Cause and response to inequalities in the indentured labour diaspora: A framework for analysis

Farzana Gounder (IPU New Zealand Tertiary Institute, New Zealand)

Maurits S. Hassankhan (Anton de Kom Universiteit, Suriname)

# Acknowledgements

This 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 dearth 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 authors would like to thank the following reviewers, in alphabetical order, for their feedback on the draft version of the framework: Ashutosh Kumar, Brij Lal, Radica Mahase, Satyendra Peerthum, Lomarsh Roopnarine, Brinsley Samaroo, Vijayalakshmi Teelock, Goolam Vahed

# Abstract

The lack of systematic comparative research across the indentured diasporas is a significant gap in indenture studies. Through the proposed CARE (**Ca**use and **Re**sponse to inequalities in the indentured labour diaspora) 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.

This research demonstrates how the juxtaposition of institutional practices with complex and inter-related social, structural and individualized factors created pathways of causality, consequence and response to inequitable social and material structures within which the plantation-based individuals lived and worked. Through the consolidation of these factors, the study proposes a multi-level theoretical framework for the systematic analysis across the indentured colonies 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 utilized in response to perceived and actual acts of inequalities.

Central to the analysis is the consideration of how institutional level policies and processes influenced the (in)access to resources and thus mediated the ability to carry out social strategies and achieve equitable health outcomes.

# Introduction

Prior research has investigated the institutionalized social and material factors that were present on the colonial indenture plantations and within which the labourers lived and worked. Such research provides in-depth analyses of the consequences these factors had for the labourers (Ali, 2004; Fowler, 2000; Gillion, 1962; Lal, 2012; Mauritius Truth and Justice Commission, 2011; Naidu, 2004;). Another rich avenue of research has been the response of the labourers towards the macro and micro level institutionalized practices of indenture. Research shows that the combination of economic, political, structural and institutional factors created pathways which constrained labourers’ agencies (Tinker, 1974), or led to either isolated and individualized everyday acts of resistance (Gounder, 2011, 2019a; 2019b; Mahase, 2014; Vahed, 2014) or overt, collective forms of resistance (Hassankhan, 2014), accommodation (Lal & Munro, 2014), expressions of feminist agency (Hiralal, 2014; Mishra, 2008; Shameem, 1990), or victimization and defeat (Ali, 2004; Harvey, 2000; Naidu, 2004).

Our framework brings together decades of research into the lives of the indentured labourers. We argue that the experiences of the indentured labourers are best discussed through the juxtaposition of the institutional practices of indenture, which dictated the plantation-based individuals’ living and working conditions, and the more immediate context of the social and material structures of the plantation, which formed the nexus of the labourers’ living and working environment. Such a contextualized analysis provides avenues for analysing the interplay of power, micro and macro-level politics and governance in determining the plantation-based individuals’ resource access and health outcomes. And it is within the correlation between the labourers’ positioning within the social hierarchy and the opportunities and barriers in accessing resources that the agency of the labourers becomes an important area of research.

This study constructs a framework of the social, structural and individualized factors that determined the living and working conditions on the indenture plantations. The intersection of these factors created causal pathways to produce health outcomes of the three groups of individuals who lived on the plantation: male labourers, female labourers, and their offspring. The plantation-based individuals also responded to these causal pathways and inequitable health outcomes. Through the consolidation of these factors, we propose a framework that allows for the systematic measurement of causal factors, consequences and responses to perceived and actual acts of inequalities across the Indian indentured diasporas.

# Framework

The central question that directs the framework is:

Within a particular **social context** (institutional, plantation, community, interpersonal), how does the combination of **social position and the social distribution of resources** determine the **social strategies** that plantation-based individuals mobilized and with what **outcomes**?

The framework especially takes into consideration how institutional level policies and processes (embedded in a complex web of formal and informal, social and material structures) influence the (in)access to resources and thus mediate the ability to carry out social strategies and achieve equitable health outcomes.

# Concepts of the Framework

The framework’s premise rests on the intersection of three concepts, defined below: health inequality, social determinants of health and social position.

## Measuring outcomes as embodied health

Health outcomes lie at the intersection of social processes and individuals’ biological make up. Combinations of social factors create causal pathways, which consolidate in health and wellbeing outcomes of individuals and populations. *Health equity* exists when social processes create a fair distribution of resources, which results in positive health outcomes for all.  Conversely, *health inequity,* also referred to as *health inequality* and *health disparity*, is the systematic, unfair and avoidable differences in the health outcomes of a population created through unfair resource distribution (WHO Social determinants framework, 2010).

