

“Double Strangers”

Purity and Danger among Iranian Immigrant Women

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ABSTRACT

This thesis is the story of double strangers, the narratives of people who felt they had become ‘displaced forever’, displaced as a result of a sacrifice they made for their children. Double strangers are people who feel they are strangers in different dimensions of their lives. They are strangers in their home country, yet they are strangers in their adopted country, strangers within their old lifestyle and within their new one, and strangers to both old and new beliefs. They feel they will always be wanderers.

The findings that I present in this thesis are drawn from a qualitative study of the experiences of Iranian women, living in Australia with their husbands and small children. I employed an ethnographic research approach and interrogated two theories: purity and danger (Douglas, 1978) and social capital (Putnam, 2000). The research methods I used included in-depth interviews with Iranian women, service providers and key informants in Melbourne. I have spent extended hours undertaking participant observation at different social, cultural and religious events. To have a firsthand knowledge of the experiences of childbirth and hospital stays, I visited pregnant women at their homes and hospitals during their pregnancies and after childbirth; I accompanied one woman in labour and attended her caesarean section.

In this research, I have explored the complex intertwined relationships of various aspects of women’s lives. Women expressed that they had lost opportunities and avenues for sociability after migration, and became lonely; it was hard for them to build new networks. I have developed a model for in-group trust building (the ACS model), which shows the struggle immigrants face in building new social networks within their own community. Concerns over cultural purity, experiences of discrimination, geographical barriers and time constraints also inhibited women from establishing and expanding their social relationships. Less contact with other people in the society created stereotypes, which caused fear of

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(cultural) impurity, leading to a loss of and limited desire to expand social networks. Concerns over purity (both physical and non-physical) affected women in their different roles. As mothers, they were worried about their children's physical cleanliness and eating habits in Australia, and they were also concerned about their education attainments and cultural impurity. As wives, they faced tensions between being a 'good' wife based on patriarchal cultural values, and different women's rights and freedom in Australia; this sometimes led to marital conflict. At the same time, women felt that they had lost their informal resources. They struggled to find social support and to seek help from available formal institutions because of concerns over trust, confidentiality, and a desire to keep their lives private. These struggles took their toll on their emotional wellbeing, and the level of happiness and life satisfaction they experienced. Most of them believed that they would never again be as happy as they once were, but because of their children, they made the decision to bear the hardships they were experiencing. This suffering and the way in which they interpret their suffering made them resilient and strong, and helped them attain self-sufficiency and gave them the ability to focus on coping strategies such as spirituality and positive thinking.

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GLOSSARY

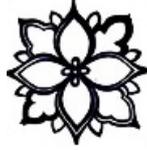
Acronyms

ABS:	Australia Bureau of Statistics
AC:	Australian citizen
AMEP:	Adult Migrant English Program
CEDAW:	Convention on the Elimination of All forms of Discrimination against Women
DIAC:	Department of Immigration and Citizenship
ENS:	Employer Nomination Scheme
IS:	International student
LGA:	Local Government Areas
MIC:	Migrant Information Centre
PPV:	Permanent Protection Visa
PR:	Permanent Residence
RCOA:	Refugee Council Of Australia
RDS:	Respondent Driven Sampling
RSMS:	Regional Sponsored Migration Scheme
SEIFA:	Socio-Economic Indexes for Areas
SHP:	Special Humanitarian Program
TIS:	Translating and Interpreting Service
UN:	United Nations
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

Persian words

<i>Ahriman</i>	Demon, evil spirit
<i>Ahura Mazda</i>	The creative deity
<i>Agha Mohandes</i>	Mr Engineer
<i>A'asab</i>	Related to nerve or neural
<i>Aramesh</i>	Calmness and tranquillity
<i>Barname keshvari madari imen</i>	The maternity health-care guidelines
<i>Behvarz</i>	Health worker
<i>Charshanbe Suri</i>	Wednesday Festival, Fire festival
<i>Divaneh</i>	Crazy, insane
<i>Enghelabe Farhangi</i>	The Cultural Revolution
<i>Ezterab</i>	Anxiety
<i>Farar-e maghzha</i>	Brain drain
<i>Farhangestan</i>	Persian academy
<i>Fedayan-e Khalgh Guerrillas</i>	Organisation of Self-Sacrificers
<i>Ghamgini</i>	Sadness
<i>Gharbzadegi</i>	Westoxication
<i>Gharibe</i>	Stranger/outsider
<i>Haft Seen</i>	Seven Ss (table)
<i>Kashf-e hijab</i>	Unveiling
<i>Hijab</i>	Covering (body and hair)
<i>Jebhe-ye Melli</i>	National Front
<i>Khane</i>	Home
<i>Khane Behdasht</i>	Health House
<i>Khane tekani</i>	Cleaning the entire house

<i>Khanom Dr</i>	Miss Doctor
<i>Kharej</i>	Outside or foreign country
<i>Khastegari</i>	Proposing
<i>Khodi</i>	Familiar/ insider
<i>Maraz-e a'sab</i>	Psychological illness
<i>Markaze Behdasht</i>	Health Centres
<i>Mahrye</i>	Bride price
<i>Majles</i>	Parliament
<i>Mujahedine-Khalgh [MEK]</i>	The People's Holy Warriors
<i>Namus</i>	Honour
<i>Nafaghe</i>	The husband's provision of the wife's daily expenses
<i>Na-rezayati</i>	Dissatisfaction
<i>Nowruz</i>	Persian New Year
<i>Rezayat</i>	Satisfaction
<i>Salamat-e ravan</i>	Mental health
<i>Salamat-e ruhi</i>	Emotional wellbeing
<i>Shadi</i>	Happiness
<i>Tanhaei</i>	Feelings of isolation and loneliness
<i>Tahvile sal</i>	The exact time of the spring equinox
<i>Tudeh party</i>	The People's Party of Iran
<i>Ulama</i>	Clergies



CHAPTER ONE

MOTHERHOOD IN A NEW LAND

Mother: What was your score in maths?

Boy: 18 out of 20

Mother: What? 18 out of 20?

Boy: Yes mum, it's a good score.

Mother: It's not. You could do better.

Boy: Come on mum, I've got the best score in the class. My friend got 8 and his parents don't care, why are you upset?

Mother: They are Aussies; you're Iranian, that's the difference. Our culture is different. Iranians must get 20; 20 is a good score! You must study hard and become a doctor or an engineer!

At the end of the year celebration at the Iranian Cultural School in December 2012, I was sitting in the front row, watching two students playing the role of an Iranian mother and son. The story was about the importance of education in Iranian culture and about cultural differences between Iranians and Australians in this regard. The audience burst into laughter when the player insisted on 'Iranian' cultural differences, proclaiming: "This is our culture, our culture is different." I heard members of the audience uttering in agreement: "So true!"

According to Betancourt (2004: 953), "culture is a pattern of learned beliefs, values and behaviours that are shared within a group; it includes language, styles of communication, practices, customs and views on roles and relationships ... culture shapes the way we

approach our world.” Many parents at the school believed that although their lifestyle had changed enormously after migration, Iranian culture still played an important role in all aspects of their lives. After four years of living in Australia, I had also developed new ideas about ways of living and thinking; the new lifestyle had also challenged my ideas about life. What is right or wrong does not hold the same meaning as it once did. Is ‘my’ culture better or worse than ‘others’? Should I and how can I behave according to my culture in an entirely different context? Should I teach my son to be Iranian; or should I be flexible so he does not feel ‘different’ at school? Am I a good Iranian mother if I am flexible? Should I push him to be a good student at school or let him enjoy his childhood? Should I encourage him to be independent and assertive, or is it better to keep him dependent and obedient? Should I resist or embrace ‘Australian’ culture? There are no right or wrong answers to these questions. The undeniable point; however, is that migration is a life changing event that challenges old beliefs and creates new ones.

Post-migration challenges start as soon as a migrant disembarks into the new country’s airport. *Hale shoma chetore. Man az Iran amadam. Man inja gharibe hastam.* What was your reaction to these sentences? Confused? Puzzled? You might wait to get a translation. But what if I do not give you a translation for these sentences? Through these sentences, I aimed to make you feel as confused as I felt on my first night in Australia. My English was not excellent, but it was good enough for me to communicate; however, the slang and the accents were different from those that I had learnt in Iran. In some situations, I felt embarrassed to ask for clarification, an experience that was echoed by many Iranian migrants who I met in Australia. The first time I met my supervisor (Professor Lenore Manderson) was one of those experiences.

I was looking for a supervisor to accept me as a PhD student at Monash University. Therefore it was a crucial meeting for me. I was punctual as usual, and met Lenore in her

office. We were going to start the meeting when the fire alarm went off and we had to evacuate the building. We went to a café then to have a coffee and to chat. Lenore asked me: “Black or white [coffee]?” I wondered what black or white coffee was! The popular hot drink in Iran is tea. When drinking coffee in Iran, I would distinguish between coffee with or without milk. It was an awkward moment for me. ‘Coffee is black, but what is white coffee? It was better to go for black, since I was familiar with that’, I thought. “Black, please,” I said. “Black? You sure?” Lenore asked. I said yes, confidently. When the waitress brought the coffees to our table, I learnt the difference. I am not fond of black coffee! But I drank my bitter black coffee, with three spoons of sugar!

As time went by, my English improved and I no longer experienced the same difficulties. However, a lack of language proficiency is not the only factor that creates confusion. If all post-migration changes were like a cup of black coffee that could be drunk with three spoons of sugar, life would not be so challenging. Alas, this is not the case. The confusion becomes more complicated when other factors such as cultural differences combined with poor language skill, leave migrants feeling unwelcomed.

During my fieldwork in Melbourne, I met Iranians who had lived in Australia as long as 30 years and still did not feel that they belonged. But after living outside of Iran for such a long time, they did not feel that they belonged in Iran either. They did not call anywhere home; some referred to themselves as “homeless.” I call people who feel strangers both at home and in their host country; *double strangers*. Although there were a few people who believed that they had two homes and did not feel strange in either place, among the hundreds of Iranians who I met during my time in Australia, only a handful of them could call both countries ‘home’. The feeling of being a stranger left some people uncertain about the future, and increased their desire to return to their country of origin. Some thought that it was better to go back to Iran when the feeling of being a stranger did not fade with time, but at the same

time, they were confronted by their children's resistance to leave Australia and return to Iran. Some found living in Australia unbearable and returned to Iran, only to find that they could not live there anymore, and so they came back to live in Australia. They felt that they were strangers everywhere. The old beliefs and lifestyle were strange, but so were the new beliefs and lifestyle. They felt they were double strangers.

The young women who participated in my research were first generation immigrants who had spent most of their lives in Iran and accordingly were socialised in an Iranian cultural setting. Their ideas about being a mother and wife had been shaped by years of living in and encountering Iranian culture in schools, in the media, and in society as a whole. How to act as a mother or wife was a reflection of what they had seen from their mothers and other women in the society. On the other hand, they were not passive actors or learners of culture. They were critical about what they had learnt, and they believed that one should select the best parts of both Iranian and Australian cultures. My participants actively pursued answers to the question of how to live as an 'Iranian' in an 'Australian' context, and how to balance social demands (especially for their children) and community demands of maintaining cultural purity. This was especially so among women who were practising Muslims. This thesis is the story of Iranian women, struggling to build a life in Australia, and of their efforts to decrease their feelings of being a stranger. I also explored the ideas of service providers and key informants about how Iranian families, especially women, adjust to their new lifestyle in Australia. To enrich my understanding, I observed people's interactions in their natural settings, and spent countless hours in informal conversations with Iranian men and women over three years of research.

Before presenting the content of the following chapters, I shall discuss the importance of studying motherhood in a new land.

Motherhood and migration studies

According to the United Nations Population Fund (2006), women immigrants account for nearly half of all international migrants. Before the 1970s, women were considered in most policy documents and scholarly analyses to be ‘secondary migrants’ who accompanied husbands or moved to join family members to perform the roles of mothers, sisters and daughters of male immigrants. The migration studies of this period and earlier were gender blind and male biased, considering women worthy of research only in their private sphere (Mahler & Pessar, 2006; Kofman, 1999; Morokvašić, 1984). However, the number of women as primary migrants has dramatically increased over the last decades (Haour-Knipe, 2013). This increasing number of immigrant women as economically active migrants precipitated changes in traditionally male dominated migration studies, and this has led to a growing body of gendered migration studies in different disciplines (Donato, Gabaccia, Holdaway, Manalansan & Pessar, 2006; Kofman, 1999).¹

One of the most striking results of these studies is that the experience of migration is not gender neutral (Chandra, 2011). Studies reveal that migrant and refugee women are more likely to have high rates of stress and psychiatric symptoms (Jafari, Baharlou & Mathias, 2010; Dennis, Janssen and Singer, 2004; Liamputtong & Naksook, 2003); at the same time they are more likely to be carers of family members and children (Ziaian, 2003; Melville, 1978). Simultaneously, migrant women often have less support after migration than they enjoyed in their home countries, and less access to services in the host countries (Vasey & Manderson, 2010; Liamputtong, 2006; Liamputtong & Naksook, 2003; Ornelas, Perreira, Beeber, & Maxwell, 2009; Spitzer, Neufeld, Harrison, Hughes & Stewart, 2003).

¹ Using the Web of Knowledge database (26/2/2013), since 1970 around 12,979 articles with women and migration as the key terms were published. However, by limiting the results to articles published in anthropology and psychology studies, the number drops to 1168, the majority of them (931 out of 1168 articles) were published in the last two decades.

There is an enormous difference in the experience of migration between women with or without children. According to Liamputtong (2006), for migrant women who already faced challenges with migration, motherhood becomes a double burden. Bhopal (1998:485) argued that although there are a considerable number of studies concerned with migration and motherhood; the majority of them are from a “white, western perspective, neglecting divisions based upon ‘race’ and ethnicity. It is possible that women from different ethnic groups may have a varied experience of motherhood.” In the last two decades there has been a steady increase in research about immigrant mothers.¹ Increasing attention has been paid to transnational motherhood, and the difficulties that women face when, for economic or political reasons, they live in a different country to their children.² Pregnancy and the experience of childbirth among migrant communities are also crucial areas that have attracted significant consideration, partly because new young immigrant women are most likely to interact with health and medical professionals in relation to pregnancy, delivery, antenatal and postnatal care, when cultural differences are especially obvious.³

Although according to the latest Australian Census in 2011, around 27 percent of the Australian population was born overseas with almost equal numbers of men and women,⁴ the

¹ Between 1967 and 26 February 2013, there were 641 articles about migrant mothers included in Web of Knowledge data base and by limiting the results to anthropology and psychology, the result dropped to 189 articles.

² See Bacigalupe & Cámara. 2012; Boccagni, 2012; Hewett, 2009; Fresnoza-Flot, 2009; Parreñas, 2005; Lauser, 2008.

³ See Janevic, Savitz & Janevic. 2011; Merry, Small, Blondel & Gagnon, 2013; Korinek & Smith, 2011; Collins, Zimmerman & Howard, 2011; Ahmed et al., 2008; Liamputtong & Naksook, 2003; Nahas, Hillege & Amasheh, 1999; Liem, 1999; Rossiter, 1999; Taylor, 1999; Rossiter, 1993.

⁴ In 2011, there were 98 males per 100 females in Australia. The number of males relative to females varied between birth place groups for the overseas-born population. The groups with the highest sex ratio included Nepal (144 - that is, 144 Nepalese-born men for every 100 Nepalese-born women in Australia), Afghanistan (143) and Pakistan (143). The countries with the lowest ratio of males to females included Japan (47), Thailand (49) and the Russian Federation (60) (Australian Bureau of Statistics (hereafter ABS), 2012b:1).

majority of whom were young people,¹ surprisingly, for the most part migrant women have remained hidden in Australian studies on motherhood (Liamputtong, 2003). The extant literature is limited to pregnancy and the postpartum period as experienced by immigrants,² perhaps because the majority of services for new mothers terminate after this period. For example, in Victoria, the Maternal and Child Health Service offers ten free consultations from childbirth to when the child is three and half years. These consultations include home visits after delivery which are most frequent in the first months after childbirth (at two, four and eight weeks), when new mothers can talk with the health provider about their own health issues as well as their children's growth, development and immunisation. New mothers then need to wait until their children reach the next key ages for free consultations (at twelve and 18 months; and again at two and three and half years) (Department of Education and Early Childhood Development, 2013). There is less attention on how migrant mothers approach the challenges of motherhood after infancy, and especially when the children start preschool and school, when they are exposed to other Australians and to what Iranian immigrant women regard as 'Australian culture'. The number of studies declines further when we include women from an Iranian background in the Australian literature on migrant motherhood, although the numbers of immigrants from Iran are increasing steadily.³

Two exceptions are studies conducted by Ziaian (2003) and Jamarani (2012b), although these authors do not deal with motherhood directly. I was inspired by Ziaian's PhD thesis in the first stages of my doctoral research. In a mixed method study about the

¹ The median age at arrival for people who migrated between 2007 -2011 was 27 years old (ABS, 2012b).

² For example: Goyal, Wang , Shen, Wong and Palaniappan, 2012; Lagerberg and Magnusson, 2012; O'Mahony, Donnelly, Raffin-Bouchal and Este, 2012; Collins et al., 2011; O'Mahony, 2011; Mirmolaei, Amelvalizadeh, Mahmoudi and Tavakol, 2011; Lansakara, Brown and Gartland, 2010; O'zsoy and Katabi, 2008; Dennis et al., 2004; Nahas et al., 1999

³ In the 2011 Australian census, Iran was among the countries with the lowest population, but Iranian-born was one of the fastest growing communities, with numbers increasing by around 68 percent between 2006-2011 (Victorian Multicultural Commission, 2012).

psychological challenges and coping strategies of 209 Iranian women in Victoria, South Australia and New South Wales, Ziaian (2003), investigated how women's position in the family changed and how women coped with various aspects of acculturation after migration to Australia. Ziaian described how Iranian women faced post-migration challenges, including separation from family and friends, lack of English proficiency, difficulties in raising children and financial difficulties that affected their mental health. She paid little attention, however, to the role of Iranian women as mothers.

In *Identity, Language and Culture in Diaspora*, Jamarani (2012b), investigated how migration challenged the identity of 15 Iranian women in Queensland, Australia. Through in-depth interviews, participant observation and a questionnaire, she attempted to explain the fluidity of identity among these women. Although she broadly discusses the identity challenges and difficulties that immigrants experience, including language and cultural change, again she only summarily addresses the difficulties that women face as mothers.

Throughout this thesis, I attempt to contribute to the existing literature on motherhood and migration by examining the complexity of post-migration challenges for Iranian mothers. I interpret women's experiences, and the challenges they face with migration, by drawing on two theoretical traditions. In the first instance, I draw on Mary Douglas's ideas of purity and danger (1978); in the second, on Putnam's work on social capital (2000). Bringing these two theoretical streams together, I explain how concerns over purity (both physical and non-physical) limited women's attempts to establish, maintain and expand their social capital, and how this limited social capital reinforced their concerns over purity, leading to my participants distinguishing people as *khodi* (insiders) and *gharibe* (outsiders). Limited social capital reduced their opportunities to understand the new culture and ideas, and hindered them from seeking and accessing help when it was needed.

Purity and danger in the context of migration

In her seminal book, *Purity and Danger: An analysis of the concepts of pollution and taboo*, first published in 1966, Mary Douglas described how ideas of pollution and taboo operated in different cultures and times, illustrating what she saw to be differences between 'primitive' and 'modern' cultures. Although a comprehensive exegesis of this book might be inspiring, this is not within the scope of my thesis. I am concerned rather to describe aspects of Douglas's work that are especially relevant to my study. Although Douglas did not specifically focus on migration, I have applied her ideas to the study of immigrants' attitudes toward new experiences and lifestyles in the host countries.

I begin with her description of 'dirt' as "matter out of place." This, Douglas suggests: "implies two conditions: a set of ordered relations and a contravention of that order. Dirt then is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements" (1978:35). Douglas argues that this definition of dirt "leads us straight into the field of symbolism and promises a link-up with more obviously symbolic system of purity" (ibid: 35). She uses the concept of schema to describe how humans perceive patterns. She asserts that as perceivers, we actively "select from all the stimuli falling on our senses only those which interest us, and our interests are governed by a pattern-making tendency, sometimes called schema" (ibid: 36). Immigration to places that are culturally, socially, economically, and politically distinct from immigrants' homelands create new experiences that do not often fit with their schema. These new experiences create an ambiguity, which puts the purity of the system - immigrants' lifestyle and belief system - in danger. According to Douglas, exposure to ambiguity - in my research new experiences after migration - results in two kinds of responses. Immigrants may accept the changes, modify the structure of their assumptions, and later act according to a new

schema, or they may resist modifying their system of beliefs and confront these ambiguities. This resistance towards changes may imply a symbolic fear of impurity.

Douglas describes the role of culture in contextualising schema. She believes that culture, with its authority, plays an important role in the standardisation of values of a community and mediating the experiences of individuals. Culture provides some basic categories and a positive pattern to organise ideas and values. Since culture is a public matter and internalised, a person cannot easily revise or modify it. When an individual attempts to modify the culture, based on new experiences, she or he will risk confronting other cultural patterns because “any given culture must confront events which seem to defy its assumptions ... this is why, I suggest, we find in any culture worthy of the name various provisions for dealing with ambiguous or anomalous events” (ibid: 39).

What happens when migrants face experiences that do not fit in with any of their previous schema? Which aspects of a migrant’s life are affected by this process of modifying the schema or resisting any changes? These are some of the questions that needed to be explored and that I explain in this thesis.

Social capital

Empirical studies about the role of society in shaping individual behaviour date back to at least the 1840s when the French politician Alexis De Tocqueville drew attention to the relationships between social conditions and the rising level of living standards especially in American society (Halpern, 2005). Emile Durkheim’s seminal work on suicide in 1897 is another early example of the relationship between social networks and people’s behaviours, in this case exploring the way in which particular social formation lead to alienation and the desire to self-destruct. Durkheim found that suicide was lower among people who were better integrated into society and for him, people’s behaviour, even a very individualistic act like

suicide, could not be explained without considering its relationships to the society at large (Putnam, 2000; Halpern, 2005). Inspired by these and other early scholars, contemporary researchers such as Bourdieu, a French sociologist, and Coleman, an American sociologist, attempted to systematically define and analyse social capital (Portes, 1998). Bourdieu defined social capital as “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition” (1985: 248). He considered social capital as a resource for individuals, which could be transferred to other kinds of capital, such as economic and cultural capital. Coleman focused on the productivity of social capital, “making possible the achievement of certain ends that in its absence would not be possible” (1988:98). However, it was Robert Putnam’s studies of social capital that specially caught the attention of contemporary researchers (see Putnam, Leonardi & Nanetti, 1993; Putnam, 1995, 2000, 2004 & 2007). Putnam (1995: 664) defined social capital as “features of social life-networks, norms and trust - that enable participants to act together more effectively to pursue shared objectives.”

Social capital is a multidimensional concept and there is diversity in defining its components. According to McKenzie and Harpham (2006), social capital consists of at least three dimensions: structural/cognitive, bonding/bridging and horizontal/vertical. In their description, the structural dimension of social capital refers to relationships, networks, associations and institutions, such as might occur in faith-based groups, local communities or the percentage of people who do volunteering jobs in a specific area. The cognitive dimension includes values, norms of reciprocity, and ideas of civic responsibility. Bonding (exclusive) social capital refers to the relationships between people from the same group (e.g. the same ethnicity). While bonding social capital refers to ‘strong ties’ among members of a homogenous group, bridging (inclusive) social capital is explained as the ties that tend to

bind diverse people together (McKenzie & Harpam, 2006; Putnam, 2000). Putnam (2000: 22) believed that:

Bonding social capital is good for undergirding specific reciprocity and mobilising solidarity. Dense networks in ethnic enclaves, for example, provide crucial social and psychological support for less fortunate members of the community, while furnishing start-up financing, market, and reliable labour for local entrepreneurs. Bridging networks, by contrast, are better for linkage to external assets and for information diffusion.

Finally, horizontal social capital is the relationship between people from the same strata of society, encompassing all bonding, bridging, structural and cognitive dimensions (e.g. bonding between upper class children of the same school or bridging through membership of an expensive club). Vertical social capital, in contrast, refers to hierarchical (e.g. patron-client) relationships between people from different strata in society (Putnam, 2000).

In my thesis, I look at the first two dimensions of social capital – structural/cognitive and bonding/bridging capital - as participants mostly referred to relationships that could be categorised according to these specific dimensions. The structural dimension of social capital in this research can be illustrated through various Iranian organisations, such as the Iranian Cultural School and different Iranian events (see chapter 3) that bring Iranians together with the cognitive aspects of social capital including norms, values and customs. I also explore bonding social capital, as described by Putnam, as it occurs in Iranians' relationships with other Iranians and bridging social capital as more typically occurring through relationships with Anglo-Australians. I consider how this dichotomy is inadequate in relation to Iranians' version of social capital. As mentioned above, social relationships and networks enable the

production of social capital. The dilemma for immigrants and specifically, in my thesis, Iranian women, is to build and expand bridging social capital. Putnam (2000) has defined bridging social capital as establishing and allowing people to build diverse networks that bring them a range of resources. Access to bridging capital allows immigrants to have access to new resources, which can result in housing and job opportunities, and financial support. However, immigrants rely primarily on bonding social capital, accessible through primary relationships with other people in the same community; through these ties they have immediate access to social and psychological support. Bonding social capital, however, does not automatically produce bridging social capital; indeed, in many cases the ties within groups that allow bonding capital may discourage bridging capital. One important question is what kind of factors inhibit people's ability to build bridging social capital. The notion of purity and danger, as Mary Douglas (1978) has explained this, is a helpful tool to discuss why Iranian immigrants often feel safer within their own community or smaller, family-based networks, and so fail to build relationships with 'strangers' that may produce bridging capital. People's sense of unsettled cultural purity, and their perception of differences between 'themselves' and 'other' cultures, erode their desire to build new networks. Although Douglas primarily explained the notion of purity and danger as symbolic, it is both symbolic and literal. As I will show in the thesis, the notion of purity plays roles in the everyday life of the participants. Symbolically, this is reflected in their concerns over purity and a perceived danger that inhibited women from building relationships with people different from them in terms of culture, language, religion or life style. Literally, it inhibited women from making relationships based on their concerns over cleanliness and eating habits, as I discuss in chapters five and six.

The importance of social capital

There is a substantial literature describing the role of social capital in economic growth, educational attainment, health and wellbeing and safety (Halpern, 2005). Putnam (2000:138) suggested that “where levels of social capital are higher, children grow up healthier, safer and better educated, people live longer, happier lives and democracy and the economy work better.” Halpern (2005) stated that people who have wide social networks, and are able to trust others, have lower rates of unemployment and higher earnings. An extensive social network increases the opportunity to contact potential economic partners and to secure advice or information about job vacancies (Putnam, 2000).

A high level of social networks and trust appear to reduce the crime rate (Putnam, 2000; Halpern, 2005). People who have lower trust and fewer intimate relationships are at greater risk of becoming offenders or victims of crime. In a study of social capital and crime in the Netherlands, Akcomak and Weel (2012) found that the crime rate was higher in areas that had lower social capital. They explained that where charity, blood donations, voting and trust (all suggesting individual social capital) were high, the overall level of crime incidence was low; however, the presence of foreigners (and so diversity) and a high divorce rate (suggesting some social instability) were associated with an increased rate of crime. A recent study in Japan (Takagi, Ikeda & Kawachi, 2012) also describes neighbourhoods with lower trust, perceptions of reciprocity and social networks as experiencing a higher incidence of crime.

Trust has been consistently a core idea in debates around the effects of diversity in social capital and social cohesion. Putnam (2007) summarised these debates into three hypothetical categories: contact, conflict and constrict. According to contact theory in diverse societies, the more contact people have with people from different backgrounds, the more

they trust them. The conflict hypothesis, in contrast, states that diversity decreases trust among people from different backgrounds, although at the same time it increases in-group solidarity.

Putnam (2007: 137), however, in his constrict theory, argued that diversity - at least in short term - decreases both in-group and out-group trust. He stated that diversity fosters isolation and that in societies characterised by diversity, people “tend to hunker down,” and close rank against other groups. Putnam took American society as an example, to show how the level of trust reduced with growing diversity due to migration. This alarming argument led to a series of studies with inconsistent results. While some scholars concluded that diversity erodes social capital including trust,¹ others have argued that diversity per se is not responsible for reducing the level of social cohesion and trust, but that other mediating factors such as segregation and a low level of contact between diverse peoples,² income inequality,³ and language diversity (Leigh, 2006) were important factors which could reduce trust.

In their book *Diversity, Social Capital and Cohesion*, Portes and Vickstrom (2011) argue that diversity is a positive aspect of the modern world, especially in societies where progress is slowing down because of ageing and small populations. They criticise empirical studies that suggest that migration and diversity drive down trust and social capital, for example, they state that “the discovery that migration reduces cultural homogeneity and communitarian is perfectly reasonable. The alarm following that discovery is not” (p: 474).

In a study about generalised trust in Denmark, Nannestad, Svendsen and Svendsen (2008) conducted over 1500 interviews with people from different backgrounds including Turks, Pakistanis, Somalis, Palestinians, Yugoslavs and Danes. Their findings show that

¹ Dinesen & Sonderskov, 2012, Putnam, 2000 & 2007; Alesina & La Ferrara, 2000 & 2002

² Uslaner, 2010; Lancee & Dronkers, 2011; Stolle, Soroka & Johnston, 2008

³ Fieldhouse & Cutts, 2010; Gerritsen & Lubbers, 2010

certain communities, such as Turks, Pakistanis and people from the former Yugoslav republics, had lower levels of in- and out-group trust than others, and they concluded that the communities that had less bonding social capital also had less bridging social capital. Therefore, diversity was not the only reason for less social capital among migrants in Denmark. Less in-group solidarity, however, reduces the opportunity to expand social ties with people from diverse backgrounds.

Using data from a survey in Britain with 25,000 people, Sturgis and colleagues (2011) also found that diversity does not drive down trust, although it may reduce contact between people from different ethnic groups. Less contact leads to a decrease in strategic trust (based on knowledge) and also generalised trust (i.e. trust in unknown people). Uslaner (2010) observed a higher level of trust among people who live in diverse and integrated communities, and who have contact with people from different backgrounds. In another study, Uslaner (2006) concluded that migrants who stay in close-knit communities develop high in-group trust but have less opportunity to build generalised trust.

Studies about the interaction between diversity and trust are mainly based on the assumption that in-group trust is a norm and out-group trust is an exception (e.g. Uslaner, 2006). Many scholars have treated migrant communities as homogenous groups, whose members are supposed to be able to enter into and integrate with their local communities upon arrival, and so establish new networks. Based on this assumption, the complexity of building in-group trust has been taken for granted. However, a few studies have addressed this complexity. In a qualitative study of Polish migrants in London, Ryan and colleagues (2008) found that although many participants received practical and emotional support from their Polish friends, they also suffered from mistrust from others within the wider Polish community. These interesting results show that Polish migrants who relied the most on their ethnic counterparts were the most dissatisfied with their relationships with other Poles,

because the dense in-group networks trapped them into exploitation and cheating. Ryan and colleagues (2008) also found that high levels of inter-ethnic relationships led to lower levels of out-group networks among Polish migrants.

Drawing on qualitative research in Australia, McMichael and Manderson (2004:93), observed that, Somali women experienced mistrust of other Somalis due to diversity in background, clan membership, and their positioning during the civil war. Some women expressed their disappointment with social ties after migration and stated that “you wouldn’t trust anyone here because you don’t know them.” Using European Election Study data in 25 countries, Gerritsen and Lubbers (2010) found that generally people are most likely to trust people from the same country. However people have less trust in people from their own country when their own community is more fractionalised (in terms of religion and ethnicity for instance) than the host population. They also observed that economic diversity was a mediating factor that reduced in-group trust more than occurred as a result of diversity per se.



In this thesis, I examine social capital through participants’ narratives of losing connectedness with family and friends on migration, and their struggles to build new social networks in Melbourne. I attempt to find answers to these questions: How do migrants experience loss of social capital? How do they overcome the struggle to build a social network? How do they establish trust with strangers, both from their own ethnic and language community, and the wider community? To what extent do concerns over cultural purity affect social capital, and so influence people’s efforts to build a new network? How do changes in social capital affect women’s experiences of motherhood, marital stability and emotional wellbeing? How do women overcome the tensions between motherhood and career in order to secure a livelihood? In the following chapters, I present the findings of my research based on these questions.

In Chapter Two, *Australia, a place to call home*, I provide a succinct account of the Australia's immigration history and Iranian migration to Australia. To understand participants' origins, I provide a brief history of Iran, Iranians and Iranian migration. As I am concerned with cultural issues and with gender, I also describe how women live and socialise in Iran.

In Chapter Three, *Researching wellbeing: my PhD journey*, I describe how and why I employed an ethnographic methodology to gather data. I describe methods of data collection, including in-depth interviews with 32 service providers, key informants and Iranian women, participant observation in social, cultural, religious and non-religious events, and visiting pregnant women in their homes and at hospitals during pregnancy and after childbirth. I discuss the process of analysing data, and I discuss the ethical issues and challenges that I faced during data collection.

In Chapter Four, *Bending the bonds*, I explore examples of social capital prevalent in the Iranian community in Australia. Using the notions of social capital explained above, I sketch women's lives in relation to other people in the community, and highlight how interactions, institutions and activities generate social capital within the Iranian community and with Australians. I explore how women felt about living far from their relatives. Belonging, social inclusion and exclusion are important components of this chapter. Trust, a key 'outcome' of social capital, was one of the main themes that emerged from the data and was a theme to which almost all participants referred. In this chapter, I develop and present a model of the process of trust building which I refer to as the ACS model (Action, Caution, Stability), referring to my understanding of how women establish trust and build new relationships after migration.

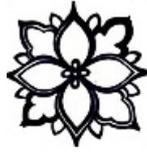
In Chapter Five, *Am I a good Madare Irani (Iranian mother)?* I present my findings concerning motherhood. Employing Mary Douglas's idea of purity and danger, in this chapter, I shed light on why and how, to a varying extent, migrants resist or accept new cultural norms and customs. Purity in this chapter refers to both physical and non-physical states including concerns over cleanliness, eating habits and cultural purity. I explore the way in which women feel their cultural heritage is under attack, and how they respond to this perception.

In Chapter Six, *Happily ever after?* I explore women's views about the sources of conflict that they experience after migration. I also examine service providers' and key informants' understandings of marital stability and sources of conflict among Iranian couples. I describe how the experience of a new lifestyle creates tension, especially within the areas of gender, power and women rights. I also examine how women's experiences of adjusting to an 'Australian way of life', creates a sense of danger to the patriarchal structure, and how men respond to this threat. In this chapter, I capture the experiences of educated and working women, and discuss their struggles to find a balance between their roles as mothers, wives and workers.

In Chapter Seven, *Behind closed doors*, I focus on women's help seeking behaviour after encountering a problem. I explore the kinds of resources (both formal and informal) women turn to. In this chapter, I examine the kinds of help seeking behaviour that are culturally accepted, and the barriers that hindered women's desire to seek help. As self-efficacy and resilience was one of the areas that women emphasised, I demonstrate how women define resilience and how the experience of migration influences their perceptions of resilience.

In Chapter Eight, *Mourning alone; The emotional wellbeing of Iranian women*, I analyse the effects of migration and the interrelationships of motherhood, social capital and marital stability on the emotional wellbeing of Iranian women.

In the final chapter, *Double strangers: Purity and danger in the context of migration*, I summarise the findings explored in the previous chapters, and I explain how different aspects of post-migration challenges intertwine. In this chapter I explore how notions of purity and danger operate in everyday life, and how these concepts shape social relationships. I explain experiences of being ‘double strangers’ and feelings of not belonging. I also explore the reasons for women’s decisions to tolerate the hardships related to migration, and their motives for desiring to stay in Australia.



CHAPTER TWO

AUSTRALIA: A PLACE TO CALL *KHANE* (HOME)

Indigenous Australians speak of Australia as their home from the time of creation, and archaeological evidence demonstrates that the continent has been inhabited for at least 50,000 years. Against this long history of settlement, Australian immigration history began with the decision to establish a new colony for Britain in 1787 and to populate the colony with convicts. The first eleven ships carrying prisoners and marine guards came to Australia in 1788, and over the next 80 years, some 160,000 convicts were sent and 3,540,000 others migrated freely to Australia. Although most convicts were British or Irish, they included some non-British prisoners from Asia, Africa, France and Canada. New South Wales was the first British colony to be established in Australia (1788), and this was followed by Tasmania (1825) and Western Australia (1829). In the first half of the 19th century, South Australia (1836), Victoria (1851) and Queensland (1859) were also established as non-convict colonies (Mackie, 2004).

Following the discovery of gold in 1851, the settler population in Australia almost tripled, from 400,000 people in 1851 to around one million just ten years later, and 2.25 million at the time of the first simultaneous colonial census in 1881 (Coghlan, 2011; Jupp, 2001). The gold rush attracted a large number of immigrants from European and non-European countries from diverse ethnic backgrounds, and the colonial governments allocated major expenditure to improve infrastructure such as railway and roads and to develop pastoral and construction industries to support the growing number of migrants. Australia

desperately needed labourers, leading the colonies to be called a “working-man’s paradise” because of its good weather, job opportunities and good wages (McDermott, 2011:174). Subsequently people from all around the world, including Europe from Germany, Italy and Sweden, from Asia including China, Afghanistan, Japan, India and the Malay archipelago, and the Pacific Islands, joined the gold rush and were subsequently involved in diverse industries and occupations. For example, many workers in the shipping industry were from Sweden, Afghan camel drivers helped with transportation, and Japanese and Malays dived off the north coast of Western Australia for pearls (Mackie, 2004).

Among the immigrants who arrived in Australia at the time of the discovery of gold, around 42,000 were Chinese, most of who arrived between 1851 and 1861. Of these 24,544 worked as miners, constituting 25 percent of all miners in 1861, others worked in various occupations including in self-employed small businesses such as shopkeepers, furniture makers, laundry workers, and hawkers of fish and vegetables (Keneally, 2011;Mackie, 2004; Collins, 2002). The large number of Chinese at the gold field was considered a threat by other mining labourers: they were accused of being immoral, a threat to the job security of others, spreading disease, being single and wanting to marry white women, and smoking opium. They were said to cause white women to be addicted to opium and so to precipitate moral degeneration. Non-Chinese miners and settlers complained about Chinese culture and their way of life (Keneally, 2011; Jupp, 2001; Mackie, 2004; Collins, 2002; Manderson, 1993). Conflict between and riots among Chinese and non-Chinese immigrants led the Government of Victoria to implement a quota system to limit the arrival of Chinese immigrants in 1855, four years after the discovery of gold (Jupp, 2001; Mackie, 2004; Hollinsworth, 2006).

Chinese immigrants were not the only group considered to be a threat to Australia. Afghan camel drivers, along with Hindus, Sikhs and Punjabi Muslims, were also the target of ‘anti-Asiatic’ discourse and organised racism in the colonies (Bilimoria, 1996; Jupp, 2001;

Mackie, 2004). For example, Afghan camel drivers in the 1860s could travel to restricted areas that neither horses nor bullocks could reach, and European teamsters of horses and bullocks could not compete with them. This led to conflicts and riots in Western Australia between cameleers and European teamsters. In 1894, an ‘Anti-Asiatic League’ was established in Coolgardie, Western Australia, which opposed the few Afghans who had miners’ rights in Western Australia, despite the fact that the Western Australian Act stipulated “Miners’ rights shall be issued to any person not being Asiatic or African aliens” (Cigler, 1986: 83). Various Anti-Asian groups in both Western Australia and Queensland protested against Afghan miners and cameleers. In 1895, the “Asiatic Races Restriction and Regulation Bill” and the “Camel Driving Restriction Bill” were proposed to the New South Wales Legislative Council to restrict Asian migrants, and although neither were passed, the general hostility to non-European settlers continued (Kabir, 2004: 55; Cigler, 1986; McConnochie, Hollinsworth, & Pettman, 1988).

Race theories such as Social Darwinism¹ in the 19th century provided theoretical rigour to such negative public reactions to the influx of Asians to colonial Australia. The idea of ‘the survival of the fittest’ was used to argue that white Europeans were the fittest and had the best chance to survive, and that weaker cultures would vanish naturally (Mackie, 2004; McConnochie et al., 1988). This theory influenced Australian politicians and journalists supporting the new labour movement in 1891, who believed that an influx of ‘inferior’ races, willing to work under inferior conditions for low wages, would eventually damage the labour market of Australia: they therefore argue that their resettlement should be prohibited. They

¹ Social Darwinism originated from Charles Darwin’s work in ‘*The Origin of Species*’ (1859). He argued that “each organic being is striving to increase at a geometrical ratio... has to struggle for life ..., and that the vigorous, the healthy and the happy survive and multiply (pp:78-79). He also claimed that “any being, if it vary however slightly in any manner profitable to itself, under the complex and sometimes varying conditions of life, will have a better chance of surviving and thus be naturally selected” (ibid:5).

also claimed that people of Asian races were less 'developed', lacked technological skills, and were unable to adjust to an Australian 'way of life' (Jupp, 2002; Levine-Rasky, 2002).

Race theories, conflicts between white and non-white workers, and the dream of creating a modern and white British Australia, all contributed to the introduction of the Immigration Restriction Act - the so-called 'White Australia Policy' - by the then deputy prime minister Alfred Deakin in 1901, as one of the first legislations of the new Commonwealth Parliament. The main purpose of the Immigration Restriction Act was to prevent the immigration of non-Europeans who were perceived as unable or unwilling to assimilate with the British-Australian lifestyle. Under the Act, immigration officers could exclude any unwanted immigrants legally, without referring to race, by administering a dictation test in any European language. People could be referred to sit for a dictation test in a language they could not speak, ensuring failure for many Asians and various Southern and Eastern Europeans (McDermott, 2011; Mackie, 2004; Jupp, 2001; Tavan, 2005b).¹ The White Australia Policy created an atmosphere of structural racism. Therefore similar to US and European countries, racism became a normal way of seeing (Bannerji, 1995) and a legal way of excluding unwanted immigrants. In 1901, Australia had a population of 3,773,801 persons, of whom 77 percent were Australian born. With the restriction of non-European immigrants, the composition of the Australian born population in 1947 had reached 90 percent, making Australia overwhelmingly white and of British origin (Jupp, 2001). After World War II (1939-1945), under the slogan 'populate or perish', a broad immigration strategy and fertility plan was introduced and Arthur Calwell, the first minister of the new Commonwealth Department of Immigration, announced that the population of seven million Australians should be increased by accepting 70,000 newcomers per year, mostly from

¹ . For example, a person from Greece might apply for a visa, but would be given a dictation test in Swedish rather than English, so ensuring failure.

Britain. From the outset, Australia failed to attract enough British immigrants to meet this goal, and so from 1947 and especially as a signatory to the '1951 Refugee Convention'. Australia started to recruit refugees from other European countries considered racially acceptable such as the Baltic and Slavic people, to work on large infrastructure projects (Castles & Miller, 2009; Markus, Jupp, & McDonald, 2009). Immigrants from Italy, Romania, Bulgaria and Hungary were accepted under peace treaties in 1948, and in the 1950s, Northern and Southern Europeans including people from Austria, Belgium, Greece, Spain, Poland, former Yugoslavia and former Czechoslovakia were also included as people who could adjust to 'an Australian way of life', and so were eligible and encouraged to immigrate to Australia (Castles & Miller, 2009; Jones, 1995). The inclusion criteria expanded over time, including in the 1960s, when Egyptians, Turks and Lebanese were considered eligible non-Europeans to migrate to Australia (Chapman, 2007, Basarin & Basarin, 1993; Jupp, 2001).

At the same time, Australia increased its participation in regional cooperation through mechanisms such as the Colombo Plan, which was "a collective concept of national effort complemented by external development assistance for socio-economic progress in South and South East Asia" (Colombo Plan Bureau, 1976: iv). Under the Colombo Plan, between 1951 and 1965, some 5,500 students, mostly from Malaysia, Indonesia, India, Pakistan and Sri Lanka, came to Australia for education and training. The Colombo Plan gave Australians an opportunity to build relations with people from Asia (Colombo Plan Bureau, 1976; Tavan, 2005a), as other policies, particularly educational, also began to emphasise the strategic importance of Asia to Australia.

Other changes in immigration policy were also introduced, including granting naturalisation to Asian spouses of Australians in 1956, the abolition of the dictation test in 1958, giving permission to highly qualified non-Europeans to immigrate to Australia in 1959,

reducing the right of non-Europeans to apply for naturalisation (citizenship) from 15 to five years in 1966, and increasing the number of non-European students able to enrol in Australian schools and post-secondary institutions. These changes, during a period of persistent debate about racism both internationally and domestically, helped to slowly dismantle the White Australia Policy. Finally, the policy was abandoned by both major parties, and the Labor Government announced its formal abolition in 1973. Thereafter, explicit discrimination against race, colour or nationality was prohibited (Palfreman, 1974; Gurry & Tavan, 2004; Jordan, 2006; Jupp, 2001; Tavan, 2005b).

Anti-discriminatory legislation such as the ‘Racial Discrimination Act’ in 1975, the ‘Racial Vilification Act’ in 1996, and the ‘Racial and Religious Tolerance Act’ in 2002, also prohibited “public acts of vilification, verbal abuse and hatred, on a range of grounds including race and religion” (Chapman & Kelly 2005: 203; Moreton-Robinson, 2004). However, researchers have illustrated that there are still forms of racism in Australian society that need more attention. Berman and Paradies (2010) argue that racism in Australia is increasing, and in a study of racism in Sydney, Melbourne and Perth, Dunn and colleagues (2009) found that 20-22 percent of their respondents (4020 residents across Australia participating in a telephone survey) reported experiencing ‘race hate talk’ including verbal abuse, name-calling and ridicule of their cultural background. In chapters four and eight, I discuss how women feel, perceive and understand racism and discrimination, and how this influences how women feel as Iranian mothers in Australia.

As mentioned above, Australia has experienced massive population growth since Federation in 1901. As already noted, the colonies had a population of 3,700,000 at the time of Federation, when the White Australia Policy was introduced. The population increased to nearly 7,500,000 by 1947, shortly after the end of World War II. With social policies designed to increase fertility and the active recruitment of immigrants to ‘populate or perish’,

the population had reached 9,842,000 in 1958. Labour shortages in industrialised countries, improvements in transportation, poverty, war and conflict in various parts of the world, lead to increasing numbers of refugees from Eastern Europe. All accelerated international migration growth and contributed to Australia being one of the major countries receiving immigrants, along with the USA, Canada and New Zealand. Australia was arguably the most diverse of these countries (Castles & Miller, 2009). With the abolition of the White Australia Policy, the Australia population has doubled in the past four decades, reaching 23 million people by May 2013. The proportion of overseas born people grew from three percent in 1901 to around 27 percent in 2011 from over 200 countries, 81 percent of who spoke a language other than English at home (ABS, 2012a & b; & 2010; Markus et al., 2009). As a result, Australia transformed from being one of the most British countries in the world to one of the most multicultural countries.

Immigration to Australia in 2013

People can apply to immigrate to Australia under the Migration or Humanitarian Program. Each of these programs has subcategories. The Migration Program is divided into a Family Stream and a Skilled Stream, as described below. The Humanitarian Program is divided into three sub-categories: an offshore category for refugees, a Special Humanitarian Program (SHP), and an Onshore Humanitarian Program.

Family Stream

Potential immigrants can qualify to be accepted under the Family Stream if they are the partners, fiancés, dependent children or parents of an Australian sponsor. There was a sharp decrease in the Family Stream intake, from 68.7 percent in 1995-96 to 47.7 percent in 1997-98, with a shifting government focus on increased skilled migration for economic reasons. In 1999-2000, some 32,000 persons were granted Family Stream visas, mostly from the

Peoples' Republic of China (PRC), the UK, the Philippines and Vietnam (Australia, Department of Immigration and Citizenship (hereafter DIAC), 2000).¹ Although the composition of the Family Stream intake decreased again from 42.2 percent in 1999-2000 to 32.9 percent in 2009-10, the number of people who were granted a Family Stream visa increased from 32,000 in 1998-99 to 55,000 in 2009-10. The top source countries for this visa in 2008-09 had changed slightly from 10 years earlier, and now included India (DIAC, 2011c).

Skilled Stream

This visa was designed to target migrants with skills or 'outstanding abilities' that would contribute to the Australian economy and in 2010-11, around 67 percent of all Australian migrants fell into this category. In 2012-13 the planned intake for skilled migrants was around 129,000 places (68% of the total migration program). The Skilled Stream category (at time of writing) has four categories: Point Based Skilled Migration, Permanent Employer Sponsored Program, Business Innovation and Investment Program, and Distinguished Talent (DIAC, 2012b).

There are a variety of visas under Point Based Skilled Migration and potential migrants have to submit an Expression of Interest to be invited to apply for a skilled visa. Under this category, people may independently apply for a visa if they are invited by the Australian Government after submitting their Expression of Interest or be sponsored by Australian employers or nominated by state and territory governments. To be eligible for a Skilled Independent visa under the Point Based system, applicants should have an occupation

¹ Please note that the departments' names change over time including with changes in government and cabinets reorganisations. For example Department of Immigration and Citizenship (DIAC) recently has been changed to Department of Immigration and Border Protection when Tony Abbot won the recent Australian election. However, through the thesis I still use DIAC to refer to this department.

that is on the relevant Skilled Occupation List (these vary but may include, for instance, construction project manager, child care centre manager, and neurologist).

The Permanent Employer Sponsored Program is the second largest subcategory of skilled migration. This category was designed for Australian employers who wished to bring skilled people from other countries to fill vacancies. The applicants do not need to meet certain points under this category. Accordingly, an Australian sponsor can support a foreign worker under the Employer Nomination Scheme (ENS) or under the Regional Sponsored Migration Scheme (RSMS).¹ The RSMS category is designed to encourage applicants to move to regional areas. Business skills migration is another subcategory of the skilled migration program, and is designed to encourage business people to come to Australia and start their businesses. They are considered to be of benefit to Australia through “developing international markets, transferring capital and making investments, creating and maintaining employment, introducing new or improved technology, substituting Australian-made products for goods, and adding to commercial activity and competitiveness within sectors of the Australian economy.” (DIAC, 2011c: 30) In 2010-11, Iran was one of the top ten source countries for the Skilled Migrant visas. The last sub-category in the Skilled Stream category is a small sub-category compared to the other categories, and is referred to as ‘Distinguished Talent’, including “sports people, musicians, artists and designers, all of whom were internationally recognised as outstanding in their field” (DIAC, 2011c:1).

¹ All areas of Australia are covered except Brisbane, Gold Coast, Newcastle, Sydney, Wollongong, Melbourne and Perth (DIAC, 2011d).

Humanitarian and Refugee Program

The Humanitarian Program is responsible for refugees and asylum seekers. Refugees are defined as “people who are outside their country of nationality and are unable or unwilling to return because of a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group” (DIAC, 2009:7). Australia has accepted refugees by cooperating with the United Nations High Commissioner for Refugees (UNHCR) since 1951.

The Humanitarian Program is flexible and reviews the intake each year, with close contact with UNHCR, to decide how many and which parts of the world the program should focus on. In 2008-09, nearly 33 percent of refugees came from the Middle East (including South West Asia), 33.24 percent came from Africa, 33.09 percent came from Asia and the Pacific, and 0.21 percent came from Europe and the Americas (DIAC, 2009). In 2010-11 around 13,799 people came to Australia under the Humanitarian program (DIAC, 2011a); the number was projected to increase by 40 percent (20,000 people) in 2012-13 (SBS, 2012), although in the new government it may not eventuate.

Under the Humanitarian Program, in the last six decades, around 700,000 people have settled in Australia (Australia, Refugee Council of (hereafter RCOA), 2010b). The Humanitarian Program has two components: Offshore and Onshore. The Onshore Humanitarian Program is designed to investigate the eligibility of applicants in Australia. Applicants should submit a written claim, and attend an interview to present their situation. If they are recognised as refugees, then they may be granted a Permanent Protection Visa (PPV) (DIAC, 2009). The Offshore category is divided into two sub-categories: refugees who suffer from persecution in their home country and the Special Humanitarian Program (SHP), designed in 1981, for people “who were living outside their home country, had suffered

substantial discrimination amounting to a gross violation of human rights in their home country and who had family or community ties to Australia” (DIAC, 2009: 22).

Current statistics (Table 2.1) show that in 2010-11, nearly 9000 people from Asia, Middle East and Africa came to Australia under the Humanitarian Program, Iran was placed eighth in the top ten countries for Offshore Humanitarian Program visas in 2010-2011 (RCOA, 2010a) and placed variably first to seventh for the Offshore Program during 2001-2011 (DIAC, 2011a).

