

Cause and Response to Inequalities in the Indentured Labour Diaspora: A Framework for Comparative Analysis

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Introduction

The CARE framework arose in response to Vijaya Teelock's keynote address at the 2018 *Legacy of Slavery and Indentured Labour, Migration and Diaspora* conference in Suriname. Teelock noted a significant gap in indenture studies: a shortage of comparative studies across the indentured diasporas. Through the proposed framework, we provide a platform for the systematic and comparative analysis of causality, consequence and response to acts of inequality, from the perspective of the plantation-based individuals.

The CARE framework

The Cause and Response to Inequalities in the Indentured Labour Diaspora (CARE) framework¹ is a multi-level theoretical framework for the systematic analysis of (i) causal factors and pathways for discrimination in the allocation of resources, (ii) resultant health outcomes and (iii) the strategies that the plantation-based individuals utilised in response to perceived and actual acts of inequalities across the indentured colonies.

The CARE framework is located at the intersections of indenture historiography, social determinants of health inequalities (Marmot, 2005), sustainable livelihoods (Scoones, 1998), and ecosocial theory (Krieger, 2001).

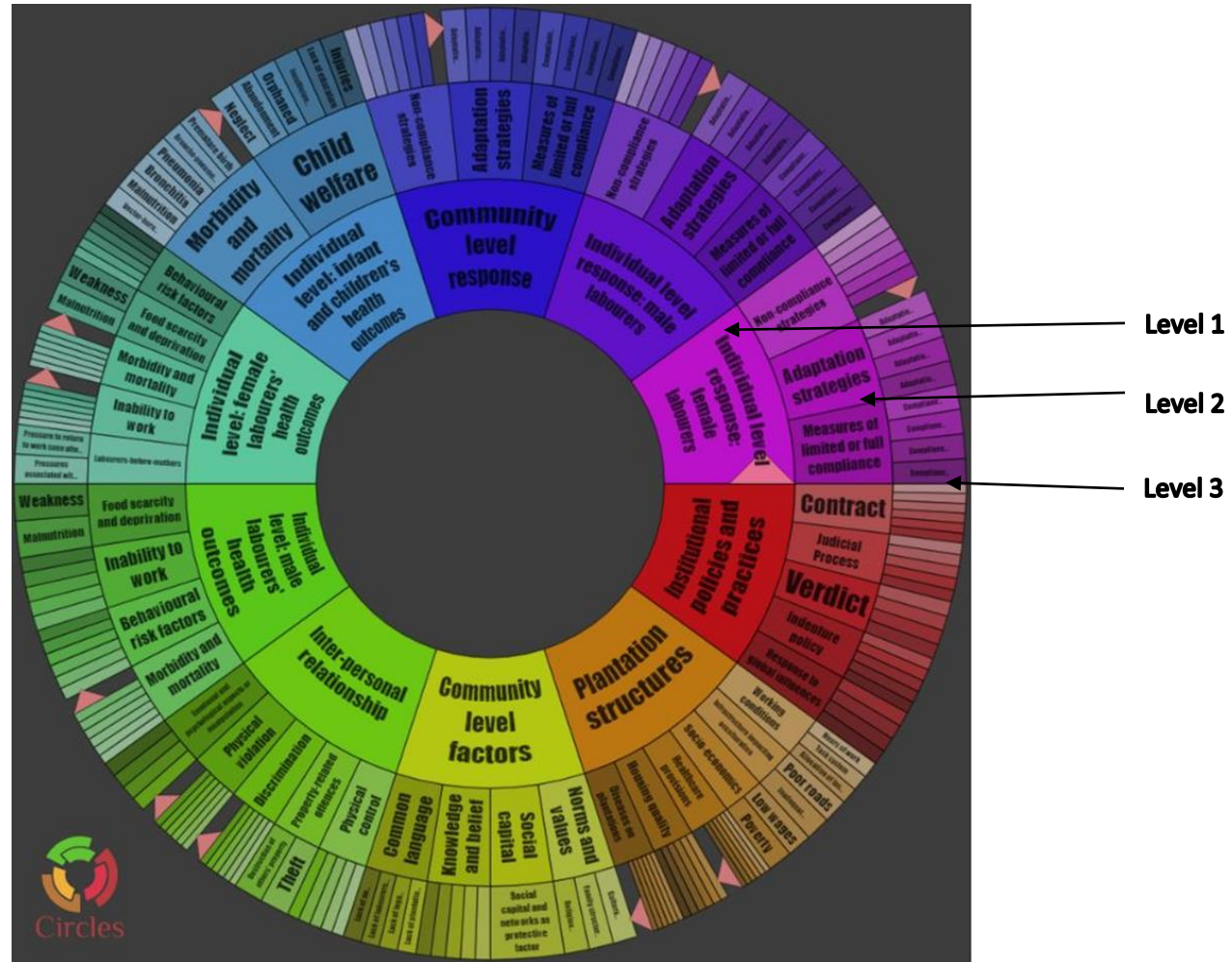
Figure 1: Framework to analyse cause and response to inequities in the indentured labour diaspora

Embed the following link into the picture for online magazine:

<https://farzanagounder.com/framework/#>

¹ <https://farzanagounder.com/framework/#>

Figure 1: CARE Framework to analyse cause and response to inequities in the indentured labour diaspora



Causal pathways of inequality

Central to the analysis is the consideration of how institutional level policies and processes influenced the access to resources and, thus, mediated the labourers' abilities to carry out social strategies and achieve equitable health outcomes. *Institutional practices* refer to a continuum of formal and informal practices that established and maintained social order, power and dominance on the plantations.