The framework constitutes of *social determinants of health*, which are social factors that create linkages between “social and biological causes”. The consolidation of the factors through causal pathways, create either equitable or inequitable health and wellbeing outcomes of a population (Graham, 2004: 106). We define *social determinants of indentured health* as factors that were ultimately embodied within the plantation-based individuals, creating all forms of behavioural, psychological and physiological health outcomes. Social determinants of indenture are both at the societal level (institutional policies and practices of governance, community-based norms and values, plantation structures within which the labourers lived and worked) and also at the individual level (behavioural risk factors that are triggered within unfavourable conditions). Social determinants of indenture are discussed in relation to subgroups. Within the plantation-based population, subgroups could be defined as ethnic groups (such as the minority South Indian labourers in Fiji), male labourers, female labourers, mothers, infants and children.

## Measuring resource access through social position and social processes within social contexts

Health outcomes are socially produced. Therefore, poor health outcomes are a social justice issue that need to be considered in relation to social position and the allocation of resources (WHO Social determinants framework, 2010).

Health outcomes are tied to a person’s *social position*, the comparative place of an individual within societal stratifications. Social position dimensions include socioeconomic status, social capital, gender, and ethnicity (Graham, 2004: 107; Link & Phelan, 1995; Krieger et al, 2006; Mohanty, 2005; Quesada., Hart, & Bourgois, 2011). Social position is associated with power distribution, social and economic access to resources, and environmental exposure to risk, creating a social gradient in health inequalities (Diderichsen, Evans & Whitehead, 2001:14).

Social position is correlated to vulnerability to health inequalities. Comprehensive investigation of mechanisms linking discrimination and deprivation with health consequences in contemporary populations demonstrate the importance of societal factors in the consideration of health outcomes:

Social position measured by economic deprivation demonstrates that sustained economic hardship is correlated with a reduced quality of independence and an increase in clinical depression (Lynch, Kaplan & Shema, 1997). Moreover, the longitudinal analysis of economic deprivation’s impact in early life demonstrates its adverse correlation with health outcomes throughout the lifespan (Brooks-Gunn & Duncan, 1997; Case, Fertig, & Paxson, 2005; Drukker, Kaplan, Feron, & Van Os, 2003; McEvewn & Seeman, 1999; Yoshikawa, Aber, & Beardslee, 2012).

Vulnerable populations, such as low-income immigrant workers embody exacerbated levels of health inequalities. Their vulnerability is shaped by a number of factors including a high level of workplace discrimination, abuse and harassment (Krieger, et al., 2006), injury and illness attributed to work-related exposure (Lipscomb, Loomis, McDonald, Argue, & Wing, 2006) “…political and social marginalization and a lack of socioeconomic and societal resources”, which includes lack of proficiency in dominant group’s language, which poses a significant barrier to attaining appropriate healthcare (Derose, Escarce, & Lurie, 2007).

Moreover, while young, new immigrants may arrive with relatively good health, their health outcomes deteriorate in the new environment. “Several factors may account for this, including the adoption of unhealthy habits, living in unhealthy environments….poor access to and the poor performance of the health care and public health systems vis-à-vis immigrants have serious implications for the health of immigrants and their children.” For new immigrants, stigma, marginalization, lack of adequate social support network and inadequate knowledge about the new environment’s healthcare availability and processes can also contribute to the new immigrants’ delay in seeking healthcare, thus increasing the risk of severe morbidity and mortality (Derose, Escarce, & Lurie, 2007).

Health outcomes are also intertwined with employment type. Research indicates the substantial impact that work-related exposure has on health outcomes, through attributed injury and illness (Lipscomb, Loomis, McDonald, Argue & Wing, 2006). The relationship between employment type and social status is also an important consideration in suicide rates. In rural India, a decreased social position is a significant contributor to increased suicide rates amongst farmers. Reduced power, socioeconomic status and social capital are attributed to the intersection of policy changes, the disintegration of traditional societal norms and values, and increased urbanization and individualization (Mohanty, 2005).

The above findings have relevance for the consideration of the plantation-based individuals’ social position within the plantation hierarchy, correlated with the presence of inequitable social and material structures, and (in)access to health-promoting resources.

The plantation stratification and the gendered distribution of social position can be viewed through the economic lens. The plantation authorities (Overseer followed by Sirdar) had a higher pay then the male labourers, followed by the female labourers, and the children. According to the indenture contracts for the Fiji-based labourers, a man was entitled to one shilling per week for six hours of steady work, women received ninepence for four and a half hours of work, and children were paid according to the work performed (Lal, 2012: 72).

Within the pool of labourers, social position was not only determined by income but also by other social and cultural factors. Taking the Fiji-based male labourers as a case in point, Naidu (2004) demonstrates the interplay of ethnicity and social position on the detrimental health outcomes of South Indian male labourers.