Table 2.1: Top eight countries for Australia’s Offshore Humanitarian Program

Country of birth 2004-2009 (approximately)*	Number	Country of Birth 2010-2011**	Number
Sudan	15,500	Iraq	2152
Iraq	11,000	Burma	1443
Burma	6,700	Afghanistan	1027
Afghanistan	6,200	Bhutan	1001
Liberia	2,500	Congo	565
Thailand	2,300	Ethiopia	381
Iran	2,300	Sri Lanka	289
Sierra Leone	2,300	Iran	271

Sources: *RCOA (2010a:15), **DIAC (2011a:2)

Australia recently changed its policy towards asylum seekers who arrive by boats. Since 2008, more than 46,391 asylum seekers have arrived in Australia by boats and over 1000 asylum seekers including some women and children, have died during this journey (Stewart & Taylor, 2013). According to the new law, from 19 July 2013, no asylum seeker who arrives by boat will be settled in Australia. Based on an agreement between Australia and Papua New Guinea (under the PNG plan), people who arrive by boat to Australia will be

sent to PNG for processing their claims and if they found to be refugees, they will be resettled in PNG or a third country (Hall & Swan, 2013). Following the PNG plan which has ignited a strong debate between supporters of the plan and refugee advocates and supporting organisations, between 19 July and 6 August 2013, 25 boats with around 1809 asylum seekers arrived in Australia. Around 118 of the new arrivals, mainly from Iran, Afghanistan and Pakistan, had been sent to PNG at time of writing (Hall, 2013).

Temporary Visas

Some immigrants come to Australia as long-term temporary settlers to work, study or holiday. Overseas students who are long-term temporary visa holders represent the largest group of temporary settlers. They and their dependent families are allowed to work in Australia. Although the size of this population varies according to the cost of education (as a result of the increased value of the Australian dollar), in 2010-11 some 250,000 persons from India, China, Korea, Nepal, Thailand, Brazil, Malaysia came to Australia on student visas. Another category of temporary settlers is working holiday makers. Under this visa, young people between 18 and 30 years old can come and work in Australia for one year and if they work in regional areas for three months, then they can stay for up to two years. About 19,3000 Working Holiday Maker Visas were issued in 2010-11 (DIAC, 2011c).

Iranians have come to Australia under several visa categories, including the Humanitarian Program, Skilled Stream, Student Visa and Family Reunion. The number of Iranian migrants has increased since the 1979 revolution, four years after the end of White Australia Policy. In the following section, I discuss the history of Iran and Iranian immigration to Australia, especially to Victoria, and provide a demographic description of this population. To better understand the cultural background of this community relevant to this thesis, I also examine how women live in contemporary Iran.

Iran and Iranians



Figure 2.1: Iran's location

Iran, with an area of 1.6 million sq. km, is the second largest country in the Middle East after Saudi Arabia (Figure 2.1). Iran shares a border with Iraq and Turkey to the West, Afghanistan and Pakistan to the East, Turkmenistan, Azerbaijan and Armenia to the north, and the Persian Gulf and Oman Sea to the South. It is one of the most mountainous countries in the world. Although it is known to have an arid or semi-arid climate, the climate varies: the

northern parts of Iran along the Caspian coast have a subtropical climate, the south of Iran has very hot weather during summer; the northwest of Iran has a freezing winter (Kiani Haftlang, 2003; Vahdati-Nasab, 2011).

According to the Iranian 2011 census, the population of Iran is 75 million persons consisting of 49.6 percent women and 50.4 percent men (Iran, Statistical Centre of, 2012), with several ethnic groups including Persian, Azeri, Gilaki, Kurd, Arab, Lur, Balouch and Turkmen, all speaking their own languages. Persian is the official language and is used in the education system; accordingly, almost all Iranians regardless of their ethnicity can speak, read and write Persian (also known as Farsi in Iran and referred to as ‘Farsi excluding Dari’¹ in some official documents in Australia). The majority of Iranians (71%) live in urban areas. Although 98 percent of Iranians are Muslim (89% Shi’a and 9% Sunni), there are also small populations of Zoroastrians, Jews, Christians and Baha’i (US Department of State, 2011).

According to archaeological evidence from several excavated caves, located mainly in the *Zagros* mountain ranges of western Iran, humans have lived on the Iranian Plateau since 100,000 BC (Abdi, 2012; Badiozamani, 2005; Spencer, 2004; Kipfer, 2000). Persian is the Greek name for ‘Aryan’, a branch of the Indo-European people who migrated to the region around 2000 BC. For centuries, Iran (land of Aryans) was called Persia and its people referred as Persians, until 1935 when Reza Shah requested foreign governments to use ‘Iran’ instead of ‘Persia’ in their official documents (Daniel, 2012; Keddie, 2006). Although this long history shapes national identity and cultural heritage, to give a background to Iranian women in Australia, I focus on Iran over the last century as most pertinent to shaping attitudes to Iranian women. Sometimes, however, I briefly refer to aspects of ancient cultural

¹ Farsi Dari is the language spoken by people from Afghanistan. Although Persian and Dari share many similarities, they are different languages.

heritage that still play an important role in Iranian lives and understandings of (and the value given to) tradition.

The last dynasty which governed Iran as a monarchy was the Pahlavi dynasty, founded by Reza Khan (also called Reza Shah) in 1926. He wished to build a new modern and western style country, along the lines of European countries and the US. His model for modernisation was Kemal Ataturk's secular system in Turkey, established in 1922 (Schayegh, 2009; Axworthy, 2008; Garthwaite, 2007; Fazeli, 2006). Reza Shah's idea of modernisation included "the creation of a bureaucratic state apparatus, an educational system, economic development and social reform" (such as banning the *hijab*, covering of the hair and bodies of women) (Daniel, 2012:136). Reza Shah started to send members of the elite to study abroad and to settle nomadic populations. For him, cultural festivals were pure Iranian cultural practices; therefore he focused on celebrating those festivals. He also founded the *Farhangestan*, the Iranian academy given the mandate to purify the Persian language from non-Persian words, particularly Arabic words.

Religion, in his view, had contributed to the underdevelopment and backwardness of Iran (Schayegh, 2009; Fazeli, 2006) and for him, one of the most important symbols of modernisation was the abandonment of the *hijab* by women and turbans by men except the clergy. He appeared with his wife and daughters without their *hijab* in public. He banned the *hijab* entirely from schools and work places, and then from all public areas in 1936. These laws contradicted Islamic rules, and ignited a long lasting conflict between Reza Shah and the *ulama* (clergymen) as well as many other Muslim Iranians. However, Reza Shah rejected any kind of opposition, and quelled resistance by sending opponents to jail or exile, or by murdering them (Garthwaite, 2007; Daniel, 2012).

Reza Shah had developed good relations with other countries, but he felt that Britain and the Soviet Union were exploiting Iran's oil resources, and in an effort to balance their political and economic power, he attempted to develop diplomatic relationships with other countries. He did not attract the US, despite his efforts, but he was successful in establishing a vast economic and political relationship with Germany in 1931. The relationship between Iran and Germany did not have the results that Reza Shah anticipated. Instead, with the start of World War II when Germany invaded Russia, Britain and the Soviet Union became allies and asked the Shah to expel Germany from Iran. Britain and the Soviet Union also requested to use the Iran railway system and invaded Iran in 1941 when Reza Shah denied their requests, they then forced him to abdicate and exiled him to South Africa. He died there in 1944 (Daniel, 2012; Garthwaite, 2007).

After Reza Shah's death, his son Mohammad Reza became Shah with the help of Britain and the Soviet Union. Mohammad Reza Shah also supported modernisation, but the wave of opposition was stronger than he had anticipated. One of the leftist-opposition groups was the *Tudeh* party (the People's Party of Iran), a pro-communist group founded in 1941. *Jebhe-ye Melli* (National Front), another important centre-leftist group which included liberals and anti-royalists, was founded in 1949, under the leadership of Mohammad Mossadeq, who became prime minister in 1951. Mossadeq is represented as opposed to any foreign economic concessions, and he succeeded in nationalising the Anglo-Iranian Oil Company (AIOC). The Shah and Mossadeq were in conflict over nationalisation, when the oil industry faced huge economic problems because the UK blocked Iranian investments in British banks and British employees in the oil industry left Iran. The US and the UK also boycotted Iranian oil. Mossadeq tried to abolish or to restrict the power of the monarchy. The UK and the US supported a coup in 1953 to replace Mossadeq with General Zahedi, a monarchist. Mossadeq was kept under house arrest until his death in 1967. After Mossadeq,

the US became the most influential country in Iran, in terms of foreign relationships. Iran signed oil contracts with the US and nine European countries, including the UK, and agreed to share the oil benefits equally with those countries (Wilber, 2006).

Other leftist-opposition groups included *Mujahedine-Khalgh* [MEK] (the People's Holy Warriors), founded in 1965 (and listed as a terrorist organisation by the US between 1997-2012),¹ and *Fedayan-e Khalgh Guerrillas* (Organisation of Self-Sacrificers), founded in 1971; both included students and professionals opposed to any foreign influence in Iran and later opposed to the Islamic regime (Axworthy, 2008; Goulka, 2009; Daniel, 2012; Keddie, 2006; Fazeli, 2006). Along with opposition groups, several writers also influenced Iranian resistance to the Shah's westernisation policy. For example, Jalal Al-e Ahmad (1923-1969), a famous writer and social and political critic, introduced the powerful discourse of *Gharbzadegi* (Westoxication). He believed that the Shah's policy "allowed Western culture to penetrate society and to ruin and displace Iranian traditions and Islamic values" (Fazeli, 2006:116).

Two bills in 1962 and 1967, which included the rights for women to vote and to initiate divorce, led to resistance from the *ulama* and other religious people who believed that these laws were symbols of *Gharbzadegi* (Gronke, 2008). In order to control political parties and opposition groups, the Shah introduced a security service, the SAVAC, *Sazman-e Ettelaat Va Amniyate Keshvar* (Organisation of Intelligence and National Security), which was responsible for the torture, jail or deaths of opponents. Although through fear of torture and death, people were unwilling to discuss or talk about politics in public, anger toward the

¹ On September 28, 2012 the US Department of State removed the MEK from its list of Foreign Terrorist Organisations. In the statement, it was stated that although US had not forgotten the MEK terrorist attacks and its alleged abuses against its own members, due to lack of confirmed acts of terrorism by MEK in the last decade, it was delisted (<http://www.state.gov/r/pa/prs/ps/2012/09/198443.htm>).

Shah increased and eventually led to riots and demonstrations between 1975 and 1978. Riots forced the Shah to flee Iran in 1979 and following this, Ayatollah Khomeini, who had been sent into exile to Paris by the Shah, returned to Iran. Almost all opposition groups accepted him as leader and on 30-31 March 1979, he established a new government, the Islamic Republic of Iran, with the support of 98 percent of more than 20 million Iranians (Daniel, 2012; Keddie, 2006).

The new Iranian Government began to promote Islamic norms in the society. Ayatollah Khomeini believed that western-educated university staff taught and encouraged westernisation; therefore, he ordered the closure of the universities for three years and introduced *Enghelabe Farhangi* (the Cultural Revolution) to clean the universities of leftist groups, dismissing some students and professors from the universities. Later, dress codes were introduced, and the production and consumption of alcohol were banned, also to ‘clean’ Iran of western signs, symbols and material goods (Garthwaite, 2007; Keddie, 2006).

In November 1979, Iranian students seized the US embassy in Tehran and held embassy staff hostage for over one year. At that time, the US had accepted Mohammad Reza Shah into the country for cancer treatment. The students requested the US return the Shah to Iran for trial. The hostage crisis was the starting point of Iran-US conflict, with the US freezing Iranian funds in US banks, and introducing sanctions against Iran. Iran has suffered economically from US sanctions for several decades (Daniel, 2012; Maloney, 2010).

The Iran-Iraq war between 1980 and 1988 also negatively affected Iranians, resulting in a national debt of an estimated one trillion dollars (Daniel, 2012). Post Iran-Iraq war economic problems; including inflation, unemployment, and heavy dependency on oil during the presidency of Hashemi-Rafsanjani (1989-1997), had further negative economic effects on Iran. Hashemi-Rafsanjani tried to reconstruct Iran by introducing two five-year plans.

However, US sanctions in 1990s made the situation worse. The next president, Khatami (1997-2005), was in favour of freedom of the press and advocated less dependency on oil; however, in his era certain newspapers were closed and reformist journalists were jailed, because, according to Yazdi, the head of the judiciary in 1998, they were “abusing freedom.” The journalists who were arrested were considered to have acted against national security (Daniel, 2012; Keddie, 2006: 275). After Khatami, Mahmod Ahmadinejad was elected president in 2005 and remained in his position till 2013. He was recently replaced by Hassan Ruhani who will be president of Iran for the next four years. Currently, Iran’s nuclear activities are subject to strong criticism, especially from the US and Israel, causing new sanctions against Iran in 2012 that will cause further economic problems for Iranians.¹

Substantial immigration from Iran dates back to Reza Shah’s era, when his modernisation policy and the wealth that the oil industry brought to Iran encouraged middle- and upper-class families to send their children abroad for higher education (Aidani, 2010). However, many researchers believe that the 1979 revolution was the key starting point of mass migration from Iran (Chaichian, 1997; Jafari et al., 2010; Lewin, 2001; Martin, 2009b). The persecution and execution of former high ranked officials, military personnel, and relatives and friends of the Shah, precipitated flight from Iran to other countries after the Iranian 1979 revolution.

During the Iran-Iraq war, Iranian border cities, where much of the fighting took place between Iran and Iraq, were destroyed, and nearly 1.6 million people were displaced, forcing their migration to other regions in Iran and overseas (Axworthy, 2008). During the war, two explosions killed nearly 72 Islamic leaders and government officials, including the Prime

¹ At time of writing, on 24 November 2013, Iran and the so-called 5+1 group (including US, UK, France, Germany, China and Russia) made an initial six month agreement to cease some of the sanctions if Iran stop enriching uranium over five percent (IAEA [International Atomic Energy Agency], 2013)

Minister. Iran's government accused the *Mujahedin-e khalgh* of the explosion, and arrested and executed its members and leaders. The government also accused the *Tudeh* party of spying for the Soviet Union, and arrested and imprisoned members of the party. Many survivors of these two opposition groups consequently fled from Iran to European countries, and are still alive and politically active (Daniel, 2012; Keddie, 2006). Others who have fled Iran or immigrated voluntarily over the past 60 years were professionals; and the term *farar-e maghzha* (brain drain) has been frequently used in Iranian immigration literature (Mossayeb & Shirazi, 2006; Salehi-Emran, 2006; Alaedini et al., 2005; Torbat, 2002; Chaichian, 1997). In 1977-78, around 100,000 Iranians were studying abroad, with more than 36,000 of them in US higher education institutes; a year later, the number of Iranian students in the US had increased to more than 50,000. Others migrated to the UK, Germany, France, Austria and Italy (Torbat, 2002). One study in 1993 showed that Iranians had immigrated to the US because of 'social constraints', 'political repression', the Iran-Iraq war, loss of jobs, religious constraints and for better education (Tohidi, as cited in Chaichian, 1997: 616).

Mossayeb and Shirazi (2006) added that Iranians immigrated to the US because they felt they did not have social freedom and faced political and religious persecution; however, 87.5 percent of their participants asserted that better education opportunities in US were the most important reason for their immigration. This is consistent with studies that show that from 1988 until the present, many young professional Iranians and investors have migrated in search of economic and professional growth. In order to understand Iranian's brain drain, Alaedini and colleagues (2005) also conducted research with 2,789 physicians in the Medical Council of the Islamic Republic of Iran about their inclination to migrate. The results indicated that vocational needs, such as the desire for achievement, and low wages in Iran, were the first incentives for migration. Salehi-Emran (2006) added that the differences between living standards in Iran and elsewhere in the world, political changes, lack of

facilities for research, and the lack of value placed on research, were all push factors that forced academics to leave the country.

Although many Iranians have migrated as skilled migrants or international students, the growing number of Iranian asylum seekers in industrialised countries in recent years has led to the inclusion of Iran among the top ten countries of asylum seekers since 2005. In 2008, nearly 10,000 and in 2009 almost 11,000 Iranians lodged asylum seeker applications in industrialised countries (UNHCR, 2010). The number increased by 19 percent in 2011 (18,100 person), the highest increase in over a decade (UNHCR, 2011). Hakimzadeh (2006) believes that this new wave of migrants sought refuge for several reasons including the economic crisis, unemployment, religious persecution (especially for the Baha'i), and tension between reformists and the present regime.

Iranians in Australia

According to Jupp (2001), before the 1979 revolution there were few Iranians in Australia. The only statistics revealing the presence of Iranians before 1979 in Australia indicates just seven Iranians in Victoria in the 1891 Australia Census. This number had reached 390 in 1976, most of who were employed in the oil industry.¹ By 2006, the number of Iranians in Australia had increased to more than 22,000, and according to the latest census in 2011, some 34,500 Iranians now live in Australia. According to Table 2.2, most Iranian immigrants are Australian citizens and speak English well; more than half of them (over 15 years) are married. Iranians form a diverse group with regards to religious affiliation and include Muslims, Baha'is, Catholics and Oriental Orthodox Christians and non-religious people (ABS, 2013).

¹ <http://museumvictoria.com.au/origins/history.aspx?pid=28>

The number of Iranians in Victoria had increased by 68 percent from 4431 persons in 2006 to 7,775 people in 2011, placing Iranians as one of the fast growing migrant communities in the state (Victorian Multicultural Commission, 2012). Although the proportion of Iranians who hold a bachelor or postgraduate degree was higher than the total Victorian population (66.4% compared to 31.1%), Iranians suffered from a higher rate of unemployment (13% compare to 5%), suggesting the difficulty faced by these immigrants in finding a suitable job compatible with their previous experience and education and, for some, the lack of recognition of their degrees in Australia (Victorian Multicultural Commission, 2006).

Table 2.2: Iranians in Australia based on the latest Australian census in 2011

Demographic characters	Born in Iran	Total Australian populations
Total	34,454	21,507,719
Male	53.6%	49.4%
Female	46.4%	50.6%
Marital status (people aged +15 years)	%	%
Married	59.2	48.7
Separated	3.3	3.0
Divorced	6.4	8.4
Widowed	3.0	3.5
Never married	28.1	34.3
Religious affiliation ¹		
Islam	36.8	2.2
No religion	18.4	22.3
Baha'i	18.2	0.1
Catholic	3.8	25.3
Oriental Orthodox	2.3	0.2
English language proficiency		
English only	7.4	78.8
Other language and English very well	73.3	15.2
Other language and English not well or not at all	15.0	3.0
Employment (labour force, people aged +15years)		
Full-time	57.2	59.7
Part-time	25.4	28.7
Away from work	4.8	5.9
Unemployed	12.6	5.6
Family composition		
Couple family without children	34.5	37.8
Couple family with children	52.6	44.6
One-parent family	10.9	15.9
Other family	1.9	1.7
Families with children under 15 years	58.5	57.2

Source: retrieved from ABS (2013)

¹ Religious affiliation is an optional question. The numbers show the top responses, not religious affiliation of the total population.

Women in contemporary Iran

Understanding migrants without paying attention to their background, where they come from, and the ‘cultural baggage’ they carry, is almost impossible. In order to discuss the cultural background of Iranian women, I first look at women’s lives at contemporary Iran.

Sexuality, marriage and family

A woman’s sexual and reproductive functions turned her body into a contested site of potential and real ritual contamination. The concept of *namus* (honour) and the need to control women’s chastity may be related to this fear of sexual contamination (Afary, 2009: 26).

Sex and sexuality (including sexual orientation, education, health, love and passion) have been part of political debate since Reza Shah’s era (1930s). In this battle, women’s bodies as symbol of sexuality have always been under scrutiny. Reza Shah attempted to unveil women as part of his modernisation plan. Afary (2009) uses Foucault’s ideas to describe the process of *kashf-e hijab* (unveiling), and states that Reza Shah created a ‘veritable panopticon’ to force people to observe the new dress code. *Kashf-e hijab* was met with a strong resistance from Muslims, Jews and Zoroastrians, as all of these religions considered the body as “a source of shame and ritual impurities; accordingly not only unveiling, but also modern clothing for men or women, participation in team sports, and greater socialisation between the sexes violate notions of honour” (p.142). The battle between Reza Shah, pro-modernisation and resistance continued until Reza Shah’s abdication (described above). Muslim clerics then expressed their disagreement freely, and requested women to reveal by focusing on morality and by creating a hostile environment in homes and in public space for women who refused to reveal. Again another ‘panopticon’, this time a religious one, forced women to abandon modern and liberal sexual conduct, and treated ‘modern’ women as

“source of ritual pollution” (Afary, 2009: 237). The idea that men have stronger and uncontrollable sexual desires, and the assumption that men are easily aroused through relationships with women have been at the core of this anxiety. Women are often requested to be careful of the danger of unleashing their sexuality and to observe modesty in their behaviours and especially their clothing (Shirpak, Maticka-Tyndale & Chinichian, 2011; Ahmadi, 2003a & 2003b).

After Iran’s revolution in 1979, a mandatory dress code for all women, regardless of religious background, was imposed, and new discourses of sexuality with an emphasis on men’s power over women’s sexuality and reproductive function came forth. By legalising heterosexuality as the only acceptable form of marriage and marriage as the only acceptable means of intimacy, reinforcing polygamy and temporary marriage (a legal form of marriage among Shi’a Muslims which is a contract for exclusive sex between a man and woman for a definite time and for a stipulated sum), and banning homosexuality, socialising between opposite sexes, and sex between unmarried people (even if consensual), the government attempted to control the danger of ‘unleashed’ sexuality. This discourse encouraged women to preserve their honour and maintain morality by covering themselves in the public. It also encouraged women to hide their erotic desires, to self-censure and self-sacrifice their sexual needs and desires. The government highlighted motherhood as one of the most important roles for women (Talattof, 2011; Sadeghi, 2010; Afary, 2009).

In Islamic texts, a sexual relationship is considered to be an emotional relationship between married (heterosexual) couples and a marital ‘duty’ for both husband and wife. However, it is often considered a women’s duty; as Shahidian (2008) states, a man can divorce his wife or cancel her *nafaghe* (the husband’s provision of his wife’s daily expenses) if she refuses to have sex, but a woman can initiate divorce for the same reason (the

husband's refusal for sex), only if she can prove it (through the husband's confession, the husband's incurable illness, or the husband's disappearance for at least six months).

In both Reza Shah's veiling and Islam's reveiling policies, there were people who were resistant to politicising women's bodies and their sexuality. The contemporary young generation created a public-private discourse of sexuality. Although the Islamic discourse attempted to 'desexualise bodies' and to liberate women from being a 'sex-object' - as modern women have been labelled - young women's concerns over their bodies have increased and there has been a shift to showing off their beauty in public through heavy make-up, and concerns over the body, diet and cosmetic surgery. Private space, on the other hand, has gained an important role as a safe and open place to participate in prohibited behaviours, including mix-gendered parties, homosexual events, drinking, sexual education through internet websites, movies or books, and indeed a place to have sex between unmarried but consenting people. Although the notion of 'privacy' and the prescription of underground sexual activities may create a dangerous environment for sexual assault and violence, youth still use the private sphere as a way to overturn the public prohibition (Sadeghi, 2010).

As mentioned above, the public discourse dictates that a family officially starts with a heterosexual marriage. Modernisation and urbanisation in the past decades has led to some fundamental changes in the structure of families, including transforming extended families into nuclear families, arranged to non-arranged marriages, an increase in the mean age at marriage, and a decline in the rate of fertility (Keddie, 2006; UN, 1998). Data shows that the mean age at marriage for women increased from 19.8 years in 1986 to 23.2 years in 2006, while for men it increased from 23.6 in 1986 to 25.6 years (Saadat, Chowdhury & Mehryar, 2010). This trend is similar to the global increase in age at marriage especially in Asian countries (Torabi, Baschieri, Clarke & Abbasi-Shavazi, 2013), primarily as a result of the

increased number of educated and working women (Mohajerani, 2010, Rezai-Rashti, 2011) and so the long period in school and the workplace before marriage. In contrast to traditional practice, contemporary Iranian women and men have a direct role in their marriage, although parents' sanction remains very important and can change the course of events (Saadat et al., 2010; Keddie, 2006; UN, 1998). Each region of Iran has its own rituals surrounding marriage, but generally the man proposes to the woman and must seek the permission of the bride's parent. The *khastegari* (proposing) ceremony can be very small, including the bride and groom and their parents, or can include both the bride's and groom's extended family. This ceremony is often held at the bride's house and involves her parents asking about the groom's socio-economic situation, his plans for the future, and his education (Price, 2009a).

Marriage is considered to be a contract between two parties with different rights and responsibilities. According to this contract, the husband should support his wife and pay her *mahrye* upon her request or at the time of divorce, and the wife should obey her husband. Under Islamic practice, the husband also has the right to polygamy, the right of custody of children, and the right of divorce. All marriages must be registered and the husband and wife should sign the marriage contract which includes the amount and type of *mahrye* and the thirteen conditions that give a woman the opportunity to seek divorce, for example, serious drug addiction of the husband, his imprisonment for five years or more, and insanity. The last condition in the marriage contract is called the 'other condition', which gives the woman the opportunity to add any conditions not already included in the marriage contract (Halper, 2012). Women may use this category to maintain their right to work, to continue their study, to choose where they wish to reside and even the right to divorce; otherwise all of these can be prevented by the husband if he thinks that working, studying or location of residence places family life at risk. For many Iranians, the *mahrye* acts as a bargaining instrument should the marriage fail. If the husband is not willing to divorce, some women may give up

their *mahrye* in order to force the husband to accept the divorce or to gain custody of children (Howard, 2002).

When a husband and wife marry officially, they place themselves within a social network of kin who acts as an economic and social institution. The newly formed family is expected to maintain close ties with their families throughout their lives (Bastani, 2007). As Toubia (1985) has observed, many activities in Iran are family-oriented. Families spend time with their kin, mostly in indoor activities such as dinner parties or short visits, mostly at night to share a cup of tea with sweets and fruits. From my observation of living in Iran for over 30 years, these activities are no longer limited to indoor activities. However, indoor or outdoor activities depend on the geographical areas (urban or rural areas) and the weather. As I will discuss later, some of the participants in this research especially missed their outdoor activities and sharing their night life with their friends and relatives.

One of the main purposes of marriage is to have a child, particularly within Islamic tradition but also in accordance with the other major religions in Iran, including Christianity, Judaism and Zoroastrianism (Price, 2009b). At the same time, contraceptive methods to control fertility are accepted in Islam, and through Iran's family planning program, the fertility rate has decreased from 5.6 in 1978 to below replacement level, of 1.7 in 2010 (Haghighat-Sordellini, 2011; UNICEF, 2010; Kohan, Simbar & Taleghani, 2012). Since August 2012, following a suggestion from Ayatollah Khamenei, the Iranian supreme leader, the government has stopped the family planning program and is encouraging people to have larger families to avoid an ageing population (Vahid-Dastjerdi, 2012).

Pregnancy used to be regarded as a routine part of a woman's life, but it is now considered a high risk experience that needs high levels of care and attention. In Iran, pregnancy and childbirth is highly medicalised, as I discuss below.

Medicalisation of pregnancy and childbirth

Since the 1980s, the Iranian government has actively attempted to improve access to health care services. The government focused on prenatal care, and introduced the *Khane Behdasht* (Health House) to rural areas and *Markaze Behdasht* (Health Centres) in urban areas. The latest statistics in 2010 showed that there were 16,000 health houses covering around 85 percent of villages and rural areas (Aghajanian & Hajjehforoosh, 2011). Health houses have at least one female and one male staff member. A *behvarz* (health worker) should attend a two year course to be qualified for this job. Female *behvarz* are usually responsible for maternal and child care and male *behvarz* for environmental health in rural areas. Health house and centre services, including antenatal care, immunisation, health education and promotion, are all provided free of charge (Aghajanian & Hajjehforoosh, 2011; Aghajanian & Merhyar, 1999; Tober, Taghdisi & Jalali, 2006). The slogan *farzande kamtar, zendegi behtar* (fewer children, better life) and *na kheili zood, na kheili deer, na kheili zeyad* (not too soon, not too late, not too many) in the health houses reflected the major policy of these centres, that was to educate women to bear few children and to commence and complete childbearing during a specific age range (18-35), if they wish to have a better life (Tober, et al., 2006). This slogan is no longer used in health houses and centres, and the focus now (at time of writing) is on pregnancy, and maternal and child health issues (Vahid-Dastjerdi, 2012)

One sign of the medicalisation of childbirth is the high value that the government and the society place on prenatal care. In their study of the importance of female education and economic status in using prenatal care in Iran, Mirzaei and Yar-Ahmadi (2009), identified that around 72 percent of pregnant women (in both rural and urban areas in 28 provinces) had received more than six prenatal checks and nearly half of them had received more than nine prenatal checks, a number higher than the recommended number of prenatal visit (eight visits) for low-risk pregnancy in *barname keshvari madari imen* (the maternity health-care

guidelines) (Ranji & Dykes, 2012). According to Simbar and colleagues (2012), Iran's prenatal care system covers around 77 percent of pregnant women, and around 90 percent of deliveries are attended by a skilled person. Women are expected to present to hospitals for delivery, and homebirth is no longer practiced, except in a few rural areas. In Ranji's and Dykes's study (2012) of ultrasound screening during pregnancy in Iran, all 682 mothers participating in the study, had received prenatal care and 41 percent of them had visited a private obstetrician. Low education, being non-Iranian (e.g. refugees from Afghanistan and Iraq), economic status, geographic barriers and unwanted pregnancy were associated with irregular antenatal care (Fekrat, Kashanian & Saberi, 2004) and education for both women and their husbands was a contributing factor to the number of prenatal checks (Eshraghian, Amiri pour, Ghaffari & Kazem, 2005).

The rate of ultrasound screening, as a sign of medical intervention during pregnancy, is especially high in Iran. According to Iran's maternity health care guidelines, ultrasound screening should proceed at 16-18 weeks to identify multiple fetuses as well as to detect abnormalities and age of the fetus, and screening should be repeated at 31-34 weeks to monitor the growth of the fetus and the volume of amniotic fluid. However, the mean number of ultrasounds in Ranji's and Dykes's research (2012) was 5.9 per woman. Although the Iranian Ministry of Health recommends that ultrasounds should be performed by a radiologist, most of these ultrasounds were conducted on obstetricians' request in their clinics. The majority of participants accepted having an ultrasound because they thought it would detect all types of abnormalities, although some women considered having an ultrasound to be risky and did not attend all of their prescribed screenings. The study revealed that the number of ultrasounds was significantly higher in private clinics, possibly because of financial advantages flowing to clinicians.

The midwifery system plays an important role in the medicalisation of childbirth in Iran. According to Torkzahrani (2008), Iranian midwives and obstetricians read the same materials on pregnancy and childbirth and therefore, Iranian midwives do not look at childbirth as a natural process that can be experienced without medical interventions, nor do they perceive their role as competing with obstetricians. In Iran, midwives work at hospitals under the supervision of obstetricians. Obstetricians effectively are on stand-by, should they be required to do a caesarean section. They try to limit the duration of stages of labour (by induction or caesarean section); they clamp the cord immediately after delivery; and remove the placenta immediately. Rather than giving the baby to the mother immediately after birth and worry about cleaning and a health check later, midwives and obstetricians often separate the mother and the baby for at least one hour after birth.

As mentioned above, homebirth is no longer practiced in most parts of Iran (Torkzahrani, 2008). According to UNICEF report in 2010, almost 97 percent of deliveries in Iran were conducted by skilled attendants. Due to the medicalisation of childbirth, many women are not only afraid of having a homebirth, but are also afraid of having a vaginal delivery. According to available data, around 35 to 47 percent of women gave birth by caesarean section in Iran in the last decade, and this number increased to 64 percent in the private sector in Tehran. The majority of these caesarean sections (almost 75 percent) - 3 to 4 times higher than the world standard - were upon maternal requests without any medical indication (Yavangi, Sohrabi & Alishahi, 2013; Yazdizadeh et al., 2011; Azizi and Salari, 2009). Ali-Mohammadian and colleagues (2004) found that 86 percent of caesarean sections were done in private hospitals, compared to 14 percent in public hospitals, and 71 percent of the mothers gave fear of pain and fear of having a vaginal delivery as their reasons for requesting a caesarean section. This trend is also evident in some public hospitals.

Badakhsh and colleagues (2012) found that in one public hospital in Tehran, the caesarean section rate among women with low-risk pregnancies had increased by 55 percent between 1980-2009, from around 17 percent during 1980-1989 to 72 percent during 2000-2009. Higher levels of education are related to an increase in caesarean section upon maternal request, along with employment and first pregnancy (Ali-Mohammadian et al., 2004). It seems that Iranian women perceive the process of pregnancy and childbirth as frightening and dangerous in need of a high level of attention (Mohammaditabar, Kiani & Heidari, 2009; Mohammadpourasl, Asgharian, Rostami, Azizi & Akbari, 2009). In a qualitative study of the barriers to reducing the number of caesarean sections from the service provider's point of view, Yazdizadeh and her colleagues (2011) explained that financial benefits for physicians, lack of trust in midwives' capabilities from obstetricians, insurance policies (the midwives are not covered by insurance companies), lack of on-call physicians, and especially maternal requests for caesarean delivery were all obstacles to vaginal delivery.

Children in the family

With improvements in and the expansion of the Iranian health care system, infant and child mortality rates dramatically dropped from 154 per 1000 live births in 1964 to about 26 per 1000 in 2004 (Khosravi, Taylor, Naghavi & Lopez, 2007). Studies show that economic status and mother's education level contributed to declining child mortality (Hosseinpour et al., 2006). As in many other developing, patriarchal countries such as India,¹ China,² and Nepal,³ Iranian families historically have preferred having boys, who were considered a source of assistance in the family. According to Price (2009b), in ancient Iran (Achaemenid era, 550-330 BC), mothers with baby boys enjoyed twice the rations that mothers with baby girls

¹ See Sabarwal, McCormick, Subramanian & Silverman, 2012; Gaudin, 2011; Puri, Adams, Ivey & Nachtigall, 2011; Pande & Astone, 2007.

² See Zhou, Wang, Zhou & Hesketh, 2012; Murphy, Tao & Lu, 2011; Jin, Li & Feldman, 2007.

³ See Brunson, 2010.

received, and even midwives attending the birth of a newborn boy were paid twice as much. According to the limited literature on gender preference in Iran, the trend for son preference is decreasing, although it still exists. For example, in a study on gender preference, Ghobadi (2010) found that families who had children from both genders were more likely to not have another child. Families with two daughters were more likely to continue to reproduce, with fewer spaces between pregnancies after having a girl, reflecting a gender preference for having boys. However, in a study including 415 married women in Tehran, Karbakhsh and colleagues (2009) found that 48 percent of the participants did not express any gender preferences for their first child and 28 percent of all participants believed that they did not have any gender preferences in general. They also found that around 47 percent of the participants preferred to have children from both genders rather than having just daughters (14%) or sons (10%). Tober and colleagues (2006) explained that one of the reasons for the decline in gender preference in Iran was health care workers' efforts in educating women that the health of a baby was far more important than its gender.

The result of the Iran Demographic Health Survey in 2000 also showed that son preference was no longer an issue in fertility decisions (Abbasi-Shavazi, 2009). Although some Iranian parents preferred having at least one son (Ghobadi, 2010), when children are born there is little evidence that they are exposed to gender-based discrimination, at least in terms of health and education during childhood. Through a free immunisation service, according to the reported data, almost all Iranian children (99%) are immunised against childhood disease; with a free and mandatory elementary education system, most (95% to 99%) go to school although with some rural-urban variations (Halper, 2012; UNICEF, 2010; WHO, 2009 & 2011; Iran, Ministry of Health and Medical Education, 2010a & 2010b; Iran, Ministry of Foreign Affairs, 2000).

As mentioned above, in Iranian culture, the family, not individuals, is the unit of the society, and inside this unit, everything revolves around children. Parents are supposed to build a safe and secure environment for their children, and to support their children emotionally and often financially until they marry and even thereafter. There is a strong dependency of children on their parents. It is mainly the mothers' responsibility to teach her children and to instil cultural norms. To preserve family honour, mothers should be careful about their own and their children's behaviour, including talking, dressing, eating, drinking and manners. They also need to carefully monitor their children's and the family's friendship choices. Education, including getting a university degree, is perceived as a pathway to success, so children are expected to study hard, and it is parents' duty to provide the best circumstances to allow their children to get higher degrees. Parents sacrifice their time, energy and money to make sure that their children have a secure future. At the same time, they try to have strict control over their children, especially their daughters, and expect that their children will understand this and obey them. They also expect children to show respect and be polite towards older people, to be loyal to their parents at all stages of their life, and to look after elderly parents (Farsimadan, 2011; Price, 2009b; Ziaian, 2003; Bretschneider, 2001).

Instilling traditional gender roles

As mentioned above, resistance to modernisation and westernisation, which specifically targeted women, was one of the factors which united both secular and religious people against the Shah in Iran. Westernised women were considered to be sex objects. Accordingly, after the 1979 revolution, the Islamic government attempted to return the country to "its roots, to a traditional culture" (Mahdi, 2003:47). Women's bodies and roles were considered two salient and related facets of traditional culture. A woman in this context was considered to be a mother or a 'potential mother' who was constructed as a "creator of the Islamic

family; and the family as the foundation of the Islamic nation” (Paidar, 1995: 265). Women as wives, mothers and citizens were offered economic and legal protection by their male guardians, especially their husbands as the head of the family. In return, they should be obedient wives, self-sacrificing mothers, and active (working) citizens.

To ensure that men and women acknowledge the importance of gender roles in returning to ‘traditional roots’, parents and society in general treat boys and girls differently from a young age to prepare them for their culturally prescribed roles. This differential socialisation occurs in day-to-day interactions between parents, extended family and children and through school text books. Children spend the majority of their time at school or doing their homework at home, schools play a significant role in socialising boys and girls, and textbooks are important resources to explore culturally accepted gender roles.

Foroutan (2010a & 2010b) analysed gender socialisation in Iran’s primary school textbooks, and found them to be gender-biased. The number of male names, male sports and photographs of men were significantly higher than those of women. The only time that female-related words (e.g. mother, daughter, and girl) outnumbered male-related words (e.g. father, son, and boy) was in the use of the word ‘mother’ to refer to a woman. Using this word and the value that is attached to it shows the importance of this role for women, and signifies that women’s value and so female identity are culturally tied to marriage and fertility, and the family is considered the pillar of society. These textbooks also show the structure of the Iranian family as a nuclear family including mother, father, and one or two children. Other kinds of families, increasingly accepted in countries such as Australia (e.g. same-sex families, blended families or single-parent families) were non-existent. Traditional gender roles and stereotypes are highlighted in all of these books, and describe housework and taking care of children as the domain of a woman, and being head of the family and breadwinner as a man’s role.

As children grow up, gender differences and the gap between boys and girls increases. Boys generally enjoy more freedom in almost all aspects of their lives, and are able to go and stay out late, while girls are supposed to be at home earlier than boys, and in some families, girls are chaperoned by their parents or their brothers. Parents feel an obligation to keep their children safe from dangers in society (Ziaian, 2003; Bretschneider, 2001). For adolescents and even before, in some traditional families friendships between girls and boys are prohibited. The perceived risk is higher for girls than boys, because girls are considered less strong and more emotional than boys. The perceived risk can include drug and alcohol use, friendships with the opposite sex, and the most stigmatised and taboo of all, having sex before marriage, especially for girls. The stigma attached to non-virginity and ex-nuptial pregnancy leads to parent's vigilance of their children, particularly their daughters, and any potential relationship with the opposite sex is strictly proscribed. Parents try to monitor and control their children's personal life to reduce the perceived risk (Price, 2009a).

In a study of 501 female and male high school students, Zohrevand (2002) found that 68 percent of the sample held gender stereotypes. In this research, 26 percent of girls were not satisfied with their gender compared with just four percent of boys. Almost half of the sample believed that 'gender' contributes to success in Iran (having more opportunities to find an employment with higher payment for men), and being a girl is an obstacle because of less freedom and more limitations imposed on them from family and society. Teenage girls were twice as likely to hear that their behaviour was 'boyish' because they showed passion, or were 'naughty', because they liked to cycle or to roller skate in the street, were interested in wearing boy's clothes, or were serious, assertive and independent. Boys were criticised for acting like girls when they showed sadness, cried easily, or were 'too' kind or emotional.

Although parents and extended family, textbooks and many institutions, emphasise the role of mother and wife for Iranian women, this does not mean that Iranian women are

passive and oppressed by gender stereotypes. In contrast, since the 1979 revolution, women's movements and women activists in other parts of civil society have focused on empowering women through education, improving the health system, and reducing the fertility rate. All these factors have provided women with greater power of decision-making and agency (Mahmoudian, 2005). This agency is, however, different from the dominant Western theoretical standpoint, which emphasises autonomy and independence (Wray, 2004). Iranian women have gained more awareness of their rights and have challenged the assumptions that position them mainly as mothers and wives, by increasing their involvement in higher education, job markets and politics (Mahdi, 2003; Kian-Thiébaud, 2005; UN, 1998). But this improved status does not exclusively focus on individual autonomy and freewill; rather it is fostered through social relationships with family, friends and wider community. Rather than an individual quality, women's agency is a social construct (see Chapters four, six & seven).

Education and employment

More women are entering universities globally, and Iran is no exception. The proportion of female admission at undergraduate level increased from 31 percent in 1979 to around 60 percent since 2000. The number of female students in the technology and engineering fields is still less than males; however, the number of female students in science, arts and medicine has been remarkably high, more than 70 percent of the total student population at the undergraduate level (Rezai-Rashti, 2011). This increased number has not lead to an increase in female employment, however. According to a World Bank report (Saadat, et al., 2010), although the rate of female employment in Iran has increased from around 14 percent in 2000 to around 27 percent in 2007, nearly half of educated women compared to 10 percent of educated men, were unable to find a job . According to Bahramitash and Kazemipour (2011), the majority of women in urban areas (49%) worked in professional and technical fields,

while the majority of women in rural areas (45%) worked in industrial production, transportation and as labourers.

Due to gender segregation after the 1979 revolution, women both gained and lost certain job opportunities. Although they cannot be judges and cannot work on construction sites, new windows have opened in sex-segregated places such as single-sex schools, the health care system (e.g. women's wards in hospitals and prenatal and postnatal care) and women-only sporting centres which require female staff (Bahramitash and Kazemipour, 2011). Women also play a small but important role in politics. The number of female parliamentary candidates increased from just three percent in the first *majles* (parliament) in 1980-84 to 10 percent in the seventh *majles* in 2004-2008. Women can also work as judicial counsellors, especially in the family courts. Women's participation in sports, cinema and publishing (including magazines, journals and books) also has been growing since the end of the Iran-Iraq war (Taheri, 2011).

The informal sector however remains invisible in official statistics. Howard (2002) argues that women in rural areas take full responsibility for the household, included raising livestock, dairy farming and rice growing, but this is not officially reported. Almost all rural women spent their wages on the household and referred to their earnings as 'family' income. Bahramitash and Kazemipour (2011) found that the informal sector is significant in both urban and rural women's lives, especially in sex-segregated places. They observed that some women-only places, such as hair salons were not limited to haircuts and make-up but they were informal settings to sell or advertise goods and services ranging from women's and children's clothing to renting a house. These women's only places and the informal sector play an important role in building, maintaining and expanding social networks.

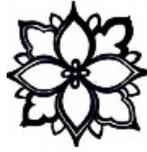
Despite women's awareness of their rights to work and their efforts to stay in the job market, cultural issues still hinder their involvement. Housework and taking care of the family are perceived as women's first priority, and this is perpetuated by both men and women. This leads to the belief that in times of an employment crisis, men are more deserving of having a job than women (Moghadam Knudson-Martin, & Mahoney, 2009; Saadat, et al., 2010) and that women's employment is not as important as men's. Therefore, even when women work in paid employment, gender stereotypes persist, and working women are still responsible for the majority of the childcare and household jobs.

In a qualitative study of the social factors influencing the health of Tehrani women, Parvizi and colleagues (2010), found that women complained about doing hard jobs (housework and outside work) and that they made sacrifices for the family without recognition. Lorestani (2003) believed that this trend is changing; and that the Iranian women's movement has started to challenge old beliefs and ideas about gender roles and have attempted to reduce gender inequality. He conducted interviews with 109 women activists, the majority (83%) university educated women. He stated that inequality in the law and cultural values were the most important issues for advocacy. Women did not suggest that practicing different roles as a wife or mother would restrain or place them in a lower status to men, but they believed that cultural and social views towards women were a problem that needed to be improved.



Australia is host to around 34,500 Iranians who have come to Australia under different visa categories. In order to present a detailed picture of Iranians in Australia, I divided this chapter into two parts. In the first part, I described how migrants came to Australia and described the different visa categories, including the Humanitarian Program, Skilled Stream, Family

Stream and Temporary Visas. In the second part I provided a brief history of Iran over the last four decades and provided a background to the status of women in contemporary Iran. According to the literature, Iranians are family and child oriented. Women are considered to be the transmitters of cultural norms. Traditional gender roles still dominate many households, and motherhood and wifehood are considered the main roles for women. However, higher education and employment have empowered Iranian women during the last decades, and accordingly women have gained opportunities to challenge gender roles and norms.



CHAPTER THREE

RESEARCHING WELLBEING: MY PHD JOURNEY

Wellbeing includes more than physical and mental health; it incorporates a sense of satisfaction, contentment, personal fulfilment and existential calm; much more so than health, it is a social construct. Accordingly, it can be redefined, refined and reinterpreted at any place and time (Manderson, 2013 [2005]: 4)

If wellbeing is a social construct tied to people's circumstances and conditions (Manderson, 2013 [2005]), researching wellbeing without considering its social dimensions seems impossible. Therefore to investigate wellbeing, a methodology is needed that can contextualise peoples' life experiences and can explore not only the people but also their environment and their interactions in and with this environment. As Camfield, Crivello and Woodhead (2009: 11) argued, "It may be necessary to supplement direct questions about wellbeing with participant observation, and listen to respondents speaking in their own terms, rather than in slightly artificial contexts of an interview or participatory exercise." Ethnography is one methodology that allows researchers to understand how people conceptualise wellbeing in their own terms. Ethnography has been widely applied to investigate wellbeing, particularly in migrant communities (for example Vasey & Manderson, 2012; Baird & Boyle, 2012; El-Shaarawi, 2012; Camfield, et al., 2009; McMichael & Manderson, 2004, Dossa, 2004). I decided to use an ethnographic methodology for this thesis, because it enabled me to gain a nuanced understanding of participant's experiences, their perception of wellbeing, and how it changed due to and is shaped by migration. One of

the requirements of ethnography is participating in social actors' lives to better understand them, to learn what is going on in a group or community, to gain first-hand observations of behaviours, and to explore how people create meaning in their worlds (Gobo, 2011; Scott-Jones, 2010). Accordingly, I employed a variety of methods to collect the data, including participant observation and in-depth interviews. I attended many social and cultural events in the suburbs popular with Iranians in Melbourne. Participant observation enabled me to focus on group actions, which helped me to contextualise information gained through interviews. I took field-notes in order to remember the important information that was useful for interpreting the data (Gobo, 2011; Schensul, Schensul & LeCompte, 1999). I conducted 32 extended open-ended in-depth interviews, followed by several short interviews, with Iranian women, service providers, and key informants who worked with Iranian migrants. To analyse the data, I employed a thematic analytic approach using NVivo 9 software, as I discuss later in this chapter.

This chapter is my story, my PhD journey, my adventures of researching my own people in Melbourne. Here, I describe the study population and recruitment methods as well as the field work upon which this thesis is based. I aim to describe the locations in which my participant observation took place, along with some examples of cultural events. I then explain the methods which I employed to collect the data and the analytic process, the ethical issues that arose, and the challenges that were involved in researching 'wellbeing'.

The geographical setting of the research

The study was conducted in Melbourne, the capital city of the state of Victoria, Australia. Melbourne is the second most populous city in Australia after Sydney, and is located in the south east coastal area of the country. By 2011, Melbourne had a population of approximately four million people from some 200 nations, making the city one of the most multicultural

cities in the world. Almost 26 percent of the Victorian population was born overseas (Australia, DPCD, [Department of Planning and Community Development]¹, 2012a & b). Melbourne is jokingly renowned for its changeable weather; however it is generally warm to hot during summer (December- February), mild during spring (September-November) and autumn (March-May), and cool in winter (June-August) (Melbourne, City of, 2012). According to the Economist Intelligence Unit's survey of the liveability ranking, in 2012 Melbourne was ranked as the most liveable city in the world (among 140 cities surveyed) (Economist Intelligence Unit, 2012).

Melbourne is divided into 31 Local Government Areas (LGA) (administrative areas, the majority with city status). The majority of Iranians (42%) live in a number of contiguous eastern suburbs of Melbourne, including the City of Manningham, City of Whitehorse, City of Monash and Knox City (Figure 3.1). These areas are all ranked as advantaged local areas.

Knox City hosts 6.7 percent of Iranians in Victoria and is located 25 km east of Melbourne Central Business District (CBD). The majority of the Knox city's population are young people (90%) who live in family households. In terms of income, education, employment status and level of occupations, the city is ranked an advantaged area in Victoria (Knox, City Council, 2012). The City of Monash is located adjacent to Knox and around 14 km from the CBD. It is a residential area, but it also includes industrial, commercial and recreational areas. In 2011, the population of the City of Monash was around 169,000 residents, the majority of them (78%) living in private houses. The city is ranked 23 out of 31 in the Socio-Economic Indexes for Areas (SEIFA),² placing the city again as a relatively

¹ Please note that the departments' names change over time including with changes in government and cabinets reorganisations.

² SEIFA scores reflect the level of disadvantage based on census results of income, education, employment and occupation. The highest scores show the most advantaged areas, one is the lowest advantaged area (Knox, City Council, 2012).

advantaged area (Monash, City Council, 2012). The City of Whitehorse, adjacent to Monash and Knox and 17 km east of Melbourne CBD, is another area with a high overseas born population. The high housing prices makes this area unaffordable for many but it still hosts around eight percent of Iranians in Victoria. The area was reported as either safe or very safe by its residents (Whitehorse, City of, 2012).

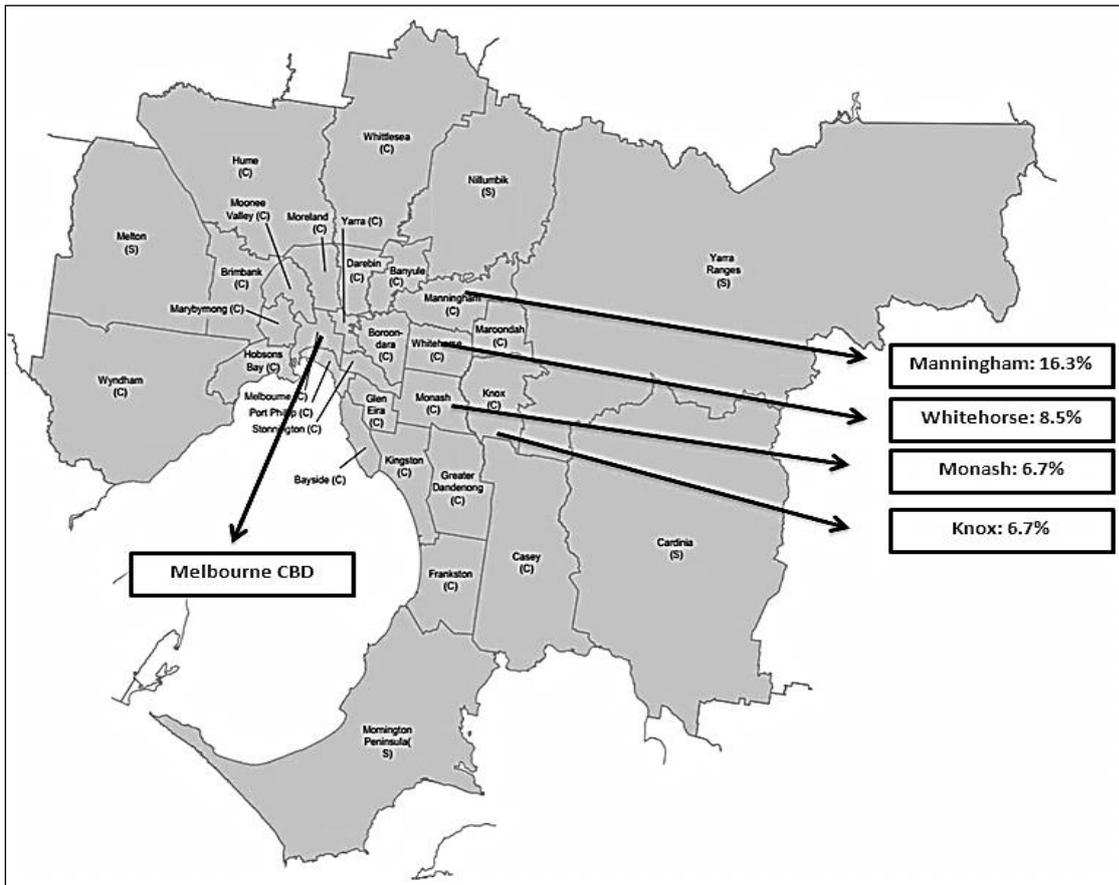


Figure 3.1: The four top areas of Iranian settlement in Melbourne

The majority of Iranians (16%) lived in the City of Manningham located in the north-east of Melbourne, about 12 km from the CBD. The city is host to a large number of migrants. Almost 38 percent of its population was born overseas, compared to 25 percent overseas born in the whole Victorian population (Manningham, City Council, 2009). According to the ABS (2011), the unemployment rate in this area is low. Half of the population own their own houses and 32 percent are in the process of purchasing one. This

area is affluent, especially compared with other suburbs with high migrant populations. It is also relatively green with 300 parks, some along the Yarra River (Alves, 2004). The area was ranked 27 (out of 31) in the SEIFA index meaning that this suburb is one of the most advantaged areas in Victoria and Australia (Lawrence Consulting Group, 2011).