We have ordered the factors that consolidated institutional practices into three contexts:

1. ***Meta-level, regulatory policies and processes:*** Factors include contractual rights and obligations on both sides, and governance regarding indenture, indentured labourers, and their offspring.
2. ***Social and material environments:*** Such environments "both provide resources for health and contain risks for health" and "affect people's vulnerability to *illness and injury*" (Graham, 2004: 108). Examples include community norms, interpersonal relationships, plantation structures of working and living situations, and healthcare availability.
3. ***Individual-level behavioural, psychological and physiological factors:*** Individual-level factors that can have a modifying impact against health inequalities, or can exacerbate the consequences of health inequality.

Institutional practices are dynamic, having to be performed continuously, and are an essential consideration in the inter-play of performances of power, and the employment of social strategies in negotiations and contestations of such practices (Scoones, 1998). On the plantations, institutional practices were performed through actions that were (a) *regulative* (rule setting, monitoring, sanctioning actions, thus influencing individuals to comply through fear of punishment), (b) *normative* (evaluative and obligatory situations, thus influencing individuals to comply through moral obligations), or (c) *cultural* (meaning-making through shared norms and values about the social context, that influence individuals to comply through cultural frames of reference about right and wrong behaviour) (Scott, 2008: 54-57).

Table 1: Analysing causal pathways of inequity through the CARE framework

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Analytical categories	Definition of terms in relation to causal factors of inequity
<i>Agency attribution</i>	The agent directly associated with the act of inequality. For instance: <ol style="list-style-type: none"> (i) institutions (such as, government, judiciary), (ii) or individuals: <ul style="list-style-type: none"> • colonial officers (such as, AGI, District officer), • plantation management (plantation owners, managers, overseers, sirdars), • and individuals living and working on the plantations (labourers, infants and children)
<i>Context (CARE framework level 1)</i>	Situated manifestation of the inequitable act: Was it, for instance, in an individualized, interpersonal, institutional, community, or structural context
<i>Expression (CARE framework level 2)</i>	Manner in which the inequitable act was conducted: For instance, was it through regulations, laws, legalized punishment, physical, verbal, psychological or sexual acts of violence
<i>Type (CARE framework level 3)</i>	Description of the occurrence of an act, which, from the perspective of the people living on the plantation, was a marker of inequality
<i>Frequency</i>	How often did the causal act occur
<i>Duration</i>	How long was the causal act sustained
<i>Temporal and spatial location</i>	<i>When</i> (during working hours, outside of working hours, or in terms of historical chronology) and <i>where</i> the act of inequality took place (for example, within the labourers' place of residence; on the plantations; hospital or healthcare centre; in the courts; in official documents) ²
<i>Responsibility attribution</i>	The agency associated with responsibility and power to mitigate such acts of inequality. Agency evaluation needs to also be tied to power within the hierarchy. The knowledge about the perpetration of inequalities and (in)action on the part of:

² Taking temporal and spatial location into account allows for an analysis of whether the causal factor of inequality is widespread or situated to a specific context.

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- (i) institutions (such as, government, judiciary),
 - (ii) or individuals:
 - colonial officers (such as, AGI, District officer),
 - plantation management (plantation owners, managers, overseers, sirdars),
 - and individuals living and working on the plantations (labourers, infants and children)
-

Experiences of inequality

During indenture, institutional practices created a complex web of barriers and opportunities for the plantation-based individuals, relative to their *social position*, the comparative place of an individual within societal stratifications. These dimensions included socioeconomic status, social capital, gender, and ethnicity.

For the majority of the plantation-based individuals, the combination of institutional practices and social position created a vicious cycle, with adverse consequences for their health outcomes. An individual's social position determined the allocation and access to health-promoting resources. In turn, the non-access to such resources restricted social position within the societal hierarchy through limiters on earning potential, types of employment opportunities, and upward mobility.

Table 2: Analysing consequences of inequity through the CARE framework

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Analytical categories	Definition of terms in relation to individuals impacted by inequality
<i>Life stage at experience (CARE framework level 1)</i>	At what stage of the life course did the act of inequality occur: perinatal; neonatal, infancy; childhood; adolescence; adulthood
<i>Frequency of experience</i>	Was the act a sporadic or regular occurrence
<i>Intensity of experience</i>	How severely was the individual affected
<i>Duration of experience</i>	How long was the act of inequality experienced
<i>Effect of experience on the individual level (CARE framework levels 2 and 3)</i>	How did the experience of inequality adversely impact plantation-based individuals' physiological, behavioural and/or psychological health outcomes

Responses to inequality

The institutional practices, within which the plantation-based individuals lived and worked, also played a large part in determining the strategies that the labourers used in responding to perceived or actual occurrences of inequity. Some labourers accommodated to their living and working conditions, tolerating the situation with the knowledge that their indenture would end after five years (Lal & Munro, 2014). At other times, labourers found the conditions untenable and attempted to act to rectify the situation. Such outcries of injustice would usually be against the plantation managers' assault and battery of the labourers, and the withholding of full or part of the weekly wages. The resistance took the form of complaints, through the courts, the agent-general or the plantation inspectors.