In the latter half of Fiji’s indenture (1903), recruitment began in South India. Hence, the South Indian labourers were entering a North Indian entrenched plantation environment, that was highly differentiated from South Indian ways of being, and required a greater adjustment to the disintegration of traditional societal norms and values. Naidu’s (2004) indepth analysis of male labourers by ethnicity finds that the South Indian male labourers had lower social position on the plantation compared to the larger, more dominant group of North Indian male labourers. The South Indian labourers lacked proficiency in the plantation lingua franca, experienced greater workplace discrimination and social marginalisation than their North Indian counterparts and lacked adequate social support networks to acculturate to the plantation environment. The ultimate outcome was the high rates of suicide among newly arrived male South Indian labourers.

## Social strategies mobilized

Extensive research into labourers’ response to acts of inequality provides three main areas of response: resistance, accommodation, and the inability to cope with inequitable acts or practices.

The social and material structures of the plantation-based environment, within which the plantation-based individuals lived and worked, played a large part in determining the strategies that they used in responding to perceived or actual occurrences of inequity:

The external constraints imposed by the authoritarian structure of the plantation system and the repressive labour legislation that upheld it were the primary deterrents of collective self-assertion. But the labourers’ difficulties were compounded by a lack of cohesion within the Indian workforce itself. The labourers’ diverse social and cultural background, their differing aspirations and motivations for migrating to Fiji, their varying individual experiences on the plantations, and the absence of institutional structures within the indentured community, which could have become avenues for mobilization, all combined to frustrate the potential for collective action.

(Lal and Munro, 2014: 125-6)

Lal and Munro’s argument concurs with Scott’s (1985: 35) analysis of socio-cultural, geographic and structural factors, which in combination create an unfavourable environment for large-scale revolts. In rare cases, as seen in Suriname, labourers did organize themselves to conduct collective forms of protest, such as revolts and strikes (Hoefte, 1987); however, for the most part, such organized, large-scale expressions of dissatisfaction were not seen in the indentured colonies. Instead, as growing evidence indicates, the labourers responded individually and collectively to their circumstances in a variety of ways: some situations were tolerated, as the labourers accommodated to their plantation life and bore out their five years of indenture (Lal & Munro, 2014).

Other circumstances became untenable, resulting in resistance, which took the outlet of institutionalized practices of complaints (through the inspectors, or through the courts) for offences such as assault and battery of labourers and non-payment of wages (Lal, 1996). However, a number of factors worked against them: the labourers’ lack of proficiency in the colonial language and the difficulty in obtaining unbiased interpreters, combined with a lack of knowledge about the workings of the colonial justice system and how to present their cases in this culturally unfamiliar terrain (Hassankhan, 2014).

The result was that the labourers’ complaints against the plantation authorities were more likely to be dismissed, or the plantation authorities were able to escape conviction. On the other hand, when the plantation authorities took the labourers to court for non-performance of tasks, unlawful absence, desertion, damaging property, “want of ordinary diligence”, the labourers, in most cases, were convicted, with harsh penalties for petty offences, through fines, imprisonment, and even imprisonment with hard labour. A further consequence of imprisonment was that this was perceived as time away from the plantation, and resulted in the extension of the labourers’ indenture (Lal, 1996; Hassankhan, 2014; Naidu, 2004).

The labourers increasingly became frustrated in their attempts to obtain redress through legal processes. The Girmityas believed that the indenture authorities (such as the Agent-General and District Commissioner) colluded with the plantation authorities and that it was futile to take the plantation authorities to court.

The Girmityas turned to other forms of “everyday resistance”, less overt resistance techniques, which were “mundane and individualistic” and enacted through “everyday acts” (Vahed, 2014: 114). The act of everyday resistance lies at the intersection of power distribution, sense of injustice, familiarity with the institutionalised organisation of resources, and opportunity to utilise these same resources and temporarily subvert power (Ewick and Silbey, 2003: 1336-7). It is the familiarity with the resources that allows the resisters to “identify the cracks and vulnerabilities of institutionalized power” (Ewick and Silbey, 2003: 1330), which provide opportunities to subvert the order for “immediate objectives” (Tinker, 1974: 226) with a reduced risk of severe retaliation compared to open defiance (Scott, 1985: 34-5). In the case of the labourers, their performance of everyday resistance took the form of absenteeism, desertion, malingering or feigned illness, mouthing off, verbal and physical assault and homicide of plantation authorities, individualized spontaneous acts of violence, destruction of property and petty theft, slovenly work, incomplete tasks, refusal to work, and suicide (Ali, 2004; Gounder, forthcoming; Hassankhan, 2014; Vahed, 2014).