The study participants

Iranian women

Hennink, Hutter and Bailey (2011:84) argue that qualitative research is designed “to gain a detailed understanding of a certain phenomenon, identify socially constructed meaning of the phenomenon and the context in which a phenomenon occurs.” In order to explore the subject in-depth, the study population should be small. Therefore, I conducted in-depth interview with 11 service providers and key informants as well as 21 Iranian women who were first generation migrants and who had small children (at least one child under the age of 10), none of them had more than two children. They included both permanent and temporary migrants (Table 3.1; see also Appendix 1). Most of the participants (n=19) were skilled migrants or international students, all of them were under 45 and had been living in Melbourne from 2 to over 10 years. Although the majority of participants had a university degree (n=18) and were employed before migration (n=16), only two participants had a full time job in their areas of expertise. The other women were students, had part time-jobs or were housewives. Some of these participants had been employed, but had lost or quit their jobs for reasons that I discuss in detail in chapter six. Seven participants introduced themselves as practising Muslims: they wore *hijab*, practiced prayer and fasting, did not shake hands with men, did not drink alcohol, and attended religious events. Ten participants introduced themselves as non-practising Muslims, some did not practice any Islamic codes, and others did not wear the *hijab* but still practiced fasting, praying and attended religious events.

Table 3.1: My participants: Iranian women's demographics

Year in Australia 2-5 year < 5 year	12 9	Employment status Part time Full time Student Housewife	3 2 4 12
Age 30s 40s	14 7	Education Less than diploma Diploma Bachelor degree/TAFE Higher education	1 2 9 9
Visa category Skilled migrant Student visa Humanitarian visa	12 7 2	English (spoken proficiency) Very well Well Fair Poor	9 5 4 3
Number of children 1 child 2 children	13 8	Religion Practising Muslim Non-practising Muslim Not stated	7 10 4

Service providers and key informants

I conducted interviews with employees of organisations that worked with immigrants (Appendix 2), including the Migrant Information Centre (MIC), Centrelink, Whittlesea Settlement Support Service, Spectrum Migrant Resources Centre (MRC) and the Iranian Cultural School. The MIC is a not-for-profit NGO that provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne, including employment, English classes, opportunities to volunteer and support others, family and housing support and migration advice (MIC, 2012). Centrelink in Australia is a government agency which - among other programs - supports newly-arrived refugees and migrants in almost all aspects of their life, including housing, medical issues, financial issues and employment (Australia, DHS (Department of Human Services), 2012). The Whittlesea Settlement Support Service is a not-for-profit association supporting disadvantaged refugee and migrants. It has a settlement program that directly helps people (e.g. providing financial support, free legal services) or refers them to other social support organisations for emergency assistance or

other aid (Whittlesea Settlement Support Service, 2012). Spectrum Migrant Resources Centre (MRC) also provides settlement services to newly arrived migrants and refugees, including housing, orientation sessions, job matching and training sessions, and aged care facilities (MRC, 2012).

I also interviewed some Iranians who worked with this community as part of their daily work, including a GP, an artist and a psychiatrist. I asked service providers and key informants if they were interested in participating in the research by going to the organisations personally, sending emails to their staff, and contacting them by telephone. Although I intended to interview non-Iranians, seven out of these eleven participants were Iranians. The reason was that when I described the research to the staff of the organisation, they mostly referred me to Iranian staff within the organisations, believing that these persons would know more about the community.

While attending many Iranian cultural, social and religious events, I had also extended hours of informal interactions and conversations that enriched my analysis. To have first-hand knowledge about the experiences of women with small children, I visited women at their houses, visited pregnant women during their pregnancy at their homes and while they were in hospitals, and accompanied women for their immunisation or GP appointments. I had the opportunity to spend a night in a maternity ward with a woman in labour, and attended her caesarean section the next morning.

Methods

Recruitment process and its challenges

There is a growing body of literature on sampling methods for ‘hard-to-reach’ populations and ‘hidden’ populations: groups of people that are ‘hard to reach’ due to their physical or geographical locations (e.g. people who live in dispersed and remote areas), their

unwillingness to participate in research for legal and other reasons (e.g. drug users), and their scattered settlements in a given location. These groups of people tend not to have an existing list of members, a 'sampling frame' that is crucial for random sampling (Shaghghi, Bhopal & Sheikh, 2011; Heckathorn, 2011; Goodman, 2011). Therefore, researchers have created and employed other kinds of sampling methods and requirement strategies to recruit and work with participants from disseminated communities such as migrants, who are considered - often despite their visibility - to be one of the most hard-to-reach populations (Shaghghi et al., 2011: 2). These methods include purposive and opportunistic sampling (Liamputtong, 2009; Hennink et al., 2011), snowball sampling (Goodman, 1961; Coleman, 1958), and Respondent Driven Sampling (RDS) (Heckathorn, 1997, 2011).

Recent studies have attempted to draw a clear line between snowball sampling and RDS, as many researchers use the terms interchangeably. Traditional snowball sampling, as Coleman (1958) describes it, starts with a random sample of a group of people. Each participant is then requested to nominate a 'best' friend to participate in the research, and each 'best' friend is asked to nominate another one. Goodman (1961, 2011) has explained snowball sampling as a process similar to Coleman's method, with an additional statistical estimation of the number of possible mutual relationships among people in a given population (Goodman, 2011; Heckathorn, 2011). Snowball sampling has been widely used in research with hard-to-reach groups; and the first step of randomly selecting the first participant is transformed to purposive sampling in many qualitative studies. Hennink and colleagues (2011) describe snowball sampling as a method of recruitment which includes asking a participant to nominate another person who meets the inclusion criteria of the research; each new participant is also asked to do the same, so that the number of participants will be increased through this chain-referral.

Chain referral sampling methods such as snowball sampling have been criticised as being biased, and Heckathorn (1997, 2011) believes that RDS can resolve this problem. RDS starts with a convenience sample non-randomly, and then uses snowball sampling to recruit new participants. But to reduce the risk of bias and to increase the validity of the findings, it includes other features that distinguish this approach from snowball sampling. It uses an incentive and coupon system to recruit new participants. Each participant receives a certain amount of coupons and will get an incentive (often money) both for participating in the research and for introducing new participants. Allocating a limited number of coupons to each participant reduces the risk of bias, by recruiting participants from different introductory sources. Participants are not asked to disclose the potential participant's information to the researchers before their agreement to participate. RDS also keeps a record of referrals to track who introduced whom and uses a mathematical model to evaluate the sample (Heckathorn, 1997, 2011; Goodman, 2011; Shaghghi et al, 2011; Handcock & Gile, 2011; Magnani, Sabin, Sidel & Heckathorn, 2005; Kendall et al, 2008).

Concerns over bias and limitations in the generalisability of the results are two important issues that are frequently addressed relating to these recruitment methods, leading to the use of mathematical and statistical methods to increase the validity of findings. However, in qualitative research, the importance of generalisation is less important than in quantitative studies, because qualitative research aims to explain human behaviour and the meanings that are attached to it and this depends heavily on time, location and culture (Rudnick, 2012; Fairweather & Rinne, 2012). Therefore, in most qualitative research, sampling methods do not rely on statistical measurements but on purposive sampling.

In my research, as in many other qualitative studies, I employed a combination of snowball sampling and RDS without any statistical measurements or offering incentives. I selected the first participants via purposive sampling non-randomly, but then I used snowball

sampling to find other participants. To reduce the risk of recruiting people from a limited number of social groups, I used different introductory sources such as different gatekeepers, my social networks, my friends' social networks, and different participants' referrals, so most of the participants introduced me to just one of their friends. I did not ask any of the participants to disclose their friend's personal information before their agreement to participate.

Participant observation

Participant observation is widely used as a data collection method in qualitative studies, especially in ethnographic research (Kawulich, 2005). According to Hennink, Hutter and Bailey (2011: 170), participant observation “enables researcher to systematically observe and record people’s behaviours, actions and interactions.” Through participant observation, a researcher is able to establish a direct relationship with the people under study in their natural environment. The researcher often stays in the research setting for a period of time, sometimes over years, to observe, learn and to describe social action, by participating and interacting with people and by learning the language, culture and codes of behaviour. This process also enables the development of the interview guideline (Gobo, 2011; DeWalt & DeWalt, 2011).

Without observing people in their natural setting, it is almost impossible to check for the quality and quantity of interactions between community members, to grasp non-verbal expressions of feelings, and to observe and understand a group’s activities (Kawulich, 2005). According to DeWalt and DeWalt (2011: 110), the goal of participant observation is to “develop a holistic understanding of the phenomena under study that is as objective and accurate as possible.” Some researchers (Hesse-Biber & Leavy, 2011, Gold, 1958) divided participant observation into four types, based on the level and kinds of participation by

researcher in the field, and the level of disclosure about his/ her role. The categories are as follow: a complete participant, a complete observer, a participant as observer, or as an observer as participant.

A ‘complete participant’ is a researcher who is or becomes a member of the group under study and conceals her research role, so that the participants act naturally in their environment. In this role, the researcher needs to act as if she were one of the group’s members, by participating in the group activities and appearing to ‘go native’. For example if I wanted to be a complete participant, I would build friendships with Iranian women in a mothers’ group, and fully participate in their activities as an Iranian mother, and at the same time observe their interactions and experiences without letting them know about my research. As a ‘complete observer’ on the other hand, I would attend and observe a group, like a monthly poetry night, without ‘going native’ and participating in their activities. In this way, the participants might not know that I was a researcher and studying their interactions was my main goal, so they would act naturally. Both of these positions raise ethical issues related to deception of the participants (Hesse-Biber & Leavy, 2011, Gold, 1958).

In order to overcome ethical issues, a researcher may act as an ‘observer as participant’ or ‘participant as observer’. In both roles, it is important to inform the study population of the research plans. An ‘observer as participant’ is a researcher who is or becomes a member of the group and informs the participants of the research role. The researcher develops relationships with the participants through participating in group activities. In this role, the researcher needs to take some time to build trust, as her presence may change the behaviour of the participants when they know they are under observation. The ‘observer as participant’ informs people of the study and participates in the study with the main aim of collecting data. The ‘participant as observer’ researcher completely participates in activities, but the emphasis is on the observations. Like a ‘complete observer’,

a 'participant as observer' would get involved in the day-to-day activities of the study population, with their awareness of the main goal of research's presence among them. But she does not need to fully participate in the group activities (Hesse-Biber & Leavy, 2011, Gold, 1958). According to Gold (1958), the 'observer as participant' role is the most ethical approach for conducting participant observation. Depending on the setting, I applied both 'participant as observer' and 'observer as participant' roles during my research, a point that I return to later in this chapter.

I divided my participant observation into two categories of cultural and religious events. The cultural category included any events and settings which were not religious-based and in which Iranians from different religious backgrounds participated. Religious events included any events that were religion-based (Islamic) and in which Muslims primarily were involved.

Cultural events

Iranian Cultural School

The Iranian Cultural School is a member of the Ethnic Schools Association of Victoria,¹ and was a major location both for participant observation and recruitment in my study. The school was established in 1982 with just eight students, in the garage of a parent's house. After some months, with increased interest, parents hired three rooms in a public school and officially started the Iranian school. All the staff work as volunteers and believe the school is vital to keep the Persian language and Iranian culture alive in Melbourne. The school accepts students from pre-school to grade 12, and also provides Persian language classes for English-speaking adults who wish to learn Persian. In 2011, the school had 170 enrolled students and 20 teachers (Iranian Cultural School, 2012).

¹ <http://www.communitylanguages.org.au/index.php>

The school runs every Saturday from 2 to 5:30 pm. Most parents drop off and pick up their children; however, some parents stay at school for the duration of the classes. These parents (mainly mothers) form small groups in different parts of the school to sit and chat. They usually discuss food, social events, where to buy Persian cooking ingredients, matters affecting their children, and the current situation in Iran. The school plays an important role in helping people keep in touch on a weekly basis, and some women, with grown up children who had finished school many years ago, still come to the school to catch up with their friends. The school celebrates the main Iranian cultural events, such as New Year, *Charshanbe Suri* (fire festival) and *Sizdabedar* (nature day), which I describe below.

Charshanbe Suri

Shortly before New Year, in March, many Iranians celebrate *Charshanbe Suri*, the fire festival. This dates back to 1725 B.C, and is held on the last Tuesday night of the year in the Persian calendar (Mansouri et al., 2007). It includes building one or more bonfires and people jump over the fire, shouting *zardie man az to sorkhie to az man* (May my yellow [symbol of sickness] be yours, may your red glow [symbol of health] be mine). In Melbourne, the Iranian Cultural School holds this event every year. To ensure safety, the school makes small bonfires and school personnel guide people, explaining to them how to jump over the fire safely, shortly after sunset, many people jump over the fire. Iranian foods, sweets, handicrafts and music are integral parts of the festival. It seems that most people do not take the festival seriously in terms of it contributing to their health. Some even considered the act of jumping over fire and seeking health from it against Islam, as one participant suggested, but still they attend the festival to meet and greet friends. The next event people come together and celebrate is *Nowruz*.

Nowruz (new day)

*Nowruz*¹ literally means new day, and is the first day of spring in the northern hemisphere and the start of New Year in the Persian calendar. In 2010, the United Nation's 64th Assembly fixed 21 March as 'the international day of *Nowruz*' as a spring festival of Persian origin. Each year nearly 300 million people around the world particularly in the Balkans, the Black Sea and Caspian Sea regions, the Caucasus, Central and South Asia, and the Middle East celebrate this ancient festival (UN, 2010:1). Within Iranian households, preparations to welcome *Nowruz* start several weeks before with *khane tekani* (cleaning the entire house, throwing out old stuff, reorganising everything in the house), and in some households, by growing *Sabze* (sprouts from seeds such as wheat or lentils) to use for *Haft Seen*, a table set with seven items that start with the letter *Seen* (S) in the Persian language. This celebration of *nowruz* continues for 13 days.

Some Iranians in Melbourne hold public New Year parties and may sell tickets two or three months earlier; for example, the Iranian Cultural School sells tickets in February and most of the tickets sell out in the first week. The organisers decorate the hall with *Haft Seen*, cover the walls with images from Iran, and traditional fabrics; Iranian music is played during the event, Iranian dancers and singers perform, and Iranian foods and sweets are provided. Some people prefer to celebrate *Nowruz* at home in a calm environment, while they sit around the *Haft Seen* reading the Quran, waiting for *tahvile sal* (the exact time of the spring equinox). After *tahvile sal*, Iranians visit their friends and relatives; and in Iran but not in Australia they enjoy two weeks holiday.

¹ In contrast to New Year in the Gregorian calendar which always occurs at midnight, the Iranian *Nowruz* (New Year) happens on 21 March (20 March in leap years) at a different hour each year based on the vernal equinox.

Sizdabedar

The Persian New Year holiday starts with a focus on rebirth in nature and finishes by focusing on appreciating nature on *Sizdabedar* (nature day),¹ which falls on the 13th day of *Nowruz* (2 April or 1 April in leap years). In Melbourne, it is celebrated at the same venue as *Charshanbe Suri*. The event is similar to *Charshanbe Suri* in terms of the stalls and live music, and the same people generally attend both events. These events are important for the community, allowing people to catch up with friends and have fun. Fashion (both of dress and hair) and make up are integral parts of Iranian events, especially New Year parties. Although there is no dress code at cultural events as people from diverse backgrounds often attend them, modesty is a cultural norm and respected by the majority of people.

Religious events

There are two kinds of religious events; those that celebrate birthdays or other happy events, and those related to mourning of the death of *Shia Imams*.² These events often include speeches and prayers as well as programs for children. Complimentary foods, sweets, tea and coffee are offered and some people may bring traditional sweets or desserts to share. These events often occur on a Friday or Saturday night and sometimes are held outdoors. One of the visible features of these religious events is the [optional] dress code; women wear *hijab* (head scarf), even those who do not usually do so. Wearing *hijab* in this context was related to showing respect for and appreciation of the spirituality of the event.

Not all of the attendees believe in the religious teachings or speeches, and sometimes they were critical of the speakers; however, they attended the events because they provided

¹ *Sizda* means 13 and *bedar* means going out.

² Shia Muslims believe that following the Prophet Mohammad's death, Ali, his cousin and son-in-law was supposed to take leadership and after him, his children (11 Imams) should have taken leadership directly. Shia Muslims celebrate the birthdays of the Prophet Mohammad, his daughter Fatemeh, Ali and his descendants, and observe memorials and mourning at times of their death.

them with a good opportunity to be among others belonging to the Iranian community. For Muslim families, these events played an important role in reducing the risk of what they perceived to be the ‘cultural pollution’ of their children in Australian society. They were concerned that their children did not have the opportunity to hear *Azan* (call for prayer), or any other kind of Islamic lessons as they used to, and these events, even once in a while, helped parents to keep their children on the ‘right’ track. Others, especially non-practising Muslims, believed that their children should know about Iranian culture. Social events enabled their children to learn more about the history of Iran and the cultural roots of Iranians: “I bring my children here, so they know that we also have a long history and civilisation. We have a lot of things to be proud of and I like my children to learn them” (Maryam, 40, Australian Citizen [hereafter AC]).

In contrast to non-religious events, food must be *halal* at religious events and alcohol is prohibited. At religious events, food is often free and provided by the organisers, although donations are welcomed. The events mainly start with reading the Holy Quran followed by speeches from guest speakers in Melbourne or online from Iran. Depending on the event, the speakers would talk about the lessons from *Shia Imams* or the importance of the specific event. Mothers with small children often formed small groups outside the hall and chat; this was a golden time for me to observe people’s interactions with each other and with their children. After speeches, there was time for questions and answers followed by prayers together on the mats provided for this purpose. At the end of the event, food would be served and participants have time to catch up.

As noted above, I employed both ‘participant as observer’ and ‘observer as participant’ roles during occasions of participant observations. For example, one afternoon I accompanied a group of people for a religious ceremony. The food provided was small sandwiches, which the organisers made in the hall. During the speeches, I helped to make the

sandwiches and then to serve them. While I was observing people and their interactions, I was also involved in the interactions. In settings like this, taking the ‘participant as observer’ role was the best way to conduct participant observation; otherwise I would appear to be ‘lazy’ or ‘selfish’, not willing to socialise with others. However, in other settings such as cultural events, I did not need to participate fully. During cultural events, I could hang out with people and observe them without being expected to do anything in particular.

I did not face major challenges in gaining entry to the field setting, as I had enrolled my son in the Iranian Cultural School and I had already attended many cultural and religious events as my daily life activities, long before starting to think that these people would be my study population. Therefore, I had many opportunities to participate in conversations around migration issues and problems with children, as these were common issues that women often talking about. Later, when I decided to undertake research and introduced (or reintroduced) myself as a researcher, women I approached were happy to hear about my study plans. They believed that for some migrant communities, there was a lot of information available to help them settle in Australia, but Iranians struggled to find such help due to a lack of research pertinent to them and because services were limited due to the small size of the community. Some women approached me indicating that they were happy to participate before I asked them to do so, and often told me, “We have a lot of things to say. What do you want to hear?” The next step in conducting participant observation after gaining entry was to find gatekeepers and ‘trusted persons’ who could help me to recruit participants.

Social and cultural events were the best places to find and meet new people; however in the Iranian community, it is not easy to approach individuals without having a gatekeeper, because, as Hoffman (1990: 282) states, this community has a “well-recognised mistrust of any person defined as an outsider” or anyone who tries to gather information about them. Some researchers, both Iranians and non-Iranians, have experienced a high level of mistrust

among Iranians. For example, in a study about cultural identity among Iranians in Iowa, Chaichian (1997) found high levels of resistance and suspicion toward strangers who wished to collect personal information about them. Bailey (2008) found that Iranian researchers may be considered strangers as well, because of their socio-economic status, religious or political affiliation; therefore being from Iran does not necessarily guarantee acceptance. Higgins (2004) found that to study Iranians, a researcher needs to build strong ties with community members, and many researchers found snowball sampling to be the best recruitment method, due to its reliance on referrals from trusted persons (Dastjerdi, 2012; Saechao et al. 2012; Ghayournejadian, 2012; Ketabi, Ghasemi & Mahdavi, 2012; Sadeghi, 2008; Ochocka & Janzen, 2008; Higgins, 2004).

I also found that snowball sampling was the best method to recruit participants. To overcome mistrust and build rapport, whenever I found a potential participant, I tried to find a gatekeeper or a mutual trusted friend who could introduce me. Many of the participants explained to me they did not usually talk about their life experiences with strangers, but that they had trusted me because they had trusted the people who introduced me. One participant, who talked to me on several informal occasions after an in-depth interview, explained that if I had contacted her personally and asked her to participate, she would have declined because she did not know me. Participants reinforced the stereotype that Iranians are suspicious of anyone who wants to enter their private sphere.

In Iranian culture, anything that happens in the house is considered private, and should not be disclosed to strangers (outsiders). My efforts to talk with people who were complete strangers to me, without the help of a gatekeeper, had both positive and negative responses. Some were so suspicious of me they did not even try to find out what the study was about, fearing that I would force them to participate. Some were worried about confidentiality and refused to be part of the study. Some excused themselves and said they

did not have time or were not interested. After a few failures - around six failed efforts - I came to the conclusion that I could not recruit anyone out of the blue! I could not approach an Iranian woman and ask her to talk with me. I knew that building trust would take time; therefore during pre-fieldwork and later during fieldwork, I tried to present myself as a moral, friendly and trustworthy person. I participated in religious and non-religious events and settings where such would occur and invested a lot of time establishing friendships with community members.

Kawulich (2005) believed that ‘hanging out’ during field work is vital as it facilitates the process of building and maintaining trust and rapport. To build rapport with individuals, I participated in informal conversations and was an active listener. One of the strategies I used to build relationships was to show interest in women’s experiences, taking the ‘stance of a child’ who needed their advice (DeWalt & DeWalt, 2002). For example, I frequently asked women at the Iranian Cultural School for recipes of special Persian foods or sweets that I had never cooked before and, most importantly, asked them where to buy the ingredients. I found that women were happy to help me in such obvious daily matters. I spent several weeks just observing, talking and listening to them, asking questions not necessarily related to my research. For several weeks I just went to school and tried to show women that I was one of them by engaging in their conversations and by cooking the new recipes that they had taught me and taking the food to school to show my appreciation. After a few weeks, I asked if any of them were interested in participating in my study. The new information that I gained through the interactions with women at school, such as places to find cooking ingredients, also facilitated me to build friendships outside the school, when I shared my information with newcomers that I occasionally met. One of the participants introduced me to her newcomer friend: “This is Azam, you can ask her any questions. She knows many people and knows where to buy things.” I also invited people for dinner, accepted their invitations, went

walking or shopping with them, and accompanied some women to Maternal and Child Health Centre for immunisations. I even attended the birth of a baby by caesarean section, because the woman and her husband believed that we (my husband and I) were the only people they could trust.

During participant observation, I kept a 'field note' diary to write down the place and time and event, which I observed. I attempted to keep well-organised field notes including the setting and the participants (e.g. Iranian cultural school, Iranian mothers), a description of the participants (e.g. a Muslim woman with colourful scarf) and the physical setting (e.g. the restaurant furnished with Persian rugs).

26 August, Ramadan, Iranian students, *Eftar* feast

I was invited to an *eftar* feast (the time to break the fast) with my family. I went early to help to prepare the room. It was in a community centre hall. The organisers decorated the wall with Islamic messages and photos. Then I helped to set the tables for around 26 people including six children. We placed plates, mugs and forks on the table. For dinner, chicken kebabs were served, cooked by Iranian chef and for desert there were traditional sweets which some women brought. As it was a religious event all the women wore *hijab*. After dinner, people said their prayers on the mats on the floor. There were no signs of mandatory gender segregation; however, women formed small groups to talk and catch up as many of them knew each other but did not have the opportunity to meet each other regularly. As most of them were students or their husbands were students, they talked about how to manage work and life. Even women who did not have children were concerned about the future and liked to hear of other women's experiences. They also talked about how many children were enough, and noted

that the current trend in Iran is to have just one child. Some women talked about the difficulty of having a child here; however they also talked about the importance of having two children.

In-depth interviews

To understand how women adjusted to their new life style, to learn about their experiences and their feelings, and to know how they saw the complexity of their life, I had to talk to them, to ask them to think deeply about their day-to-day experiences and recount them to me. Therefore I used in-depth interviews to explore research questions from the participant's point of view (Miller & Glassner, 2011; Liamputtong, 2009; Schensul et al., 1999).

An in-depth interview is a meaning-making process which involves a conversation between an active listener (the researcher) and a participant. It is often conducted face to face; however it can be arranged as a telephone or email interview, although these are not as interactive as face-to-face interviews. The goal of an in-depth interview is to gain a rich understanding of a particular issue from the participant's point of view. Many researchers use digital recorders during interviews to prevent any possible changes of the data (Hesse-Biber & Leavy, 2011, Ritchie and Lewis, 2003).

An in-depth interview is often open-ended, allowing participants to talk freely for as long as they wish about a given topic. However, in an in-depth interview, the researcher is not a passive listener. Rather she actively listens to the participant and picks up the nuances to use them for subsequent questions, and to guide the conversation to ensure that the interview covers all the issues that are important for the study. To be an active listener, the researcher should prepare an interview guideline, a list of topics with or without specific questions related to the study questions (Hesse-Biber & Leavy, 2011); therefore, I used an interview guideline (Appendix 3) to help me to keep all areas of the study in my mind. All

participants had the opportunity to talk as freely as they wanted to narrate their story. The interviews lasted from 30 minutes to more than eight hours, depending on the participant's level of willingness to talk and disclose. The interviews were followed by participant observation, several shorter interviews and short phone interviews, to elaborate parts of the conversations. Some of the participants also emailed me after an interview when they had something that they wanted to add.

All participants had the opportunity to select the time and location of the interview. The majority of participants (n=16) invited me to their houses. Interviews were conducted at the Iranian Cultural School, a few of them were conducted in cafés and parks, and two participants decided to be interviewed only by phone. I met and interviewed the service providers and key informants in their offices. Granting research participants with an opportunity to select the time and location of the interview was part of my rapport building strategy. By asking the participant to choose a time and setting convenient to them, I consciously balanced the power between the participants and me. I attempted to give participants control over their decisions not only about when and where, but also about how much they wanted to contribute to the study (see Manderson, Bennett & Andajani-Sutjahjo, 2006).

Ritchie and Lewis (2003) describe six stages in conducting an interview. The first stage is related to the interviewer's arrival. During my interviews, I was always on time and took a box of chocolates to the interview as a culturally-acceptable gesture. I shook hands with the participants, and if I knew them beforehand I would kiss them as well. If I was visiting them at their homes, I always asked if I should take my shoes off and did so upon their request, then I waited for the participant to guide me to the room or place that she had decided for me to sit. As Ritchie and Lewis (2003) have suggested, these first few minutes were crucial for establishing rapport and a good relationship. I would start with a general

greeting, rather than rush to start the interview. The next stage of the interview was to introduce the research. All the participants knew what the study was about before we had arranged the time and location of the interview, as they needed to read the explanatory statement (Appendix 4) beforehand. However, before starting the interview I asked them again if they knew what the study was about and if they had any questions. Some of the participants told me that they had not read the explanatory statement though, because they found the topic interesting and accepted to be interviewed, and so saw no need. Therefore, I described the main goal of the study and other issues in the explanatory statement for them. Then I talked about the consent form (Appendix 5) and asked them to read the consent form in English or Persian. All participants were willing to sign the consent form, except for two participants who were interviewed by phone and gave their consent verbally, and two participants who decided to sign without printing their names. Six participants did not give consent to be recorded, and as a result, I took notes both during and after the interviews. The third to sixth stages of an interview, based on Ritchie and Lewis's suggestions are the times in an interview that (partly retrospectively) mark the periods of beginning, during, ending and after interviews.

All participants (except English speaking service providers) decided to be interviewed in Persian, even if they mainly spoke English at home. I started the interview with a general question about women's experience of having a child in Australia. When women started to talk, I listened and encouraged them to continue talking, using short expressions such as 'yeah', 'I see', 'aha' and 'ok'. Using the interview guide and the participants' answers, I guided them to talk about what I needed to know. A few minutes before finishing the interview, I would inform the women that we were getting close to the end of the conversation by saying, 'well, and the last question...' or 'thanks for your time, the last thing that I want to know is...'. In some sessions, the participants started to talk about interesting

issues when I turned off the recorder. On those occasions I asked them if I could turn the recorder back on, but some women did not want their last statements to be recorded or reported in my thesis. I respected their wishes and did not record them.

I transcribed and translated interviews during fieldwork in order to find themes and identify the need for possible further questions, and to find the saturation point when no information emerged (Liamputtong, 2009). However, as Wray, Markovic and Manderson (2007:1400) suggest, “each life is unique, no data are very truly saturated: there are always new things to explore;” and in my research, I found it difficult to reach the magical ‘saturation point’, as sometimes new themes would emerge from the data with a small shift in a question. Guest, Bunce and Johnson (2006) found that asking the same set of questions, the generality of the experience, and the similarity between participants, were some of the important factors that accelerated reaching saturation point. In my research, I used the same interview guideline for all the participants, who were similar in many aspects of their life, and I asked about their life experiences after migration. What did stop me recruiting participants was, of course, saturation in the major themes that I wished to know.

Data analysis

I started the process of data analysis from the first time I entered the field, when I looked for answers to my questions. As LeCompte and Schensul (1999: 147) observe, data analysis in ethnographic research “is recursive or iterative; that is, interpretation begins with the first step into the field; the first set of field notes and experiences and the first set of guesses, hunches or hypotheses.” I used thematic analysis to analyse the data. Thematic analysis is perceived to be the main analysing method in qualitative research, as it is a “method for identifying, analysing, and reporting patterns (themes) within data” (Braun & Clarke, 2006: 6). Based on Braun and Clarke’s definition of thematic analysis, firstly I made myself familiar with the

data, by transcribing, reading and rereading the transcriptions (concurrently with data collection) in order to understand the meaning, patterns and themes within the text. The process of transcribing and translating was bitter sweet. I was excited by finding new codes and themes as if my data were talking to me, but sitting for long hours in front of a computer listening to recorded tapes, translating, and typing them was physically painful. Some people suggested to me that I use a research assistant or available commercial services for transcription, but I found the benefits of engaging with the data to be worth the pain. This process actually helped me to complete the first stage of thematic analysis that is, gaining familiarity with the data.

I then translated the interviews into English, with help from my bilingual friends to translate Persian proverbs and expressions, as well as using online dictionaries. During this phase, I thought about possible codes and themes and when I returned to the transcriptions, I had some ideas about initial codes. Then I read the entire transcription before coding it. This phase is considered as the core for the rest of the analysis and should not be skipped. Then I generated initial codes that were the “features of the data that appeared interesting” (ibid: 2006: 6). In this phase I identified as many possible codes as I could and kept a little surrounding data. I looked for themes, and sorted the codes and collected similar codes that were related to potential themes. In the fourth stage, I revised potential themes and looked for the dominant themes and reworked themes that seemed to not fit. Then I defined the themes and analysed the data within the themes (Table 3.2). I wrote a detailed analysis of them, and considered their relevance to a broader story that fitted with the entire data set.

I used NVivo software from the first step of analysing the data, which was transcribing and translating. I was able to import all audio files into the software, then listen, translate and typed them in the NVivo template. Each participant had a file with her or his pseudonym, including the audio files and transcription file. This software enable me to code

the data by highlighting words and adding them to code files. Using this software, I also had the ability to find the interrelationship between the codes and themes and to find the frequency of each code in the data set.

Table 3.2: Themes and some of the key codes

Themes	Motherhood	Marital stability	Social capital	Emotional wellbeing	Resilience
Codes	Pregnancy	Conflicts	Friendships	Happiness	Coping
	Medical issues	Conflict resolutions	Australian friends	Sadness	Experiences of hardships
	Culture	Power	Iranian friends	Isolation	Optimism
	Discipline	Traditional	Trust	Satisfaction	Support

The politics and ethics of the research

Ethics approval was granted by the Monash University Human Research Ethics Committee. Areas that I considered included aspects of informed consent, confidentiality, and dealing with possible adverse outcomes for both participants and the researcher.

All participants received an explanatory statement that set out my research plan and made clear what I expected from them. After they had accepted to be interviewed at a time and location that suited them, I asked them to sign a consent form. I predicted some women would not wish to sign a form, so I sought ethics approval to collect verbal consent. As mentioned above, while most of the participants signed the consent form, two women agreed to sign without writing their names. Six participants chose not to be recorded, and instead I took notes both during and after the interviews. As a researcher with a counselling background and with training in ethnographic research methods, I was equipped with interview skills and knew how to manage the interview sessions in order to reduce any emotional harm. Voluntary or forced, migration is a stressful process for many people.

Studies that involve migrant and refugee communities are considered high risk studies; they potentially remind participants of the stressful situations before and after migration. In the case of my research participants, all but two were voluntary migrants; most were from professional backgrounds, and were employed before coming to Australia. Only two of them (both from refugee background) had traumatic experiences prior to migration, but both had lived in Australia for around 10 years and felt that they had coped with their problems to some extent.

Being mentally healthy and not having any sign of mental health problems in the last four weeks were research inclusion factors. I used the Kessler 10 (Appendix 6), which had been translated into Farsi and has 14 questions to screen and exclude people with high levels of depression and anxiety (Australia, Commonwealth of, 2005). None of the participants who agreed to be interviewed had signs of depression or anxiety at the time of interview. However, because there is a high level of mistrust among members of the Iranian community, there was a possibility that women might regret what they had disclosed during the interviews; therefore I gave the participants a list of free support services (e.g. Lifeline) as well as counselling services that they could use if they felt distressed after the interview. I also reminded them that their interviews would remain confidential and that no one except me would listen to them. I met many of my participants after the formal in-depth interview sessions in informal settings, but I did not receive any complaints or negative feedback about the interviews. To preserve confidentiality, I removed all identifiers from the data set and to quote participants I have used pseudonyms. Throughout the thesis, for reasons of confidentiality, I have removed some of the findings which might put the confidentiality of the participants at risk. For example, if many people knew a woman and her particular story, I did not use her specific information or life story, but just quoted her without linking her comments to specific biographical details or life circumstances and for the same reason, I

used two different names for some women. I also had some requests to talk about my findings to other participants, but I explained that for reasons of confidentiality, I could not disclose this information.

The distinction between insider and outsider was one of the challenges that I faced during my research. There is considerable debate surrounding the researchers' position in ethnographic research. Some researchers believe that being an 'insider' is problematic in fieldwork and its advantages "are not absolute" (Labaree, 2002: 97). As Bishop (2011: 4) suggests, "insiders are accused of being inherently biased, too close to culture to ask critical questions."

My experience as an Iranian immigrant mother placed me in a position of *khodi* (insider) in the research, yet at times I felt I was a *gharibe* (outsider) among my participants. My position as both insider and outsider sometimes hindered and sometimes accelerated my progress in the field. As an Iranian immigrant mother, I was an insider among my participants, but as a student and specifically a 'government sponsored' student, I was the 'other'. I was afraid that being sponsored by the government might influence the recruitment process, and this clearly happened at times. For example, in some cases everything went well at first. The potential participant talked freely with me, showed her interest in the research, and said my study was very important. But then, when she found out I was sponsored by the government, she stepped back, apologised, and explained that she did not wish to be involved.

I envisaged this to be an issue, so in my ethics application, I sought permission to introduce myself as a sponsored student by the University of Isfahan (my future work place). To make it clear, I was granted a scholarship from the Ministry of Science and Technology to study here and to work at the University of Isfahan on my return, so I was sponsored by the

Ministry of Science and Technology directly and by the University of Isfahan indirectly. I knew that some Iranian migrants in Australia held negative views about the Iranian Government's sponsored students, and even talked with me about their fear of sponsored students when they did not know that I was one of 'them'. Al-Makhamreh and Lewandohundt (2008) describe how insider researchers might be accused of being spies, a situation that I experienced in my research. On 6 April 2010, before I commenced the recruitment of participants to my study, in an article published in *The Australian*, the author accused Iranian-sponsored students of spying on political activists in Australia. The author was referring to two activists (both Monash University students) who said they had received threats from some Iranian governmental sponsored students about their political activities in Australia. The article and rumours in the community convinced me that I should identify myself as a 'university sponsored student'. However, it was not easy either, because many people in the community, especially at the Iranian Cultural School, already knew me. People often asked me a series of questions: 'Which city (in Iran) was I from?', 'How many children have I got?', 'How long had I been here?', 'What did I do here, work, study?' and when I replied that I studied here, almost all people who did not know me commented: 'Studying here is so expensive, do you have a scholarship?'

Answering these questions was a double-edged sword, and I feared that would jeopardise the process of recruitment. Saying that I was sponsored by the university was helpful when the potential participants were not more curious, although in some cases, once it became clear that I was sponsored by the government, I saw fear of disclosure and a reluctance to participate in the research. For people who were complete strangers to me, building trust and rapport was not easy and took time; however, being in the community for a long time, I was slowly able to build rapport and to demonstrate by my interaction with them that I was not a spy and that my curiosity and interest in them was genuine.

Although being an insider might be problematic, as discussed above, there is a common assumption that insiders enjoy enormous advantages in their research journey. Al-Makhamreh and Lewando-Hundt (2008: 13) found that gender, cultural and language similarities are positive aspects of being an insider because these factors facilitate “understanding of both culture and the symbolic and concrete meaning of words and also the use of body language in communication.” I found that being a native Persian speaker helped me especially to understand the meaning of the many poems, proverbs and metaphors that participants employed to express their feelings. If I were an outsider, I would not have understood what they meant, or why they used those proverbs. In some situations, the participants sought my help in remembering proverbs or asked me to complete them. I am absolutely sure that if I were not an Iranian, some women would not have used those terms; at the same time it was hard for them to express their deep feelings in another language. Our common language placed me as an insider, and even the participants who were fluent in English were happy to speak in their *zabane shirin-e Farsi* (sweet Persian language)¹ as some participants explained.

Being familiar with culture was another positive aspect of being an insider. Saying *salaam* (peace, hello) as a greeting, shaking hands, hugging or kissing based on the participant s’ preference, and taking off my shoes at participant’s houses were familiar to me. When women offered me tea, fruit or sweets as a sign of hospitality I always accepted, even if I did not want to, because I did not want to offend them.

Being female was another facilitator in the field. If I were a man, I would not have had the opportunity to interview women in their houses or stay there for the full day and have

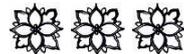
¹ *Farsi shekar ast* “Persian is sugar (sweet)” is a short story by Mohammad –Ali Jamalzade, a famous Iranian writer (1892-1997).

lunch with them, without their husbands' presence (see also Kim, 2012; Lim, 2012; Weiner-Levy & Abu Rabia Queder, 2012; Al-Makhamreh & Lewando-Hundt, 2008).

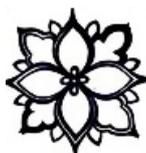
I found myself both *khodi* (insider) and *gharibe* (outsider) during fieldwork. Being an Iranian married woman, a mother, and a Persian speaking migrant placed me as a *khodi* and gave me the privilege of being one of 'them' when they used the word 'we' or 'our'. On the other hand, I also experienced differences from the participants that placed me as *gharibe* including different age, visa status, level of education, level of religiosity, and my scholarship. I found being from the same country might include many differences and similarities that are not sufficient to place me and my participants at the two ends of the insider/outsider dichotomy (Narayan, 1993; Weiner-Levy & Abu Rabia Queder, 2012; Oriola & Haggerty, 2012). According to Kim (2012:135), a researcher's position is not "fixed and durable but dynamic through the research process." And as Ramji (2008:102) suggests, taking a black-white or insider-outsider dichotomy is "inadequate to capture the complete and multifaceted experiences of some researchers who find themselves neither total 'insider' nor total 'outsider'." I did not take a fixed insider or outsider position, as sometimes I tried to act as a *khodi* by participating in activities and conversations, and sometimes I tried to keep a distance between myself and participants by not engaging in their conversations, and just observing. Sometimes I felt that I was *khodi* among my participants when they shared their ideas with me in such a way that they assumed I should know them beforehand. Sometimes I felt I was a *gharibe* when they told me, "This is my family's custom" or "You cannot understand me as you are going to go back Iran."

To reduce harm for myself, I employed various strategies. For example, whenever I interviewed participants in their homes, my husband knew about the location and time of the interview. I had my mobile phone ready to call my husband or my supervisor if needed, although nothing unexpected happened during fieldwork. To reduce the emotional effects of

hearing sad stories, I relied on the support from my family and friends, by talking and spending time with them. I also reduced my distress by doing yoga, pilates, mindfulness and other kinds of exercise. I also found writing about my experiences during field work to be useful in reducing the stress or emotional discomfort caused by listening to stories but also useful for analysis. My supervisors also played a significant role in reducing my stress by their emotional support during all stages of my study.



In this chapter, I have explained where, how and with whom this study was conducted. The study was conducted in Melbourne, in the four main areas of Iranian settlement in east Melbourne. I have explained how I used ethnographic methods to conduct the research, and employed participant observation and in-depth interviews as data collection methods. The participant observation took place particularly at religious and non-religious Iranian events and places as well as women's houses and hospitals. The 32 in-depth interviews followed by several short interviews with Iranian women with small children and service providers, were conducted at participants' houses, parks, cafés, the Iranian Cultural School, and the participants' offices. I transcribed and translated the interviews concurrently during fieldwork, using NVivo software, and analysed them through a thematic analytic approach. I have also addressed the ethical and challenges which emerged during field work and data collection, related to trust and insider-outsider issues. In the following chapters, I describe the major themes that emerged from the data.



CHAPTER FOUR

BENDING THE BONDS: SOCIAL CAPITAL AMONG IRANIAN MIGRANTS

Life is unbearable without friends. You can't live all alone when you're used to living your life in a chain of friendships. I've made some good friends here [in Melbourne]. They are very supportive. When I was in hospital [for childbirth], they brought food for me because they thought I wouldn't like the hospital food. If I want to go to airport, there is always someone who will drop me off there. If I come back from a trip, I know someone will be waiting for me at the airport. I do the same for my friends. We don't have anybody here except our friends. A good friend is a blessing (Mahla, 35, International Student [hereafter IS]).¹

Mahla's statement, echoed by other participants, has some important components that are significant in any definitions and discussions of the concept of social capital (see chapter one). Mahla believed that she could 'trust' her friends when she needed help. In her 'social networks', 'terms of reciprocity' played an important role in binding the group together. She was happy to help her friends without expecting them to do the same, but she also knew that someone would always be available to help her if she needed help.

Migration inevitably erodes familiar social networks, because it involves movement from one setting to another (McMichael & Manderson, 2004). Due to the distance between Iran and Australia, participants felt this loss deeply, especially if they had no relatives in

¹ See also Appendix 1 for participants' demographic characteristics.

Australia (18 out of 21 women in this study). Many people with whom I talked complained about this: “If only it [Iran] was closer, it would be better.”

Hannah (30, Permanent Resident [hereafter PR]) lived with her husband and her son in Melbourne. In Iran she used to visit her parents every day, and had a very busy life with her friends, spending much of her time at parties or travelling with them. After migration, she felt lost and empty: “The first year was the hardest time. I did not know anybody here and didn’t know how to cope with this loneliness. Then I made some good friends. Still, when I think about it, I wonder how I coped.” After four years living in Melbourne, Hannah felt that she could not stay in Australia forever, and she longed to return Iran: “People say Iran is not a good place to live, but I don’t agree. And even if it is not good, I would rather be there and share the hard times with my family. Why should I be here and live happily, while they are struggling? How can I?”

Sharing happy and sad moments with family and friends are integral parts of peoples’ lives in Iran, sometimes a moral obligation. Dorsa (35, IS), an international student who had lived with her husband and her daughter in Melbourne for four years, expressed how she would travel between cities in Iran just to help her extended family when they needed her, or to attend weddings, funerals or other important events. She also received help from her relatives who lived in another city when she lived in Iran. In Melbourne, she misses this help and support. “Everybody is busy” was a common expression used by women who felt they could not expect their friends in Melbourne to help them in daily matters. However, deep inside, they hoped to find a friend who would become like family. Finding a ‘good’ friend (Iranian or non-Iranian) was vital; however, for various reasons this was not always easy.

Searching for new friends, chance or choice?

Women expressed the view that, in order to be able to live in Australia, they needed to have contact with their countrymen and women, especially upon arrival. Contacts with Iranians produced ‘bonding’ social capital, providing crucial social, economic and emotional support to newcomers. This included finding accommodation and renting a house, gaining local knowledge about banking, shopping, the transport system and medical issues, and even finding a job. Putnam (2000:19) argued that “social networks have value. Just as a screwdriver (physical capital) or a college education (human capital) can increase productivity (both individual and collective), so too social contacts affect the productivity of individual and groups.” In interviews and everyday interactions, participants seemed to acknowledge the productivity of social networks and often tried to build some kind of contact with Iranians who had settled in Australia before them, through different channels including internet websites. Some participants explained how prior to migration, they emailed or chatted with Iranians who had organised blogs, Facebook pages or websites about life in Australia, and in doing so, they gained advice about basic needs such as places to get *halal* food, or the necessary things that had to be done upon arrival such as opening a bank account. Staying with friends upon arrival was common for people who already knew someone in Melbourne, although it was not always desirable.

Mary (35, PR) was a practising Muslim and lived with her husband and her daughter in Melbourne. She shared her experiences of staying with her husband’s friend upon arrival:

When we arrived, we stayed with my husband’s friend. He was not married and had been living here for a long time. I was not comfortable with him because he was so different from us: a drinker who frequently asked me why I wore *hijab* and tried to encourage me to remove my scarf. Don’t get me wrong, he was so

nice and kind when he wasn't drunk, and when we told him that we were not comfortable and wanted to leave and stay in a hotel, he got so upset and asked what he had done to make us not want to stay there. Then my husband asked me to stay there until we found our house. He did us a big favour [to accommodate us for free] but it was not easy for me.

Finding new friends was vital for women, but the process was difficult and time consuming and the friends made upon arrival were not necessarily the ones that participants communicated with or felt most comfortable with in the following years. Some participants perceived that finding a good friend was a result of luck or, for practising Muslims, of God's will. Kiara (30, PR), a skilled migrant and a PhD student, believed that finding friends was not easy here because:

Here you cannot select your friends; you do not have many options. Sometimes you spend time with people just to overcome your loneliness. So you give anyone you meet a chance. This is exactly what happened to us. When we came here, we met some Iranians and because we were dying of loneliness, we decided to be with them. We were lucky because all of them are the best people we have met. But not all people are as lucky as us.

Although Kiara was happy about her friendships, some participants felt that "giving a chance to everybody" was not necessarily a healthy behaviour. Paniz (30, PR), for example, felt that she had wasted her first two years in Melbourne among people with whom she eventually decided to not socialise anymore:

You know you feel so lonely at first. So you have to trust everybody. You know, you want to fill [up the gap of] your loneliness. When you do not have any friends to talk to and you need to have some kind of social relationship, if

somebody smiles at you and accepts you as a friend, you will accept her as well. I found some people in a shopping centre and was so happy to find some Iranians. They were not wearing *hijab*, but they seemed to be good people, so we made friends with them, but after a while I felt they were not the kind of people that I wanted to have as friends. They talked behind my back and said that my husband made me wear the *hijab* and restricted me. I slowly started to avoid them. Now, I believe that in a foreign country, you should find somebody similar to yourself or stay alone.

Other participants, who went through a similar experience as Paniz, also spoke of ‘finding someone similar’ or ‘staying alone’. It took Paniz, two years to find her current friends and to build a very strong social network. During those two years, she suffered from not feeling welcomed by her friends, and she felt forced to sustain particular relationships just to overcome loneliness. She reflected that during this period, she had not been happy at all, and she felt much happier when she and her husband broke off communication with their former friends and met new people who shared similar interests and values.

Many women found their ‘good’ friends in shopping centres or at social, cultural and religious events, through a process that I described ‘snowball befriending’: a term I have borrowed from an unidentified Indian writer.¹ Paniz found her first good friend in a language class; this friend invited her to a party and she met other people there with whom she became good friends also. Similarly, Baran (35, IS) attended an orientation program at the university and found someone ‘similar’ to herself; then developed her current social networks through this initial friendship. Mahla, an international PhD student, met her closest friend in the university’s prayer room, and subsequently connected through her to a larger social network.

¹ <http://sathiallforpartnerships.org/topics/dmi/>

Hannah met her friend at a shopping centre when she was talking with her son in Persian, and through her new friend, she again was connected to a larger social network.

Religious events were important locations to start the process of building new social networks for both practising and non-practising Muslims. As Putnam (2000:79) has argued:

Faith-based organisations serve civic life both directly, by providing social support to their members and social services to the wider community, and indirectly by nurturing civic skills, including moral values, encouraging altruism and fostering civic recruitment.

Unlike other Muslim groups in Melbourne (such as Afghans and Iraqis), Iranian Muslims do not have a dedicated religious centre or a mosque. Religious events are often held in community halls in areas with a high Iranian population (as discussed in chapter 3). One of the most important functions of these events, beside their overt religious function, is to provide an opportunity for Muslim Iranians to maintain and enrich their relationships.

The organisers of the religious events informed people a few weeks before the event through email and websites, hired the venue, collected donations and provided refreshments, often savoury dishes, tea and sweets. To ensure that all people had an opportunity to attend, the events were often held on a Friday or Saturday night, although in some cases, the event might be held on another night or even as a day out. What was striking at these events was the level of cooperation between the organisers and the attendees, so that sometimes it was difficult to distinguish one group from other. Women often helped in the kitchen to prepare the food and brew the tea, and men helped to set up the hall, including arranging the chairs, the prayer mats and the dining tables, as well as serving tea, sweets and dinner during the event.

As mentioned in chapter three, women often wore their *hijab* to such gatherings, even if they did not usually wear it. There was no gender segregation at these events, and men and

women often attended as a family and sat together during the event. When people arrived, they greeted their friends and were introduced to new people, and selected a place to sit. Then they would go to kitchen and ask if they could help. Some people would bring sweets or a traditional Iranian dish to share. Some people attended these religious events not because they were religious but because these events provided them with an ideal opportunity to build or maintain relationships. These religious events also played an important function as an ‘information channel’. This is a significant form of social capital in Coleman’s (1988:104) view:

Information is important in providing a basis for action. But acquisition of information is costly. At a minimum, it requires attention, which is always in scarce supply. One means by which information can be acquired is by use of social relations that are maintained for other purposes.

Through the social networks available in both religious and non-religious settings, people were able to seek help or advice about different aspects of living in a new country. Religious events were especially helpful for women with small children, who had to cope with isolation due to their unemployment and because of children demands, so spending much of their time at home. Skilled women who, after migration, became ‘full time isolated housewives and mothers’ enjoyed the events because of the opportunities these gave them to meet up with their friends. They often formed small groups and chatted amongst themselves while their children played together. Through these gatherings, women established a sense of connectedness with other Iranians and overcame their isolation and loneliness.

Maryam (40, AC), a non-practising Muslim, explained: “Personally, I don’t practice Islam but I attend religious events, to meet old and new friends, and to show part of our culture to my children.” Mary (35, PR), a practising Muslim, also attended these events to meet her friends rather than because of her religiosity. Zoha (30, PR), a woman who did not

have many friends at time of interview, hoped that by attending religious events, she would meet people and be able to establish new friendships while also teaching her children how to act like good Muslims. Similarly Markovic and Manderson (2002) have described how women from the former Yugoslavia used ethnic and religious events as places to build and enrich social networks even if they did not affiliate with them.

Non-religious organisations and gatherings such as the Iranian Cultural School also played a significant role in women's lives. As mentioned in chapter three, the school operated every Saturday from 2 pm to 5:30 pm, run by volunteers who either had or used to have a child at the school. In an informal conversation, one of the teachers at this school reflected: "Honestly, it's easier for me to spend my Saturdays with my family, going out, shopping or going to cinema, but I prefer to teach here. It gives me a sense of value. I'm satisfied that I'm doing something valuable for my community."

Putnam (2000) argued that volunteering is a part of social capital both because it reflects people's sense of shared commitment and because it produces further practical affective and affiliative values. The school provided a location to bind together different people from diverse ethnicity and religious backgrounds through volunteering in different programs, including teaching, yard duty during break times, engaging in school celebrations such as the Iranian New Year party, *chanrshanbe suri* (fire festival), the food festival, and other activities (as discussed in chapter 3). It also provided a location for weekly meetings, especially for women who stayed at school due to the time it would take to travel between home and the school (discouraging them from returning home during class hours) or because of their willingness to stay and their recognition of the social values of doing so. I spent quite a long time with these women, noting that they took this time to share news, gossip, and offer each other information and support. Through these networks, women arranged to share childcare responsibilities, so that if one of the women could not attend the school, other

people would offer to take her child to school, to pick him or her up and to return the child at the end of the day.

