of people as Māori. Pacific Peoples make up 6.9% of the population, Asians 9.2% and Middle Eastern, Latin American and African people 0.9%. The Census also found that 11.1% of people identified themselves as New Zealanders (Statistics New Zealand, 2006).