## Institutional practices

We have discussed social factors within the framework that create pathways of health-promoting resource (in)access, which, in turn, determine both health outcomes and the strategies that individuals use to respond to their social and material environments. Another crucial aspect of the framework that needs to be considered is the *institutional practices,* which refers to a continuum of formal and informal practices embedded within the social and material structures and processes of indenture that established and maintained social order, power and dominance on the plantations.

Such practices were informed through actions which were regulative (rule setting, monitoring, sanctioning actions, thus influencing individuals to comply through fear of punishment), normative (evaluative and obligatory situations, thus influencing individuals to comply through moral obligations), or 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). Institutional practices thus governed the complex web of resource distribution and environmental exposure, and the consequential health outcomes of the plantation-based individuals.

Institutional practices are also dynamic, having to be constantly performed and are an important consideration in the inter-play of performances of power, and the employment of social strategies in negotiations and contestations of such practices (Scoones, 1998). We have ordered the factors that consolidated institutional practices into three contexts. We consider these contexts in relation to their influence on the plantation-based individuals’ social position:

1. Social position and institutional practices determine and are determined by ***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 position and institutional practices determine and are determined by access and exposure to the ***social and material environments***. Examples include community norms, interpersonal relationships, plantation structures of working and living environments, and healthcare availability. Such environments “both provide resources for health and contain risks for health” and “affect people’s vulnerability to *illness and injury”* (Graham, 2004: 108).
3. Finally, social position and institutional practices determine and are determined by ***individual-level behavioural, psychological and physiological factors***, which can have a modifying impact against health inequalities or can exacerbate the consequences of health inequality.

During indenture, institutional practices created a complex web of barriers and opportunities for the plantation-based individuals, relative to their social position. Institutional practices thus played an important role in mediating the plantation-based individuals’ health outcomes.

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 (in)access to health-promoting resources within each of these clusters of factors. 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 (Lal, 2015).

# Method

*Data*: Using search terms ‘indenture and Suriname’ and ‘indenture and Fiji’, we developed a corpus of 137 peer-reviewed English-language data items, which were retrieved from databases Proquest and Google Scholar. The corpus comprised of journal articles, books, book chapters and encyclopaedia entries.

Data items were examined and further restricted to discussions related to indenture experiences on the plantations of Suriname and Fiji. Data items that fell outside these pre-defined criteria were: (i) studies that provided pan-indenture discussions across the colonies without specific reference to indenture plantations in the two countries; (ii) generalized discussions across the Caribbean indenture plantations, without specific discussions about Surinamese plantations. Such studies were more oriented toward Trinidadian case studies. (iii) Other excluded studies were those that mentioned Suriname and/or Fiji in passing but focussed on recruitment processes in India and voyage to the colonies. (iv) Studies were also excluded if they mentioned indenture in passing but their emphasis was on post-indenture experiences in Suriname and/or Fiji. (iv) Finally, data items were further analysed for evidence-based arguments. Only those items that provided substantiated evidence from archival records (such as colonial reports, eyewitness accounts, oral history, and letters) were included in the analysis. Forty data items were manually discarded for one or more of the above reasons and the final data set consisted of 97 articles: 23 for Suriname and 74 for Fiji.