Food sharing was another activity in which women at the school were involved. During food sharing, every woman brought a plate to share, almost always Iranian dishes. Women exchanged a wide range of information about food, from recipes to the places where they could find the best ingredients. Dossa (2008:17) noted that “food preparation is an everyday activity, consuming time on a varying scale. It is also a social activity.” I observed that women who had lived in Melbourne for over 10 years had significant knowledge about Iranian food, recipes, and most importantly, about where to find the ingredients or how to produce them at home. Many Iranians believed Australian herbs did not taste the same as the Iranian herbs. However, Australian customs law prohibits the importing of plant seeds, plants or parts of plants to Australia. Women could buy dried herbs from Iranian stores, but these herbs did not meet their expectations. Some women at school were skilled gardeners. They planted and stored the seeds of Iranian herbs which they had saved long before the prohibition of importing them to Australia. Women could talk about gardening for hours; they could talk passionately about the smell, aroma and taste of their home-grown herbs and vegetables, and the difference between foods that they prepared with them to the foods that they prepared with market vegetables.

In a study about home gardening among immigrants in the US, including Iranians and other migrants, Mazumdar and Mazumdar (2012) noted that home gardens played an important role in migrants’ lives as religious and sacred places, as well as ‘kitchen gardens’ where they could grow the necessary ingredients for their own cuisine and to remember home. As Dossa (2008:18) observed among Afghan women in Canada, “food lends poignancy to the recall of events. Given its polygon nature (including sensual and visual aspects), it has the potential to soften the harsh reality of life.” In my study, home gardening

was also vital, and women grew vegetables and herbs that tasted different or were not always accessible, such as Iranian basil, Iranian chives, bitter orange, sweet lemon, and sour cherry. I frequently saw women generously bring herb or vegetable seeds for other women, instructing them how to plant and grow them and especially how to harvest and preserve the seeds for the following years. I see these gatherings and the flow of information as an example of the production of social capital. The women did not expect others to pay them for the herb seeds, although as some participants jokingly said, “Iranian basil seeds are worth gold.”

The women believed that helping others made them happy and reminded them of the times when they needed help here and someone helped them without expecting to be repaid. In Putnam’s (2000: 22) words, women’s social networks produced both ‘specific reciprocity’ between close friends (taking turns to take the children to school) and ‘generalised reciprocity’: “We [Iranians] don’t have anybody else here. If we don’t help each other, who else will? I help people and I know there will be someone to help me if I need help” (Hannah, 30, PR).

Many Iranians live in areas with a high concentration of Iranian settlers, enabling them to readily build social networks and access a pre-built network. Previous studies show that immigrants prefer to concentrate in areas with a high proportion of migrant communities, especially their own (Vasey & Manderson, 2012; Vang, 2012; Chiswick, Lee & Miller, 2002), so taking advantage of the social infrastructure. Naghdi’s (2010) and McAuliffe’s (2008) studies echo these results for Iranian migrants in Sweden, Sydney, London and Vancouver. Chista (40, PR) lived a long distance from the area where most of her friends lived. She thought the long distance was a barrier for her to keep in touch with her friends: “Here communication is hard because of long distances. We call each other every day, but we cannot meet each other regularly.” Women relied on daily phone calls when regular meetings

were not possible. However, distance both from Iran and from friends in Australia evoked feelings of isolation and loneliness for women.

Previous studies describe loneliness and isolation as a common problem among migrants and refugees who are separated from their homelands and from family networks. For example, in a qualitative study of refugee women in Canada, Merry, Gagnon, Kalim and Bouris (2013) found that women felt isolated and suffered from separation from their families. Migrant women, in Liamputtong and Naksook's research (2003), explained that although they were successful in overcoming feelings of loneliness, there were still times when they felt isolated. Iranian migrant women were no exception in this regard, as Ziaian (2003) found in her study of Persian women in Australia. Reza, one of the service providers in my study, stated that:

The first problem for women is loneliness. If a woman comes here and has her first baby here, she will feel incredibly lonely. This feeling is so deep. In spite of services that are available for new mothers, she needs someone from her family, her mother or her sister. She needs someone to talk to or to get help from.

Chista (40, PR) also experienced hardships, related to being pregnant and not having anybody around:

The hardest times were the times when I got sick at night and needed to go to hospital, but because I had another child, I could not go to hospital. I had no one who could take care of her during the night.

Kiara (30, PR) delivered her baby here while she was studying, and she explained how she had to struggle with her domestic life and study, when she had no one to advise her:

My husband works in another city. I started my pregnancy with high levels of stress. I did not have any one around to tell me what to eat, or what to do. I had to go home, exhausted, and make dinner for myself. Sometimes I was too tired to make something and did not eat. Then I would feel guilty about it because I had to eat something for the sake of my baby.

Zoha (30, PR) who had been pregnant and given birth in both Iran and Australia, compared her living conditions and her loneliness in the two countries:

Loneliness was the hardest thing. In Iran I did not live near my mum. She lived in another city, but she came after I gave birth to my first child and stayed with me for two weeks, then I went to her house and stayed there for about one month. But in Australia, I did not have anybody around, and my mum couldn't come here due to her illness.

Paniz (30, PR) promised she would never get pregnant or give birth in Australia because she thought "everything would be better in Iran," while Simin (40, AC) explained: "I was so lonely, no relatives, no friends, and my husband had long working shifts. But it was something that I had chosen. I chose this loneliness consciously, so I have to deal with it." Kimia (30, IS) believed that "everything depends on your perception. At first I felt so lonely and was emotionally down, but then I told myself, it does not help you or your baby if you always lament. I came here to seek success. I should pay the price. Then I felt better."

When women faced barriers in developing new social networks, they relied on their transnational networks. Almost all of the women who became pregnant in Australia received some kind of support from their families normally residing in Iran during their pregnancy and postpartum. Paniz, Mahla, Kiara, Neda and Hannah all enjoyed their mothers' company as their mothers flew to Australia specifically to be present at the time of the birth of the child

and for some months after that. Mothers and mothers-in law in some cases took turns to fly to Australia from Iran to take care of women and their new infants, in Kiara's case for a whole year. Women who did not receive this support expressed severe loneliness.

Women also travelled to Iran and to other countries to meet their families, in some cases on an annual basis and in other cases, at least once every three years (depending on finances, schooling issues and other obligations). In addition using cheap phone cards and internet chat software such as oovoo, Skype, Google talk or viber, women were able to maintain regular contact with their relatives and friends around the world. The majority of women talked with their mothers at least once a week, in some cases every day. "My mum is so worried about me. We talk every day. If on a particular day I don't call her, she'll call and ask me how I'm going" (Kimia, 30, IS).

Searching for new bridges

Putnam (2000:363) illustrated that both bonding and bridging social capital are important, although each one has a different function: "Strong ties with intimate friends may ensure chicken soup when you're sick but weak ties with distant acquaintances are more likely to produce leads for a new job... For our biggest collective problems we need precisely the sort of bridging social capital that is toughest to create."

Women in my study strongly believed that in order to lead a successful life in Australia, one must learn about Australian culture through relationships with Australians. Tara, an Iranian key informant at the Iranian Cultural School, believed that although befriending and spending time with Iranians brings certain kinds of support, exclusive ties with other Iranians also limits the possibility of learning about other cultures and languages. This is vital to successful resettlement and a sense of belonging in the new setting:

They [newcomers] may stay in their own community, it is good because they can support each other, but their English never improves. Also, they cannot learn

crucial points that you need in order to start communicating with Australians. When they stay in the Iranian community, they may think that the Australian culture is not a good culture and they have to stay away from them [Australians] to preserve their culture. But it is not true.

Markovic and Manderson (2002) have suggested that low levels of bridging social capital among women from the former Yugoslavia in Australia were reflected in stereotypical views about Australian parenting styles. I observed the same among Iranians in Melbourne. In several informal settings, I found Iranians talking about ‘Australian’ or ‘Western’ parenting styles. People with limited interactions with Australians were surprised to hear that bonding and attachment even existed between parents and child in Australia. People with low levels of contact with Australians believed that Australians were not as emotional and devoted as Iranians toward their children, and that they let their children to do whatever they want. Many of my participants also believed that Australian children were not emotionally attached and connected to their parents, and that these children would ignore their elderly parents. However, as the level of interaction between the two cultures increased, the level of stereotyping decreased. For example, Sahel (40, PR), who did not have any Australian friends thought that Australian parents did not care about their children because they did not teach them to respect their elders, and because they purportedly encouraged them to leave home and live alone as early as 15 years old. She used her neighbour, who lived alone in her apartment, as an example:

I have an elderly neighbour who lives alone. Where are her children? I know that she has got some children but they don’t visit her often. Yes, it’s true, they don’t live in Melbourne but during the months that I’ve been here, I’ve never seen anybody visit her except some volunteers who come and take her shopping once a week. It’s so sad. Will my life be like hers if I live here?

Baran (35, PR) also had no Australian friends and was very critical of what she considered to be an Australian parenting style. She believed that Australian parents were unable to control their children, and that they let their children to do whatever they wanted:

I don't like this parenting style. They teach children to be so assertive but don't teach them to use their assertiveness outside the home rather than towards their parents. They teach them to call the police if parents shout at them. They give too many rights to their children, and then the children are out of control as they grow up.

In one informal setting, a group of women were talking about teenagers and criticised teenager's parents for their behaviours. One of the women said: "We live close to a secondary school. Actually, we can see the school's backyard from our place. I have frequently seen boys and girls, kissing and hugging each other. I really don't like this much permissiveness. At this age they have to focus on study. I'm so worried for my grandchildren." Another woman replied: "Everything depends on the family. Not all the children are like this. Those you've seen kissing and hugging, have easy-going parents who don't care about their children's behaviour. I've got a grown up daughter that never did this." I interjected: "But parents cannot always follow their children and control them." The woman replied, "You should, from childhood, raise them in a way so that they always behave themselves, even if you are not around. Australian parents are different from us. They focus on independence and letting their children find their own way, but we like to lead them."

In another informal conversation, there were Iranians who especially valued what other Iranian parents criticised as the 'Australian' way of emphasising independence:

I like their [Australian parents] approach to teaching their children to be independent. In Iran we just focus on study. We ask our children to not do anything except study. But here I saw a teenager working at restaurants at 10 pm and her parents pick her up with a Mercedes Benz. Can you imagine in Iran that someone who can afford to buy a Mercedes would allow her children to work... at a restaurant? I believe children should start working early to learn independence but many people in Iran do not think the same.

People who had more contact with Australians believed that what they had heard about 'western' parenting style was not always true:

I think both Iranian and Australian cultures have positive and negative aspects. In Iran we don't usually consult with our children about family matters. We give the orders and they accept them. There is a hierarchy between parents and children that does not allow children to really express themselves, but here I see parents discuss family matters with their children and ask their opinions. Or I see parents not rush to help their children and let them to be independent. In Iran if a child falls, everyone rushes to hug him or her before finding out if it was serious or not. That teaches children to cry every time they fall, and to ask for help. But people who don't have much contact with Australian parents think that they do not care about their children (Elham, 30, AC).

Mitra, an Iranian service provider, thought that Iranian women should learn more about 'Australian' culture, by trying to build out-group bonds, for instance by attending Australian events such as Christmas parties:

Australian mothers' activities might be boring for you; they talk about food, the Melbourne Cup,¹ footy² or some other things that might not be of interest to you. But you have to try because you have come to this society, so you should learn and understand them. Some people like to learn and I think they are successful here.

Participants employed a variety of strategies to build and enhance social relationships with Anglo-Australians. Many women used schools or playgroups as a platform to build relationships with non-Iranians. Baran (35, PR) volunteered her time at the kindergarten which her daughter attended. She became involved in parent's activities and helped at times of celebrations or other special events when the school needed help. Darya (45, AC) was also actively involved at her daughter's school, and through this she had regular contact with some Anglo-Australian mothers. Dorsa (35, IS), a practising Muslim, accepted non-Muslim invitations for dinner and felt that she needed to go to other people's houses to learn about their culture. Elham (30, PR) spent most of her spare time and weekends with Iranians, but she also explained: "We try to keep our bonds with non-Iranians because my son needs to be familiar with the Aussie way of life." She said she had made many good friends at toy libraries and at a playgroup.

Playgroups or mother's groups were perceived as the best locations to start building relationships with people from different cultures. Some women stated that they did not feel comfortable in playgroups with a high proportion of Australian mothers; however, they felt that they could stay in touch with Australian mothers in those groups. Lora (30, PR) felt like a 'stranger' among Australian mothers in her mother's group. She thought her language skills

¹ Melbourne Cup is the premier horse-race in Australia, held annually on the first Tuesday in November. See <http://melbourncup.com/>

² Australian Football Rules (AFL)

were not good enough to communicate with other women, but she decided to stay in the group even so:

You know they are all Australian mothers and I think I don't belong there. My friend goes to another mother's group which is multicultural, and she is happy but I feel like a stranger there. Although it is annoying to feel as an outsider, I still go there. I always tell myself if I did not belong to this group, they would not invite me. They are so nice and have tried to welcome me. But I know it is hard for them as well.

Barriers to building social capital

Discrimination

Some women recounted stories of feelings of being discriminated against as the reason for their low level of interaction with non-Iranians. I refer to this as 'inter-group' discrimination. Dorsa believed that there is discrimination and racism against Muslims because "our sign [wearing a scarf] is on our head. When we do something wrong, they would say, look at what that Muslim did, but it's not the same with other people." Baran, a practising Muslim, narrated her story of having an accident, and the reaction of her neighbours as indicative of discrimination and racism:

One day, I had an accident just in front of our building. I called my husband. My neighbours nervously asked me what my husband was going to do to me. They thought all Muslims are aggressive. I was so anxious because it was my first accident. Then he came, hugged and kissed me, and said it was ok. They [the neighbours] were so surprised and said, that is great and impossible. What did they mean? They meant it is impossible for a Muslim man to be kind and nice. They do not care about your nationality or your education; they just look at your appearance.

Another time Baran was speechless with anger when she was walking with a pram in front of her husband, and an old lady asked her, “Why are you walking in front of your husband? Don’t women walk behind their husbands in your country?” Melika (30, PR) also felt discriminated against because of her appearance as a Muslim:

You know, they [Australians] say we have freedom, we do not have discrimination. But they do discriminate. When you walk in the street and they look at you differently, you are not free. I like to wear *hijab* and cover myself; they cannot stare at me for that. It happened to me and some of my friends that people asked us why we were wearing a scarf, and harassed us for that. I wanted to say to them, it is none of their business. Have I ever asked them [people in the street] why they are wearing a weird dress? They always talk about respecting people’s beliefs, but they don’t do that. It is very different at university though. I don’t feel discriminated against at university but I do in the wider society. The problem is I don’t live in the university!

Dorsa hesitated to use the word ‘migrant’ to describe herself:

When they call you a migrant, this means that you came from a country with a hard situation and an unbearable life. Or they think you are an unfortunate and oppressed woman who couldn’t live in your own country and so came here and they did a big favour to accept you. But my husband and I are students and have knowledge that many of these people do not have. I do not like people looking down on us. I don’t like it.

Feelings of discrimination restricted women from trying to build new relationships with non-Iranians, especially Anglo-Australians, as they could predict the kinds of reactions they might experience. But this is not end of the story, as some women experienced ‘intra-

group' discrimination as well, within the Iranian community. This made them even more upset and frustrated. Tara, a non-practising Muslim key informant, believed that some Iranians in Australia think: "Iranians migrate not to practice their customs but to break them. Some people say, if somebody is so traditional and so 'Muslim' and really wants to preserve her culture, why would she want to live here in Australia?"

Melika, Dorsa, Mary and Mahla, all practising Muslims, explained that many Iranians in the diaspora think that wearing *hijab* is a symbol of oppression, or a sign of being pro-government or being a spy. Maryam (40, AC), a PhD student, used to wear her *hijab* in Melbourne. She felt that Iranians looked down on her when she was wearing it, although she did not feel the same among Australians or in other communities. She was not happy that "some people judge you by your appearance, your accent, your ethnicity or your religion, not your education." Dorsa remembered a time when she was verbally attacked by an elderly Australian woman because of her appearance, but she said "that was the first and the last time that I saw racism from Australians. I've seen more hatred among Iranians just because of my scarf." One of the participants was upset when her only relative in Australia removed her from her Facebook page after she shared photos of herself wearing a scarf in Melbourne. Like inter-group discrimination, feelings of intra-group discrimination restricted women from making or maintaining new relationships.

Geographical barriers

Geographical barriers also interfered with women's ability to build social ties. I have already discussed the role of geographical barriers in inhibiting Iranians from building relationships with each other, and how travel distance restricted women from regular face-to-face contacts with their friends; here I discuss how geographical locations might restrict women from building successful relationships with Anglo-Australians. Mitra believed that "the place where you live is very important. If you live in an area that does not have a high number of

migrants, people do not know how to deal with you.” Tara reiterated Mitra’s point: “It’s a problem living in a suburb with a high proportion of Australians who cannot accept you. That is why Iranians live near each other.” Arman, an Iranian GP, believed that “when you live in an area with a high proportion of [Anglo] Australians, you can’t mix with them.” He considered it to be hard for his wife to mix with other mothers, although she was fluent in English.

Time

Time was another barrier to building social networks. The participants explained that although they would have liked to have had more communication with both Iranians and non-Iranians, they had limited time to socialise, and when they had time, they preferred to spend it with Iranian friends. Elham, who had a large number of Iranian friends and a few close Australian friends, explained: “We just have Sundays to go out or be with our friends and we prefer to visit our Iranian friends.” Darya did not socialise with many people because of her husband’s heavy work-load:

We are so busy; we don’t have time to socialise. My daughter understands our limitations and does not complain about it. We can’t go to parties often or spend time with our friends but we are not isolated either. I spend my time at my daughter’s school as a volunteer and I am involved in the parents’ association at school.

Sahel stated:

Here it’s hard to find a job. So in some families, just one person works and he or she must work hard to survive. Therefore, there is no time to spend with other people. In my family, my husband works and I have to take care of the child. We have just Sundays for our weekly shopping. Unfortunately, there is no time to socialise.

Putnam (2000) referred to the pressure of time and economic difficulties as contributing to declining social capital in developed countries. It is much harder for migrant families when they face resettlement difficulties and limited time to build social networks. As Sahel asserted, “It’s very hard, especially in the first two years, Australia does not help skilled migrants in terms of finding job. Because you are ‘skilled’, you’re supposed to find your own way. You have to spend all of your time working in lower status jobs to survive. There is no time to socialise and there is no help. When you need the most help, you don’t get any.”

Cultural issues

Cultural issues were identified by many participants as a barrier to social capital. Saeed, an Iranian interpreter who had lived in Melbourne for the past 30 years and is married to an Anglo-Australian woman, believed that:

There are some differences in the quantity and quality of relationships between these two countries. We [Iranians] have warmer, deeper and closer relationships with each other. For example, you may have a colleague for a long time, one day he may be really warm to you and the next day he may walk past you without saying hi. For us, this is strange. We think any kind of friendship can change into a close relationship. Here, a few Iranians have close relationships with Australians. Some families that have been here for a long time may have some close contact with other communities or, if they are married to non-Iranians, they will have some contact with their spouse’s family. But still these relationships are not like Iranian relationships. Iranians want friends who can be like their family and relatives here.

Other cultural issues such as ‘having nothing in common’ may also explain why Iranians experience difficulties in terms of building bridging capital. Baran was fluent in English, but she had no friendships with *khareji* [foreigners] because:

I have nothing to say with them. When I am with Iranians, I can talk about our cultural issues, like *13 bedar*, *haft seen* or Ramadan [see chapter 3]. We have something to say, memories to share, but with a foreigner, I have to talk about the Melbourne Cup, or the Queen's Birthday, which don't interest me. I have nothing to say to them.

Simin (40, AC) did not have any Australian friends, although she had lived in Australia for more than 10 years: “They are different (culturally), their behaviours, their views, their communications, everything. I say hello to many people and have a relationship with them, but I cannot call them friends.”

Chista (40, PR) was not religious, although consistent with religious beliefs prohibiting drinking alcohol, she does not drink. She stated that her belief restricted her from continuing relationships with people who drink alcohol, both among Iranians and non-Iranians: “I had an Australian friend who brought me a bottle of champagne. That bottle sat in my cupboard for eight months and I could not find anybody to give it to, because my friends are like me.”

While religious issues were major barrier to establishing new friendships among practising Muslims, other cultural and ethical issues and social status were important for both religious and non-religious people. For my participants, education was a key factor in distinguishing high and low social status, and participants frequently mentioned that social status as an important factor in developing friendships. They mentioned that the long term cultural influence of friends on their children was an important reason why they were so careful to select family friends from among educated people. Melika (30, PR), who had an

eight month old boy at time of interview, stated that: “I am not so strict about my friends. But if I want to communicate with someone and go out with her and have fun, I’d prefer to be with someone who is similar to me, especially if she is going to be my family friend.”

For Melika, ‘someone like me’ meant being a practising Muslim, or at least a person with a high level of education who neither drank nor smoke. Kiara (30, PR), a non-practising Muslim, who had a six month old son at time of interview, shared Melika’s views: “I will not communicate with people who did not go to university and spend their time in bars” as “they would not be good role models for my son.” Tara also explained that education was a key factor in making family friends:

Education level is very important for me. Going to university can open up a world to people. If somebody did not go to university but read books and had good knowledge, I would consider communicating with him or her as well. These things are very important for me. It is the same with my Australian friends. I do not spend my time with anybody who does not have a high intellect. I chose someone as a friend so that I can learn from him or her. The quality of time is very important for me. I had this view in Iran as well, but I had limitations there. You have to communicate with your relatives in Iran and you cannot choose or cut off a relationship easily. But here, if I have a friend who does not have the qualities that I like, I’ll cut off my relationship with her.

(Mis) trust

Previous literature showed that Iranians showed high mistrust to strangers (Akis-Kalaylioglu, 2012, Ketabi, et al., 2012; McAuliffe, 2008). At first glance, these findings are in line with Putnam’s constrict theory (as outlined in chapter 1) that in diverse societies people have a low level of trust towards people both similar and different from them.

However, Ketabi and colleagues (2012) revealed that Iranians in Canada showed higher levels of mistrust toward Iranians than towards Canadians. I observed similar findings among my participants. When we talked about relationships, although Iranians often felt vulnerable among strangers, women experienced mistrust of others from within the Iranian community, but not toward people in the Anglo-Australian community. The small size of the Iranian community and fear of gossip, rumours and backbiting, the risks to privacy that are characteristics of small communities, and fear that people might abuse friendship, were some of the reasons for lack of trust toward other Iranians. In addition, in the Iranian community, people place a high value on what other people think about them. As a result, they try to present a positive and acceptable face in public. If they thought that their personal relationships might put their reputation at risk, they would cut off those relationships. Iranian newcomers were often surprised when they saw Iranians in the street who did not make eye contact with them. However, after a while, many of them did the same. Maryam (40, AC) explained her first years of living in Melbourne. When she was first in Australia,

I would be so happy if I found an Iranian. I would go and say hello and invite them to my house. At that time, if an Iranian saw me and did not show any kind of interest in me, I would get upset and think, why they did not show me that they were Iranian? But later I had some negative experiences of making friends with Iranians who I met in the shopping centres, parks, street or restaurants and invited them to my home. I think, after nine years of being here, I've become like those people who hide their Iranian identity. Actually now I understand that they did not mean to hide their nationality, they were just protecting themselves. In Iran, we don't say hello to all the people in the street and wouldn't invite strangers to our homes. It's the same here. But in the first year, we just loved to see Iranians

and tried to be friends with every one we met, which was not necessarily a healthy way of making friends.

Elham (30, PR) believed that mistrust was a major barrier preventing Iranians from mixing together. Dorsa (35, IS), a very pessimistic person in her own view, changed her ideas about Iranians after inviting strangers to her house during her first years of resettlement in Melbourne and concluded that:

People are respectful but not necessarily trustworthy. I have got many good friends, but if I found someone new, I wouldn't trust him or her. I protect myself by not trusting people. This has both positive and negative aspects. The positive aspect is that you are safe. And the negative aspect is you always doubt others.

Maryam (40, AC) stated that she knew many good Iranian people, but "I was scared to trust them too much. I am worried about what people say behind my back." Emilia, an Iranian service provider, asserted that while some Iranian newcomers liked to see Iranian GPs, those who had been in Australia longer and were fluent in English preferred to see a non-Iranian GP, to reduce the risk of meeting other Iranians in the waiting room and answering never-ending questions about their life: "There is always a risk you'll meet someone nosy! Not all people are nosy, but just one of them is enough to put your reputation at risk."

Due to fear of gossip and backbiting, Darya (45, AC) broke off her relationships with all of her friends after experiencing depression, because she thought: "You cannot go into the depths of everything and describe your life experiences to others, and it is not necessary either. So I thought the healthiest way of dealing with this was to cut off my relationships. I didn't want to make anyone upset or worry about me, and I didn't want any rumours either."

The process of building trust among Iranians is slow and takes a long time, but the bright side is that it is possible. People who were successful in building trustful relationships often spent time together, were very supportive, and had strong ties with each other, which, in Putnam's words (2000:22), were also "exclusive:"

Iranians have strong relationships with each other but within their own social networks. I used to work as a musician and go to many social events. I found that many people came there in closed groups and sat together and had strong bonds with each other. They visited each other regularly, and went out to have barbeques together, but it was difficult if someone new wanted to enter their group without knowing any of the group members (Saeed, Iranian service provider).

Trust building, therefore, is a process among migrants as for all people. I have developed a model of trust building process (the Action, Caution, Stability (ACS) model) to describe how trust is established and maintained among Iranians.

According to the ACS model (Figure 5.1), many newcomers assume that in-group trust is the norm, and therefore they actively attempt to build a new network. In the first stage of the trust building process (Action), migrants are excited to see people from the same country and put a large amount of effort into making friendships with strangers. As Maryam stated, "I would become so happy just to see Iranians and so would invite strangers to my house."

In the second stage (Caution), a network has been built and migrants do not feel the pressure of loneliness or experience the same sense of obligation to make new friends. They may experience cheating, backbiting and betrayal within their close-knit community. In this phase, people often distinguish between trusted friends from the wider community and others, and they are cautious towards strangers. In this phase, immigrants start to draw a line

between *khodi* and *gharibe* and distinguish between close and non-close friends. “After a year or so, I felt that inviting strangers to my house was not healthy. The fact that someone is Iranian, doesn’t guarantee he or she will be a good friend” (Maryam, 40, AC).

In the third stage (Stability), people build a strong and closed network. They have regular meetings, dinner parties, and barbeques, and spend most of their spare time together. The level of in-group trust, reciprocity and bonding is high at this stage, and it is difficult for outsiders to enter these groups. Group members are not active in making new friendships but are active in enhancing and maintaining their social network: “We have been here for a long time and have a stable life. We have our friends and don’t need anyone new. You know, we have gone through a lot of difficulties and can’t be involved in newcomer’s problems” (an informal conversation with an Iranian woman). These stages are not fixed and rigid, however. Depending on their life course, migrants may move between these stages, but with a higher level of caution than initially exercised. For example, marriage opens new windows for two families to build new networks. Remembering that in Iranian families, life revolves around the children, children’s new friends and family can become family friends.

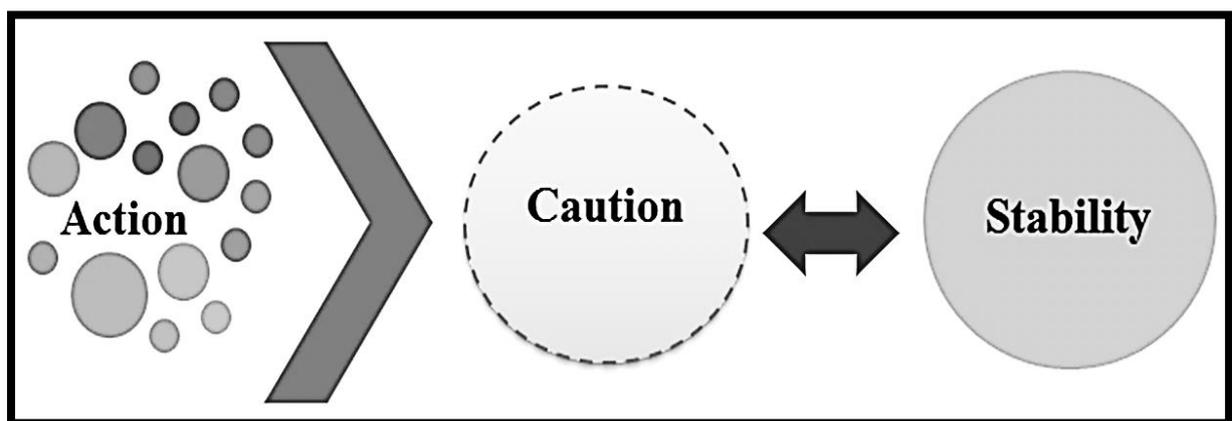
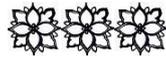


Figure 5.1: The ACS model: the process of in-group trust building

This model may be useful to describe the trust process in other migrant communities, where the level of in-group trust has been found to be low (Lancee & Dronkers, 2011; Sturgis et al., 2011; Nannestad et al., 2008; Ryan et al., 2008; McMichael & Manderson, 2004).



In this chapter, I have explored how social capital is built among Iranian women in Melbourne. I have dealt with the experiences of women building social relationships with Iranians and Anglo-Australians, and the barriers that impede such relationships. Iranian women in this research not only lost the social capital they had in Iran, but they were also struggling to build and maintain social capital with both Iranians and Australians after migration.

My results are in line with previous studies among Iranians in other parts of the world. In a study about social trust among Iranians in Toronto, Ketabi and colleagues (2012), found that the level of in-group trust among Iranians was significantly lower than their out-group trust. In my research also, none of the women showed mistrust towards Anglo-Australian people, but they were mistrustful of fellow Iranians. They described mistrust as a barrier to building and maintaining relationships with Iranians, but not related to relationships with Australians.

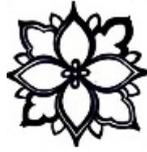
This result is not in line with previous theories (as outlined in chapter 2). According to contact theory, diversity should enable Iranians to enhance their interethnic tolerance and inter-group trust, but it does not address the issue of intra-group trust. According to conflict theory, living in Melbourne should increase Iranians' trust of each other and reduce out-group trust which, as I described, was not the case among my participants. As Putnam (2007:144) suggests, "in-group and out-group attitudes need not be reciprocally related, but can vary independently." He suggests that diversity may reduce both bonding and bridging capital, which I have also demonstrated in this chapter.

I believe the complexity of people's lives does not allow us to frame all behaviours using one theory. For example, it was difficult to describe the experiences of my participants by employing the traditional dichotomy of bonding and bridging social capital - with

relationships between people from the same group or same ethnicity as contributing ‘bonding’ social capital and relationships between people from different ethnicity or cultural groups as generating ‘bridging’ capital. The concepts of *khodi-gharibe* (insider-outsider) on the other hand may better explain social relationships among women in my research. Women distinguished their relationships with Iranians as ‘bonding’ or ‘bridging’ based on similarities and differences in class, education, employment, religious and visa status. They apply the same principles to their relationships with Australians. For example, an Iranian from a refugee background may be a complete stranger (*gharibe*) to her or his skilled Iranian migrant neighbour with a high status job, while this skilled migrant would have strong ties with her or his Australian colleague as a *khodi*.

As I have explored in this chapter, although Iranians showed a low level of trust in other Iranians who they considered *gharibe*, they spent most of their time with those Iranian friends who had the privilege of becoming *khodi*. Women’s limited relationships with Anglo-Australians was not defined by trust or even language barriers, but was influenced more by concerns over cultural issues and stereotypes about the ‘Australian’ way of life, which again limited their desire to have close contact with Australians. Women who broke this cycle held less stereotypical views, and were more successful at building relationships with women in the wider society.

Social capital, including limited social networks and trust, affected other aspects of these women’s lives including their experiences of motherhood, marital stability, their help-seeking behaviours and their emotional wellbeing. I explore each of these dimensions in the following chapters.



CHAPTER FIVE

AM I A GOOD *MADAR-E IRANI* (IRANIAN MOTHER)?

All Iranian mothers in this study, temporary and permanent residents, practising and non-practising Muslims, experienced stresses related to monitoring and controlling their children's exposure to Australian cultural influences. This can be explained through notions of purity. The first is physical purity, related to cleanliness in and out of the house, which can influence attitudes towards and impede access to services such as childcare facilities. The second and the more important one relates to cultural purity, and the danger that mothers perceive for their children in interactions with others. Women faced a constant struggle between how to bring up their children based on Iranian cultural hegemonic ideals in an Australian context. Specifically, they believed that they did not have enough control over their children's behaviour, because their children were socialised at Australian schools and were exposed to Australian culture. Women employed a variety of strategies to reduce the perceived risk of cultural pollution and to maximise opportunities for their children. In this chapter I explain women's varied perceptions of the advantages and disadvantages of living in Australia for their children, and how they manage their ambivalence.

Iranians and a history of concern over purity

In her seminal book *Purity and Danger*, Mary Douglas (1978 [1966]) brought our attention to the implications when someone crosses a forbidden line and so is rendered impure and suffers the consequences. Concerns about purity and impurity, order and disorder, fear of dirt and illness, have a long history in Iran, dating back at least to the Achaemenid Empire in 550-330

BC, when the majority of Iranians were Zoroastrians. The fundamental belief of Zoroastrians is the idea that there is one God, *Ahura Mazda*, who created and ‘ordered’ the universe. This great God had an enemy, *Ahriman*, who constantly attempted to replace *Ahura Mazda*’s ‘orders’ with ‘chaos’. ‘Good’ and ‘bad’ thoughts, words and deeds, bring notions of a dualistic world. Good is everything that contributes to order, life, light, growth and truth; bad is made manifest by misery, suffering, disorder, death, darkness and lies. Humans have the power to choose between good and bad. It is the responsibility of both God and humans to fight evil and protect the cosmos from chaos. Rituals to ensure cleanliness are an integral part of this battle. The body is pure in itself, but it can be contaminated by contact with impurities and pollution. Some of these impurities are dead matter, including everything that comes out of the body. Blood, including but not limited to menses, the blood of childbirth and stillbirth are pollutants. Pollution is the property of Ahriman, and must be avoided. It is a great sin to contaminate the universe, including water, fire, earth and air, with pollutants. To fight with Ahriman, humans were equipped with cleanliness, affected and enhanced by spells, curses, exorcism, ritual and sacrifice (Forrest, Forrest & Skjærvø, 2011, Mehta, 2010 and Boyce, 2001).

Concerns about cleanliness and the unclean, purity and impurity, order and disorder, remained in the Islamic era with some modifications. In contrast to Zoroastrians, the Islamic symbol of evil, Iblis, does not have real power over humans, but constantly tempts people to do wrong; his most powerful weapon is the lie. Purity of both body and soul are fundamental in Islamic life, and most Islamic law books have long sections on cleanliness and purity and the requisites steps to ensure this (Büyükçelebi, 2005).

In contrast to Zoroastrianism, Islam places greater emphasis on hygiene than on fighting evil. Physical, moral and spiritual purity are significant, and in Islamic teachings, there is a long list of transgressions including sorcery, adultery, perjury, drinking alcohol,

telling lies, and murder which cause moral or ritual impurity. These impurities cause God's anger, and are punished mainly in the next life. There is also a list of dirt and impurities that should be avoided, including animals which died naturally rather than through Islamic rite, fish without fins and scales, pigs, dogs, alcohol, blood, a person's vomit, urine, excrement, sperm and any part of human flesh. If someone has had any contact with any of these, they should wash them off with pure water which is water that retains its smell, colour, taste and fluidity (Büyüklebi, 2005). Some rituals can be conducted to return purity to an impure soul, such as *vudu* or washing the hands, feet and face in a specific order, as is compulsory before each prayer, and *gusl* or washing the whole body in a specific order. Repentance is accepted provided that the sinner does not re-offend, and atonement helps purification, as it is said that God's "mercy embraces all things" (Quran, 7:156).

Islamic cleanliness rules have been reinforced by Iranian governments throughout history but especially from the 1870s, when the government brought ideas of health, hygiene and Western medicine into the Iranian health system in order to reduce and control disease. Due to the domination of Islamic groups in Iran, the government specifically focused on similarities between Western hygiene rules and medicine with Islamic values (Schayegh, 2009). Because of government education and reinforcements, concerns or over-concerns about health and hygiene are not limited to Iranian Muslims; it is now culturally desirable for all Iranians to be clean all the time.

Participants in this study spoke of their anxiety about clean and unclean states, order and disorder, wrong and right, purity and impurity, in almost all aspects of their lives. Ideas of right, order and purity are shaped through socialisation, through social interactions and through discourses including media and books, family and friends. Although some participants were flexible and were able to negotiate their beliefs around purity and impurity, this was not feasible for others. It was a source of stress when people perceived that staying

pure was no longer practical. In the following section, I talk about women's experiences of impurity and pollution through the lens of mothering, pregnancy and childbirth in Australia, and in relation to eating habits, school, discipline and cultural pollution.

Pregnancy and childbirth

More than half of the participants in my research (13) had been pregnant and given birth in Australia. Although each woman had a unique experience of pregnancy and childbirth, there were similarities in their stories. The medicalisation of childbirth was a common source of stress; however, despite a common belief that migrants and refugees from developing countries may be unfamiliar or uncomfortable with the medicalisation of pregnancy and childbirth (Kemp & Rasbridge, 2004), my participants believed that they received insufficient medical treatment and intervention. Participants' complaints about insufficient medical attention reflected the ambiguities and uncertainties they perceived in relation to risk during pregnancy and childbirth. As discussed in Chapter 2, Iranian women conceptualise pregnancy and childbirth as a risky event that demands a great deal of medical intervention. In Iran, women have easy access to a variety of prenatal care and childbirth options, including visiting a midwife or an obstetrician in either the public or private sector, and they are able to freely select their mode of delivery. In Australia, participants believed that their options are limited to attending a public hospital and seeing a different midwife at each visit or seeing their GP. Their anxiety was especially related to their mistrust of the ability of GPs and midwives to provide antenatal care, which stemmed from their understanding of these professionals' inability to recognise possible difficulties in their own health or in foetal development. This mistrust arguably draws from their misunderstanding of the shared care model and the role of GPs and midwives in providing antenatal care in Australia.

According to The Shared Maternity Care Collaborative (2010), a team of hospital-affiliated professionals, including GPs who have post graduate training in obstetrics and gynaecology, obstetricians, and midwives who are often registered nurses¹ and that have undergone extra training in midwifery, or have bachelor degrees in midwifery, share the responsibility of the care of pregnant woman (Victoria, State Government of, 2013). The pregnant woman attends hospital for key visits, including for childbirth and post birth, and visits other shared care team members for the majority of her antenatal visits. This model is considered best for low risk pregnancies and ideally should offer women continuity of care. The shared maternity team members interact with the shared model coordinator often based at the affiliated hospital, and are expected to record and follow up the antenatal routine examination findings in a ‘handheld pregnancy record’ which is different from hospital to hospital (Victoria, State Government of, 2013). This model of care does not exist in Iran.

The midwifery training system is different in Iran. Firstly, midwifery, gynaecology and obstetrics are all gendered fields, which male students are not allowed to study. Although there are a few male obstetricians who studied and practiced before the 1979 Iranian revolution, their involvement is limited to performing caesarean sections. Iranian midwifery programs provide training at different levels including: bachelor, master and PhD in midwifery and students are not required to have a nursing background. As Torkzahrani (2008) has explained, Iranian midwives rarely work independently; they often work under obstetricians’ supervision as their assistants. Although midwives and other staff in the maternity ward are responsible for the care of the women, they are often too busy with other tasks, especially looking after women who are close to delivering their babies. Women are

¹ Being a registered nurse is no longer necessary to study midwifery in Australia and midwives can be eligible to practice if they have a bachelor degree in midwifery. Registered midwives are expected to complete a ‘Midwifery Professional Practice Program’ every three years (The Australian College of Midwives, 2010).

expected to stay in their beds and do not have the freedom to move or walk around; they often deliver in the supine position. In a study about the process of decision making for delivery in Iran, Jamshidimanesh and colleagues (2009) found that inappropriate communications between healthcare staff and women in labour was an important factor in increasing women's inclination to have a caesarean section. Women in Jamshidimanesh and colleagues' study said that they were 'annoyed' and felt 'tortured' during vaginal birth because they were examined (vaginally) 'too many times' by different staff, especially during a long labour when healthcare staff changed shifts. It is not surprising that Iranian women's attitudes towards midwives in Iran are not positive. Similarly in Australia, when women received care from a midwife, they felt that they had not received 'proper' professional care. All participants complained about their lack of access to consult with obstetricians, the impossibility of visiting the same midwife during antenatal appointments, and the lack of guarantee of female-only attendees during childbirth:

The big difference between here [Australia] and there [Iran] is that you do not know who will help you deliver the baby. I mean, you do not visit the same midwife and you cannot visit an obstetrician. If you do not have a high risk pregnancy, it [private care] is too expensive (Elham, 30, Australian citizen [hereafter AC]).¹

Kimia (30, International Student [hereafter IS]) also complained that:

Back home, you can chose your female obstetrician and visit her during your pregnancy, and you know that she will come for your delivery. So you build a friendly relationship with your doctor and have peace of mind. And you don't have to explain your situation and where you came from at every session. But

¹ To avoid repetition, demographic characteristics of participants will be mentioned once in each chapter. To learn more about participants, please see Appendix 1.

here you visit different midwives and you might even have a male midwife during delivery.

As mentioned above, participants were used to seeing a female obstetrician in Iran. Many of the participants, especially practising Muslims, were worried about male attendants at their delivery. Their request for female-only attendees elicited the same reply: in case of emergency, no hospital would guarantee female-only attendees during childbirth. Most of the participants accepted that in case of emergency, the gender of the midwives was not important; however, one woman was not happy about it and attempted to find a hospital that could guarantee her that no man would attend her delivery even in the case of emergency:

The only thing that I was worried about was male doctors. They told me we could have a female midwife, but if there is an emergency and there is just one male doctor, we cannot guarantee getting a female doctor for you. One of the receptionists was so nice, she contacted other hospitals but all of them said, they couldn't guarantee it. One hospital explained that they had had this service before, but it is no longer available. How is this possible? This is a developed country! (Zoha, 30, Permanent Resident [hereafter PR])

This created considerable stress for some women during pregnancy, reflecting their concerns over dignity and modesty. The majority of participants had mixed feelings about childbirth. Although childbirth was considered to be the most beautiful moment in their life, many of them concurrently described the process as 'dirty' even 'filthy'. Some women said that they felt 'ashamed' that strangers would look at their *andame khososi* [private parts], especially during labour and delivery, when they feel compromised by not having full control over their body and behaviour. Participants did not like the idea of lying on a bed under such circumstances, under the gaze of others. Their anxiety was exacerbated by the possibility of

there being a male attendee in emergency situations. Although almost all participants addressed this anxiety, practising Muslims were most concerned, as under Islam a women's body must be covered and her genitals should not be exposed to other people, even to other women, except for medical reasons. But although this anxiety was most common among practising Muslims, the traditional anthropological idea of ritual pollution cannot be applied here, as none of my participants referred to the issue of male attendees in relation to ritual pollution. At the end of the day, all women and their husbands accepted that in case of emergency, the presence of male attendees did not clash with their religious beliefs. Their anxiety could best be described in the use of the language of 'shame' related to childbirth. Women stated that they felt the same in Iran with female obstetricians. However, in Iran they could choose someone with whom they were comfortable and with whom they could build a friendly relationship during the nine months, and this helped to ease their feelings of shame or embarrassment, at least with their specialist. They lacked this familiarity and confidence in the medical system in Australia because of lack of continuity of care. Some women said that, shame was a contributing factor in their own decisions to have an elective caesarean section in Iran. Hannah stated that she was uncomfortable visiting a gynaecologist even for a Pap smear, and she had had just one Pap smear during 13 years of marriage. During her first pregnancy in Iran, she made it clear to her female obstetrician that she wanted a caesarean and not to have a vaginal examination unless it was absolutely necessary. It is worth noting that Hannah was not a religious woman and was not bound by Islamic codes of modesty. Further I met other religious and non-religious women who preferred to have a caesarean section in order for their modesty and dignity to remain intact and not 'damaged' in childbirth.

In addition, Some of my participants thought that current physical health problems such as back pain were the result of having a vaginal delivery, and that this was the fault of

the midwives and GPs who had failed to identify that they could not give birth naturally. Among the 13 participants who had been pregnant in Australia, seven had either delivered their baby through caesarean or wished that they had done so. Besides 'shame' and 'dignity', uncertainty about the risk of vaginal delivery to both the mother and baby's health, and pain, were commonly articulated as reasons behind a desire for a caesarean section. Gifford (1986: 215) has argued that lay people's assessment and evaluation of risk "is a subjective, lived experience ... a social process, not a scientific, technical one." The perception of risk and unknowability of pain, and the subjectivity of childbirth, was experienced among primiparous participants and even among women without any children in informal conversation. It was not just about how unbearable the pain would be, but also about pain management and controlling the body and behaviour that could place modesty and dignity at risk. Women's concerns over risk were exacerbated by their interactions with other people such as their relatives, siblings and friends, as discuss below.

Hannah had her first child by elective caesarean section in Iran. She chose to have a caesarean because her mother had experienced difficult and painful labour with all of her four children. Hannah was scared of going through what her mother had experienced, and requested a caesarean section at a private hospital in Iran; this was accepted without any resistance from her obstetrician. She had an entirely different experience in Melbourne. From other women she had heard horrific stories of women who had had vaginal delivering and faced difficulties during childbirth or thereafter. When she got pregnant with her second child, she had the opportunity to choose between a vaginal delivery and a caesarean section. Despite extended efforts from the midwives to encourage her to have a vaginal delivery; she decided to deliver her baby by caesarean. I had contact with her during her pregnancy, before childbirth and after her child was born. I visited her a few hours after her caesarean section at hospital, and she was very happy with her decision and 'easy childbirth'. She believed that

after a caesarean, a woman can take painkillers and manage the pain, but she cannot do that during a long labour. Not only was she happy with her decision; she also recommended a caesarean delivery to a pregnant friend.

Hannah's friend, Neda (30, AC), had major surgery during her first pregnancy. I had known Neda already for a long time when she got pregnant. After her surgery, she had to rest for six weeks to prevent a possible miscarriage. During her recovery, she experienced considerable pain. She said, "if a caesarean has the same pain as this surgery, I do not want to go for it. But I'm scared of natural birth as well." After several meetings with her surgeon and midwife, she decided to deliver her baby naturally although her friend, Hannah, had talked with her about using this opportunity to request a caesarean section. I talked with Neda two days before her delivery. It was a warm sunny Saturday afternoon. I was invited to a barbeque by a mutual friend of mine and Neda. She was 'very pregnant' and stressed, and hoped that the baby would be born as soon as possible. That same night her waters broke and she went to hospital. I visited her at hospital a few hours after childbirth:

We went to hospital after my waters broke. But they did not admit me. They told me it was too early because it was not my due date yet [10 days early]; they asked us to return home and to call them in the morning. When we called them in the morning, again they said it was early and I had to wait.

Her mother, who had come to Australia to help Neda after delivery, continued:

Around evening, when there were 15 minutes between her contractions, I told her husband, let's go to hospital and don't call them again because they're going to tell us to wait. When we arrived to hospital, they told us we got there just in time. She was in labour until the next morning. Around 4 am, the baby was born.

Neda decided to have a vaginal delivery so that she would have less pain after childbirth, but she was very frustrated by her decision:

I had a lot of pain and they did not help me. I requested an epidural several times, and they said that was the last option. I was in labour for around 20 hours, but they didn't give me an epidural. I don't know what they meant by the 'last option'.

Her mother continued the story, sharing Neda's deep frustration:

In Iran, when the waters break, the hospital will admit the pregnant woman and will not send her home. So, that was so weird and scary for us. When they sent us home, I was worried that something might happen to her or her baby. In Iran, they help the woman to deliver the baby as soon as possible, and try to reduce the labour time by induction or caesarean section. But here, it's not the case. They wait and wait and wait. I didn't like their system at all. My daughter experienced unnecessary pain that could have been prevented.

Neda continued, "I will not get pregnant or give birth here [Australia] again."

Paniz had similar story and her experience of hard childbirth spread in the community and this was one of the reasons I was very keen to find and interview her. Before I met her, other women had told me how they were scared of getting pregnant and having a baby in Australia, after hearing Paniz' experience, via other people. Paniz said:

I really wanted to have a caesarean because I was so scared of pain. It was so hard, I was in labour for one day and they tried to help me to give birth naturally. And when I really couldn't bear the pain, they brought me a consent form so they could give me an epidural. Imagine, I was scared of the epidural and the

possibility of being paralysed, and I was in so much pain that I could barely hold the pen when they asked me to sign the form. Finally they pulled the baby out with forceps. I told my husband, next time I'll go to Iran and have a caesarean. Even if I am going to die as a result, I will never give birth here again. (Paniz, 30, PR)

As mentioned in chapter two, in Iran midwives and obstetricians are keen to accelerate the delivery. If Neda or Paniz were in Iran, they would have undergone a caesarean section as soon as was possible. The rate of caesarean sections in large cities like Tehran is three to four times higher than the world standard. Surprisingly, the rate of caesarean section is much higher among healthcare providers including midwives and obstetricians, between 50 percent (Laluei, Kashanizadeh & Teymouri, 2009) and 70 percent (Nasrollahi, Heidari & Khalajineia, 2013; Makvandi, Yazdizadeh & Yadollahi, 2011). The rate is also much higher among educated and employed women with higher socio-economic status. Almost 75 percent of caesarean sections in Iran are a result of maternal request.¹ Consistent with my participants, numerous studies in Iran have reported that fear of pain was the main reason for the high rate of elective caesarean section in Iran.²

Misdiagnosis was yet another complaint. Although Arman, an Iranian GP, wondered “how could they [Iranian women] say that their doctors misdiagnosed when they were not doctors,” participants felt that neither GPs nor midwives took matters seriously until there

¹ Shakeri, Shakibazade, Arami & Soleimani (2013); Amiri-Farahani & Abbasi-Shavazi (2012); Badakhsh et al.(2012); Bagheri, Masoodi-Alavi, & Abbaszade (2012); Davari, Maracy, Ghorashi & Mokhtari (2012); Dehghani, Mehrolhasani, Rastad, Ebrahimi & Motamed-Jahromi (2012); Movahed, Enayat, Ghaffarinasab, Alborzi, & Mozafari (2012); Shahraki-Sanavi, Ansari-Moghaddam, Rakhshani, & Navabi-Rigi (2012); Naseh, Khazaie, Kianfar, Dehghan, & Yoosefi (2010); Azizi & Salari (2009); Laluei et al. (2009); Mohammad-beigi, Tabatabaee, Mohammad-Salehi & Yazdani (2009); Ranae (2006); Aram, Alameh, Zamani & Yadegar (2002).

² Badakhsh et al (2012); Beigi, Broumandfar, Bahadoran & Abedi (2010); Mohammadpourasl et al, (2009); Mohammaditabar et al. (2009); Seyed-Nouri & Jamshidi-Ivanaki, (2006).

was a real emergency. One participant had heavy bleeding for more than two months after childbirth. For the first month, she thought it was normal. During the second month she visited her GP several times, but her complaints were not taken seriously and her GP did not send her for further investigations as she wished:

One day I had serious bleeding on the hospital bed, and the nurse freaked out. I was telling them that this was serious but they did not believe me until they saw that. Then I was hospitalised for three days, because they wanted to get an ultrasound, but it took three days until it was my turn.

This participant stated that if she were in Iran, her doctor would have sent her for an ultrasound at her first visit. She later found out that parts of the placenta had been retained in her uterus and she had to take antibiotics for some weeks and eventually had an operation to remove the retained placenta. Another participant had gone through a hard delivery and more than one year later, she was still struggling with its aftermath. She explained:

I have a small pelvis which is not suitable for natural birth, and my baby was big, four kilograms. But the midwives did not diagnose this problem. So the baby was stuck in my pelvis for around three hours and his heartbeat was going down. Finally, they had to pull him out with forceps and because he was in a critical condition, they did not show him to me. They took him to another hospital for a blood transfusion. I did not see him for one week because I was hospitalised as well. I was crying all the time. It was their mistake. They should have given me a caesarean.

Although these women were dissatisfied with treatment, others had different views. Sarah, an Iranian midwife, said: "I think here [Australia] is better than Iran. In Iran, we rush and are in a hurry when a baby is coming, but here we are more relaxed and wait so it goes

naturally.” It seems that Iranian women who are used to the system in Iran, think that pregnancy and childbirth are not natural and need immediate intervention. When something goes wrong, they talk about it with other people and gossip spreads within the community, especially among pregnant women. Accordingly, not only were all pregnant women in this study worried about their labour, but I also met non-pregnant women who were worried about the possibility of getting pregnant and going through traumatic experiences in Australia. This finding is in line with Manderson’s and Allotey’s (2003b) observation of refugee and immigrant women from Sahel Africa and Middle Eastern countries in Melbourne. They found that negative experiences with the medical system circulated within the immigrant communities through storytelling and gossip. Although this storytelling provided women with opportunities to seek personal and practical support, it also reinforced negative attitudes towards resources and conventional practices.

Negar, an Iranian psychologist, believed that “there are some errors in any system. I know even one error is a disaster, but in reality there are always errors. In Iran there are also errors, but here people do not expect it, therefore they get disappointed and talk about it when they get together.” Arman, an Iranian GP, concluded: “this is not a problem with this system. It is the problem of our people who think childbirth is something dangerous. Iranians perceive danger more readily than Australians.”