The labourers' attempts to use the legal machinery was not often successful: They lacked spoken or written knowledge of the colonial language; there was the risk that the interpreters were biased towards the colonial authorities; and while the labourers may have been familiar with the traditional panchayat system of settling disputes, they were unfamiliar with presenting their cases in the Western justice system. Consequently, the labourers' claims against the plantation authorities were often dismissed, or the plantation authorities were able to either escape conviction or to receive negligible punishment for offences (Hassankhan, 2014; Lal, 1996; Naidu, 1980).

The labourers, thus, became increasingly disillusioned with following due process to obtain redress. They believed that the plantation authorities (sirdars, managers and overseers), indenture officials (the agent-general, district commissioner, inspectors), and the court officials (judges, magistrates, lawyers and interpreters) were colluding against the labourers and that it was futile to take any matters to the courts. The labourers, in frustration, turned to other forms of resistance, many of which were individualised, opportunistic acts (Gounder, 2020). Examples include verbal and physical assault, which were often spontaneous and reactionary, destruction of property, petty theft, and non-performance of tasks. More organised forms of protest, while rare, did at times occur and took the form of revolts and strikes (Hoefte, 1987).

Table 3: Analysing responses to inequity through the CARE framework

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Analytical categories	Definition in relation to responses to inequity
<i>Agency attribution</i>	The agent directly associated with the response to inequality. For instance: <ol style="list-style-type: none"> (i) institutions (such as, government, judiciary), (ii) or individuals: <ul style="list-style-type: none"> • colonial officers (such as, AGI, District officer), • plantation management (plantation owners, managers, overseers, sirdars), • and individuals living and working on the plantations (labourers, infants and children)
<i>Context (CARE framework level 1)</i>	Situated manifestation of the response to inequitable act: Was it, for instance, in an individualized, interpersonal, institutional, community, or structural context
<i>Expression (CARE framework level 2)</i>	Manner in which the response to inequitable act was conducted. For instance, was it through regulations, laws, legalized punishment, physical, verbal, psychological or sexual acts of violence
<i>Type (CARE framework level 3)</i>	Description of the response to an act, which, from the perspective of the people living on the plantation, was a marker of inequality
<i>Frequency</i>	How often did the response occur
<i>Duration</i>	How long was the response sustained
<i>Temporal and spatial location</i>	<i>When</i> (during working hours, outside of working hours, or in terms of historical chronology) and <i>where</i> the act of response took place (for example, within the labourers' place of residence; on the plantations; hospital or healthcare centre; in the courts; in official documents)
<i>Responsibility attribution</i>	Repercussions, if any, for the agent of the inequitable act ³ : The form of punishment, or the lack of punishment, which in turn, could either lead to further condoned acts of inequality or further acts of retaliation

³ In contrasting the consequences of an act for the agents/perpetrators and victims/recipients it is possible to discuss the place of power and agency in acts of inequity.

Future research

The CARE framework provides a systematic analysis of power and agency in acts of inequity. We end this paper by providing some suggestions for comparative research that would benefit from the utilisation of the CARE framework.

Future research can apply the CARE framework to comparatively analyse labourers' responses to perceived acts of inequality. Some examples of potential research topics are: the resistance acts amongst labourers in different colonies towards the same causal factors (e.g. low wage), resistance acts amongst female labourers (as women and as mothers) in different colonies. The analysis of response using the CARE framework will provide a clearer picture of (i) the types and expressions of responses, (ii) the contexts within which these responses were located and (iii) the types and expressions of causal factors against which the labourers could and did react. Such an approach will keep the study firmly situated within the multilayers of complexity within which the labourers lived and worked.

The CARE framework can facilitate two much-needed areas of study in indenture historiography. The first is the life course approach, which measures the impact of indenture on different stages of a person's life from the point at which they entered the plantation environment. Hence, for those born on the plantation, this could be from birth through, infancy, adolescence, and into adulthood. A second much-needed area of investigation is the comparative analysis of the lives of plantation-based infants and children.

Social position influences not just an individual's experience of resource access; rather, it can have an ongoing intergenerational impact. We see the impact of resource inaccess on the labourers, their infants and children. Hence, the CARE framework can provide a consideration of the perpetuation of intergenerational resource inaccess, and the resultant intergenerational adverse health outcomes.

Finally, the application of the CARE framework is not limited to the historical presence of inequalities, consequences and response. The framework also allows for a comparison between indenture and post-indenture health outcomes to determine what causal factors and their manifestations were limited to the plantation and those factors that persisted from the indenture plantation environment to post-indenture populations. Such an approach will bridge the analysis of health outcomes from indenture into the diasporas of today.

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