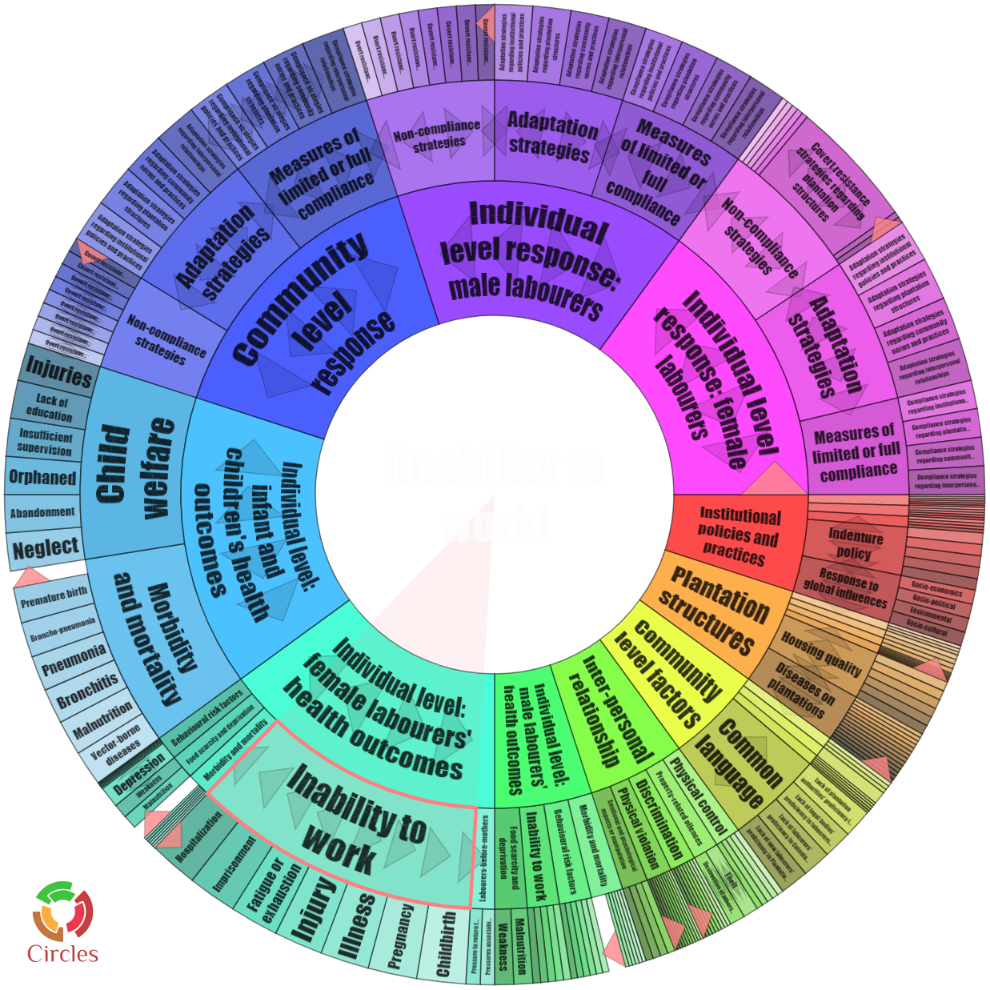
*Data abstraction*: Through a process of thematic analysis, the study developed a three-tiered hierarchy: type codes, expressions (thematic sub-categories) and context (thematic meta-categories) as seen in Figure 1.

Occurrences of causality, consequence and response in relation to the research question were identified within each data item. Because the study’s aim was to capture the social determinants within Suriname and Fiji’s plantation environments, the study recorded all occurrences of causality, consequence and response presented within the data set for each country. All identified occurrences within the data set were initially recorded as *causal* *type, consequence type* or *response type* codes. *Causal types* were identified as codes that related to the occurrence of an act, which, from the perspective of the people living on the plantation, was a marker of inequality. *Consequence types* were identified as codes that related to the embodiment of poor health outcomes for the people living on the plantation. *Response types* were identified as codes that related to the plantation-based individuals’ response to an act of inequality. Prevalence of *type* codes was not considered because this would be determined by each author’s emphasis and subject-matter (e.g. violence on indenture plantations (Naidu, 2004) versus prevalence of morbidity and mortality rates on plantations (Fowler, 2000)). In total, 238 *type* codes were identified: 102 *causal* *types,* 88 *consequence types* and 48 *response types.*

*Type* codes were then analysed for idea patterns, or ‘themes’ (Braun & Clarke, 2006) that would allow the codes to be clustered under thematic categories, labelled *expressions*. *Expressions* were identified as the manner in which the act of cause, consequence or response was conducted. The following 39 thematic categories of *expression* were established: Contract, judicial process, verdict, indenture policy, response to global influences, working conditions, infrastructure impacting acculturation, socio-economics, healthcare provisions, housing quality, diseases on plantations, norms and values, knowledge and belief, common language, physical control, destruction, discrimination, physical violation, emotional and psychological manipulation, morbidity and mortality rates of male labourers, behavioural risk factors for male labourers, inability to work for male labourers, food scarcity and deprivation for male labourers, morbidity and mortality rates of female labourers, labourers-before-mothers, inability to work for female labourers, food scarcity and deprivation for female labourers, behavioural risk factors for female labourers, morbidity and mortality rates of infants and children, child welfare, non-compliance response strategies at a community level, adaptation response strategies at a community level, measures of limited or full compliance response strategies at a community level, non-compliance response strategies used by individual male labourers, adaptation strategies used by individual male labourers, measures of limited or full compliance strategies used by individual male labourers, non-compliance response strategies used by individual female labourers, adaptation strategies used by individual female labourers, measures of limited or full compliance strategies used by individual female labourers.

In the final stage, the thematic categories were further consolidated into the following 10 thematic levels, labelled *context. Contexts* were identified as the situated manifestation of the act: Institutional policies and practices, plantation-level structures, community level, inter-personal relationship, individual level health outcomes for male labourers, individual level health outcomes for female labourers, individual level health outcomes for infants and children, community level response, individual level response for male labourers, individual level response for female labourers.