In summary, the level of risk women perceived relating to pregnancy and childbirth was a result of interwoven factors including a perceived risk to both mother’s and baby’s health, and a perceived danger to women’s dignity and modesty which was exacerbated through interactions with other women who had experienced or heard stories of difficulties during childbirth. These perceived risks and dangers created stress for participants and a sense of helplessness, because in Australia they did not have access to the same pregnancy care and childbirth options with which they were familiar in Iran.

In their study of caesarean section in Iran, Delaram and Aein (2012) showed that education around the risks of caesarean section can reduce the desire for it. In that research, 64 pregnant women were divided into two groups, with one group attending eight educational sessions about the birth process and interventions, mode of delivery, advantages of vaginal delivery, and disadvantages of caesarean section. The other participants received standard care which did not include educational sessions. The results showed that pregnant women who participated in the workshops had more vaginal deliveries than the other women, and fewer had oxytocin inductions. Similar trial studies in Iran with pregnant women were successful in reducing the number of caesarean sections among participants.¹ These classes in Melbourne were not particularly accessible for participants of this research. Although women presented regularly for antenatal care, none attended antenatal classes for various reasons. Only one woman said that she did not attend because she thought it was not necessary. The other women all believed that antenatal education was necessary and desirable, but they could not attend classes mainly because they were alone and did not have anybody to take care of their first child, illustrating another consequence of lack of social capital among immigrant women. Women who were living in Australia on student visas would have to pay for antenatal classes, too, and they said it was too expensive for them. Lack of information was another reason for low participation in antenatal classes. Iranians generally have a lot of respect for doctors and what they suggest. They rarely asked questions or argued with physicians, and thought that “if something is important, the doctor will tell them” (Emilia, service provider). This attitude toward physicians, that they know what is best, stops women from saying what they need or asking what services are available. Elham, for example, did not attend antenatal classes although she knew they were available:

¹ Shahraki-Sanavi, et al. (2012); Tofighi-Niaki, Behmanesh, Mashmuli & Azimi (2010); Sharifirad, Rezaeian, Soltani, Javaheri & Amidi-Mazaheri (2010); Amidy & Akbarzadeh (2006); Mirzaei, Kholasezadeh, Bakhshi & Mozafari (2006).

I thought they would tell me about them. When I went for my first antenatal visit, they gave me an information booklet,¹ nobody told me anything about classes. I thought it wasn't the right time for that or that I did not need it. I didn't ask and they did not tell me.

Although many participants complained about the medical system because of long waiting lists, misdiagnoses, and because nobody had taken them seriously when they sought help, they all expressed positive comments toward hospital staff and nurses:

I stayed six nights at hospital. We had a lot of workshops around breastfeeding and other baby needs. I was so happy there. Everybody cared about us (Kiara, 30, PR).

They were so respectful of my culture. They asked me what I could eat and what I needed. When I didn't shake hands with one of the nurses, he did not get offended. I especially loved it the time when one of the nurses came and told me, let me return your beauty, she helped me to wash my hands and face and comb my hair. That was so valuable for me (Kimia).

It [hospital stay] was so good that I did not want to go back home! (Lora, 30, PR)

Even the participant who experienced heavy postpartum bleeding, and had to have surgery to remove the retained placenta, was happy with her hospital stay: "They helped me a

¹ Pregnant women in Victoria receive the 'Victorian Maternity Record' at their first visit which records all personal information about the pregnant woman, maternity history and examination (e.g. past pregnancies, gynaecological history and allergies), tests and investigations in pregnancy, records of the pregnant woman's antenatal visits, and birth plan. It also includes labour and birth summary and a summary of the baby's condition after birth (Victoria, Department of Health, 2013). Women also receive information booklets. These differ from hospital to hospital, but mainly include information about pregnancy care and visits, antenatal classes, relevant check-ups and modes of childbirth.

lot to rest and be relaxed. Their care was the only reason that I did not complain about my further problems.”

Neda and her mother also believed that her hospital experience was very different compared to Iran. “The nurses were so kind,” Neda’s mother said:

I didn’t understand what they were saying but from their gestures and facial expressions and their tone of voice I knew they were trying to help my daughter to have a smooth delivery. They were very kind and I really loved their caring but I didn’t like the doctors.

Cleanliness

For Iranians, paying attention to cleanliness is important. As various service providers and participants described, Iranians’ understandings of cleanliness are different from those of Anglo-Australians, and sometimes proved to be a barrier for women to seek or accept help. Fear of germs and disease are the most important reasons why Iranian mothers were obsessed about cleanliness. Arman, an Iranian GP, explained this issue in detail:

In our culture, we have different definitions of cleanliness. Iranian women are really worried about getting an infection. They use a lot of water every day for washing. I think what they call cleanliness is considered a kind of obsession here. In Iranian culture, you might call something dirty if its colour looks dirty, if it stinks, or sometimes if you just feel that something is dirty without any proof. I think it is a big barrier, because in my view this is one of the reasons why Iranians are not so successful at mixing with other cultures here. For example, if they think or feel a family does not care about cleanliness, they will not let their children go to their house for a birthday party... Some of them do not send their children to a childcare centre because they think that childcare centres are not

clean and their children will get sick. But the reality is that you cannot prevent your child getting a virus. It can come from a neighbour's house; it is in the playground, in shopping centres, almost everywhere.

As Arman described it, a contemporary fear of dirt among Iranians is not related to their ancestors' horror about dirt and evil as in the Zoroastrian era. The anxiety of contamination by dirt remains the same, though, and is reinforced in Iran by the government through health and hygiene education (Schayegh, 2009). But for non-Iranians, particularly for service providers, this obsession with cleanliness is problematic. Helen, a non-Iranian service provider, explained her concerns about this:

They [Iranians] are so concerned about cleanliness, that this can sometimes be a barrier to securing housing, for example if the houses available in their price range do not meet their standards of cleanliness [they refuse it]. They do not like to be offered second-hand goods and sometimes prefer to go without until such time as they can afford to buy it new.

Tara, one of the key informants, compared cleanliness between Iranians and Australians:

They (Australians) do not care about cleanliness as much as we do. They do not wash their children's hands so many times, they take food from the ground and eat it, they are so relaxed, and I think their children are relaxed too. I do not think that our way is right.

For mothers in this study, cleanliness was very important. Chista was dissatisfied the first time that she went to visit a childcare centre. She was horrified when she saw that:

Children were crawling on the floor, and finding things on the floor that people walk on with their dirty shoes, and putting them in their mouth. It might not be a big issue here, but for me it was hard to see. If a biscuit falls down on my carpet, even though I know it is clean, I would never let my child eat it.

Kiara visited various childcare centres because her maternity leave was going to finish, and she had decided to send her child to childcare centre. She described the centres as “very dirty,” but tried to calm herself by thinking about their positive aspects:

I found them (childcare centres) very dirty, but I think that is the way it is here. They are not as concerned as us about cleanliness. We are so obsessive about hygiene and want to bring up our children in a very clean way. But many children go to childcare here and are healthy. I saw a child on the street who fell down, then put her dirty hand in her mouth, and her mother did not panic! I told myself, if you really are upset, stay at home and take care of him. But I cannot! So I will put him in childcare even if I’m not satisfied with it.

Mahla (35, IS) and Dorsa (35, IS) also had difficulty finding a clean childcare centre, and they decided to hire an Iranian babysitter to take care of their children at home. Eventually, all three women (Chista, Dorsa and Mahla) who had opposed sending their children to child-care centres, had to do so, but none of them were happy about it. Chista (40, PR) blamed herself for her child’s ear infection and thought that if she had stayed at home and taken care of her child, her daughter would not have had this illness. Mahla was happy that the childcare centre was warm compared to another one that allowed the air to come and go through open windows, but she was still worried about hygiene and the risk of infection. Dorsa was also happy that after a long time she could find a childcare place, but she also

explained that she sent her child there only because she had no other options. Tara, one of the key informants, described these concerns as part of being an Iranian mother:

An Iranian mother is always worried and anxious. We are always upset about the past and worried about the future. We are worried about cleaning and washing, worried about study and success, and we push our children unnecessarily. Our children are growing up in this system, so my ideas do not count here. But we still want to push the children to be clean, successful and polite all the time.

Tara believed that it is not always easy to negotiate fundamental beliefs, because this is sometimes mixed with self-esteem. Dorsa described how she always tries to teach her child to be clean, because she thinks that:

Cleaning is one part of social manners. I teach her to be clean, wash her hands before eating. She has brushed her teeth since she was one year old. I change her clothes twice a day, and I am really careful that she does not touch her eyes with dirty hands.

Dorsa believed that by keeping her child clean, she can maintain and secure her position as a 'good' mother.

Some participants showed their concern around cleanliness especially in relation to food. One woman never touched other people's food when they offered it to her, unless she knew that person well. She explained, "if I were invited somewhere for the first time and saw that the kitchen was unclean, I would never eat anything there, I do not want to be rude but I really cannot eat food that comes from a dirty kitchen." Simin explained that "nobody has seen her at McDonalds or other take-away places" because she did not think that such places

prepare food in a clean and healthy environment. In the following section, I describe women's concerns surrounding food, cleanliness and health.

Eating habits

Based on Iranian cultural understandings, food is a crucial element to establish order and balance in the body. What you eat affects order or disorder in the body, so affecting health or illness. Iranians classify food as hot and cold following a humoral system, as also characterising various people in Latin America, Asia and Africa (e.g. Manderson, 1987). Iranian women try to keep a balance of hot and cold in food consumption. For example, dairy, chicken, fish and rice are considered cold and make the body slow and sleepy; honey, figs, turkey and most spices are hot and make the body warm and energetic, although hot food can also cause irritation. Take-away and soft drinks are considered to be unhealthy but may be consumed. Homemade foods are considered good and healthy; therefore, cooking at home is the norm and eating out is kept for emergencies or for weekends or special days out.

When we talked about food, the first and most important food, mentioned by women, was breast milk. Women breastfeed their babies for at least one year; some might continue until the child's second birthday and solid foods are typically introduced when the child is four to six months. In a study about breastfeeding in one Iranian city, Roudbari, Mosavai and Asadi (2007) found that almost 98 percent of mothers breastfed their babies upon delivery. This number had decreased to 68 percent when the babies were six months, but the average period for breastfeeding was 15 months. Migration had not changed this pattern among my participants, and women were eager to breastfeed their babies because they thought "there is nothing better for a baby," at least for the first six months. Breastfeeding in Iran is considered as social norm and is reinforced by government maternal health education as well as religious and cultural practices (Torkzahrani, 2008). Due to high values that women hold for

breastfeeding, if anything went wrong and they could not breastfeed their baby, they felt responsible and guilty. For example, Darya felt guilty because after childbirth she had an infection and took antibiotics, and was not allowed to breastfeed: “I went downhill after she was born. I could not breastfeed her and I was so worried because I could not do that. I felt so guilty.”

Kiara, who was breastfeeding her six month baby at the time of interview, was worried because she had to go back to university. She planned to use a pump and leave a bottle of her milk with her mum while she was at university, but she was still worried: “What if he needs more milk and I am not available. I do not want to give him formula.” The more significant issue for Kiara was the fact that she was not enjoying breastfeeding at all, and thought breastfeeding was the hardest part of motherhood. She thought her body and her breasts had changed due to breastfeeding and had become ‘ugly’. However, she chose to breastfeed her baby because she thought that was the best for her child. While her mother tried to get her to agree that in an emergency situation, formula could work, she was unsure about it.

One of the participants was breastfeeding her first child when she became pregnant with the second one. When I met her again, after she had given birth to her second child, she was still breastfeeding her first child. She explained: “I have another baby and must breastfeed her [the newborn] in front of her (her first child). I was worried that if I stop breastfeeding, I would hurt her feelings.” When I asked her why she did not stop breastfeeding when she was pregnant the second time, she answered: “I asked about it during my pregnancy visits, but none of the midwives could answer my question. They told me mothers often stop breastfeeding when they get pregnant. So I decided to continue because I thought that it wasn’t fair on her to stop.”

As noted above, feelings of obligation to breastfeed under any situation come from Islamic as well as cultural and maternal health teachings on the positive effects of breastfeeding on baby's health. Therefore, even when there was a problem that could lead to the cessation of breastfeeding, some women felt obliged to breastfeed their babies and tried to continue to do so. For example, during and after her surgery to remove the retained placenta, Shila's (35, IS) husband had to feed the baby by formula. When she was discharged from hospital, her baby refused to accept her milk. Shila struggled with this situation and sought help from a breastfeeding support service at the hospital where she had given birth. After three visits, one of the nurses told her "babies are little creatures, they can decide for themselves, and I think your baby has decided to stop." Then, as she described, Shila felt relieved and said, "ok, if she [her daughter] is happy with that, I agree." But this was not the end of the dilemma, because she thought that babies must get breast milk, so she started to use a pump and to feed her with breast milk in a bottle:

So I spend most of my time milking myself! My mother-in law was so helpful, she would take care of her and cook for us while I was busy milking. Sometimes I spent six or seven hours milking and it was not enough for her. When she started solid foods, I felt relieved and life became sweet!

Shila spent all of her maternity leave from university, as she put it, "milking herself," and she accepted this because she thought that to be a 'good' mother, she should breastfeed her baby. In spite of all of her efforts to breastfeed her infant for seven months, she still thought that she had not been successful in breastfeeding and that she had failed: " I think I failed. Everybody else can do it but I could not. I feel guilty about it. I think breastfed babies are so calm but my daughter was a hard baby to take care of."

Concerns about food are not limited to breastfeeding; this is just a starting point. The Iranian health system recommends mothers start solids when a baby is six months old. Many parents think that a baby's weight reflects her health status and think "a healthy baby is a chubby baby" (Paniz). Therefore, some parents try to keep their babies and older children healthy – that is chubby - by chasing them with food and forcing them to eat. Some parents think that this is the right way to feed a baby. In relation to this, Chista complained about childcare centres:

The other thing that I don't like is how they feed children in childcare. I feed my child with my hand, I mean, as you know, in our culture we feed an 18 month child by hand and make sure that she is eating something. But here they put food in front of children and just ask them to eat. They do not care if children do not eat anything. They say if they are hungry, they eat. But this is very annoying to me.

Although Iranian *behvarz* (health workers) in health centres (see chapter 2) recommend mothers to allow children to eat by themselves, many mothers prefer to feed their children to make sure that they eat enough to avoid being blamed for their children's low weight. Paniz explained: "Look how tiny she is. I cook something with love and then she does not eat it. This destroys me. She does not gain weight and I get so upset when people ask why she is so tiny."

People's opinions about their child's low weight were very important to Paniz, and other participants in this research were equally concerned about their children's weight. These opinions could shape and influence the image of a good mother among the participants. Where people think that a healthy baby is a chubby baby, the baby's body mass rather than his or her health condition attracts a lot of attention. Even if he or she is healthy,

still people think that there is something wrong with the child or with her or his mother. This can be particularly distressing for migrant mothers in countries like Australia, where childhood obesity is a problem, but at the same time, where they feel pressure from their community members or their relatives back home about their children's weight.

Paniz felt particularly guilty when her mother-in law told her, "Oh, she looks like a miniature, she was better in her photos," and by 'better' she meant 'fatter'. Paniz said: "You know how much it hurts me as a devoted mother? I spent a lot of my time cooking for and feeding her but she is so small. People will say that I am not a good mum." Visiting different GPs in Australia and in Iran, Paniz finally accepted that her child's low weight was not her fault: "She is what she is. But still sometimes I think this is my fault. Sometimes I have this temptation to open her mouth and force her to eat, but I know that won't help."

Dorsa had slightly different ideas about her child's eating habits. She explained: "I made a big mistake. I breastfed her for more than two years because I thought, if I stop she will get upset. Then I found out that because of breastfeeding, she didn't like eating food. Then I stopped, and I wish I had stopped it earlier. Now I still have problems with her eating."

In contrast to Chista's opinion of feeding a child and making sure that she eats enough, Dorsa thought that she made a mistake by forcing her child to eat:

I forced her to eat because I got upset when she would not eat anything. If you do not push her to eat, she will not eat anything for two days. After a while, she hated spoons and wouldn't eat anything with a spoon. I think because I forced her, now she is not a good eater.

Lora also was worried about her child's eating habits and explained: "I have to be so creative and make her food super-yummy. But she is not a good eater; I mean she likes junk foods like chocolate. And the problem is when she is hungry but she does not want to eat, she gets nasty."

Although some Iranian parents think that a healthy baby is plump, many of them also think that obesity is a problem, especially when their children grow up and can choose what to eat. Some parents worried about their children's love of take-away foods and addressed this issue in interviews. Whenever people talked about food, they talked about healthy food. Mothers try to reduce the risk of children's obesity by cooking at home, mainly Iranian food. But the problem is "they [children] do not like Iranian food." Nellie (40, AC) was scared that her children might become obese some day because they so liked eating take-away food. She ordered her two children to diet and was successful in controlling them. But not all children, especially older children, obey their mothers. During participant observation, one woman, not interviewed formally, reported:

My son eats whatever he wants. His food is different from ours. For a while, I would cook something that he likes but it was hard to learn to cook stuff that is sometimes not healthy. So I told him, you should make your own food. I am done with you. And now he buys or makes his own food which is different from the rest of us.

Simin promised me that:

You'll never find us near a KFC or McDonalds or any other take-away shops... God knows what oil they use for fast foods. You eat a bunch of chips and greasy foods and you will get diabetes or a lot of other illnesses."

Simin devoted her time to her family by cooking at home. She cooked three meals a day:

Because my children won't eat the same meal two times in a row. No child eats the same food twice in one day. You have a child and you know what I am saying. And they like to eat hot food for breakfast as well, so I have to cook three different meals per day.

Simin thought that she had lost her health because she did so much housework, but at the same time, she felt that she had to cook for her family and she could not change this:

How can I change it? You tell me? If you think take away foods have changed, they haven't; if you think somebody can come and help me, no, it won't happen either. I won't give unhealthy food to my children even though I have serious back pain and need surgery. If you can understand the meaning of motherhood, you'll say, let me suffer for my children. I don't want to hurt myself, but I think that's what a mother does.

Sacrifice as a parental duty is a core belief among Iranian parents, found in studies with Iranians in Australia (Ziaian, 2003), Sweden (Bretschneider, 2001) and in the US (Kazemipour, 2011), as well as among my respondents. I return to this theme later in this thesis (Chapter 8).

School, cultural pollution and discipline

The Australian education system created feelings of ambivalence among parents. Some liked the creative and stress-free environment at schools, but others thought that Australian schools made children lazy. People who were not satisfied with school gave two kinds of reasons: educational and cultural. In Iran, education is considered a pathway to success. Parents dream

that their children will becoming a *Khanom Dr* (Ms Doctor) or *Agha Mohandes* (Mr Engineer), as mentioned in the opening chapter of this thesis, “you must study hard and become a doctor or an engineer.” This can only happen through hard study. Parents who are used to the education system in Iran, with its emphasis on hard study, many exams and a large amount of homework, face disappointment at first. As Hannah and her husband both stated:

We do not like public schools here. They do not have a high standard and cannot compete with Iranian schools. On the other hand, we cannot afford to send him to a private school. In his school, they just focus on children having fun and being happy. But children need to learn something as well.

Many participants stated that their children would learn more were they educated in Iran rather than in Australia. Mary explained her attitudes to school by complaining about the lack of homework:

She [her daughter] goes to school and comes back without any homework, or casually, just once a week, and that is not something special. She knew her times tables in Iran and because of that, she is better than her classmates in maths. But the problem is she does not have any motivation to learn because her teacher already admires her mathematic ability.

What parents and especially mothers do is to encourage and sometimes force their children to study ensuring they spend structured time on academic subjects more beyond that expected by the education system in Australia. For example, Mary insisted that her 10 year old daughter study at home using Persian textbooks that children would read in Iran, so that she would have the basic knowledge that “she has to have at her age.” Mary did not express complete dissatisfaction with the Australian school system, however. She explained that her

daughter was always stressed and anxious in Iran because of school, she always worried about her homework, and worried about what she needed to take to school every day:

She always thought that she left something important at home and she used to check her bag so many times on the way to school. She was always worried about her homework. I think there is too much homework in Iran, while here lack of homework is the problem. There should be a balance between the two.

Using calculators was another ‘deficit’ that most participants and other people in the community complained about. In Iran, children must be able to solve subtraction and addition (<10) without using their fingers when they are in grade two, and they must learn and memorise times tables in grade three. Therefore by grade four, all children are supposed to solve mathematics questions without using a calculator or their fingers. If they cannot do that, they will be labelled as *tanbal* (lazy). That is why some of the mothers recommended others to enrol their children in the KUMON¹ program for mathematics and English, which gives pupils more homework. Parents also enrol their children in other classes to help them develop and nourish different aspects of their lives.

For example, Mary’s child was enrolled in online Quran lessons twice a week. Nazanin’s child attended extra sports classes at her school. Hannah’s son was enrolled in soccer classes and KUMON program, and she was thinking about changing his school because she thought it was not good enough. “It [the standard] is lower than some of the public schools in Tehran. I came here to give my son a better education and better future, but sometimes I think it’s not worth it.” Elham’s nine year old son attended karate classes twice

¹ KUMON is an individual program to study English or/and Mathematics under the supervision of an instructor twice a week. It is not a replacement of the school program but a complementary program. The students also receive worksheets to work at home every other day under their parent’s supervision. There was an initial enrolment fee of \$70 and a monthly fee of \$ 110 per subject in 2012. www.au.kumonglobal.com/

a week, swimming once a week, and mathematics in KUMON twice a week. Darya's daughter was a very bright child who loved reading and writing, and whenever she had spare time she would write short stories. Darya was also dissatisfied with her child's school because of the apparent focus on having fun and being happy. She asked the teacher to give her daughter more work to do at home to help her to improve her skills, but she did not get the results she wanted. At school her daughter was bullied, not because of her nationality but because "she was so smart, and her classmates called her a nerd, geek and teacher's pet." Finally Darya decided to change her daughter's school, and she thought the new school had really helped her daughter "to blossom."

The educational system in most public schools, especially in terms of mathematics, reading and writing, disappointed most Iranian parents, who explained that having "access to better education for their children" was one of the biggest pull factors in their decision to leave their assets behind and to migrate to Australia. When parents believed that there were shortcomings in the education system, they reacted in different ways. If they could afford to do so, they sent their children to private schools with a curriculum similar to Iran but with better facilities. Again, if they could afford to do so, they enrolled their children in extra classes. Families who could not afford to pay costly tuition fees for private schools or extra-curricular classes either worked with their children at home or just gave up and felt sad and disappointed. For example, Mary, a highly educated skilled migrant, explained:

I asked her [daughter] to study at home and learn more than what her school expected. But unfortunately, I think the schools are more powerful than us, and she is slowly getting used to be relaxed and lazy. Sadly, I cannot do more than this. I cannot put too much pressure on her, but I'm not happy either.

School was also the first source of stress for Iranian parents who were worried about the dangers of cultural pollution. One reaction of Iranian parents to the perceived cultural pollution of children was to place emphasis on preserving their culture. In my research, I found that most of the first generation Iranians tried to preserve their culture by attending social or religious events, exhibitions or concerts, even if they had not been interested in these in Iran. Fear of losing their culture, forces parents to be constantly aware of what is happening in their family and monitoring their children. Negar, an Iranian psychiatrist, stated that first generation Iranians would say: “we lost our culture, our children are not ours anymore,” or they would say “our children are like foreigners to us.” Both practising Muslims and non-practising Muslims were more worried about cultural impurity than religious impurity of their children after exposure to Australian culture. This anxiety starts for parents of children as early as kindergarten age. Baran (mother of a pre-school child) specifically raised this issue in her interview: “Child rearing is bitter sweet, but here the bitter side weighs more because of cultural differences.”

Many participants expressed that each culture has positive and negative aspects. One should not passively accept everything but should ‘pick up the best from both Iranian and Australian culture’. Women believed that they had to teach their children to think critically about what they are exposed to (Iranian and Australian culture), a point that has been found among Iranian immigrants in Sweden and the US as well (Shahim, 2007; Bretschneider, 2001). Baran criticised the way that Iranians spoil children, but at the same time, she criticised many aspects of Australian culture. She was particularly critical that children learn ‘too much’ about their rights in Australia: “I do not mean that children do not have rights; I want to say, by focusing on their rights, they are becoming impolite rather than being assertive. I hate it when assertiveness is mixed with rudeness.”

She also disliked it when people told her, “your child has become an Aussie,” because she believed that by ‘Aussie’, they meant a child who does not say ‘hello’ to older people, does not show respect to others, who answers back and who in other ways behaves ‘rudely’. She believed that in Iranian culture, children and parents have different positions and that parents have power over their children, but in Australia, her child “does not know her place.” She became especially worried when she found out how Australian children talk with their parents and their teachers at school. For her, “it is a disaster that a four year old child talks about her rights. My child is one who would call the police if she thought I was a bad mother!” She tries hard to reduce the impact of Australian culture on her child by talking to her regularly and reminding her of what is right and wrong, consistent with Iranian cultural values. But she felt “stuck between two cultures” and she “did not know which one is right and which one is wrong anymore.”

Baran appeared especially worried when she was talking about Australian teenagers, and was concerned about what would happen if her four year old daughter to end up like them: “Have you seen Australian teenagers? Eighty percent of teenagers are like those you have seen on Saturday nights. Their way of dressing, their way of talking and their behaviours are awful to me. I am really scared of how my child will behave in the future.”

Given that Iranians were obliged to observe strict dress codes in Iran, it is not surprising that dress codes were another issue to which some parents referred. In a study of the role of dress in the life of Iranian-American women, Ghayournejadian (2012) mentioned that the current trend in Iran is not to wear black or dark clothes but rather, more colourful dresses and heavy makeup, with women’s fashion consciousness influenced by exposure to satellite TV channels and the internet. Although Iranian women in her study expressed that they did not feel psychological trauma because of dress codes in Iran, they felt physical discomfort in Iran and appreciated their freedom in the US. However, they all expressed their

disagreement with ‘teenage’ dress style including wearing revealing clothes such as short shorts.

Not surprisingly, practising Muslims in my research experienced considerable concern over dress and especially wearing the *hijab*. All participants explained that dressing modestly was important to them and they were hopeful that their children would wear modest clothes too, at least among other Iranians. Although practising Muslims were worried about how to bring up their child so that they accept wearing the *hijab* in the future, non-practising Muslims were more likely to negotiate with their children and, as Darya said and I observed, they would not force their children to wear particular clothes or behave in a particular way.

Religious lessons were a subject that some parents felt were missing in Australian schools, although other parents were happy about this and were glad of the secularism of Australian schools. Socialising in schools without a focus on religion led some parent to fear impurity and the cultural pollution of their children. They stressed their concerns about teenager sexual behaviour as an example of cultural pollution that happens when children are not exposed to religious lessons. Nellie explained her concerns about her two children, and talked to them about their relationships with both the same and opposite sexes. She forbade her children to have close relationships with the opposite sex before 18 years, and believed that children should not be distracted from their studies by focusing on love and sex. She believed it was acceptable to have a boyfriend or girlfriend, but “not for sex, or in a way that you might see on the street among [Australian born] secondary school students.” She expressed a high level of distress about children’s relationships with the same sex as well: “I am so worried that one day he’ll come and say, I am gay. I cannot handle it.” Fear of school and society’s effects on children’s sexual behaviour and identity was common among most parents, even those with only small children. As they cannot control their children as parents may do in Iran, they negotiate their parenting style by trying to be less sensitive to what they

consider difference, to concentrate on the positive aspects of Australian culture, and to help their children transition through different stages of their lives smoothly. Parents who failed to negotiate their parenting style felt helpless, and attempted to control or over-protect their children, leading to parent-child and even marital conflicts. I discuss this further in chapter six.

Methods of discipline

Parents monitor and control their children's behaviour to reduce the danger of impurity through various disciplinary methods, to ensure their children get on the 'right' track. Positive reinforcement, verbal explanation and negotiation, establishing rules, grounding, and verbal punishment such as shouting and screaming, all were common methods of discipline. Some mothers believed that being a migrant and being far from their relatives helped them to train their children in a way that they considered right, because if they were in Iran, "everybody would spoil my child and would try to interfere in my way of mothering" (Baran, 35, IS). Although support from the extended family is something that almost all mothers in this research were missing, at the same time, being far away from them gave them the opportunity to parent as they desired. Kimia addressed this issue when she talked about her own ambivalent feelings: "I am happy and sad at the same time. If I was in Iran, I would receive a lot of attention and help, but I wouldn't be able to bring up my children the way that I liked, because grandparents have their way of thinking about bringing up a child and they love to spoil their grandchildren."

Baran was using negotiation as a way of discipline. She stated that in Iran, she could not train her child without other people's suggestions and interference. She had visited Iran twice in the last two years but had decided to "not go back to Iran until she [her daughter] is

10 or 11, because travelling to Iran has completely changed her behaviours to those of a spoiled child.”

Negotiation and explaining the rules were participants’ preferred methods of discipline. Chista explained to her two year old child that she should not be a bully, otherwise nobody would love her. Dorsa also believed that negotiation was the best way to teach a child to be self-disciplined. She said: “I try to teach her that we can negotiate. I do not like her to be like children who get everything by screaming and crying. I do not pay attention to her when she starts a tantrum.” She concluded that: “I don’t like her to be *bitarbeyat* (rude). Children are not born *bitarbeyat*. I blame the parent’s methods of bringing up the child for this. I try to talk with her and bring up her in such a way so that society will accept her.”

Elham criticised ways of discipline in Iran that emphasise “dos and don’ts” without explanation: “It is very important to talk and explain things to children. In Iran we just say do this, don’t do that, but we do not give them any explanations. But here I have seen mothers who explain everything to their children and I try to do that.” She used what she considered to be an Australian way of parenting to discipline her children and to teach them about the importance of obeying the rules at home and in society.

Kiara, a new mother, also planned to talk with her child about rules, especially cultural ones, so nobody would think that “he is *bitarbeyat*.” She expected that it would be very hard though, because her child will go to school in Australia and learn things that are very different from what she expected:

I will talk with him about culturally accepted things in Iranian families, like do not stretch your legs in front of adults, and do not shout at your parents, or do say hello when you meet people... but I know he will be puzzled by my expectations and society’s expectations. That’s why I am so worried about him.

Monitoring and controlling children's behaviour is another disciplinary method used within Iranian families. Even negotiation is a kind of control, because through negotiation, parents try to convince their children that they are wise, and children should listen to their advice. Nellie did not let her children spend a lot of time with their Australian friends, because she was scared that her children would be culturally contaminated. She believed that "too much permissiveness spoils children. Here children are not afraid of their parents. They start drinking early, or having sex and getting pregnant early...you have to be careful and control them."

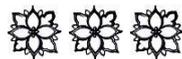
Relatively strict controlling might be practical when children are small, but it is not feasible when children have grown up and are socialised in Australian schools. Some parents try to negotiate their thinking and to see things from a new perspective. For example, Mary (35, PR) and Nazanin (40, IS) were both very worried about their daughters' relationships with their male classmates (in primary school) during the first few months after arriving to Australia. They tried to talk and restrict their children's relationships with boys, but found it impractical. Nazanin found her daughter's behaviour shifted when boys tried to talk to her and she tried to escape from them. She said:

I remembered as a child, I used to play with my male cousins and had a good relationship with them. I found that she [her daughter] likes to be friendly with her classmates, but because of my suggestions and warning, she started to be shy in front of boys and tried to reduce her contact with them. Then I talked to her again and let her be relaxed. Now she is friendly with everybody in her class and does not have any problems.

But not all parents can negotiate their strategies of control. Concerns about how to control children were the most common questions that many parents asked in a seminar about

the second generation, run by two Iranian psychiatrists, at the Iranian Cultural School. The session (which I attended) took around 45 minutes, and the question and answers took about one hour; many parents used this opportunity to ask questions about how to bring up children as ‘Iranians’, and how to control them to reduce the impact of Australian culture on them.

Physical punishment was not common among participants in this study. Participants had a good understanding about the effects of child abuse on the children’s future. However, all of them used some kind of verbal punishment when they did not know how to stop their child’s misbehaviour. Just two mothers reported corporal punishment such as spanking or pushing the child, but none of them included serious physical punishment which could be considered as child abuse. Both mothers felt extremely guilty after the incidents, and their husbands were not happy about this course of action either. None of the women reported that their husbands had ever used corporal punishment to discipline their children. Most of the women stated that they would shout at their children, or quarrel with them when things went wrong. Some of them used time-out and withheld privileges to show their children that their misbehaviour would have negative consequences.



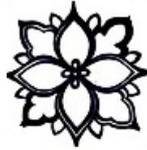
The purpose of this chapter was to investigate the experiences of being an ‘Iranian’ mother in Australia drawing on in-depth interviews with women and the service providers. Iranian women, temporary and permanent residents, practising and non-practising Muslims, all have experienced stresses related to their children’s exposure to the ‘Australian’ cultural milieu. This manifested through notions of purity: firstly, in relation to physical purity, associated with the health of children at the time of birth and the risk and danger for both mother and baby, and after that, eating habits and cleanliness within and outside the house, which can influence and impede access to services such as childcare facilities. For example, one

participant refused to put her child in childcare after being on the waiting list for a long time, because she saw a child take something from the floor and put it in her mouth, an action which the caregiver did not prevent. Another participant felt a high level of guilt after her child got an ear infection at childcare, believing she was a 'bad' mother because she should have stayed at home to take care of her child.

The second and the most important notion of purity relates to cultural purity and the perceived (symbolic) dangers mothers felt for their children as they Some women felt distressed and perceived themselves to be 'bad' mothers because they were failing to teach their children how to be 'Iranian'. At the same time, many mothers that they did not have enough control over their children's behaviour because they were going to Australian schools and were socialising within the Australian culture. The majority of Iranian women in this research expressed concern about cultural purity; however, they were more concerned about 'Iranian' cultural practices and codes of behaviour than religious practices. For example, most of the women stressed the importance of bringing up a child as a moral, polite, respectful and hardworking person. Wearing modest clothes, limited relationships with opposite sex and even the same sex, and avoiding sexual activity before marriage were also points of concern for both practising and non-practising women when they talked about their children's future and compared them with 'Australian' teenagers. There were major differences between practising and non-practising Muslim families in defining what is a 'pure' and what is an 'impure' cultural norms (e.g. modesty, codes of behaviour both inside and outside the home, the kind of relationships with the both opposite and same sex friends, and sexual activities); practising Muslims were more strict.

Regardless of all these concerns women decided to stay in Australia because they felt there were more opportunities for their children's success in Australia. They felt they needed to look at both positive and negative aspects of living in Australia and try their best to help

their children to acquire the best aspects of Australian culture while at the same time trying to convince them to stay culturally pure. By struggling with these contradictions, women constantly define and redefine themselves as ‘good’ or ‘bad’ mothers. Similarly, migration challenged their notions of being a ‘good’ wife and affected their relationships with their husbands. In the next chapter I explore negative and positive effects of migration on the marital relationships.



CHAPTER SIX

HAPPILY EVER AFTER?

Migration from a traditional setting with strict hierarchical relations and rigid gender roles to a more modern setting with an emphasis on egalitarian roles can create chaos and crisis for some couples and within families. Women in patriarchal societies are encouraged to guard the family honour by maintaining gender roles and, in line with cultural definitions, by being good wives and mothers. Men, on the other hand, are expected to take a leadership role and to provide food and shelter for their family (Lorestani, 2003; Mahdi, 2003). Migration to a non-patriarchal society, which encourages women to fulfil their desires and pursue autonomy and independence, may affect interpersonal relations and so affect family dynamics (Jafari et al., 2010; Khavarpour & Rissel, 1997). Women suffer from the multiple burdens of being an immigrant mother, wife and sometimes working woman, without the same support and help that they would have received in their home country.

In a systemic literature review of the effects of migration on marital relationships in Canada, Guruge and colleagues (2010) examined the experience of nine ethnic groups (Sri Lankans, Ethiopians, Chinese, Korean, Vietnamese, Ukrainians, Italians, Poles and Iranians). They found that loss of social capital, loss of status, and changes in gender roles were common changes across the groups. Although experience of hardship could increase resilience and encourage couples to rely on each other, loss of social capital and lack of support can also increase violence and divorce. Stress, resistance toward change, confusion, tension and arguments about gender roles, accounted for increasing conflict among migrant

couples. The risk of conflict and violence increased especially when couples failed to negotiate new gender roles and responsibilities. Sudanese women refugees in Khawaja's and Milner's study (2012) believed that if couples were able to negotiate their new roles and responsibilities in the family, especially concerning domestic matters, child care, freedom and women's rights, then marital conflict could be reduced. In a study of Ethiopian immigrants in Toronto, Hyman and colleagues (2008) found that although migration increased social mobility for women, it did not alter their roles and status in the family. Women faced stress related to childcare, housework and labour force demands that lead to risk of marital conflict and violence. Iranian migrants face similar challenges.

Recent studies in Iran found that with increased numbers of educated and working women in Iran, the level of awareness of women's rights had elevated and the desire to preserve stereotypical gender roles had reduced. However, cultural norms that reinforce traditional gender roles still play an important role in women's lives; and household responsibilities remain the primary responsibility of women even for working women (Rafatjah, 2011). In a study about gender dynamics in Iran, Moghadam and colleagues (2009) investigated 14 couples from the middle and professional classes in Tehran who believed in egalitarian roles and responsibilities. Even among these couples, husbands believed that they could control their wives' freedom with the help of the law and social norms. A 'good' Iranian woman, as mentioned before, fulfils her responsibilities as a wife and mother and is submissive to her husband. This pattern is challenged after migration.

Purity and danger in the context of family migration

Whether and how much an Iranian migrant perceives post-migration changes as a possible source of risk and danger, differs from one person to other. For example, some Iranian men believe that after migration, Iranian women "lost their innocence, loyalty and dedication to

the family” (Shahidian, 1999: 205), while others try to be a ‘good’ and ‘rational’ husband and accept inevitable change:

My wife is so liberal in how she dresses. I am still challenged when I see her wearing an open collar that reveals most of her chest, or tight jeans. I don’t want to control her... I try hard to be a good and logical man, but we cannot get rid of our roots, our foundation (43 year Iranian man who had been in Canada for over 20 years) (Shirpak, et al., 2011: 759).

What this Iranian man tried to convey was a battle between his beliefs or his ‘roots’, and a desire to change. For him, past experiences and socialising in a different context were obstacles to embracing new norms and accepting his wife’s changes especially her clothing, which he focused on as a symbol of change. From Douglas’s point of view, this is a predictable reaction when ‘purity’ becomes compromised. She believes that “purity is the enemy of change, of ambiguity and compromise. Most of us indeed would feel safer if our experience could be hard-set and fixed in form” (1978: 162).

When I asked participants how migration had changed their relationships with their husbands, the first response from the majority was surprising to me, as they believed that migration had actually enriched their marital relationships. All the participants in this research, except one, were living with their husbands. Kiara (30, PR) explained:

When you migrate, you do not have anybody, just you and your husband, so you become closer. I think there has been progress in our relationship. Couples become more dependent on each other after migration.

Lora (30, PR) thought that “migrant couples think that each other is the only supporter that the other has, so they rely on each other more, and that makes their relationship better.” Mary (35, PR) also believed that in Iran, she and her husband were so busy that they did not have any time to spend together, but since migrating to Australia, they have had more time to talk and this has helped them to create a sense of family unity.

In Iran, we were so busy and we didn't have time to be together. Here we are also busy, but we don't have our families and relatives here, so we have more time to spend together. And you know, in Iran families interfere in your life, they have good intentions but, you know, it's interfering anyway. In Iran people have too many expectations and you have to fulfil all of them. But here, you are by yourself. Sometimes you feel lonely, but you also feel free.

The ambivalence about being far from family and relatives, yet freed by this, was echoed by other participants, although some felt guilty to admit this. Kimia (30, IS) verified that her biggest difficulty here was her loneliness and the difficulty of living far away from her parents. Yet at the same time, she believed that her marital life had been enriched:

In Iran I had my mother and sisters. When I had a problem, I would talk to them and ask them for help. But here I have nobody to talk to so I have to talk with him more than before, and that's good. I think our relationship is better than before.

According to Zoha (30, PR), more intimacy and less conflict were both reasons why she could endure the loneliness and isolation she felt in Australia. The participants passionately talked about the positive changes they experienced after migration, such as more disclosure between spouses, more time spent together, less conflict over family interference and greater intimacy. Iranians see themselves as private people, and there is strong censure against the disclosure of family and personal matters. Women, especially, are supposed to

maintain family honour, and so should only talk about positive aspects of their life. However, I was interested in marital conflict as well, and asked them about their views on sources of marital conflict among Iranian families. Although the women believed that they had a stable life, they offered remarkable insights into sources of marital conflict, including conflict over women's rights, gender roles, and the work-life conflict.

Conflict over women's rights

Conflict over women's rights was a theme which was frequently mentioned by the participants in my research. Participants believed that Iranians experience different women's rights in Iran and Australia. Before I present their views about women's rights, I shall briefly describe some of the formally acknowledged differences between women's rights in Australia and Iran. In 1983 Australia was a signatory to the United Nation Convention on the Elimination of All forms of Discrimination against Women (CEDAW) (Australia, FaHCSIA (Department of Families, Housing, Community Services and Indigenous Affairs),¹ 2008).² Countries that have ratified the CEDAW are committed to honour the CEDAW articles, and to submit a national report to the UN at least once every four years. According to the latest UN update in 2007, only a few countries (8 out of 193) including US, Sudan, Somalia, Qatar, Nauru, Palau, Tonga and Iran - had not signed the convention (UN, 2007). Parties should work towards reducing discrimination against women by "introducing new laws or policies, changing existing discriminatory laws and providing sanctions for discrimination where appropriate" (p. 17).

¹ Please note that the departments' names change over time including with changes in government and cabinets reorganisations.

² This does not mean that Australia did not recognise women's rights before that. The women's rights movement in Australia dates back to the 1880s, starting with the Victorian Women Suffrage Society in 1884 (Wright, 1987). However, Australian and Iranian histories of women's rights movement are not the scope of this research; here I focus on current formal women's rights conditions in both countries.

As mentioned above, Iran is not a party in CEDAW because some of its articles are considered to be against Islamic laws. Iran has its own definition of women's rights based on Islamic law, with a focus on family and motherhood. Article 20 of the Constitution of the Islamic Republic of Iran (Islamic Parliament of Iran, 2013) asserts that "all citizens of the country, both men and women, equally enjoy the protection of the law and enjoy all human, political, economic, and cultural rights, in conformity with Islamic criteria" and Article 21 requires the government to "ensure the rights of women in all respects, in conformity with Islamic criteria."

The key point here is 'conformity with Islamic law', which is in contrast with CEDAW Articles which urge parties to eliminate any kind of discrimination against women. In Islamic law women and men are treated differently in areas such as inheritance, punishment (for murder or injuries), blood money, divorce, testimony, *hijab* and polygamy. For example, based on Iranian law, women do not have the same rights to initiate divorce, and they do not have the same rights to the custody of children after the divorce or the death of their husband. Women's testimonies in court are worth less than a man's (the testimony of two women equals that of one man); they also need to wear a *hijab* in public; and if they are married, their right to education and employment and travelling abroad is dependent on their husband's permission. Muslim women also do not have the same rights as men upon marriage. For example, virgin Muslim girls must have their father's permission to marry while there are no restrictions for men in this regard (Jalali, 2005).

Under Iranian law, the husband as the head of the family, is responsible for providing accommodation, food, clothes, homewares, treatment costs including medical travel, to provide maids (if the wife is used to having maids or is sick and cannot do the housework) and to provide any other women's needs which are common in the community. All of these rights will be suspended, should a woman fail to fulfil her sexual 'duties' towards her

husband (without any reasons such as menstrual cycle, fasting or sickness). A woman can complain about her husband's failure to pay her maintenance (see chapter 2) (Malekzade, 2007).

As mentioned above, previous research has illustrated that exposure to different women's rights in countries like Australia leads to marital instability, conflict and even divorce among migrant families. According to the latest Australian census in 2011, marriage break down including separation and divorce among Iranians (9.7%) is close to that of the total Australian population (11.4%) (ABS, 2013). Many participants in this research nominated women's rights as a source of marital conflict, particularly when women compared their rights in Australia to those in Iran and tried to encourage their husband to accept their new ideas. The conflict arises when one party resists such changes. According to Darya (45, AC), if couples start with respect for equality, they will not have a problem in Australia or anywhere else. Baran was successful in pushing the gender role boundaries in her marital relationship:

I tried to talk to my husband about my rights. For example, after two years living here, it became a normal thing in my family that I need not be at home at weekends. I go out with my friends, and I do not do any house chores. I just make their lunch, and that is all. They have adapted to this new rule.

Leila, a service provider, believed that some Iranian men were worried about women's awareness of their rights and tried to control their wives and prevent them from gaining access to such information:

Some of the Iranian men are afraid of women's rights here. They feel that if their wives find out about their rights, they will leave them and initiate divorce.

Therefore, they try to control their wives. They try to limit their wives' contact with other Iranians, and make them financially dependent.

As part of his job as an interpreter, Saeed had been engaged in court proceedings involving Iranian couples. He also thought that men were concerned with the cultural purity of their families:

There were some cases when there was a lot of conflict when women encountered Australian families, and found more freedom, leading to separation and divorce. Women are so emotional, some of them come here just to have more freedom (social freedom), but men are not happy about this. They are not happy about so much freedom and women's rights here.

Reza, a service provider, knew of unstable families which he had tried to help. He believed that in some families, men try to limit their wives' activities, asking them to focus on motherhood and being a good wife:

They are scared that if their wives find out that they have more rights here, they [the women] will misuse their rights. Therefore, while women try to go out, learn English and find a job, men still limit their [women] interactions with the wider community and try to control them.

Leila believed that some couples experienced serious conflict over how to bring up their children, especially their daughters:

I know some families who had conflict that led to separation and divorce, just because one of the parents could not stand his or her daughter dressing or talking like an Australian, while the other parent agreed with the integration of his or her daughter into (Australian) society.

Leila did not say which member of the family, mother or father, commonly held more traditional beliefs; rather she believed that it varied among families. Tara shared this idea, but thought that in some families, men were stricter about their daughters than their sons, and that they even tried to restrict their wives.

In a study about acculturation among Iranians in Canada, Pajouhandeh (2004) found that women were perceived to be responsible for the family's honour and were expected to place their family's honour before their own desires. Modesty is one of the requirements in preserving a family's reputation; therefore, women must be careful about how they behave or appear in the community. Simin recalled her experience of interacting with various Iranian families when she came to Australia 12 years ago. She found that there was a lot of conflict over how to dress, particularly when husbands and wives held different ideas about the definition of modesty. Some of my participants also talked about how the dress code in the community was restrictive. Tara explained that she would wear different kinds of dresses at Australian and Iranian parties. While she would wear short skirts and open collar shirts at Australian gatherings, she would always wear more modest clothes at Iranian gatherings. She even distinguished Iranian gatherings, between those where she could wear whatever she wanted and those where she must dress modestly. Although modesty was an important issue for participants, they did not report any marital conflict over dress as they both tended to share the same views about dress and behaviour. They were either both religious and agreed that women should wear a *hijab*, or they were both non-religious and agreed to a more liberal dress code.

Sexuality (see chapter two) was another source of conflict among Iranian families. Richters and Khoei (2008) found that Iranian women in Sydney believed that sexual matters were private matters and should not be a subject for public discussion. They also stated that sexual health was related to reproductive issues, contraception, menopause and sexual

disease, but issues such as sexual pleasure, relationships, satisfaction and orientation were not regarded as sexual health related topics. My participants raised similar concerns. Maryam (40, AC), who had been married for over 12 years, believed that:

Iranian women here are more aware of their rights and one of these rights that nobody talks about frankly is sexual rights. Here women become aware of their sexual needs and desires, and find that it is not just men who should get the best out of a sexual relationship, and that women are not created to fulfil men's needs without considering their needs.

Maryam believed that in contemporary Iran, young people are more aware of their needs, desires and rights, but women still do not talk about them and do not request that their partners consider their needs. She thought the key to her successful marriage was her ability to talk with her husband about her sexual needs, and to 'teach' him what she wanted, but she believed:

Not many women are like me and ask for it [more pleasure during sex]. They just don't talk about their needs because sex is a taboo in Iran and women are ashamed of talking about it even with their husband. What they do is nag over irrelevant matters, they may try to fulfil their needs by wearing makeup, shopping, or wearing indecent clothes and this leads to other conflicts and problems.

Studies about Iranian immigrant sexuality show that disclosure of sexual needs, desires and passion were considered unacceptable especially among Muslims; however, migration changed this attitude and women learnt how to claim their sexual 'rights' after migration (Ahmadi, 2003a & 2003b; Hojat et al., 1999). One practising-Muslim participant expressed her concerns over sexual conflict between her and her husband:

My husband wanted me to go for sexual counselling and to learn more about sexual issues, but I don't have time to go. You know, in Iran we never talk about sex but here it's like a very normal part of life. You can see many programs on TV about sexual education. I'm a bit worried that if I don't fulfil his needs he may seek pleasure in other ways. He's a moral man and I trust him, but sometimes especially in summer when women dress more freely and are sexy on the street, I get a bit worried.

Reza knew some couples who had had problems over sexuality. Because he was a middle aged man, some couples had asked him to assist them with conflict resolution. He believed that the reason behind many marital conflicts was undeclared sexual problems and unfulfilled sexual needs, both for men and women:

Sometimes both couples see and find new ideas about sexuality here, but do not talk about it. Because it is a taboo, they would not talk about it even with a professional. With less sensitivity towards separation and divorce, the couple may think about separation and seeking their sexual needs in another relationship instead of solving the problem.

The majority of participants believed that the greater opportunities they had in Australia to have an extra-marital sexual relationship was not the problem; however *faghr-e farhangi* (cultural poverty) and pre-migration marital conflicts could increase inappropriate sexual relationships. From the participants' point of view, *faghr-e farhangi* meant lack of morality and ethical rules. In an informal conversation, an Iranian PhD student quoted, from memory, Shariati's idea of *faghr*:¹

¹ Quote is from Shariati (Iranian sociologist, 1933-1977), *Ensan va Islam* (Human and Islam). The exact page numbers was unable to be located.

Poverty is the dust on the unsold books in a bookstore; it is the blades of recycling machines which tear up unread newspapers. Poverty is when visitors write their mementos on three-thousand year inscriptions. Poverty is the banana skin that is thrown out of a car's window onto a road. Poverty goes everywhere and is ubiquitous. It is not a night without food; it is spending a day without thinking.

This informant continued:

I believe that couples who are trapped in immoral problems such as infidelity suffer from this kind of poverty. They do not have a powerful ethical background, and allow themselves to cheat on their spouse when they find an opportunity. Couples in Iran also face this problem, but in Iran they also have someone [family or friends] to seek help from; here they have to deal with the conflict all alone.

Tara, another key informant, also addressed the problem of infidelity for both men and women as a leading source of marital conflict and the result of *faghr-e farhangi*. She believed that differences in cultural freedom in Iran and Australia caused people who did not have a 'moral bond' to think that they could do whatever they want, and in times of stress or marital conflict, to seek happiness with another person. Although other participants addressed infidelity as a source of marital conflict, her idea of infidelity as the 'leading' source for marital conflict was not echoed by them.

Leila, who has lived in Australia for the past 30 years, thought that lack of morality, and efforts to be assimilated into the host country by picking up the surface facets of Australian culture, might cause serious problems among Iranian families:

When a couple comes to Australia from a country like Iran, they may try to assimilate into the society and change themselves in order to be similar to Australians. If they do not have self-confidence and they have *faghr-e farhangi*,

they will suddenly change all of their behaviours, appearance, and even their beliefs. If they do not have a strong ethical background and morality, they would change their appearance to be like Hollywood stars and leave the family and just think about themselves. These kinds of people think that having fun is more important than anything else. It seems that they want to take revenge on behalf of all oppressed women in Iran! This is the effect of freedom on migrant couples who come from a closed society and don't have an ethical background.

Gendered power and gendered roles

As mentioned in chapter two, changes in traditional gender roles were another source of marital conflict among Iranian families. Traditionally power in the family is in the hands of the man as the head of the family, although some feminist movements have challenged Iranian patriarchy over the last two decades (Afary, 2009; Lorestani, 2003). As I observed during my fieldwork, the majority of my participants hold the same traditional beliefs after migration. Leila believed that in Iran, there is still some kind of inequality between men and women, and men have a higher position in society; but they risk losing this position in western countries. One of these positions is being the head of the family and the main decision maker. Negar, an Iranian psychiatrist, said:

Men often had better socio-economic status in Iran and they lose their status here.

On the other hand, for most of the women who have had a lower social status than their husband before and after migration, it's not so different.

Iranian men grow up in a culture that teaches them that being a man means being the head of the family and that the man's main primary role is to fulfil his family's needs. Losing this status as a result of unemployment or because of lower status employment after migration puts their masculinity at risk. Men's efforts to reproduce their power and maintain

it is a significant source of conflict between men and women in migrant families. In some cases, women can find jobs, while their husbands have to stay at home and take care of the family and take responsibility of other domestic tasks. As Tony, a service provider, said:

This is not just a problem for Iranians; this is what many migrant communities face. The husband was usually the person who made the decisions and earned the money before migration. But obviously, it's changed in Australia, and women understand that there are rights for women here, so all these changes, added to unemployment which affects a man's self-esteem, might be difficult to accept or adapt to.