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



Level 3: Type

Level 1: Context

Level 2: Expression

From: [https://farzanagounder.com/framework/#](https://farzanagounder.com/framework/)

The establishment of *causal* *type, consequence type* and *response type* codes, the clustering of *type* codes into thematic categories of *expression* and thematic levels of *context* was conducted through reading and re-reading of the data set, a reference to literature in the wider field of Indian indenture studies and consultation with historians in the field of Indian indenture studies. The re-reading and re-evaluation of the data set at each of the three stages ensured a thorough consideration of all possible occurrences of types, expressions and context.

# Analytical framework

The framework provides an in-depth analysis of the social and material structures of the indenture system and how these factors created complex, inter-related and overlapping cause, effect and response relationships that manifested as plantation-based individuals’ adverse health outcomes.

The strength of the typology particularly lies in its ability to analyse:

(i) The **causal pathways and agents** **that determine resource access** and resultant health outcomes of those living on the indenture plantations. We draw on ecological theories of health, in particular, Krieger’s (2001) ecosocial theory to develop a measurement system of causal factors behind the experiences of inequality.

(ii) We also believe that it is important to not only have a systematic measurement of causality but also the consequences of health inequalities. Thus, the framework provides the tools for an in-depth analysis of the expressions of these inequalities in the plantation-based individuals’ **health outcomes**.

(iii) Another important contribution of the framework is the analysis of **individuals’ responses** to inequitable acts and processes through the strategies that they mobilized, which, in turn, could possibly have further consequences for the individuals’ health outcomes.

(iv) Furthermore, we believe that **consequences and responses need to be mapped not only for receivers of inequalities but also for the agents behind acts of inequality**, thus providing an indepth analysis of the complex web of social influences within which the plantation-based individuals were located. This comprehensive mapping is important to consider in relation to social position, power distribution and resource allocation, as shown below.

# Analysis of causal factors of inequality

The causal factors behind resource (in)access may be measured along the following aspects:

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

|  |  |
| --- | --- |
| **Analytical**  **categories** | **Definition of terms in relation to causal factors of inequity** |
| ***Agency***  ***attribution*** | The agent directly associated with the act of inequality. For instance:   1. institutions (such as, government, judiciary), 2. 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) |
| ***Context (CARE level 1)*** | Situated manifestation of the inequitable act: Was it, for instance, in an individualized, interpersonal, institutional, community, or structural context |
| ***Expression (CARE level 2)*** | 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 |
| ***Type (CARE level 3)*** | Description of the occurrence of an act, which, from the perspective of the people living on the plantation, was a marker of inequality |
| ***Frequency*** | How often did the causal act occur |
| ***Duration*** | How long was the causal act sustained |
| ***Temporal and spatial location*** | *When* (during working hours, outside of working hours, or in terms of historical chronology) and *where* 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)[[1]](#footnote-1) |
| ***Responsibility***  ***attribution*** | 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:   1. institutions (such as, government, judiciary), 2. 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) |

# Analysis of outcomes of inequality

As an act is perceived to be inequitable from an individual’s perspective, the consequences of inequality may be measured along the following aspects:

**Table 2: Analysing consequences of inequity through the CARE framework**

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

# Analysis of strategies mobilized in response to inequality

In addition to the causal factors and consequences, responses of the plantation-based individuals to acts of inequalities can be similarly analysed, creating a dynamic map of cause, effect and response relationships across institutional-level factors, plantation-level structures, and the inter- and intra-level factors on the plantation.

The response of plantation-based individuals to act of inequality can be analysed in relation to:

**Table 3: Analysing response to inequity through the CARE framework**

|  |  |
| --- | --- |
| **Analytical categories** | **Definition in relation to responses to inequity** |
| ***Agency***  ***attribution*** | The agent directly associated with the response to inequality. For instance:   1. institutions (such as, government, judiciary), 2. 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) |
| ***Context***  ***(CARE framework level 1)*** | Situated manifestation of the response to inequitable act: Was it, for instance, in an individualized, interpersonal, institutional, community, or structural context |
| ***Expression***  ***(CARE framework level 2)*** | 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 |
| ***Type***  ***(CARE framework level 3)*** | Description of the response to an act, which, from the perspective of the people living on the plantation, was a marker of inequality |
| ***Frequency*** | How often did the response occur |
| ***Duration*** | How long was the response sustained |
| ***Temporal and spatial location*** | *When* (during working hours, outside of working hours, or in terms of historical chronology) and *where* 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) |
| ***Responsibility***  ***attribution*** | Repercussions, if any, for the agent of the inequitable act[[2]](#footnote-2): 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 |

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.

Finally, the act of inequality can be resituated alongside other factors. This allows an analysis of the levels at which the inequality occurs and the consequent levels of impact of the inequality, for instance, is the analysis focusing on a Cause-Effect relationship or is a causal chain of events that finally impact the labourer in multiple ways? Through consideration of the interplay of factors within the multi-level framework, we can recognize “that individuals and social groups may be subjected simultaneously to multiple-and interacting-types of discrimination” (Krieger, 2001: 693).

# Future methodological considerations

The framework can be used to provide an in-depth analysis of causal factors and responses to health inequalities across the indentured colonies. Factors during indenture could have served as buffers against the excesses of the social and material environments. However, the same factors could also become limiters to plantation-based individuals’ health outcomes. For instance, the loss of cultural markers, such as caste and the adaptation of cultural practices may have suited the labourers who were established on the plantation, but for new labourers entering the plantation, this may have been quite stressful.

Future research can apply the framework to investigate labourers’ responses to perceived acts of inequality: 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 framework will provide a clearer picture of (i) the types, expressions of response, (ii) the contexts within which these responses were located and (iii) the types and expressions of causal factors that the labourers could and did react against. Such an approach will keep the study firmly situated within the multilayers of complexity within which the labourers lived and worked.

Two much needed areas of study that would benefit from the framework are: the life course approach, which measures the impact of girmit 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. Another 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, (iv) the framework allows for the consideration of the perpetuation of intergenerational resource inaccess and the resultant intergenerational adverse health outcomes.

The application of the 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 allow the analysis of health from indenture into the diasporas of today.

# References

Ali, Ahmed. (2004). *Girmit: Indian Indenture Experience in Fiji.*  Suva, Fiji: Fiji Museum; Ministry of National Reconciliation and Multi-Ethnic Affairs.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children*, 55-71.

Case, A., Fertig, A., & Paxson, C. (2005). The lasting impact of childhood health and circumstance. *Journal of Health Economics*, *24*(2), 365-389.

Derose, K. P., Escarce, J. J., & Lurie, N. (2007). Immigrants and health care: sources of vulnerability. *Health Affairs*, *26*(5), 1258-1268

Diderichsen, Evans & Whitehead. (2001). The social basis of disparities in health. In T. Evans (Ed.). *Challenging inequities in health: From ethics to action* (pp. 12-23). Oxford University Press.

Drukker, M., Kaplan, C., Feron, F., & Van Os, J. (2003). Children's health-related quality of life, neighbourhood socio-economic deprivation and social capital. A contextual analysis. *Social Science & Medicine*, *57*(5), 825-841.

Ewick, P., & Silbey, S. (2003). Narrating social structure: Stories of resistance to legal authority. *American Journal of Sociology*, *108*(6), 1328-1372.

Fowler, Glen.  (2000).  A Want of Care: Death and Disease on Fiji Plantations, 1890-1900.  In B. V. Lal (Ed.). *Chalo Jahaji: On a journey through indenture in Fiji* (pp. 273-90). Canberra: ANU E-Press.

Gillion, Kenneth. L. (1962).  *Fiji's Indian Migrants: A History to the End of Indenture in 1920.*  Melbourne: Oxford University Press.

Gounder, F. (2019, a). Gender and resistance in Indian indenture life stories: Oral history and the national stage of memorialization. In F. Gounder., K. Hiralal., A. Pande., & M. Hassankhan (Eds.). *Gender, power and memory: Legacies of slavery and indenture*. Routledge Press.

Gounder, F. (2019, b). Motherhood performativity in sub-altern life stories. In A. Pande (Ed.). *Women in the Indian diaspora: Indentured and post-indentured experiences*. Singapore: Springer.

Gounder, Farzana. (2011). *Indentured Identities: Resistance and Accommodation in Plantation-era Fiji*. The Netherlands: John Benjamins Publishing.

Graham, H. (2004). Social determinants and their unequal distribution: clarifying policy understandings. *The Milbank Quarterly*, *82*(1), 101-124.

Harvey, Jane. (2000). Naraini’s Story. In B. V. Lal (Ed.). *Chalo Jahaji: On a journey through indenture in Fiji* (pp. 337-48). Canberra: ANU E-Press.

Hassankhan, Maurits. (2014). The Indian Indentured Experience in Suriname. Control, Accommodation and Resistance. In M. S. Hassankhan., B. V. Lal, and D. Munro. (Eds.). *Resistance and Indian Indenture Experience: Comparative Perspectives* (pp. 199-240). New Delhi: Manohar Publishers.

Hiralal, Kalpana. (2014). ‘Rebellious Sister’: Indentured Indian Women and Resistance in Colonial Natal 1860-1911. In M. S. Hassankhan., B. V. Lal, and D. Munro. (Eds.). *Resistance and Indian Indenture Experience: Comparative Perspectives* (pp. 241-270). New Delhi: Manohar Publishers.