Negar observed that many Iranian professionals faced serious problems at home, partly because of loss of self-esteem, because they could not find a suitable job, and had to accept occupations not relevant to their previous training, skills and professional status. She tried to inform her friends who wanted to migrate, telling them of the possible difficulties that nobody else would mention:

Many people call me and ask me for advice about migration. I often tell them if you want to migrate, that's fine, I can help you upon arrival. But keep in mind that here in Australia you have to work hard and the expectations are so different to those in the workplace in Iran. I tell them, you might work even on weekends for some years; you might get a job in a restaurant and have to clean the floors. These are things that Iranian migrants, especially skilled ones, would never have predicted. Men may lose their status both in the society and in their family.

Sahel (40, PR) also referred to this problem: "Men, who had an office job and do not want to accept lower status jobs, may stay at home. Then women might find a job and earn money. This creates an imbalance of power in families who were not used to this."

As mentioned in chapter two, due to different socialising processes for boys and girls in Iran, not only do men think that it is their responsibility to earn money and manage the finances at home as the head of the family, but women also expect their husbands to work and be the main breadwinner. Among Iranian families, women's housework is a 'duty', but men's housework is 'help'; on the other hand, women's outside work is 'help' and men's outside work is a 'duty'. Chista (40, PR), who had eight years work experience in Iran, found a part-time job in her area of expertise, while her husband could not find a suitable job in Australia. She blamed her husband for all the financial problems that they faced, leading to serious marital conflict between them:

This house and my homewares are nothing like the things that I had in Iran. I became so upset to the extent that I didn't want to go into the kitchen and cook even though I used to love cooking. These things gradually influenced my mood, and I became tired of living here. So I started to nag my husband and say that because you haven't been able to find a job, we are in this situation. I would tell him: you are incapable of doing anything, you can't speak English, and can't learn it, and so on and so on. This led to serious conflict between us.

At the time of the interview, Chista and her husband had resolved their conflict to some extent, as I explain later. But she believed that power imbalances in the household after migration can result in conflict and some couples do not have enough support or information to help themselves and so may face marital breakdown. Some women complained that their husbands paid no attention to housework nor took care of the children, as they considered these to be a woman's duty. Because gendered roles and gendered power are normalised in Iranian culture (as discussed in chapter two), not all women are persistent in pushing their husbands to help them with domestic work. Paniz (30, PR), who has a very active daughter, was tired of mothering alone and longed for her husband's greater support, but:

You know, he does not know what to do [domestic work]; I have to ask him all the time and tell him exactly what to do. You know, in Iran, we don't teach boys to do housework. He thinks he has to work and provide money. Sometimes he takes her [the child] to the park on Saturdays, and that's all. If I was in Iran, it would be ok because I would get help from my mum, his mum or other people around us, but here we have no one to ask for help. Therefore, I want him to help me but, as I said, he doesn't know how to help.

Paniz addresses an important point in the above statement. She admitted that her husband did not have enough knowledge about domestic work. She and many other women did not insist on sharing housework responsibilities with their husbands, simply because they believe that 'men are not created for that'. Many women explained the difficulties they faced in terms of lack of social support from their mothers, siblings and friends, not in terms of their husband's reluctance to help at home. But this comes at a cost. Baran said that she was emotionally exhausted, because she had to keep her family happy even when she did not feel happy inside:

When I'm sad, I do not show my feelings; I try to make a happy environment for them. I may sing a song, make their favourite meal and dance. I try to make them happy but I do not expect them to do the same for me, because he is doing a hard job. But then, deep inside, I feel lost and empty. I feel I always take care of them, but what about me?

Darya believed that women's efforts for emancipation from gender roles are often challenged by their husbands: "Some men complain, 'she is not the wife that I knew; she has changed into another person'. The man still thought that he was the leader, but the woman had gained another idea. Men were surprised that their wives had changed."

If women openly object or attempt to challenge the power imbalance, they may be accused of being neglectful towards their family or of being selfish, since for some Iranian women, individual identity does not have any meaning, as their identity is tightly woven with their roles as mother and wife. In her study of the identities of Iranian women in Australia, Jamarani (2012b:151), found that women defined individual identity as selfishness:

Interviewer: How would you rate your individual identity?

Sara: What do you mean by individual identity?

Interviewer: Well, I mean who I am? And what interests do I have regardless of my responsibilities or what is socially expected from me?

Sara: So you are talking about selfishness? [Laughs] Well, you need to like yourself to some extent, but not very much.

For an Iranian woman, resistance to gendered power relations and gender roles, not only between her and her husband, but also for herself as an individual, can be a challenge.

Work-family conflict

Greenhaus and Beutell (1985:77) defined work-family conflict as “a form of inter-role conflict,” in which the pressure of participating in different roles creates stress for people. They recommended that the work-family conflict be categorised in three ways: the first is time-based conflict when “multiple roles compete for a person’s time,” for example, when a working mother has a school-age child who needs extra help at home. The second is strain-based conflict, which happens as a result of stress when performing one role, making it difficult to fulfil the requirements of another role, as may be expressed by a working woman with a sick child at home. The third is behaviour-based conflict, which occurs when

expectations in one role are not compatible with another role, for example, the different level of emotions that a police woman is expected to show as an officer and as a mother.

One of the most common and striking findings in the literature about work-family conflict are the differences between women's and men's work-family conflict. Many researchers believe that women, especially mothers, suffer from more work-family conflict than men, because of the great differences in family expectations of women and men. Women are under pressure to be 'good' wives, mothers and workers, and if they cannot fulfil all of these roles, they feel guilty.¹ If women everywhere experience greater work-family conflict than men, how do migrant women compare? Does work-family conflict increase on migration? The results of previous research among migrants are contradictory. Some scholars argue that there is no difference between migrants and the wider community in terms of work-family conflict (Mujumdar, 2008, Grzywacz et al., 2007); others have found a greater burden of combining work and family responsibilities among non-professionals and marginalised groups such as migrants (Heyman, 2000, cited in Mujumdar, 2008). In a study of international working mothers in the US, Xu (2012) found that migrant women suffered from unique challenges as a result of the limited support they received from family and community in childcare and household matters, the difficulty of adjusting to a new working environment, and the pressure to be an outstanding wife, mother and employee. These challenges become more stressful if the couple adhere to more traditional gender beliefs. In research about 'transnational family-work balance' among immigrants from Italy and Ireland in Australia, Wilding and Baldassar (2009: 185) observed that in discussions about work-family balance "there is a predominately 'female' and a predominately 'male' pattern ...These patterns correspond with common naturalised gender expectations of the

¹ See Kalliath, Hughes & Newcombe, 2012; Raghuram, Luksyte, Avery & Macoukji, 2012; Losoncz & Bortolotto, 2009; Bardoel, De Cieri & Santos, 2008; Mujumdar, 2008; Grzywacz et al., 2007; Winslow, 2005; Parasuraman & Simmers, 2001; Duxbury & Higgins, 1991.

breadwinner family model, in which women are 'expected' to provide care, and men are 'expected' to provide economic support." Cooke (2007) found that Chinese immigrant women in UK, who were trapped in designated gender roles, tended to stay at home or take on part-time jobs only in order to have enough time to fulfil their culturally accepted gender roles. This pattern tends to persist even when the husband does not have higher professional resources than his wife.

Studies about the experience of work- family conflict in Ize, a small town in south west of Iran, echoed these results (Kord, Ataran and Mansorian, 2012). They found that Iranian teachers felt that traditional gender roles placed pressure on them to fulfil both social and household roles perfectly and these traditional gender norms which became normalised through interactions with other people, negatively affected working women: "Cultural norms in Ize do not accept men doing housework. Even if a man helps, he should do it secretly because others would think of him negatively (p.12).

Women in my study reported that when they felt that there is conflict between work obligations and personal and domestic responsibilities, they preferred to solve the household problems instead of the work matters. Rastegarkhaled (2004) has suggested that women in Iran are subject to more demands than men from both work places and household responsibilities, but they receive less support than men; women are expected to manage their time so they can fulfil both paid and unpaid responsibilities, while men are not under pressure to manage their time because when they spend more time at work, this will be considered as fulfilling their responsibilities toward their family. In a large study about work- family conflict among working women in Isfahan (central Iran) in 2004, my colleagues and I investigated the relationship between work- family conflicts, marital and job satisfaction, and social support. Our results showed that over 40 percent of working women suffered from work- family conflict, and this negatively affected them in terms of marital and job

satisfaction. Women who felt that they had less support from their husbands and their family felt the greatest dissatisfaction in terms of their marriage and employment. We concluded that despite women's participation in the labour force, traditional gender roles remained the same. Therefore, now women not only should be 'good' mothers and wives, but they also need to be 'good' employees (Fatehizade, Naghavi & Soltani, 2007, 2008, 2010; Naghavi, Fatehizade & Soltani, 2006).

Although the majority of participants (17 out of 21) in my study had tertiary degrees and had been employed in Iran, they were mainly housewives in Melbourne. Arman, an Iranian GP, was the first person in my research who directly addressed this issue:

The other problem that I have seen among Iranian women is balancing work and life. Working women are under so much pressure here. On the one hand, they have to work because they need money; on the other hand they are worried about childcare and housework. I know it is the same with Australian women. But they [Australians] work anyway and it seems that they can manage work and their personal life while Iranian women often eventually quit their jobs.

Arman also made a very interesting point about the cultural idea of intensive motherhood, requiring a mother to be physically available for her children:

Iranian women think being physically close to a child gives the child a feeling of safety. I cannot say if it is right or wrong, but Iranian women think that if they spend a lot of their time with their small children, their children's wellbeing will be high and they will feel attached to their mothers. That's why they feel guilty when they work.

Neda (30, AC), who had a newborn baby, was employed before her pregnancy. As discussed in chapter two, she faced some health issues during pregnancy, and needed surgery and a lengthy convalescence. Her husband encouraged her to think about going back to work when her child reached six months. She was opposed to the idea:

If I work, I have to send her to childcare. I won't be able to see her growing up and she will spend most of her time with her carers. Do you think she will love me as much as her carers? I think she will love them more because they spent more time with her.

Sometimes guilt is so powerful that it prevents women from even contemplating working. One working woman, in an informal conversation, told me how she had spent the past 12 years taking care of her children while she could have worked in her area of expertise and move up the career ladder. After 12 years living in Australia, when her children were all at school and could take care of themselves, she finally started to work. She was happy with her decision to postpone working, but she admitted:

I didn't need money during those years; my husband had a good job. But I know some people who can't stay at home, because they need money. But they don't have anyone to help them with childcare. It's very hard for them. I sacrificed my working life for my children and I don't regret it. I started to work when they started school.

Mary was working full-time in Iran. She used to receive help with childcare from her family, especially her mother and sister. In Iran, her daughter would go to her mother's house after school and spend her time there. When I interviewed Mary in Melbourne, she did not work and she was preparing herself for an English exam. She was extremely frustrated that she could not meet her daughter's needs and requests. Mary felt overwhelmed by her sudden

degrading from being a full time employee to a housewife, facing her daughter's demands and requests of her to behave like a 'good' mother:

In Iran I used to work full time. I would see her just at nights before bed time for a few hours and she wouldn't argue. I'm not the kind of person who talks with children a lot or tells them stories, my mum and sister would do that. But here in Australia, I can't respond to her needs. I'm preparing myself for an IELTS exam, so most of the time I'm studying at home. When she comes home, I don't have time to be with her and she frequently asks me, do you love me? I pity her. What happens when I start working? I don't know if I can handle it.

Although later when she started her PhD, Mary was happy about her daughter's adjustment to their new life, before that she felt guilty and was sceptical about her ability to balance her mothering and working roles.

Living in Australia leads some women to rethink gender roles. According to Leila, a service provider, "if a woman found a job, she would ask her husband to clean the house or cook a meal for the family, and this is not what a man expects." Baran (35, IS), comparing working women in Australia and Iran, commented:

In Iran, women start to work [in a paid and unpaid capacity] from the first hours of the week until the last. How much time do you think they spend on themselves? I tell you: Nothing. But here [Australia] women say: This (weekend day) is my day. I have to take care of myself so I can be fresh for the next week to take care of you. I need this time so next week I can be your laundry maid, I can be your driver, and I can be your cook, your babysitter, your nurse, and all of these things. Women have some limitations after all. But in Iran, because you are

a woman, you must do all of that perfectly. If they let you sleep at night this is doing you a favour, you should be grateful [laughter]!

In Baran's view the sole purpose of taking a rest or a day off at the weekend is to be 'fresh' to meet the needs of the family the following week.

Some participants had found suitable work, but had lost their jobs because they could not manage their work- family conflict successfully. Chista had a part-time job in her area of expertise, but eventually lost her job because of problems with childcare. Her child got an ear infection shortly after going to childcare, and she had to take much sick-leave because the childcare centre frequently called her at work and asked her to pick up her ill child. After eight months she lost her job. After that, she felt guilty and responsible for her child's illnesses.

I was so active in Iran, I couldn't stay at home. Here I applied for a few jobs and after a number of interviews, I was accepted. It was a good place to work with good colleagues, and I was doing a job that I liked. But the problem was my child's illnesses. When she started to go to childcare, she got sick, a throat and ear infection. She still has problems and is not well. If I had someone to take care of her, I wouldn't have sent her to childcare, but I had no option. I worked for eight months and then I lost my job. I think that happened because I took too many sick leave days. Sometimes I would take her to hospital at night and wait there for long hours until morning. Then I had to go to work while I was exhausted and had sleepy eyes. Sometimes, I had to leave my workplace because the childcare centre would call me and ask me to pick her up because she had fever. What could I do? I didn't find that job easily; I had two online interviews, then two personal interviews and two technical interviews. They were satisfied with the

quality of my work, but they excused me after eight month and said that the project had stopped. But I know that wasn't the truth; they fired me because I couldn't manage my time.

Chista's story is consistent with previous findings of work- family conflicts, which illustrate that men are culturally considered to be the main breadwinners and women's work is supplementary (see also chapter 2). Chista never talked about her husband taking any sick leave to stay at home and take care of the child. Both Chista and her husband appeared to take it for granted that getting time off to take care of their sick child was Chista's responsibility, even though Chista had a better paid and more prestigious job than her husband. Chista was proud of herself because she believed she was a good housewife and mother, as well as a good employee. Instead of complaining about it, Chista explained:

This is life; it has its ups and downs. I have a child; I should take care of her. I don't have anyone to help me, but I know that in Iran there are also people who don't have any support. So I think I have to cope with it.

Maryam, a PhD student, also had problems with child care during school holidays:

School holidays are a big problem. When I am working, I cannot take too many days of leave. I would lose my job and it affects our financial situation. If I want to put them [children] into holiday programs, they are so expensive. So working is so stressful here.

For Maryam, juggling work and life were stressful. She felt she had to put her family responsibilities first, but she was not happy about it:

When you have two small children, it's hard. It doesn't matter where you live. In Iran it was also hard for me to take care of them. We are so busy that sometimes

we don't have time to have a coffee together. I'm not the kind of person who sacrifices herself for the children and stays at home. But when I finished my PhD, I found it so easy during school holidays to stay at home, because I did not need to worry about them. I was at home and taking care of them.

Despite her tertiary education, Lora had worked neither in Iran nor in Australia. She believed that "if you don't have financial issues and are ok with being a housewife, it's less stressful. I can't handle both domestic and paid work. It's too stressful for me."

For some women, work-family conflict was a creative tension and opened new windows for them. For example, some families after migration held egalitarian ideas about domestic responsibilities. Mahla (35, IS) and her husband were both students and had a small child. When their daughter was one year old, they decided not to send her to childcare, but to share the responsibility of taking care of her to home. They successfully arranged their time between home responsibilities and study. Therefore, some days Mahla would go to university from morning to night, while her husband took care of the baby, and vice versa. The child would see them together as a family just on weekends. When she was two years old, they found an Iranian babysitter. Again they arranged their time so that one of them would take the child to the babysitter's house while the other one would go early to university. Then the one who went early to university would pick the child up, so the other could stay late. Although they were able to manage their time regarding childcare, spending less time together took its toll on their marital relationship:

I think because he [her husband] is exhausted, he nags over worthless matters. For example, why didn't you wash the dishes? Why is the food not ready? He wasn't like that and had never complained about these things before. I cannot say he is the only one who acts like this, I am the same. I am also irritated and quarrel

over little things. You know, we are so exhausted and don't have enough time together. We spend all of our time with the child and our studying; there's no more time for ourselves.

For Mahla, the conflict between her roles as mother, wife and student after migration changed her marital relationship negatively: "We had a lovely marriage; a romantic relationship. But it's not romantic anymore." Other women, especially students, shared the responsibility of housework and childcare with their husbands and found ways to balance study and home life, but as the women admitted, this would not have been possible without their husbands' cooperation. But still, after successfully balancing work and life, women would feel guilty and sometimes selfish about not being a 'perfect' mother and wife.

Service providers were worried about conflict resolution among Iranians, and the fact that there is little known about the tensions among people in the Iranian community in Australia and how people manage conflict. They believed that Iranians did not seek help unless the situation was serious, a point that I unfold in chapter seven.



In this chapter, I have discussed marital stability after migration from two standpoints: service providers and key informants on the one hand, and Iranian women on the other. As I have illustrated in this chapter, service providers and key informants believed that migrant couples face a range of challenges that affect their relationships.

Migration is a challenge to gender relations and marital roles among immigrant Iranian families. Women are more inclined to embrace a new life style than their husbands, and to do so earlier, and generally have a more positive attitude toward post-migration changes. Previous research with Iranians has also shown that Iranian women in Sweden, USA

and the Netherlands had positive attitudes towards change (Nasehi, 1995; Hosseini-Khaladjahi, 1997; Hojat et al., 2000; Hanassab & Tidwell, 1996). To describe the difference between men and women in their adaptation to new change, Nasehi (1995:14) explained, “it seems men live in the past, women live in the present and children live in the future.” I also found that migration can be an opportunity for women to start a new lifestyle based on egalitarian rights, while it can be a threat for men to their status and authority. The new knowledge often challenges old beliefs, for example, how to define a ‘good’ wife or husband, what the best way of raising a child is, or who should make the decisions in the family. Borrowing from Mary Douglas’s idea, a woman who embraces the new lifestyle - without her husband’s agreement - has crossed forbidden lines, creating resistance from her husband. These forbidden lines include, but are not limited to, the new knowledge and power that the women gained through contact with other people in society. Foucault (1978:95) explained: “Where there is power, there is resistance.” Among migrant couples, this resistance comes from both sides: a husband who tries to preserve his position, and a wife who tries to push the visible and invisible boundaries directly or indirectly. Research shows that the rate of marital breakdown among Iranian migrants is high, and in some countries, such as Sweden, the Iranian divorce rate is higher than among other migrant communities (Darvishpour, 2002). One participant described the challenges that arise from migration as ‘time travel’. She described how:

When we came here it was 1388 in the Iranian calendar and here it was 2009. For me, it was like I had literally travelled from 1388 to 2009. The differences were that big. It seemed I had time travelled.

My participants believed that family comes first, and they would neither abandon all their cultural values nor embrace all elements of the new culture. They were selective towards new cultural norms, and tried to pick the best from both cultures. From the point of

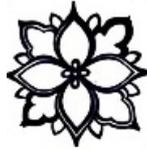
view of my participants, migration did not always increase the conflict between couples and for some it actually had a positive effect on their relationship by increasing the time they spent together, lowered the level of relatives interfering, and increased mutual decision-making. Couples indeed had minor conflicts; except for two participants, they believed that these conflicts were an integral part of any marital relationship. However, one should address the difference between my participants and those families with serious conflict who service providers and key informants had come across in their work.

To address this issue, I analysed service providers' and participants' views about marital conflict and its sources. In general, I found that the common feature of my participants' lives was that they did not push the boundaries, so they were not a danger to the symbolic purity of the family. The majority of participants were university educated and were employed in Iran. Before migration, they had some power in the family and believed in egalitarian roles, although in reality they ended up doing most of the housework and taking care of the children. However, after migration, their status in the family often changed from being an independent employee to a dependant housewife. Therefore, although they faced new knowledge about women's rights and egalitarian roles, at the same time they actually lost their previous power, position and independence in the family. With more time at home, they thought that it was their responsibility to do the majority of the housework and to take care of the children. Although some believed that men should help, the majority of women stated that men were not made for 'womanly' jobs. Simin believed domestic jobs and caring were integral parts of being a woman or mother: "That's what a mother does."

My participants did not report conflict over issues that service providers explained to be sources of conflict, such as how to dress and how to bring up the children. Women who were practising Muslims did not experience conflict over dress, as they believed in wearing a *hijab* and wanted to bring their children up as Muslims. Some women were more worried

about their children's belief systems than their husbands. Among non-practising Muslims, both the participants and their husbands had fairly similar ideas about how to live in Australia. Conflict was unlikely to arise when men and women moved toward change at the same rate, or as long as women did not cross forbidden lines.

In the last three chapters I have explained how migration eroded social networks and trust and how resettlement limited the possibility of building and maintaining a new network. I also explained how normative understandings of being a 'good' mother and wife are challenged after migration. The interrelationship between these factors created some stress, uncertainty and conflict for women. In the next two chapters, I describe how women sought help, when they felt they needed someone to talk to, and how their emotional wellbeing was affected after migration.



CHAPTER SEVEN

BEHIND CLOSED DOORS

In March 2010, a 57 year old Iranian man stabbed his wife to death in front of 300 people at an Iranian New Year celebration in Adelaide. Prosecutor Sandi McDonald said, “This is a case of a man who lost control of his family and as a consequence hunted his wife down to punish her and make her pay the consequence of her action.” The accused man described how his family structure had changed after migration to Australia, and said “(my family) became indecent, they became Australian citizens and they were collecting Centrelink money, my wife changed.” Inside the court, the accused man’s son said: “He [his dad] was very well-respected in the community...but obviously they [the Iranian community] did not know what happened behind closed doors.” The woman had applied for a divorce after 20 years of violence, and had obtained a domestic violence restraining order against her husband 12 days before she was murdered, the court heard. The man was jailed for 26 years.¹

The above example is an extreme case of domestic violence in an Iranian family. There are two important points worth considering here. Firstly, although the accused man’s wife was abused for 20 years, according to her children, the woman stayed in the marriage.

¹ The accused went to the convention centre with a knife hidden under his jacket. His wife was there with one of their daughters for Persian New Year's Eve celebration in 2010. The man waited until his wife was looking in her handbag then stabbed her in the back, continuing his attack when she fell to the ground. The court heard people nearby wrestled the knife from him, but he had stabbed his wife eight times (Marcus, 2012).

Secondly, the man was not recognised as an abusive man in the community; he was well known as a ‘gentleman’. The majority of service providers and key informants in my research stated that they have not heard about any domestic violence among Iranian families in Melbourne, although they conceded that this did not mean that it was not happening. They believed that even if domestic violence did exist in the Iranian community, women would not report it unless the problem had reached a climax. They asserted that among Iranian migrants, not only did domestic violence stay hidden from the wider community, but almost all family and personal matters were treated as family secrets that should be carefully guarded.

Although researching domestic violence among migrant families is a significant research agenda, in this chapter I focus on a step before the incident of domestic violence, which is women’s help-seeking behaviour. Who seeks help? When and under what circumstances and why do people, including the woman in the above case, delay seeking help?

Where to get help: information for immigrants

Since the 1980s, Australia has emphasised multiculturalism, with increasing attention paid to providing services based on the needs of people from diverse cultural backgrounds. At time of writing, the Australian Department of Immigration and Citizenship (DIAC) supports a range of services during the first five years of an immigrant’s or refugee’s arrival. These services include the Settlement Grant Program (SGP), Adult Migrant English Program (AMEP), Translating and Interpreting Service (TIS National) and Humanitarian Settlement Services. DIAC (2012a) produced a booklet, *Beginning a Life in Australia*, available in 37 community languages, to introduce the services available for immigrant and refugees. According to the booklet, the Settlement Grant Program (SGP) service is responsible for supporting recent arrivals (less than five years) under the humanitarian or family stream visa,

who have poor English or are dependant of skilled migrants who have limited English proficiency. Under this program, immigrants can seek help on how to access mainstream services including childcare, schooling and housing.

Refugees and humanitarian new arrivals are supported under the Humanitarian Settlement Services (HSS) for between 6 and 12 months after their arrival. HSS includes on arrival reception, assistance with accommodation, an onshore orientation program and information about and referral to mainstream services. There are also ethnic and community organisations and migration resource centres which are not directly run by the government but may receive government funding to provide settlement services. There are also some telephone lines for people who need immediate help such as Lifeline Helpline, Kids Helpline or Relationships Australia Crisis Line (Australia, Commonwealth of, 2012).

To help people with poor English proficiency, the government funded services include the Translating and Interpreting Service (TIS National) and the Adult Migrant English Program (AMEP). TIS National supports non-English speakers to access immediate telephone interpreting services as well as pre-booked interpreting. In order to have access to TIS National a person needs to contact TIS and provide the number and name of the person he or she wants to speak to, including his or her language. This is a 24 hours free service for Australian citizens or permanent residents contacting a government-funded service or agency for TIS National. Otherwise they have to pay around \$25 to \$270 depending on the time and hours of using the service (DIAC, 2013).

Adult Migrant English Program (AMEP) is an English teaching program for adults who have limited language proficiency. Eligible candidates can use the service for up to 510 hours for five years from their visa commencement date (if they reach functional English, the number of hours can be less than 510 hours). New arrivals may be referred to AMEP by

government agencies such as settlement providers or contact the program directly (DIAC, 2011c).

Refugee and migration status have contributed to the underutilisation of health services in the majority of settlement countries, including Australia (Stolk, Minas & Klimidis, 2008; Manderson & Allotey, 2003a), Canada (Donnelly et al., 2011), and US (Leong & Kalibatseva, 2011). A lack of knowledge about available services,¹ language barriers and lack of translators or interpreters,² cultural issues such as fear of stigma and gossip in the community,³ pressure to keep the problems at home and to preserve one's reputation,⁴ and cultural incompetence⁵ contribute to the underutilisation of services by immigrants and refugees.

Since the 1980s, social workers, psychologists, educators and public health scientists have been employing the term 'cultural competence' to address the significance of considering issues related to diversity in cultures, languages, races, ethnic backgrounds, religions, classes and other diversity factors when providing health care. The demand for a culturally competent system, however, has a longer history, dating back to the 1960s when the US recognised language and cultural issues as barriers in providing care to people from diverse backgrounds. Different phrases have been used to refer to the importance of considering cultural and linguistic issues when providing care, including 'ethnic competence', 'cultural awareness', and 'cultural compatible', 'culturally appropriate and culturally sensitive care' although these words do not have the same meaning. The term 'culturally competent' is used most widely (Gallegos, Tindall & Gallegos, 2008; Lipson,

¹ See Donnelly et al., 2011; Thompson, Hunt & Issakidis, 2004.

² See Alizadeh-Khoei, Mathews & Hossain, 2011; Donnelly et al., 2011; Rizo & Macy, 2011; Stolk et al., 2008; Bauer, Rodriguez, Quiroga & Flores-Ortiz, 2000; Kelaher, Williams & Manderson, 1999.

³ See Donnelly et al., 2011; Arnault, 2009; Ting & Hwang, 2009; O'Mahony & Donnelly, 2007.

⁴ See O'Mahony et al., 2012.

⁵ See Manderson & Allotey, 2003a & 2003b.

1996; Chin, 2000). Cultural competence is defined as “a set of behaviours, attitudes, and policies that enable a system, agency, or group of professionals to work effectively in cross-cultural situations” (Cross, Bazron, Dennis & Issacs, 1989:7).

As mentioned above, since the introduction of multiculturalism, Australia has attempted to produce a culturally sensitive system of care for immigrants and refugees. Some information booklets have been published to assist health professional in providing better care according to cultural diversity of the clients (Lipson, 1996; Allotey, Nikles & Manderson, 1998 a, 1998b; Manderson, 1998; Markovic, 2001); however, cultural competence has yet to be made integral to mainstream Australian services. Kelaher and Manderson (2000) investigated the Australian models of service provision to immigrant populations. They identified four main models of health education and service delivery that were different in the level of cultural sensitivity, including ‘Bicultural health worker’ (BCHW), ‘Multicultural health workers’ (MCHW), ‘Mainstream cross-cultural training’ and mainstream. In the first approach, that is, specifically sensitive towards culture, a bicultural health worker contacts women through informal settings and delivers health education to them (e.g. cancer screening). Women who may not have access to health education benefit from this model; however, the programs are often provided through short-term grants that are not long lasting. The second program targets women from diverse ethnicity backgrounds, and multicultural workers along with interpreters work to promote health education and community liaison. The third model describes how mainstream services provide cross-cultural training to their staff and use interpreting services. Although this model can target a variety of people, time constraints and problems involving employing interpreters may hinder women’s understanding of health information or medical advice. The fourth model is the mainstream, which is the most convenient option for women due to its wider dispersion, but

does not deal with culturally sensitive issues, leading to less effectiveness of the services for people from culturally and linguistically diverse backgrounds.

In a literature review of help seeking behaviour among young refugees in Australia, De Anstiss and colleagues (2009: 584) replicated the above study's results. They concluded that the most important reason for help seeking delay for children of refugee families is poor access and the "overall failure of western mental health systems to accommodate the needs of ethnically diverse populations in particular."

Now let me turn to Iranian stories of seeking help, and women's reasons for delays in seeking help.

Health help seeking

When I asked participants how and under which circumstances they asked for help, they often drew a clear line between physical and non-physical problems. Almost all the participants expressed that they would seek help from their medical practitioners especially if their children faced physical problems. Although one study in the US showed that Iranians preferred to practice traditional methods of healing such as adhering to a hot-cold diet, herbal medicines and even warding off the evil eye (Martin, 2009a), none of the participants in my research stated that they relied on traditional practices for their children's illness, except by ensuring a balance of hot-cold in the diet.¹ Even when they practiced traditional methods, they considered these as supplements to physicians' advice. The majority of the participants believed in western medicine because in Iran they were also oriented to biomedical services. Studies in Iran showed that the usage of pharmaceuticals is well above the world's average (Palizvan, Rafi & Khazaei, 2012; Amani, Mohammadi, Shaker & Shahbazzadeghan, 2010).

¹ Martin's (2009a) study's participants were elderly Iranians and their beliefs about traditional medicines and warding off the evil eye are not surprising. But my participants were from a younger generation and were more biomedically-oriented.

Participants consequently held positive attitudes towards western medicines and visiting physicians, and if hospitalised for any reason (e.g. for childbirth), they were satisfied with their hospital stay and the level of care they received; however, they had negative opinions of visiting GPs and specialists. They complained about long waiting lists, a low level of prescribed medicines, misdiagnosis and the cost of treatments. Due to dissatisfaction, some women preferred to visit Iranian GPs and specialists in Melbourne, asking advice from Iranian GPs in Iran, and travelling to Iran for treatment. For example, Kimia (30, IS) returned to Iran three months after her arrival in Melbourne for dental treatment as the cost of her required treatment in Australia was almost equal to her plane fare to Iran. “So I went back for treatment, both for my body and for my ruh (emotions, soul)” (Kimia, 30, International Student [hereafter IS]). Travelling for medical reasons has been researched under different terms such as health tourism, medical tourism and medical travelling (Reisman, 2010). Medical tourism and travelling has been defined as “travel with the aim of improving one’s health” (Bookman & Bookman, 2007: 2), and “the sum of all the relationships and phenomena resulting from a journey by people whose primary motive is to treat or cure a medical condition by taking advantage of medical intervention services away from their usual place of residence while typically combining this journey with the consumption of tourism products and services” (Voigt, 2010: 8). The earliest pattern of medical travelling, included wealthy patients travelling from developing countries to developed countries, has reversed in the past decades especially, to include medical travellers from developed countries such as the US, UK, Canada and Australia to developing countries such as Malaysia, Thailand and India in search of treatment as well as visiting exotic cultures (Connell, 2006; Whittaker, Manderson & Cartwright, 2010).

Since 2001, Iran has also attempted to enter the billion dollar industry of medical tourism, and Iranian researchers have been studying the opportunities and challenges of the

industry in Iran (Sadr-Momtaz & Agharahimi, 2011; Kazemi, 2007). In 2004, according to the health minister of Iran, the low cost of treatment to clients in Iran, compared to other countries in the Middle East and western countries, was an opportunity to attract medical travellers. For example, in 2004, open heart surgery cost \$18,000 in Turkey, \$40,000 in UK, but only \$10,000 in Iran (Connell, 2006). Although there are no official statistics of medical travellers in Iran, including Iranian migrants who have returned for treatment, it has been estimated that there were some 17,500 medical tourists in 2005 (Tourani, et al., 2010: 277) and 20,000 in 2007 (Izadi et al., 2012: 267) who travelled to Iran. The majority of medical travellers in Iran were from surrounding Middle Eastern countries. Medical travellers in Iran have obtained organ transplants (e.g. kidney and liver), infertility treatment, invasive radiology, cardiac treatment and surgery, cosmetic surgery and dental care (Moghimehfar & Nasr-Esfahani, 2011; Sheikholeslami, Bahsoun, & Sheikholeslami, 2012; Tourani et al., 2010).

An increasing number of older people in high- and middle-income countries, improved transportation and insurance policies, and cheaper care in some countries, are all influential in increasing medical travelling (Whittaker, Manderson & Cartwright, 2010). Adding to these factors, my participants also travelled to Iran to seek health treatment due to long waiting lists and negative experiences with the Australian medical system. Darya (45, AC) travelled to Europe once a year for her daughter's annual eye check-up. Darya burst into tears when she remembered her experience in Australia:

A few months after birth, my daughter was sleepless at night and I found that sometimes her eyes turned. I visited several GPs and all of them believed that the problem was cosmetic. She had two eye surgeries when she was less than two years. I still have nightmares of when they wrapped her in blanket and took her to the operation room. I was sure that her problem was not cosmetic but because I

had depression, I could not convince the doctors. I easily burst in tears and could not explain her problem. After two years, I travelled to Europe to visit my relatives. I also decided to visit two eye specialists. When I entered the first eye specialist's office, he asked me harshly why this child did not wear glasses. I felt my soul separating from my body. He asked why I had not done anything about her problem earlier? She was diagnosed with short-sightedness and a low level of night blindness. Finally, I found out why she was crying at nights: she could not see anything in the dark. Australian doctors didn't diagnose it for two years and sent her for two cosmetic surgeries. Her problem was easily fixed with a pair of glasses. Now every year I travel to Europe to see her specialist because I do not want to go through those nightmares again.

Darya was a PhD student and her husband was highly regarded in a medical field. The fact that they had gone through this experience surprised me. I asked her what she thought about the medical system in Australia as a whole. She answered:

Look, if I say they are not very good at diagnosis, it would not be fair to my husband. We cannot generalise one event to the whole system. My husband is a doctor here and he is very good, but yes, there are some incidences of misdiagnosis such as my experience and people do not expect this in a developed country like Australia. If this happens in Iran, people would get upset or complain, but at the end of the day they would say you should have been more careful in choosing your doctor. It's not the same in Australia, people's expectations are higher.

Paniz (30, PR) also believed that the medical system in Iran was better than in Australia, because in Iran she could easily visit a specialist and ask for medicines or have a check-up. She was worried about her daughter's low weight and thought that she had some

unknown problems. Visiting different GPs, she frequently asked them to prescribe a blood test, but none of the GPs agreed, and all told her that her daughter looked healthy and did not need a check-up. She was not happy that the GPs did not take her concerns seriously, and did not refer her to a specialist. On her next trip to Iran, she visited one of the ‘best children specialists’ in Tehran and asked her for a check-up. The result was shocking for her, as her daughter had a low iron level and needed a supplement. She was reassured that she had not trusted the doctors in Australia and that she travelled to Iran to identify the problem. She bought iron supplement and vitamins, and before her supply had finished, her parents sent her more from Iran.

This is not the end of the story. Women talked about their negative experiences with medical professionals in their conversations, and shared examples such as Paniz’s case to prove their argument. Gossip led to vigilance towards the medical system and made people blind to the positive aspects of the system. In an informal conversation, some Iranian women chatted about another woman who had experienced a difficult delivery. They agreed that the incident was the failure of the medical system. One of the women, who had not had children, was worried about her future plans for pregnancy and delivery in Melbourne, and explained that hearing horrible stories about the medical system was one of the reasons that she did not want to get pregnant.

In speaking with Iranian specialists (GP, midwife, psychologist and dentist) who were working in Melbourne at time of interview, I gained an entirely different perspective. Arman, an Iranian physician, believed that:

Iranians are used to seeing specialists and taking medicines, especially antibiotics.

The reason that they are not happy here is that the GPs do not readily prescribe

medicine when it is not necessary. If they [Iranian patients] get antibiotics, they're happy!

Arman's analysis of Iranian dissatisfaction of the medical system was echoed by Dorsa. Dorsa (35, IS) arrived in Melbourne when her three month old daughter was suffering from digestion problems including vomiting and reflux. She explained:

At first, we didn't know anything about the health care system. We were going to hospitals and waiting there for long hours. Then the doctors wouldn't prescribe anything for her and we could not understand why they did not give us anything and we did not know what to do with her. After one month, I was thinking about going back to Iran as I thought my daughter was dying. You know Iran is medicine-oriented. That's why we couldn't understand them (the Australian doctors).

Dorsa's case was not related to language barriers as she was an English teacher in Iran and an IELTS tutor in Australia, but as Arman pointed out, it was related to the differences in the medical systems. Negar, an Iranian psychiatrist, agreed with Arman, and added that Iranians are not happy with the Australian medical system because they cannot directly see a specialist. They are accustomed to seeing a specialist for any problem but:

It is not the case here. I think the system here is more organised than Iran. In Iran people would see different specialists and take different medicines without any interactions between specialists. In Iran I saw some prescriptions by different specialists for one person which could have been fatal for her. But due to the lack of an organised system like the Australian one, it's impossible for specialists to find which medicines the patients are using or had used before, and they don't have time to check these as they are overloaded with patients. The Australian

system filters out serious health problems that need to be investigated by specialists, so that the specialists have enough time to spend with their patients.

Negar and Arman thought that different understandings of an ‘emergency’ situation were another reason for the dissatisfaction of many Iranians:

What a patient thinks is an emergency situation, might not be considered serious from a medical staff point of view. Yes, we know that patients are in pain, but we might delay surgery or make an appointment for six months later. But I had a patient who felt a tumour in her stomach and the next day she was in the operating room. If something is critical, we don’t wait. For Iranians, it’s hard to understand. When they feel pain and the doctor tells them to wait for another six months for surgery, they think they are going to die soon and the doctor doesn’t care. I admit that we have long waiting lists which are different from the Iranian system, but every system has some errors (Negar, Iranian psychiatrist).

Negar’s description of Iranian women’s dissatisfaction with the management of emergencies and long waiting times was repeated by other Iranians during informal conversations. One Iranian woman complained about her experience of visiting a GP for a pain in her stomach and the doctor telling her it was not serious, without any examination. She believed that in Australia, only if you are dying, do ‘they’ - doctors and nurses - pay attention to you: “Death is the only emergency situation!”

From the point of view of Iranian service providers and key informants, Iranian women’s dissatisfaction with the Australian medical system was not about the health care system per se, but because it does not pay enough attention to individual patients’ needs, values and preferences. Previous studies with Iranians in the US also showed that Iranians were dissatisfied with the medical system and generally assumed that the western medical

system does not pay enough attention to the patient as a whole. Martin (2009b: 122) found that her Iranian participants in the US were not happy about the way that doctors treated them. One of the participants stated that:

My Persian doctor, he is a true human being and cares about me...all of me... not just my head or my feet or my knee...he shows me he cares about me. Iranian doctors deal with all of you not just your arm or your liver, all of you... heart and spirit.

Help seeking from social networks

Participants preferred to visit a physician for physical problems even if the care they received was not to their desired level of satisfaction. But for non-physical problems including mental health issues and marital conflicts, women preferred to seek help from friends and family. Difficulties in access to services, low social networks, and trust and privacy issues all delayed women's seeking help from formal services.

Kleinman (1978: 86) conceptualised the health-care system as a cultural system which "articulates illness as a cultural idiom, linking beliefs about disease causation, the experience of symptoms, specific patterns of illness behaviour, decisions concerning treatment alternatives, actual therapeutic practices, and evaluations of therapeutic outcomes."

In his view, health, illness and health care need to be understood in relation to each other. Kleinman (1980: 105) defined his Explanatory Model (EM) as "the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process." He believed that every health care system contains three components: professional, popular (family, social networks and community activities) and folk (non-professional healing). The study of interactions between these three sectors is crucial for health care and shows how a patient and his or her family and practitioners understand and treat the illness.

Although Kleinman's Explanatory Model deals with health and illness, in my view it can be applied to other kinds of problems such as marital conflict.

Kleinman (1980) argued that the majority of help-seeking behaviours in both western and non-western countries lie in the popular sector or social networks. Therefore, when people encounter a disease (or in the case of my research, any kind of problem), family and social networks are the first domain wherein the problem is experienced, perceived and labelled. Family and social networks are the first domain that decides what to do with the problem and how to treat it. More recent data corroborates Kleinman's argument that at the time of health related issues, family and social networks are the most important resources for help (Donnelly et al., 2011; Dejman et al., 2010; Knipscheer & Kleber, 2008). Participants in this research were no exceptions. Family and friend's support was their preferred resource to seek help. However, low levels of social capital hinder the opportunities that people have to seek help from the first culturally acceptable point of help.

Seeking help from a third person, such as counsellor or psychologist, is not the norm for most of Iranians. Although currently more people use counselling services in Iran [to my knowledge as a counsellor], the majority still think that a couple knows best about their relationship and they can and should solve their own problems and if they fail to solve the problem, then nobody can help them. Although all participants except three agreed that counselling could be beneficial, just three participants in this research had used counselling services for marital conflict, all of them using these services in Iran but not in Australia. On the other hand, talking with friends and relatives in Iran was common, and the lack of a good friend was one of the difficulties for women struggling to cope:

In Iran I used to talk with my mum and one of my friends about everything, and they would help me and give me advice. But I do not have a good friend here I can trust to talk about family matters. Here I just have my husband to talk to

about my concerns and problems, but imagine what happens when he is the problem! Who can I talk to then? (Kiara, 30, PR)

Elham (30, AC) also believed that having a good friend gave people the opportunity to talk about what worried them and why they felt emotionally exhausted, but on the other hand, she reiterated that “here you cannot trust your friends, because all of you were here for a short time and don’t know each other long enough to be close enough. We are not friends by our choice; we are friends just because of being in a similar situation.”

Negotiation was the most common and preferred strategy to solve marital conflicts. Kimia (30, AC) believed that conflict would arise when couples had irrational beliefs or misunderstandings, and the best way to identify the source of conflicts was by talking. Kimia had regular ‘meetings’ with her husband when their two children went to bed. Depending on the situation and the conflicts, these regular meetings could be once a week, once a month, or even once a year. Dorsa also found it helpful to talk ‘seriously’ about family matters to solve their marital conflicts, and said that in Australia, she had more time to fix her marital conflicts because she did not have anybody else around on whom she could rely:

Here I found this opportunity to think about my relationship. In Iran complex social relationships with others and with the extended family and friends limited our relationship. But here we have more time to talk and fix the problems.

Mahla (35, IS) liked to see a counsellor for her marital conflicts, but eventually she decided to talk about their problems with her husband. Although she could not reach the result that she expected, she was happy that she talked about them. She believed that, “because we are so busy and tired when we get home, we cannot talk,” and as a result of this, they became increasingly emotionally distant.

While participants talked about the effects of negotiation or changing their way of thinking to solve their marital conflict, service providers explained conflict resolution from another angle. As stated in the last chapter, according to service providers, marital conflicts over women's rights, changing traditional gender roles, and work-family balance could eventually result in increased violence, particularly against women. The problem is when people try to deal with violence personally without asking for help, as may happen among Iranian families for cultural reasons. Emilia, an Iranian service provider who worked on a domestic violence help-line, thought that:

the Iranian community is a small community and many people know each other, so women might not want to talk about domestic violence. Fear of backbiting is strong. There are some women who suffer from domestic violence and call our service, but I cannot help them because they do not want me to know them. You know, there are a lot of pressures from the community on the family, and especially on women who suffer from domestic violence. If she calls the police and gets an intervention order, the community might say, why did you do that? What did you say behind your husband's back? And if she does not get support from her relatives, she will be in chaos mentally.

Tara, a key informant, said:

I have not heard that [domestic violence] among Iranians. Not even once. And I can say that if there is some, no Iranian women would disclose it in public. Iranians never disclose that they have problems at home. Reputation, family protection and privacy do not let us to talk about our family.

Almost all of the women relied on their husband as the first person from whom to seek help. Given the fact that the majority of the participants did not have any relatives in

Australia, this finding is not surprising. Mahla was happy that her husband took care of their baby when she was studying. Melika (30, PR) also stated that: “Sometimes I think he (her husband) is the only reason that I’m still alive.” However, Baran (35, IS) made a very salient point: “My husband would be the first person that I ask for help, if he was not the problem in the first place! If he is the one who has made me upset, I feel alone.” Baran’s statement shows that at times of marital conflict in some Iranian families, there is no one that women can trust to seek help or to disclose their problem, an issue I return to later in this chapter.

Baldassar (2007: 389) noted that while practical support in transnational relationships, like childcare, and nursing the sick, only occurs during visits, sharing information and knowledge about a variety of topics is feasible through “virtual contacts.” Although none of the participant’s mothers lived in Australia, many participants identified their mothers as their second help resource. ‘Virtual contacts’, as Baldassar (2007) describes them, include mobile phone cards, and internet software such as Skype, Viber and oovoo facilitated regular communication with Iran. In addition the majority of women (8 out of 13) had enjoyed their mother’s company during or after their childbirth, when their mothers travelled to Australia to help them. The presence of mothers or mothers-in law was so critical for some women that they and their husband thought they couldn’t survive without the help they provided. Kiara’s mother and mother-in-law took turns to take care of her after childbirth for a whole year. When I interviewed her at her house, her mother sat with us and frequently left the room, to check the baby who was sleeping in his room or to bring tea and fruit for us. Elham’s mother was also at her house when I interviewed Elham. Her mother took the baby to another room and just brought him back so Elham could breastfeed him. Darya’s mother took care of her baby, especially at night:

I had post-partum depression and a medical condition that needed antibiotics so I couldn’t breastfeed her. My mum came to Australia and stayed with me. She told

me: I will take care of her from 6 am, so you can have a rest. But then she had to wake up earlier because I was sick, and she ended up waking up several times at nights to change or feed the baby by bottle, while I was sleeping all night long. I think my family saved me and helped me to stand up again. Otherwise I couldn't have survived.

Women who did not have their mothers around, for their childbirth or after, felt extremely lonely. Zoha (30, PR) explained her feelings of loneliness:

In Iran I wasn't dependant on my mum because we didn't live in the same city. She wasn't there at the time of childbirth [for her first child] because I had an early delivery. But she was there just some hours later and stayed with me for two weeks. Then I went to my parent's house for around a month. But here, I felt so lonely since my mum was far away and she could not come to Australia [due to her illness]. Having someone around is very important, not just because they can help but because they support you emotionally.

The participants not only sought help from their parents or in-laws, they also sought help from other relatives and friends in Iran, or other countries through phone and internet software. Baran called her friend who was a lawyer, in Iran or one of her relatives who had two daughters and lived in London, to seek advice about parenting. She also talked with her sister whenever she felt upset. Mary would talk to her sister in Europe for hours just to share her happiness and sadness. However, one woman, in an informal conversation, told me,

Look, they [relatives in Iran] can help emotionally but it's not fair for them. They get upset about us and think about us while they cannot do anything. How many times can I call them and cry? I prefer to talk with them when I'm happy.

In her study about transnational family links between adult migrant children in Australia and their kin in Italy, Baldassar (2007) discovered similar findings. She found that migrants are careful in sharing bad news with their transnational kin, as Mary (35, PR) stated “to not upset them when they cannot do anything from a distance.” This statement was repeated by many women. Given the fact that the participants looked to their relatives as one of their help resources, this ambivalent feeling of sharing or not sharing sadness with them prevented them from seeking help especially for emotional support at times of crisis. In this situation, participants had to rely on their friends in Melbourne; however, as I discuss below, low level of social capital was an important barrier in seeking help from friends.

Kiara counted on her friends at times of crisis. Her husband worked in another city; her friends saw her vulnerability and were ‘ready to help, even if I call them in the middle of night’. When I was interviewing Melika at her house, she was ill and had spent the previous night at hospital. During the interview one of her friends called and told her that she had cooked lunch for them because she thought Melika would be exhausted.

Although having friends was vital in the daily life of participants, there were times when they felt that asking help from friends was also impossible. Mahla, who appreciated her friends’ help, described how that she could not rely on her friends ‘too much’. Simin explained: “There is nobody here that we can turn to seek help because your friends also have their own problems. I don’t want to be an extra burden for them.”

Feelings of being ‘a burden on a friend’s shoulder’ prevented many women from seeking help from their only available informal resources. In an informal conversation, one Iranian woman, told me how her friends helped her when she was hospitalised and how they had cooked for her family, took care of her children, and brought food to the hospital for her. She was unwilling to tell her friends that she was going to have more surgery, as she thought her friends would do the same again and she was not happy burden them. But this was not the

only reason that people felt they cannot 'turn to anyone for help'. As discussed in previous chapters, trust and privacy issues were significant barriers.

Trust and privacy

In Iranian culture everything that happens in the family is considered private, and should not be revealed to outsiders. In a study of coping with postpartum depression among refugee and migrant women, O'Mahony and colleagues (2012) found that their Iranian participants strongly believed that one should not reveal family problems to others, which prevented them from seeking help. Helen, a service provider in my research, asserted that the issue of trust and privacy prevents Iranians from coming forward and talking about their problems. She believed that other communities also face trust issues, but at least they would use some of the available services such as parenting programs. But she found that such services were rarely accessed by Iranian families. Mitra, another service provider, referred to mistrust among Iranians as the main reason for their low level of access to help services or seeking help from their community, "People (Iranians) don't like to be well known by their problems. They are so worried about their reputation and try to hide their problems. They think if one person found out their problems, the whole town would find out." Tara was also convinced that concerns for reputation, family protection and privacy prevent people from seeking help. She stated that "Iranians prefer to talk with their families or their very close friends. But finding a very close friend is very difficult here and takes years."

Mistrust also precludes help-seeking from friends and from available services. Hannah (30, PR) believed that she was lucky to find her current trustful friends but "not all the Iranians are as lucky as me." Lora (30, PR), who does not seek help or advice from her friends, said: "I don't like people talking behind my back. Honestly, I have a very ordinary life, nothing special to share but some people just don't get it. Here you cannot trust your friends even after two years. That's my experience."

Formal help-seeking

Earlier in this chapter, I discussed why my participants showed mistrust towards the medical system and towards other services. To elaborate on this issue, I asked service providers why Iranians mistrusted the Australian system. Negar, an Iranian psychiatrist, explained that one reason was that Iranians could be “paranoid” towards authority: “We think that they want to deceive us, take our money, and don’t treat us like white people. So they [Iranians] think that the system wants to rip them off, but it’s not true.” Helen, an Australian service provider, had the same opinion: “They [Iranians] don’t think that people are there to help them. They [Iranians] don’t want to give information because they don’t know what they are going to get out of it or what we are doing with that information.” Helen was surprised that sometimes it was difficult to even get a phone number from an Iranian. However, she observed that when Iranians found out that the system really would help them,

They can go to other extreme and sometimes I noticed that people from this community can say, I’m in the worst situation and deserve more help. So it either is they don’t seek help at all, or they want the most help compared to other migrants.

Helen found that the majority of Iranians with whom she had contact had a higher level of education than other migrants and refugees, so

When you [a service provider] build a relationship with Iranian people, they develop more realistic expectations of what you are able to do to help them and get them to trust you. Once you explain what your role is, they understand and will ask for help based on what you can do for them.

Reza believed that some serious problems such as divorce in the Iranian community may be attributed to people being given the wrong advice from family and friends; and while

there are professional facilities that can help people, “they don’t trust the system.” While participants prefer to see a GP and take medications for their physical problems, the majority of women were reluctant to see a counsellor even if they believed that counselling was useful and necessary. Saeed stated that many Iranians do not believe that a third person can help them:

They think that they are the only person who knows the solution. Some people laughed when I told them that they could use free counselling services as if I were joking. Some may go for counselling but after some sessions, they will not go back because they expect that counsellors should solve their problems as fast as possible.

As Kleinman (1980) explained, family, friends and social networks are the first sector that defines the problem and the way it should be treated. But Elham believed that even “your friends cannot help you. They may show empathy but they cannot understand your problem and their resolutions may work for them but not for you.”

Leila and Negar had contact with Iranians who asked for help from psychiatrists or counsellors, but they concluded that trust was one of the most important factors which hindered migrants’ access to mental health services unless the problem became serious.

As with other communities, language barriers play an important role in limiting their access to counselling services. However, if they can’t trust Iranian counsellors, psychologists or interpreters here, they will not seek professional help until the problem gets out of control.

Only one of the participants in this research said that counselling was not beneficial because she thought:

What does a counsellor do? She [the counsellor] has read something in books and will tell them to you. But it cannot help you. Because I think the two people that have the problem are the best people to help themselves.

Other participants either believed in counselling or had actually used it. Mary visited a counsellor in Iran to discuss her worries around migration and the pressures surrounding her daughter's ability to learn English. She has not used any counselling services in Australia despite adjustment problems, as she thought Australian counsellors would not be able to understand her cultural needs. Lora visited her counsellor in Iran whenever she needed help. Since migration, she has contacted her counsellor in Iran via phone, and talked with her when she needed help, paying the fees whenever she travelled to Iran. Mahla used to visit her counsellor before she migrated. She also used the counselling service at the university in Australia, which she found useful to overcome her stress. Melika also visited a counsellor to find ways to cope with migration changes, but she did not find it helpful as the counsellor did not provide her with any coping strategies.

Helen reported that she had not known any Iranians who continued to visit an Australian psychologist: "They prefer to see an Iranian psychologist." Saeed stated, "mental health issues are not like physical issues that can be examined with tests and instruments. It depends on communication, trust and rapport between the client and the psychologist or counsellor, so for mental health issues, it is more helpful if both of them speak the same language; even an interpreter can be a barrier." He had met Iranians who had used inappropriate medications for years because "they could not communicate with their doctors and they did not trust the interpreter, who was Iranian as well, leading to misunderstandings between patients and doctors."

Many studies have investigated the role of stigma in preventing people from seeking help, especially for mental health problems (O'Mahony et al., 2012; Donnelly et al., 2011;

O'Mahony & Donnelly, 2007). Martin (2009a & 2009b) found that older Iranians in the US resisted seeking mental health care as they believe only 'crazy' people would seek psychological care. Although the participants in this research were open towards using mental health services, stigma still played an important role in preventing people using the services. In fact, one of the reasons that many Iranians preferred to 'keep things private' was to avoid stigma. Emilia, who was working for a domestic violence helpline, recalled one of her cases:

I had a client who got an intervention order and then she felt so guilty, because of community pressure she was ashamed of what she had done. I spent some sessions with her and gave her emotional support and told her that she had done the right thing and she made the right decision. Then because of enormous pressure from the community, she got back with her husband but did not contact me at all. She thought I might criticise her. But when I found out, I supported her and told her, it's your choice. I encouraged her because divorce was not an answer for her.

Emilia's client encountered community pressure over her decision because she crossed the line of keeping things private, failing to sacrifice her own needs for the family's sake and normalising the problem as something that all families may encounter. The strong powers of social networks on stigmatising people's behaviours, and decisions which are considered against cultural norms, were important obstacles in seeking help.

Self-efficacy

We don't need help. Living here taught me that we should solve our own problems. We should be our own psychologist, our own cook and even our own priest.

The above statement was told to me, in an informal conversation, by an Iranian woman working at the university as an academic staff. Her idea about self-efficacy was echoed by participants in this research and observed by the service providers. Saeed said,

People who experienced war say that: we can help ourselves. And some of them really can. I know many Iranians who are really successful despite their experiencing of traumatic events.

The participants believed that migrants should help themselves and not wait for the government or other people to save them. Some of the strategies that they employed were reading self-help books and using the internet. Kimia stated that, "I read a lot. I don't have anybody here except my husband and children. I try to improve my knowledge about different things, so that if something happens, I will be prepared." Chista (40, PR) successfully managed to solve her marital conflicts using books and the internet:

Because I was tired of living in poverty, I started to accuse him of our financial problems. Our relationship was terrible. I realised that after migration, I hadn't achieved what I dreamed for and I had even lost what I had. Then I decided to change myself. I came here to build a better future for my children, not to ruin that. I decided to look on the bright side of my life and to think about the advantages and disadvantages of living here. My child is my priority. I restarted my life. I read books and websites on the internet about marital conflicts, and how to solve them. I started to pay more attention to my husband, and be nicer to him. At first it was hard and fake, because I was so angry at him. But then it became natural and I really found that he was not the reason for our problems. I tried to look at the 'half full' of the glass and be more positive. I think it was a good way to change my thinking because now I don't have family problems and I don't feel sad or depressed.

Dorsa also found reading books helpful to find new solutions for her difficulties. “I’m reading some books about time management at the moment, because I felt I needed some information to balance my life and study.” Mary believed that she would never visit a counsellor here in Australia, although she had visited counsellors in Iran. She preferred to read books instead. “I don’t seek counselling here. I also don’t talk with my family [in Iran] about my problems and I don’t have a close friend to talk to. I prefer to read books about different issues.” And Chista was not inclined to use mental health services, instead she preferred to refer to her own wisdom: “I think a lot about everything. I use the internet as well to learn new things. For example I spend hours researching medicine that the doctor prescribed for my children before taking them.” Nazanin (40, IS) stated that she also used the internet to gain new knowledge. For example, she had undertaken research about development psychology and what a nine year old girl would do, so that she could handle her daughter better.

Hardships and resilience

So far, the findings of my research show that migration can change family structure, undermine marital stability, shrink social capital and complicate motherhood, leading to unhappiness and dissatisfaction. However, many migrants decided to stay in Australia and coped with their new situation, not because they could not go back, but because they were determined to find a way to overcome their new challenges. During interviews, I found that people frequently referred to being strong, looking at the ‘glass half full’ and trying not to break in the face of hardships. All this means one thing: resilience. From the participants’ point of view, there are a number of factors that made them resilient, such as exposure to difficulties and having a plan before migration. They also employed various strategies to improve their resilience.

Exposure to hardships

Chista believed that migration and its difficulties made her stronger. She said: “There is an old expression that says: ‘a child will not walk if he does not fall’. I think the hardships made me independent, and strong. It opened and expanded my mind.” The majority of participants expressed that they were resilient because they experienced hardship both before and after migration. They thought that Australians were not as strong as Iranians, because they had not encountered what Iranians had been through. Tara explained: “Australians cannot stand some small stresses such as traffic. We experienced bombing, traffic is nothing for us.” Negar looked at stress as something necessary and important. This way of thinking enabled her to cope and adjust to the hardships in her life:

Stress is nothing for us. Stress has been part of my life for years! You know, that's life, at least we know that we are alive. One of my friends says during the Iran-Iraq war we experienced bombard and fear of death, these little stresses [after migration] are nothing compared to them. I think stress looks like an antibiotic; you need a low dosage of it to be stronger. That's why we are more resilient than Aussies from my point of view. As Nietzsche said, that which does not kill us makes us stronger.

Baran stated that “every hardship is a lesson; when you encounter a problem you learn how to solve it and it makes you stronger.” Dorsa believed that encountering hardships made her mature, and she was happy that she had had the opportunity to approach migration difficulties. She recalled her story of dealing with a hard situation when her daughter’s hand was broken and her husband was not in Melbourne. At first she wanted to call her friends and ask for help, but then she decided not to, because she told herself:

No, you have to think that you are alone here. You have to rely on yourself. Why should I rely on others? It is true that I have many good and supportive friends but why should I be dependent on others? I have to learn that life is a challenge, and I have to save myself.

She continued:

Here hardships gave me the opportunity for growth. I can say hardships gave me the opportunity to know myself, to know my strength and my ability to be independent. Now I see myself like a cat: in whatever condition you drop it, it will land on its feet!

Talking about resilience was one area about which women liked to talk metaphorically. Dorsa not only saw herself like a cat ‘with nine lives’ after migration, but also strongly believed in this proverb:

Dele ghavi bash agar azme zendegi dari ke dar nezame tabiat zaeif pamal ast

[Be strong if you really want to live, because the weak are always under other’s feet in the nature.]

Kimia stated that at first, she was ‘breakable’ and thought she could not stay in Australia; she went back Iran after three months of arriving in Melbourne, to see the dentist and fix her teeth, but mainly because she was missing everything and could not bear living with no social support. She stayed in Iran for two months. When she came back, she decided she had to cope:

I think migration made me strong. When I came here I was so upset. But then I thought I couldn’t continue like this, just sitting somewhere full of sorrow for years. I thought, I have to do something and I have to be strong.

Some participants stated that their strength surprised them, and before migration they did not think that they were strong enough to cope. As Mahla expressed: *Ma ra be sakh jani khod in gaman nabod* [we could not imagine that we are this strong.]

Having a plan was an important factor for being resilient. Among my participants, people who thought that everything would be very different and better in Australia and they would easily settle as soon as they arrived, were more stressed, worried and frustrated. They frequently said “if only we knew these things before,” suggesting the importance of being ready and on being able to anticipate what will happen next. Negar stated that:

Things are so different for people who migrate with a strong plan and pre-knowledge about the target country. That's very different from a person who just leaves without any resources or just comes searching for a better life without thinking about the hardships.

Mitra also argued that some skilled migrants thought that “after they arrived, they would find a job promptly and easily integrate with the wider society, but in reality this does not happen. So they may be negative and frustrated.” Sahel and Chista were the most frustrated women who I interviewed; they anticipated that being skilled migrant was equal to finding a job. But after many failed attempts to be awarded a job, they decided to accept ‘low’ level jobs which were not in their areas of expertise. They believed that migration was one of the biggest mistakes in their lives. Although both of them thought they were strong people, they thought they were not strong enough to accept moving from the middle class to working class, and decided to return Iran after getting their Australian citizenship.

Coping strategies

Women employed a variety of coping strategies to encounter and solve hardships, including being optimistic and hopeful, having religious or spiritual beliefs, searching to find a meaning

in these hardships, and accepting support from other people. Women expressed that, although they experienced some difficulties that affected their emotional wellbeing, using these strategies helped them to be happy and satisfied with their decision to migrate. Mahla and Kimia stated that they were optimistic people and whenever they faced a hardship, they tried to make a plan to solve it. Chista believed that “the road of life is not supposed to be smooth, it has its ups and downs,” and therefore people should not take their problems too seriously and try to look at them positively. She recited a story that she had read on the internet, to show how she looked at her hardships:

I read many stories on the internet. I thought about one of them deeply. It was about a man who got an illness and went to see a priest. The priest advised him to just look at green things in order to treat his illness. The wealthy man ordered all the people who were working at his house to wear green, he painted everything green. Then he was cured from his illness. When the priest went to meet him, the guards forced him to change his clothes into green. The wealthy man was thankful. He said, nobody could have given such a useful treatment. However, it was extremely expensive. The priest said actually, it was the cheapest one; you could have used a pair of green glasses instead of changing everything.

Chista had faced serious marital conflicts after migration (as mentioned above), but she found being hopeful, looking at the ‘glass half full’, and ‘changing herself’, were the best strategies to save her marriage and her emotional wellbeing. Zoha also faced isolation and extreme feelings of loneliness, but she tried to look on the bright side of staying in Melbourne, mainly her children’s future, and she tried to overcome her sadness by being hopeful and optimistic about the future. Dorsa thought that if she were to lose her hope and

quit, she “would never have any achievements in the future.” She looked at hardships as a learning process:

I look at my hardships as experiences. I try to not repeat my mistakes. When I face a problem I try to find its roots. If I can find the source of the problem, I try to memorise it in my mind like a movie. That is true, that you cannot predict new problems but I never repeat that particular situation again.

Darya narrated the story of her difficulties when she became a mother and was experiencing extreme depression, without any support except from her husband. She said: “A thousand times I banged my head against the stone, but again I stood up and picked up the pieces and started again.” Saeed believed that people can do many things with hope, especially when parents pack up everything and migrate in the hope of creating a better life for their children. Helen, an Australian service provider, believed that people in the Iranian community were very resilient because they were hopeful and hardworking. She believed that service providers often heard little from this community because they tried to solve their problems by themselves and were self-sufficient.

Religious or spiritual beliefs also played an important role in enhancing resilience among the participants. Tara, a non-practising Muslim, believed that God helped her to overcome difficulties after migration. Chista looked at the Quran when she felt she could not understand where the source of the problem was, and why it was happening:

One day when I couldn't find any reason for my suffering, I opened the holy Quran. I opened it and said, my God, is it an exam or is it a punishment? The first sentence said, ‘God is with those who are patient.’ I thought, ok, it's a test, and I relaxed.

Darya, who defined herself as a non-practising Muslim, believed in an energy which gives meaning to everything that happens in life:

I think I became a bit religious. I think I believe in energy, you may call it God or Karma. There are some tests in the life. We pass some of them and fail others until we reach the end. I used to think that everything is random and it is your luck. Then I could see a meaning in my hardships. I found a harmony among them. When I had a neck injury, then my child was sick and I got depressed but later I found that all those things happened to stop me from being a perfectionist. I learnt that life is not just having a career or being 100 percent successful.

Melika thought that her belief in God helped her to cope and overcome her hardships. She said: “I think my belief in God has saved me. There were times when I thought ‘I am dying’, but when I thought about God, it gave me strength. It is like a gleam in the dark.”

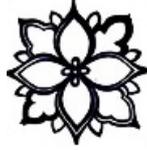
Both having and lacking support have been expressed as useful to improve resilience. Mary, Dorsa and Kimia believed that a lack of support was the hardest part of living in Melbourne, but at the same time, they were overcoming loneliness and going through hardships, and these factors made them stronger. Kiara believed that she could manage her problems, especially her marital conflicts, because she knew there was no other place to go: “Here there are some conflicts, but they resolve easily, I do not know how. It may be because you know if you leave this house you do not have anywhere else to go. The level of patience and forgiveness goes up here.” However, she also said that having good friends in Melbourne and knowing that there are people who are ready to help, made her strong.



In this chapter, I have dealt with the issue of help seeking among Iranian women in Melbourne and the difficulties that they face. I described the available services that migrants and refugees can use when they needed help in Melbourne.

While seeking formal help for physical problems is desirable and highly recommended, it is not the norm to seek help for emotional or marital difficulties if this involves self-disclosure in Iranian society. Looking through Mary Douglas's lens, a woman is supposed to solve and keep her problems at home to prevent stigma. A woman's attempts to fix problems will be sanctioned by community members unless she can make others agree that she is doing the right thing, and her action is to protect her family. Trust and privacy play important roles in providing help and are barriers when they are combined with language barriers and the urge to seek help from Iranian psychologists, counsellors or interpreters. Self-efficacy on the other hand is praised, and women were proud that they could survive after all the difficulties that they faced; they believed that exposure to problems made them strong and resilient.

Although women were proud of being self-sufficient and believed they could help themselves, their emotional wellbeing was affected by their constant struggle to adjust to the new environment and trying to solve their problems through informal channels. In the next chapter, I explain how migration took its toll on women's emotional wellbeing.



CHAPTER EIGHT

MOURNING ALONE: THE EMOTIONAL WELLBEING OF IMMIGRANTS

My sister: Hello

Me: Hello, how are you?

My sister: Good... not actually... I have a bad news
... baba jon (grandpa) passed away...

Me: No, when? ... How? ... No...

One Friday afternoon, in the middle of writing this chapter, my sister called me with sad news. My grandfather had passed away. My heart was shattered into pieces, and I could not stand up. I had not seen my grandfather for around two years, and now he was gone. The week after his death was the hardest time of my life in Australia. I realised that there was nothing more difficult than ‘mourning alone’. I was imagining how my relatives would mourn in Iran. They would all gather together for at least one week, cry together, with a larger number of visitors who would come to give their condolences. But I was here all alone, and had to face my grief by myself. It was at this moment that I understood deeply the feelings of loneliness and isolation, and its toll on the emotional wellbeing, of the participants in my research. I remembered Simin (40, Australian citizen [AC]), who once told me, “With all of the difficulties that I went through, you tell me, do I have *salamat-e ravan* (mental health)? Should I have *salamat-e ruhi* (emotional wellbeing)? I’m not healthy...neither physically, nor emotionally.”

Several studies investigating the health of migrants have reported that newcomers often have better health status than the native population, or people who share similar ethnic/racial backgrounds with them, but their health status diminishes over time. This phenomenon is defined as the ‘healthy migrant effect’ (Read & Reynolds, 2012, Antecol & Bedard, 2006; Schimmele & Wu, 2005; Strong, Trickett & Bhatia, 1998). In a study of the ‘healthy immigrant effect’ in the US, Fennelly (2007) found that first generation migrants in the US are often healthier than their counterparts born in the US. Studies in Canada and France have also found that migrants have lower mortality rates than non-migrants (Ng, 2011; Boulogne, Jouglu, Breem & Kunst, 2012). Immigrants in Australia also had a lower rate of cancer mortality (Anikeeva et al., 2011), and South Asians in UK had fewer accidents, heart problems, psychiatric problems and lower levels of obesity upon their arrival (Williams, 1993). However, all these authors agree that the health advantages are not persistent for newcomers, and length of residency is significantly correlated with a decline in migrants’ health status. Even refugees, who do not have better health than the host population upon arrival, reported that their health status did not improve after migration (McMichael & Manderson, 2004).

Research on migration and wellbeing has identified that migration does not directly affect the wellbeing of migrants, but that a combination of pre- and post-migration stressors can reduce their health status (Kennedy & McDonald, 2006). Stressors including limited access to health care for different reasons, such as language barriers or lack of knowledge about the health care system, acculturation stress, feelings of isolation and low socio-economic status and housing difficulties, discrimination, changes in social networks and loneliness, changes in diet and lifestyle including an increase in consuming fast food, alcohol and tobacco, and marital conflicts, are all important factors in declining health status of

immigrants and refugees.¹ In addition, for refugees, stresses such as forced migration, poverty, traumatic experiences, and being worried about people who have been left behind, also decreased their health status after resettlement.²

When migration is combined with motherhood, the result may be even more complicated. In a study of Latino women in the US, Perreira and colleagues (2006) described how Latinos decided to migrate in order to build a better life for their children; however, they did not feel safe in their new homeland with a new culture. Latino mothers experienced general anxiety and fears about the cultural contamination of their children. Similarly in a study of Mexican mothers in North Carolina, Ornelas and colleagues (2009) found that the majority of participants experienced depressive symptoms due to migration stressors.

In Australia, Liamputtong and Naksook (2003) investigated the experience of motherhood among Thai migrant women. They identified that mothering following migration is a challenge for women who have to take care of their children while at the same time have to adjust to their new life style. Liamputtong (2006) argues that migrant women feel the pressure of ‘double identities’ as immigrant mothers, which negatively affects their emotional wellbeing. In this chapter, I also look at how migration affects the emotional wellbeing of Iranian immigrant mothers, considering the complex interrelationships of migration, motherhood, social capital and marital stability.

¹ See Sandvik et al., 2012; Vasey & Manderson, 2012; Read & Reynolds, 2012; Delavari et al., 2012 ; Boulogne et al., 2012; Holmes, 2011; Jafari et al., 2010; Lindert et al., 2011; Bongard, Hodapp & Rohrmann, 2008; Haasen & Demiralay & Reimer, 2008; Akbari, 2008; Fennelly, 2007; McMichael & Manderson, 2004; Ponizovsky & Ritsner, 2004; Finch, Frank & Vega, 2004; Bischoff et al., 2003; Markovic, Manderson & Kelaher, 2002; Hyman & Dussault, 2000 and Khavarpour & Rissel, 1997.

² Bogic et al., 2012; Hollander et al., 2012; Huijts, Kleijn, van Emmerik, Noordhof & Smith, 2012.

Emotional wellbeing: What does that mean?

To study emotional wellbeing among Iranian immigrants, researchers need to put extra effort into finding the right terms to express ‘mental health’, which do not have any negative connotations. In her study of the mental health of Iranian women in Canada, Dossa (2002) found that using the term ‘mental health’ was not accepted by women because of the connotation of ‘mental’ with ‘crazy’. In the Persian language, the term *ravani* means mental, crazy or psychic, and *salamat-e ravani* (mental health) is sometimes used interchangeably to refer to mental illness/disorder. Dossa’s participants suggested to her that she uses the term *salamat-e ruh* (peace of soul or emotional wellbeing) instead of mental health. In her study of Iranians in the US, Martin (2009a & 2009b) found that her participants had a holistic view of health, and defined health as a balance between mental/emotional, physical and spiritual aspects of wellbeing. She also found that Iranians in her study believed that *salamat-e ruhi* contributed more than physical health to their overall health. Some participants in Martin’s study considered the disruption in *ruh* (soul, emotional state, spirit) as the most important factor leading to many other illnesses.

In my research, I also decided to use the term *salamat-e ruhi* or *salamat-e atefi* (emotional wellbeing) to investigate the emotional wellbeing of the participants. I asked participants how they saw their emotional wellbeing after migration. Following this question, participants used a range of words to express their emotional states, including *shadi* [happiness] and *ghamgini* or *narahati* [sadness], *rezayat* [satisfaction] and *na-rezayati* [dissatisfaction], feelings of grief and loss, *tanhaei* [feelings of isolation and loneliness], *aramesh* [calmness and tranquillity], *balance* in life, *stress* and tension, and symptoms of somatisation. Some participants preferred to use English words (e.g. emotion, emotional, depression) to refer to their emotional wellbeing. Kimia defined her emotional wellbeing as having a balance in her emotions:

I mean if there is a *balance* between *shadi* [happiness] and *ghamgini* [sadness], you have *salamat-e ravani* [emotional wellbeing]. If somebody always feels sad or irritated, she doesn't have *salama-e ruhi*.

Kiara (30, PR) referred to emotional ambivalence to define her emotional wellbeing:

I don't know how to define *salamat-e ruhi* [emotional wellbeing]. I think living here [in Australia] is good but always, there is sadness in your heart as well. Although I have more freedom, opportunity and power of decision-making here, I always feel *sad* even when I'm happy. For example, when I go somewhere nice, I would say, oh, it's like that city in Iran, I wish it was Iran.

Mahla (35, IS) defined emotional wellbeing as calmness and tranquillity: "I think it means calmness and tranquillity. I used to have them more in my life." Nazanin used the English word 'depression' to explain her emotional wellbeing after her arrival:

Begzar dar morede depression barat begam. [Let me talk about depression]. It was so hard for me to adjust to my new life here. I was so sad and had a high load of work (study). For some month, I easily burst into tears. I had *ezterab* [anxiety] as well and I took medicine for that. But now I'm ok.

Baran (35, IS) described her emotional wellbeing as reflected through somatic symptom. She chose the word *asabi* to describe the reasons for her health issues. *Asabi* comes from *asab* or *a'asab* (related to nerve or neural). From my observation this word is employed to describe psychosomatic symptoms, when people feel pain and believed that something is wrong in their body but medical examination does not identify any disorder. Both physicians and patients would use the word *asabi* or *stress*-related disease which need psychological intervention. Good and colleagues (1985:392) explain that the word *narahat*

(not comfortable) in Iranian culture is employed to describe a variety of conditions including anxiety, depressive symptoms, being upset because of social relationships as well as severe psychological illness: “a person who is severely troubled may be labeled as having a sickness of the nerves (*maraz-e a’sab*) or a psychological illness (*maraz-e ravani*) or, when most severely disturbed, as being crazy or mad (*divaneh*).” Baran explained:

When I am *narahat* [not comfortable, sad], it affects my physical condition. I mean, my blood pressure goes up, I can’t sleep, and my mind works just like a computer, even when I’m sleeping. After migration, I had ear problems and heartache. I went to Iran and had an MRI, but there was nothing wrong with my heart; the doctor said it’s *asabi* (neurotic/somatic symptom).

When women discussed their emotional wellbeing, I asked them about the determinants of emotional wellbeing after migration. As mentioned before, previous researchers have found that migration does not lead to the deterioration of emotional wellbeing directly, but a combination of pre- and post-migration factors can play an important role (Kennedy & McDonald, 2006). Participants believed that migration per se did not create sadness for them, but their expectations before migration, feelings of loss, changes in their interpersonal family relationships and social networks, were some of the factors that affected their emotional wellbeing.

Pre-migration expectations

For some of the participants in this research, the pre-migration process took more than four years from the time that they decided to migrate to the time that they applied and were granted a visa. In contrast to the common belief that migrant women often follow their husbands and have less power over decision-making, many participants in this research (n=14) believed that they shared the decision to migrate, even if they did not agree to it in the

first place, and four of them were the primary applicants in their visa applications (two international students and two skilled migrants).

Either as voluntary migrants or by following their husbands, many women dreamed of Australia as a modern country like “what you see in Hollywood movies, full of light and life,” a country that welcomes skilled people and gives them an opportunity to practice their expertise. For some of them, the reality was frustrating, even from the first week. Melika (30, PR), who had a busy life in Iran and had followed her husband who had decided to migrate, was shocked after her arrival:

In Iran people go out at night. Entertainment and night life starts from 6 pm and goes onto midnight. People go shopping, eat out in a park together or in restaurants, but Melbourne doesn't have night life after 5pm. There is no place to go except in the city and we don't live near city. That was so hard and unexpected for me. It took me a long time until I could cope with Melbourne's silent dark nights.

Melika also had some negative experiences in her first months of living in Melbourne, which made her upset about leaving all the good things behind and coming to a country that did not have the qualities that she expected. On two occasions, she saw people fighting in the street and nobody seemed care: “In Iran if there is a fight, people try to stop it. But here it was like a movie; people were just watching the fight or filming it with their mobile phones.” She was sceptical about freedom in Australia, when on many occasions people asked her why she was wearing scarf: “As a Muslim, I don't feel free here while I'm under other people's gaze because of my appearance.” One time, a drunk man chased her and her husband, and tried to remove her scarf:

We were scared and could not do anything because he was drunk. I did not expect any of these incidences in a developed country. It might be my bad luck though; none of my friends had such experiences.

Hannah (30, PR) and her husband were also shocked when they saw homeless and poor people in the city:

I told myself, we came all this way to build a better life for our children in a developed country. But here people also live in the street. Is there any difference between here and Iran?

Negar, the Iranian psychiatrist, believed that one of the reasons for the high expectation of Iranians is the picture that Iranian migrants portray for their relatives and friends in Iran.

What Iranians show as *kharej* (outside or foreign country, referring to developed country) is always biased. Iranians tend to show and exaggerate the positive aspects of their lives by sharing their colourful photos on the internet and telling others the story of their success. However, it's not the whole truth of living abroad. It's not because they want to deceive or lie to their relatives and friends, but because they want to reassure them that they are happy. Or they may censor their life difficulties to prevent the embarrassment of losing their social class and to protect their self-esteem.

Sahel (40, PR) shared the decision of migration with her husband, based on wanting to improve their life conditions. In Iran her husband was a manager in his workplace and she was a housewife, despite having a bachelor's degree. Before their migration, they were middle class. The only reason that they decided to migrate, as she explained, was that "many

of our friends had migrated before.” She was regretful of their decision to migrate to Australia, and thought that if she knew of the difficulties beforehand, she would not have come to Australia or at least she would have prepared herself for possible hardships. At the time of the interview, she was contemplating returning to Iran after they were granted their Australian citizenship. She saw herself as a “child in a pool who doesn’t know how to swim:”

When they [Iranians] come here, they would say we are happy, we are good, we are wealthy, we are free, and then other people are tempted to migrate. This is what happened to us. Many of our friends had migrated before us. My husband’s friend migrated to Melbourne and shared his photos and talked with my husband many times, and told him that it’s a good place to live, that he feels freedom, that he is going to run his own business and buy a house and a good car. We thought, oh, everybody has gone abroad and improved their life, but we’ve been left behind and we’re still in the same place. Then we decided to come here. When we arrived [in Australia], we saw that what our friends told us was just part of the truth. They didn’t tell us the bitter parts. We thought we would find a job because our degrees had been assessed by the Australian government and our professions were listed as jobs in demand. During this year, I found out that this country is for the rich and the poor. There is nowhere for people like us who are in the middle. We didn’t know that there was no help for skilled migrants (in the first two years), while refugees get a lot of help and support. Yes, if I knew these difficulties, I would have been prepared for them.

In an informal conversation, an Iranian skilled migrant who could not find a job that matched his expertise, told me that if he knew his qualifications would not help him to live a

better life here, he would have come here by boat as a refugee:¹ “Here being a skilled migrant means bad luck!” He believed that the Australian government supports refugees and asylum seekers upon arrival and helps them to settle down and find a job but skilled migrants do not receive any support.

Tony, a service provider, believed that high expectations among migrants and refugees cause frustration, especially for people who think they will be able to settle as soon as possible. Leila, another service provider, stated that:

The common assumption is that refugees need the most help, which is true, and that skilled migrants do not need much help because they are ‘skilled’ and have enough resources to help themselves. But the process of migration and resettlement is stressful for all people, and skilled migrants also face many difficulties in their settlement which eventually causes mental health problems for them. I often tell skilled migrants, don’t lose hope. Don’t compare your life with what it was before migration. It takes time until you gain what you had, you should be patient.

Negar believed that pre-migration preparation is a vital step in the process, and a factor for successful settlement:

There is a big difference between people who come here with a plan and know that they may face some difficulties, compared with people who just pack their bags and dream about going to paradise. I know many successful Iranians who came here prepared for difficulties and now have a high quality of life.

¹ According to the new refugee laws on Friday 19 July 2013, former Australian Prime Minister, Kevin Rudd announced that asylum seekers who come by boat will not be settled in Australia anymore. Asylum seekers who arrive by boat will be sent to Papua New Guinea for processing and if they are found to be refugees they would be settled there (Hall & Swan, 2013).

However, beginning again for many Iranians was not something that they were readily willing to accept.

We thought assessing our degrees meant that Australia needed our qualifications. But now we find that we have to take courses again and even after that, there is no guarantee that we can find a job which matches our qualifications (Sahel).

I was the main applicant. My husband did not want to migrate because we had a stable life. We weren't rich but we had a good life. I encouraged my husband to take an English course, and made him agree to migrate. I thought we could get employment eventually, and we could make a better life here for our children. But this country doesn't recognise my qualifications. I feel I'm losing more than I'm gaining anything. I was a professional well-respected woman in my own country, but look at me, here I'm nothing (Chista, 40, PR).

Loss and grief

“Here, I am nothing” (Chista)

Unfulfilled expectations eventually lead to feelings of frustration, loss and grief, and may increase mental health problems. In a study with Iranians in Sydney, Khavarpour and Rissel (1997) found that 36 percent of Iranians suffered from mental health problems, twice the prevalence of mental health issues among the general population. They found that unemployment, being a student, and being single were some of the risk factors for developing mental health problems. In another study with Iranians in Canada, Jafari and colleagues (2010) also suggested that difficulties in finding a job that matches the qualifications of the participants, and forcing them to accept low level jobs, were stressful for Iranian skilled workers in Canada. This has been found among skilled West African women (Ogunsiji,

Wilkes, Jackson, & Peters, 2012) and Filipinas (Thompson et al., 2002) in Australia as well. As Tara who was a key informant, suggested:

Migration is one of the most difficult tasks that a human can do. I think two kinds of people are at risk of developing depression, first, people who lose a loved one, and second, people who migrate. It's harder for us (Iranians) in Australia because of the differences between the two countries. Our language, culture and religion are different. When we came here, we encountered a new world. We feel detached; we feel we are lost here.

Migration involves leaving a familiar land, culture, social status and social networks. Feelings of loss and grief are normal reactions that migrants may experience (de Vryer, 1989). Eisenbruch (1991) coined the term 'cultural bereavement' to refer to the grief that migrants and refugees face over losing their land, culture and identity, their desire to live in the past and experiencing feelings of pain, if they felt their memories of the past were fading. The majority of my participants frequently addressed their experiences of feelings of guilt and suffering over leaving their country and their relatives and friends, feelings of grief over losing their culture, language, social status and class, and feelings of anxiety over uncertainty of their current and future life in Australia.

Negar (an Iranian psychiatrist) believed that "migration is like experiencing the death of a loved one, one should pass all the stages of grief in order to return to her or his previous emotional state." Bowlby (1973, 1979) categorised three stages of mourning including 'protest' (trying to recover the lost object, preoccupation with the lost object and trying to return it); 'despair' (low mood, depression and sadness) and 'detachment' (from the lost person) or 'reorganisation' (accepting the loss and developing new ways of life). Negar observed that some Iranians were 'frozen' in the first and second stages of grief; they

idealised their lost country and culture, and always dreamed of going back to Iran. I also found that many Iranians, during informal conversations, thought they had lost many things after migration, and after living for over 30 years in Australia, still thought that they would go back to Iran 'one day'. As Negar described, many of them felt frozen in their past, and idealised Iran and the desirable cultural aspects of it; however, "if they travelled there, they would find that everything had changed in Iran as well." Negar's conclusion is in line with Ghorashi's (2009) observation of Iranian immigrants in US and the Netherlands. She found that Iranians in the Netherlands, but not in the US, felt they did not belong to the host community. Ghorashi's (2009: 86) noted that "this sense of uprootedness also fuels nostalgic feelings towards the past and creation of imaginary home. This imaginary home is a selection of memories of the past, an Iran of their mind." As this home (Iran) with all its physical and cultural aspects is imaginary, when people travel there, they find that their idealised Iran no longer exists.

Grief over loss of culture

As discussed in chapter five, Baran criticised both Iranian and Australian cultures, but also believed that both cultures had positive aspects worthy preserving. However, she was concerned for her daughter's future in Australia (as quoted earlier):

Have you seen Australian teenagers on the street on Saturday nights? I think 80 percent of teenagers are like them. Their parents can't control them. Their way of talking, dressing and behaviour are awful. I'm scared for my daughter. If she grows up here, she'll become like them.

Nellie (40, AC), a religious woman, was also worried about the influences of Australian culture on her two sons.

You have to be careful about your children's friends. I don't let my children spend much time with their Australian friends. Too much permissiveness spoils children. Here children are not afraid of their parents. They start drinking and smoking early. Teenagers get pregnant. The parents are proud that their children have boyfriends or girlfriends. I'm ok with friendships with both genders, but I'm not ok with kissing, hugging or sleeping over. I think teenagers should focus on their study and leave these issues for later.

Concerns over cultural issues around dress and pre-marital intimate relationships (as explained in chapter two) were not surprising among religious women; however, the grief of non-religious women over cultural loss was striking.

Kiara (30, PR) was not religious and had a non-religious lifestyle in Iran. For example despite their Islamic background, they drank alcohol, did not observe dress codes at mixed parties and did not pray or fast in Iran. She believed that to live in Australia, one should integrate into the society and try to learn the dominant culture. However, she also criticised what she thought were 'negative' aspects of Australian culture and she was concerned for the future of her eight month old son:

My biggest worry is the culture. The society has a strong influence on the children. No matter how much I try, the school, media and society have a different message. The people here are too relaxed. Everything is ok here, shouting at parents, drinking, smoking, being lazy about studying and leaving school. I couldn't tolerate it if my son wanted to leave school and work at an early age. I have to convince him that this is not acceptable for us but I think this is a burden for my son because he sees a different culture outside the home. He'll

tell me, you brought me to this country, how can you expect me to behave differently? And that's a fair question. It's very hard to make a balance.

Although practising Muslims actively sought a way to encourage, convince or control their children's cultural and belief systems, non-religious women attempted to encourage but not push their children to behave as they wished. Lora (30, PR), a non-religious woman, stated that she would try to teach her daughter the positive aspects of Iranian culture, but, "I don't push her. If she chooses to act like an Australian, I wouldn't push her." Darya (45, AC) also raised concerns about her daughter becoming a teenager, but not necessarily related to being in Australia. She said, "It's not just us [Iranians], all parents are worried about teenagers. It's an important stage of life and a crisis for many families. I wouldn't push her to behave in a certain way."

In general, participants were concerned about their children's cultural loss including parent-child relationship styles, teenagers' lifestyle, easy access to drinking and smoking, and intimate or sexual relationships before marriage. The findings are comparable with previous studies with Iranians. In an earlier study with Iranians in Australia, Ziaian (2003) found that some women were depressed and regretful of their sacrifice of leaving their country for the sake of their children. They migrated to build a better life for their children but were concerned with Australian's way of life, including young people leaving home early and establishing sexual relationships before marriage. Some of the participants thought that they had made a mistake to bring their children to a society which in their view, was 'immoral'.

Jafari and colleagues (2010) also found that Iranians in Canada preferred to maintain their Iranian culture in their homes, which could lead to parent-child conflict, leading to increased risk for experiencing mental health problems for them. In a recent study about identity among Iranians in Australia, Jamarani (2012b) found that cultural differences

between Iran and Australia created tensions in Iranian families. She found that women were not flexible about their core cultural norms, including maintaining the language, retaining kinship ties, and ensuring respect for parents and other elderly people. The participants in Jamarani's research had employed a variety of strategies (e.g. compulsion to greet guests, the prohibition of speaking English at home) to control their children's behaviour.

As discussed earlier, participants were worried about what they perceived as 'negative' or 'positive' aspects of both cultures. Children are socialising in the Australian culture; therefore they may develop beliefs and ideas which are different from those of their parents. These differences are sometimes challenging because both the parents and the children or teenagers may try to change or impose their beliefs on each other. The resistance from both parties creates conflicts because, as Douglas (1978: 162) suggests "most of us indeed would feel safer if our experience could be hard-set and fixed in form." For Iranian women in this study, and perhaps for other migrant communities, resistance or persistence toward change can be a source of stress and anxiety for both parents and children.

Loss of socio-economic status

The women also experienced feelings of grief over losing their socio-economic status. As already indicated, education and employment are two important determinants of social status in Iranian culture (Naghdi, 2010). Losing social status after migration has been found to contribute to increasing mental health problems among migrants (Khavarpour & Rissel, 1997; Jafari et al., 2010; Ogunsiyi et al., 2012). Although financial difficulties following unemployment or under-employment were important, participants were more concerned about losing their social status: "I had a secure job in Iran and my husband was a manager in his workplace. We had a very different lifestyle in Iran. When we came here, I became so upset. I started to blame my husband because he couldn't find a job (Chista).

Chista did not consider her husband's job (as a domestic painter) a 'proper' job. She thought her husband should not waste his time in this job, and he should take courses that enable him to work in his previous profession. But her husband thought they did not have any other options, and he needed to work. Chista explained their situation as follow:

Let me tell you a story. There was a boy who fell into a well, and he grabbed a branch to save himself from falling. There was a bee hive full of honey near the branch, and the boy started to eat the honey and forgot about pulling himself out of the well, until the branch broke and he fell down the well. I think many Iranians in Melbourne are like that boy. When they come here and find that they have to take courses or it takes time to find a job, they accept any 'cheap' jobs and gradually forget about their main goal which is working in a job that matches their qualifications. They often grab the branch of a low level job and eventually fall down to a working class life.

Through this story, Chista tried to explain that people should not forget their social status and should not accept lower level jobs because of financial problems. Instead, they should bear the financial problems for a specific time, and take the right path to return to their previous status. For Chista, her husband's job was 'backward' and they were not prepared for that. Mary (35, PR) felt that losing her job, and the difficulty of finding the same occupation, negatively affected her mental health:

I think I'm the unhealthy one in my family. My husband and my daughter are happy here because they are on the right path, but what about me? My friends in Iran have opened their own private clinics, but I have to start from the beginning again. Your job, status, education, and even your family background, are parts of

your personality, part of your self-esteem. But I left all of them in Iran and have to fight to regain them. I was happier in Iran.

Hannah's and Sahel's husbands had high position jobs and were considered middle class in Iran, but in Melbourne they believed that they had degraded to working class, while they dreamed of something else and they felt frustrated.

According to Bhugra and Becker (2005), migrants may experience a low level of self-esteem if they cannot accomplish the goals that they set before migration. Migrants leave their country dreaming of a better life, and massive loss of social status produces grief and psychological distress for them. In a study on aging in Canada, Shakeri-Shemirani and O'Connor (2006) found that Iranian women felt they lost their social status because their educational qualifications were not recognised in Canada, and they had lost their identity. South African professional women in New Zealand also experienced a sense of grief and a negative shift in their identity from transitioning from being a professional woman to a housewife (Meares, 2010). Negar explained that many Iranians yearn to go back to Iran because of strong feelings of grief over the loss of their social status. Some of them cannot fulfil this dream due to their refugee status; others cannot go back because they are ashamed of going back and telling people that they failed and did not gain the high status of which they had dreamed.

Loss of social networks

All of the senses are affected by this longing for and missing as people yearn to see, hear and touch (embrace) their loved ones, just as they crave the special foods or smells and tastes associated with these people and places (Baldassar, 2008: 252).

As discussed in chapter four, immigrants often lost social capital and faced difficulties to create new capital, and considering that social capital has been found to be influential on mental and physical health, this is an important aspect of migration that needs to be explored. In a study of social capital and mental health in Africa, Thomas (2006) found that women who participated in church groups improved their mental and physical health as they had social support and gained a sense of belonging to a group. In a cross-sectional study in East Asian countries (Japan, South Korea, Singapore, China and Taiwan), Yamaoka (2008) found that people who had more social capital, defined as having trust in organisations, having a person to consult and interpersonal trust, experienced higher wellbeing. Kiang and colleagues (2010) found that immigrants with greater social capital reported less depression.

McMichael and Manderson (2004) also found that Somali women in Australia with lower levels of sociability experienced sadness, distress, anxiety and depression. Demir and colleagues (2011) explained that people who felt they were important to their friends felt more happiness, but as Puyat (2012) found, recent migrants often feel they are not valued and do not have anyone from whom to seek help. In a study about Iranians in New South Wales, Omeri (1997) observed that family closeness and maintaining bonds with the community were very important for Iranians and people who had ties with other members of the community felt less stressed.

As discussed in chapter four, the majority of participants in this research did not have any relatives in Australia. Migration for this group meant that they had to break their social ties, which were replaced with transnational ties with limited close relatives and friends, and their effort to build new networks in Australia was

difficult. Grief over losing social networks was expressed through different feelings including loneliness, isolation, and homesickness, feelings of being a stranger and not belonging anywhere. The grief for some women was so strong that even after ten years they longed to go back 'if they could'.

Emilia, an Iranian service provider, observed that among Iranian migrants in Melbourne, family members provided the most important support, to the degree that 'even a third cousin may be relied upon to help'. But such support is not always accessible following migration. As Reza explained, women who had just arrived and did not know anyone and did not have an opportunity to be engaged with the wider community, due to childcare and housework responsibilities, often felt extremely lonely. When I asked Zoha (30, PR), about the most negative aspects of migration that affected her emotional wellbeing, she immediately answered:

Loneliness, you don't have anybody around to support you. My second son was born in Melbourne. My mum is old and couldn't come here, so I didn't have anyone to help me. My husband stayed home for one week and after that he went back to university. Then it was me and two small children. When I needed someone to emotionally support me, there was no one.

On a sunny Saturday afternoon, during one of my regular visits to the Iranian Cultural School for participant observation, I met Mary, who was tearful and upset. She had just come back from her IELTS exam and thought that she would fail. I had known her for a while and I had never seen her so sad, upset or tearful. A few months later, when I interviewed her, she addressed her emotional state after her IELTS exam, and believed that lack of support made her emotionally down:

When I was in Iran, I would go to my mum's house and take a rest, or call my friends and talk with them when I was upset. But here, I don't have anyone to talk to. I've never cried over any of my exams. I had more serious exams in Iran, but never reacted like I did the day that you saw me after my IELTS exam. I think because I don't have the support networks that I used to have, I'm irritated and ready to explode over the smallest things.

For Darya, who was satisfied with her life in Melbourne, memories of her first years of living in Melbourne were still painful.

My mum came here for my delivery and took care of me for a few months. When she went back home, I was scared. I felt I was falling down from the top of a mountain into a deep valley. I was so isolated and didn't have any friends. Then I got major depression and took medicine for years.

The majority of participants shared Darya's feelings of loneliness and isolation during their first years of settlement. Even though Hannah now had strong social networks in Melbourne, when I asked her about her experience of resettlement, she replied:

The first months were the hardest time. In Iran I used to visit my parents almost every day and spent time with my friends and relatives all the week. And suddenly I had to deal with loneliness in Melbourne. I'm surprised that I could survive and didn't go insane.

I met some women who refused to be interviewed because their resettlement stories were so painful to them that they were not willing to remember or talk about them: as one of them told me: "Look, my memories of loneliness and isolation are

too painful for me to remember. I don't even want to think about them, let alone to talk about them.”

For some participants, loneliness was an inevitable part of their life, even after living in Melbourne for quite a long time, because they thought that their friends would never replace their families. Simin had lived in Melbourne for over ten years. When I asked her about her social networks, like many other women, she talked about her family's social networks but not her own network, and divided her family's network into three categories: relationships with non-Iranians, and close and not-close relationships with Iranians. She explained that as a family, they did not have any close relationships with non-Iranians, mainly due to cultural differences. This was not surprising; however, she also stated that although they had a good social network and knew many people, they did not consider those relationships as close friendships. After ten years living in Melbourne, she could name just one couple as close family friends. Saeed also believed that many Iranians feel alone, not only among Australians but also among Iranians, and these feelings of isolation and detachment led people to stay in their own comfort zone, with their immediate family members if they had any in Melbourne or with their few close friends. As I discussed in chapter four, trust and class issues prevented Iranians from building new relationships, leading to social isolation and feelings of loneliness.

As also mentioned in chapter four, some participants in this research referred to their preference to have friends similar to them in terms of religious background and cultural ideas; however they found that they had little option to select friends. Kiara (30, PR) and Paniz (30, PR) explained that when migrants come to a new

country, they will “give a chance to anyone who is available to build a relationship;” however finding a ‘good’ friend may take several years.

For Elham (30, AC), living in Melbourne became bearable only in the past two years when she made some Iranian friends. Before then, she had some supportive Australian friends. She believed that she kept her relationships with her Australian friends because she thought the children needed to be with non-Iranians to learn the ‘Australian way of life.’ She preferred to communicate with Iranians because she felt she experienced more happiness and satisfaction when she spent time with her Iranian friends. Mary felt that she could never feel happy in Australia. She had lost the opportunity to spend time with her relatives and friends, while she also found it difficult to build a new social network. Happiness for Mary seemed out of reach. She longed for the busy life she had left behind.

The participants were also concerned about the effect of limited social networks on their children’s development:

I pity my children. Back in Iran, we are a big family. We have a lot of parties and children play together and enjoy spending time together. Here we don’t have any relatives. I become sad when I see my children growing up without any cousins and without their grandparents’ love. I think having regular relationships with relatives are very important in children’s development, but we are missing that (Kimia).

This statement was replicated by other participants, especially from women who had small children and were waiting for a place in a childcare centre. Women explained that although they decided to migrate to build a better life for their children, they felt they had failed to provide them with the opportunity to learn and build social skills.

I think our children learn fewer social skills than others. I mean children of busy parents do not have time or the opportunity to socialise. My daughter is two and I think a two year old girl in Iran would have more social skills than my child has. As a mother who wants the best for her child, this is painful.

Maryam (40, AC) and her husband both had PhDs, and their circle of friends mainly included educated people. She was concerned about the consequence of having relationships with ‘different’ people on her children:

My husband and I are simple people. We don’t spend our money buying luxuries, and prefer to spend money on education. We try to select our family friends from people who are like us, but sometimes it’s not practical. We have relationships with families of our children’s friends as well. One time my son came back from his friend’s house and asked us why we didn’t have this and that or my daughter came back from her friend’s house and talked about wardrobes full of fashionable dresses, shoes and jewellery. You know, they are kids. It’s hard for them to understand that each family has its own culture. This results in conflict for us; however, we cannot finish our relationships, because our children need to socialise with different kinds of people.

In chapter six, I discussed how migration often led to destabilisation of marriage among Iranian families. While migration and low levels of social capital tightened the emotional ties between couples, migration stressors such as those which I discussed above can negatively affect marital relationships, leading to unhappiness and dissatisfaction. Some participants explained the complexity of the interrelationships of migration, social capital, marital stability and emotional wellbeing. Although their explanations would be true among non-migrants as well, the stressors are quite different for migrants and non-migrants.

As a migrant you have a different appearance and different accent even if you speak English well. So you have to be prepared that some people may look down on you. It doesn't matter who you are, people may judge you by your migration background. It can kill your self-esteem when you cannot express yourself properly. You may get upset, angry or frustrated. Then you go home, emotionally exhausted, and you cannot cope with your child's and husband's demands. You may overreact and shout at them. Then you feel guilty and regret your behaviour. And worst of all, you have no one to talk to because you don't want people to think you have marital problems. All of these may happen after some event that you had never been sensitive about before.

Tara also described how settlement stressors may have affected families and the emotional wellbeing of its members:

I think the emotional state is the first place that may be affected by migration stressors. When emotional wellbeing is affected, daily behaviours will be changed. I don't talk about physical changes but emotional changes. When stress levels go up in the family, people's reactions are different. Couples will be angry and frustrated, and transfer their frustration onto other family members. They may say something harsh that they really don't mean. All of these may lead to a break up. In Iran they can seek help from others but here you have no body.

Discrimination and emotional wellbeing

Feelings of discrimination were also contributing factors for low happiness and satisfaction of the participants. Previous studies have documented the health effects of real or perceived discrimination on mental and physical health. In a review of over 100 articles about discrimination and health, Williams and Mohammed (2009) identified that people who

experienced or perceived discrimination faced lower levels of mental health and a higher levels of physical problems. In a recent study with Afghans and Kurds in Australia, Sulaiman-Hill and Thompson (2012) found that 60 percent of the participants had high levels of psychological problems which were significantly related to unemployment, social isolation and feelings of discrimination.

Discrimination has also been identified as a risk factor for developing mental health problems among Middle Eastern refugees in Denmark (Montgomery & Foldspang, 2008), among Asians and Mexicans in the US (Gee et al., 2007 & Gee, Ryan, Laflamme & Holt, 2006), migrants in UK (Karlsen et al., 2005); in developing depressive symptoms among South Asians in Canada (Beiser & Hou, 2006); and higher levels of cardiovascular problems and smoking among people from different racial backgrounds in New Zealand (Harris et al., 2006). In a study of African American women, King (2005) suggested that gender should be considered a risk factor in studying health and discrimination, because people who simultaneously belong to two or more oppressed groups (e.g. women and migrants) are at a higher risk of developing health problems due to discrimination.

An interesting finding of my research (as discussed in chapter four) was that the participants, especially practising Muslims, felt greater discrimination by Iranians than Australians. Although some of the participants felt that they were discriminated against by the wider community, they believed that feelings of discrimination or racism from Iranians were more painful:

I felt rejected many times at the shopping centre when I felt people avoided having eye contact with me or talking to me because I'm a practising Muslim and wear *hijab*, but I rarely felt discriminated by Australians because of my *hijab*.

Yes, there were times when people asked me about my *hijab* but it wasn't

confronting, and I was happy to talk about my religion. But I felt rejected by Iranians many times. You know, Australians don't often show their attitudes. Even if they don't like you they respect you. But it's not the same with Iranians. Because of my appearance, some Iranians showed their hatred and avoided talking to me or even asked their children to speak English when they saw me. It doesn't matter if you are studying a PhD in one of the best universities in the world; some of them judge you on the basis of on your appearance (Dorsa).

Williams and Mohammed (2009: 32) have suggested that not all stressors such as discrimination lead to long term negative effects on health, but "stressors that are ambiguous, negative, unpredictable and uncontrollable are particularly pathogenic." From the above and following statements, perceived discrimination from people from the same racial background (intra-group discrimination) can influence emotional wellbeing, a finding which seems to have been neglected in the discrimination literature.

Due to feelings of rejection, some of the participants decided to keep their distance from other Iranians and not embark on a relationship unless they knew the person well:

You know, I wear a *hijab* but I'm not so religious. If I go to religious events, it doesn't have anything to do with religion. It's because at religious events, my appearance doesn't get highlighted. If I go to an Iranian cultural event, I'll be under a magnifying glass. If I go to an Iranian concert, people stare at me because I wear my *hijab*, I don't drink and I don't dance. You know, people [Iranians] may think if you want to live like this, why did you leave Iran! I was a sociable person with many friends in Iran but here I decided to wait and not rush to build friendships with people. One of my best childhood friends migrated to Australia long before me and helped me many times. She lives in another city. She

removed me from her Facebook's friend list when I shared my photos of me with my *hijab*. I felt rejected and was upset for weeks. It's not a pleasant feeling that you're being rejected by your own people. It's like that proverb: *man az biganegan hargez nanalam, ke ba man har che kard an ashena kard* (I never complain about strangers, everything that happened to me came from a friend) (Mary, 35, PR).

Perception of rejection because of religious background, political affiliation and social class and status caused feelings of being a stranger and not belonging anywhere, and so reinforcing the feeling of being 'double strangers'. People felt they were a stranger among Australians, among Iranians, and even if they went back Iran, they felt they would be strangers in their own country. They felt detached from both familiar and unfamiliar environments (e.g. Iran/Australia), cultures (e.g. Iranian/Australian culture) and situations (e.g. mothering roles in Iran/Australia).

Lora's spoken English was fair, and it was difficult for her to communicate with Australians; however she decided to keep in touch with a few Australian mothers in her mother's group even though she felt she was stranger among them. At the same time, she believed that she did not have many relationships with Iranians and felt she belonged neither amongst Iranians nor Australians:

I try hard to communicate with Australian mothers but sometimes I don't understand their slang, I just watch them in silence. If you think I'm more comfortable with Iranians, it's not true either, as some Iranians are so judgmental and some of them may talk about you behind your back.

Baran was stressed because of the uncertainty in her life. After living five years outside Iran in Malaysia and Australia, she felt she did not belong anywhere:

I still cannot accept some aspects of Australian culture, but at the same time I no longer believe in some aspects of Iranian culture. I feel I'm lost here. I don't know what's right or wrong anymore.