Hoefte, Rosemarijn. (1987). Female indentured labor in Suriname: For better or for worse?. *Boletin de estudios Latinoamericanos y del Caribe*, (42), 55-70.

Krieger, N. (2001). A glossary for social epidemiology. *Journal of Epidemiology & Community Health*, *55*(10), 693-700. Pg. 693 <https://jech.bmj.com/content/jech/55/10/693.full.pdf>

Krieger, N., Waterman, P. D., Hartman, C., Bates, L. M., Stoddard, A. M., Quinn, M. M., ... & Barbeau, E. M. (2006). Social hazards on the job: workplace abuse, sexual harassment, and racial discrimination—a study of black, Latino, and white low-income women and men workers in the United States. *International Journal of Health Services*, *36*(1), 51-85.

Lal, B. V. (1996). The Odyssey of indenture: fragmentation and reconstitution in the Indian diaspora. *Diaspora: A Journal of Transnational Studies*, *5*(2), 167-188.

Lal, B. V. (2012).  Origins of the Girmityas.  In B. V. Lal (Ed.). *Chalo Jahaji: On a journey through indenture in Fiji* (pp. 99-119). Canberra: ANU E-Press.

Lal, B. V. (2015). Avatars of Fiji’s girmit narrative. In F. Gounder (Ed.). *Narrative and identity construction in the Pacific Islands* (pp. 177-193). Amsterdam, The Netherlands: John Benjamins.

Lal, Brij. V. and Munro, D. (2014). Non-resistance in Fiji. In M. S. Hassankhan., B. V. Lal, and D. Munro. (Eds.). *Resistance and Indian Indenture Experience: Comparative Perspectives* (pp. 121-156). New Delhi: Manohar Publishers.

Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 80-94.

Lipscomb, H. J., Loomis, D., McDonald, M. A., Argue, R. A., & Wing, S. (2006). A conceptual model of work and health disparities in the United States. *International Journal of Health Services*, *36*(1), 25-50.

Lynch, J. W., Kaplan, G. A., & Shema, S. J. (1997). Cumulative impact of sustained economic hardship on physical, cognitive, psychological, and social functioning. *New England Journal of Medicine*, *337*(26), 1889-1895.

Mahase, R. (2014). ‘Plenty A Dem Run Away’: Indian Indentured Resistance in Trinidad, 1870 to 1920.  In M. S. Hassankhan., B. V. Lal, and D. Munro. (Eds.). *Resistance and Indian Indenture Experience: Comparative Perspectives* (pp. 183-198). New Delhi: Manohar Publishers.

Government of Mauritius. (2011). Mauritius Truth and Justice Commission Report, Volume I: Report of the Truth and Justice Commission.

McEwen, B. S., & Seeman, T. (1999). Protective and damaging effects of mediators of stress: elaborating and testing the concepts of allostasis and allostatic load. *Annals of the New York Academy of Sciences*, *896*(1), 30-47.

Mishra, Margaret. (2008). The Emergence of Feminism in Fiji. *Women's History Review*, 17(1): 39-55.

Mohanty, B. B. (2005). ‘We are like the living dead’: farmer suicides in Maharashtra, Western India. *Journal of Peasant Studies*, *32*(2), 243-276.

Naidu, Vijay. (2004). *The Violence of Indenture in Fiji* (2nd ed). Lautoka, Fiji: Fiji Institute of Applied Studies.

Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. *Medical Anthropology*, *30*(4), 339-362.

Scoones, I. (1998). Sustainable rural livelihoods: a framework for analysis.

Scott, James. C. (1985).  *Weapons of the weak: Everyday forms of peasant resistance*.  New Haven, CT: Yale University Press.

Scott, W. R. (2008). *Institutions and organizations: Ideas and interests*. Sage.

Shameem, Shaista. (1990). *Sugar and spice: Wealth accumulation and the labour of Indian women in Fiji, 1879-1930* (Doctoral dissertation, University of Waikato).

Tinker, H. (1974). *A new system of slavery: The export of Indian labour overseas 1820-1920*. London: Oxford University Press.

Vahed, G. (2014). Power and Resistance: Indentured Labour in Colonial Natal, 1860–1911. In M. S. Hassankhan., B. V. Lal, and D. Munro. (Eds.). *Resistance and Indian Indenture Experience: Comparative Perspectives* (pp. 95-120). New Delhi: Manohar Publishers.

World Health Organization. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention. *American Psychologist*, *67*(4), 272.

1. 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. [↑](#footnote-ref-1)
2. 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. [↑](#footnote-ref-2)