For Hannah, it was a normal but unpleasant feeling that migrants cannot feel that they belong to any cultures:

When you leave your country, you miss what is happening there. So when you go back there, you see people talking about things that you don't know. For example, they talk about a party that they went to, and you cannot get the point because you were not there. Or they might tell a joke which is related to a TV series and laugh, while you may find it not interesting at all. You may find out that you don't have anything to share with your best friends or relatives, but you had missed and longed to see them. Then you are here, in a strange country, among strangers. You can't understand and laugh at Australian jokes either, and you can't contribute to Australians conversations because you don't know what they are talking about. You are a double loser! This is what is happening after migration for all of us, I think.

“Longing to Belong”¹

The majority of Iranians in this research, both women and key informants, both permanent and temporary residents, and both short and long term residents, believed that Australia had not yet become their home. Many called Iran their home; a few believed Iran was not their home either, leaving them to feel 'homeless'. Again cultural differences, language and the place they lived were mentioned as to why people did not feel at home in Melbourne. Saeed thought that cultural differences limited people to feelings of belonging in their country: “I

¹ Correa-Velez, Gifford & Barnett (2010)

think cultural difference is an important one. These two countries (Iran or Australia) cannot weld together. The people who come here in their adulthood cannot absorb this culture.”

Melika still felt she did not belong to this country after living in Melbourne for five years: “Even in the university, Aussies engaged with each other and we, international students, were together. I never saw an international student with an Aussie friend. We were not welcomed.” Golab, who lived in Melbourne for 13 years, had the same view: “My relationship with Australia is a love-hate relationship. When I am working in my position and people acknowledge my abilities, I feel I belong to this country, but in reality, most of the time I feel that I am not in a place that I should be.”

Saeed thought that his marriage to an Australian woman helped him to feel that he belonged to this country to some extent, but still, after 30 years living in Australia, he did not feel any attachment except to his family. In his view, many Iranians were like him and did not feel at home in Australia, even after many years. He said that the wealthy Iranians used their wealth and resources to travel to Iran to ‘recharge’ themselves whenever they were able to do so. In his view, most people from the Middle East, not just Iranians, were emotionally traumatised because of the cultural differences that limited their sense of belonging. Sahel, a skilled migrant who lives with her husband and her son in Melbourne, also thought that she did not feel she belonged in Australia because she found there is no place for skilled migrants:

The rich and the poor are happy here. Here is not a country for average people, you know. It's not for us. We have to figure out what to do by ourselves. We are going to go back to Iran after getting our Australian citizenship. Australia is wasting its valuable resources (skilled migrants) by leaving them alone and not welcoming them.

Lack of recognition of international qualifications, feelings of uncertainty and insecurity, feelings of restrictions to career progress, were other reasons given by Sahel for her sense of not belonging and her desire to go back to Iran. Saeed had seen many people who yearn to go back to Iran, but when they went there, they could not stand the changes that happened there.

I know some people who went back to Iran and lived there because they could not stand living here anymore, but they came back again and said they also couldn't live in Iran anymore. They cannot call anywhere home.

Some participants recalled a poem by Rumi (1950 [1207-1273]), which explained their sense of non-belonging to anywhere, the state of 'neither here nor there' and of being double strangers: "My place is placeless; my trace is traceless."

I also had the opportunity to meet some people who could not call Australia home, and after several years of living in Australia decided to go back. But as Negar, an Iranian psychiatrist, described this, they were not successfully living in Iran as they 'froze' the Iranian culture in their minds, and thought that Iran would be the same as the day that they had left. Reza, an Iranian service provider in the area of migration services, recalled going back to Iran for a holiday, and was disappointed when he found that all the streets and parks of his childhood had changed, and the places that he went to see no longer existed. One woman returned to Iran after a long time living in Melbourne, and stayed in Iran for one year only to find out that they could not live there either. When she came back to Melbourne, she felt she had come back 'home' for the first time. Some women felt that it was their choice to call any place 'home', and that it was easy to say that they had two homes. Golab explained:

Now [after 13 years living in Melbourne] I think I have got two homes. The more I travel between these two homes, the less I feel the distance. I think people can

call any place home if they feel comfortable there. Belonging is a feeling that you have to make for yourself. Nobody can give it to you.

Other participants believed that migrants should try to make a sense of belonging by engaging more in the society and building relationships with other people. As Kiara stated, “We feel we are strangers anyway, but I try to do something about it.”

Sacrifice and suffering

Let me suffer for my children (Simin).

Although participants had different ideas and views about their life after migration, they all had a common feeling that children were the most important factor when they were thinking about migration. What struck me during my fieldwork, was listening to single people or couples without children who also thought about the future of their children, when they decided to migrate and to endure life difficulties after migration. Almost all the participants believed that they made the sacrifice of leaving everything behind for their children. To these women, self-sacrifice was an inevitable part of motherhood. As Simin stated: “I tolerate all the pain, so my children will be happy. I think that’s the meaning of mothering.”

Participants believed that a ‘good’ mother is a ‘sacrificing’ mother, and if they were unwilling to make ‘enough’ sacrifice, they would suffer feelings of guilt. Dorsa was studying part-time at the time of interview and she worked full-time later. From my observations, over three years, she was spending a good amount of time with her daughter and had balanced study/family well. But she blamed herself for her daughter’s tantrums and screaming at home and believed that her behaviour was because she [Dorsa] did not spend enough time with her daughter:

Sometimes I think I'm not a good mother, a sacrificing mother. I compare myself with my mum. I remember how she devoted her whole life to us and ignored her own needs. But I can't do that. I'm so busy and don't have any support for childcare. So even when I'm home, I spend my time with my assignments and observe that she is coping with our demands. I hate this situation.

Elham not only sacrificed her desire to live in Iran, but also hid her emotional pain from her family:

I didn't want to migrate, but I thought that staying there [in Iran] would limit my son's opportunities. So I really made a sacrifice for him and left behind all I had. It was so hard for me in the beginning. I was so upset but I didn't want to show my sadness. You know, you don't want to upset your husband and children. I didn't want him [her son] to see me crying because I thought my sadness might affect him as well. It was so difficult to pretend you're happy when you feel pain in your heart.

Most of the women echoed Elham's story. They would sacrifice their own feelings at some stage of their life because they did not want to have any negative effects on their family, especially their children. Baran explained how she would sing and dance when the whole family looked depressed, but when they were happy, she had to deal with her emotional state alone. Lora also was a sacrificing mother but she was not satisfied with this:

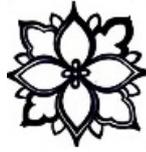
I think it's not good for you if you think you are devoted to the other person and don't have any time for yourself. I spend all my time with her [daughter] and this strong attachment makes me uncomfortable. I think I really need some time for myself so I can be a happier mum for her.



Migration took its toll on the emotional wellbeing of Iranian mothers in Melbourne. The participants told stories of their loneliness, sadness and mourning over losses. Grief over loss of social networks, culture, socio-economic status, and homeland were common themes in women's narratives. Feelings of being double strangers and not belonging anywhere (neither to Iran nor Australia) created unhappiness for many participants and their families.

Regardless of unhappiness, the majority of the participants decided to stay in Australia, mainly for their children's future. Although they were not happy about the level and quality of life they had in Australia, they were satisfied with their decision to sacrifice themselves for the sake of their children.

In Iranian culture, a parent's sacrifice is 'normal'. It is a parent's duty to ensure that children receive the best opportunities to build their life, even if it comes at a cost to the parent's life. All unhappy migrants in my research believed that they made the right decision and thought that their sacrifice and suffering was worth it. Some of them dreamed of returning to Iran after gaining Australian citizenship; however, they thought they were trapped between their wishes and the benefits of their children being in Australia. The suffering that they accepted was meaningful for the participants. For all the hardship they experienced, they would comment "Let me suffer for my children," and this made them ready to tolerate the negative emotional effects of post-migration changes.



CHAPTER NINE

DOUBLE STRANGERS: PURITY AND DANGER IN THE CONTEXT OF MIGRATION

I am neither Christian nor Jew, nor Gabr [Zoroastrian], nor Muslim.

I am not of the East, nor of the West, not of the land, nor of the sea;

...I am not of earth, nor of water, nor of air, nor of fire;

...I am not of this world, nor of the next, nor of paradise, nor of the hell...

My place is placeless; my trace is traceless... (Rumi, 1950 [1207-1273]:125)

Double strangers are people who feel they are strangers in different parts of their lives. They are strangers in their home country, yet they are also strangers in their adopted country, strangers with their old lifestyle and their new one, strangers with both the old and new beliefs. What creates this feeling is a clash between old and new ideas, a tension between old and new lifestyles, a desire to preserve their perceived pure state and yet, at the same time, negotiate both internal and external pressures to change. Migration is a danger for purity in various ways, with migrants constantly struggling to avoid both literal and symbolic dangers and pollution. Double strangers may feel they are wanderers forever. As Rumi suggests, they are both 'placeless' and 'traceless'. Although these findings are the combined voice of hundreds of Iranians I talked to, due to the qualitative aspects of this research, I am cautious about generalising these results to all Iranians. The majority of my participants were middle-class women, had a university education and were skilled migrants or international

students with Islamic backgrounds, although many of them were not practicing Muslims. Consequently, I cannot generalise the results to people with different religious and education backgrounds. The same topic would have interesting results among Iranians with a different religious background to my participants. In this study, I looked mainly at women's perspectives and although I participated in hours of informal conversations with Iranian men, due to time constraints, I did not conduct in-depth interviews with men. I acknowledge that research that includes both men and women's voices might have different outcomes. This thesis is the story of women who see themselves as double strangers, the narratives of people who felt they have become displaced now and into their future. This displacement was largely the result of a sacrifice they made for their children, hence the poignancy of their stories.

Many people chose Australia as a safe haven for themselves and their families, and consequently, around 27 percent of the present Australian population - including Iranians - was born overseas (ABS, 2012a & 2010b). Although the Iranian population in Australia is not large (34,454) compared to other communities, this community is categorised as one of the fastest growing communities in Australia (with a 68% increase during 2006-2011). Regardless of their population growth, Australians still have a limited understanding of the Iranian community and the experiences of its people.

I employed ethnographic methods, including participant observation and in-depth interviews, to explore the experiences of Iranian women with small children in Australia. I have explored the complex intertwined relationships that exist between various aspects of women's lives. Firstly, women expressed that they had lost the opportunity to socialise with other people after migration. While many of them had frequent contact with their family and friends in Iran through parties, family outings, meetings, at their workplaces and at gendered segregated settings (e.g. hair salons, gyms and pools) before migration, they had fewer

contacts and linked networks after migration. Consequently, many participants suffered from feelings of loneliness and isolation. This was especially true for women who were employed or were socially active in Iran but had become housewives in Australia. Participants believed that living in isolation was not possible, and that it was necessary to intentionally build a new network after migration. However, for various reasons, their efforts to build or expand their social networks were not satisfying for them. Social capital theories have assisted me to think about categories and types of social bonds and networks as explored in chapter four. Although using these categories were convenient to describe the experience of participants, they were not sophisticated enough to explain women's unique and complex experiences. Lenore Manderson (in a personal conversation) in explaining how social capital operates in immigrant life, distinguishes between 'thin' and 'thick' networks based on their density. She argues that, in contrast to citizens who often have dense and 'thick' networks, immigrants have 'thin' networks, as was the experience of my participants. In a 'thin' network, people do not have extended relations with different people; rather they have limited relationships with a limited number of people, often similar in ethnicity, religion and socio-economic status background. A thin network may provide strong ties between its members and protect 'purity' since members often share the same social ideals; however, among my participants this thin network also created tension due to mistrust between group members.

Women believed that they carry their culture with them everywhere: "We always carry our culture in our luggage" (Dorsa, 35, international student [IS]). Although everywhere culture changes over time, and in some respects rapidly, the underlying values and structures of particular cultures appear to change more slowly, and where people feel threatened by new experiences, they resist any pressure to change (Douglas, 1978). Migration includes experiences that place immigrants' stable life in danger. Often, women realised that they could not live as they did before, and they needed to change, because again, in

Douglas's terms (2004), 'culture is dynamic'. However, the specific changes that emerge after migration may not be accepted by families in the homeland, leaving migrants feeling detached, belonging neither to Iran nor Australia. A perception of risk creeps into every corner of a woman's life, including her friendships and relationships with others, her ways of mothering and parenting, her marital life, her ways of seeking help, and finally her emotional wellbeing.

Mary Douglas's work provided me with a theoretical framework to explore the central concept of *khodi* and *gharibe* (insider-outsider) among Iranian immigrants, and this enabled me to discover how these operate in everyday life. These terms and the notions of purity that they encompass shaped social interactions and understandings of migration, the production and maintenance of social capital, feelings of danger to cultural purity, especially in relation to children's cultural purity, and limited social interactions among migrants. Although time constraints and geographical locations were also important factors for low social capital, Douglas's idea of 'purity and danger' was more helpful to understand why Iranians have limited interactions within their community and with Australians as well. It also enabled me to discover an important difference between the reasons for the limited number of social relationships between participants and both Iranians and Australians.

Women believed that they had few and selected relationships with other Iranians because they felt vulnerable among Iranian strangers, a feeling that none of the participants experienced among Anglo-Australians. I have developed a model, which I term the ACS model (Action, Caution, and Stability), to describe the process of in-group trust building among Iranians. In the first stage (Action), early after resettlement to Australia, Iranians try hard to expand their networks in an effort to replicate the kin and friendship network that they left in Iran. They make friendships with strangers and invite them to their homes for dinner parties, or invite them to go out on weekends, although they would not have invited strangers

into their homes had they been living in Iran. Newcomers at this stage feel they are *gharibe* (strangers, outsiders), and to reduce this feeling, they actively look for people who would accept them in their own circle as *khodi* (insiders). Participants' accounts of this stage in their lives were very different. Some found people who were willing to accept them as *khodi*, and they began to build new social networks successfully. Others believed that their efforts to establish new friendships and to create new networks led them to regret their decisions for different reasons, such as feelings of rejection from other Iranians, or feelings of betrayal from friends who they thought were 'good' friends.

When migrants feel they have been betrayed, suppressed, cheated or rejected by their friends from their own country, they start to feel suspicious of strangers. In stage two (Caution), migrants have already built a new network, and so actively decide who they can trust. In this stage, they have limited but strong contacts with small groups of people who they consider to be trustworthy, whilst feeling mistrustful of strangers. Although in the previous stage they were happy to see Iranians in the street or at shopping centres, and on occasion would try to start talking with them and were upset if other Iranians did not show them the same interest, in stage two (Caution) they start to be suspicious of strangers and to be wary of people who try to talk with them. Although in this stage migrants still attempted to develop and expand their networks, they exercised a high level of caution in order to select friends 'similar' to themselves. In contrast to the first stage when people were willing to initiate friendship with people from different backgrounds, in stage two, class, education, religious orientation and even political affiliation were highlighted as important considerations in selecting friends.

Distinguishing between *gharibe* and *khodi* played an important role here. Participants believed that they were happy to have contact with people from different backgrounds, as long as they stayed 'non-family friends'. But they were selective in terms of accepting

someone as a 'family friend' or *khodi* (insider). "You can't trust strangers" was a common statement from people at this stage of their trust building process. Participants felt vulnerable among *gharibe* (outsiders) who tried to penetrate their private life through friendship.

In stage three (Stability), migrants had built stable and often strong social networks and felt that they did not need to expand their networks; their priority was to maintain the network of friends they already had. Length of residency played an important role in this stage, and migrants who had lived in Australia for a long time best fitted this stage. I met many long-term migrants who said, "We have a stable life now. We had enough hardships ourselves and we can't be involved in newcomers' problems." This group does not actively build new friendships; however, interaction and in-group reciprocity within established networks were often strong.

As I mentioned in chapter four, these stages are not fixed and the trajectory is not necessarily linear. Once a migrant has reached stage three, she may still, for any reason, go back to the preceding stage, and depending on life events or life stages, move between these stages. For example, marriage would create a new network among people who are in the third stage when people do not usually look for new friends, because with marriage, people may start new friendships with family members of their children's in-laws, for example. However, once migrants reached stage two (Cautious), they almost always felt vulnerable and were cautious about new people in their lives.

Discrimination both within the Iranian community (intra-group discrimination) and with other communities (inter-group discrimination) were also factors that prevented women from developing their social networks. While both kinds of discrimination were distressing and difficult to experience, women expressed the view that intra-group discrimination had more negative effects on them. Women had different attitudes towards both kinds of discrimination. Being discriminated against by Australians did not erode their trust in the

broader Australian society, as they considered that inter-group discrimination reflected a lack of knowledge by other Australians about Iranians. Participants also believed that educated Australians with enough knowledge about diversity would not discriminate against them. However, intra-group discrimination was identified as a ‘trust killer’, when people felt that they would be excluded by members of their own community - their first hope for building a new network - because of religious, political or personal orientations.

While trust issues played an important role in limiting relationships with Iranians, people did not attribute mistrust as a reason for fewer friendships with Australians. Cultural differences and concerns about cultural purity played a more important role in preventing people from establishing and building relationships with Anglo-Australians. Migrants’ limited interactions with Australians resulted in stereotypes about an ‘Australian way of life’, including Australian parenting styles and Australian marital stability. These concerns prevented Iranians from having more interactions with them.

Motherhood was one area that was influenced by stereotype resulting from limited interactions with Australians. In chapter five, I discussed how women experienced their lives as mothers in Australia. I explored how women experienced difficulty adjusting to the Australian healthcare system, not because they were unfamiliar with biomedicine, hospital services and technology, or medicalisation, but because they felt they did not receive sufficient medical care. Their complaints especially related to pregnancy and childbirth, the mode of childbirth, and lack of attention to complaints in the postpartum period. The other difficulty that women experienced was in relation to their concerns over hygiene, especially for women who had to send their children to childcare centres. Many women believed that they would have received more support with parenting had they lived in Iran, given the presence of close kin there, but also as a result they would not have needed to send their children to ‘unclean’ child centres which left their children sick for months. Food was

considered another important factor to maintain or improve health in the family, and the desire to eat out was considered to be one of the negative aspects of Australian life, and was condemned.

School as the first and most important place for socialising was one of the places that created particular concerns over cultural impurity for children. While parents attempted to raise their children as 'Iranian' as possible - and to be obedient and respectful towards parents and elders, and to focus on study - schools taught children to be assertive and independent. Women compared Iranian and Australian schools and believed that Australian schools did not teach children what they really needed; rather they created lazy students who did not care about study. Teenage behaviours and rebellious actions, including wearing revealing 'indecent' clothes, drinking alcohol, and early sexual activity, were some areas that deeply concerned the majority of people who I met. This concern was pervasive, and even worried some people who did not have children. Muslims particularly were concerned about the influence of Australian culture on their children.

To reduce the risk of cultural impurity, people attempted to select their friends and to build social networks among people who could be role models for their children and who shared their world-view; they had less communication with both Iranians and Australians who did not meet their ideals. As mentioned before, they may maintain communication with people from different backgrounds, for a variety of reasons, but they would select people who were similar to them as family friends (*khodi*). However, this was not always practical, especially when family members (wife, husband and children) had different opinions about 'good' friends; this occasionally led to parent-child conflict and marital conflict.

As mentioned in chapter six, Iranian culture is essentially traditional and patriarchal, which is very different from the dominant Australian culture in areas such as women's rights,

sexuality, and acceptable behaviour in society. Based on previous studies and my findings, women were relatively flexible in embracing a new lifestyle, while men preferred to maintain their previous way of life and so resisted change within their own households. New knowledge empowered women, and encouraged them to push invisible boundaries, especially in areas of women's rights. This new knowledge and power on the other hand created a sense of danger to men's stable position as the head of the family, and a sense of urgency to control their family and prevent any changes. Some men would control their families' interactions with other people by limiting their social relationships to reduce the risk of gaining new information; others might use violence or emotional abuse to create feelings of guilt and to blame women for not being 'good' wives and mothers.

When there was conflict and marital instability, codes of privacy, keeping problems at home, and concerns over family reputation prevented women from seeking help from their preferred and acceptable resource that is their social network. As mentioned in chapter seven, the majority of participants did not have any relatives in Melbourne and their small and thin social networks included friends they had met in Melbourne. Due to limits to trust, as discussed above, women did not feel comfortable with sharing their life story or deeply personal difficulties with their new friends. On the other hand, although they would use cheap mobile phones lines (by purchasing phone cards) to regularly contact family members in Iran, women did not want to share their marital problems with their families back in Iran because they thought it was not fair to worry them and because distance precluded practical action to help to resolve conflict. Consequently, at times of conflict, women felt a lack of support, and were often overwhelmed with feelings of loneliness and isolation. Some women believed that they had become resilient, due to hardships they had faced and the fact that they had learnt how to resolve them over time by themselves, by using the internet, reading books, relying on spiritual practices and the comfort that their faith provided them, and as the last option, by

using formal resources such as counsellors or psychiatrists. These findings may be of interest to people who work with migrant communities. Culture is an integral part of providing and receiving care. Health providers and community workers need to consider the broader social and cultural determinants of health when providing care for people with different ethnic backgrounds to the dominant culture. To provide help, for example, in the case of domestic violence, ignoring cultural factors would cause failures in interventions, as discussed in chapter seven. Providers and support groups can ask about the cultural needs of people seeking help and modify interventions based on their needs, or educate people to cope with cultural pressures after interventions (e.g. receiving psychological treatment).

In chapter eight, I argued that migration resulted in grief reactions among immigrants. My research participants spoke of their suffering from loneliness and isolation, because migration eroded their social capital and they lacked the necessary trust to build new social networks. They also grieved over losing their socio-economic status, because they lost their employability. They had to accept work in lower positions than before, and acutely felt that they had ‘fallen’ from middle class to working class status. This therefore meant, in their view, that they had to be friends with people from lower class backgrounds and their lifestyle also suffered. A perceived danger to cultural purity also created mourning and a desire to preserve an ‘ideal’ culture. Yet on returning home, they found that their ideal culture no longer existed, leaving them with feelings of not belonging anywhere, anymore. Even so, participants believed that despite the pain and sorrow they experienced after migration, the sacrifice they made was necessary and worthwhile for their children. And so in spite of the tensions and contradictions they felt, they decided to stay ‘double strangers’ to ensure their children’s progress and success.

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APPENDICES

APPENDIX 1: THE PARTICIPANTS

	Name	Age	Number /age of children	Time in Australia	Education	Visa status	Employment status	English	Religion
1	Baran	35	1/4	3	BA in psychology	International Student [IS]	English teacher in Iran/ unemployed in Melbourne	Very well	Practising Muslim
2	Chista	40	1/4 & pregnant	3	MA in IT	Permanent Resident [PR]	Full time IT expert in Iran/ unemployed in Melbourne	Very well	Non-practising Muslim
3	Darya	45	1/9	15	PhD dropped out in Chemistry	Australian Citizen [AC]	Student in Iran/ unemployed in Melbourne	Very well	Non-practising Muslim
4	Dorsa	35	1/4	4	MA student in English	IS	Full time English teacher in Iran/ Full time employed in Melbourne	Very well	Non-practising Muslim
5	Elham	30	2/ 9, one month	7	BA in English	AC	Full time English teacher in Iran/ unemployed in Melbourne	Very well	Non-practising Muslim
6	Hannah	30	2/ 8, 3 month	5	TAFE degree in accounting	PR	Full time hair dresser in Iran/ unemployed in Melbourne	Fair	Non-practising Muslim
7	Kiara	30	1/ 8 month old	4	PhD student in civil	PR	Student in both Iran and Melbourne	Well	Not stated
8	Kimia	30	2/4,3	4	Diploma	IS	Full time government staff in Iran/ unemployed in Melbourne	Fair	Practising Muslim
9	Lora	30	1/2	5	BA in Persian literacy	PR	Unemployed both in Iran and Melbourne	Poor	Not stated
10	Mahla	35	1/3	4	PhD student	IS	Student /part time in Iran/ Student in Melbourne	Very well	Practising Muslim

11	Mary	35	1/10	2	PhD student	PR	Full time physiotherapist in Iran/ student in Melbourne	Well	Practising Muslim
12	Maryam	40	2/12,10	9	PhD in Physics	AC	Full time Physic teacher in Iran/ part time in Melbourne	Very well	Non-practising Muslim
13	Melika	30	1/1	5	TAFE interior designer	PR	Unemployed both in Iran and Melbourne	Well	Practising Muslim
14	Nazanin	40	1/9	2	PhD student	IS	Full time in Iran/ student in Melbourne	Very well	Non-practising Muslim
15	Neda	30	1/1 month	5	BA in computer	AC	Part time in Melbourne	Fair	Non-practising Muslim
16	Nellie	40	2/18,10	15	Secondary school	AC	Unemployed in Iran/ part time hairdresser in Melbourne	Well	Not stated
17	Paniz	30	1/2	5	BA in accounting	PR	Full time in Iran/ unemployed in Melbourne	Poor	Practising Muslim
18	Sahel	40	1/5	2	BA in chemistry	PR	Unemployed both in Iran and in Melbourne	Fair	Non-practising Muslim
19	Sarah	40	2/4,5	8	MA in Midwifery	AC	Full time employed both in Iran and Melbourne	Very well	Not stated
20	Simin	40	2/7,6	11	Diploma	AC	Full time secretary/ unemployed in Melbourne	Well	Non-practising Muslim
21	Zoha	30	2/3, 4 months	2	BA in sociology	PR	Part time in Iran/ unemployed in Melbourne	Poor	Practising Muslim

APPENDIX 2: THE SERVICE PROVIDERS AND KEY INFORMANTS

	Name	Status	Organisation/employment
22	Arman	Key informant	General Practitioner
23	Emilia	Key informant	Social worker/Domestic violence phone line
24	Tara	Key informant	Dentist
25	Negar	Key informant	Psychiatrist
26	Helen	Service provider	Migration Information Centre
27	Leila	Service provider	Migration Information Centre
28	Reza	Service provider	DIAC (Department of Immigration and Citizenship)
29	Saeed	Service provider	Interpreter/Translator (Centrelink)
30	Tony	Service provider	Whittlesea Settlement Support Service
31	Mitra	Service provider	Spectrum (Migrant Resources Centre)
32	Alex	Service provider	Centrelink

APPENDIX 3: INTERVIEW GUIDELINE

Interview guide for Iranian women

Pseudonym:

Date of interview:

Location of interview:

Starting time:

Finishing time:

First of all, I would like to thank you for your kindly accepting to participate in this research. You can be sure that all of our interview today will remain confidential and nobody except the researchers will have access to the data. You do not have to answer to all the questions. If you feel discomfort about any question, just ask for the next question.

When I write up my study, I would like to refer to people by a name, but not their real names. You can choose a pseudonym instead of your name. Is there a special name you would like us to use for you?

Let's start with some general information.

1. Background information

- Age
- Marital status before & after migration
- Number & age of children before & after migration
- Occupational status before and after migration
- Number of years living in Australia
- Educational status before migration and after that
- Migration status (when, how & with whom)
- Religion status
- Where do you live? Do you own your accommodation or rent it?

Thank you for providing this information. I would like to know more about your experience as an immigrant mother and wife. Are you happy to tell me about your experiences?

Themes	Research questions	
Motherhood	Issues about pre-school children	<ul style="list-style-type: none"> • Where did you deliver your child/children? • Are there any traditional practices in your culture during pregnancy, child birth or in caring for little babies? • Did you follow them here or in Iran? How? Or why not? • Experiences of pregnancy in Australia • Participating in antenatal classes • The hardest thing about being pregnant in Australia • The hardest thing about having babies in Australia • How did you access to maternal child care after giving birth?

		<ul style="list-style-type: none"> • What is your experience of having a preschool child? • How about child care? • Are you working at present? • If yes, what is your job? What was your job in Iran? • How did you find working here? • If you are working how did you manage work and family matter? • What is your husband's role in parenting?
	Issues about school aged children	<ul style="list-style-type: none"> • The hardest thing about school matters • The best thing about school • How did you find it to have a school aged child in Australia • Where or from whom do you get help about motherhood problems, questions?
Marriage	<ul style="list-style-type: none"> • Marriage status: married, divorced, remarried, de facto, widow, separated • When did you marry? Before migration or after? • How did things change after migration? (relationships) • What sort of conflicts did you experience after migration? • How did you manage them? 	
Social capital	<ul style="list-style-type: none"> • How many friends or relatives do you have here? • How did you find your friends? • How close are you with them? • How often do you meet them? • How supportive are they? And, how supportive are you for them? • How often do you participate in social events? • Do you have any Australian friends? How did you find them? 	
Emotional wellbeing	<ul style="list-style-type: none"> • What does [emotional wellbeing]¹ mean to you? • To your knowledge, what are the [emotional wellbeing] determinants? • How does migration influence your [emotional wellbeing]? • How do your practices of mothering affect your [emotional wellbeing]? • How does your marriage influence of your [emotional wellbeing]? • How do your relationships influence on your [emotional wellbeing]? • Do you see any relationships among all of above? • What are your strategies to improve your [emotional wellbeing]? 	
Resilience	<ul style="list-style-type: none"> • What does [resilience]¹ mean to you? • How does migration influence your [resilience]? • How [resilience] are you? Is there any change after migration? • What can improve [resilience] or decrease it? 	
Positive experiences	<ul style="list-style-type: none"> • Tell me about some of the positive experiences you have had as a migrant? 	

Thank you for your time and valuable knowledge you have given me.

1. These questions drawn from English concepts. In the Persian version I will be asking women of [salamate hayejani] and [esteghamat], each of which express a new nuanced and specific idea rather than [emotional wellbeing] and [resilience].
2. All questions will be pretested to examine clarity and conceptual equivalence.

APPENDIX 4: EXPLANATORY STATEMENT (ENGLISH AND PERSIAN)

Explanatory Statement: Iranian women in Melbourne

Title: Motherhood, emotional wellbeing and marital relationships among Iranian immigrant women

Student research project

My name is Azam Naghavi and. I am conducting a research project with Lenore Manderson, Professor of Medical Anthropology and Dr Katie Vasey in the School of Psychology and Psychiatry, towards a PhD at Monash University. This means that I will be writing a thesis in English which is the equivalent of a 300 page book and several magazine articles. My research is funded by a scholarship from Department of Counselling of the University of Isfahan.

As an Iranian woman, I am aware of some of the problems experienced by Iranian women after migration and have chosen to work with Iranian women as part of my PhD research. I am interested in learning more about your experiences of living as an immigrant mother and wife in Australia. To be eligible to participate in this study, you should be aged between 20-45 years, born in Iran, and have at least one child under the age of 10. You will also need to complete the test that is attached to this form if you agree to participate in this study.

The aim/purpose of the research

The aim of this study is to explore the emotional wellbeing of Iranian mothers in Melbourne. All the studies about immigrant mothers focused on pregnancy and child birth and the stresses that immigrant mothers face such as antenatal or postnatal depression or the practices that immigrant mothers tend to do before and after migration. But there is no study that focuses on the experiences of immigrant mothers during the first years of having a baby and the problems that they may face before they go to school and even after that.

I am conducting this research to learn of your experiences and your roles as an immigrant mother and wife, and how these experiences affected your emotional wellbeing. The study seeks to better understand the ways Iranian women overcome problems after migration, and the strategies they obtain to promote their wellbeing.

Possible benefits

To my knowledge, there is just one study about Iranian women in Australia. Therefore this study aims to better understand the needs of the Iranian community in Melbourne and will generate new information for Australian service providers. Although this study may not have a direct benefit to you, your participation in this research will help the wider community to understand the challenges that you experience as a mother and a wife, and may establish new knowledge to help Iranian mothers to improve their emotional wellbeing. This study also can be helpful for designing educational program for other Iranian women who are considering migration.

What does the research involve?

This study involves taking part in an interview. You will have the opportunity to choose a time and location that is suitable for you. If you agree, the interview will be recorded. If you do not agree I will take notes during the interview. However, taking notes may take more time and disruption. If I need to clarify or need some more information, you may be asked to participate in a follow-up interview.

How much time will the research take?

If you want to participate in this study, you will ask to select a time and location to interview. Before that, if you need more information, we could meet for a short period. The interviews will take about 60-90

minutes depending on you. If you prefer to participate in shorter interviews in two sessions, it is possible as well.

Inconvenience/discomfort

This research does not involve any procedures that might cause you harm. Although you might find it uncomfortable to talk about the difficulties of being an immigrant here, many people found it helpful to have an opportunity to freely talk about their experiences in a safe and non-judgmental environment. To reduce any inconvenience, you can choose the time and location of interviews. You also have the opportunity to take a break, change or not answer the questions, change the topic, stop the interview and resume it when you wish, or finish it for good if you feel distressed at any stage of the interview. If you need more help, there are some counselling services that you can use and I attached a list of available services to this letter.

Payment

There will be no payment for participants of this study.

Can I withdraw from the research?

Yes! Being in this study is voluntary and you are under no obligation to consent to participation. If you decide to participate in this study and then later decide to withdraw, you are able to terminate your participation at any stage before data analysis is completed.

Confidentiality & storage of data

In order to ensure confidentiality, all identifying details (e.g. name, ethnicity, age, address, number of children) will be removed from your interview transcription and a pseudonym will be used. This means that your real name will not be kept on any information collected from you, and people will not identify you through your statements. If you wish, you will have the opportunity to read your statements before publication of the result and change or remove any details that you feel identifies you. According to University regulations, all research data, including the digital recorded files and other interview materials, will be kept in a locked filing cabinet or in a password-protected computer at Monash University for a minimum of 5 years, and no one except the student researcher and her supervisors will have access to them. The results of this study may be published in academic journals or presented in some conferences. A copy of thesis in English will be held at the libraries at the Monash University and the University of Isfahan.

Results

If you would like to be informed of the aggregate research findings, please contact; Azam on 99034503 or (Monash mobile number will be inserted) or azam.naghavi@monash.edu

<p>If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:</p>	<p>If you have a complaint concerning the manner in which this research on Motherhood, emotional wellbeing and marital relationships among Iranian immigrant women is being conducted, please contact:</p>
<p>Professor Lenore Manderson School of Psychology and Psychiatry Monash University Building F 900 Dandenong Road Caulfield VIC 3145 Australia Phone: (03) 99034047 Email: Lenore.manderson@monash.edu</p>	<p>Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800 Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@adm.monash.edu.au</p>

If you experience any distress as a result of participation in this research, please call one of these free services:

Lifeline: 13 11 14 (24 hours)

Maternal and child health advisory line: 13 22 29 (24 hours)

Parent line: 13 22 89 (8am-12am Monday-Friday, 10am-10pm Saturday and Sunday)

Thank you.

Azam Naghavi

Explanatory Statement: Service providers in Melbourne

Title: Motherhood, emotional wellbeing and marital relationships among Iranian immigrant women

Student research project

My name is Azam Naghavi and I am conducting a research project with Lenore Manderson, Professor of Medical Anthropology and Dr Katie Vasey in the School of Psychology and Psychiatry towards a PhD at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book and several magazine articles. My research is funded by a scholarship from Department of Counselling of the University of Isfahan.

As an Iranian woman, I am aware of some of the problems experienced by Iranian women after migration and have chosen to work with Iranian women as part of my PhD research. I am interested in learning more about experiences of Iranian women living as an immigrant mother and wife in Australia. To be eligible to participate in this study, you should be aged over 18 years and worked with immigrant and refugee community, especially with Iranians.

The aim/purpose of the research

The aim of this study is to explore the emotional wellbeing of Iranian mothers in Melbourne. All existing studies on immigrant mothers focus on pregnancy and child birth, the stresses that immigrant mothers face such as antenatal or postnatal depression, and the traditional practices which women maintain. But there is no study that focuses on the experiences of immigrant mothers during the first years of having a baby and the problems that they may face before they go to school and even after that. I am conducting this research to find out Iranian women's experiences of migration regarding their roles as a mother and wife and the relationships between these experiences on their emotional wellbeing. The study seeks to better understand the ways Iranian women overcome their problems after migration and the strategies they obtain to promote their wellbeing.

Possible benefits

Although Iranians are among the most rapidly increasing populations in Australia, there is little research on their needs and problems, and no studies on Iranian women in Melbourne. The published results of this study will have some new knowledge about this community and can be important for service providers in Melbourne and in Australia. Your participating in this research will help you to understand the experiences and challenges of Iranian women after migration regarding their roles as mothers and wives.

What does the research involve?

This study involves taking part in an interview. You will have the opportunity to choose a time and location that is suitable for you. If you agree, the interview will be recorded. If you do not agree, I will take notes during the interview; however, taking notes may take more time and disruption.

How much time will the research take?

The interviews will take approximately 60 minutes.

Inconvenience/discomfort

This project does not involve any procedures that might cause you harm. To reduce any inconvenience, you can choose the time and location of interviews. You also have the opportunity to take a break, change the questions, change the topic, stop the interview and resume it or finish it for good if you feel distress at any stage of the interview. If you need more help, there are some counselling services that you can use and I attached a list of available services to this letter.

Payment

There will be no payment for participants of this study.

Can I withdraw from the research?

Yes! Being in this study is voluntary and you are under no obligation to consent to participation. If you decide to participate in this study and then decide to withdraw, you are able to terminate your participation at any stage before data analysis is completed

Confidentiality & Storage of data

In order to ensure confidentiality, all identifying details (e.g. name, ethnicity, age, address, number of children) will be removed from your interview transcription and a pseudonym will be used. This means that your real name will not be kept on any information collected from you, and people will not identify you through your statements. If you wish, you will have the opportunity to read your statements before publication of the result and change or remove any details that you feel identifies you. According to University regulations, all research data, including the digital recorded files and other interview materials, will be kept in a locked filing cabinet or in a password-protected computer at Monash University for a minimum of 5 years, and no one except the student researcher and her supervisors will have access to them. The results of this study may be published in academic journals or presented in some conferences. A copy of thesis in English will be held at the libraries at the Monash University and the University of Isfahan.

Results

If you would like to be informed of the aggregate research findings, please contact; Azam on 99034503 or (Monash mobile number will be inserted) or azam.naghavi@monash.edu

<p>If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:</p>	<p>If you have a complaint concerning the manner in which this research : Motherhood, emotional wellbeing and marital relationships among Iranian immigrant women is being conducted, please contact:</p>
<p>Professor Lenore Manderson School of Psychology and Psychiatry Monash University Building F 900 Dandenong Road Caulfield VIC 3145 Australia Phone: (03) 99034047 Email: Lenore.manderson@monash.edu</p>	<p>Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800 Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@adm.monash.edu.au</p>

If you experience any distress as a result of participation in this research, please call one of these free services:

Lifeline: 13 11 14 (24 hours)

Maternal and child health advisory line: 13 22 29 (24 hours)

Parent line: 13 22 89 (8am-12am Monday-Friday, 10am-10pm Saturday and Sunday)

Thank you.

Azam Naghavi

با سلام

من اعظم نقوی هستم. پژوهشی که در مورد آن اطلاعاتی به شما خواهم داد یک پروژه دانشجویی جهت دریافت مدرک دکتری از دانشگاه موناخ و تحت نظر پرفسور لنور مندرسون و دکتر کیتی ویسی است. نتایج این تحقیق تحت یک تز دانشجویی در حدود 300 صفحه و تعدادی مقاله به زبان انگلیسی چاپ خواهد شد.

یه عنوان یک زن ایرانی، و آشنا با مشکلات زنان و مادران ایرانی بعد از مهاجرت، تصمیم گرفتم تا در مورد این موضوع در استرالیا تحقیق کنم. شما احتمالاً این نامه را شخصاً از من یا از طرف فردی که هم من و هم شما را می شناسد دریافت کرده باشید به دلیل اینکه اطلاعات و تجربیات شما از زندگی به عنوان یک مادر و یک همسر ایرانی مهاجر و روشهایی که برای افزایش سلامت روانی خود به کار برده اید، در این تحقیق بسیار مهم است. سن شما جهت شرکت در این تحقیق باید بین 20 تا 45 باشد و در ایران متولد شده باشید، حداقل یک فرزند زیر ده سال داشته باشید و پرسشنامه ی ضمیمه این فرم را پر کرده باشید.

هدف از این تحقیق

هدف اصلی این تحقیق بررسی وضعیت سلامت عاطفی (روانی) زنان ایرانی ساکن ملبورن است. این پژوهش همچنین جهت بررسی تغییراتی در زندگیاتان است که شما به عنوان یک مادر و همسر پس از مهاجرت احساس کرده اید. بررسی روشهایی که زنان ایرانی جهت حل مشکلات و افزایش سلامت عاطفی (روانی) خود به کار برده اند از دیگر اهداف این پروژه است.

اهمیت پژوهش

از آنجا که تحقیقات در مورد زنان ایرانی در استرالیا و به خصوص ملبورن بسیار کم و ناچیز می باشد، این تحقیق قصد دارد به شناسایی مشکلات و نیازهای زنان ایرانی پرداخته و اطلاعات جدیدی را به افرادی که در زمینه کمک رسانی به مهاجرین در استرالیا فعال هستند، ارائه دهد. شرکت شما در این تحقیق به جامعه استرالیا کمک خواهد کرد تا مشکلاتی که شما به عنوان یک مادر و همسر ایرانی تجربه کرده اید را بهتر درک کرده و ممکن است به شناسایی روشهای جدیدی جهت افزایش سلامت عاطفی متناسب با فرهنگ ایرانی منجر شود.

نقش شما در این پژوهش

شرکت شما در این پژوهش به معنای شرکت در یک مصاحبه است. جهت راحتی شما، انتخاب زمان و مکان مصاحبه به عهده شما خواهد بود. اگر از نظر شما اشکالی نداشته باشد مصاحبه ضبط خواهد شد به دلیلی اینکه هنگام استفاده از صحبتهای شما اشتباهی رخ ندهد. در صورتیکه مایل به ضبط صدا نیستید، در طی مصاحبه یادداشتهایی از صحبتهای شما خواهد شد. البته مصاحبه همراه با یادداشت برداری احتمالاً زمان بیشتری نیاز خواهد داشت.

مصاحبه چقدر زمان خواهد برد؟

اگر تمایل به شرکت در این تحقیق را دارید، اما هنوز سوالاتی در این زمینه دارید، می توانیم قبل از مصاحبه یک صحبت کوتاه با همدیگر داشته باشیم. در غیر اینصورت از شما درخواست می شود که در یک مصاحبه 60 تا 90 دقیقه ای در مکانی که خود شما انتخاب کرده اید شرکت نمائید. اگر این زمان برای شما زیاد است می توانیم مصاحبه را به صورت دو جلسه کوتاه تر انجام دهیم.

استرس در حین تحقیق

این تحقیق هیچ گونه استرسی برای شما نخواهد داشت. البته شما ممکن است هنگام یادآوری مشکلات زندگی خود به عنوان یک مادر و همسر مهاجر احساس ناراحتی کنید، اما شما همچنین این فرصت را خواهید داشت که در محیط امن و بدون هیچ نوع قضاوت در مورد نگرانیهای خود صحبت کنید. جهت کاهش هر گونه نگرانی و ناراحتی برای شما، شما می توانید زمان و مکانی که برایتان بهتر است را انتخاب نمائید. هیچ نوع سوال سیاسی در این پژوهش از شما پرسیده نخواهد شد. همچنین شما آزادی تا به هر سوالی که خواستید جواب ندهید، موضوع را عوض کنید، اگر احتیاج به استراحت داشتید مصاحبه را قطع کنید و اگر احساس ناراحتی کردید به طور کلی مصاحبه را قطع کنید. اگر احتیاج به کمک بیشتری داشتید لیستی از مراکز مشاوره در دسترس به این فرم پیوست شده که می توانید آن را استفاده کنید.

فایده مالی

با وجود زحمتی که جهت مصاحبه متقبل خواهید شد، جهت شرکت در این پژوهش هیچ مبلغی به شما پرداخت نخواهد شد.

آیا خارج شدن از پژوهش امکان پذیر است؟

بله! حضور شما در این پژوهش کاملاً اختیاری است و شما مجبور به شرکت در آن نیستید. در هر مرحله از این پژوهش (البته پیش از مرحله تجزیه و تحلیل نتایج) شما می‌توانید از پروژه خارج شوید. در صورتیکه پس از مصاحبه از حضور در این تحقیق پشیمان شدید، سریعاً پژوهشگر را در جریان بگذارید تا اطلاعات مربوط به شما را از تحقیق حذف نماید.

رازداری و محل نگهداری اطلاعات

به منظور حفظ رازداری، کلیه مواردیکه ممکن است باعث شود شما شناسایی شوید از متن مصاحبه شما حذف خواهد شد. به این منظور شما می‌توانید یک اسم مستعار برای خود انتخاب کنید. طبق قوانین دانشگاه موناش، کلیه اطلاعات مربوط به این تحقیق به مدت پنج سال پس از اتمام پروژه در یک کمد قفل دار یا در یک کامپیوتر رمزدار در یکی از اتاقهای دانشکده روانشناسی دانشگاه موناش نگهداری خواهد شد و تنها دانشجو و اساتید راهنما به آنها دسترسی خواهند داشت. نتایج این پژوهش به عنوان یک تز دانشجویی و تعدادی مقاله به زبان انگلیسی منتشر خواهد شد. قبل از چاپ نتایج شما این فرصت را خواهید داشت تا مطالب مربوط به مصاحبه خود را مطالعه کرده و اگر احساس کردید موارد استفاده شده ممکن است منجر به شناسایی شما شود، آن موارد را حذف نمایید. هیچ نوع مطلبی از مصاحبه‌ها بدون رضایت کامل شما چاپ نخواهد شد.

نتایج

اگر علاقمند به دریافت نتایج این پژوهش در آینده هستید می‌توانید با من تماس بگیرید.

اعظم : 99034503 یا azam.naghavi@monash.edu

<p>اگر مایل به تماس با پژوهشگران در زمینه جنبه‌های این پروژه مختلف هستید لطفاً با پژوهشگران اصلی تماس بگیرید:</p>	<p>اگر هر گونه شکایتی در مورد این پژوهش در زمینه " نقش مادرانه، سلامت روانی و روابط همسرانه ی زنان ایرانی ساکن ملبورن" دارید لطفاً با مرکز زیر تماس بگیرید:</p>
<p>Professor Lenore Manderson School of Psychology and Psychiatry Monash University Building F 900 Dandenong Road Caulfield VIC 3145 Australia Phone: (03) 99034047 Email: Lenore.manderson@monash.edu</p>	<p>Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800 Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@adm.monash.edu.au</p>

در صورتیکه بعد از شرکت در این تحقیق احساس ناراحتی و یا نگرانی داشتید می‌توانید با شماره‌های زیر تماس بگیرید.

Lifeline: 13 11 14 (24 hours)

Maternal and child health advisory line: 13 22 29 (24 hours)

Parent line: 13 22 89 (8am-12am Monday-Friday, 10am-10pm Saturday and Sunday)

با تشکر فراوان از شما
اعظم نقوی

APPENDIX 5: CONSENT FORM (ENGLISH AND PERSIAN)

Consent Form

Title: Motherhood, emotional wellbeing and marital relationships among Iranian immigrant women

NOTE: This consent form will remain with the Monash University researcher for their records

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher Yes No

I agree to allow the interview to be audio-taped. Yes No

I agree to make myself available for a further interview if required Yes No

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

I understand that I will be given a transcript of data concerning me for my approval before it is included in the write up of the research.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

I understand that data from the interview and audio-tape will be kept in a secure storage and accessible to the research team. I also understand that the data will be destroyed after a 5 year period unless I consent to it being used in future research.

Participant's name

Signature

Date

نکته: این فرم جهت درج در سوابق شخصی نزد دانشجوی دانشگاه موناش باقی خواد ماند.

اینجانب رضایت دارم تا در پروژه تحقیقاتی که عنوان آن در بالا ذکر شده شرکت نمایم. این پروژه برای من توضیح داده شده و من فرم توضیح پروژه را خوانده ام و یک نسخه از آن را نگه داشته ام. با موافقت در این پروژه من:

موافقم که توسط پژوهشگر مصاحبه شوم.	<input type="checkbox"/>	بله	<input type="checkbox"/>	خیر
موافقم که صدای من طی مصاحبه ضبط شود.	<input type="checkbox"/>	بله	<input type="checkbox"/>	خیر
موافقم که اگر نیاز باشد در جلسه مصاحبه بعدی نیز شرکت کنم.	<input type="checkbox"/>	بله	<input type="checkbox"/>	خیر

من میدانم که شرکت من در این تحقیق داوطلبانه است، و من حق دارم که در بخشهایی از پژوهش یا کل آن شرکت نکنم و هر زمان که خواستم بدون اینکه جریمه یا نتیجه منفی برای من داشته باشد از پروژه خارج شوم. من میدانم که نتایجی که پژوهشگر از مصاحبه با من به دست خواهد آورد، به هیچ عنوان به گونه ای گزارش نخواهد شد که اسم واقعی من در آن بوده و یا شامل مواردیکه باشد که ممکن است باعث شناسایی من شود. من میدانم که متن مربوط به مصاحبه ام را پیش از نوشتن هر گونه مقاله یا تز دانشجویی جهت تأیید دریافت خواهم کرد. من میدانم که هرگونه اطلاعاتی که در مصاحبه عنوان شده، محرمانه باقی خواهد ماند و هیچ نوع اطلاعاتی که ممکن است باعث شناسایی من شود، در اختیار شخص دیگری غیر از پژوهشگران این طرح قرار نخواهد گرفت. من میدانم که اطلاعات مربوط به مصاحبه در یک مکان امن که فقط در دسترس پژوهشگران این طرح است نگهداری خواهد شد. و این اطلاعات بعد از پنج سال نابود خواهد شد.

نام شرکت کننده

امضاء

تاریخ

APPENDIX 6: KESSLER 10 (ENGLISH AND PERSIAN)

Instructions

The following ten questions ask about how you have been feeling in the last four weeks. For each question, mark the circle under the option that best describes the amount of time you felt that way.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason? 2. In the last four weeks, about how often did you feel nervous? 3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down? 4. In the last four weeks, about how often did you feel hopeless? 5. In the last four weeks, about how often did you feel restless or fidgety? 6. In the last four weeks, about how often did you feel so restless you could not sit still? 7. In the last four weeks, about how often did you feel depressed? 8. In the last four weeks, about how often did you feel that everything was an effort? 9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up? 10. In the last four weeks, about how often did you feel worthless?					

The next few questions are about how these feelings may have affected you in the last four weeks. You need not answer these questions if you answered “None of the time” to all of the ten questions about your feelings.

In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	(Number of days)
[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	(Number of days)
In the last 4 weeks, how many times have you seen a doctor or any	(Number of

other health professional about these feelings?	consultations)
<p>In the last 4 weeks, how often have physical health problems been the main cause of these feelings?</p> <p>None of the time</p> <p>A little of the time</p> <p>Some of the time</p> <p>Most of the time</p>	

Thank you for completing this questionnaire.

ده سوال زیر در مورد این است که شما در 4 هفته گذشته چه احساس و حالتهایی داشتید. لطفا در جلوه هر سوال قسمتی را علامت بزنید که نزدیکتر به احساس شما بوده است.

همیشه	بیشتر اوقات	گاهی اوقات	به ندرت	هیچگاه	
					1. در چهار هفته گذشته تقریباً چه مدت بدون دلیل احساس خستگی کردید؟
					2. در چهار هفته گذشته تقریباً چه مدت احساس عصبی بودن کردید؟
					3. در چهار هفته گذشته تقریباً چه مدت آنقدر عصبی بودید که هیچ چیز نمی توانست شما را آرام کند؟
					4. در چهار هفته گذشته تقریباً چه مدت احساس نا امیدی کردید؟
					5. در چهار هفته گذشته تقریباً چه مدت احساس نا آرامی و بی قراری می کردید؟
					6. در چهار هفته گذشته تقریباً چه مدت احساس نا آرامی می کردید که نمی توانستید بی حرکت بنشینید؟
					7. در چهار هفته گذشته تقریباً چه مدت احساس افسردگی می کردید؟
					8. در چهار هفته گذشته تقریباً چه مدت احساس کردید که همه کارها را دارید به زور انجام می دهید؟
					9. در چهار هفته گذشته تقریباً چه مدت احساس کردید که شما چنان غمگینید که هیچ چیز نمی تواند شما را سر حال بیاورد؟
					10. در چهار هفته گذشته تقریباً چه مدت احساس بی ارزش بودن کردید؟

سوالات زیر در مورد این است که این احساسات در چهار هفته گذشته چه تاثیری بر شما داشته است. اگر به تمام سوالات بالا جواب "هرگز" داده اید، احتیاجی به جواب دادن به سوالات زیر نیست.

11	در چهار هفته گذشته چند روز به خاطر داشتن چنین احساساتی اصلاً قادر به کار کردن، مطالعه یا سامان دادن به کارهای روزمره نبوده اید؟ تعداد روزها.....
12	در چهار هفته گذشته به غیر از روزهایی که نام برید، چند روز قادر به کار کردن، مطالعه یا سامان دادن به کارهای روزمره بودید اما به خاطر داشتن چنین احساساتی مجبور شدید آن کار را متوقف کنید؟ تعداد روزها.....
13	در چهار هفته گذشته چند بار پزشک یا هر متخصص دیگری را به خاطر این احساسات دیده اید؟ تعداد دفعات.....
14	در چهار هفته گذشته چقدر مشکل سلامتی باعث اصلی این احساسات بوده است؟ هیچگاه... به ندرت... گاهی اوقات... بیشتر وقتها... همیشه.....

از اینکه این پرسشنامه را پر کردید متشکریم.